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# PRIMARY CARE CLOSURES IN ENGLAND



# A GROWING TREND OF CLOSURES

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Over **1,000 pharmacies and GP practices in England have permanently closed since 2015**, with no replacement at those locations.

Our analysis can reveal that between 2015 and 2022:

- 808 pharmacies permanently closed in England. With only 138 pharmacies opening in that same period - **a net reduction of 670 pharmacies**.
- 358 GP practices closed permanently across England, but only 15 opened - **a net reduction of 343 GP practices**.

Recent data for 2022/23 shows that this worrying trend continues. When combined with the previous years, the current 2022/23 figures give a **net total of 720 pharmacies and 363 practices that have closed so far**.

These permanent pharmacy and GP practice closures reduce access to vital frontline healthcare, especially in the most deprived parts of the country.

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# ACCESS TO PRIMARY CARE

## THE VALUE OF PRIMARY CARE

### Primary care is the backbone of the nation's health.

Primary care providers – GPs, community pharmacies, dentists, and optometrists - are often the first point of healthcare contact for many patients. This access is vital for getting patients the care they need. Primary care is critical to early intervention, providing the bulk of NHS patient contact, and plays an essential role in preventative care.

A well-resourced primary care sector is linked to key benefits to patients and the public:

- Better health outcomes for patients
- Value to the NHS
- Savings for the taxpayer
- Health and economic prosperity to society [1]

Community pharmacies and GP practices are amongst the most frequently visited and accessible healthcare providers in England. Collectively they provide millions of patient interactions every day. There are around 1.6 million daily visits to pharmacies. [2] For GPs, almost 1.3 million appointments per day were booked in at practices across England in 2021/22. [3]

Good accessibility is fundamental to the provision of primary care. As primary care is relied upon by local communities - especially the most vulnerable - access has to be convenient, both in terms of distance and travel-time.

Research shows that 89.2% of the population lives within a 20-minute walk from a community pharmacy and 84.8% from a GP practice. This is even higher in deprived areas. [4]

CCA analysis of community pharmacy opening hours in England in 2022 found that pharmacies delivered **600,000 hours of pharmaceutical care a week**. This equates to **2.5 million hours a month or 31 million hours a year**. [5]

Access to primary care is often higher in areas of greater deprivation. CCA analysis shows that community pharmacies offer more extended opening hours in deprived areas - a crucial tool in tackling health inequalities.

**Due to their local accessibility, pharmacies and GP practices are often relied upon by underserved groups. The increasing complexity of the populations' health needs – particularly in areas of high deprivation - highlights the importance of locally accessible primary care services.**

