

2023 THE PHARMACY PARADOX

MATCHING AMBITION AND REALITY



THE PHARMACY PARADOX: MATCHING AMBITION AND REALITY

How can community pharmacies deliver more when they already have hit the buffers of capacity?

MAY 2023

The government recently announced the commissioning of a new pharmacy-based common conditions service, known as the "Pharmacy First" service. This as an opportunity to empower community pharmacies to do more for patients. Community pharmacy is a can-do sector, and this should be the first step in reaching its potential to reform primary care, increase patient access to healthcare, and improve health inequalities.

Community pharmacies are already meeting an ever-increasing patient demand, they **dispensed around 1.075 billion prescription items** in 2022/23, over **60 million** (6%) more than in 2017/18. [1] During the same period, the number of interactions between pharmacists and patients through nationally commissioned clinical services **increased by 80% reaching over 10 million in 2022/23.** [2]

Inevitably this is having an impact on workload and many colleagues are recording high levels of pressure. At present, the demand on pharmacies to deliver more is sustained by an inadequate, static, funding pot. At the same time, the NHS is actively recruiting the professional workforce into other settings.

The announcement has raised valid questions about how the sector can do more, when it has already reached capacity and, in some places, is struggling to maintain its existing services offer.

To support the profession to reach its potential, the NHS must resolve the paradox between its ambition and the current reality, by increasing capacity. Several reforms are crucial to resolving the paradox. As well as an uplift in funding, they must include:

- Ambitious commissioning to incentivise investment in people, training, and infrastructure.
- Better use of skills mix.
- Better use of new and advanced technologies.

The ambition of community pharmacy

The government and NHS England have outlined a desire for community pharmacy to provide more patient facing clinical care. Since 2017/18, clinical interactions with patients have increased by 80% - reaching 10 million in 2022/23. [2]

Community pharmacies could free up 42 million more urgent care, sexual health, and vaccination appointments from general practice

Yet there is the potential to go much further. Community pharmacies could free up 42 million more urgent care, sexual health, and vaccination appointments from general practice. [3]

There are also opportunities to capitalise on the reach of community pharmacies in local populations to prevent ill health, particularly among underserved groups. This could include the scaling up of hypertension screening and smoking cessation services, as well as the introduction of services to screen for and support those with high cholesterol and type 2 diabetes.

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The changes to pharmacy education, which mean all new pharmacists will qualify as prescribers from 2026, offer new skills to benefit patients. Now is a particularly opportune moment for change given the growing pressure on wider health care systems.

An expanded service offer in pharmacies would transform patient access to general practice. Unfortunately, however, at present there is simply no capacity to do this, and the opportunity is being squandered. Pharmacies are under immense pressure. They are providing ever greater volumes of clinical services, and safely dispensing huge numbers of prescriptions.

Simultaneously, businesses are facing significant funding cuts, forcing efficiency savings. Funding pressures have resulted in an annual shortfall of at least £67,000 per pharmacy. [4] This has led to 720 net pharmacy closures (so far), which have been skewed towards the most disadvantaged communities, with over 40% taking place in the 20% most deprived parts of England. [5]

The massive increase in workload, as well as closures are taking their toll on pharmacy teams. It is extremely alarming that 96% of community pharmacists reported being at high risk of burnout. [6]

Urgent action is necessary – not just to unlock pharmacies' potential, but to simply maintain existing care.

Addressing the shortfall in funding is a critical first step. In addition, better use of pharmacy teams and the opportunities that technology presents, are needed alongside an ambitious commissioning strategy. Together, this will allow pharmacies to invest in creating the capacity desperately needed by the NHS and patients. There is the potential to transform patient access to clinical services, lead a reform of primary care, and meet the needs of the wider NHS.

