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Our mission to tackle health inequalities:

A commitment by community pharmacy

August 2025

Financial support has been provided to National Pharmacy
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Foreword by Professor Maggie Rae

At a time when the future of health and care may feel uncertain, it's important to remind ourselves that this period of change is also one of great opportunity.

Tackling health inequalities is a theme that runs through the 10 Year Health Plan for England. It is consistent with the Plan's desired shifts from analogue to digital, from hospitals to community and from a system that treats sickness to one that prevents ill health.

What's especially heartening is that community pharmacy has a clear role to play in delivering change. The pharmacy sector is uniquely placed in local communities, trusted by the public, and accessible to those who often face the greatest barriers to care.

Our discussion brought together a group of people with shared purpose, aligned thinking and valuable insight. Now is the time to combine those views, pitch bold ideas and speak with one voice in a new commitment to tackling health inequalities.

Professor Maggie Rae is former President of the Faculty of Public Health and current President of the RSM Epidemiology and Public Health Section. A leading public-health expert, she runs NHS England's public-health training programme in the South West of England and works on programme development in the region.



About the Roundtable

On 3 April 2025, the National Pharmacy Association (NPA) hosted a high-level Roundtable at the Royal Society of Medicine to examine the vital role of community pharmacy in tackling health inequalities across England.

Chaired by Professor Maggie Rae, the event brought together a diverse group of healthcare leaders from across the NHS, community pharmacy and wider public health bodies to explore how community pharmacy is already addressing health inequalities, share insights on existing models of care, and discuss the challenges and opportunities that lie ahead.

Throughout the day there was a strong focus on the public health value and return on investment that community pharmacy offers, particularly in reaching underserved populations and delivering accessible care at the heart of communities.

This report captures the key themes and outcomes of the discussion, along with actionable recommendations to inform policy and practice. It aims to support those working to shape the future of community pharmacy as a central partner in reducing health inequalities nationwide.



Our key recommendations

- Maximise pharmacy's reach and trust
- Prevention, not just treatment, should be central
- Build from what's already commissioned
- Use a life course and neighbourhood-based approach
- Digital inclusion and cultural competency are crucial
- Data collection and economic evidence are key
- Commissioning models must support this mission



Background: Health inequalities and community pharmacy's role

Health inequalities remain one of the most pressing public health challenges in England. People living in the most deprived communities continue to experience significantly worse health outcomes and shorter life expectancy than those in more affluent areas. The new Government has set an ambitious goal to halve the gap in healthy life expectancy between the richest and poorest regions – a mission that will require coordinated, community-based action across the health system.

Community pharmacy is uniquely positioned to support this mission. With a presence in every neighbourhood – often in the most underserved areas – pharmacies are one of the most accessible and trusted points of contact in the healthcare system. The National Pharmacy Association (NPA) calls the pharmacy network “a local lifeline” that is “vital to the health of the nation” (<https://www.npa.co.uk/the-national-pharmacy-association-who-we-are-what-we-do-what-we-believe/>).

Historically, community pharmacies have played a pivotal role in reducing health inequalities by offering walk-in access, free expert advice, and essential services without the need for appointments. Often the first port of call for advice and treatment, pharmacies are a key part of neighbourhood health services, providing a range of NHS services, ensuring people can get face-to-face care without an appointment, and taking pressure off GPs and hospitals.

During the COVID-19 pandemic, pharmacies proved their critical value by delivering vaccinations and helping to keep communities informed and protected. Today, they continue to contribute through services like NHS Health Checks, blood pressure screening, emergency contraception, and support for long-term conditions – all of which have a major impact on preventative care and early intervention.

Yet there is potential for so much more.

With the right support, community pharmacy can become a cornerstone of a more equitable, community-focused NHS, helping to close the health gap and improve outcomes for the people who need it most.

Purpose

This document builds on the NPA's *Fixing community pharmacy, fixing the NHS* report published in September 2024, which called for government to put NHS Community Pharmacy practice at the heart of the 10 year plan to fix primary care and public health/prevention thereby growing the frontline of NHS delivery, and is aligned to the NPA's long-standing position that community pharmacy should be a "front door" to the health system.

The new community pharmacy contract model positions community pharmacy as a standing army of healthy living experts offering a range of accessible and vital services including preventative case finding, point-of-care testing (POCT), campaign missions, and new commissioned services such as HbA1c testing and the monitoring and management of high lipid patients.

