COMPANY CHEMISTS' ASSOCIATION

# The Impact of Pharmacy Closures on Health Inequalities

**Over 40% of the high street pharmacies that have permanently closed since 2015 were in the most deprived areas of England. [1,2] The general year-on-year increase in the rate of permanent closures represents a worrying trend for underserved communities, where healthcare provision is already more limited.**

**It is likely that many of these closures are due to government restrictions on funding and competing workforce policies. These closures will impact on the government's flagship 'levelling up' policy and the NHS' efforts to reduce health inequalities.**

**Over a third of community pharmacy-led Covid-19 vaccines delivered in the 20% most deprived areas. [3]**

**45% of community pharmacy hypertension service delivered in more deprived areas. [4]**

**In January 2022, 32% of Community Pharmacy consultations were in the bottom 20% deprived areas. [5]**

## Critical Role in Tackling Health Inequalities

**Access to healthcare is known to be reduced in areas of higher deprivation [6]. This phenomenon is often referred to as the 'inverse care law'. However, the reverse is true for pharmacies, where access greater in more deprived areas. This is known as the 'positive pharmacy care law'. [7]**

Pharmacies are recognised as a trusted source of clinical expertise, equipped with an in-depth knowledge of their local population health needs and profiles. In 2021, community pharmacies in England dispensed over 1 billion medicines to patients whilst also delivering key medicine and lifestyle support, and an increasing number of clinical care services.

## Meeting Population Health Needs

NHS England and Improvement devised Core20PLUS5 as a national and regional approach to reducing health inequalities for target population groups. This takes the 20% most deprived populations ('Core20') along with any locally identified populations ('PLUS') and sets out five areas of clinical focus, such as hypertension case-finding and chronic respiratory disease ('5'). In addition to Core20PLUS5, the NHS has adopted prevention as a key health strategy in its Long-Term Plan.

Due to their locations within many of the most underserved and deprived communities, pharmacies are often relied upon by the NHS to provide this essential care and in particular to groups unwilling or unable to access their care elsewhere. As part of the Covid-19 vaccination drive, pharmacy teams were able to harness their relationships with local communities and over a third of vaccines delivered were in the bottom 20% most deprived areas (between January and November 2021).

45% of community pharmacy blood pressure checks are carried out in the 30% of most deprived areas.

## Relieving Pressure from GPs

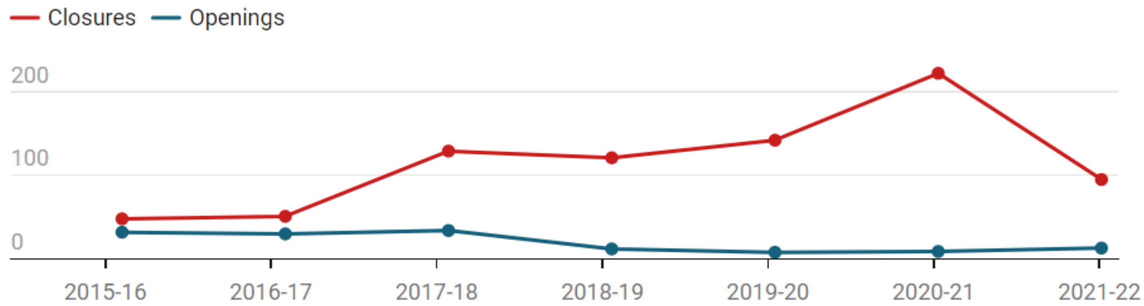
Underserved groups are more likely to visit their community pharmacy than their GP or other provider. [8] Pharmacies provide essential access to healthcare in deprived areas where other services may be absent or overstretched. 89.2% of the population are within 20-minutes of a pharmacy. This rises to 99.8% in deprived areas. [9]

Pharmacies operate on a 'walk-in' basis, providing highly accessible healthcare at the heart of their communities. Often without the need for an appointment. As well as supplying prescribed medicines, pharmacies can also provide advice and medicines without prescription. In addition, they can offer an array of other healthcare service, to improve patient outcomes and reduce pressures on other parts of the NHS.

