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# THE IMPACT OF PHARMACY CLOSURES ON HEALTH INEQUALITIES: ONE YEAR ON



# EXECUTIVE SUMMARY

Community pharmacy funding has not increased since cuts were imposed on the sector in 2016. As a result, every year since, the sector has seen a reduction in the number of community pharmacies. The rate of net closures is increasing and is particularly severe in the most deprived areas – reducing access to care and widening health inequalities.

## Since 2015:

- The rate of permanent closures has resulted in a net loss of **1,008** pharmacies in England.
- The rate of net closures is increasing, with a current **average net loss of 8 pharmacies per week**.
- **37.5%** of the net closures up until 10th September were in the 20% most deprived communities.

These net closures have reduced pharmaceutical capacity across the country. This is particularly true in the most deprived communities, which have seen a disproportionate number of net closures. This means patients in deprived areas are more likely to encounter difficulties accessing their medicines, clinical services, such as vaccinations, or pharmaceutical advice.

In addition, these net closures place unforeseen pressure on other local pharmacies which, coupled with staff shortages and reduced funding, are unable to cope with the additional demand. The disruption to these pharmacies further reduces access to care and drives patients to other settings.

To counteract this, and to ensure access to pharmaceutical care for all, there must be an immediate expansion of clinical services in community pharmacies. To enable this, the Government must ensure community pharmacies are fairly funded, rectify the workforce crisis and ensure the best use of different members of the pharmacy teams skills.



# IMPROVING HEALTH IN THE MOST DEPRIVED COMMUNITIES THROUGH PHARMACEUTICAL CARE

## INTRODUCTION

Last year, the CCA published a report on the Impact of Pharmacy Closures on Health Inequalities [1]. This revealed a worrying trend of increasing numbers of net closures disproportionately affecting the most deprived communities in England. Since then, there has been a further **338** net closures, meaning that **there are now over 1,000 fewer pharmacies than in 2015**. This represents a net closure of over 8% of pharmacies in England in just 8 years [2].

## WHY IS PHARMACEUTICAL CARE SO IMPORTANT IN IMPROVING HEALTH IN THE MOST DEPRIVED COMMUNITIES?

Access to healthcare is known to be reduced in areas of higher deprivation – a phenomenon known as the ‘inverse care law’. However, the reverse is true for pharmacies – accessibility increases in more deprived areas. This is often referred to as the ‘positive pharmacy care law’ [3].

Community pharmacies are the leading provider of ‘healthcare on the high street’ and are conveniently located directly near to where people live and work. They provide convenient access to medicines (including prescription only, pharmacy-only and general sales list medicines), clinical services such as vaccinations, and both formal and informal patient consultations without the need for an appointment.

Pharmacies often offer extended opening hours, when compared to most other primary care settings, opening both late into the evening and at weekends. This means community pharmacies are accessible to people who may otherwise struggle to access services, such as those who work unusual schedules, have limited mobility, caring commitments, or live in rural locations.

Because of this enhanced accessibility, pharmacy plays a key role in the delivery of care to patients, from urgent same day appointments to vaccination and screening services. Each week pharmacies provide over 1.2 million informal healthcare consultations [4].

### Each year, community pharmacies in England:

- Dispense **1.18bn** medicine prescribed by the NHS [5];
- Administer **5m+** NHS flu vaccines [6];
- Provide **1.2m** same day urgent appointments through the NHS Community Pharmacy Consultation Service [7];
- Check the blood pressure of **nearly 1m** people through the NHS Community Pharmacy Blood Pressure Check Service [8]; and
- Support **100,000+** people leaving hospital with changes to their regular medicines through the NHS Discharge Medicines Service [9].

Community pharmacies also play a key role in delivery of Covid-19 vaccinations to eligible populations – delivering almost half of the Covid-19 vaccinations given in 2023, and almost a quarter of all vaccines given since the programme began in 2020 [10].

# RELIEVING PRESSURE FROM GENERAL PRACTICE

Data shows that underserved groups are more likely to visit their community pharmacy than any other healthcare provider [11]. The location of pharmacies means 89.2% of the population are within a 20-minute walk of a pharmacy, rising to 99.8% in the most deprived areas [12].

Pharmacies provide essential access to healthcare in deprived areas where other services may be absent or overstretched.

In 2022, **nearly a quarter of a million consultations** were carried out in community pharmacy every week because patients are unable to access their preferred part of the healthcare system [13].

Meanwhile, **almost half of the 1.2 million people** who have an informal consultation at a pharmacy every week reported that if they did not have easy access to a pharmacy, they would have visited their GP. **This would have resulted in an additional 32.2 million GP appointments over the year** [14].