As such, this document sets out a reimagining of the concept of Healthy Living Pharmacies (HLPs) as HLP+++ in order to address health inequalities in our communities by being experts in delivering these services.

- The first + is community pharmacies being properly funded and resourced.
- The second + is about building and retaining a resource of community pharmacists and pharmacy staff who are trained, expert health coaches.
- And the third + is maximising what these expert pharmacy teams can do: for example, case finding and POCT.

Context: Aligning community pharmacy with the NHS's long-term vision

The Roundtable discussion hosted by the NPA comes at a pivotal moment for healthcare in England. As the Government builds more detail onto the 10-Year Health Plan, there is growing recognition of the critical role community pharmacy must play in delivering more accessible, preventative and equitable care.

In its formal submission to the 10-Year Plan consultation, the NPA called for a bold reimagining of community pharmacy's place within the wider health system. The NPA proposes that pharmacies be empowered and funded to take a leading role in areas such as disease prevention, medicines optimisation, same-day urgent care, and the reduction of health inequalities.

Pharmacy teams already deliver an enormous volume of care, dispensing over a billion prescription items each year (<https://publications.parliament.uk/pa/cm5804/cmselect/cmhealth/140/report.html>) and engaging with 1.6 million people every day (<https://cpe.org.uk/learn-more-about-community-pharmacy/about-community-pharmacy/>). The sector has proven its agility and value in everything

from vaccination programmes to managing minor conditions and supporting patients with long-term illnesses.

But the NPA warns that this potential cannot be fully realised without meaningful contractual reform, digital integration, and workforce investment. Importantly, the pharmacy network – already more accessible to deprived communities than many other healthcare settings – offers a unique opportunity to embed health equity into the fabric of NHS care delivery.

The Roundtable provided a platform to explore these ideas further, with a particular focus on how community pharmacy can actively contribute to the NHS's long-term mission to reduce health inequalities and improve outcomes for all.

Building a framework for action

Opening the roundtable, Michael Lennox, Local Integration Lead at the National Pharmacy Association (NPA), set out a clear purpose for the day: to begin shaping a practical framework for how community pharmacy can actively tackle health inequalities – not just in theory, but in delivery.

The roundtable was structured around three key sections:

Hearing from the front line: real-world examples of how community pharmacy is already making a difference in tackling health inequalities.

Developing a mission-focused framework: exploring what challenges need to be addressed, what actions can be taken now, and where innovation can take us next.

Refining the way forward: reviewing the outcomes of the day and identifying what else is needed to take this work further. The diagram in the link below shows how the anchoring impact of an at scale service network such as the police, or indeed NHS Community Pharmacy can leverage locally on health inequalities.

<https://s42140.pcdn.co/wp-content/uploads/UCLP-Anchor-logic-model.pdf>,
<https://s42140.pcdn.co/wp-content/uploads/UCLP-health-anchor-measurement-toolkit-compressed.pdf>. Exploring a similar pillar-based framework would likely help policy-makers recognise the value of what community pharmacy offers beyond our current core and funding-limited contract delivery.

“Today we want to start anchoring ourselves to a health inequalities mission; one that builds on what’s already happening, looks at what we can do now, and then explores and expands what we might innovate and implement next.” – Michael Lennox

This mission-focused thinking has also already been embedded in the NPA's submission to the Government's 10-Year NHS Plan, and in its own 'missions' document shared with policymakers earlier this year.

The aim now is to refine that thinking collectively – through shared insight and action – and to shape a clear, compelling proposition for community pharmacy's role in reducing health inequalities.

Evidence from the front line

The panel began by hearing from a public health consultant about real-world examples of how community pharmacy is already helping to tackle health inequalities in Somerset.

1. NHS Health Checks delivered through pharmacies

Somerset remains one of the few areas in the country where NHS Health Checks are commissioned not just through GPs, but also through community pharmacies. This approach expands access and supports early identification of cardiovascular risks, especially for those who may not regularly visit a GP.

"We wanted to stay one of the few areas of the country to operate our NHS Health Checks out of pharmacies as well as GPs."

