



# CCA PROSPECTUS 2025

**HARNESSING COMMUNITY  
PHARMACY TO TRANSFORM  
ACCESS TO PRIMARY CARE**

**2025**

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# FOREWORD

Community pharmacy has been on a remarkable journey in recent years.

Since the publication of our 2022 prospectus, the sector has undergone a significant transformation. It is great to see that many of the proposals set out in the prospectus have now been implemented. Pharmacies continue to deliver their traditional dispensing role but since 2022 have become hubs for clinical care, located at the heart of communities.

This evolution has benefited millions of patients and lays the foundation for further transformation and innovation.

Our 2025 Prospectus set outs an ambitious yet wholly achievable roadmap for continuing the evolution of community pharmacy, further enhancing the sector's offering to patients and the NHS.

By expanding the Pharmacy First service, broadening community pharmacy's role in delivering preventative services, and building on the sector's role in managing long-term conditions, primary care capacity and patient outcomes could be demonstrably improved.

Taken together the changes our 2025 Prospectus proposals will **free up 51 million GP appointments each year**. These proposals will enable community pharmacy to become the home for delivering most routine primary care services, freeing up general practice to focus on more complex primary care needs.

All of our recommendations are grounded in careful analysis, based on building on the existing foundations, and recognising the sector's potential in addressing a whole range of pressing healthcare challenges.

This is a pivotal time for the NHS. The government's 10-year plan calls for fundamental 'leftwards shift'. Community pharmacy is uniquely positioned to facilitate this shift.

**Realising this vision will require bold action from policymakers and commissioners.** Investment in the sector, through ambitious commissioning and in clinical infrastructure, workforce development and digital integration are all essential enablers, as is regulatory reform.

Time and time again, the sector has demonstrated resilience and adaptability to meet the needs of patients and the NHS. We are confident that the sector can rise to the challenge once more.

We invite all those with an interest in the future of the NHS, and primary care to join us in building an ambitious future for community pharmacy, delivering high-quality access to healthcare for all that need it.



**MALCOLM HARRISON**  
**CHIEF EXECUTIVE**  
**COMPANY CHEMISTS' ASSOCIATION**

# EXECUTIVE SUMMARY

Community pharmacy has come a considerable way since the CCA's first prospectus was published in 2022. Recent years have witnessed a transformation in the clinical care available to patients from pharmacies. As of 2025, community pharmacy provides almost 25 million clinical consultations and vaccinations annually.

