

THE FUTURE OF COMMUNITY PHARMACY IN ENGLAND

CCA | COMPANY
CHEMISTS'
ASSOCIATION

2023



MOVING
FROM
THEORY TO
REALITY

THE FUTURE OF COMMUNITY PHARMACY: MOVING FROM THEORY TO REALITY

Pulling together the pieces of the NHS's plan to transform access to healthcare through community pharmacy.

NHS England's 2019 Long Term Plan set out an ambition to make better use of pharmacist's skills. This ambition will require a fundamental shift towards clinical service delivery in community pharmacy. Since then, various commitments have been made which point towards a 'blueprint' for the future, most recently in the Primary Care Recovery Plan and NHS Long Term Workforce Plan (LTWP). There is now an opportunity to pull the pieces together to transform the role of community pharmacies within the wider healthcare system. Without successful implementation this opportunity won't be realised.

Working together, the NHS and the sector can bring these plans to fruition. This will require:

- **A spirit of collaboration:** careful planning and partnership working between policymakers and the sector.
- **Robust planning and goals:** the setting of clear goals and milestones which enable the government to measure the impact of changes on patients and enable businesses to assess the costs and benefit, and support further investment.
- **Timely and effective implementation:** implementation in a way which addresses the scale and urgency of patient and NHS need.

Since the ambition was announced the sector has been beset by challenges, rooted in significant real term funding cuts [1]. The plans have been hampered by delays in the rollout of promised efficiencies to increase capacity and the commissioning of services, which lack the necessary scale and ambition to incentivise further investment in training or infrastructure. This has resulted in massively increased workload for staff [2], without delivering the potential benefits for patients. At the same time, community pharmacists and technicians have been recruited into primary care, worsening existing workforce shortages and increasing pressures on remaining colleagues.

Recent public commitments via the Primary Care Recovery Plan and the Long Term Workforce Plan are encouraging. They provide a blueprint to transform the role of community pharmacy and enable the sector to deliver more for patients.

They do not, however, address the immediate challenges of the current workforce crisis affecting the "here and now". Nor do they deal with the historic funding shortfalls. There are also undoubtedly opportunities to push the transformation of pharmacy further than the current plans do. Ultimately success will depend on implementation. This will require cooperation and collaboration between policymakers, employers, and the wider sector.

Each commitment should be considered as just one piece needed to complete the puzzle that is the transformation of access to healthcare through community pharmacy, meaning the full benefit will not be realised unless all pieces are complete. This is to say, that whilst, for example, education reforms for pharmacists are welcome, without changes to legislation to release capacity, the benefits of enhanced pharmacists' skills will not be fully capitalised on. Likewise, without opportunities to earn against ambitious new services, the benefits of gains in the capacity or capability the workforce will not fully realised.

This paper will take stock of what has been pledged and what needs to be done next to ensure the puzzle can be completed, to ensure the potential of community pharmacy is realised and the benefit to patients is maximised.

TRANSFORMING THE ROLE OF COMMUNITY PHARMACY IN THE WIDER HEALTHCARE SYSTEM: COMMITMENTS AND ENABLERS

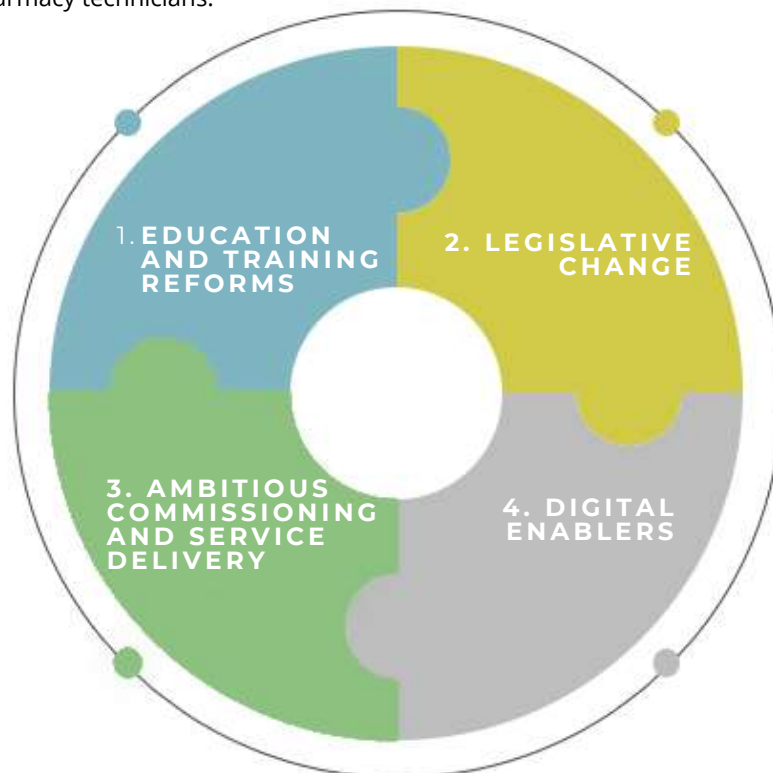
NHS England and DHSC have set out a series of commitments via the Community Pharmacy Contractual Framework in 2019, the Primary Care Recovery Plan and the NHS Long Term Workforce Plan (LTWP) in 2023. Together, they have the potential to transform the role of community pharmacy in the wider healthcare system, offer vital access and capacity, and significantly increase the offer to patients.