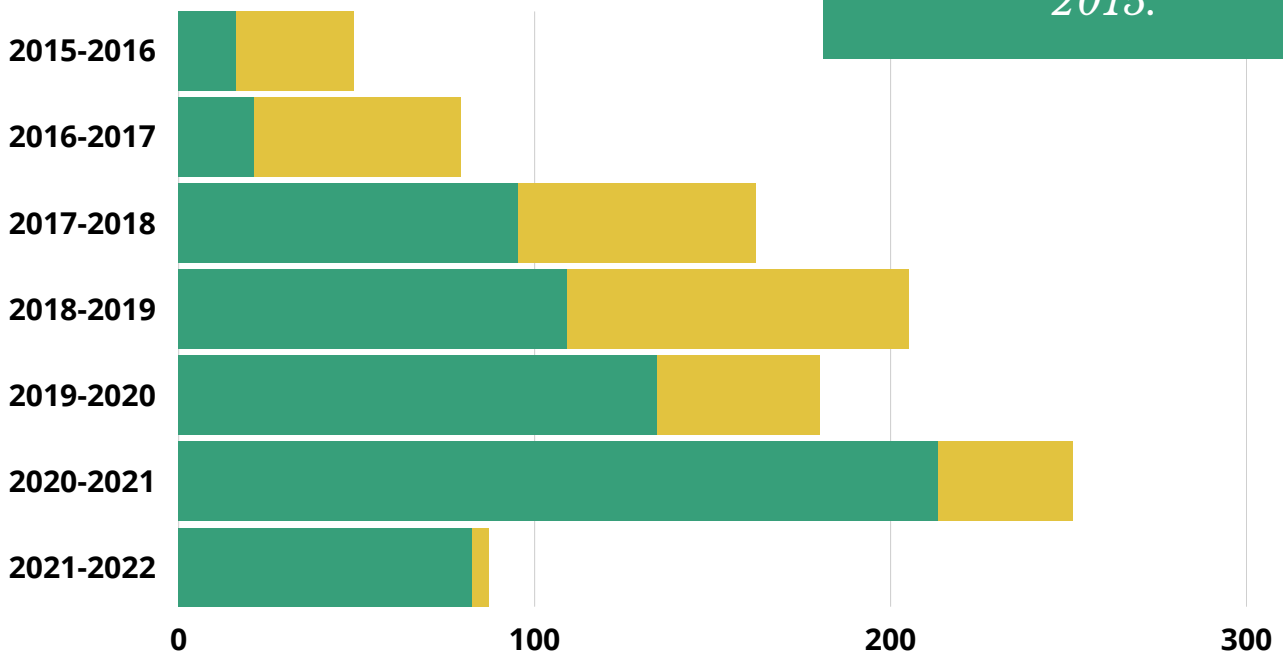
# PRIMARY CARE CLOSURES IN ENGLAND

There is a worrying trend of year-on-year permanent primary care closures.

There has been a net loss of 670 community pharmacies and 343 GP practices between 2015 and 2022.

**1,000+**  
*community pharmacies  
and GP practices in  
England have  
permanently closed since  
2015.*

■ Pharmacies ■ GP Practices



Whilst the last financial year saw a decrease in the number of pharmacy and GP practice closures, the closure trend for the first half of 2022/23 points to another rise.

- 55 community pharmacies closed permanently with only 5 opening, **a net loss of 50 pharmacies.**
- 21 GP practices closed permanently with only 1 GP practice opening, **a net loss of 20 GP practices.**

When combined with the previous years, the current figures for 2022/23 give a net total of 720 pharmacies and 363 practices that have closed so far. These numbers are expected to rise even higher.

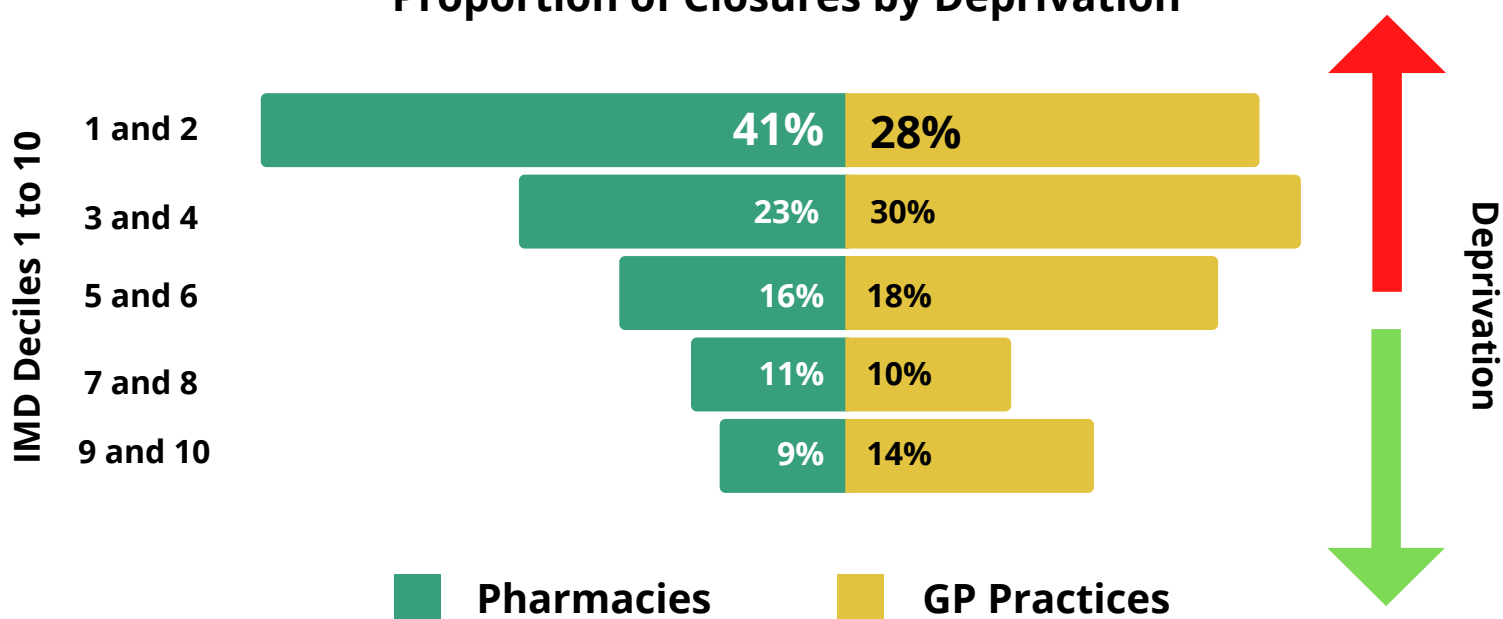
# LINKING PRIMARY CARE CLOSURES TO DEPRIVATION



**More than a third (37%) of closures have occurred in the 20% most deprived areas**

Taking both pharmacy and GP practice closures together, **over a third (37%) took place in the most deprived parts of the country.** These deprived communities are the 20% most deprived in England - in the bottom two deciles of the Index of Multiple Deprivation (IMD). [6]

## Proportion of Closures by Deprivation



A net total of 95 GP practices closed in the most deprived areas between 2015/16 and 2021/22 – this is **more than double the number in the least deprived areas** (i.e., deciles 9 and 10 according to the IMD).