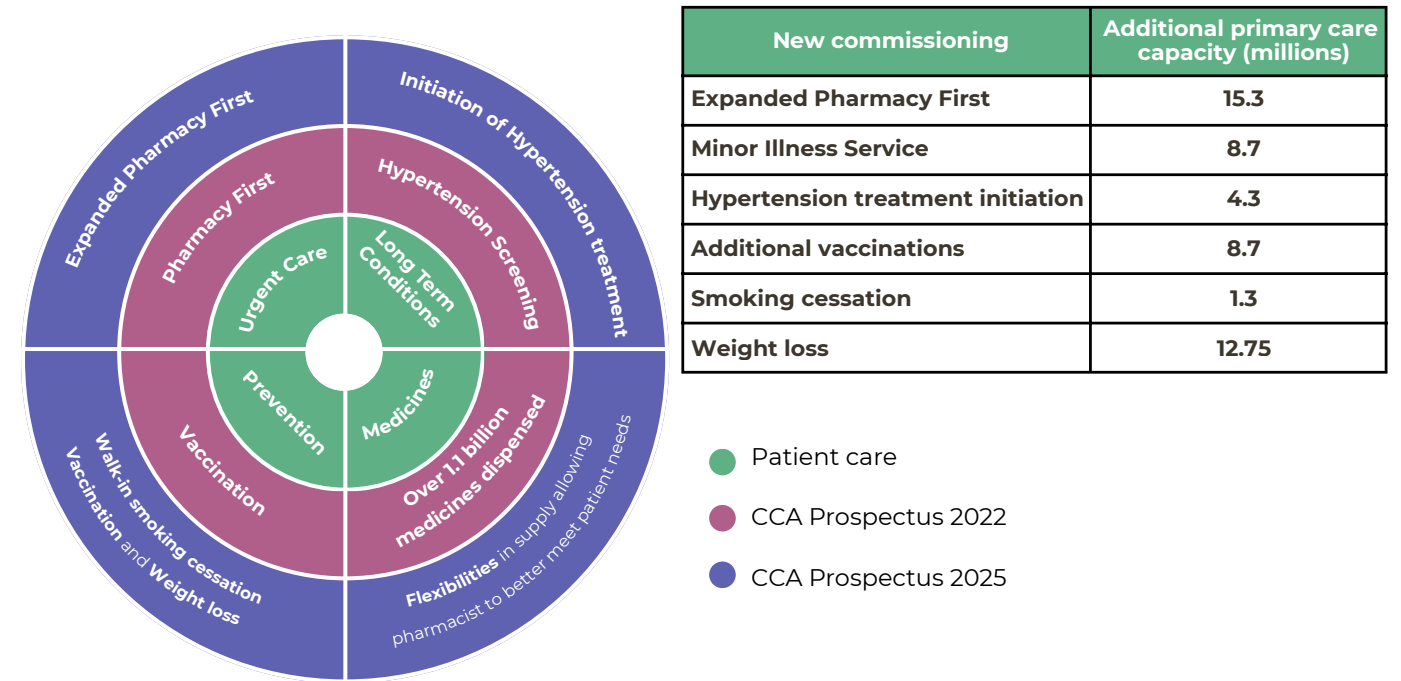
This revised prospectus, updated for 2025, sets out how community pharmacy can build on this to provide a further **51 million consultations annually**, freeing up other primary care consultations. This is through:

- Expansion of Pharmacy First
- Initiating treatment for hypertension
- Expanded vaccination services.
- Weight loss and 'walk-in' smoking cessation services

This represents a key step towards the future of primary care. By establishing community pharmacy as an integrated, first-line provider of routine primary care, GP capacity can be focused on delivering more complex primary care. This structural reimagining will mean primary care has the capacity and accessibility needed for the 'leftwards shift' envisaged by the government's 10-year plan for the NHS.

Significantly increasing primary care capacity through community pharmacy requires:

- Ensuring the long-term **economic viability** of the sector and the **commissioning** of new services with additional funding.
- Support to enhance pharmacy capacity, and change the **local regulation** that determines market access criteria for pharmacies
- Access to **phlebotomy** and other investigative services.
- Continued development of **IT infrastructure** to enable the seamless transfer of clinical data.





