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CCA | COMPANY
CHEMISTS'
ASSOCIATION

**ALMOST 3.4
MILLION HOURS
OF PHARMACY
ACCESS LOST**

EXECUTIVE SUMMARY



Patients are being hit by the dual impact of both pharmacies closing and reducing their opening hours:

1. Almost 3.4 million hours of pharmacy access has been lost each year.
2. This impacts the **UK economy** as well as **access to medicines**.
3. As demand outstrips supply, **prices soar** causing huge overspend to the NHS.

The loss of access is not even across the country:

1. There has been a 3.6 times greater reduction in the most deprived communities.
2. There are now almost 500,000 fewer hours of pharmacy care per year in the most deprived communities compared to 21 months ago, due to reduced opening hours.
3. The worst performing ICB had a reduction in opening hours over four times greater than the best performing

Pharmacy access is declining. Action is needed to:

1. Resolve the pharmacy funding crisis
2. Take steps locally to support pharmacy provision
3. Commission new funded national services

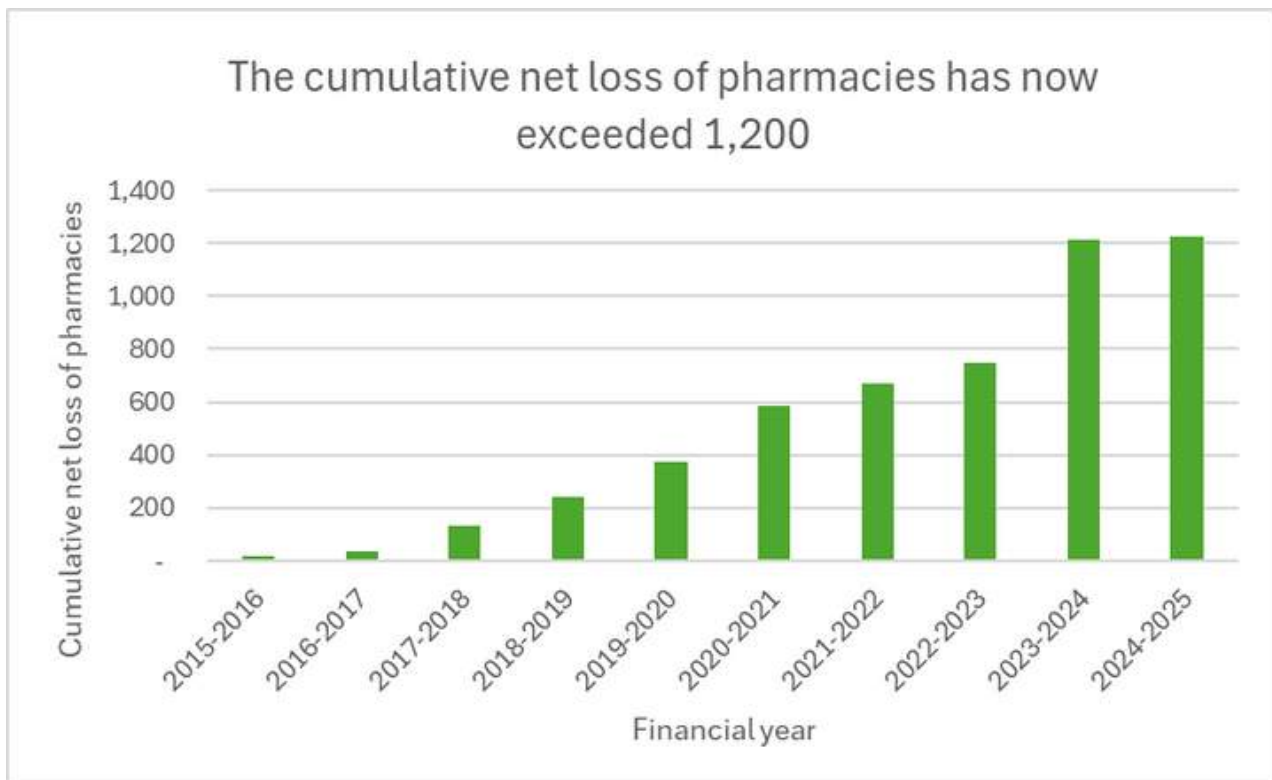
PHARMACY ACCESS HAS ALREADY BEEN DECIMATED BY PERMANENT CLOSURES

Access to pharmacy care has been reduced by an ever-growing number of pharmacy closures. This is a direct result of NHS funding cuts in 2016, and government's refusal to uplift spending on essential pharmaceutical care ever since. Pharmacies are now over 30% worse off than they were a decade ago. [1]

The Company Chemists' Association (CCA) has been tracking the impact of these funding cuts, and in 2022, the impact on pharmacy closures across England became clear.

“Over 1200 pharmacies in England have permanently closed.”

Our first report was published in October 2022, highlighting the impact of pharmacy closures on access to healthcare in the most deprived communities. [2] In November 2023, a further report demonstrated a net loss of over 1,000 pharmacies in England since 2015. [3] **The problem has continued to grow, and now over 1200 pharmacies in England have permanently closed.**



REDUCED OPENING HOURS ARE EXACERBATING THE PROBLEM

As pharmacy owners continue to feel the bite of years of flat funding, many have had to make changes in how they operate to 'balance the books'. One option available to all businesses, is to reduce opening hours. This allows them to reduce staffing and other overhead costs. Unfortunately, this also reduces patient access at a time when government policy aims for more people to use community pharmacies.