1. Build on **education and training reforms** to increase the size and capability of the workforce.

- Increase the size of the workforce by:
 - expanding the number of pharmacist training places.
 - growing the pharmacy technician workforce.
- Enhance the skills of the profession by:
 - rolling out changes to pharmacist education.
 - commissioning clinical skills and prescribing training for existing pharmacists.
 - training pharmacy technicians.

2. Introduce **legislative changes** to release capacity and allow the delivery of more patient facing clinical care.

- Enable better use of skills mix by:
 - clarifying legislation on pharmacy supervision.
 - allowing pharmacy technicians to supply medicines and services through Patient Group Directions.
- Support greater use of hub and spoke models and automation.



3. Expand the number of **clinical services** commissioned and delivered in community pharmacy.

- Introduce Independent Prescribing pathfinders.
- Introduce a Pharmacy First service.
- Expand the Contraception service.
- Expand Hypertension Screening in pharmacies.

4. Introduce **digital enablers** which underpin service delivery.

- Streamline referrals.
- Provide additional access to relevant clinical information.
- Facilitate sharing information back into GP records.
- Provide support for automated claiming.

IMPLEMENTATION AND NEXT STEPS

To provide transformative change and realise the full potential for patients, each piece of the puzzle is essential. Plans must now be carefully implemented in way in which meets the needs of community pharmacy and the wider health care system and maximises the benefits to patients.

EDUCATION AND TRAINING REFORMS



Education and Training Reforms

The government has committed to:

1. Increase the size of the workforce by:
 - expanding the number of pharmacist training places by almost 50%.
 - growing the pharmacy technician workforce.
2. Enhance the skills and capabilities of professionals by:
 - rolling out changes to pharmacist education which will see all new pharmacists qualify as Independent Prescribers from 2026.
 - commissioning clinical skills and IP training for existing pharmacists.
 - training pharmacy technicians.

Increasing the size of the workforce

The CCA has repeatedly raised concerns about the ongoing shortfall of staff. We were, therefore, pleased to see that the LTWP models current supply and demand of NHS staff and how this will change over the next 15 years [3]. The plan sets out an intention to increase the supply of FTE community pharmacists by 66% and almost double the number of FTE pharmacy technicians in community settings.

Community Pharmacy role	Starting position - Supply (FTE)	Future challenge - Demand (FTE)	End position - Supply (FTE)
	2021/2022	2036/2037	2036/2037
Pharmacist	20,500	47,000	34,000-36,000
Pharmacy Technician	7,300		13,000-14,000

Figures taken from NHS Long Term Workforce Plan, page 124

IMPLEMENTATION AND NEXT STEPS: EDUCATION & TRAINING

Growth in the number of pharmacists will be largely driven by a staggered increase in training places, reaching almost a 50% increase by 2031, (as well as increases in participation rate, skills mix and automation). Whilst welcome, increases in training places from 2026 will have no impact until 2031 and does nothing to resolve the immediate workforce crisis, the impact of which cannot be overestimated.