The 2022 Pharmacy Advice Audit found that pharmacy teams in England provide more than 1.2 million consultations every week. Almost half of the patients presenting at their pharmacy for advice reported that they would have gone to their GP instead. This would have resulted in 95 additional appointments per day per GP practice.[10]

## Pharmacy Closures and Deprivation

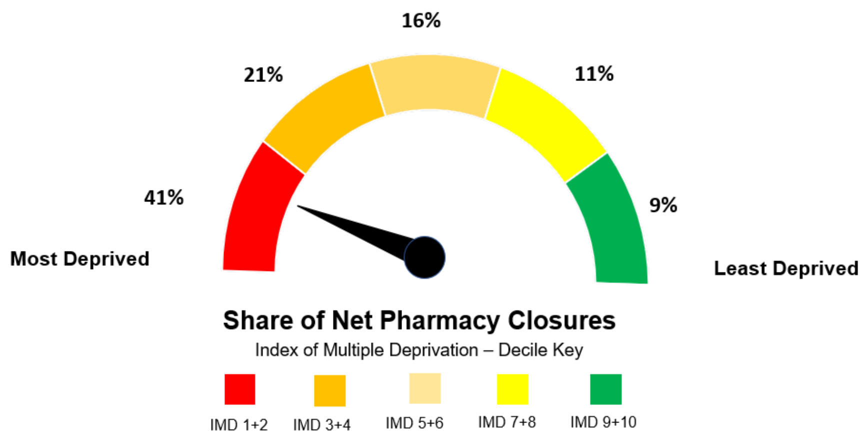
The CCA's analysis of NHS data found that between 2015 and 2022, there was a net loss of 670 community pharmacies. In that period, 808 pharmacies closed permanently in England, but only 138 new pharmacies opened.




**The trend of closures in deprived areas is particularly concerning. Over 40% of all permanent pharmacy closures took place in the first and second deprivation deciles according to the government's Index of Multiple Deprivation (i.e., in the 20% most deprived areas nationally).**

Our research shows that more pharmacies permanently closed in these areas than in more affluent neighbourhoods (i.e., in the 20% least deprived areas).

### What Does this Mean?




**Higher Share of Closures in Deprived Communities** - When comparing the share of net closures, 41% of the total net closures happened within the bottom two IMD deciles – just over two-fifths. This compares with only 9% in the least deprived areas.

**The North and West Midlands Shouldered the Majority of Closures in the Most Deprived Areas –** Although pharmacy closures present a wide-scale national problem, 63% of closures in the most deprived areas were concentrated in the Northwest, West Midlands and Yorkshire and the Humber.

## More Closures in Deprived Areas during the Pandemic

The pandemic has further exposed the uneven profile of pharmacy closures. Overall, there was a significant jump in the rate of net closures from 16 in 2015/16 to 213 in 2020/21.

The greatest percentage increase in closures - a 61% jump between 2015 and 2021 has been of pharmacies shutting in the most deprived areas. In the 2020/21 fiscal year, a net closure of 84 pharmacies occurred in the 20% *most* deprived areas; this compares with a net closure of 17 in the 20% *least* deprived areas.

Although the latest figures for 2021/22 suggest that the overall *rate* of closures may be slowing down, the *proportion* of pharmacies permanently shutting in more deprived areas has increased. An even larger share of pharmacies that permanently shut in 2021/22 occurred in the most deprived areas compared with the previous fiscal year: **44% of net closures took place within the bottom two IMD deciles**.

## The Impact of Closures on Healthcare Access

1. **Population Density** – Deprived areas are typically more densely populated. The opposite is often the case for more affluent areas. Between 2015 and 2021, the 5 local authorities with the most pharmacy closures were amongst the most densely populated in the country. This makes the higher number of closures in deprived areas even more damaging, with disproportionately more people being affected, as need and access is already stretched by greater population density. [11]

2. **Accessibility** – We have also found that where areas with higher deprivation have moderate to lower population density, they tend to have even lower healthcare coverage. For instance, many towns and rural areas with these profiles have poorer access to healthcare. Closures in these areas further contribute to "distance decay" [12] for accessible and preventative healthcare i.e., the further patients may have to travel to remaining pharmacies will mean they are less likely to use these services.

3. **Service Pressure** – When pharmacies close, resulting in a loss to frontline healthcare services it places additional strain on neighbouring and nearby pharmacies, GPs, and other services. Patients unable to access healthcare where and when they want, may attend alternative settings (such as A&E) or leave simple conditions untreated, risking future complications.