2. Blood pressure checks and ambulatory monitoring

Community pharmacies in Somerset play an important role in delivering blood pressure checks as part of cardiovascular disease (CVD) prevention. However, there is a gap in ambulatory monitoring, which is necessary for accurate diagnosis and management. Despite a national expectation to deliver at least one ambulatory reading per month, uptake remains low – due in part to funding disparities.

"Ambulatory readings are less than 10% of all readings taken, yet we know a third of one-off high readings would benefit from follow-up. That's a gap community pharmacy could help fill – if funded properly."

3. Serving deprived and underserved areas

While Somerset is generally affluent, deprivation exists in urban pockets – often where pharmacies are already located. These pharmacies are well placed to reach communities that

experience health inequalities, including those with limited access to services in more rural and remote areas like West Somerset.

“Where deprivation overlaps with pharmacy locations, there’s a great opportunity. But rural deprivation linked to access is also a major concern.”

4. Supporting older populations

Somerset has a significantly older population, many of whom are frequent users of the health service. Community pharmacies are well positioned to support this group through accessible, everyday healthcare – from medication support to chronic condition monitoring.

5. Engaging working-age men and under-served groups

Men of working age are among the least likely to access health services like blood pressure checks. Because pharmacies offer more flexible hours and easier access, they could play a key role in reaching this group.

“We’ve got a big gap for males of working age. Pharmacy’s longer hours and Saturday opening might be the answer.”

6. Contribution to winter health and vaccination services

Community pharmacies are now trusted by the public to support winter health initiatives, including vaccination services, underscoring the high-street presence of pharmacy as a valuable resource.

“The fact that you’re on the high street and accessible really does make a difference.”

Next, the panel heard from an NHS pharmacy contractor about the current and potential role of community pharmacy in tackling health inequalities, grounded in data and his personal experience.

1. Community pharmacy defies the inverse care law

Community pharmacy is the only part of the NHS that is more available in deprived areas, bucking the inverse care law which states that access to healthcare tends to be worst where it’s needed most.

2. Accessibility is a core strength – but still undervalued

With 1.6 million visits a day and 89% of the population living within a 20-minute walk of a pharmacy (https://www.bath.ac.uk/publications/the-future-of-community-pharmacy-in-england/attachments/CM_UOB_92_Community_Pharmacy_Policy_Brief_v3_ACCESSIBLE_5.7.23.pdf), the network's reach is unmatched. But this accessibility is still not fully appreciated by the public, other healthcare professionals or commissioners.

3. A growing range of commissioned services

Pharmacy is already delivering a diverse and expanding portfolio of services, including contraception, hypertension case-finding, sexual health services, addiction support and vaccinations – often with better uptake than other parts of the system.

“If you'd said 10 years ago that pharmacy would deliver nearly half of flu vaccines, people would have laughed. Now we're heading for 50%.”

4. Vaccination success among hard-to-reach groups

During the COVID-19 pandemic, community pharmacy proved especially effective at reaching deprived and ethnically diverse communities – those least likely to attend mass vaccination centres.

“People wanted to speak to someone they knew and trusted – and they specifically mentioned their local community pharmacy.”

5. Evidence from national data confirms pharmacy's strength in this space:

- 62% of spring 2024 COVID vaccines for South Asian patients came from community pharmacy
 - 58% for Chinese or other ethnic groups
 - 55% for Black and Black British adults – where vaccine hesitancy is highest
- (<https://thecca.org.uk/wp-content/uploads/2024/11/Vaccinations-and-inequalities-Nov-2024-compressed.pdf>)

6. Untapped potential in childhood vaccinations

With no childhood vaccine in England reaching WHO coverage targets in 2023/24, pharmacy could and should be commissioned to help improve uptake (<https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>).

“The case for expanding vaccination to pharmacy – especially childhood vaccines – is a no-brainer.”

7. Non-NHS community work shows scalable impact

The contractor described a series of local, community-rooted initiatives created and hosted by his own pharmacy group, including:

- Health talks in schools and faith centres
- Community walks and health promotion events
- Support for local sports teams
- Helping micro-charities apply for funding

“This is about reducing social isolation and building community – not a medicalised model.”

8. Pharmacies offer everyday social support

Pharmacies are also informal community anchors, often providing help with life admin, housing letters, benefit forms – even parenting advice – especially in communities where pharmacists may be the only professional some residents know.

“People come to pharmacy for much more than just medicine.”

