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COMMUNITY PHARMACY WORKFORCE REVIEW



Community Pharmacy Workforce Review

Getting started on achieving the NHS's ambitions through a bigger, stronger community pharmacy workforce

- The community pharmacy workforce is still in crisis. A decade of harsh Government efficiency savings has forced employers to reduce the number of people they employ to the lowest level since 2017.
- Meanwhile, the NHS has continued to commission new clinical services and prescribe more medicines for patients.
- Pharmacies no longer have enough staff to meet the growing needs of patients. Vacancy rates have risen to 1 post in every 4 in some areas of the country.
- If the Government and NHS are serious about moving more care into the community, promoting access and reducing inequalities, they must invest in the community pharmacy workforce.

Further investment will support the ambitions in the Long Term Workforce plan by:

- Enabling pharmacy contractors to invest in their workforce, increasing recruitment and retention.
- Increasing the pipeline of future community pharmacists, from undergraduate studies through to foundation year students.

Finally, the NHS must recognise that the funnelling of community pharmacy professionals into Primary Care Networks is seriously jeopardising the sector's ability to deliver for patients.

Our recommendations for the NHS are to begin delivering on their 15-year workforce plan by:

1. Immediately halting recruitment of pharmacists and pharmacy technicians into primary care networks through the Additional Roles Reimbursement (ARRS) scheme. Then, set out how this can be managed without reducing the workforce in community pharmacies.
2. Using community pharmacies to deliver funded "packages of care" on behalf of Primary Care Networks. This would better use the extensive community pharmacy network, increase patients access to care and minimise disruption to the wider system.
3. Increasing the supply of new pharmacists to meet the projected demand in their 15-year workforce plan by working with higher education institutions and employers. This would ensure that there is an appropriate pipeline of students to trainees.
4. Ensure the upcoming workforce plan is accompanied by a clear plan for implementation, and ongoing dialogue with the community pharmacy sector.

Community pharmacy's critical role in delivering the NHS's ambitions

The NHS wants community pharmacies to:

1. Deliver more clinical services
2. Dispense more medicines
3. Help people manage their own health

Community pharmacy already has a track record of delivery — despite years of harsh funding cuts. We are willing and able to deliver what the NHS and patients want. To do this, we will require a larger, stronger workforce. This paper sets out how the NHS can work with stakeholders to deliver those ambitions.



Community Pharmacy in the NHS's Long Term Workforce Plan

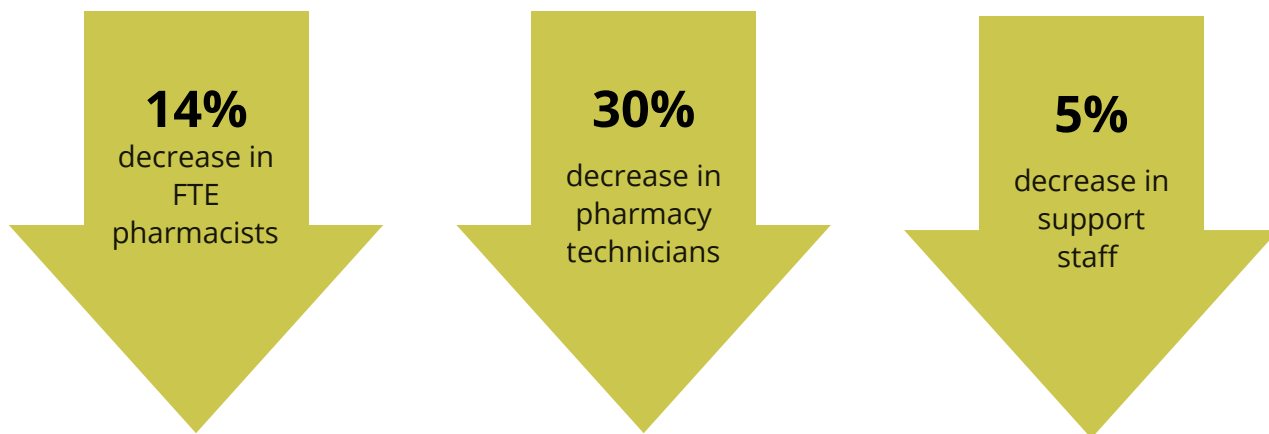
The NHS now recognises the need for more community pharmacists to match ever-increasing patient demand and the development of clinical services.

Through the Long Term Workforce Plan (LTWP), the NHS sets out ambitions to grow the community pharmacist workforce from 20,500 full-time equivalent (FTE) pharmacists in 2021/22 to at least 34,000 FTE pharmacists by 2036/37.

The NHS's commitment to a larger workforce is welcome. However, over a year has passed since the publication of the LTWP. We are yet to see any additional detail from the NHS about how they intend to grow the workforce, and the Government has since announced that a refreshed workforce plan is expected in Summer 2025.

