NATIONAL PHARMACY ASSOCIATION

July 2023

Making changes meeting needs

The independent community pharmacy offer in England to the end of this decade.

Introduction

This document is a challenge to old ways of thinking and an opportunity to redefine community pharmacy's role in the NHS. At the same time, these ideas are firmly planted in reality, because our start-point is what our commissioners in the NHS want, not what we can dream up.

Some of this is about redrawing the borders of pharmacy practice - for example applying pharmacogenomics to pharmacist prescribing. Other aspects are about re-imagining what is our domain as a sector; we are rightly based firmly in the community but our impact ought to be felt and formalised across the entire system, including hospitals. We need to be 'in the community but out of the box'.

I believe that, given informed policy-making and sufficient public investment, NHS community pharmacy could during the remainder of the 2020s develop much further as a clinical care and safe medicines supply service, in ways that will cost effectively benefit patients, public and the NHS.

Publication of Making Changes, Meeting Needs follows months of dialogue with NPA members about what a clinical future could look like for the sector. We are confident that the large majority of independent community pharmacists – by their nature innovators – are open to the idea of ambitious, transformative change.

Nick Kaye, Chair of the National Pharmacy Association

Foreword

Last year I was asked to review integrated primary care within systems, looking at what was working well and how we could replicate it. It became very clear early on that the community pharmacy sector is ready to develop, and integrate, its clinical roles within the NHS, and as part of the review we identified opportunities for community pharmacy in prevention, mental health, cancer referrals and same day urgent care.

I am delighted that the National Pharmacy Association is continuing to push a can-do agenda for the sector, with this new prospectus for 'making changes and meeting needs' of patients and the NHS.

As the chief executive of an Integrated Care System, reducing our elective waiting times is one of our main priorities, so I am interested to note the NPA's claim that "by building on our hospital touch-points we can give people a soft landing back into the community and reduce readmissions." This is the kind of thinking – based in an understanding of what commissioners need - that makes people like me sit up and take notice.

Making Changes, Meeting Needs is meant to span the rest of this decade and I commend the sector for thinking ahead. I know this in turn will feed into a wider review by the King's Fund and the Nuffield Trust on behalf of Community Pharmacy England. However, I urge community pharmacy leaders and practitioners also to maintain a focus on excellent service delivery in the here and now. That certainly includes achieving a single voice across local systems, to simplify engagement with the NHS.

Dr Claire Fuller, Chief Executive of the Surrey Heartlands Integrated Care System

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What is this document for?

This document sets out what a properly supported community pharmacy network is capable of delivering for the NHS and patients in England, over the next five years (i.e. the possible period of the next contractual framework).

It builds on the NPA's 'How We Can Help' plan[1] which listed opportunities for community pharmacies to address the health system challenges facing the country as it began to move out of the Covid pandemic. It is aligned to the NPA's long-standing position that community pharmacy should be a "front door" to the health system.

The Pharmaceutical Services Negotiating Committee has published four 'pillars' to align around and is currently working through a new vision which will lay the ground for future negotiations. (For the remainder of this document, we will refer to PSNC as 'Community Pharmacy England, its new name). The Company Chemists' Association also published its Prospectus for the future[2]. Likewise the Royal Pharmaceutical Society published a vision for pharmacy professional practice in England[3].

By and large we are all agreed on the need for community pharmacy to take a clinically-focused journey, building on the medicines supply function, integrated with the NHS and adequately resourced. But National Pharmacy Association members by their nature – as natural innovators and agile, skilled health care professionals - are particularly open to the idea of ambitious, transformative change. The NPA, is ready to go with our members to new places, reaching further into the prevention agenda and urgent care and improving patient outcomes by fully deploying the skills of our brilliant pharmacists and pharmacy teams and improving access to NHS care.

We have been testing these ideas with NPA members and will continue to feed our learnings into the Kings Fund and Nuffield Trust who are collecting insights and information on behalf of Community Pharmacy England.

1

What do our commissioners want?

Previous community pharmacy 'visions' have tended to take as their starting point what the sector is good at, and work outwards from there. While it's important to articulate the sector's unique selling points, our frame of reference needs to be clear about what our patients and main commissioners the NHS and government want us to help them achieve.

We know one thing that the current government wants quickly: it has made the politically popular pledge to cut waiting times for GPs and is now following through with its Primary Care Access Recovery Plan[4]. It is on a list of five priorities across the whole of government that "NHS waiting lists will fall and people will get the care they need more quickly."

Meanwhile, the NHS Long Term Plan[5] promised to "make greater use of community pharmacists' skills and opportunities to engage patients" and aspired to a future in which community pharmacy is an integral part of the NHS, delivering clinical services as a full healthcare partner. Community pharmacy already plays a significant role in the major health conditions cited in the long term plan. These include but are not limited to cardiovascular disease, diabetes, respiratory disease and mental health.

Last year's 'Fuller stock take'[6] into the work of the NHS at a local level pointed to opportunities for community pharmacy in prevention, mental health and cancer referrals. Integrated Care Systems were also encouraged by Fuller to develop a 'single system-wide approach to managing integrated urgent care to guarantee same-day care for patients'. Convenient access is one of community pharmacy's key characteristics, so it is natural that the NHS should look to pharmacies to develop a significantly enhanced role in the urgent care arena[7].

In addition to a long list of patient-focused objectives, NHS England's current Operating Framework[8] also highlights the importance of 'value for taxpayers' money. Community pharmacy gives a remarkably good return on investment – calculated as **at least £6bn value based on an NHS investment of £2.8bn**[9]. Furthermore, efficient procurement of medicines has led to many billions of pounds saved for the NHS.

Finally, it is clear from numerous policy publications and commissioning behaviours that NHS England wants a fully integrated approach towards all service provision.

NHS England operating framework objectives

Medium term objectives:

STOP avoidable illness and intervine early.

SHIFT to digital and community.

SHARE the best.

SUPPORT our local partners.

STRENGTHEN the hands of the people we serve.