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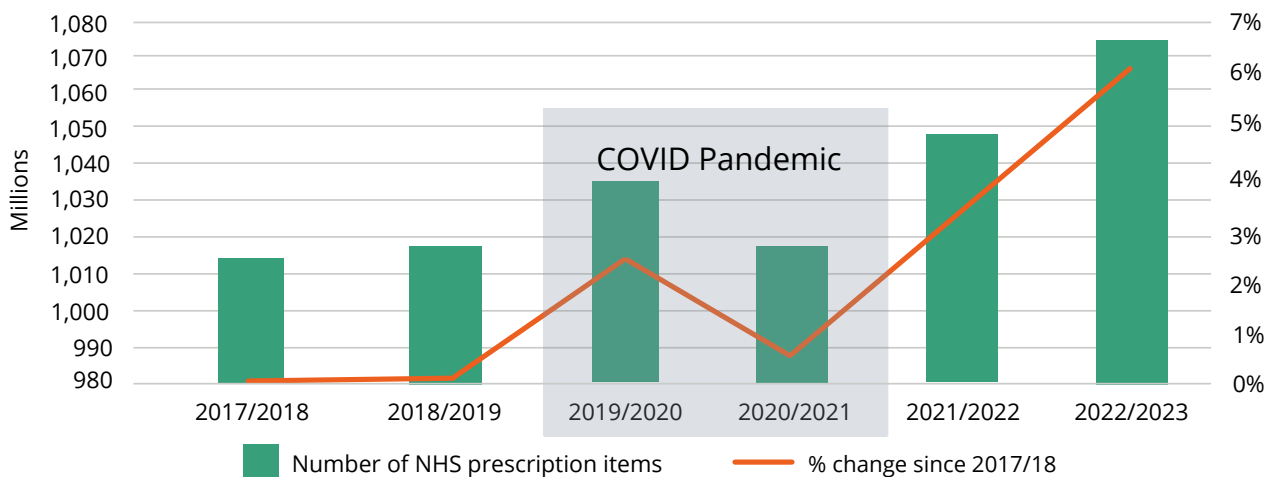
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Growing demand on pharmaceutical services

Prescription items

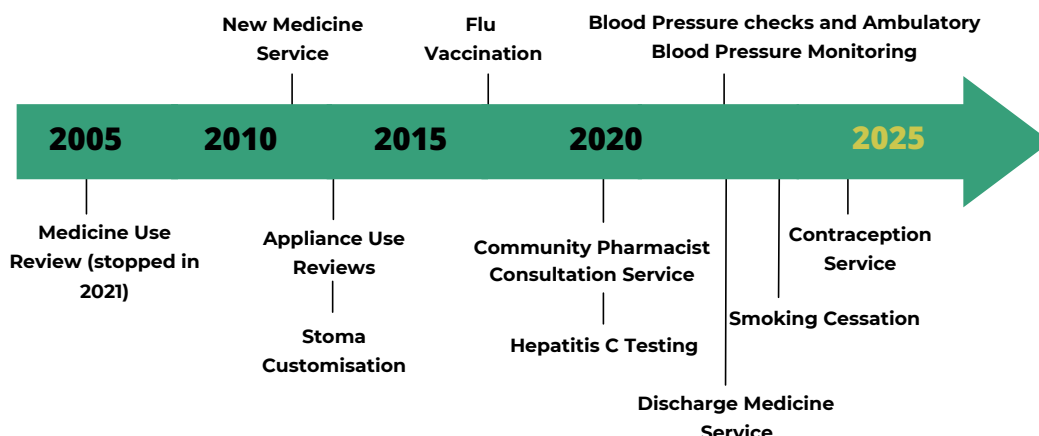
The demands placed on pharmacies by the NHS have increased significantly. In 2022/23 community pharmacies dispensed around 1.075 billion NHS prescription items. **This is around 60 million more items than in 2017/18.** [1] The pace of growth is also accelerating. In the first 3 quarters of 2022/23 the number of NHS prescription items dispensed in community pharmacies increased at a pace of 3% year on year, compared with an average annual growth of 0.6% since 2017/18.

The number of prescription items dispensed every year in England is accelerating



Clinical services

There has been a significant increase in the number of clinical services commissioned in England. Between 2005 and 2019 five national services were introduced. The pace of change has accelerated. Since then, another **six new national services** have been commissioned. The problem is that since 2016, each new service has been commissioned without any new money.

