



All-Party
Pharmacy Group 



The Future of Pharmacy Manifesto report

January 2023

Contents

Foreword	3
Executive Summary	5
About the All-Party Parliamentary Pharmacy Group inquiry	8
Summary and analysis of inquiry evidence	9
Recommendations	20

Foreword

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Pharmacy teams are invaluable to the communities they serve. On behalf of the APPG Pharmacy Officers and Members, I thank all pharmacists, pharmacy technicians and assistants for their continued hard work and dedication, and for their contribution to delivering first-class patient care in hospitals, general practices, high streets, and beyond.

Pharmacies stepped up when the country needed them most, relieving pressure from other parts of the health service during the unprecedented challenges of the pandemic. They have proven themselves an integral part of the NHS family and have shown how much more they could do if given the right policy support and funding. Despite receiving no direct funding, pharmacies remained open throughout the pandemic, effectively providing a 'walk-in' care system and simultaneously played a vital and continuing role in the Covid-19 vaccination rollout.

Despite the efforts of successive governments, there has so far been a lack of the cross-departmental energy needed to deliver the tangible changes pharmacy teams so urgently require. This has led to wasted opportunities and a general feeling among pharmacy teams that their contribution is not being sufficiently recognised.

The recently announced 'Our plan for patients' clearly recognises the potential value of pharmacy and provides some policy direction for pharmacies and pharmacists to be enabled to do more to support the health system.



We also welcomed plans under the 10-Year Cancer Plan for work in primary care to trial new routes into the system via community pharmacy and self-referral.

As we look beyond COVID-19, these changes provide an opportunity to spearhead action to enable pharmacy to achieve its potential. One of the most striking things about unleashing the potential of pharmacy is the huge benefit to other areas of health care. By playing an enhanced role in our health and care system, pharmacy will undoubtedly support the NHS's ongoing pandemic recovery efforts.

This report aims to foster dialogue between policymakers, Parliamentarians and the pharmacy sector, about the potential and future of pharmacy. It is time for us to recover and build a new vision for our health services. Pharmacy must be central to any future plans for reform.

The evidence submitted to us was filled with solutions the Government should consider. It highlights the urgent need for the Government and policymakers to work collaboratively with the sector to develop a **strategic vision for the future of pharmacy**. Collaboration will help to ensure that pharmacy is at the centre of forward planning, that the sector's workforce capacity and capability is fully understood, and that future demand is adequately planned for and supported through sustainable investment.

The entire system – from frontline staff to policymakers to NHS leaders – must show more imagination of what pharmacy can do. Pharmacies provide a vast network of healthcare professionals across local communities, connecting with hard-to-reach communities and vulnerable groups. Pharmacies act as a safety net, addressing health inequalities, driving improvements in early disease detection, promoting self-care, alleviating pressures in primary and urgent care, and leading public health initiatives. We cannot put too high a value on this.

We now need to work together to ensure that pharmacy's vital role is fully understood and appreciated, and the pharmacy sector's full potential is unleashed.

“It is time for us to recover and build a new vision for our health services. Pharmacy must be central to any future plans for reform.”



Executive Summary

Why did we conduct this inquiry?

Pharmacies are at the heart of every community. Pharmacy teams demonstrated their value, resilience, and adaptability by supporting patients during the worst of the pandemic at a time when the NHS changed beyond all recognition.

This prompted the All-Party Parliamentary Pharmacy Group to launch this inquiry into the future of the pharmacy sector. The COVID pandemic has generated a significant backlog of demand at all levels within the NHS. It is essential that the entire healthcare system, including pharmacy, is efficiently utilised to address this.

What were our main findings?

Pharmacies are ideally suited to supporting with clearing the NHS backlogs and deal with the nation's growing healthcare challenges.

Pharmacies are highly skilled medical professionals embedded in every community in the country and across all levels in our healthcare system. They are a ready-made network of medicines and healthcare experts that provide immediate access to the NHS. From better management of long-term conditions to the delivery of preventative healthcare interventions, the arguments for better use of pharmacy were a prevailing theme within the evidence submitted.

Pharmacy should be embraced as a key solution to help the Government and NHS implement its core priorities and tackle the NHS backlogs.

Pharmacies undertake more than 65 million informal consultations per year, without being funded for the ever increasing volumes. Pharmacy advice saves roughly 32.2 million GP appointments per year, with data also showing that pharmacists identify 2.5 million patients a year requiring urgent advice or treatment.¹

The Pharmaceutical Services Negotiating Committee (PSNC) estimate that delivering minor illness care through community pharmacies, rather than GPs, could also see services delivered at much lower cost. For example, the cost of providing 40 million minor ailments² GP appointments per year is £1.2bn, however it would only cost £560m to transfer these to pharmacies as part of the Community Pharmacy Consultation Service (CPCS), **saving £640m a year which could be reinvested elsewhere, a 53% total cost reduction for the NHS.**³

¹ PSNC, 'Pharmacy Advice Audit 2022: a summary of findings', June 2022

² <https://psnc.org.uk/lpcs-and-local/locally-commissioned-services/en8-minor-ailments-service/>

³ Written evidence submitted by the PSNC (FGP0308), Health and Social Care Committee 'The Future of General Practice', January 2022.