# BACKGROUND

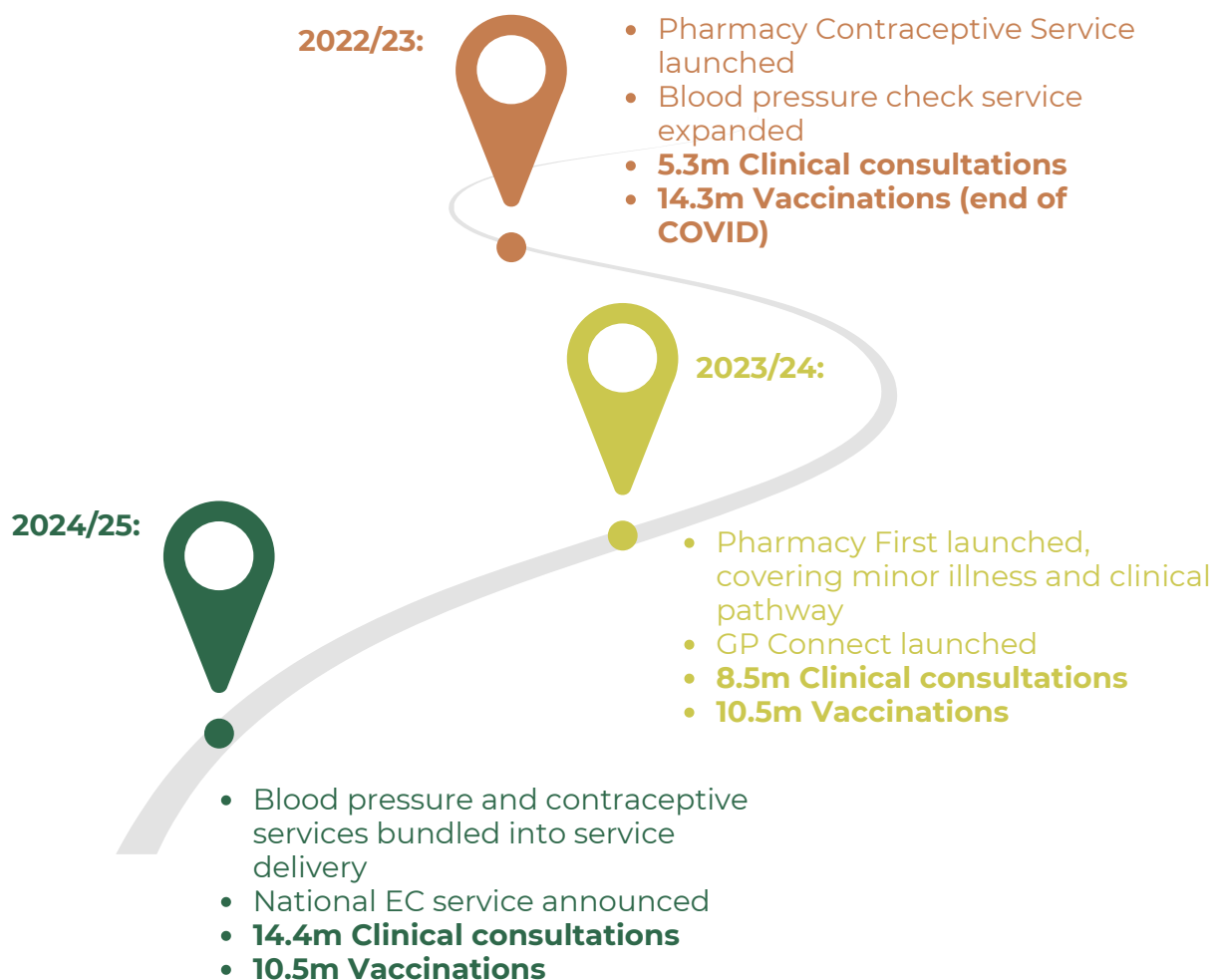
Community pharmacy has undergone radical transformation in recent years.

In 2022, the CCA published its prospectus '*A Future for Community Pharmacy in England*'. Since then, many of the proposals in the prospectus have been implemented. Whilst safely continuing to supply over 1.2bn NHS prescribed medicines a year to the public, the community pharmacy sector has dramatically increased its clinical role through the expansion of commissioned and private services.

The successful launch of Pharmacy First means urgent care, vaccinations, and emergency hormonal contraception services are either already well established or due imminently. Since the last CCA prospectus, the number of non-vaccination consultations per year by the sector has grown by over 170% and continues to do so.

## There is potential to go much further.

The government's 10-year plan for the NHS envisions community pharmacy becoming 'integral' to the Neighbourhood Health Service as a holistic healthcare provider. The recent pharmacy contractual framework has brought some stability to the sector, but true transformation can only be achieved through further commissioning and addressing existing barriers to greater capacity.



# COMMUNITY PHARMACY IS EVOLVING

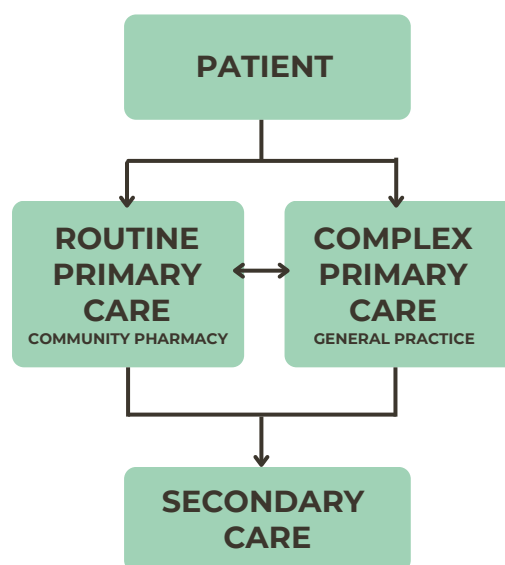
The future of healthcare is a “leftwards shift” into communities, focused on prevention over treatment. However, general practice is still struggling against ever increasing demand.