For community pharmacies, there were **over four times as many net closures** in the most deprived areas than the least. 278 pharmacies permanently closed in areas within the bottom 20% most deprived. By comparison, only 47 closed in the least deprived areas.

# THE RISKS FROM PERMANENT CLOSURES

Permanent primary care closures are a national health challenge. However, some regions across England have a higher concentration of closures in areas of deprivation than others. This risks the development of **primary care cold spots** across England - i.e. areas with reduced or inadequate access to a pharmacy or a GP practice.

Total Net Closures in the Most Deprived Areas per Region



Some of the most deprived neighbourhoods concentrated in the North West, the West Midlands and Yorkshire have faced the highest losses in local pharmacies and GP practices since 2015.

Patients who live in the most deprived areas in England - where healthcare need is higher - are hit harder by pharmacy and GP practice closures. More closures across primary care will mean health inequalities and patient outcomes will worsen.

# THE IMPACT OF CLOSURES ON PATIENTS AND THE NHS

Primary care access is essential to tackling disease burden and promoting healthy living. This is especially important in areas of deprivation where healthcare need is greater. [7] Permanent closures take this vital healthcare further away from where people live and work.

## **This creates further healthcare barriers by:**

**1. Forcing patients to choose between health and living costs** - Closures increase the distance and travel-time to healthcare. This can influence an individual's decision to seek vital health advice or treatment. In deprived areas, even a small increase in the distance to healthcare can be unaffordable for those most in need.

Needing to travel a greater distance increases costs - meaning those on lower incomes cannot afford to travel to appointments. As these appointments are further away from people's homes and work, it is harder to fit healthcare around work and caring commitments.

**2. Deteriorating patient experience** – Many patients rely on a stable and consistent source of healthcare, particularly vulnerable or elderly people. When a trusted local healthcare provider is forced to close, this is frustrating for patients - and can even be highly distressing for those with complex needs. All patients deserve reliable local access to their healthcare providers, which is threatened by closures.

**3. Overwhelming the NHS** – The health service is already under immense pressure. When patients are unable to access their usual primary care provider, they are more likely to turn to A&E. [8] The remaining active pharmacies and GP practices are placed under greater strain by closures, amid the ongoing funding and workforce crises.

**Community pharmacies and GP practices are not the only primary care provider in crisis. In 2022, nine out of 10 NHS dental practices across England were not accepting new adult patients. 79% were no longer accepting new child patients either. [9]**

**Across primary care, patient access is at a tipping point, with thousands struggling to get the timely and local healthcare they need.**

# HOW THE GOVERNMENT CAN SUPPORT PRIMARY CARE

Our analysis points to a shared bleak picture across primary care. Lack of funding, workforce pressures, and a soaring demand for services across the NHS all risk further eroding vital primary care access.

Healthcare policies continue to be reactive and short-term fixes rather than proactive and preventative interventions designed to make best use of the primary care network. This approach undermines the potential benefits of primary care, increases the total economic burden on the taxpayer, and ultimately is not in the best interest of patients.

We propose **four key recommendations for policymakers to support primary care:**

## Investment and modernised funding

- 1 Primary care collectively has well over a billion-patient touch points every year. Yet despite this, funding has not kept up with demand. In addition to increased funding, all the main primary care contractual frameworks need reviewing to meet the current and future challenges of a modern NHS.

## Holistic workforce plan for primary care

- 2 There are significant recruitment and retention challenges across the sector, in part caused by a siloed approach to the use of the primary care workforce. We would like to see more holistic workforce planning across all of primary care.

## Reduced NHS bureaucracy

- 3 Many of the systems, processes, and regulations in primary care were designed for a paper-based age. There is a need to recognise and realise the advantages of integrated digital technology. There is also the need to trust professionals to provide high quality care without being required to follow unnecessarily burdensome reporting processes.

## Review of activity across primary care

- 4 There is an urgent need to think more holistically about where resources are deployed in the healthcare system. Community pharmacy has the opportunity to deliver more care for the NHS and support an overburdened GP network. Greater alignment of contractual frameworks, whilst investing in integration efforts, will lead to better patient care.



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# WHO ARE WE

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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