Pharmacies also play an essential role in ensuring access to medicines, and maximising patient outcomes, medicines sustainability and efficiency, while ensuring safe prescribing and best use of medicines.

Rec 1: Implement a fully funded English 'Pharmacy First' service immediately, mirroring approaches in Scotland and Wales

Rec 2: Future commissioning and funding must recognise that community pharmacy is the front door to the NHS for many patients, it is therefore vital that the design of future commissioning takes this into account

The pharmacy workforce needs to be empowered to deliver even more for our NHS

The pharmacy workforce must be empowered and resourced to deliver even more for our NHS. Local pharmacies are facing unprecedented levels of demand both in volume and the services that patients are requesting. The 2022 PSNC Pharmacy Pressures Survey reported that:

- 91% of pharmacies are experiencing staff shortages.
- 74% of the pharmacy team members surveyed also said their pharmacy had seen a significant increase in requests for healthcare advice from the public,
- 82% said their pharmacy had also seen a sizeable increase in phone calls from patients.⁴

The **increased workload since the beginning of the pandemic is unlikely to ease** as the Government seeks to direct additional work to pharmacies, and patients continue to rely on their local pharmacies more than ever before. There is an urgent need for Government leadership to empower pharmacies to deliver even more value in dispensing and innovative services that release pharmacist time in order for them to deliver an expanded service. This can only happen if pharmacies are properly recognised by the NHS and funded accordingly.

There is an overwhelming case to make better use of the clinical skills offered by the workforce and more needs to be done to increase the perception of the modern-day pharmacist, as a clinical practitioner, amongst primary care colleagues. Additionally, the continued investment in clinical training and independent prescribing (IP) training for pharmacists is key to enabling a greater role of pharmacy in our healthcare system. The provision of funding via the Pharmacy Integration Programme to train 3,000 pharmacists as independent prescribers is welcome but further ambition and investment is urgently required.

Rec 3: Review the current and long-term workforce needs of the entire healthcare system, including pharmacy, to ensure resources are directed where they deliver the most for patients.

Rec 4: Build on commitments to ensure all existing pharmacists can train as independent prescribers (IPs).

⁴PSNC '2022 Pharmacy Pressures Survey', April 2022

There is an urgent need to review and rethink funding for community pharmacy.

With the right support and investment, pharmacy could play a key role in reducing current pressures in primary care and ensuring patients receive timely medical care in appropriate settings.

However, financial pressures make it increasingly hard for the sector to invest in staff and services and prevent the true potential of this resource from being realised. Adjusting for inflation, the **value of the NHS pharmacy contract in England has shrunk by 25% since 2015; accounting for a lower percentage of total health spending than at any point since 1948.**

Thousands of pharmacies of all sizes are at the risk of closing due to the impact of high inflation and reduced funding, amongst other factors.⁵ Indeed, **since 2015, 670 pharmacies have permanently closed and 41% of those closures have taken place in the 20% most deprived parts of England.**⁶

In a recent audit, 92% of pharmacy teams and pharmacy owners reported that patients were being negatively affected by the pressures on their pharmacy.⁷

It is clear that there is a need to fundamentally rethink the current funding model for pharmacy and to consider other frameworks that would better support pharmacists in an enhanced clinical care role.

Rec 5: The Government must take urgent action to relieve the funding pressures on the community pharmacy sector in the short term and review the long term funding model for pharmacy.

Pharmacy needs to be better represented throughout the health system

Pharmacy is not adequately represented at a strategic level across the health and care system. Its voice is not being heard strongly enough at decision-making level and within policy and service development.

Rec 6: Pharmacy must be placed at the heart of decision-making and policy development including new care pathways for patients.

⁵ NPA 'Protecting UK Public Interests in NHS Community Pharmacy', September 2022

⁶ <https://thecca.org.uk/40-of-pharmacy-closures-in-last-seven-years-have-occurred-in-deprived-communities/>

⁷ PSNC '2022 Pharmacy Pressures Survey', April 2022

About the All-Party Parliamentary Pharmacy Group inquiry

The All-Party Parliamentary Pharmacy Group

The All-Party Parliamentary Pharmacy Group (APPG) was formed in December 1999 to drive forward cross-party debate on topical issues and their significance for pharmacy, patients, and the NHS.

The APPG holds regular public meetings with health professions, patient groups, government officials, industry representatives and the media. With the aim of promoting and advancing the pharmacy sector, the APPG also conducts a number of inquiries into the issues most affecting the industry and its dedicated workforce.