The NHS Delivery plan for recovering access to primary care set out an ambition for community pharmacy to transform access to care [15]. This included expanding the range of clinical services in pharmacies through the Common Conditions Service, the Community Pharmacy Contraception Service, and the Hypertension Case Finding Service. These services have the potential to alleviate health inequalities across the country by increasing access to primary care in deprived communities.

However, this ambition is at risk. Data shows that net closures disproportionately affect the most deprived communities. If this trend continues or worsens, access to primary care will invariably worsen, health inequalities will deepen and cause pressure on other parts of the system as people present to healthcare providers with more complex conditions.

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**Nearly a quarter of a million consultations** were carried out in pharmacies **every week** last year as patients were unable to access their preferred part of the healthcare system

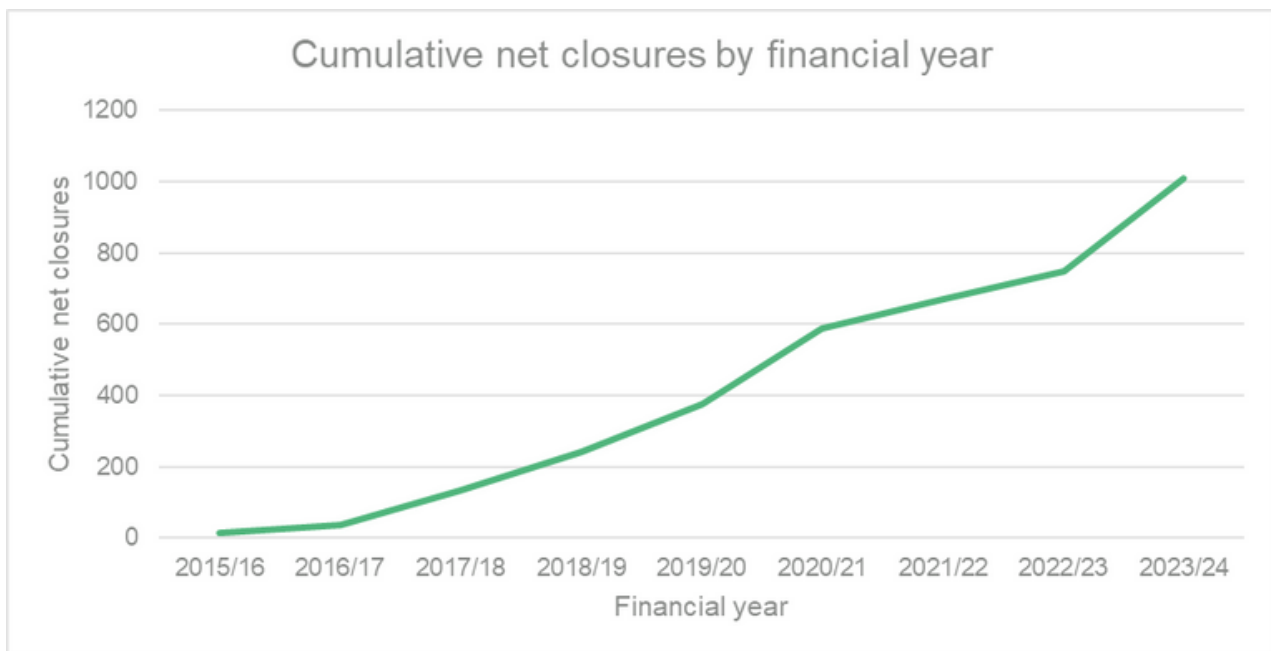
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# PHARMACY CLOSURES AND DEPRIVATION

CCA analysis of NHS data found that **between April 2015 and September 2023, there was a net loss of 1,008 community pharmacies.** In that period, 1177 pharmacies closed in England, but only 169 new pharmacies opened.

Meanwhile, the population is growing and ageing. Between 2011 and 2021, the population in England grew by 6.5% (almost 3.4m) [16], whilst the median age increased by 1 year [17], placing additional pressures on already overstretched health services.



Deprived areas are typically more densely populated, and therefore require more pharmacies to meet their (already greater) needs. **Between 2015 and 2021, three of the five local authorities with the most net closures were amongst the 50 most densely populated areas in the country.** Need and access to healthcare is already stretched by greater population density. This makes the higher number of net closures in deprived areas even more damaging, with disproportionately more people being affected.

Data also shows that access to healthcare is more difficult in deprived areas with moderate-to-lower population density, than deprived urban areas. For instance, many deprived towns and rural areas will have poorer access to healthcare than deprived urban areas. Closures in these areas further contribute to 'distance decay' [18] for accessible and preventative healthcare. In other words, the further patients may have to travel to remaining pharmacies will mean they are less likely to use these services, and therefore do not seek timely access to healthcare.