Analysis of the Consolidated Pharmaceutical List [4] shows there was a **net loss of almost 64,000 pharmacy weekly opening hours between September 2022 and June 2024**. This means patients in England have lost access to almost **3.4 million hours of pharmacy access per year**.

Patients have lost access to nearly 3.4m hours of pharmacy access per year



Between September 2022 and June 2024, the total opening hours of English pharmacies decreased by 10.7%. However, there was only a 5.2% decrease in the number of community pharmacies.

Pharmacies closing reduces the total access hours for patients. However, the total reduction in access has been much bigger than from closures alone. Many pharmacies, which are still open, are having to cut back on access.

Of the 10,487 pharmacies trading in June 2024, over a quarter (26.9%) reduced their opening hours in the previous 18 months. Collectively, these pharmacies reduced their opening hours by 30,879 hours a week, an average loss of 11 hours.

There were 1,044 pharmacies that increased their opening hours. Collectively, this was an increase of 6,268 hours per week. The average increase per pharmacy was 6 hours per week.



This results in a net loss of 24,611 hours of pharmaceutical provision every single week, or 1.3 million hours per year.

Reduced hours accounts for over one-third of the loss of pharmaceutical provision, with almost two-thirds coming from pharmacy closures.

'Pharmacy First' is a new service allowing pharmacists to provide care for seven urgent conditions. Nearly a third of all consultations take place outside of normal working hours. [5] A forced reduction in opening hours reduces the effectiveness of key policies such as this.



PHARMACY CLOSURES ARE WORSE IN DEPRIVED AREAS, DEEPENING HEALTH INEQUALITIES

“The most deprived communities have access to almost 500,000 fewer hours of pharmacy care per year

Access to overall NHS healthcare is known to be reduced in areas of higher deprivation – a phenomenon known as the ‘inverse care law’. [6] However, until now, the reverse has been true for community pharmacies, where accessibility is greater in more deprived areas. This is referred to as the ‘positive pharmacy care law’. [7]

Unfortunately, pharmacy closures have a disproportionate impact on deprived communities. 35% of permanent pharmacy closures have taken place within the most deprived communities. [3]