Role	Training intake					
	2022	2025	2026	2027	2028	2031
Pharmacist	3,339	3,339	3,849	4,098	4,307	4,970

Figures taken from NHS Long Term Workforce Plan, page 130

NHS England have also outlined an ambition for more than one pharmacy technician per pharmacy. It is important that efforts to increase the size of the workforce focus on both the short and mid/long term.

- **Mitigating the impact of the current workforce crisis:** The recruitment of pharmacists and pharmacy technicians into primary care via the Additional Recruitment Reimbursement Scheme (ARRS) has had a highly destabilising impact on community pharmacy [4].
- As an alternate approach, ICBs should commission community pharmacy to deliver specific “Packages of Care” on behalf of Primary Care Networks. Not only would this stabilise the community pharmacy workforce, but it would increase capacity within local health systems and improve patient access in familiar and trusted settings. Packages of Care could include reviewing high risk medications, Structured Medication Reviews, or long-term condition clinics. Whilst this would require changes to the DES to enable funding to commission community pharmacies directly for service provision, it is already supported by the digital changes outlined in the Primary Care Delivery Plan and the rollout of prescribing in community pharmacy.
- **Clarification of future roles and responsibilities:** To have the desired impact, employers need a rationale to employ more staff. The growth in the number of pharmacists and technicians must be aligned with increased service delivery. Until now there has also been a lack of clarity about the role of the pharmacy technician. In the context of constrained budgets and the risk that colleagues who undertake additional training will leave community settings to join a sector where they are able to use enhanced skills, employers have struggled to make the case for more further training. This this has acted as a significant barrier to existing efforts to train more technicians and must be addressed going forward.

IMPLEMENTATION AND NEXT STEPS: EDUCATION & TRAINING

- **Understanding demand:** NHS England must work closely with employers as well as pharmacy schools and other training providers, to build its understanding of the current supply of technicians, understand demand, target geographic need and market courses.

Enhancing the skills of the workforce

Changes to pharmacist education will fundamentally change what community pharmacy teams are able to do and there is now a unique opportunity to expand the clinical service offer to patients. This will require collaboration between NHSE, Pharmacy Schools and employers.

- **Implementing changes to pharmacists' education:** Whilst the changes are welcome, there are a number of challenges which must be worked through, as a matter of urgency.
 - Experiential learning: Employers have raised concerns about funding restraints, inconsistency in approach of pharmacy schools, and additional workload on pharmacy employers acting as a barrier to the provision of undergraduate clinical placements.
 - Changes to the Foundation Year: NHSE has outlined plans to introduce ORIEL as the only route to a funded foundation training place as well as the intention to introduce multi-sector rotations. They must now work with employers to address concerns and facilitate adequate placement provision.
 - Adequate numbers of Designated Prescribing Practitioners (DPPs): At present there are very few DPPs in the system, particularly in community settings. Without concerted efforts there is a risk that lack of supervision will inhibit the roll out of changes to pharmacy education.
- **Protecting against skills erosion:** All new pharmacists must be able to use prescribing qualifications from day one of qualification. Each day that newly qualified pharmacists do not use their skills, their confidence and competence will decline. This is particularly important given the low number of prescribers in the existing workforce, which mean fewer opportunities for peer-to-peer support with experienced colleagues.
- **Upskilling the existing pharmacist workforce:** 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. To capitalise on the opportunities that IP bring, 95% of community pharmacists should be trained as IPs by 2030. The government and employers should take shared responsibility for this. We would like to see an approach which both accelerates the existing commitment to train approximately 3,000 community pharmacists and sets out a clear plan for future services to support businesses invest in training.

IMPLEMENTATION AND NEXT STEPS: LEGISLATIVE CHANGE

Legislative changes

The government has committed to:

1. Enable better use of skills mix by:
 - clarifying legislation on pharmacy supervision to enable community pharmacies to make better use of the available skills mix in pharmacies.
 - allowing pharmacy technicians to supply medicines and services through Patient Group Directions.
2. Support greater use of hub and spoke models and automation to reduce the time pharmacists spend on direct medicines supply.