## Community pharmacy offers a route to dramatically increase capacity in primary care.

Urgent care pathways, routine contraception, and hypertension screening have transformed how community pharmacy ‘fits’ into primary care.

Unfortunately, the current services are largely disjointed; designed only to fill gaps in provision rather than meet a wider strategic aim. This can make it difficult for patients and the rest of the health service to understand the role of pharmacy.

**Patients need to know what care they can receive from their pharmacy**, without having to worry about complex eligibility and exclusion criteria. Other healthcare professionals need to understand pharmacy’s evolving role. The sector will only be fully ‘integrated’ when the rest of the health system and its users understand what pharmacies offer.



In the future, primary care should be viewed through the lens of routine and complex care.

*“Access should be based on the complexity of a patient’s needs, rather than specific eligibility criteria.”*

Alongside the sector’s role in dispensing medicines, **routine primary care** should be a key responsibility of community pharmacy. Patients should be able to get advice and treatment for minor conditions, screening, as well as treatment initiation and monitoring for some long-term conditions. Access should be based on the complexity of a patient’s needs, rather than specific eligibility criteria.

Pharmacies should also become the primary delivery route for prevention, including vaccination, smoking cessation, and weight-loss.

General practice should continue as the anchor of primary care. The expertise of doctors will be freed to focus primarily on **complex primary care**, or patients with multiple conditions. This includes all treatment requiring physician expertise and secondary care input.


This would **expand access to care** and address inequalities. Access to community pharmacies, contrary to most of healthcare, demonstrates a ‘positive care law’, increasing in more deprived communities. (1) The evolution of pharmacies to ‘routine primary care providers’ will significantly increase access for patients, particularly those with the greatest needs.

# URGENT CARE

Urgent care provision through pharmacy has been radically transformed. In 2024, Pharmacy First was introduced by NHSE, providing three distinct patient pathways:

- Urgent medication supply
- Minor illnesses - advice and purchase of Over The Counter (OTC) medications
- Clinical pathways - complete episodes of care and access to prescription medications for seven common conditions

The successful launch of Pharmacy First has seen a 300% increase in pharmacy same-day urgent care consultations in just two years. (2)



*“Building on success, Pharmacy First should be significantly expanded.”*

**Building on success, Pharmacy First should be significantly expanded.**

## Minor illnesses

1.3 million patients are currently referred into the community pharmacy minor illness service. Yet an estimated 6% of all GP consultations are for minor illnesses (requiring advice and OTC medication) (3), meaning there is significant opportunity to expand this. By moving 50% of these GP consultations to community pharmacy, up to **10 million consultations** could be provided every year. To maximise this, the service should move to a ‘walk-in’ model.