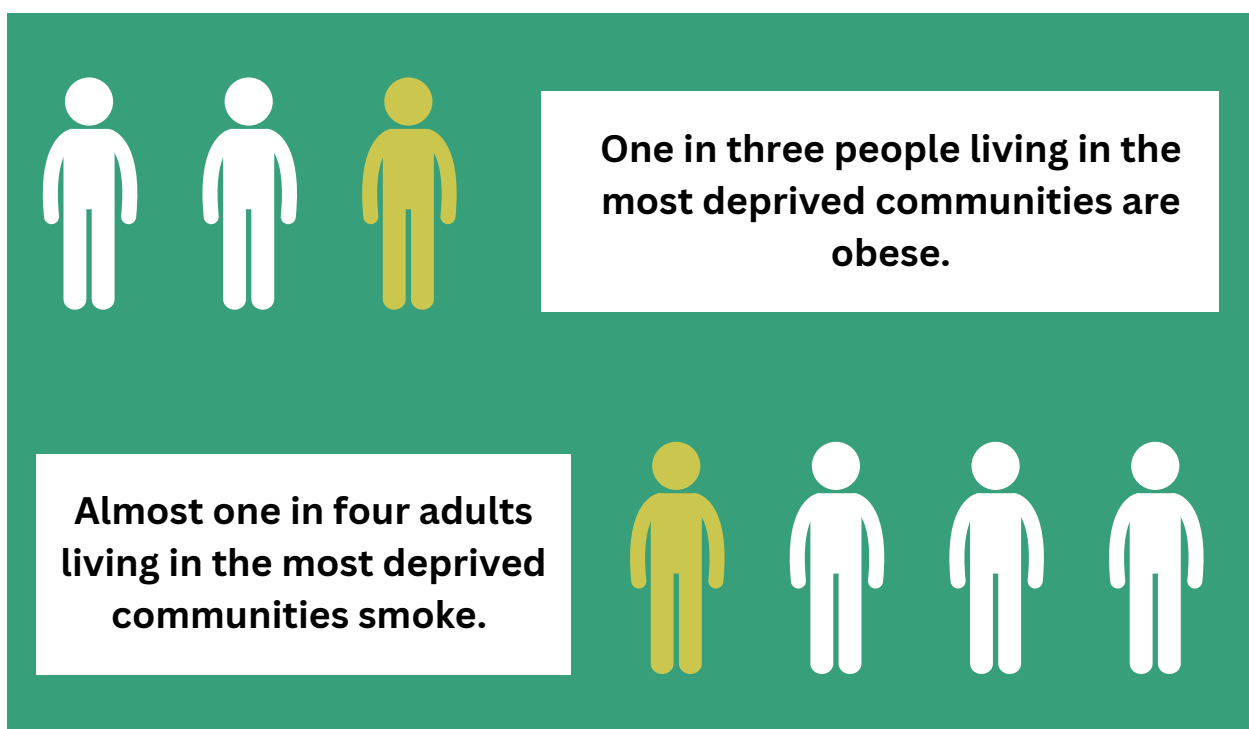
Reductions in opening hours are disproportionately affecting deprived communities too. **Pharmacies in the 20% most deprived communities reduced their hours by 3.6 times more than those in the 20% least deprived communities.** [8]

The most deprived communities have access to almost 500,000 fewer hours of pharmacy care per year, due to reduced opening hours.

The Index of Multiple Deprivation (IMD) is a measure of the relative deprivation of a community. It considers measures of income, access to healthcare, crime, and barriers to housing. Communities are grouped into ‘deciles’ – 1 being the 10% most deprived and 10 the 10% least deprived.

People in deprived communities often have greater need for healthcare, including pharmaceutical care. People in deprived communities often have challenges accessing traditional healthcare. Inflexibility in working arrangements, the lack of personal transport (cars), and increased caring commitments mean access outside traditional office hours close by is important. This means that, without action, longstanding health inequalities may be worsened by this trend.