9. It’s time to expand the Healthy Living Pharmacy model

Building on the Healthy Living Pharmacy (HLP) framework will formally recognise and fund the broader role pharmacy plays in health and wellbeing – especially in deprived communities.

“We could develop a ‘Healthy Living Pharmacy +++’ model. The potential for social impact is huge, but criminally underutilised.”

Finally, the panel heard insights from another contractor into the untapped potential of community pharmacy to tackle health inequalities through local leadership, trust, integration and empowerment.

1. Community pharmacy is a trusted, everyday touchpoint

Pharmacy provides consistent, informal access to healthcare, making it a vital first contact point – especially for those less engaged with other parts of the NHS.

“We offer a touch point with the public like no other part of the NHS. People see us more than any other healthcare professional.”

2. Pharmacy provides local leadership in neighbourhoods

Pharmacy is not just a service provider but a leader embedded in the fabric of the community – able to convene, connect and empower local networks.

“What we also do is provide local leadership in communities.”

3. Integration starts with relationships and local insight

Inspired by the Fuller Stocktake, this contractor co-chaired an Integrated Neighbourhood Team (INT) designed to avoid top-down healthcare silos. Instead of just data-led priorities, they engaged with the whole neighbourhood – from the fire brigade to local faith groups – to ask: “What is wrong with our neighbourhood? What do we need to change?”

This brought forward issues such as loneliness, transport access, awareness of local services, cost-of-living concerns, and new population integration (e.g. from Ukrainian and Hong Kong communities)

4. Pharmacies see these needs first-hand

Because of their position in the community, pharmacies see the challenges up close, especially among marginalised and underserved groups.

“I see the lonely people. I see the people who don’t know where to go. I see the people needing translation support. I see all these challenges.”

5. Empowering communities to do things for themselves, not doing things ‘to’ them

A key theme is shifting from delivering top-down services to empowering people and communities to take control of their health through small, locally supported interventions.

“We didn’t want this to be a project. This is not dating. This is a marriage.”

For example, in a highly deprived area with high diabetes and mental health issues, the pharmacy worked with the community to deliver pop-up services for blood pressure checks, with dietitians and with mental health workers. They used their pharmacy and partner services to support families where people were living with ADHD, as well as advising about warm homes and healthy eating. Over time, the community took over the project themselves, running fun days, social sessions and peer support

“We planted the seed, and they took over. Now they say ‘We don’t need you – we’re doing it ourselves.’”

In another neighbourhood with 1 in 5 adults smoking, they ran group smoking cessation consultations in community venues, funded by the local authority and promoted by GPs. Sessions ran on evenings and weekends, making them more accessible.

"It's normally stop smoking advice at the end of a consultation and that's it. This time we actually reached out and invited people in. Patients felt seen and supported – many said it was the first time the NHS had proactively reached out."

6. Local knowledge is a hidden superpower

There is a value to deep local knowledge that pharmacy teams build over years working in and around the community.

"I've lived, worked or studied in my area for 46 years. There's no one I don't know."

7. Health isn't always a priority – but pharmacy can bridge the gap

People in poverty often don't have the privilege to prioritise their health due to daily struggles. Pharmacies can step in to make health accessible, relevant and actionable.

"Health is precious, but when people are trying to survive it's not the first thing they think about. That's where we come in."

8. The call: Use community pharmacy's unique assets

Their final message is a clear plea to recognise and invest in the unparalleled combination that community pharmacy has of trust, access, local leadership, integration and empowerment.

"We know the spaces. We know the people. We know how to connect them. We can change lives – but we need the system to see what we already bring."

"Integrated Neighbourhood Teams need to address and be built on deep understanding and knowledge of the issues affecting vulnerable people... and if community pharmacy is not built into these they will fail."