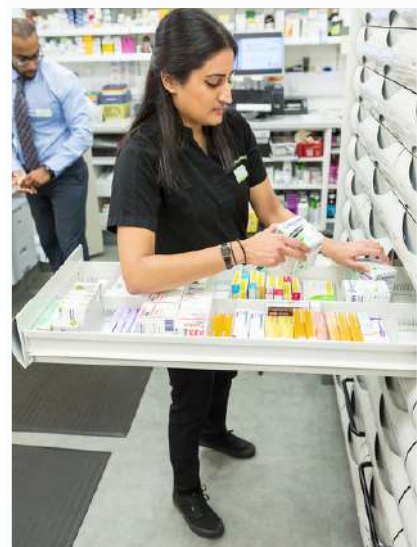
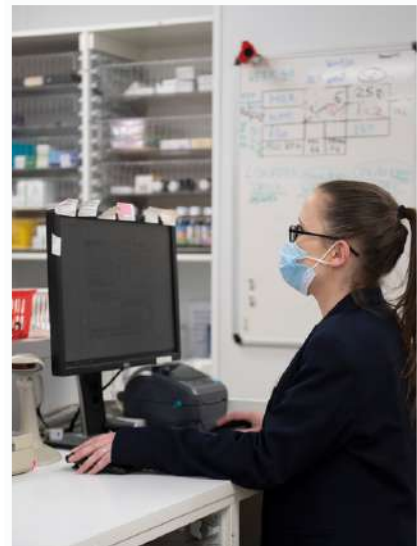
Legislative changes provide a means to increase necessary capacity allowing the expansion of the clinical role of community pharmacy. Whilst opportunities to earn against released capacity are fundamental, implementation will require careful consideration and close partnership working between NHSE, employers, and the wider sector.

Better use of skills mix

At present the skills mix of the wider pharmacy team is not well used. Pharmacists spend most of their time dispensing. This is despite the fact that the majority of technical tasks associated with dispensing could be safely undertaken by another member of the pharmacy team.

- **New frameworks:** The government and NHS England should introduce a new framework which allows teams to work differently. Removing the requirement for direct pharmacist oversight of each individual task, undertaken by other members of the team, would allow the bulk of dispensing (which is repeat medication) to be delegated to the most appropriate member of the pharmacy team. This would free up pharmacist time for the delivery of direct patient care.

LEGISLATIVE
CHANGES



IMPLEMENTATION AND NEXT STEPS: LEGISLATIVE CHANGE

- **Cultural changes:** Better use of skills mix will require a cultural change in pharmacies. Teams will have to work differently. Government, NHS England, and employers must work together to empower professionals to use legislative changes to their full potential.

Maximizing capacity through automation

Technological advances have the potential to safely streamline workflows and move work out of physical “bricks and mortar” pharmacies. This would enable registered professionals to deliver more patient facing care.

- **Operational changes:** NHS England will need to work with Community Pharmacy England to update and amend the Drug Tariff which will underpin changes to, for example, Original Pack Dispensing (OPD).
- **Patient and prescriber education:** The introduction OPD and the extension of automated dispensing will require patient and prescriber education. This should ensure patients understand why they may see changes to medications they receive and manage expectations about timeframes for collection and delivery of prescriptions. Use of repeat prescribing and ordering through the NHS App, will allow businesses to plan in advance. This will support them to prioritise urgent medications and focus on patient facing clinical services, whilst providing repeat medication in a timely fashion.



IMPLEMENTATION AND NEXT STEPS: COMMISSIONING & SERVICE DELIVERY

AMBITIOUS COMMISSIONING AND SERVICE DELIVERY

Ambitious commissioning and service delivery

The government has committed to:

1. Introduce Independent Prescribing pathfinders.
2. Introduce a Pharmacy First service.
3. Expand the Contraception service.
4. Expand Hypertension Screening in pharmacies.

Education and legislative reforms are enabling in that they will support enhanced skills and create capacity. However, they are not a panacea to transform community pharmacy. Ambitious commissioning of services is required to sustain pharmacy businesses, to allow pharmacies to make use of enhanced skills, and to provide businesses the assurance they need to invest in further training and technology.



Making use of increased capacity

Automation requires significant upfront investment, which several CCA members have already made. Despite this, we are yet to see opportunities to capitalise on the investment and accordingly, the number of prescriptions dispensed through automated facilities has started to stagnate. If automation (or supervision) is to deliver the expected capacity releases, pharmacy businesses need clarity and confidence of funded opportunities to make use of potential capacity gains.



