

**TRANSFORMING PHARMACY
PRACTICE IN ENGLAND
THROUGH**

PHARMACY FIRST AND INDEPENDENT PRESCRIBING

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Summary

- Community pharmacy has the potential to move over 30 million appointments from general practice every year through Pharmacy First.
- Independent prescribing is the future of clinical practice in community pharmacy yet there is not currently a clear role for prescribers in England.
- Pharmacy First should be the vehicle used to transform pharmacy professional practice.
- The NHS and the government need to be bold in their ambition to transform the sector and they must trust patients to access care where it is most appropriate to do so.



Transforming pharmacy practice in England through Pharmacy First and Independent Prescribing

What Pharmacy First offers:



Over 11,000 local 'urgent care centres'.



Over 30 million appointments annually transferred from general practice to community pharmacy.



The foundation for delivering even more clinical care in community pharmacy.

Background

The pressures on the NHS are widely known. Despite the NHS offering an ever-increasing volume of appointments, patients continue to report challenges accessing the care they need. Limited access to primary care can be directly linked to A&E attendance levels, in turn impacting on waiting times. The NHS is currently reporting A&E waiting times not seen before. [1] Over 2 million patients attended A&E in December 2022 alone, the highest on record. [2]

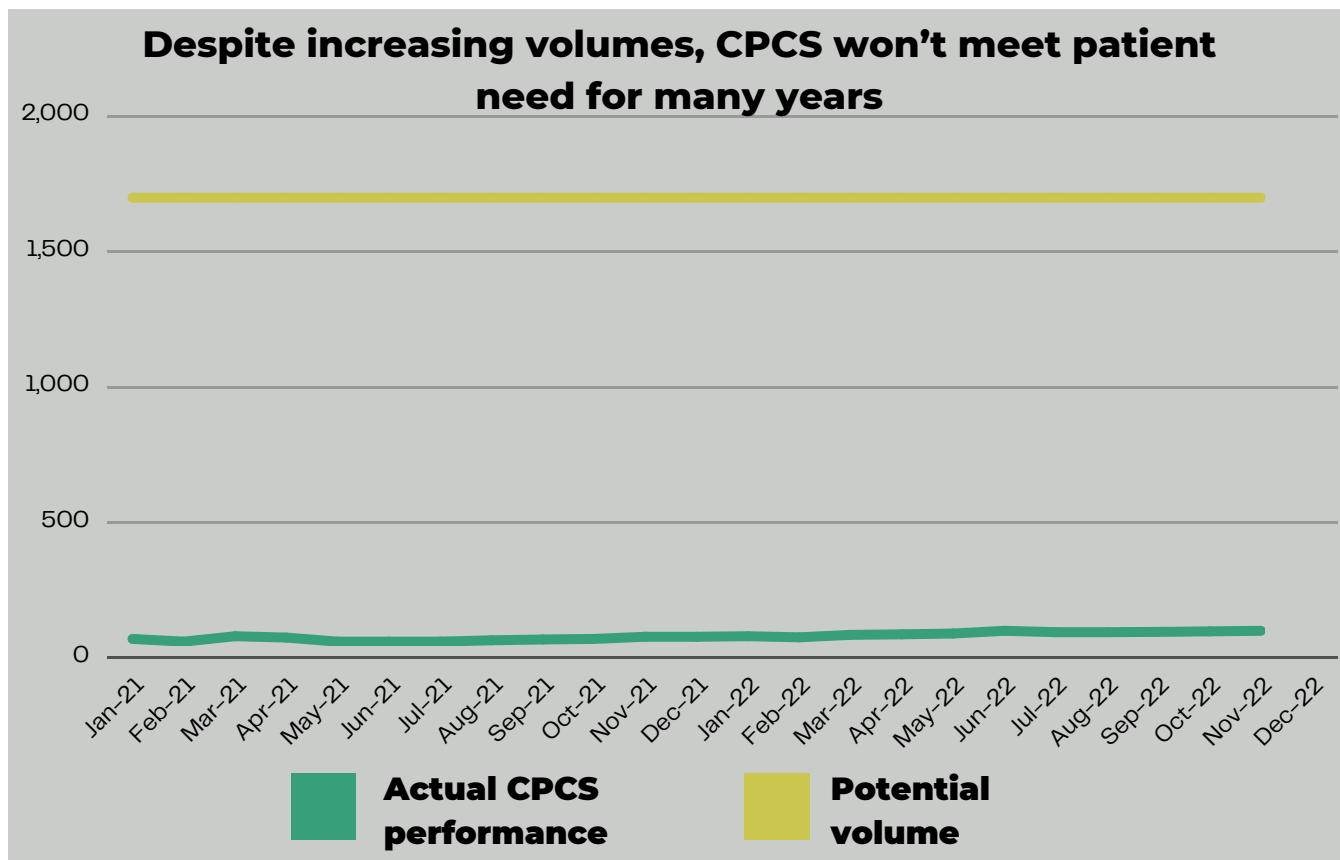
Access to GP appointments is of vital importance to both the government and the NHS. Easy and timely access to GP appointments improves outcomes and reduces the likelihood of attendance elsewhere. [3]