Taking our direction of travel from the from the NHSE Neighbourhood Health Guidelines 2025-26

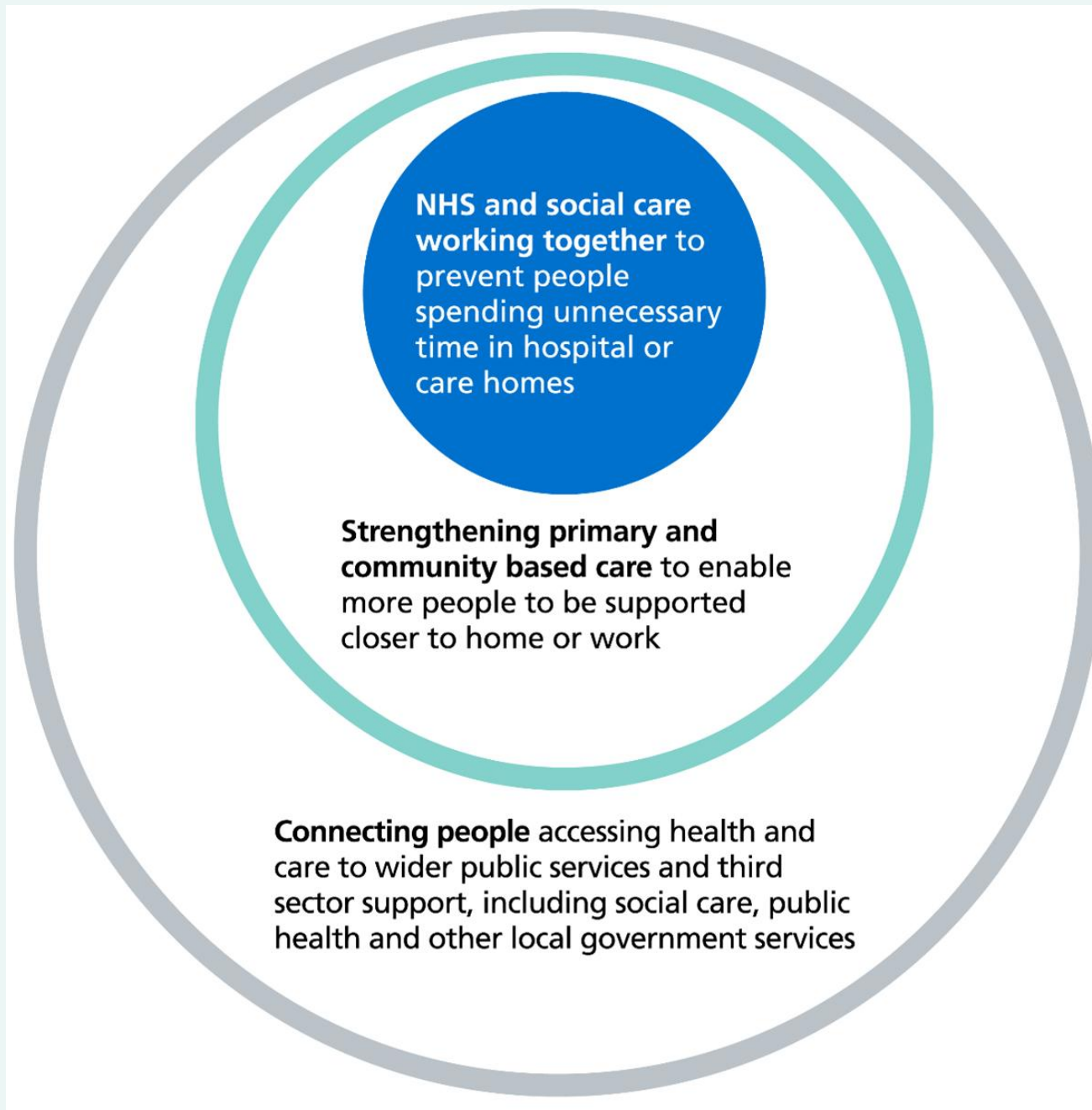
<https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26>

We can see how "Neighbourhood health reinforces a new way of working for the NHS, local government, social care and their partners, where integrated working is the norm and not the exception. Some places have already made progress in developing an integrated local approach to NHS and social care delivery. The full vision for the health system will be set out in the [10 Year Health](#)

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Plan, including proposals to help make this emerging vision for neighbourhood health a reality, informed by existing work and public, staff and stakeholder engagement.

See summary schematic below:



There are models emerging that seem logical and recognise NHS Community Pharmacy as a key functional network within building effective Neighbourhoods. The schematic below is from the NHS London regional team and shows how the new frontline of delivery could be layered and connected.



Barriers and solutions

The rich discussion revealed that while barriers remain – especially around funding, space, and system trust – many of the solutions are already in place at community level.

1. Don't do things *to* people – do things *with* them

Barrier: Funding, space, digital exclusion.