# HARNESSING COMMUNITY PHARMACY TO HELP PEOPLE LIVE HEALTHIER LIVES

In the heart of communities, pharmacy teams have a unique understanding of local health needs. Reversing the trend of pharmacy closures is critical to tackling health inequalities. The CCA urges the Government and NHS England to:

- 1** **Resolve the pharmacy funding crisis and fairly fund community pharmacies once and for all**

Community pharmacies in England are currently experiencing an annual funding shortfall of more than £67,000 per pharmacy [19]. Underfunding means businesses strive for unobtainable efficiency savings. This has resulted in many difficult decisions including consolidation and closure, which have disproportionately impacted the most deprived communities.
- 2** **Rectify the community pharmacy workforce crisis, through holistic workforce planning and halting the recruitment of pharmacists into Primary Care Networks (PCNs)**

76% of pharmacy team members said their pharmacies were experiencing staff shortages [20]. This is caused by changing working patterns, increasing workloads, and recruitment of over 5,200 FTE pharmacists into General Practice through the Additional Roles Reimbursement Scheme (ARRS) [21]. Provision of further support for continued training will help with recruitment and retention – and provide pharmacy team members with the skills they need to deliver advanced clinical services.
- 3** **Enable pragmatic changes to law and practice, promoting better use of skill mix and technological innovations.**

For example, changes which can increase the uptake of automation, or enable new ways of working such will promote efficiencies and free up clinical capacity. The Government promised changes to supervision, hub-and-spoke dispensing, and original pack dispensing, which we wish to see implemented without delay.
- 4** **Immediately commission new clinical services from pharmacies**

The NHS is under significant pressure and commissioning new care, with the associated funding, will allow community pharmacy to play a role in meeting those challenges. Whilst the new services announced by the NHS will move up to 10m appointments per annum [22] from General Practice to community pharmacy, a fully funded pharmacy first service could go much further in releasing pressure from General Practice.

# GLOSSARY

**The Common Conditions Service** - A service due to be commissioned by NHS England which will allow community pharmacies to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP.

**The Community Pharmacy Contraception Service** - A service commissioned by NHS England which enables community pharmacists to provide ongoing management of routine oral contraception that was initiated in general practice or a sexual health clinic. A pilot allowing community pharmacists to initiate oral contraception (the Tier 2 Pilot) has recently finished.

**The Hypertension Case Finding Service** – A service commissioned by NHS England to identify people over the age of 40 who have previously not been diagnosed with hypertension (high blood pressure), and to refer those with suspected hypertension for appropriate management. A pharmacist will offer eligible populations a free blood pressure check.

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## References

- [1] CCA, [The Impact of Pharmacy Closures on Health Inequalities](#), October 2022
- [2] Based on [NHS Business Services Authority data for General Pharmaceutical Services in England 2015/16 - 2022/23](#), October 2023
- [3] Tudor Hart J., [The Inverse Care Law](#), Lancet, 1971
- [4] Community Pharmacy England, [Pharmacy Advice Audit 2022](#), June 2022
- [5] NHS Business Services Authority, [Prescription Cost Analysis – England – 2022-23](#), published June 2023
- [6] Community Pharmacy England, [Flu Vaccination – Statistics](#), October 2023
- [7] [Community Pharmacy England analysis of NHS BSA Dispensing Data](#)
- [8] [Community Pharmacy England analysis of NHS BSA Dispensing Data](#)
- [9] [NHS Discharge Medicines Service Reports](#), NHS BSA
- [10] CCA, [The Growing Role of Community Pharmacy in Covid Vaccination Programmes](#), October 2023
- [11] National Institute for Health and Care Excellence, [Community pharmacies: promoting health and wellbeing \(NG102\)](#), August 2018
- [12] 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
- [13] Community Pharmacy England, [Pharmacy Advice Audit 2022](#), June 2022
- [14] Community Pharmacy England, [Pharmacy Advice Audit 2022](#), June 2022
- [15] NHS England, [Delivery Plan for Recovering Access to Primary Care](#), May 2023
- [16] Office for National Statistics, [Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2021](#), December 2022.
- [17] Office for National Statistics, [Population and household estimates, England and Wales: Census 2021, unrounded data](#), November 2022
- [18] Public Health England and Local Government Association, [Health and wellbeing in rural areas](#), 2017
- [19] CCA, [Funding Gap in England Equates to More Than £67,000 Per Pharmacy](#), January 2023
- [20] Community Pharmacy England, [PSNC Briefing 009/23: Summary of the results of PSNC's 2023 Pharmacy Pressures Survey](#), April 2023
- [21] NHS England, [Primary Care Network Workforce](#), 30 September 2023
- [22] NHS England, [Delivery Plan for Recovering Access to Primary Care](#), May 2023

# 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, Pharmacy2U, 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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