

# Lord Darzi's independent investigation of NHS performance: submission of evidence

CCA submission

## Executive summary: The role of pharmacy in building an NHS fit for the future

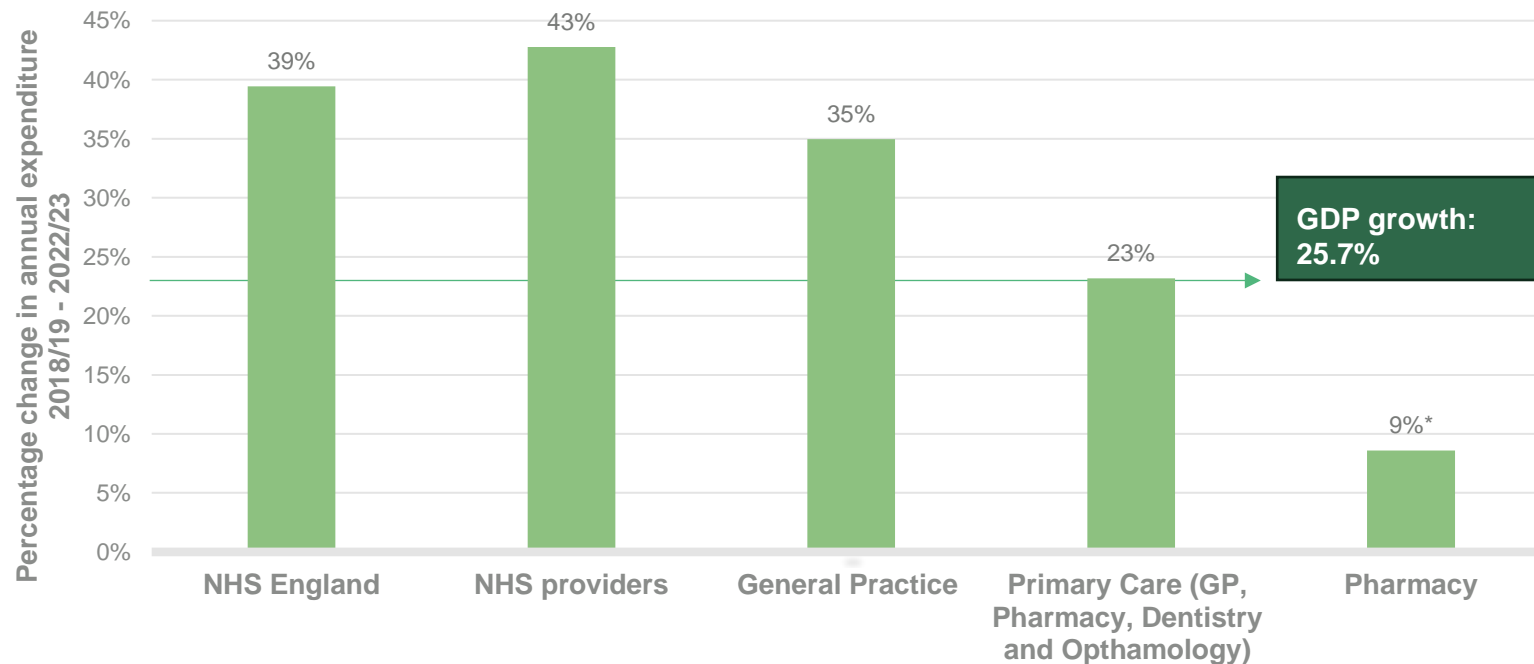
Chronic underfunding of community pharmacy (CP) has reduced access to medicines and care, disproportionately in deprived communities. A broken contractual framework (CPCF) has led to 1,200 closures since 2015 and growing workforce pressures.

CPs are delivering new models of care, e.g. Pharmacy First (PF) and the appetite to access services in deprived communities proves how pharmacy can address national health challenges. PF is a fraction of the potential. Independent Prescribing, with NHS commissioning, is key to unlocking further GP capacity (42 million GP appointments pa).