Outcomes:

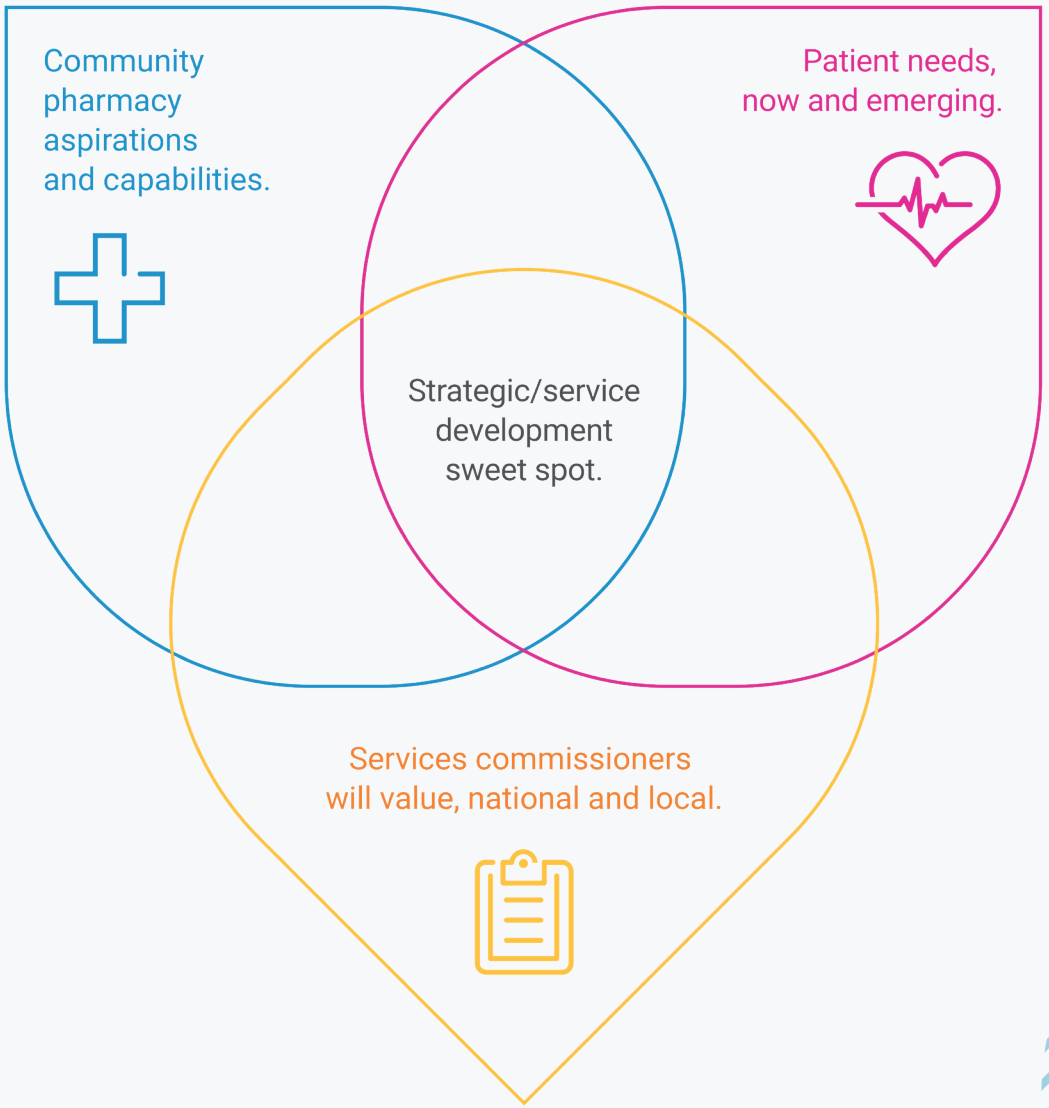
- Longer healthy life expectancy
- Excellent quality, safety and outcomes
- Excellent access and experience
- Equity of healthy life expectancy, quality, safety, outcomes, access and experience
- Value for taxpayers' money
- Support to society, economy and environment.

2

Future development and delivery strategy

What will drive a new deal for community pharmacy and shape what we do for patients?

There is a strategic service development sweet-spot, where we can see the alignment of all 3 developmental driving forces ie community pharmacy aspirations, patient needs and services that commissioners value, giving us a new direction for a community pharmacy vision and deal.



What do our patients want?

Public polling by the NPA shows that a large majority (73%) of people would like to see more NHS services provided at their local pharmacy[10].

In October 2022, National Voices (the leading coalition of health and social care charities in England) convened a group of its members and lived experience partners on behalf of the NPA to discuss the future role of community pharmacy within primary care and more widely[11]. The group recognised the potential for community pharmacies to offer more clinical services within the NHS. There was a positive view of independent prescribing, and its potential to make pharmaceutical care far more convenient for patients. There was also considerable support for an expansion of diagnostic testing in pharmacies, recognising the accessibility of the setting and the frequency of visits by people with long term conditions. National Voice's submission to the Health Select Committee describes community pharmacy as 'a key part of primary care and a way to make healthcare more accessible for more people' [12].

Meanwhile, the patient services watchdog, Healthwatch England, praises pharmacies for 'being open while other services were difficult or impossible to access' [pandemic report] and 'providing an essential service for those who find it hardest to be heard'[13].

Patient/consumer expectations of how health services should be accessed and delivered continue to evolve. The Covid-19 pandemic accelerated the use of virtual consultations, not only in the younger age demographics of the population. With the NHS app, patients now have access to their own patient records, can order their own prescriptions and nominate their own pharmacies. Nevertheless, in-person, face-to-face care remains the preferred mode for many people and it will be important to offer patients a choice about how to access pharmacy support.

We also know that patients want to be more involved in decisions about their care. Shared decision-making is something all health care professionals ought to have in mind in all areas of practice, and we have kept this in mind during the development of this document.

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What can community pharmacy deliver to meet NHS objectives and patient need?

Taking all this into account, we therefore consider that medicines optimisation, prevention, same day urgent care and long-term conditions should all be in scope for service development over the coming years. With informed policy-making and sufficient public investment, NHS community pharmacy could during the remainder of the 2020s develop much further as a clinical care and safe medicines supply service, in ways that will cost effectively benefit patients, public and the NHS.

The NPA engages regularly with pharmacy bodies from around the world to share learning and insight. Many countries find themselves in a similar position to our own, with health systems struggling to adapt to increasing need and resourcing services. Pharmacists' broad and comprehensive training, and community pharmacy's flexible and convenient service offering is widely seen as one way that health systems can respond to today's challenges.