The most deprived communities often have worse health outcomes than those in more affluent areas. For example, the age-standardised cancer incidence rate was 18% higher for males and 19% higher for females living in the most deprived areas. [9] Diabetes is twice as prevalent in the most deprived communities. [10]



IMD decile	Decrease in pharmacy opening hours	Increase in pharmacy opening hours	Net change in opening hours	Proportion of total reduction
1	-6912	738	-6174	24%
2	-4581	652	-3929	16%
3	-4040	698	-3342	13%
4	-3484	692	-2792	11%
5	-2977	679	-2298	9%
6	-2667	786	-1880	7%
7	-2261	645	-1616	6%
8	-2131	702	-1429	6%
9	-1508	782	-726	3%
10	-1714	591	-1123	4%

THE LOSS OF THE 100-HOUR PHARMACY

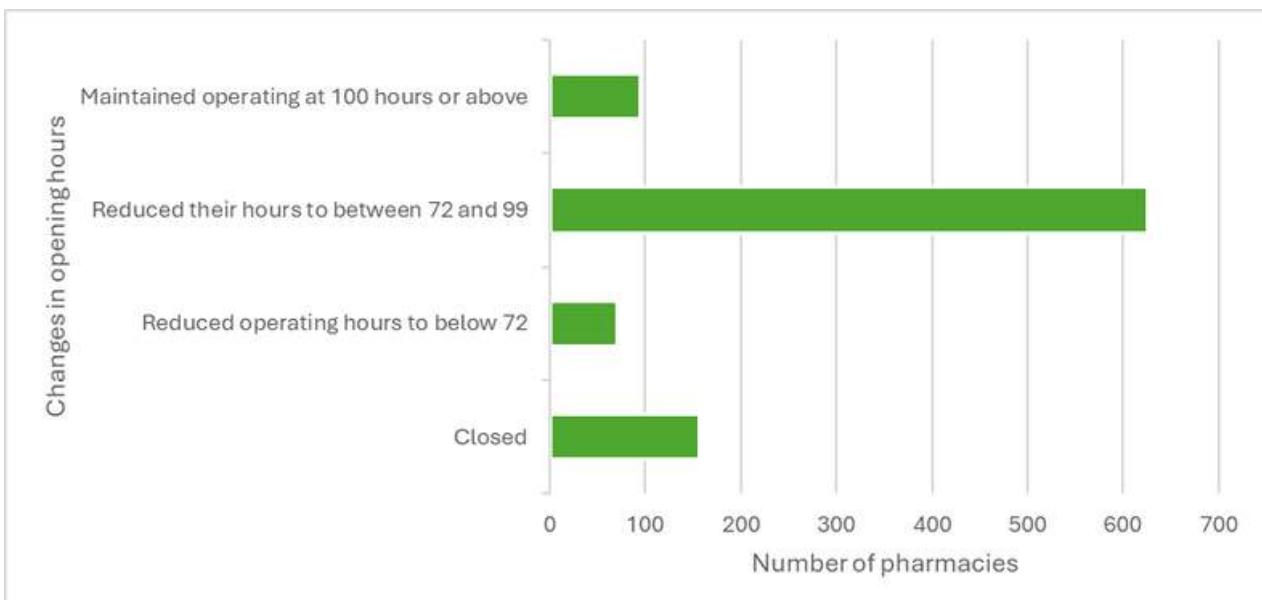
What is a 100-hour pharmacy?

A new pharmacy must demonstrate a local need before the NHS permits it to open. Previous NHS policy allowed pharmacies to open, regardless of local need, provided it opened at least 100 hours per week. This was to incentivise businesses to open pharmacies to meet increasing pharmaceutical demand out-of-hours and provide greater competition.

A significant proportion of the decline in pharmacy opening hours has been as a result of regulatory easements relating to “100-hour pharmacies”.

In July 2022, there were 947 100-hour pharmacies. Combined, they were open for 95,000 hours every week. The NHS recently recognised the financial pressures specifically facing these community pharmacies. In 2023, the rules were changed. This allowed 100-hour pharmacies to reduce their opening hours to a minimum of 72 hours per week. Financial pressures from insufficient NHS funding led many to do so, to reduce costs.