Community pharmacy workforce is shrinking, not increasing

CCA analysis of the Community Pharmacy Workforce Survey 2023 data shows a worrying trend of a shrinking workforce. The number of full time equivalent and headcount roles filled within community pharmacies is decreasing. Since 2021, the sector has seen:



Pharmacist numbers are not increasing in community settings

Approximately 2,700 pharmacists pass their exams every year. [1] However, not all pharmacists join the General Pharmaceutical Council (GPhC) register or practice in the community. Some new registrants simply replace those who have left the register (e.g. due to retirement).

On average, the register grows by approximately 1,500 pharmacists per year across Great Britain. The GPhC survey of registered pharmacy professionals in 2019 [2] indicated that 82% of pharmacists on the register reside in England. We therefore calculate that pharmacists residing in England account for approximately 1,200 of this net-yearly growth.

Despite the growth in the size of the GPhC register, we are not seeing a proportional increase in the number of pharmacists practicing in the community in England.

In 2023, 27,487 pharmacists (headcount) worked in community pharmacies, a growth of just 81 pharmacists since 2021. [3]

Funding cuts, coupled with the growing demand on services, have created a downward spiral of increased pressure and workforce shortages. Pressure on pharmacy teams is leading to professionals leaving community pharmacy altogether. This cycle increases vacancies and increases workload pressures on the remaining team members even further.

The NHS has committed to increase the size of the community pharmacy workforce in their 2022 LTWP. Despite an ever-growing number of registered pharmacists working in Great Britain, the community pharmacy workforce does not seem to be recovering.

Community pharmacy is facing increasing demands and expectations

Against the backdrop of a declining community pharmacy workforce, the NHS is expecting community pharmacies to deliver more.

In the past year, new clinical services such as Pharmacy First and the Pharmacy Contraception Service have been commissioned.

This is something the CCA has long called for. We welcome the focus on service delivery in community pharmacy. Community pharmacy can, and should, be better used to improve patient access to healthcare. We also believe that independent prescribing should be a core part of this.



However, the NHS must ensure that the network can continue to dispense the medicines and provide the NHS services patients need. The growth seen in workload is driven largely by three factors:



1. **NHS commissioned clinical services** - between 2019/20 and 2023/24 alone, the number of national clinical services delivered by community pharmacy teams on behalf of the NHS increased by almost 300%, to almost 19m. Community pharmacy teams now deliver over 50,000 services per day. [4]



2. **Dispensing volumes** – the number of items dispensed by English community pharmacies per year increased by over 100m between 2015/16 and 2023/24. [5] This is despite a 30% real terms cut to funding available for core services.



3. **Walk-in touchpoints** - In 2024, Community Pharmacy England estimated that community pharmacies provided 22 informal consultations a day taking around 133 minutes. [6] This reflects a 77% increase compared with summer 2020. [7]

We are extremely concerned that the increased workload demand will exacerbate ongoing pressures on colleagues. To protect the current service provision and release capacity to enable further provision of clinical services, significant investment is crucial.

Developing a pipeline fit for the future

A vision for the future: the NHS Long Term Workforce Plan

The NHS set out ambitions to grow the community pharmacist workforce from 20,500 FTE pharmacists in 2021, to at least 34,000 FTE by 2036/37.

It also set out an increase in training places available for Foundation trainees. The number of places should rise to 4,300 by 2028/29. By 3031/32, there will be over 5,000 foundation placements available.

Whilst this is welcome, the NHS have yet to publish any additional detail about how these targets will be met.

Without action, current trajectories show NHS targets will be missed

Current levels of growth in the pharmacist register is not enough to meet the ambitions set out in the NHS Long Term Workforce plan. The CCA estimate that of the 1,500 new registrants each year, approximately 750 go on to work in community pharmacy in England. This is equivalent to only 480 FTE. [8]



Concerningly, the NHS have not set out plans to increase the number of graduates entering the foundation training scheme.

At current rates of growth, the NHS will miss its target. The number of pharmacists practicing in 2036/37 will actually be lower than in 2021. Without targeted action, there will be a shortfall of over 16,000 FTE pharmacists.

Increasing the supply of new pharmacists



The NHS' commitment to expand training places to 4,300 by 2028/29, and to 5,000 by 2031/23 must be met to ensure the target of 34,000 FTE pharmacists is met by 2036/37.

Between August 2024 and August 2028, the number of foundation places will only increase by approximately 100 per year (of which only approximately 60 places will be community based). **This is not a quick enough, or substantial enough increase in the foundation training scheme to reach the NHS's projected demand.**

Higher Education Statistics Authority data [9] shows that in the 2022/23 academic year, there were 20,540 students enrolled in a MPharm degree in English universities. This accounts for approximately 5,100 students per academic year.

Only 86% of students will go onto graduate. [10] Not all graduates will wish to undertake a foundation year placement, and many will go on to further study or to work in research. **There will not be enough graduates to fill the amount of training places proposed by the NHS,** without concerted effort to increase the number of university places.