The APPG regularly engages with Health Ministers and has previously sent them reports containing inquiry findings, views and recommendations for policy action.

Alongside chair Taiwo Owatemi MP, the APPG consists of the following officers:

- Baroness Cumberlege
- Baroness Meacher
- Derek Thomas MP
- Elliot Colburn MP
- Julian Sturdy MP
- Lord Clement-Jones
- Paul Bristow MP
- Peter Dowd MP
- Sir George Howarth MP

The APPG receives financial support from the Association of Independent Multiple Pharmacies (AIMP); Company Chemists Association (CCA); National Pharmacy Association (NPA); Pharmaceutical Services Negotiating Committee (PSNC); and the Royal Pharmaceutical Society (RPS).

The Future of Pharmacy Inquiry

The inquiry aimed to outline recommendations to the Government for a new vision of the role of pharmacy in our health and care system setting out what immediate support pharmacies need to deliver on this ambition. It ran from 13 September 2021 to 20 April 2022.

The inquiry accepted written evidence from stakeholders across pharmacy and conducted a series of focussed oral evidence sessions.

Full inquiry details are included in Annex A.

As health policy is a devolved matter, this inquiry is focused mainly on the pharmacy sector in England, although pharmacists from Scotland, Wales and Northern Ireland were invited to send any evidence or thoughts they had for the APPG to consider.



Summary and analysis of inquiry evidence

Harness the power of pharmacy to help the NHS deal with the COVID-19 backlog

Pharmacists are qualified healthcare professionals and experts in medicines who are perfectly placed to be the first port of call for minor illnesses. The APPG heard how it would be unfortunate **to overlook pharmacy's key role in tackling NHS backlogs, including through implementing an effective minor ailment scheme to take pressure off of primary care.**

In total, there are 11,200 community pharmacies across England⁸ and 89% of the population are less than a 20-minute walk from their nearest pharmacy, which rises to 99.8% in the most deprived areas.⁹

⁸ NHS Digital, 'GP and GP practice related Data', May 2022

⁹ Todd A, Copeland A, Husband A, et al 'The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England' *BMJ Open* 2014;4:e005764



In England, the NHS is experiencing a sustained period of significant financial and operational challenges. They could mirror approaches taken in Scotland and Wales that have appropriately-funded national pharmacy walk-in services for minor ailments. This would free up capacity in General Practice and be cost effective for the NHS in the long term.

Community pharmacies are increasingly being relied upon as the first port of call for healthcare advice and this shone through in the evidence.

Pharmacies undertake more than 65 million informal consultations per year.¹⁰ Almost half of these patients would have attended GP practices if they could not get advice from their pharmacy. This means that:

- Pharmacy advice currently saves 619,000 GP appointments every week.
- This equates to 95 appointments for every single GP practice each week across the country
- An incredible 32.2 million GP appointments saved in total over the course of the year.
- Pharmacists identify 2.5 million patients a year requiring urgent advice or treatment.¹¹

However, unlike other commissioned services, none of these consultations have specific funding attached to them.

The Community Pharmacist Consultation Service (CPCS) is a step in the right direction. The service allows GPs to refer patients requiring minor ailment advice, treatment and urgent repeat prescriptions to community pharmacies.

Nonetheless, there are some impediments to CPCS being as effective as it should be. Many of these were highlighted in a report by the RPS.¹² Dr Richard Vautrey, former chair of the British Medical Association (BMA)'s General Practitioners Committee, told the APPG that he had concerns about the systems used for the service which make it harder for GPs and pharmacies to interact. Individual referrals take significant time, whereas the previous minor ailment scheme was much faster, as GPs could simply advise patients to visit their local pharmacy. It was also noted challenges resulting from the lack of access to patient data and interoperability to allow pharmacy staff to see, document and share clinical information with other healthcare professionals.

¹⁰ <https://psnc.org.uk/our-news/pharmacies-in-england-provide-65-million-consultations-a-year/>

¹¹ PSNC, 'Pharmacy Advice Audit 2022: a summary of findings', June 2022

¹² https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/CPCS/RPS_RCGP_%20Making%20the%20CPCS%20a%20success-003.pdf

A key way that local pharmacies could take even more pressure off the NHS would be by allowing pharmacists to supply prescription-only medicines, and by introducing a 'walk-in option', with an increased number of conditions they can treat via this service.

The creation of a minor ailments 'walk-in' service for England, much like Scotland's 'Pharmacy First' scheme, was a clear ask across the evidence gathered in the inquiry. Stakeholders submitted several case studies demonstrating how community pharmacies have stepped up to lead pilot Local Pharmacy First schemes (see Figure 1).

Figure 1.



These case studies reveal that allowing pharmacists to see patients first and triage could lead to a significant reduction in pressure on the NHS and ultimately save money to the health service.