In recent years community pharmacy has consistently demonstrated its ability to meet challenges presented to it. The pandemic demonstrated the sector's crucial role in society, and the recent growth of community pharmacy's clinical role only hints at its future potential. The success of the Covid vaccination programme demonstrates that with ambitious goals, recurring investment, and joint working, the sector can rapidly deliver for patients at scale, in settings easily accessible and convenient to use. What's more, the programme has proven that patients want to access more of their care from their local community pharmacy.

Prescription volumes have increased by 8% since 2015, despite no additional funding for the pharmacies who dispense them. In addition to this, new services have been commissioned by NHSE, to demonstrate the potential of community pharmacy to deliver more clinical care and increase capacity in general practice. Unfortunately, these new services have been paid for by using money previously used to fund dispensing.

A key example is the Community Pharmacist Consultation Service (CPCS), commissioned in October 2019. NHSE have previously stated that 6% of general practice consultations could be safely managed by community pharmacy – 20 million annually. The CPCS is designed to meet this opportunity, yet at current rates it is almost impossible to see how it will ever deliver the volumes needed.

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Community Pharmacist Consultation Service 2021 - 2022

CPCS relies on NHS referrals. Patients cannot directly access the service from pharmacies but must be funnelled through bureaucratic processes. Pharmacies are ready to meet the needs of these patients, but the current service design creates barriers to care. With primary care needing increased capacity and resilience like never before, there is a need for action. Community pharmacy can be a part of a transformed primary care, using Pharmacy First as the route to enable change.

The opportunity

There are 20 million GP appointments that can safely be transferred to community pharmacy. [4] With the added capability to prescribe and supply prescription-only medicines, this could easily exceed **30 million GP appointments every year**. Commissioning Pharmacy First nationally provides access to same-day urgent care appointments which will change patient behaviours, and directly relieve pressure on general practice.

By building on existing services, and the skills of pharmacists and their support teams, the scope of care can be extended over time. Ambitious commissioning can set community pharmacy on a road to lead urgent care in the community, increasing the capacity and resilience of primary care. This will **increase access** by bringing care closer to peoples' homes and extending the hours they can access care. Analysis of opening hours in 2022 showed community pharmacies provided **600,000 hours of pharmaceutical care each week** – a huge untapped potential. [5]

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11,000

urgent care centers across England.

If designed correctly, this service can create over **11,000 urgent care centres across England**. As expertise and experience grow, community pharmacy teams can take on ever more complicated conditions. Caring for more complicated conditions will further enhance the impact on capacity and resilience across the NHS.

Commissioning more clinical care from pharmacy also supplements the career pathway for pharmacists. A rich clinical role, with strong career development is essential for

tackling current workforce challenges. Government investment in an ambitious Pharmacy First service creates professional satisfaction for pharmacists, whilst also recognising and deploying their clinical skills. This will aid with future attraction and retention to the pharmacy workforce.

The current situation

1 Community pharmacies in England are providing just over 1 million urgent care appointments every year. [6] Through CPCS, patients are referred to their local pharmacy from general practice or NHS111. Referrals are for common, low acuity conditions. Pharmacists provide patients with a consultation in a private room, advice, and if needed either sell them appropriate (non-prescription) medication or refer them to another part of the health system (via their GP). By redesigning the patient pathway to improve access, expanding the conditions the pharmacist can directly deal with, and allowing pharmacists to make direct referrals to other clinicians, the role of community pharmacy within primary care can be transformed.

Whilst the current service is undoubtedly valuable, it reflects only a tiny fraction of the impact pharmacy could have. Pharmacists can currently only act upon referrals, and can only advise or sell medication, regardless of their training or knowledge.

2 Community pharmacy is chronically underfunded, with flat cash funding since 2015. Every pharmacy has seen a real time reduction of £67,000 per year. This has reduced capacity, increased workforce pressure, and is now leading to closures across the country. 41% of these closures have been in the 20% most deprived areas – exacerbating existing health inequalities. [7]

New commissioned clinical care, such as Pharmacy First, offers a case for change. By creating new avenues for pharmacists to earn, through clinical care, pharmacy businesses can invest to free up more of their pharmacists' time. This will create primary care capacity across the country, especially in the most deprived communities. [8] Pharmacy First offers a case for change, to enable a long overdue change in practice.