An overhauled, sustainably funded CPCF, with investment in transformation and legislative change is crucial to benefiting from the unrivalled accessibility of CPs.

## Even accounting for Covid-19-related funding, growth in pharmacy expenditure has been slower than both NHS England expenditure and GDP

Changing NHS expenditure since 2018/19

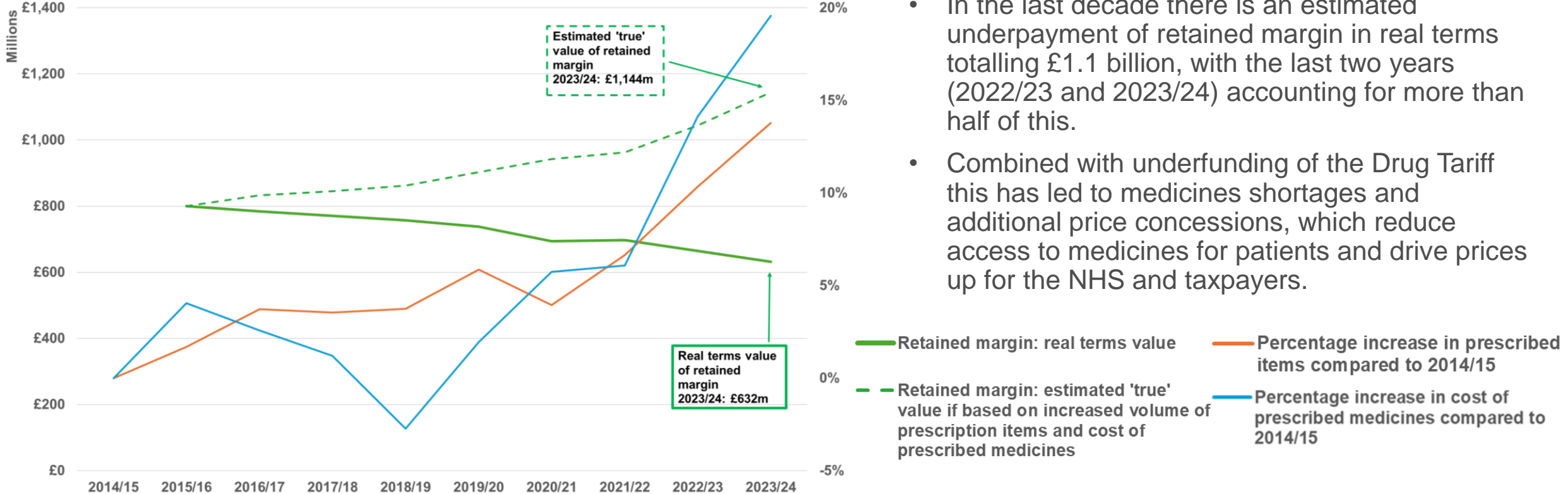


\*9% investment is from outside of CPCF and includes additional Covid-19 vaccination and non-recurring margin payments.

- Despite an 8% growth in dispensing volumes since 2015/16 core funding has remained static. This has resulted in a real terms cut of over 30%, causing almost 500 pharmacies to close in the last financial year alone.
- Since 2020, clinical service delivery in community pharmacies has grown by almost 500%.