Recognise the power of pharmacy's relationships with patients

Patients like accessing services via their pharmacy. They also want to access more services.

The community pharmacy network offers access to trained healthcare professionals close to where people live, bringing care closer to home. They provide immediate and quick access to the NHS for patients. A survey by Taskforce for Lung Health of 2,100 people with lung disease was shared with the APPG found:¹³

- 95% respondents stated that they had used one or more community pharmacy service and that this was either valuable and essential for them, or something they could not live without.
- 86% of respondents felt there were more services that community pharmacies could offer. (source: 2020 survey from the Taskforce for Lung Health)

This places pharmacy in a prime position to support early disease detection and speed up diagnosis. Recognising this, new NHS proposals under the 10-Year Cancer Plan would see people with potential signs of cancer get assessed and referred for a hospital check-up in local pharmacies in England, without the need to see a GP before being referred to a specialist.¹⁴ The APPG welcomes this proposal and efforts in promoting a more active clinical role for pharmacy in the management of long-term health conditions.

Pharmacies already deliver a range of public health services through the Healthy Living Pharmacy (HLP) framework, including substance misuse management, smoking cessation, alcohol intervention, weight management, contraception and emergency hormonal contraception, and vaccination services. These services are already making a vital impact on health outcomes and relieving pressure in other areas of the NHS.

- 99% of people are comfortable and happy with the service provided by Healthy Living Pharmacies.
- 60% of people would make an appointment with their GP's if the health improvement service was not available at a Healthy Living Pharmacy.
- People walking into a Healthy Living Pharmacy are twice as likely to set a quit date for smoking and then quit than if they walked into a non-Healthy Living Pharmacy. (source: Healthy Living Pharmacies, gov.uk)

However, the APPG heard from the Suffolk Local Pharmaceutical Committee (LPC) how these initiatives should be expanded but need to be *"properly commissioned and adequately remunerated"*. The CCA also highlights an idea well supported across the evidence that *"pilots such as the NHS Community Pharmacy Contraception Management Service Pilot (commissioned as an Advanced service under the CPCF from 11 January 2023) could be extended to other areas with a view to then rolling these out nationally"* and that *"more work can be done with Healthy Living Pharmacies and health promotion in particular"*.

¹³ <https://psnc.org.uk/our-news/pharmacy-services-a-lifeline-for-people-with-lung-conditions/>

¹⁴ NHS England 'High street pharmacies spot cancers in new NHS early diagnosis drive', June 2022



Pharmacies have also demonstrated their capabilities with successful (and growing) flu (4.8 million doses in 21/22)¹⁵ and covid (22 million doses in 2021) NHS vaccination programmes.¹⁶ GSK's submission stated that **building on this with other NHS adult vaccine programmes (e.g. shingles/pneumococcal) could increase uptake and reduce health inequalities**. Pharmacies could also play an increased role in the delivery of childhood vaccinations.

Pharmacies continue to play a vital role in medicines optimisation. In acute hospitals, pharmacists are being encouraged to spend the majority of their time carrying out clinical functions in support of medicines optimisation and the clinical care of patients.

Pharmacists working within primary care and community pharmacies also have a huge role in the monitoring of high-risk medicines as part of long-term conditions management, management of antimicrobial resistance and medicines optimisation.

At Structured Medicines Reviews (SMRs) clinical pharmacists working within Primary Care Network support patients to get the best from their medication, reducing the risk of harm and hospitalisation.

New prescriptions can sometimes cause side effects, or interact with existing treatments, potentially leading to readmission.

Through the Discharge Medicines Service (DMS), patients leaving hospital are referred to community pharmacy on discharge with information about medication changes made in hospital. This demonstrates the significant value pharmacies contribute to secondary care, taking pressure off the NHS. This is also helping improve outcomes, prevent harm and reduce readmissions.

¹⁵ PSNC 'Almost 4.8 million flu vaccinations administered by community pharmacy during 2021/22' April 2022

¹⁶ PSNC 'Over 22 million COVID vaccines delivered by community pharmacy' January 2022

- 79% of patients are prescribed at least one new medication after being discharged from hospital.¹⁷
- Over 65 are less likely to be readmitted to hospital if they are given help with their medication after discharge.¹⁸
- For every 10 DMS consultations, there is one avoided hospital admission, and on average 16 bed days are saved.¹⁹

“We must stop the postcode lottery and guarantee innovation translates nationally.”

However, some stakeholders highlighted that there was a feeling that the NHS leadership had failed to make full use of the pharmacy network and its clinical skills, in particular in primary care and community pharmacy. McKesson UK highlighted a need to further encourage Trusts to take advantage of DMS service. The King’s Fund and the RPS Review also found that clinical pharmacists have a sense that they were not being given tasks appropriate to their competencies and that GPs underappreciated their abilities.²⁰

Oral evidence also highlighted the regional inequalities faced by patients. The NPA’s Nick Kaye told the APPG that *“we must stop the postcode lottery and guarantee innovation translates nationally”*. The need for regional commissioning of clinical services to retain some degree of standardisation in the future is clear.