Our track record

Community pharmacy now has a long track record in delivering clinical services. Smoking cessation and sexual health became beacons for the sector's potential in public health. Covid, flu and travel vaccinations have become commonplace, with the number of Covid jabs exceeding 30 million[14] and flu jabs reaching 5 million in 2022. The New Medicine Service is now embedded with a wide range of diseases and medications in scope and diagnostics/disease monitoring are becoming an increasingly familiar feature in UK pharmacies. Quite rightly, the scope is being extended to incorporate mental health.

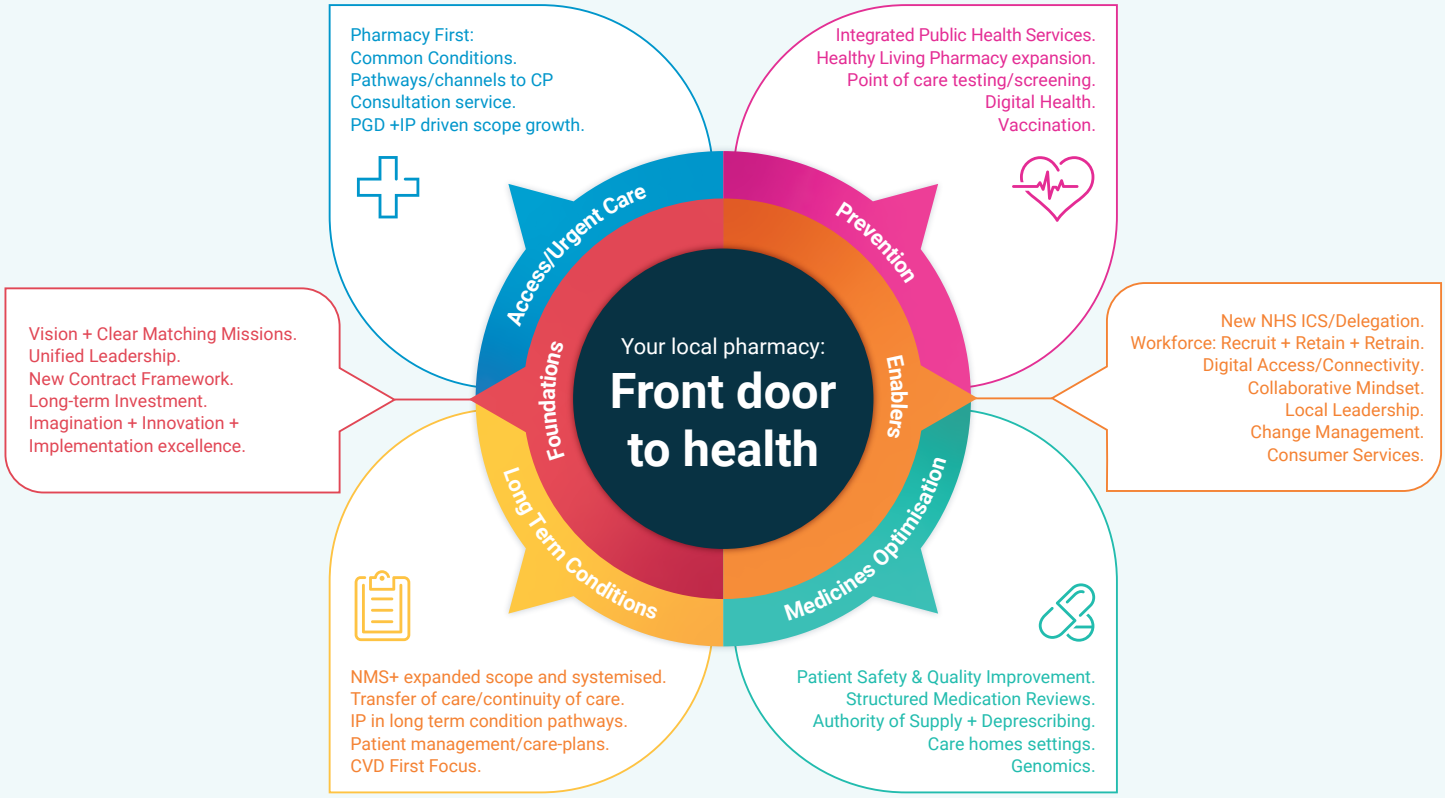
During the Covid-19 pandemic, community pharmacy demonstrated great resilience and not only maintained the core service of the supply of medicines (which is the biggest therapeutic intervention within the NHS, with over 1 billion prescriptions supplied to the public per annum) but also increased the level of medicines advice; **98% of community pharmacies reported increased enquiries** about serious health conditions during the pandemic.

What more can we offer to address the NHS's needs?

To meet the needs of users and commissioners, the community pharmacy of the future needs to be able to offer a broader service to deal with the urgent care and chronic care needs of the population whilst also delivering preventative services.

Building out from the existing portfolio of services and building on the medicines supply function, there are some major opportunities within this decade, encompassing prevention, medicines optimisation, long term medical conditions and urgent care:

Shaping the vision for community pharmacy for the near future



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Prevention

As health and wellbeing hubs, pharmacies already have a significant role to play in keeping people well, in addition to treating people when they are poorly. Properly supported we can do so much more:

Integrated public health services

Expand tried and tested existing services to help make the NHS a wellness, health-inequality reversing service. Offer a 'public health service bundle' for adoption across the 42 health eco-systems.