Maximising the opportunity of Independent Prescribing

Independent Prescribing could transform the future of pharmacy practice and efforts to upskill the future workforce are helpful. However, at present there is not a clear role for pharmacist prescribers in community pharmacy NHS care. Changes announced in the Primary Care Recovery Plan, including the Pharmacy First service and an expansion of the contraception and hypertension services must be a starting point for realising the opportunities that Independent Prescribing could bring.

IMPLEMENTATION AND NEXT STEPS: COMMISSIONING & SERVICE DELIVERY

Our analysis of the government's current plan for Pharmacy First shows that 6 million GP appointments will be moved to community pharmacy annually. This could go much further. An ambitious Pharmacy First could free up more than 30 million GP appointments annually, benefiting patients immediately [5]. To make this happen we need to see:

- **Clear goals:** Working in partnership, the government, the NHS, and the sector must agree clear goals. By agreeing milestones, the government can understand the impact of changes on patients and the sector can be clear about the costs and benefit of doing so.
- **Workforce:** The service must incorporate Independent Prescribing from day one. Not only will this support those with IP qualifications to develop confidence and skills, it will act as an incentive for existing pharmacists to become prescribers, and provide the confidence for businesses to invest in training.
- **Ambition and scale:** The government should commission Pharmacy First from every pharmacy nationally. As a next step they must work with the sector to identify further services which can be introduced. There is an opportunity to frame community pharmacy as the “place to go” for patients experiencing minor illnesses and conditions and this should be capitalised on.



IMPLEMENTATION AND NEXT STEPS: DIGITAL ENABLERS

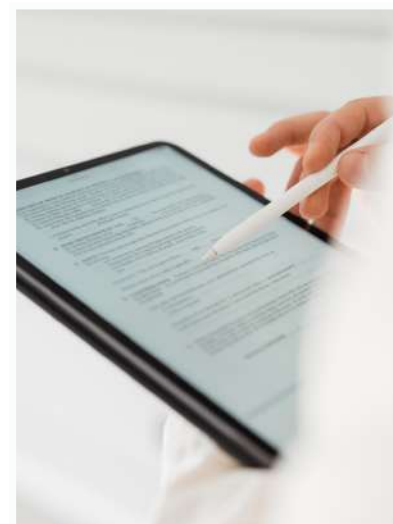
Digital Enablers

The government has committed to:

1. Streamline referrals.
2. Provide additional access to relevant clinical information.
3. Facilitate sharing information back into GP records.
4. Provide support for automated pharmacy claiming.

Taken together these plans provide a host of new tools for community pharmacy. These national initiatives are planned for upcoming national services Pharmacy First, Contraception, and Hypertension Screening. Pharmacies will be able to receive referrals via a single route (regardless of the source), and simply make claims for the care provided without the need for additional administration.

Crucially, community pharmacies will have access to data from patient records – allowing them to view relevant information. Following a consultation with the patient, any new information can be automatically added to the patient record, allowing other parts of the primary care team to see the valuable work provided by community pharmacies.