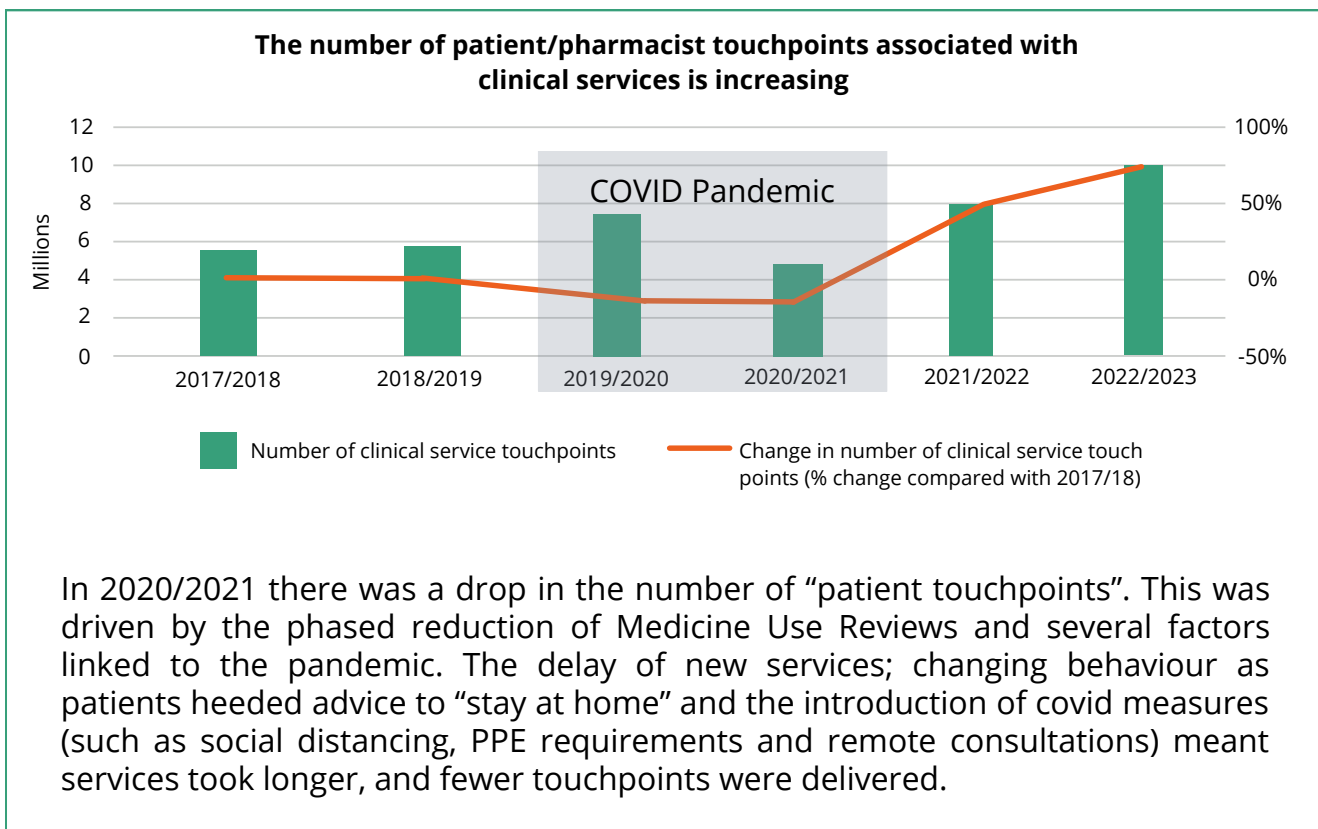


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The new services have increased the number of “patient touchpoints” (occasions where there is a pharmacist-patient interaction). In 2017/18 there were around 5.7 million patient touchpoints associated with national clinical services. **By the end of 2022/2023 this had reached over 10 million touchpoints. This reflects an 80% increase across the network since 2017/18 and year on year growth of 27%. [2]**

This rate of growth is expected to continue. In the right environment this should be a starting point for huge patient benefits. Pharmacies have the potential to expand access to care for millions for patients. However, without change pharmacies will not be able to meet this potential.



Other factors

Dispensing and activities related to clinical services are not the only areas which have had a significant impact on pharmacy teams.