Healthy living pharmacy expansion

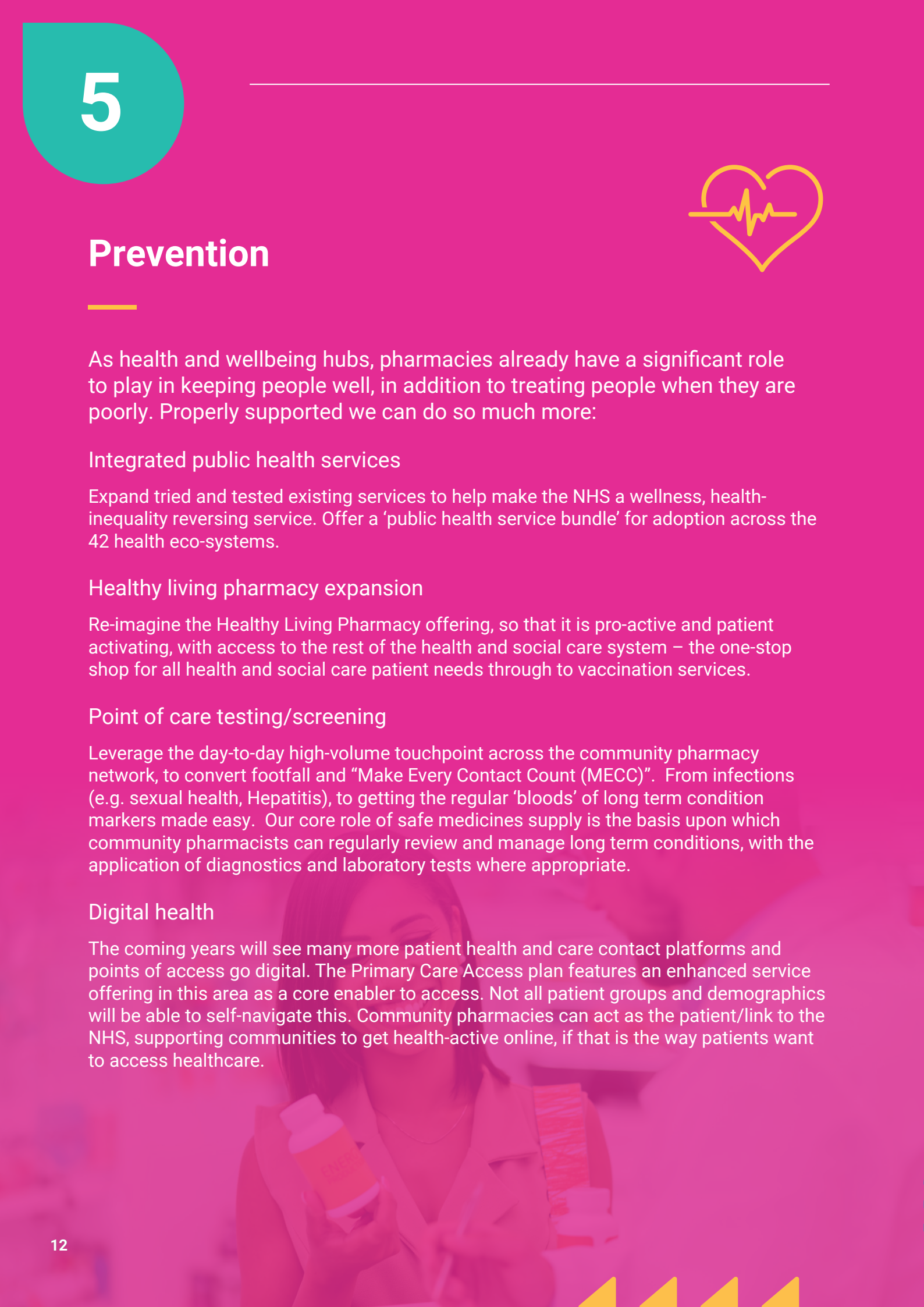
Re-imagine the Healthy Living Pharmacy offering, so that it is pro-active and patient activating, with access to the rest of the health and social care system – the one-stop shop for all health and social care patient needs through to vaccination services.

Point of care testing/screening

Leverage the day-to-day high-volume touchpoint across the community pharmacy network, to convert footfall and "Make Every Contact Count (MECC)". From infections (e.g. sexual health, Hepatitis), to getting the regular 'bloods' of long term condition markers made easy. Our core role of safe medicines supply is the basis upon which community pharmacists can regularly review and manage long term conditions, with the application of diagnostics and laboratory tests where appropriate.

Digital health

The coming years will see many more patient health and care contact platforms and points of access go digital. The Primary Care Access plan features an enhanced service offering in this area as a core enabler to access. Not all patient groups and demographics will be able to self-navigate this. Community pharmacies can act as the patient/link to the NHS, supporting communities to get health-active online, if that is the way patients want to access healthcare.