To meet the NHS's ambition, there needs to be an additional net growth of 500 community pharmacists (leading to 1,250 per annum growth) per year.

Assuming all growth is not funnelled directly into community pharmacies, and only 60% of new registrants go on to work in community pharmacies, we calculate that the register would need to grow by around 2,000 pharmacists per year in England (and approximately 2,600 across Great Britain).

When coupled with the average loss of 1,200 pharmacists per year, there needs to be a clear pipeline of over 3,700 pharmacists a year joining the register across Great Britain.

Throughout the 15-year period of the workforce plan, this would require:

1. Approximately 8,600 students starting MPharm degrees each year, and;
2. Approximately 7,400 graduating with an MPharm degree, and;
3. Approximately 4,000 training places, at an additional cost of approximately £55m to the NHS

Retaining the existing workforce: the impact of Primary Care Network (PCN) recruitment

The NHS introduced the Additional Roles Reimbursement Scheme (ARRS) in 2019. ARRS allows PCNs to re-claim staff salaries for some pharmacists working within general practice surgeries from central funding, as part of a drive to improve access to primary care.

The Hewitt Review [11] recognised that the national GP contract, including ARRS, has had unintended consequences. It notes that:

“The national requirements and funding of ARRS roles for community pharmacists within PCNs, has on occasion exacerbated the problem of a general shortage of pharmacists, with some now preferring to work within primary care rather than remain in community pharmacies or acute hospitals, compounding the problem of community pharmacy closures and delayed discharges.”



The NHS has recognised this concern. In the LTWP, they committed to ensure that any expansion of ARRS is carefully managed to ensure the growth in PCN pharmacists is sustainable.

However, over a year later we have not seen any further detail on how ARRS can be expanded without worsening the community pharmacy workforce crisis.

The latest NHS data [12] shows that there are now over 8,000 FTE working in PCNs and general practice. Over 5,500 FTE pharmacists were employed by PCNs using ARRS funding.

Given that over 60% of pharmacists on the register work in the community setting [2], we calculate that the NHS' flagship workforce project has directly led to the loss of over 3,300 FTE pharmacists from community practice, equivalent 20% of the current workforce [13] in the space of just 4 years.

The CCA's workforce plan recommendations

Our recommendations to the NHS to begin delivering their 15-year workforce plan:

1

Halting recruitment of pharmacists and pharmacy technicians into primary care

Then, set out how the ARRS scheme can be delivered without reducing the community pharmacy workforce.

2

Increase the supply of new pharmacists

Work with higher education institutions and employers to meet the projected demand in their 15-year workforce plan. This would ensure that there is an appropriate pipeline of students to trainees.

3

Make better use of the community pharmacy network

Commission patient care from pharmacies near to where patients live, rather than simply moving pharmacists from one setting to another. This would better use the extensive community pharmacy network, increase patients access to care and minimise disruption to the wider system.

4

Work with the sector to deliver the refreshed workforce plan

Ensure the upcoming workforce plan is accompanied by a clear plan for implementation, and ongoing dialogue with the sector.



References

- [1] CCA analysis of of General Pharmaceutical Council assessment Results 2014-2023. Available on the GPhC [website](#).
- [2] General Pharmaceutical Council, Survey of Registered Pharmacy Professionals, December 2019. Available [here](#).
- [3] NHS England, Community Pharmacy Workforce Survey 2023: Key Findings, September 2024. Available [here](#).
- [4] NHS Business Services Authority, Pharmacy and Appliance Contractors dispensing data. Available [here](#).
- [5] NHS Business Services Authority, General Pharmaceutical Services in England 2015/16 to 2023/24, October 2024. Available [here](#).
- [6] Community Pharmacy England, Pharmacy Advice Audit, October 2024. Available [here](#).
- [7] Community Pharmacy England, Pharmacy Advice Audit, September 2020. Available [here](#).
- [8] Based on the assumption that 80% of new registrants (1,200 per annum) reside in England, of which 60% go on to work in community pharmacy. From General Pharmaceutical Council, Survey of Registered Pharmacy Professionals, December 2019. Available [here](#).
- [9] Higher Education Statistics Authority, What do HE students study?, March 2025. Available [here](#).
- [10] Dawn Connelley, Becoming a pharmacist: in numbers, February 2021. Available [here](#).
- [11] Rt Hon Patricia Hewitt, The Hewitt Review: An independent review of integrated care systems, April 2023. Available [here](#).
- [12] NHS England, Primary Care Workforce Quarterly Update, 31 December 2024. Available [here](#).
- [13] NHS England, Community Pharmacy Workforce Survey 2023 dataset, September 2024. Available [here](#).

WHO WE ARE

Established in 1898, the CCA is the trade association for multiple pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Lincolnshire Co-op, Morrisons, Pharmacy2U, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 4,000 pharmacies across England, Scotland and Wales. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 400 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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