### Case Study: Driving Accessibility through the Walk-in Cornwall Service

In December 2021, a 'walk-in' community pharmacy consultation service was launched in Cornwall. Patients experiencing a minor ailment concern can self-refer to their local pharmacy without an appointment or a referral from another healthcare professional such as their GP.

80% of patients who used the service would have gone to their GP, 5% would have used the 111 service, 5% would have used out-of-hours services and 2% would have gone to A&E. Results from pharmacies suggest more patient consultations took place in areas of greater deprivation. [13]

Whilst these outcomes are preliminary, they reinforce the value and necessity of high street pharmacies for underserved populations as well as for the wider healthcare eco-system.

## How Policymakers and the NHS can Support Community Pharmacy in Equalising Health Outcomes for All

Established at the heart of their communities, pharmacy teams have a unique understanding of both local health needs and wider public health campaigns. The NHS must align its health inequality priorities surrounding Core20PLUS5 and prevention by supporting community pharmacy's role as a frontline healthcare provider.

**Investment** - The current five-year deal, as agreed with NHS England and the Department of Health and Social Care, will end in 2023/24. By the end of this agreement the national funding available to pharmacies will have reduced in real-terms by around 25% since 2014[14]. The sector can do so much more to alleviate pressures off other parts of the system, particularly in General Practice, but can only do so through concerted and uplifted investment.

**A holistic workforce plan for primary care** - Whilst the number of registered pharmacists has risen steadily over the past few years, community pharmacy businesses of all sizes are reporting increasing pressures and difficulties in the recruitment and retention of pharmacists. This is caused by changing working patterns, increasing demand, high vacancy rates among pharmacists and pharmacy support staff, and the ongoing recruitment of pharmacists into Primary Care Networks. We would like to see more holistic workforce planning across primary care which includes community pharmacy.[15]

**Unlocking community pharmacy's potential in the evolving NHS landscape** - Community pharmacy can be used to directly tackle the health inequalities prevalent across the country. Through adequate funding and innovative commissioning, community pharmacy can help to increase public access to urgent care services, support the prevention of ill health, and help people with long term health conditions. In recent years there have been many pilots demonstrating what community pharmacy can do. These services need to be permanently commissioned at scale and across all geographies, allowing patients to be made aware of how their local pharmacy can help them.

## References

**[1]** Based on pharmacy data (downloaded as the eDispensary files) from NHS Digital's Organisation Data Service (latest update 27 May 2022). Available here. Calculated according to fiscal years i.e. between 2015/16 and 2021/22.

**[2]** Deprivation is calculated and defined according to the government's Index of Multiple Deprivation 2019.

**[3]** Based on the CCA's analysis of NHS BSA dispensing contactor data between January to November 2021 provided by Pharm Data. Cross-referenced against IMD 2019 deciles.

**[4]** Based on the CCA's analysis of NHS BSA dispensing contactor data (October 2021 to May 2022 - available here) and cross-referenced against IMD 2019 deciles.

**[5]** Based on the CCA's analysis of NHS BSA dispensing contactor data for January 2022 - available here and cross-referenced against IMD 2019 deciles.

**[6]** 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. doi: 10.1136/bmjopen-2014-005764. Available here

**[7]** THE INVERSE CARE LAW, Julian Tudor Hart, February 27, 1971 DOI:https://doi.org/10.1016/S0140-6736(71)92410-X

**[8]** NICE Guidelines, Community Pharmacy: Promoting Health and Wellbeing, August 2018. Available here.

**[9]** Todd A *et al*, 2014.

**[10]** Results from the PSNC Pharmacy Advice Audit 2022. Full report available here.

**[11]** Using the postcodes for the closures and openings, the CCA created a local authority and ward population profile. Population density per local authority has been calculated using population estimates as downloaded from the Office for National Statistics (ONS) and land size estimates (Standard Area Measurements 2018 – also ONS).

**[12]** Local Government Association and Public Health England, Health and wellbeing in rural areas, 2017, p.7.Full report available here.

**[13]** Cornwall and Isles of Scilly LPC, WICS Extension, April 2022. For further information, please see here.

**[14]** CCA consultation response to the Autumn Budget and Spending Review 2021, available here.