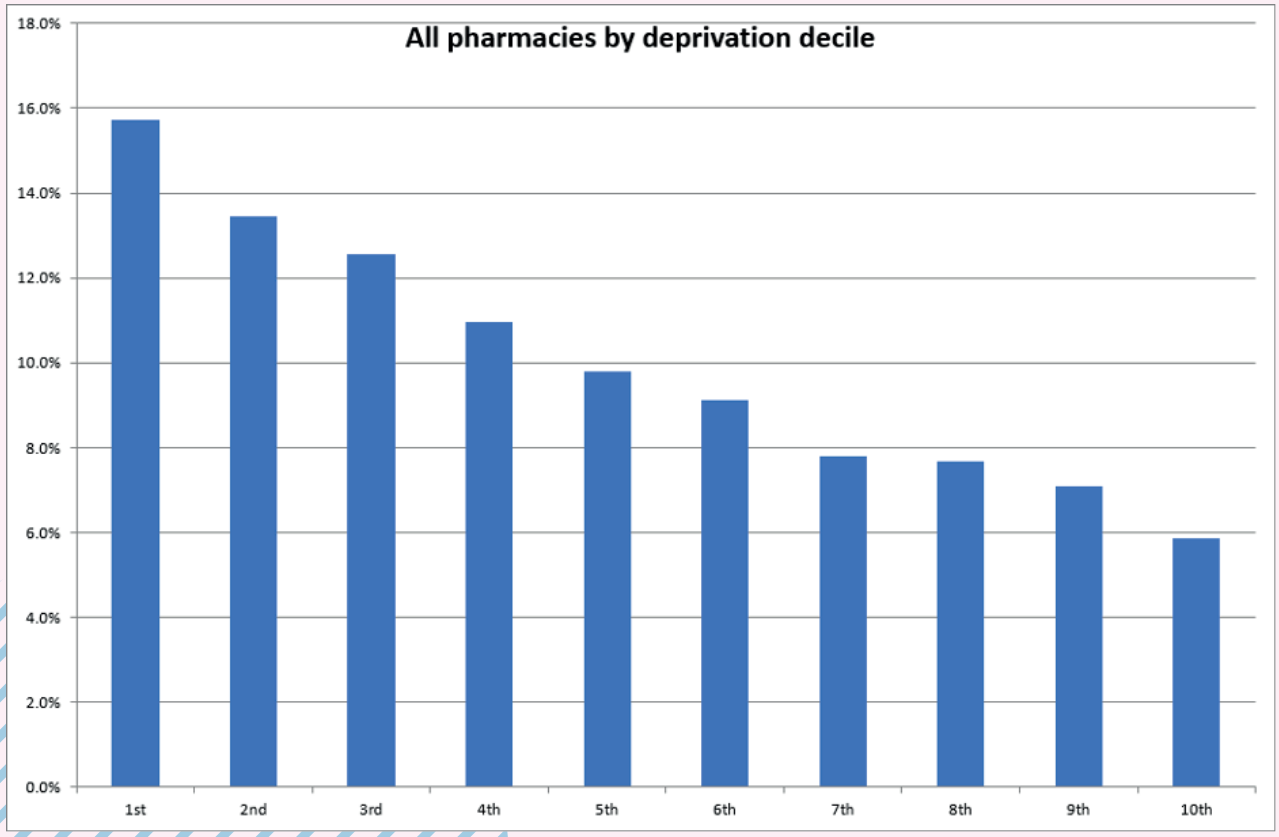
Vaccination

Pharmacies have proven themselves in relation to covid vaccinations, flu vaccinations and several other areas like hepatitis and travel health. The pharmacy network is an obvious place to start in developing a national travel vaccination service, given its track record in public health and the unparalleled access it provides. Not only will a vaccination service through community pharmacy be accessible to the wider population, but it will also build on pharmacists' abilities to provide advice and support to those who are still wary of any vaccination service.

Health inequalities

The majority of the population can access a community pharmacy within a 20 min walk and access is greater in areas of highest deprivation. This 'positive pharmacy care law' means that investment in community pharmacy has great potential for reducing health inequalities – by locating care where it is needed most.

Health inequalities can also be gender based. The Women's Health Strategy for England[15] 16 notes that, while women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health. Community pharmacists and their teams are well placed to provide support with medicines, as well as wider health advice and support to women at all stages of their lives – a fact underpinning the recently announced roll out of an NHS contraception service through community pharmacy.



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Medicines optimisation

As accessible medicines experts, community pharmacists should be the go-to healthcare professionals for optimising the use of medicines. The room for improvement across the health system is considerable, in terms of patient safety, efficacy, post discharge reconciliation and waste reduction.

Studies have highlighted the current inefficiencies and wastage of medicines in the discharge of patients from a secondary care setting. This is as a consequence of numerous issues, and similar issues may arise upon admission of a patient to a hospital. The discharge medicines review through community pharmacy has already delivered an improvement in patient health outcomes[16]. In some areas pilots around the admissions medicine reviews have also shown similar outcomes.

Patient safety & quality improvement

6.5% of hospital admissions are due to adverse drug reactions and many more people are hospitalised because they aren't taking their medicines for a long term medical condition properly. Yet the Integrating NHS Pharmacy and Medicines Optimisation (IPMO) programme and Regional Medicines Optimisation Committees are not thoroughly engaged with community pharmacy. More can be imagined and enabled to improve medicines safety right across the care pathway.

Structured medication reviews

There should be a community pharmacy-based SMR offer with wraparound interventions enabled by independent prescribing. The community pharmacist would not only have full access to patient records, but also be able to send off for specific clinical indicators such as blood tests – enabling the pharmacist to titrate any medication as required as well identify any issues adversely affecting recovery and management of long term conditions.

Locating SMRs principally in GP practices means the opportunity has so far been missed to mobilise the community pharmacy network in this space. The community sector has huge potential to reduce harm from medicines and achieve better value for health systems by tackling waste.

Authority of supply, including deprescribing

Community pharmacy's provision of 1 billion NHS prescriptions in England annually is core to the primary care pharmaceutical supply chain. With the ramping up of independent prescribing, and, with the appropriate governance safeguards in place, community pharmacists will have the ability to undertake a full prescription management role. Community pharmacists should be able to embrace emerging concepts such as pharmacogenomics into their practice. If the right incentives are in place to support optimised deprescribing, the focus of the role can move more to improving and enhancing health outcomes.

Care homes/settings

Community Pharmacy provision of medicines optimisation (MO) services in a variety of nursing, residential and supported domiciliary care settings is already well-spread albeit niche. There is a potential for universal practice development to be explored here, and the opportunity to drive this aspect of pharmaceutical care across the network. For example, with the likes of the Medicines Adherence Service in Northern Ireland, you have a new and sensible way to fix a very pressing issue in the England pharmacy network.

Pharmacogenomics

Patients often come to pharmacists saying their medicines are "not working". Perhaps they are right because their genomes are not necessarily compatible with the drug in question. Pharmacogenomic medicine has the capacity to revolutionise healthcare by offering prompt and accurate diagnosis, risk stratification based upon genotype and the capacity for personalised treatments. This kind of testing would minimise wastage of medicines and allows the patient to continue to be compliant with their treatment.

7

Long term medical conditions

We want to increase the management of conditions in pharmacy including asthma, hypertension, heart failure and diabetes, closely integrating with General Practice.