Overall, the APPG heard that pharmacy offered one of the highest returns on investment the Government can make. However, to capitalise on this, pharmacy’s clinical potential must be fully recognised by the NHS leadership, the Government and policymakers differently.

Empowering the community pharmacy workforce to deliver even more for our NHS

To support the long-term vision for pharmacy, the pharmacy workforce must be appropriately empowered. The APPG heard how local pharmacies are facing unprecedented levels of demand both in volume and the services that patients are requesting. *“The list of asks from patients is endless”*, said Reena Barai, Practising Pharmacist, Independent Pharmacy Owner, Independent Prescriber & PSNC Committee Member.

In the words of a frontline pharmacist and pharmacy owner in their written submission, *“the constant cuts to our funding, additional services and lack of the promised ‘dispensing efficiencies’ have left us working on bare-minimum staffing levels. Combine that with the huge extra pressures caused by the pandemic and the difficulties patients are having accessing GP services and we are at breaking point.”*

Evidence submitted by PSNC demonstrated a significant increase in demand for clinical services. Compared to 2018/19 levels, the demand for clinical services had increased by over 87% by 2022/23. Furthermore, we heard that without additional resource, this increasing demand was making it harder to recruit and retain staff. The Community Pharmacy Workforce Development Group’s survey of contractors in England found a 9% FTE pharmacist vacancy rate across the country.²¹ Some contractors report that the situation has deteriorated since.

¹⁷ National Health Executive ‘NHS Discharge Medicines Service’ February 2020

¹⁸ Hospital Times ‘The discharge medicines service a step towards true medicines optimisation’ March 2021

¹⁹ CCA’s written submission to the APPG inquiry on the Future of Pharmacy

²⁰ The King’s Fund and the Royal Pharmaceutical Society ‘A vision for pharmacy practice in England: A rapid review of the policy context (2016–22)’ June 2022

²¹ Community Pharmacy Workforce Development Group, ‘A review of the community pharmacy workforce’, June 2021

One contributing factor is the Additional Roles Reimbursement Scheme (ARRS), through which Primary Care Networks have been funded to employ pharmacists and pharmacy technicians. Between March 2019 and September 2022, NHS Digital data²² shows net increases of 4,972 FTE pharmacists and 1,667 FTE pharmacy technicians in primary care. ARRS funding has encouraged the mass migration of staff from community pharmacy, leading to a high number of unfilled vacancies. The APPG heard from Paul Mason, Superintendent of Lo’s Pharmacy on this, who spoke of the urgent need to mitigate or avoid altogether the direct competition within primary care for attracting and retaining pharmacists.

The Government must urgently reevaluate current and long-term workforce needs across the health and social care system. Any such re-evaluation should consider pharmacy. With Integrated Care Systems (ICSs) becoming responsible for workforce decisions, it is crucial for local action to be coordinated nationally. As highlighted by the PSNC, some ICSs are not geographically large enough, for example, to easily be able to influence the supply chain for new pharmacists.

In this vein, the APPG welcomes Health Education England (HEE)’s ongoing review of the existing 15-year strategic framework for workforce planning and the Government’s confirmation at the Autumn Statement of an NHS workforce plan in 2023. It is crucial that these plans include concrete workforce planning and skill mapping across health providers for pharmacy. They must also thoroughly consider pharmacy workforce needs, taking a holistic approach to how pharmacy interacts with other parts of the health and care system.²³

Independent Prescribing – the key clinical skill to unlock a new vision for pharmacy

There is a direct correlation between investing in the clinical skillset of pharmacists across the workforce and expanding the services and provisions that the sector can offer to patients.

Stakeholders overwhelmingly emphasised how **independent prescribing will form the backbone of this potential future service delivery for the sector.**

We were told by the RPS that independent prescribing allows pharmacy teams to fuse **“the unique in-depth understanding of medicines by pharmacists together with the competence to prescribe [which] will improve access to care and increase capacity in the health system”**.

By summer 2026 all newly qualified pharmacists will be independent prescribers at the point of registration. The General Pharmaceutical Council has been working with HEE to build the training programme curriculum for new training pharmacists.

However, there are only 21.5%²⁴ pharmacists in England who also qualify as independent prescribers. This figure is considerably lower (5%) when focusing on community



²² [Link here](#)

²³ The July 2022 report by the Health and Social Care Committee on *Workforce: recruitment, training and retention in health and social care* made similar urgent recommendations “to better utilise the pharmacy workforce” and in turn optimise workloads and relieve pressure on other areas of healthcare.” Health and Social Care Committee ‘*Workforce: recruitment, training and retention in health and social care*’ (HC 2022-23,115) para 111.



pharmacy alone. The funding of training pathways is crucial to enabling the existing legacy pharmacist workforce to undertake the Independent Prescribing qualifications, if they choose to do so.