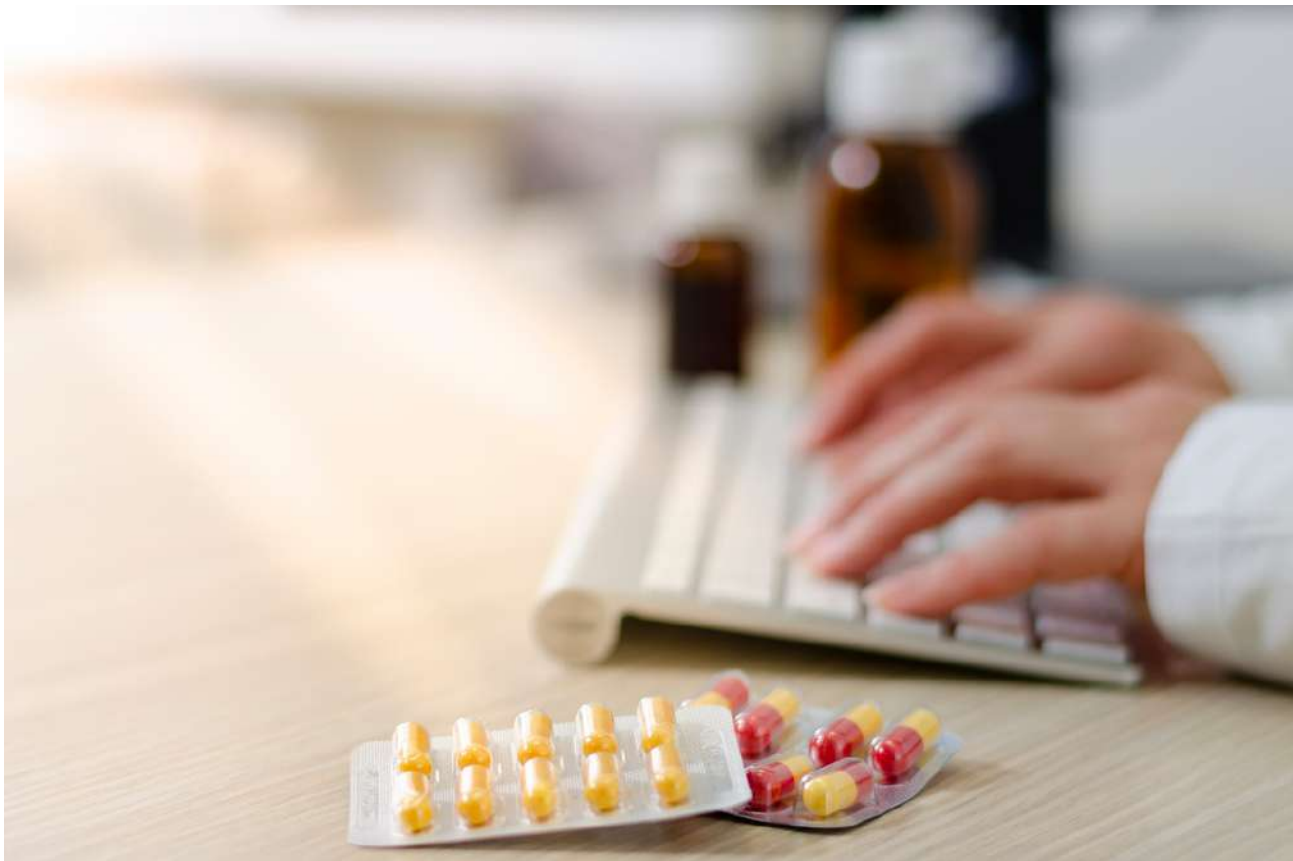
Changing pharmacy practice to reflect these changes

Access to relevant clinical information fundamentally changes what community pharmacy teams can do, the care they can provide, and the way they will need to work. With more in-depth information, pharmacists and their teams can take a much more involved position in patient care. Commissioners, both national and local, can also ask for much more complex, and valuable service provision.



IMPLEMENTATION AND NEXT STEPS: DIGITAL ENABLERS

- **Exploration of new areas of care:** With new clinical information, the scope of possible care has drastically increased. Commissioners need to take advantage of this opportunity and commission novel services to reflect this.
- **Implementation of national standards across the NHS:** Streamlined referrals are a necessity across the NHS. This relies on national standards. Whether referring into, or out of pharmacy, or between two different parts of the NHS, there is a need for standardisation. Too much of the NHS relies on variable templates (or even paper), that adds inefficiency, delay, and occasionally errors. All parts of the NHS must be moved to national, electronic, standard systems – so that all clinicians can receive referrals with the correct information.



CONCLUSION

Recent government announcements are an important milestone for community pharmacy and we welcome the range of commitments to transform the role community pharmacy plays in healthcare.

When pieced together, the commitments represent a blueprint for change. They are not, however, the finished product and **if any of the key building blocks are missed than ultimately the sector will fail to achieve its full potential.**

Success will depend upon collaborative working, robust planning and goal setting and timely and effective implementation. We look forward to working with our partners across NHS England and the wider sector to build the future.



References

- [1] CCA, [Funding gap in England equates to more than £67,000 per pharmacy](#), January 2023
- [2] CCA, [The pharmacy paradox: matching ambition and reality](#), June 2023
- [3] NHS, [NHS Long Term Workforce Plan](#), June 2023
- [4] CCA, [NHS recruitment of pharmacists set to wipe out eight years' worth of growth of the pharmacist workforce in England](#), May 2023
- [5] CCA, [Transforming pharmacy practice in England through Pharmacy First and Independent Prescribing](#), June 2023

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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