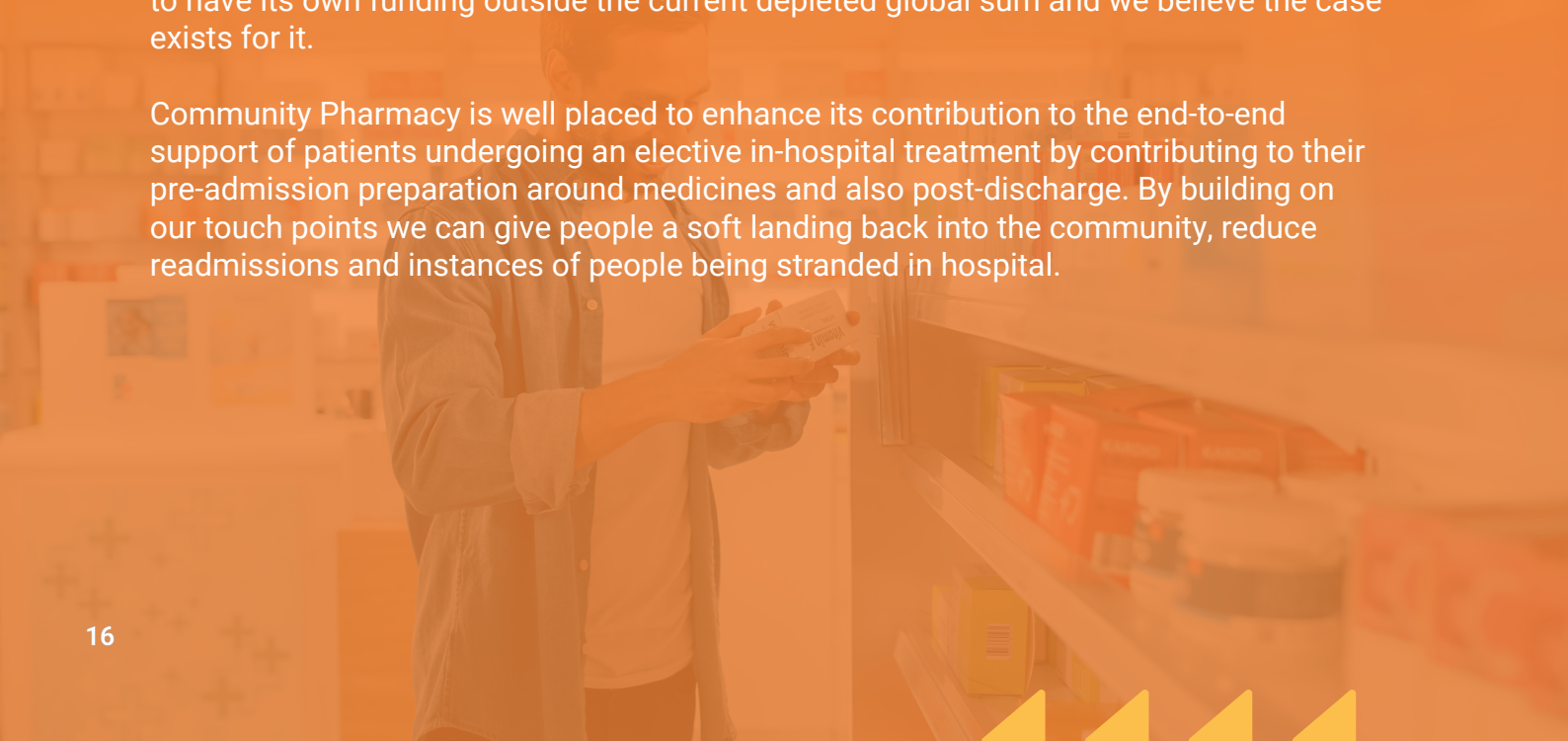
NMS+

We envisage this service to be built on the current New Medicines Service but with the pharmacist being able to make the necessary alterations to medication that may be affecting patient adherence. No more would the patient always have to be referred to their GP if they are now not able to swallow or are not getting on with their medication in some other way. Now with the independent prescriber qualification, the pharmacist would, in the appropriate circumstances, be able to make the necessary adjustments from a change in formulation through to a change in dosage and ultimately a change in medication. At all points communication with other members of a patient's health care team is vital, and if pharmacists action clinically appropriate changes this information must be fed into the patient's record to ensure continuity of care.

Transfer of care/continuity of care

The Discharge Medicines Service is at the heart of this, but there is more opportunity than one service alone. What we can see in systems such as Northern Ireland is that health and social care package support services, with vulnerable case-load of patients, get much closer attention from pharmacy teams. DMS itself is only spluttering at present. It needs to have its own funding outside the current depleted global sum and we believe the case exists for it.

Community Pharmacy is well placed to enhance its contribution to the end-to-end support of patients undergoing an elective in-hospital treatment by contributing to their pre-admission preparation around medicines and also post-discharge. By building on our touch points we can give people a soft landing back into the community, reduce readmissions and instances of people being stranded in hospital.



Independent prescribing in long term condition pathways

CVD / blood pressure case finding is rightly an area that we are being primed for in our contract. However the pharmacy sector should continue to be progressive and working towards a recognised prescribing role in other high prevalence long term conditions too.

Patient management/care-plans

Bar some historical, small-scale piloting, the role of community pharmacy in care plans and defined/formally documented management is wide open to invention. Services could include patient activation programmes, blood-test screening, treatment initiation in CVD to name but a few. Worthy, we believe, of a national dialogue.

We welcome the recent recognition in the Long Term Workforce plan that there is a need to consider capacity across primary care, and look forward to further details on how this will work.

8

Access and urgent care

Community pharmacy is perhaps the most accessible part of the health service. 96% of people live within a 20 minutes walk of their nearest pharmacy. This means pharmacies are well placed to provide urgent care and to be a 'front door to the NHS' should further support be needed.