Witnesses, including from the CAA, The Pharmacists' Defence Association and Suffolk LPC, have been unanimous in saying that, beyond training, there is a need to ensure that sufficient services are commissioned in community pharmacy to ensure that pharmacists can use their clinical skills more often. Without this there is significant risk that colleagues leave to work in a sector where they can utilise their new skills.

The benefits of independent prescribing are clear. However, there must be greater ambition to ensure existing pharmacists are given the opportunity to become independent prescribers, and consideration must be given to the need to include provision for backfill costs, specifically to cover the cost of the individual pharmacist undertaking the training. This must also include enabling learners to find suitable supervision.

Placing community pharmacy at the heart of decision-making and policy development

The APPG heard that the sector's clinical value has been underestimated and as a result community pharmacy has long been treated separately from the wider NHS 'machine'. Consequently, the added clinical value of pharmacy teams remains under-utilised, under-resourced and, in some cases, wasted. Ian Strachan, pharmacy owner and member of AIMP, told the APPG that the challenge faced by community pharmacy to multidisciplinary working with other health providers was largely "a culture problem".

Evidence suggested that the situation has been made worse by the historical lack of representation of community pharmacy across NHS decision-making bodies. Indeed, the NPA told us that the level of community pharmacy representation within current structures was "sub-optimal". Community pharmacy was often felt to be an afterthought when it comes to major issues, such as workforce, with the impacts to the sector not being captured and measured by policymakers and NHS leaders. Stuart Semple, Interim Chief Pharmacist at the North Central London ICS, highlighted to the APPG how,

²⁴ Written evidence submitted by the General Pharmaceutical Council (RTR0160), Health and Social Care Committee 'Workforce: Recruitment, training, and retention in health and social care', June 2022

historically, there had not been a clear enough mandate for pharmacy networks to come together.

However, **there is now a huge opportunity to make a vital course correction.** The Health and Care Act 2022 ('the Act') creates new partnerships between the organisations that meet health and care needs across a geographical area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

By bringing together providers and commissioners, ICSs could lead to better understanding of local needs and how resources need to be better aligned to those needs. As Boots UK highlighted, ICSs could see an end to "siloes working" and help address some of the issues that have hampered the commissioning of local services over the last decade in community pharmacy, including public health services commissioned by local authorities.

However, the RPS warned that legislation alone will not guarantee successful implementation of the Government's vision for a more integrated health and care system. The Act must be backed by appropriate national guidance, investment, and implementation support. In particular, any future guidance must fully recognise community pharmacy as an integral part of the health and care system and champion community pharmacy on par with other primary care providers. **Placing community pharmacy at the heart of decision-making and policy development, specifically giving the sector a greater voice in ICSs, will empower pharmacies to play a greater role in primary care with benefits for both patients and the wider health service.**



As we fully transition to the new ICS framework, there is a need for further clarity on the role of ICSs as commissioners of primary care services. **With a potential impact on patient care and service provision, the APPG urge the Government and NHS to engage early and consult with relevant professional bodies and patient groups.** As highlighted by Victoria Steele, Chair of the Community Pharmacy Patient Safety Group, the extent of nationally commissioned services is increasingly challenging, and requires representatives across the sector to be engaged in integrated health systems moving forward. Key issues include varying degrees of expertise of ICSs to take on commissioning roles, additional administrative burden, and minimising variation of service provision to support greater public understanding about what is available to them locally.

Urgent action to relieve the funding pressures on the community pharmacy sector, including reviewing the funding framework for community pharmacy

Ongoing financial pressures present an unscalable obstacle for the pharmacy sector when it comes to investing in staff and services, preventing the full scope of clinical services that pharmacies are capable of providing from being realised. But it is also threatening the stability and long-term viability of a sector that so many depend on.

Like General Practice, pharmacies are private contractors who receive the vast majority (for most, 90%) of their income from the NHS. However, unlike General Practice, whose funding has been boosted significantly over a multi-year period,²⁵ pharmacy funding has been restricted.

NHS total funding for the sector is set at £2.592bn per year. This total funding has remained flat since 2016/17, and has resulted in **real terms funding being reduced year on year**, as inflationary pressures are not taken into account.

Adjusting for inflation, the **value of the pharmacy contract with the NHS in England has shrunk by a quarter since 2015.**²⁶ In England, community pharmacy now accounts for a lower percentage of total health spending than at any point since 1948.

A new study reveals that **several thousand English community pharmacies are likely to close during the next few years.**²⁷ Its authors warn that this would “*disrupt NHS medicines supply and damage prospects for extended clinical services in the community setting.*” It would also increase health inequalities and slow the provision of enhanced clinical care in community pharmacies.