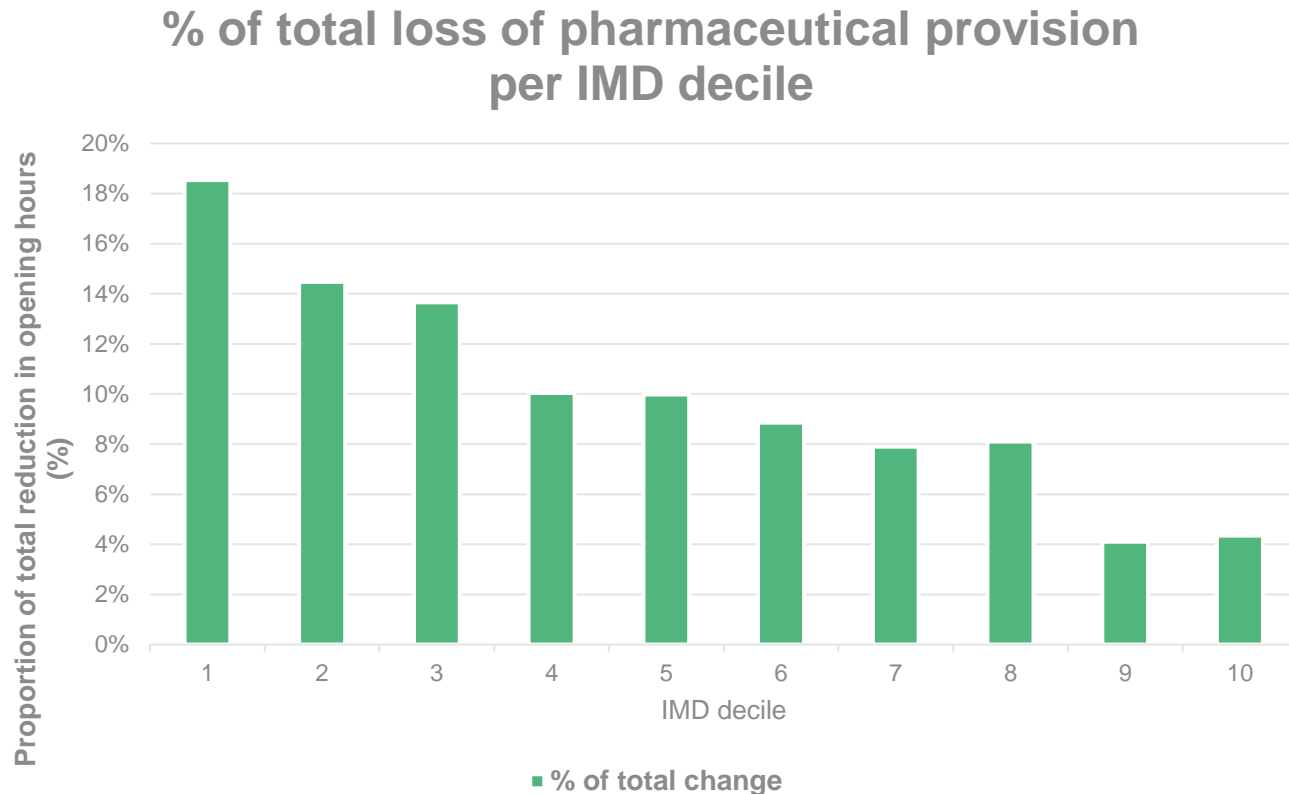
# Retained margin has not kept up with increased prescription volumes, medicines costs or inflation

The gap between the real terms and estimated 'true' value of the static retained margin (£800m) has widened whilst prescription items and cost have increased (14% and 20% respectively).



- In the last decade there is an estimated underpayment of retained margin in real terms totalling £1.1 billion, with the last two years (2022/23 and 2023/24) accounting for more than half of this.
- Combined with underfunding of the Drug Tariff this has led to medicines shortages and additional price concessions, which reduce access to medicines for patients and drive prices up for the NHS and taxpayers.