Whilst these pharmacies make up less than 10% of the number of community pharmacies, they contribute greatly to the extended access valued by patients. **Nearly 1 in 5 (17%) 100-hour pharmacies closed between September 2022 and June 2024 . A staggering two-thirds (66%) reduced their hours when permitted to do so.**



Despite a small number of new 100-hour pharmacies opening, **the number of pharmacies open to patients for 100 or more hours per week has decreased by almost 90%**, reducing access for patients outside of the traditionally core NHS hours. This can have a significant impact on people who have urgent or palliative care needs. It also reduces access to those in deprived communities, who are more likely to access care outside of the core working hours.

The reduction in 100-hour pharmacy opening hours is not the sole contributor to the overall reduction. It contributes to around one-third of the total number of hours closed. The scale of the change demonstrates the huge financial pressure these pharmacies are working under.



VARIANCE IN REDUCTIONS

The reduction in pharmacy opening hours varies widely. Whilst the cause - insufficient NHS funding - applies nationally, local factors greatly influence the impact of the squeeze. Pharmacies in more affluent areas may have opportunities to offer private services – effectively subsidising NHS care, or to sell other non-NHS health and wellbeing products. Locally commissioned health services and policies may also provide alternative income for struggling pharmacies.

Integrated Care Boards (ICBs) have been responsible for pharmaceutical commissioning since 2023. To compare vastly different areas, the opening hours have been standardised by existing provision. **The ICB with the greatest proportion of access lost per year saw a loss over 3 times greater than the ICB with the lowest.**

- **9 of the 10 ICBs with the greatest reduction in opening hours (per 100,000 population) were in the Midlands or Northern regions of England.**
- All 10 ICBs with the least reduction (per 100,000 population) were in the East of England, Southeast, Southwest or London.

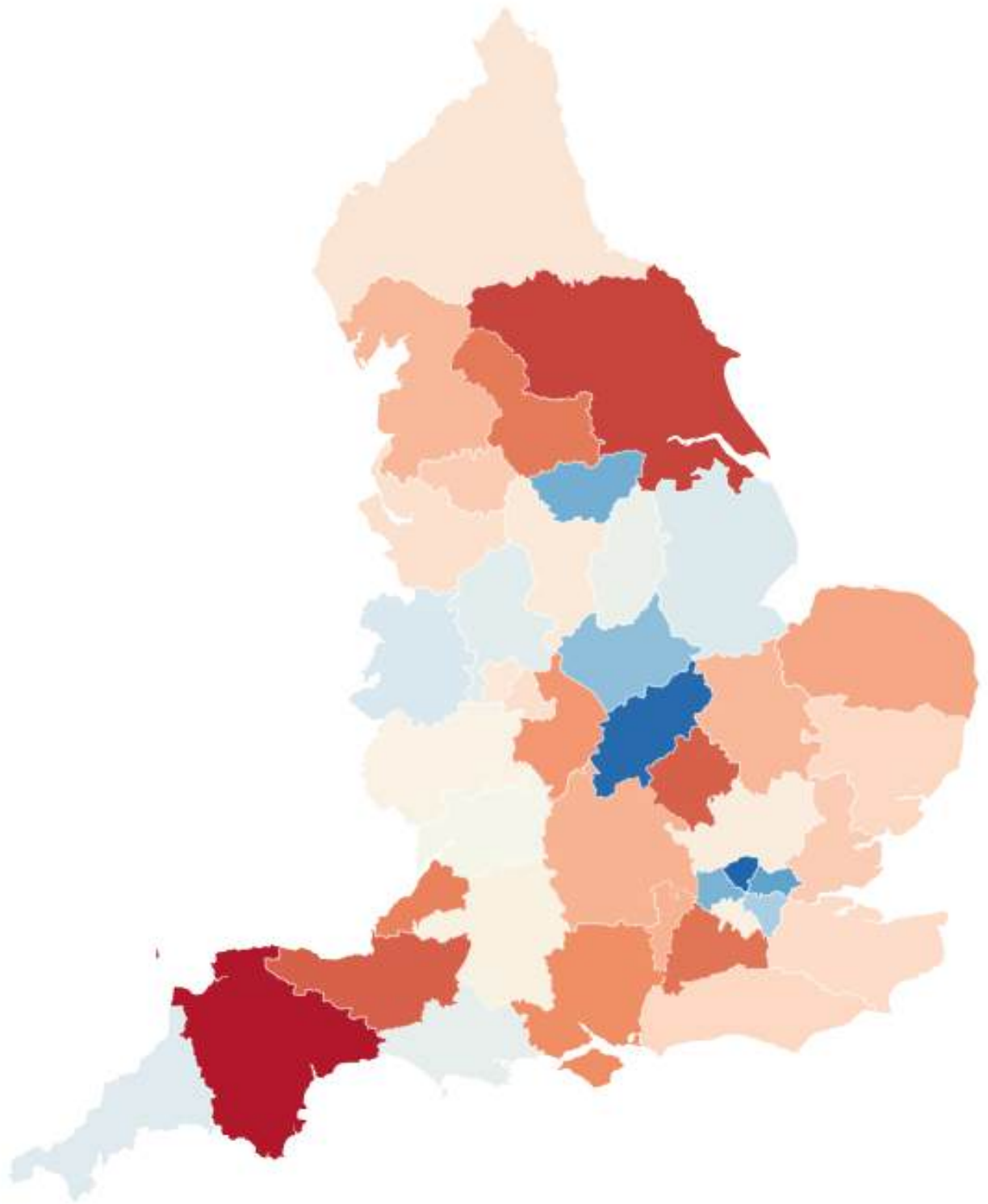
The map shows the geographical variation, with the darker areas representing a higher net change in opening hours relative to their populations.