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The roadmap to Pharmacy First

Many of the core enablers for Pharmacy First are already in place through CPCS, but trusting patients to access the care they need and providing them with the routes to do so, is essential to increasing capacity and building resilience across the NHS. Evidence has shown patients welcome care in community pharmacies, and they should be able to access this when and how they need to. [9]

Commissioning a nationwide Pharmacy First service will demonstrate the NHS's commitment to a clinical future for community pharmacy.

This will encourage professionals to engage with the independent prescribing programme and encourage businesses to invest in their people and infrastructure so that they can meet anticipated demand. Businesses need to have confidence that any decision to invest significant sums of money will have some chance of generating a return in the future.

An ambitious Pharmacy First service sets the stage for transformation, and cultural change within community pharmacy. Creating a clear clinical role for pharmacists, with sufficient volume and funding to allow investment, will enable pharmacies to change to meet the future challenges of the NHS.

Early adopters must be encouraged and rewarded. The use of Independent Prescribers (IP) is essential to unlocking the long-term potential of the sector. Despite low initial numbers, IP trained pharmacists should be able to prescribe within the Pharmacy First framework immediately. This prevents delays in service development, allows newly trained pharmacists to use their skills immediately, and creates a clear purpose for those considering training.

All pharmacists registering after 2026 will be prescribers. There are an estimated 23,000 pharmacists currently in England without IP qualifications. A simple extrapolation of the plans currently in place indicate that it will take until 2040 to train the entire workforce. We need 95% of community pharmacists to be trained as IPs by 2030. Accelerating this training requires investment, a clear plan, and the commissioning to support a business case. Businesses will need to invest significant time and resource to support the workforce to transform. In addition to an understanding of the likely future earning potential, businesses need to understand the required time frames, and be incentivised to change.

“Trusting patients to access the care they need and providing them the routes to do so is essential.”

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If commissioned well, Pharmacy First will immediately address problems of access facing the NHS. A series of national Patient Group Directions (PGDs), alongside the supply of pharmacy medicines, can supplement the service allowing pharmacists who are not yet prescribers to meet patient need above the current CPCS.

Underpinning this change must be a clear, shared ambition. Working in partnership, the government, the NHS, and community pharmacy need to agree clear goals. Change requires trust, shared goals, and investment. By agreeing milestones, the government can see how the sector is transforming, and the sector can be clear about the costs and benefit of doing so.

Rolling out Pharmacy First – how quickly will patients benefit?

Patients would benefit from a nationally commissioned Pharmacy First service almost immediately. There are comparable national services currently commissioned in both Scotland and Wales. Many pharmacies in England already have experience with similar services that, until recently, were commissioned locally. There is therefore no need for lengthy pilots or trials. Patients can gain the benefits immediately with the existing skills of pharmacists.

We know that patient behaviours will change over time, as they did during the pandemic. When walk-in access to general practice was restricted, pharmacies saw a huge increase in patients attending for urgent care and advice. Based on the rollout of Pharmacy First in Scotland, it is likely 15 – 20 million consultations will be provided in the first year alone. [10]

Within two years, over 30 million appointments can be transferred from general practice annually.

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Patients visit their GP or A&E with minor ailments and injuries because they want expert clinical care and advice, and for any treatment to be provided free of charge. Many of these conditions, such as minor infections, insect bites, or eczema, could be treated in community pharmacy.

Pharmacies can currently provide the expert clinical care and advice but often find people are prepared to book an appointment and wait to see their GP, or even go to A&E, rather than pay for the medicines they need. It is the access to NHS care, that drives patients to A&E and GPs. By enabling pharmacies to supply medicines paid for by the NHS, without the need to see a doctor, patient behaviour can be changed, diverting demand away from areas of the system that are currently very congested.

As IP skills become ingrained into pharmacy practice, the scope and volume of conditions will increase. It is impossible to say how far this service could be extended however, 30 million appointments are a realistic prediction based on existing patient behaviours.

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What is needed to unlock this potential?

Funding: Community pharmacy is already working at maximum capacity and under pressure like never before. To truly transform and create the clinical capacity and resilience needed in NHS primary care, there is a need for immediate and continued investment in the sector. This will enable the professional and operational reform needed.

Education: In 2021 only 5% of community pharmacists were trained as IPs. Unlocking the sector's potential requires bold plans to train the remaining pharmacists. Funding is critical, but so is working with higher education institutes to identify training places, finding, and supporting supervisors, and providing businesses with the information needed to give confidence in workforce investment.

Regulation: Pharmacists and pharmacies need a legal and regulatory framework that enables them to deliver the safe and effective supply of medicines and to provide appropriate clinical care directly for patients, for today and tomorrow. Elements of the current laws and regulations are both restrictive and ambiguous, which has hitherto held back innovation and reform.

Workforce: Commissioning of Pharmacy First will provide an incentive for professionals to gain the clinical qualifications needed to become prescribers, and it will provide the confidence for businesses to invest in their people and infrastructure to enable the clinical future.