Solution: One of the first Integrated Neighbourhood Teams (INTs) overcame early challenges by applying for lottery and grant funding.

Insight: Measuring outcomes of community-led interventions remains a challenge, but make use of underused community spaces and communication tools like WhatsApp to build networks.

“There are lots of community spaces people don't know they have.”

2. Local knowledge over mechanisms

Barrier: System focuses too heavily on population health mechanisms, rather than valuing community-based insight.

Example: A mums' swimming group in Bridgwater for postnatal depression ended up improving MMR and cervical screening uptake, but the ICB wouldn't fund it despite clear outcomes.

Solution: Give community actors small budgets and freedom to act.

3. Letting go of control

Barrier: Government rhetoric supports devolution, but control is often pulled back.

Solution: Address the disconnect between passion to localise care and policy that centralises it.

4. Local networks as public health assets

Barrier: Health messages don't always reach communities effectively.

Solution: Set up a talk for school mums at 9am to meet people where they are.

"Clinicians often think the good stuff only happens inside clinic walls, but if you can empower existing community networks like school gate parent or faith groups, that's where the power is."

5. Pharmacies as employers and health advocates

Barrier: Inequalities are rooted in wealth and upstream determinants.

Solution: Pharmacies can help address inequalities in their communities not just through health services, but as local employers and community anchors.

6. Add pharmacy's voice to system planning

Barrier: Pharmacists are not mandated on Health and Wellbeing Boards.

Solution: Any future framework must address this governance gap.

7. Refocus on patients

Barrier: Systems have lost sight of the patient voice.

Solution: Leverage NHSE reform and prevention focus to re-centre patient experience, even if it's hard to measure.

“Bear in mind that prevention is about measuring the thing that hasn’t happened, which is hard to do.”

8. Unlock community investment

Barrier: Government may resist direct funding requests.

Solution: Tap into local enthusiasm and community giving for sustainable support.

“People in our communities are often happy to invest in things that give back locally.”

9. Address gender health inequalities

Barrier: How can community pharmacy tackle disparities such as higher cancer mortality and suicide rates in men, and women facing diagnostic delays from GPs?

Solution: Design and deliver gender-specific health promotion from pharmacy premises.

Run targeted clinics or health checks at times and in places that suit gendered behaviour patterns, such as women-only or culturally sensitive clinics for topics like contraception, sexual health, menopause or mental wellbeing.

Provide training for pharmacy teams on how unconscious gender bias can affect symptom interpretation, communication and advice.

Use local health and pharmacy data to identify gender gaps in uptake (e.g. flu, HPV, smoking cessation) and then build micro-campaigns or pop-up clinics that target the most affected groups.

Partner with local organisations or influencers focused on men’s or women’s health –including sports clubs, gyms, women’s groups, parenting networks, and community leaders.

“Gender-based health inequality is real – and pharmacy needs to be part of the solution.”

Delegates agreed that with greater autonomy, investment, and recognition, pharmacies and their partners could transform how the NHS tackles inequalities from the ground up.

A mission-focus framework

Next on the agenda for the panel was to consider what a new NHS Community Pharmacy network approach to tackling health inequalities might look like, built on the foundations of the Government’s left-shift health prevention and public health approach of moving from an analogue system to a digital one, from care in hospitals to care in the community, and from a system that treats sickness to one that prevents ill health.

The starting point focused on anchoring the community pharmacy sector to tackle health inequalities, with the panel making the following observations:

1. Pharmacy's reach and trust must be maximised

Pharmacy is recognised as uniquely accessible and trusted, especially in deprived areas. This accessibility should be the foundation on which targeted public health interventions are built.

"People go into pharmacy more than any other part of the NHS... the number of interactions... is ginormous... and so the opportunity for Make Every Contact Count (MECC) is a billion times higher in pharmacy than anywhere else."

2. Prevention, not just treatment, should be central

The biggest impact community pharmacy could have is in preventing ill health – notably through smoking cessation, blood pressure management, and medication adherence.

Anchoring pharmacy to pillars of prevention aligns with government priorities and Treasury metrics, such as reducing hospital admissions and improving public health indicators like flu vaccination uptake).

3. Build from what's already commissioned – and make it coherent

Pharmacy is already delivering NHS services like hypertension case finding, contraception, vaccinations and addiction treatment. These existing touchpoints can be expanded with structured frameworks, for example by reigniting Healthy Living Pharmacy status and Public Health Champion roles, to give community pharmacy a more unified public health identity.