A 2020 report by EY (commissioned by the NPA) reveals that nearly three-quarters of family-owned pharmacies in England could be forced to shut their doors by 2024. It found that pharmacies are underfunded to the tune of £497m – with 72 percent forecast to be loss-making by 2024 if the current contractual arrangements carry on unchanged. The average pharmacy is predicted to make an annual loss of £43k by 2024.²⁸ A separate 2020 EY report commissioned by the GPhC found that 40% of large pharmacy chains are in deficit.²⁹

²⁵ The Institute for Government ‘General practice | The Institute for Government’ March 2021

²⁶ <https://psnc.org.uk/wp-content/uploads/2022/12/PSNC-Briefing-Community-Pharmacy-Patient-Services-Under-Critical-Pressure-December-2022.pdf>

²⁷ NPA ‘Protecting UK Public Interests in NHS Community Pharmacy’ September 2022

²⁸ EY ‘Impacts of current funding, policy and economic environment on independent pharmacy in England’ September 2020

²⁹ <https://www.pharmacyregulation.org/sites/default/files/document/business-impact-of-pharmacy-registration-fees-registered-pharmacies-great-britain-january-2020.pdf>



Urgent action is required by the Government to relieve pressures on the sector. A real-terms cut in funding coupled with the current economic environment, rising business costs and an ever-increasing workload, are all contributing to an unprecedented “squeeze” on the sector.

The CCA estimates that a £656m investment to boost community pharmacy capacity can create **£1.901 billion of benefits, including freeing up 8.5 million additional appointments per year from GPs, releasing 2.2 million hospital beds, and administering 10 million of NHS vaccinations, amongst others.**³⁰

The APPG consistently heard from stakeholders that pharmacies are facing growing operational and financial pressures, both in the previous flash inquiry³¹ and in written and oral evidence submitted as part of this inquiry.

The situation is unsustainable. To preserve England’s network pharmacies, and empower them to take further pressure off GPs and support the NHS recovery, the Government must boost overall funding. It is clear that there is also a need to fundamentally rethink the current funding model for pharmacy and to consider other frameworks that would better support pharmacists in an enhanced clinical care role.

Increased investment in pharmacy in the short term will ultimately save NHS money in the long term.

³⁰ CCA ‘Autumn Budget and Spending Review 2021’ September 2021

³¹ All-Party Parliamentary Pharmacy Group on Pharmacy ‘Flash Inquiry’ December 2020

Recommendations

The inquiry recommends that:

- **The Government must harness the power of pharmacy to help the NHS deal with the COVID-19 backlog and growing healthcare challenges.** Consequently, the Government should acknowledge the sector's clinical expertise and:
 - commit to implementing an appropriately funded national pharmacy walk-in service for minor ailments, which would free up capacity in General Practice and be cost-effective for the NHS in the long term.
 - mirror the approaches taken in Scotland and Wales by working with the community pharmacy sector to develop a longer-term vision for the sector.
- **Future commissioning and funding must recognise that community pharmacy is the front door to the NHS for many patients, and it is therefore vital that the design of future commissioning takes this into account** - an invaluable network that can be relied upon to manage growing healthcare challenges, medicines management, early disease diagnosis and prevention, tackling health inequalities and management of long-term conditions. The Government should:
 - ensure DHSC and NHS England actively consider commissioning additional community pharmacy services that recognise and make better use of pharmacists' clinical skills.
 - ensure that current and newly commissioned services are appropriately funded to guarantee that sustainability of pharmacies.
 - ensure regional commissioning of clinical services retains some degree of standardisation so that patients are not subject to 'postcode lotteries' of provision.
- **The DHSC and NHS England must urgently re-evaluate the current and long-term workforce needs of the entire health and social care system, including pharmacy, to ensure resources are directed where they deliver the most benefit to patients.**
- **The Government should build on current commitments to provide funded IP training to ensure all existing pharmacists can train as IPs, if they so choose.** The NHS also needs to set out a plan for the future commissioning of services which will ensure that these new skills are put to best use and are fully funded.
- **For this ambitious new vision to be realised, community pharmacy must be placed at the heart of decision-making and policy development.** NHS England must:
 - produce robust guidance outlining how community pharmacy, along with the other primary care professions, will be consulted during the development of the emerging Integrated Care Board plans.
 - clarify community pharmacy's role in the development of new care pathways for patients.
- **The Government must take urgent action to relieve the funding pressures on the community pharmacy sector in the short term and review long term funding model for pharmacy.** Pharmacies want use their skills and expertise to help more patients. Better use of pharmacy has the added benefit of relieving pressure from GP practices and other parts of the health system. However, they can only do so if given the right support and investment, which will, in the long-term, deliver significant savings for the NHS.