- **Covid vaccinations:** Whilst national clinical service volumes reduced at the start of the pandemic, pharmacy teams seamlessly pivoted to support the national covid effort. **Between December 2020 and March 2023 pharmacy teams delivered 34 million covid vaccinations. [7]**

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- **Walk-in consultations:** Pharmacy teams play a crucial role in providing advice and support to the public. A 2020 audit found that community pharmacies provided 15 informal consultations a day, taking 75 minutes. [8] **By 2022, there was a 43% increase, to 19 consultations a day taking 107 minutes. [9]**
- **Locally commissioned services: In March 2023 pharmacies were providing around 70 different services locally. [10]**
 - Urgent care and minor ailment treatment
 - Sexual health care
 - Substance misuse support
- **Clinical governance:** Community pharmacies undertake a range of governance activities This includes audits, continuity planning, reviewing, and updating Standard Operating Procedures.
- **Patient safety activity and safeguarding:** Learning from patient safety incidents, actioning patient safety communications and safeguarding patients are crucial to the role of pharmacy team members.
- **Procedural activity:** There are numerous day-to-day activities required to run a business such as admin and record keeping. Pharmacies must also manage medicines supplies, workload for which has increased significantly in recent months as teams deal with ongoing medicine shortages.



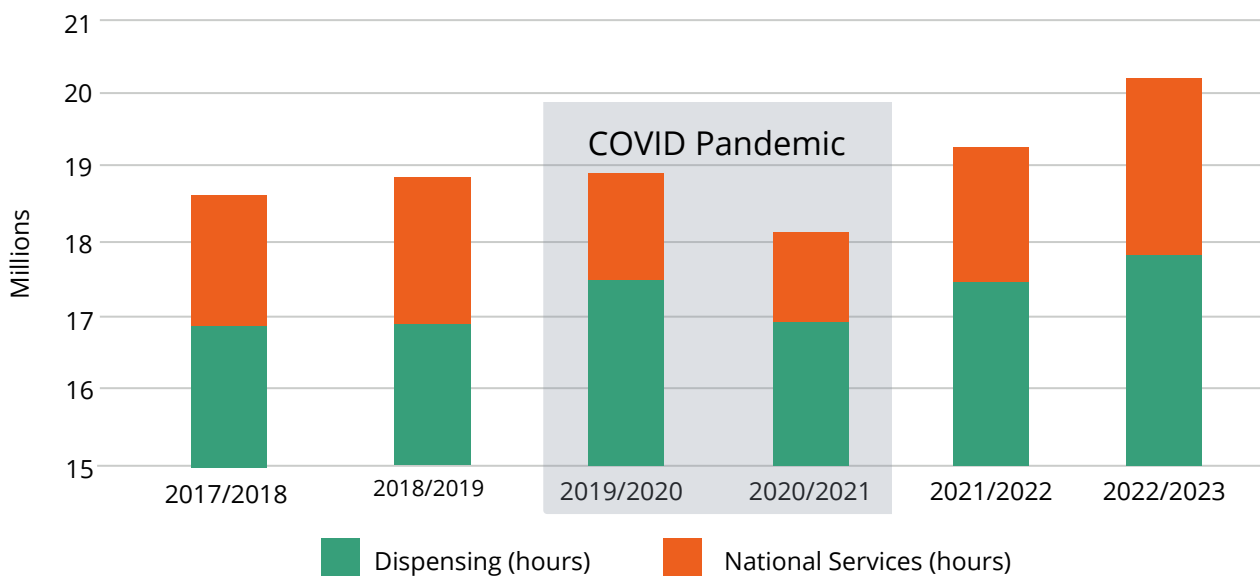
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Impact on workload

It is possible to estimate the time taken to provide clinical services and dispense prescriptions. Using this the impact on workload can be calculated.

Pharmacist workload is increasing



Between 2017/2018 and 2022/23 the workload demand across the network increased by 1.7 million hours. This is the increased time demand needed to dispense prescription items and provide national clinical services.

For the average pharmacy this is an additional 5-hours of workload per week. **This is a 9% growth in just five years.** Given that workload linked to covid, and walk-in consultations, also increased significantly, it is unsurprising that many colleagues report an increase in pressure.