"However, you cannot sustain care reform without payment reform, and there is no payment reform without institutional reform. If we leave payment systems and contracts the same we will see no change."

4. Use a life course and neighbourhood-based approach

There was support for framing pharmacy's contribution through a life course lens – from children to older adults – and embedding it within integrated neighbourhood teams. Community pharmacists, embedded in local life, can play key roles in preventing illness, supporting long-term conditions, and engaging underserved groups.

5. Digital inclusion and cultural competency are crucial

Pharmacists are in a prime position to bridge the digital divide for patients who struggle with access or comprehension of NHS digital tools like the NHS App. They can also help overcome language and cultural barriers through trusted, local, person-centred communication – something formal NHS translation services often fail to do well.

6. Commissioning models must support this mission

There was a clear call for payment reform to make this vision sustainable. The idea is that pharmacy's new public health role must come with long-term, consistent funding streams, not piecemeal pilots.

"You cannot sustain care reform without payment reform... If we leave payment systems and contracts the same, reform is a sterile process."

7. Data collection and economic evidence are key

Frameworks should include measurable outcomes that government departments and Treasury understand – for example, smoking cessation in pregnancy, hypertension control, flu and cervical screening uptake – to demonstrate return on investment.

What this means for community pharmacy

- Pharmacy can no longer be seen only as a dispenser of medicines but must be embedded in broader public health infrastructure, with a seat at the table in integrated neighbourhood teams and local authority health boards.
- It must be resourced and commissioned to support proactive, outreach-based, preventative work – particularly in areas of deprivation.
- There is political and economic momentum toward prevention and neighbourhood care; pharmacy should align with this shift, articulate its value in government-recognised frameworks, and pursue roles that tackle root causes of health inequalities – such as digital exclusion, cultural barriers, and lifestyle-related chronic illness.

The discussion highlighted integrated neighbourhoods, health inequalities, and patient activation as crucial, interlinked concepts – with community pharmacy positioned as a key enabler in all three areas.

1. Integrated neighbourhoods: making care local and relational

The panel emphasised that integrated neighbourhoods are the right scale for tackling health inequalities in meaningful ways. This means building connections at hyper-local levels – among GPs, pharmacists, schools, local charities, councils, and patients themselves.

“Neighbourhoods are the right scale to tackle inequality – where there are trusted relationships, we can do something truly relational and proactive.”

- Community pharmacy is uniquely placed within neighbourhoods as a non-appointment-based, walk-in service that the public already knows and trusts.
- Community pharmacy must therefore be more fully embedded into Integrated Neighbourhood Teams (INTs), which include GPs, social prescribers, community organisations, and other local services.
- This integration must be deliberate, not accidental, and commissioned, not assumed.

“Integrated neighbourhood teams are the vehicle, but pharmacy has to be at the wheel – not just in the passenger seat.”

2. Health inequalities: addressed through relationships, not systems alone

The discussion stressed that health inequalities are rooted in lived experience, not just statistics – and that tackling them requires deep community knowledge, trust, and a shift in approach.

- Pharmacy is well placed to recognise subtle barriers like loneliness, language difficulties, transport issues, or digital exclusion because of its frequent, informal interactions with patients.
- Addressing inequalities means moving beyond clinical checklists to what matters to people, not just what's the matter with them.

“It's not just about 'solving' diabetes – it's about tackling the root conditions in which illness arises.”

3. Patient activation: empowering communities

A central theme was the need to shift from a delivery model to an empowerment model – helping people take control of their own health and community wellbeing.

“We don't do a project and disappear – we build long-term relationships.”

- Patient activation was seen not just as health literacy or behaviour change, but as helping people connect with their communities, access resources, and build self-sustaining health habits.
- Pharmacy can support this by:
 - Hosting or referring to local peer support groups and health activities
 - Acting as an anchor institution that knows what's happening locally
 - Training staff to coach and guide, not just advise

"Give people the tools and a little support, and they'll carry on the work themselves."

What this means for community pharmacy

- Pharmacy must be embedded into the design and leadership of local neighbourhood health systems.
- To do this, it must be resourced, commissioned, and connected to neighbourhood priorities.
- It should be part of a system that builds relationships, understands the local landscape, and activates patients and communities, not just treats symptoms.