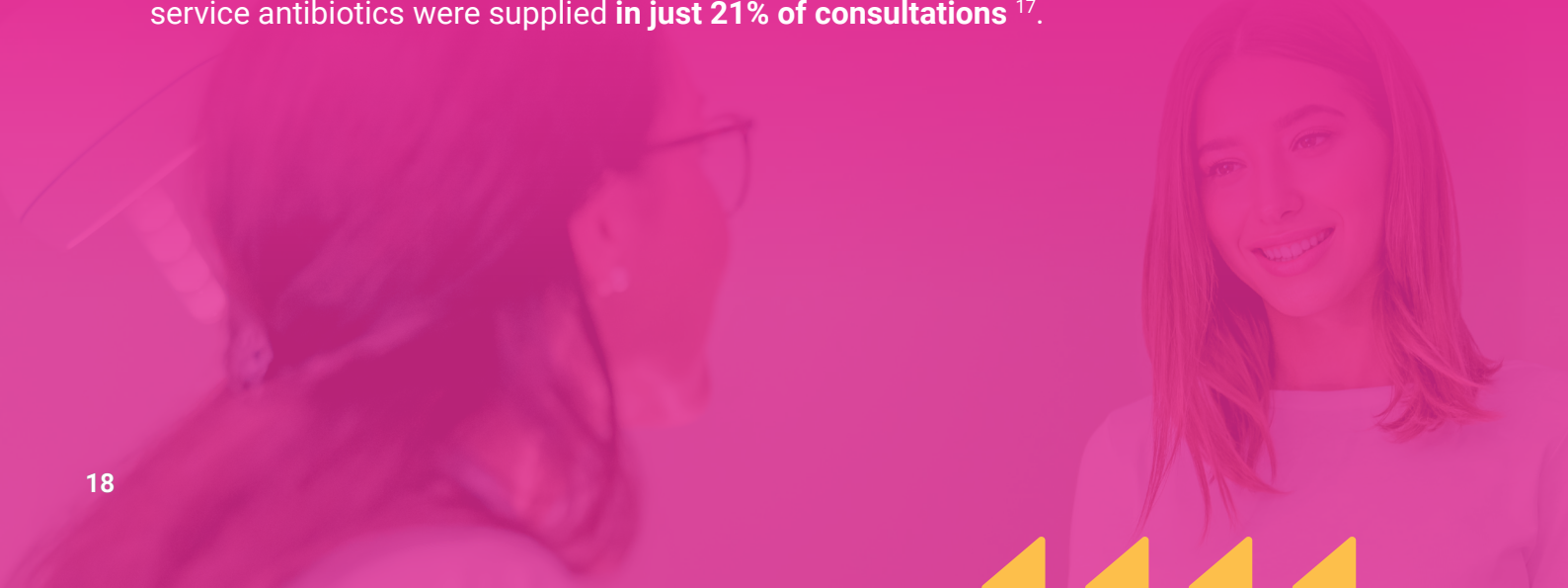
Pharmacy first: Common conditions

'Pharmacy First' schemes have been successful in Scotland and Wales and parts of England. The NPA warmly welcomed the recent announcement of investment in an England-wide, pharmacy-based, common conditions service that will improve access to NHS care for illnesses like earache, shingles and uncomplicated urinary tract infections. This is a long overdue step that will improve access to care and free up GP waiting lists.

Alongside that we have an under-volume NHS Community Pharmacist Consultation Service and a delay to the A&E strand of this service. If all aspects of this channel shift for minor illness were optimised it would give same day urgent care a huge boost.

Pharmacy First and CPCS can expand via patient group directions initially – without waiting until independent prescribing becomes universal. With the application of Patient Group Directions and the qualification of Independent Prescribers, we can close many more episodes of care instead of sign-posting and referring back into the system.

For instance, evaluation of sore throat 'test and treat' in Wales highlighted the important role of community pharmacists in antimicrobrial stewardship. Previous research suggested antibiotics are prescribed in over 60% of general practice consultations for acute sore throat. In the initial evaluation of the pharmacy sore throat test-and-treat service antibiotics were supplied **in just 21% of consultations** [17].



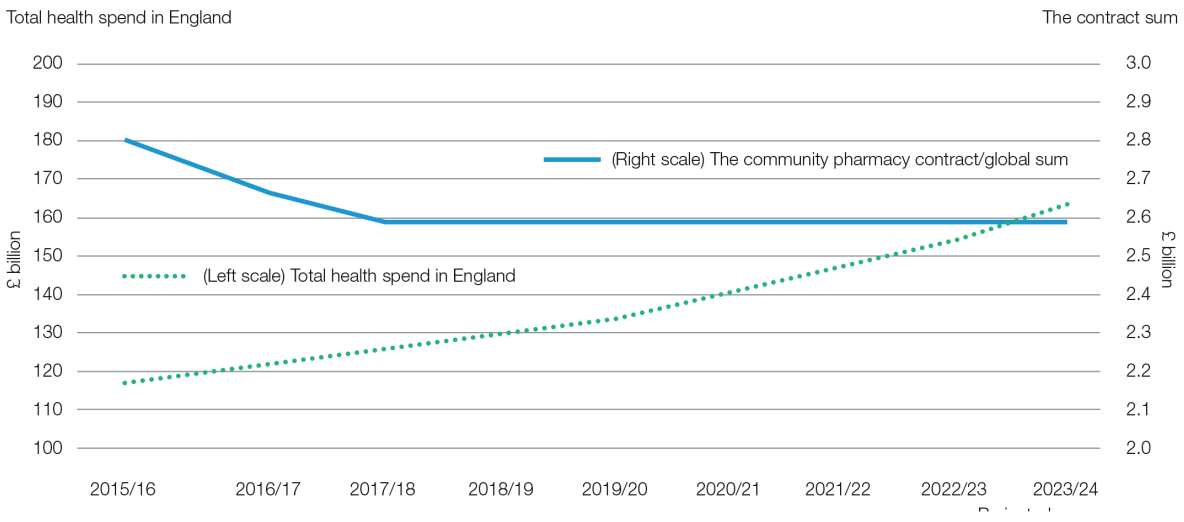
How to get there – enablers

As we've seen, the community pharmacy network can do so much more, using the full skills and knowledge of the pharmacist and their team, to tackle public health issues and take pressure off other parts of the service – but it must be empowered, facilitated and funded to do so. Here are some of the key enablers that will unleash the potential of community pharmacy:

Investment/funding

Substantial and sustained new investment by the government and NHS England is critical to success. For nearly a decade, community pharmacies have been asked to do more and more work for less and less payment, and our capacity no longer matches the demands made on us. The recent announcement about funding for a nationwide Pharmacy First service is very welcome, but there is a lot of ground still to make up. Urgent action is needed to maintain current services and lay the ground for an improved service offer.

Figure 1: English Health Expenditure and the Community Pharmacy Contract Sum (the Global Sum), cash (current prices), 2015 to (projected) 2024.[18]



A supportive national contractual framework

The current Community Pharmacy Contractual Framework is failing NPA members, the wider sector, the NHS, Government and patients. Independent pharmacy contractors are especially ill-served by the current arrangements. Appendix 1 lists the NPA's 10 Principles for a New Deal for Community Pharmacy in England.

Effective engagement with the NHS locally and effective local leadership

The NHS has moved decisively in the direction of commissioning for population health needs at a local level. Primary care contracts – pharmacy, dentistry, optometry and general practice - were delegated from April 2023. Integrated Care Boards will now oversee community pharmacy commissioning, providing a significant opportunity to locally-minded pharmacy contractors.

Local commissioning is based on population need at place – this is where innovation is sewn and patient care is delivered. It's also the natural home for independent contractors, whose relationships are embedded in local communities and whose service offerings are tailored for local need. Successfully integrating community pharmacy with NHS planning and care pathways would create efficiencies for the NHS at local level and give patients a more seamless experience of care.

Medicines supply function

The safe supply of medicines should continue to be the foundation stone upon which other pharmacy-based support is built. In 2022/23, **1.18 billion prescription items were dispensed** in the community in England. Building on our supply function with additional clinical services will both add value to our offering to patients and the NHS and deliver a more sustainable business model.