ANNEX A

Inquiry details, timeline and oral evidence sessions

Inquiry Timeline

September 13, 2021 – Launch of the APPG Inquiry & Call for Written Evidence

The APPG launched the “Future of Pharmacy” inquiry to seek views from stakeholders within the pharmacy sector and wider healthcare to develop a comprehensive vision for unlocking the potential of local pharmacies to further improve patient outcomes. Pharmacy teams demonstrated their value and resilience throughout the pandemic. This, coupled with the restructuring of the healthcare system led the APPG to launch an inquiry on what its future should look like.

Written submissions were invited on the following areas:

- Making the most of pharmacy in the delivery of primary care.
- What more community pharmacy can do to support the prevention agenda to help people stay healthy in their communities.
- How pharmacy can be used to support patients with the management of their long-term conditions.
- How pharmacy can be better integrated into NHS care pathways and the role of newer services such as the Community Pharmacist Consultation Services (CPCS) and the Discharge Medicines Service (DMS).
- The pharmacy workforce including recruitment, retention, and professional development of the pharmacy profession, including greater use of independent prescribers.
- Examples of pharmacy best practice across the four nations and any lessons to be learnt.
- Future clinical services that could be provided in community pharmacy settings, such as an increased range of vaccinations.
- The role of pharmacy in patient safety

The list of stakeholders submitting written evidence included:

- Association of Pharmacy Technicians UK
- Boots UK
- Cambridgeshire and Peterborough Local Pharmaceutical Committee
- Dr Ian Maidment, Aston University
- Dr Liz Breen, Director of the Digital Health Enterprise Zone (DHEZ), Reader in Health Service Operations, University of Bradford School of Pharmacy and Medical Sciences
- Easons Pharmacy
- Frontline Pharmacists
- Humber Local Pharmaceutical Committee
- Incisive Health
- Manor Pharmacy Group
- McKesson UK
- National Pharmacy Association (NPA)

- Pharmaceutical Services Negotiating Committee (PSNC)
- Pharmacist Support
- Royal Pharmaceutical Society (RPS)
- Suffolk Local Pharmaceutical Committee
- Taskforce for Lung Health - Asthma UK and British Lung Foundation
- The Company Chemists' Association (CCA)
- The General Pharmaceutical Council
- The Pharmacists' Defence Association
- The Proprietary Association of Great Britain (PAGB), the consumer healthcare association
- Written Medicine
- GSK

Inquiry orals evidence sessions

The APPG has also heard evidence from the following stakeholders:

- Alan Ryan, Director of National Transformational Programmes at Health Education England.
- Anil Sharma, practising community pharmacist, and East Anglia Representative of the PSNC
- Dr Richard Vautrey, former chair of the BMA's General Practitioners Committee
- James Semple, Vice Chair of Community Pharmacy Scotland
- Malcolm Harrison, Chief Executive of the Company Chemists' Association
- Mark Koziol, Chairman of the Pharmacists' Defence Association
- Nick Kaye, Vice Chair of the National Pharmacy Association (NPA)
- Paul Mason, Superintendent of Lo's Pharmacy
- Ravi Sharma, RPS Director for England
- Reena Barai, practising pharmacist and independent pharmacy owner (PSNC Representative)
- Stuart Semple, Interim Chief Pharmacist at the North Central London ICS
- Victoria Steele, Chair of the Community Pharmacy Patient Safety Group

December 2, 2021 – First Oral Evidence Session

Making the Most of Pharmacy in Primary Care

- Discussion of the current challenges and opportunities in the pharmacy sector
- Solutions that pharmacies can offer to post COVID-19 health challenges, including the NHS backlog
- How best to “unleash” the potential of pharmacy as part of the new ICSs
- The merits of removing unnecessary bureaucracy between general practice and pharmacy
- Providing better outcomes for patients by aligning priorities and targets across providers of primary care.
- The role of community pharmacies in improving access to primary care and preventing ill health
- Link to Session [Minutes](#)

February 22, 2022 – Second Oral Evidence Session

Empowering the Pharmacy Workforce

- The current challenges facing the community pharmacy workforce
- Examining the size of the pharmacy workforce, provisions for training and development
- How current pressures can be best alleviated
- How pharmacy teams can be better supported to improve staff retention
- The support needed to ensure pharmacy teams continue to grow their significant role in the NHS
- Link to Session [Minutes](#)

April 20, 2022 – Third Oral Evidence Session

Pharmacy – The Front Door of the NHS

- The pharmacy sector's involvement in patient diagnosis
- The role of pharmacists in combating health inequalities across the UK.
- Exploring the extensive list of services provided by pharmacies to communities and patients
- The role of pharmacy in tackling the NHS backlog
- The additional support and funding pharmacies need to provide and maximise patient services
- Maximising future opportunities for pharmacists to assist in the day-to-day health and well-being of patients.
- Link to Session [Minutes](#)



Prescription