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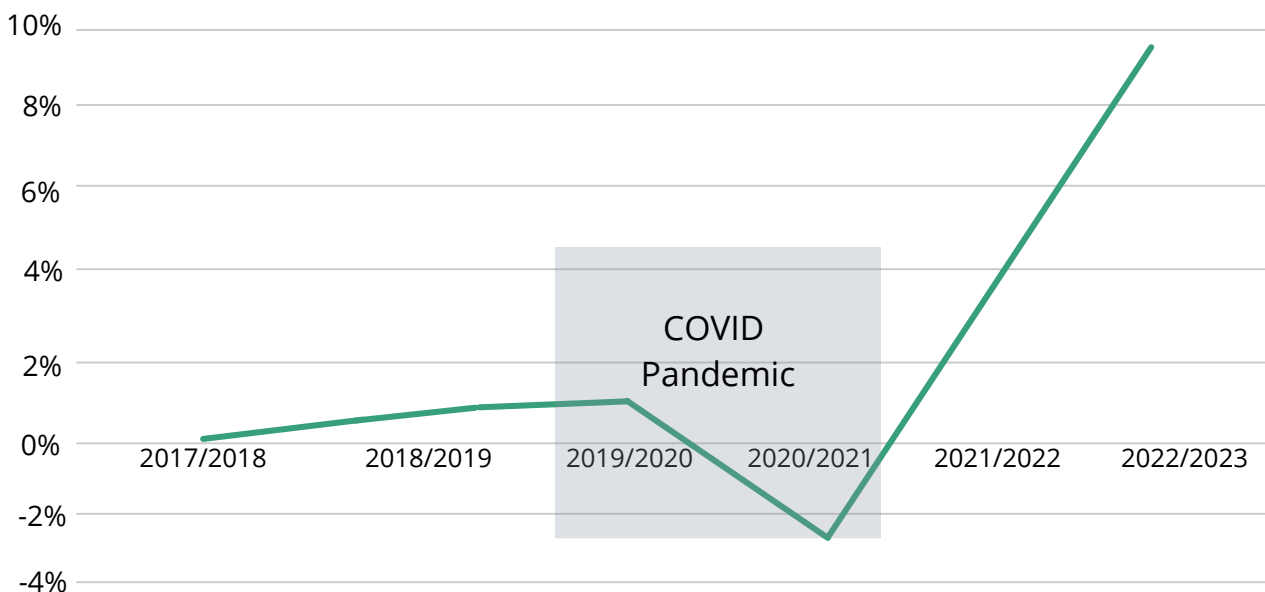
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In response to a survey carried out by the Pharmaceutical Services Negotiating Committee (PSNC) in 2023, 78% of respondents said that their work was having a negative impact on their mental health and wellbeing. 81% of respondents cited increased workload as contributing to this. [11]

This builds on the equally alarming findings from the 2022 Royal Pharmaceutical Society (RPS) and Pharmacist Support Workforce Wellbeing Survey, which found that 96% of community pharmacists reported being at high risk of burnout. Almost three quarters of all respondents had considered leaving their job or the profession within the last year due to its impact on their mental health and wellbeing. [12]

The workload demand across the network increased by 1.7 million hours.

Pharmacist workload is increasing



The dip in 2019/2020 and 2020/21 can be attributed to the covid pandemic. This graph relates to prescriptions items and national clinical services only. It does not include the massively increased workload linked to covid vaccinations, the pandemic delivery services, the lateral flow distribution service, or dealing with additional inquiries and governance.

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Resolving the paradox by building capacity

The number of patients accessing clinical services through community pharmacy is increasing. The sector can do more, and ambition is high. We welcome the government's recent commitment to introduce a Pharmacy First service. This is the first step in the journey towards our ambition. We would also like to see national patient-led smoking cessation support, an expanded vaccination offer, enhanced sexual health offer, and enhanced screening services.

The recent growth in capacity is stagnating. **Unless the conflict between ambition and capacity is addressed there is risk that community pharmacies will not only not meet their potential, but their existing offer will be compromised.**

An increase in capacity can be achieved through; ambitious commissioning; better use of the skills- mix within pharmacy teams and investment in new and advanced technologies.

Ambitious commissioning

Unlike many parts of the NHS, capacity barriers in community pharmacy are not structural. With funding, pharmacy can quickly scale up its operations to provide new care. This was seen during the Covid vaccination programme, and other pandemic services. Better use of pharmacy teams and new and advanced technologies both rely on ambitious commissioning to provide businesses the assurance they need to invest in training and technology.

Large scale commissioning, which relies on the skills of the pharmacist and wider pharmacy team, is needed to incentivise businesses to invest in training to upskill colleagues. This is particularly important given:

- the extreme financial pressure that the sector is facing.
- the risks to businesses that colleagues with certain qualifications (for example independent prescribing) leave the sector for a setting where they can use their enhanced skills.