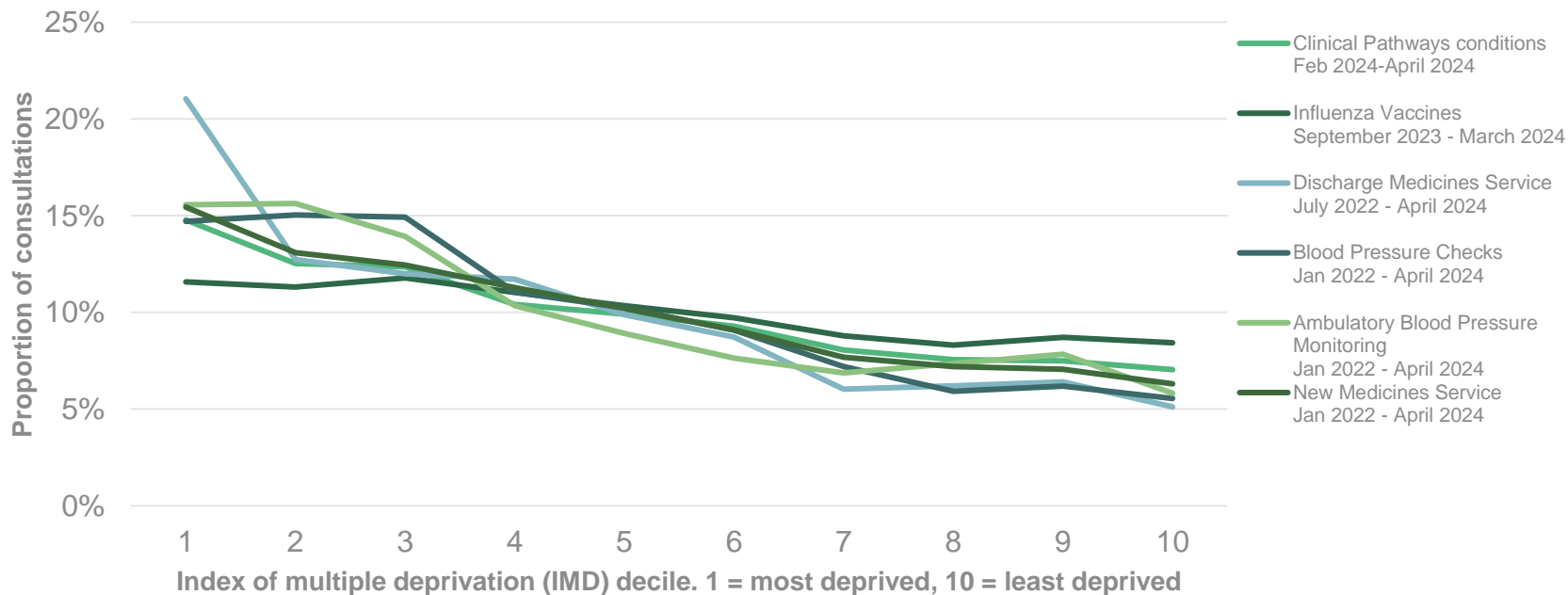
## The most deprived communities (IMD deciles 1 and 2) are bearing the brunt of insufficient funding, with 34% of the total loss of pharmaceutical provision



- Between September 2022 and June 2024, there was a 10% reduction in pharmaceutical provision.
- Two thirds of this reduction came from the permanent closure of pharmacies, the remaining third from opening hours reductions.

# Service provision directly addresses health inequalities and is at risk by pharmacy closures

A greater proportion of community pharmacy services commissioned nationally are provided in the most deprived communities



- Nearly a third of CCA Pharmacy First consultations are provided outside of typical working hours, with two and a half times more consultations in more deprived communities.
- Community pharmacy could transfer over 42 million GP appointments every year, through an independent prescribing Pharmacy First service, CVD screening and treatment, contraception and vaccinations.

# Pharmacist recruitment via ARRS is causing a workforce crisis in community pharmacy, with 1 in 3 roles now vacant among CCA members

**Community pharmacist vacancy rate (FTE) compared to the number of pharmacists working in ARRS funded roles**



- Current NHS England plans for independent prescribing in community pharmacy will fail to take advantage of reforms to Initial Education and Training and the 1,200 independent prescribers already working for CCA members.
- The NHS Long Term Workforce Plan set out plans to increase the size of the community pharmacist workforce by up to 75%. On the current trajectory, it will take 88 years to meet that target.