Workforce

There is a workforce crunch in community pharmacy, caused by chronic underfunding, the aftermath of the pandemic and recruitment into general practice roles. The NPA and other pharmacy leaders are in discussions with NHS England to seek solutions to these challenges.

An obvious step in the short term is to require local NHS managers to conduct an impact assessment prior to any further recruitment into GP or Primary Care Network sites under the Additional Roles (ARRS) programme. We also believe that community pharmacy should be able to access ARRS funding and deliver integrated services from community pharmacies.

By including the pharmacy workforce within the scope of the NHS Workforce Plan (June 2023), the NHS is recognising the importance of integrating the profession in strategic planning. The plan, though just a beginning, correctly assumes that more pharmacists will be needed, to match increasing patient demand and the development of clinical services.

Collaboration and unified leadership

There are many benefits from co-operation at the coalface of pharmacy practice and at pharmacy leadership level. As we navigate the future together there will be bumps in the road and not everyone will agree on the best route to take. Accepting this reality, let's seek common ground and discuss our mutual concerns robustly yet in a respectful and constructive way.

Imagination + innovation + implementation

The next wave of imagination and innovation could well rise from integrated care systems. National leadership needs to be embedded into the 42 ICS 'laboratories' and recognise the scalable winners. Meanwhile, the recent deployments of national services have been stuck in low gear for far too long.

Digital access/connectivity

The sector needs to get behind the idea of "full-fat" clinical inter-operability and deploy the right systems beyond "old school", standalone PMRs and stock ordering platforms. There seems to be a favourable shift in thinking amongst NHS officials in terms of digital ambition.

We are also excited about the potential application of artificial intelligence in the years ahead, from diagnostic tools to safer dispensing. This is inevitably going to present risks as well as opportunities and requires detailed examination. The key will be to deploy AI in such a way as to increase, not diminish, the face-to-face access to care that people so value.

Consumer services

The NPA respects that our NHS is based on the principle of a comprehensive health system, free at point of need and delivery. Our pharmacy contractor colleagues sign the CPCF contract understanding that **90% of what they do will be NHS services**. However, patients and customers also benefit from services that currently are not NHS commissioned. Community pharmacy has innovated in care and frequently those innovations inform what becomes eventually normalised as part of care in the NHS. Long may that continue.

Vision and clear matching missions

There is a growing recognition of the need for a unifying vision for the community pharmacy sector. We hope this paper is a serious contribution to the development of such a vision in England.

APPENDIX 1 - A New Deal for Independent Community Pharmacy

The NPA believes that the current Community Pharmacy Contractual Framework is failing NPA members, the wider sector, the NHS, Government and patients. Here are our 10 principles for transforming the contractual framework in England.

1

Think progressively

The current Community Pharmacy Contractual Framework is broken and cannot be repaired in its current form. A fundamental rethink is needed if the sector is to recover, thrive and deliver for patients and the NHS.

2

Be aligned to the NHS and its objectives

The CPCF should facilitate the NHS Plan promise to "make greater use of community pharmacists' skills and opportunities to engage patients", as an integral part of the NHS – building an at-scale, ambitious primary care offering. Government, NHS, patients and the pharmacy sector should take a collaborative, 'co-creation' approach to imagining and engineering the future.

3

A fair deal for independents

Create a level playing field, so that independent contractors are not disadvantaged. Independents are unfairly treated by the 'averaging' processes on which the current arrangements rely; it is harder for them to secure the best medicine prices in the first place yet clawback is applied equally across the board. Furthermore, independents don't benefit from the averaging effect which allows multiples to effectively hedge their risk.

4

Pay pharmacies in a timely fashion

The current system of 'excess margin' and 'clawbacks' are a barrier to investment and forward planning. They undermine confidence to modernise and implement new clinical services. How can it be acceptable to be told that you made too much money one or two years ago so you are getting a bill?

5

Value the whole

Value the whole of our care, supply and service, end to end, not transaction type by transaction type. Current payments do not properly reflect the level of health care advice provided, nor our public health value in relation to wider society. Many contractually 'non-essential' services are considered by patients to be essential yet these are not funded at all. Build a holistic recompensed offering on actual activity delivered and value created, using more real-world data.

6

There should be no more ‘dispensing at a loss’ for any items

It is an absurdity that pharmacies often buy blind and effectively lose money the harder they work to track down stock. Overall, the NHS dispensing service should pay for itself and service income should be additional to dispensing income.

7

Empower and enable contractors

The contract must allow contractors to be the master of their own destiny to a far greater extent than now. Current contract arrangements put pharmacy owners at the mercy of circumstances largely beyond their control – be it wholesale price rises or the reluctance of some GPs to refer into services like the Community Pharmacy Consultation Service.

8

Build services on supply

(The two elements are not mutually exclusive). Our vision is a clinical, service-based future as the ‘front door’ to the NHS. However, this cannot mean abandoning the medicines supply function, which pharmacies have performed so well for so long. The link between supply and service is our history and our future. A mixed service and supply contract could deliver a structural change that both improves the clinical offering to the benefit of the NHS and patients and puts us into a much stronger business position.

9

Incentivise change

The government must be prepared to direct more money into community pharmacy. Instead of moving forwards into new clinical roles, which the NHS and DHSC say they want, pharmacies are currently slipping back, forced to focus above all on maximising dispensing income, where the vast majority of the income opportunity sits. This is the very opposite of the aspirations stated in the NHS Plan. A multi-year deal should contain guaranteed uplifts in In line with inflation as a minimum. Any surplus (‘excess margin’) should be recycled into the development of pharmacy services. This is the approach adopted in Wales.

10

Rebalance power

The Department of Health and Social Care and NHS England should consider introducing a degree of independent financial regulation that mitigates the risks of a monopsonistic purchaser using its power to achieve short term gain at the cost of sustainability. The current imbalance of power between the parties to contractual negotiations serves no-one in the long term.

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14. Parliamentary Question Maria Caulfield (2023) Answered on 12th January 2023
15. DHSC (2022) Women's Health Strategy for England
16. Mantzourani E;, Nazar H: et al (2020) Exploring the association of the discharge medicines review with patient hospitalisation readmissions through national routine data linkage in Wales: a retrospective cohort study BMJ Open
17. Welsh Government (2019) Written statement: Welsh Government support for community pharmacies
18. Taylor/Kanavos [UCL/LSE] (2022) Protecting public interest in NHS community pharmacy.

Let’s start a conversation

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