Clinical governance: A more clinically focused role for community pharmacy requires a new approach to clinical governance. This should be aligned and integrated with both national and local NHS governance requirements. There are examples from Wales and Scotland, that can be used to inform governance in England.

Local relationships: Communication between healthcare professionals locally will be key for the shared care being delivered. As community pharmacists provide ever more complicated care there is a need for local clinicians across the health system to be aware of and understand decisions made. Equally, local pharmacists will need to be part of wider decision-making processes, and input into local policies that impact the care they provide.

Electronic clinical communications: Not only does information about outputs need to be shared quickly and efficiently with local healthcare professionals, but pharmacists will need an ever more complete understanding of the patient's history. Furthermore, working across settings, pharmacists will need to be able to share messages with other professionals to support patients' care. Many existing digital programmes can address this need, but their rollout must be accelerated, to be incorporated into every pharmacy's practice.

Promotion: With a national offer to patients comes the opportunity to promote it nationally. Changing patient behaviours is a key benefit of a national Pharmacy First service, and national media can be used to highlight this. There is a risk that local commissioning will lead to divergence in specification, meaning that mass marketing campaigns cannot be employed to educate the public on what they can expect from their local pharmacy.

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New model of pharmacy practice

- Over 30 million urgent appointments transferred from GPs to pharmacy every year.
- Better access to GPs and greater resilience across primary care.
- Over 11,000 urgent care centres.
- Using the skills of pharmacists to deliver ever increasingly complex care.

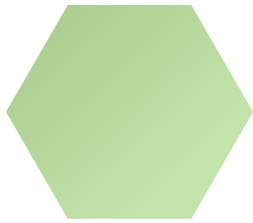
Transformation through Pharmacy First

- Pharmacy First increases same-day access to urgent care.
- Commissioning will allow pharmacists to earn through clinical care.
- Investment allows pharmacies to build the capacity to deliver more.
- This creates a clear purpose for training and professional development.

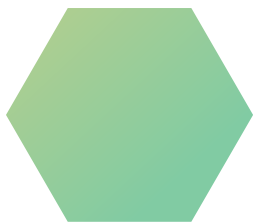
Current situation

- Patient access to urgent care is insufficient.
- Pharmacies earn most of their funding through dispensing.
- Limited funding means pharmacists must focus on the supply of medicines.

Essential steps to successful implementation



Commission the service from every pharmacy nationally on day one, there is no need to pilot something with so much evidence.



Include a broad enough range of medicines/conditions, including over-the-counter and prescription only medicines, so that patients can see pharmacy as the place to go for their minor illnesses and conditions.



Include Independent Prescribing opportunities from day one.



Promote the service nationally, allowing patients to access pharmacies through any route - including just attending the pharmacy.



Work with pharmacies to identify future developments to the service, including adding more medicines/conditions in the future.



Be clear on the aims of the service, setting ambitious goals for pharmacies to get after. Define in advance how many patients should be treated, identify sufficient (and recurring) funding, and work with pharmacies to achieve this.

References

- [1] Nuffield Trust (2023) A&E waiting times, Analysing data on waiting times in A&E, we look at the commitment to a maximum four-hour wait. <https://www.nuffieldtrust.org.uk/resource/a-e-waiting-times> [Online]
- [2] NHS England (2023) NHS cuts waiting lists as A&E departments busier than ever before. <https://www.england.nhs.uk/2023/01/nhs-cuts-waiting-lists-as-ae-departments-busier-than-ever-before/> [Online]
- [3] Cowling, T, Harris, M, et al. (2014) Access to general practice and visits to accident and emergency departments in England: cross-sectional analysis of a national patient survey, *Br J Gen Pract*, 2014, 64 (624): e434-e439
- [4] NHS Business Services Authority. General Practice Community Pharmacist Consultation Service (GP CPCS). <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/general-practice-community-pharmacist-consultation-service-gp-cpcs> [Online]
- [5] CCA analysis of opening hours data submitted through the Pharmacy Quality Scheme in 2022
- [6] CCA analysis of NHS BSA dispensing contractor data for 2022. <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data> [Online]
- [7] CCA (2023) Primary care closures in England. <https://thecca.org.uk/closures/> [Online]
- [8] Todd, A, Copeland, A, et al. (2014) 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.
- [9] Watson, M, Ferguson, J et al. (2015) A cohort study of influences, health outcomes and costs of patients' health-seeking behaviour for minor ailments from primary and emergency care settings. *BMJ Open*, 2015, 5:e006261
- [10] CCA analysis of Public Health Scotland Open Data for 2021 and 2022 <https://www.opendata.nhs.scot/dataset/community-pharmacy-contractor-activity/resource/39fe35f5-3af9-42ae-a791-c13a0c2a3e09> [Online]

WHO WE ARE

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, LloydsPharmacy, Morrisons, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 5,500 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.



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