*NHS North Central
London lost 5.5% of its
pharmaceutical provision.*

*NHS Devon lost 14.6% of
it's pharmaceutical
provision.*



Percentage decrease in pharmacy opening hours between September 2022 and June 2024



HOW CAN THE GOVERNMENT AND NHS HELP TO FIX THIS PROBLEM?

Pharmacy teams have a unique understanding of local health needs. They sit at the heart of communities and there are more pharmacies in the most deprived communities. Safeguarding access to pharmacy care is critical to tackling health inequalities.

To improve access, both in places and at times convenient to patients, the Government and NHS must:

1 Resolve the pharmacy funding crisis by fairly funding community pharmacies:

Community pharmacies in England are currently experiencing an annual funding shortfall of more than £100,000 per pharmacy. [12] Underfunding means businesses strive for unobtainable efficiency savings. This has resulted in many difficult decisions including consolidation and closure. These have disproportionately impacted the most deprived communities.

2 Add the deterioration of pharmacy access to ICB risk registers and take steps to mitigate this:

ICBs have a responsibility for pharmaceutical care in their area. There are steps that can be taken to support local pharmacies, including reviewing local service remuneration, increasing opportunities for additional income through new commissioning, and implementation of local policies such as branded generic prescribing.

3 Immediately commission new national clinical services from pharmacies:

The NHS is under significant pressure. Commissioning and funding new care will allow community pharmacy to play a role in meeting those challenges. The Primary Care Recovery Plan set out plans to move 10m appointments every year [12] from general practice to community pharmacy. A fully-funded Pharmacy First service could go much further. With the added capability to prescribe and supply prescription-only medicines, over 30 million GP appointments could be easily transferred to community pharmacies every year. [13]