"Pharmacy knows the spaces, knows the people, knows how to connect them. It's time we recognised and funded that."

A new framework for pharmacy



Further insights

While the main themes of the roundtable focused on embedding community pharmacy within local systems to tackle health inequalities, delegates also shared a wide range of reflections, practical experiences and emerging ideas that further illustrate the unique role community pharmacy can play in prevention, patient empowerment and improving access to care across diverse communities.

1. The connection between medicines use with chronic pain and mobility

A key point made was that many patients don't understand their medicines, which can directly affect their mobility and management of chronic conditions such as high blood pressure or pain-related disorders. For example, a pharmacist recounted how a patient was prescribed a diuretic ("water tablet") to control her blood pressure, but she didn't take it because she associated it only with urinary issues. After a simple, jargon-free explanation, she started taking it – highlighting the power of brief, clear medicine optimisation conversations in pharmacy settings.

Since community pharmacies are often the only place patients are honest about their medication use, they are ideal venues for addressing chronic pain management and mobility support through

medication adherence and counselling. This opens up potential for commissioned services that include public health interventions and medication reviews.

In addition, one delegate highlighted the NHS's large financial intervention on medicines (NHS spending in England's spending on medicines, appliances, and medical devices reached £19.9bn in 2023/24 <https://www.abpi.org.uk/media/blogs/2025/march/understanding-nhs-medicines-spending-in-england/>) but a significant proportion of these are not used as prescribed. Better pharmacy-led education and engagement could reduce this waste and improve outcomes.

There's also a broader connection to hospital readmissions, where improper medication use – often related to pain or mobility management – leads to complications and further strain on NHS resources. Addressing this through community pharmacy-led education and check-ins could have measurable impact

2. More time needed to develop teams

Another panellist highlighted that a major challenge in tackling healthcare issues is the lack of time and resources to properly develop primary care teams. They pointed out that while successful examples exist, these are often outliers created at the local level, and in their experience there is never enough time or funding allocated to allow teams to properly develop and work effectively. This inability to give teams the necessary time and resources to grow and collaborate remains a key barrier to success.

In its submission to the Government's 10-year plan consultation, the NPA recommended that an immediate way to tackle what it calls the "workforce crunch" in community pharmacy, caused by chronic underfunding, the aftermath of the pandemic and recruitment into general practice roles would be 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.

The NPA also believes that community pharmacy should be able to access ARRS funding and deliver integrated services from community pharmacies.

Conclusion

The Roundtable provided a space for leaders from across pharmacy and public health to connect ideas, challenge assumptions, and contribute to a shared framework that can guide future policy, practice, and investment. Collectively, we are on a mission to tackle health inequalities, which for too long have been allowed to fester in society and failed the people who need help the most.

Appendix and List of attendees:

Professor Maggie Rae NHSE (Chair)

Ishani Kar-Purkayastha DoHSC-OHI+D

Dr Orla Dunn Public Health Consultant Somerset Council

Dr James Kingsland Integrated Neighbourhood health policy expert

Sanjay Ganvir NHS Pharmacy Contractor Director Greenlight Pharmacy

Reena Barai NHS Pharmacy Contractor Sutton Pharmacy

Gareth Jones NPA Director External and Corporate Affairs

Neil Bhayani NPA Head of Public Affairs

Michael Lennox NPA NHS Local Integration Lead

Alastair Buxton CPE Director of NHS Services

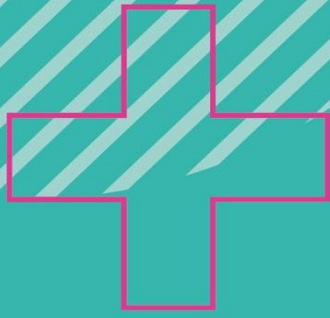
Dr Nick Thayer CCA Head of Policy

Amandeep Doll RPS Head of professional Belonging and Engagement

Sharon Brennan Director of Policy and External Affairs National Voices

Saša Janković (c/o NPA for Report Writing)

Romana Kafedžić - Global Health & Social Impact Manager, Pfizer



August 2025

The National Pharmacy Association is a not-for-profit membership body which represent independent community pharmacies in the UK, from regional chains through to single-handed independent pharmacies.

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Version 1.2