Likewise, further investment in technology relies on the commissioning of services in physical "bricks and mortar" pharmacies. Without clarity on the funded activity that will be available if capacity is released, business will struggle to justify more investment in automation.

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Skills mix

At present pharmacists spend most of their time dispensing. Whilst the time spent delivering clinical services is growing, pharmacists still spend much more of their time dispensing.

CCA analysis shows that the majority of technical tasks associated with dispensing could already be safely undertaken by a member of the pharmacy support staff.

If the existing workload was redistributed among the pharmacy team, significant amounts of pharmacist time could be re-purposed to clinical care.

Reducing the involvement of pharmacists in dispensing is essential to creating clinical capacity. Presently this is hindered by legislation (commonly referred to as 'supervision'). [13] Changes to supervision could increase the proportion of dispensing workload that support staff could undertake, freeing up pharmacist time to provide clinical services.

There are also opportunities to consider how technicians could be better used more widely. This should include the administration of vaccinations and the delivery of technical elements of clinical services. We would like to technicians added to the list of professionals who can work under a Patient Group Direction without delay.

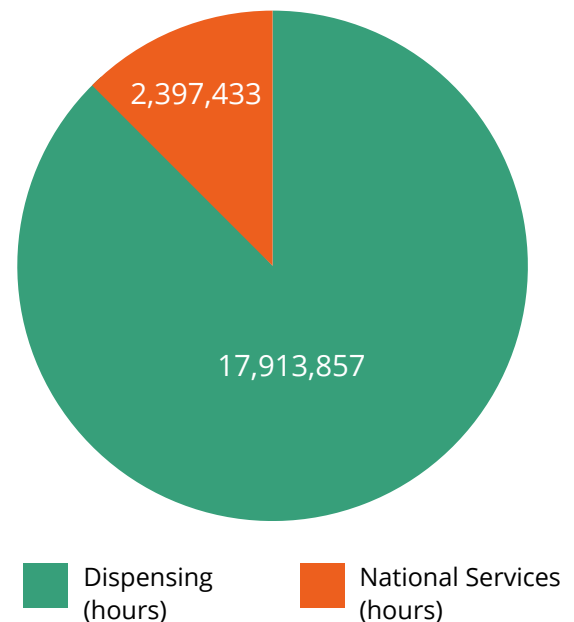
New and advanced technologies

There is potential to vastly increase capacity by moving workload, through better use of new and advanced technologies. Technological advances have the potential to streamline operational and clinical workflows, enhance safety, and enable registered professionals to deliver more patient facing care.

Artificial intelligence and automation could move a significant amount of work out of a physical "bricks and mortar" pharmacy or mean that a significant proportion of dispensing will require no clinical intervention at all.

CCA members have already made large investments in automated technology. There have not yet been opportunities to capitalise on this investment due to fixed funding and limited service commissioning. Accordingly, the number of prescriptions dispensed through automated facilities has stagnated.

Much more pharmacist time is spent dispensing than delivering clinical services



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References

- 1 - NHS BSA, [Pharmacy and appliance contractor dispensing data](#) April 2017 – February 2023. At the time of writing data for March 2023 was not yet available and is based on estimates.
- 2 - National clinical services, (2017/2018-2022/2023):
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- 4 - CCA, [Funding gap in England equates to more than £67,000 per pharmacy](#), January 2023
- 5 - CCA, [40%+ of Pharmacy closures in last 7 years have occurred in the 20% most deprived parts of England](#), October 2022
- 6 - RPS and Pharmacists Support, [RPS and Pharmacist Support Mental Health and Wellbeing Survey 2022](#), January 2023
- 7 - UK parliament: [Question from DHSC on Covid vaccinations](#), January 2023
- 8 - PSNC, [Pharmacy Advice Audit](#), 2020
- 9 - PSNC, [Pharmacy Advice Audit](#), 2022
- 10 - PSNC, [Local services database](#), March 2023
- 11 - PSNC, [Pharmacy Pressures Survey](#), April 2023
- 12 - RPS and Pharmacists Support, [RPS and Pharmacist Support Mental Health and Wellbeing Survey 2022](#), January 2023
- 13 - Supervision' is the term used in [Human Medicines Regulations 2012](#)

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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