Integrated Care Board	Net loss of hours	Percentage change (%)
Devon	-1741	-14.6%
Humber and North Yorkshire	-2519	-14.1%
Somerset Integrated Care Board	-749	-13.7%
Bedfordshire, Luton and Milton Keynes	-1240	-13.7%
Surrey Heartlands	-1317	-13.4%
West Yorkshire	-4008	-13.3%
Bristol, North Somerset and South Gloucestershire	-1224	-13.2%
Hampshire and Isle of Wight	-2179	-13.0%
Coventry and Warwickshire	-1373	-12.8%
Norfolk and Waveney	-1309	-12.5%
Frimley	-977	-12.3%
Buckinghamshire, Oxfordshire and Berkshire West	-1845	-12.3%
Lancashire and South Cumbria	-2623	-12.2%
Cambridgeshire and Peterborough	-1005	-12.2%
Mid And South Essex	-1417	-11.8%
Greater Manchester	-4325	-11.8%
Suffolk and North East Essex	-1160	-11.6%
Sussex	-1962	-11.6%
Kent and Medway	-2089	-11.4%
Birmingham and Solihull	-2074	-11.3%
Cheshire and Merseyside	-3542	-11.2%
North East and North Cumbria	-3764	-10.9%
Black Country	-1679	-10.8%
Derby and Derbyshire	-1162	-10.7%
Hertfordshire and West Essex	-1680	-10.5%
South West London Integrated Care Board	-1709	-10.4%
Bath And North East Somerset, Swindon and Wiltshire	-802	-10.3%
Herefordshire and Worcestershire	-699	-10.2%
Gloucestershire Integrated Care Board	-593	-9.9%
Nottingham and Nottinghamshire	-1200	-9.5%
Dorset Integrated Care Board	-697	-9.3%
Staffordshire and Stoke-On-Trent	-1227	-9.2%
Cornwall and The Isles of Scilly	-467	-9.0%
Lincolnshire	-554	-8.9%
Shropshire, Telford and Wrekin	-403	-8.8%
South East London	-1535	-7.9%
Leicester, Leicestershire and Rutland	-915	-7.5%
North West London	-2147	-7.2%
South Yorkshire	-1180	-7.1%
North East London	-1486	-6.8%
Northamptonshire	-376	-5.5%
North Central London	-918	-5.4%

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[1] Community Pharmacy England, Lowest number of pharmacies since 2015/16, October 2023. Available [here](#).

[2] Company Chemists Association, The Impact of Pharmacy Closures on Health Inequalities, October 2022. Available [here](#).

[3] Company Chemists Association, The Impact of Pharmacy Closures on Health Inequalities: One Year On, November 2023. Available [here](#).

[4] NHS Business Services Authority, Consolidated Pharmaceutical Lists 2022 - 2024. Available [here](#).

[5] Company Chemists Association, Pharmacy First: Meeting Patient Need, May 2024. Available [here](#).

[6] Tudor Hart J., The Inverse Care Law, Lancet, 1971. Available [here](#).

[7] Adam Todd et. Al, The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England, July 2014. Available [here](#).

[8] The “most deprived” communities refers to those with an Indices of Multiple Deprivation Index 1 and 2, whilst the “least deprived communities” refers to those with an Indices of Multiple deprivation index of 9 and 10.

[9] NHS England Digital, Cancer Registration Statistics, England 2020, October 2022. Available [here](#).

[10] NHS England Digital, Health Survey for England, 2021: Data tables, December 2022. Available [here](#).

[11] In 2015/16, the core pharmacy contract was £2.8bn. After a cut, followed by years of flat funding, it is now £2.592bn per year. If this had grown at the same rate as the UK's Gross Domestic Product, it would currently be worth £3.605bn. This means there is currently an annual funding shortfall in England of at least £100,000 per pharmacy compared to 2015/16.

[12] NHS England, Delivery Plan for Recovering Access to Primary Care, May 2023. Available [here](#).

[13] Company Chemists Association, Pharmacy First and Independent Prescribing, Company Chemists Association, June 2023. Available [here](#).

ABOUT US

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Pharmacy2U, 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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