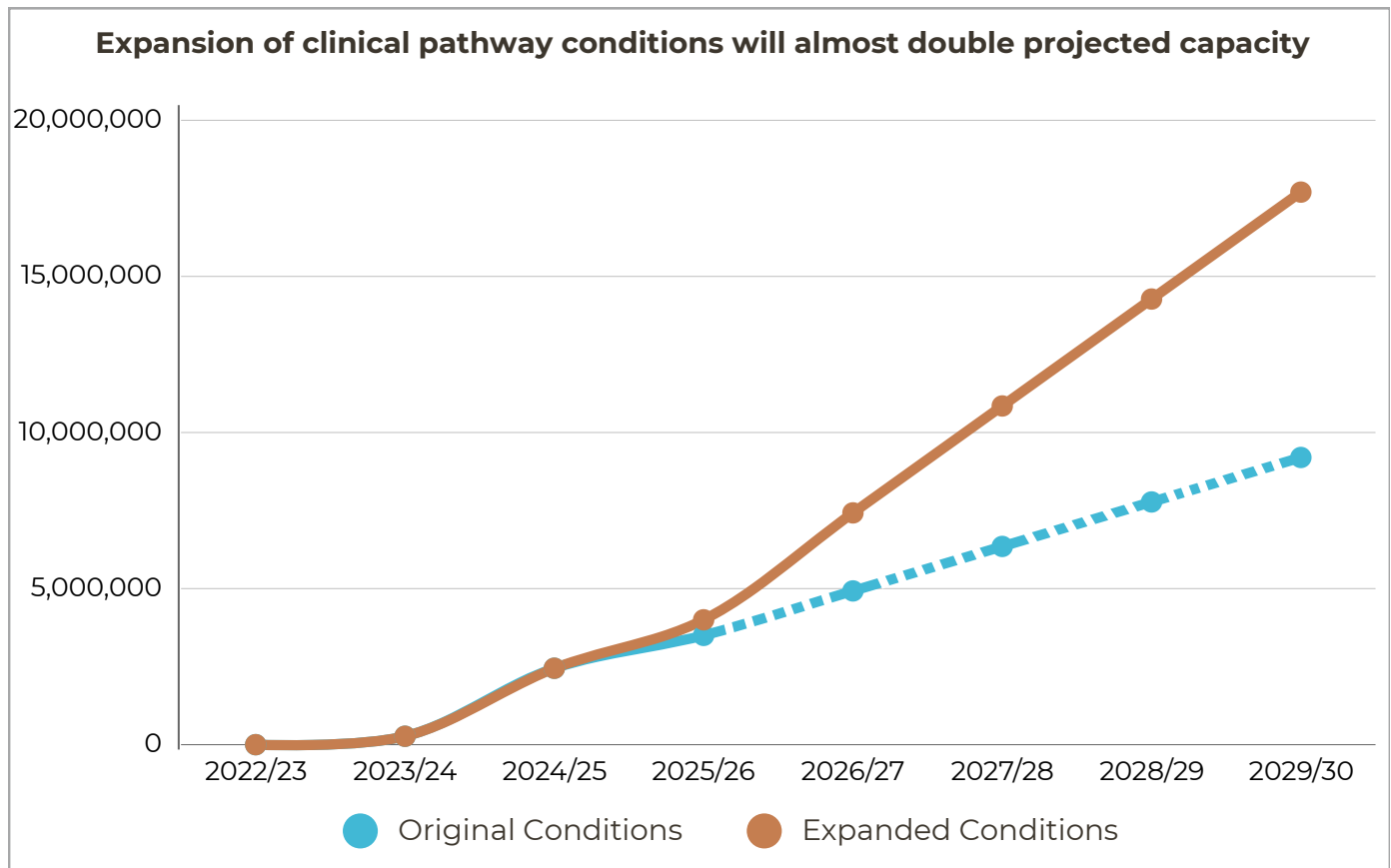
A walk-in service is needed because often people who are unable to afford OTC medicines, and are exempt from paying the prescription levy, will attend general practice to get the medicine for free by asking their doctor to prescribe it. (4) Adding the supply of OTC medicines without charge to Pharmacy First for those who receive free prescriptions (via exemption certificates or being under 16) would help alleviate the impact of such situations.

UK population estimates show approximately 28% of people meet these criteria. (5) Of the 10 million GP consultations that could be moved to community pharmacy, 2.8 million patients would receive NHS-funded OTC medicines. This would help tackle inequalities and avoid these patients attending general practice for prescriptions.



## Clinical Pathways

Pharmacy First clinical pathway consultations provide a route to care for people suffering from one of seven specified conditions. CCA modelling shows up to 3.5 million people will receive Pharmacy First treatment in 2025. However, this is just **a fraction of the potential** number that community pharmacies could support.



The **number of conditions should be expanded**, with additional funding to support the additional workload to meet patient demand.

***“Pharmacy First can create at least 17.7m routine primary care consultations every year.”***

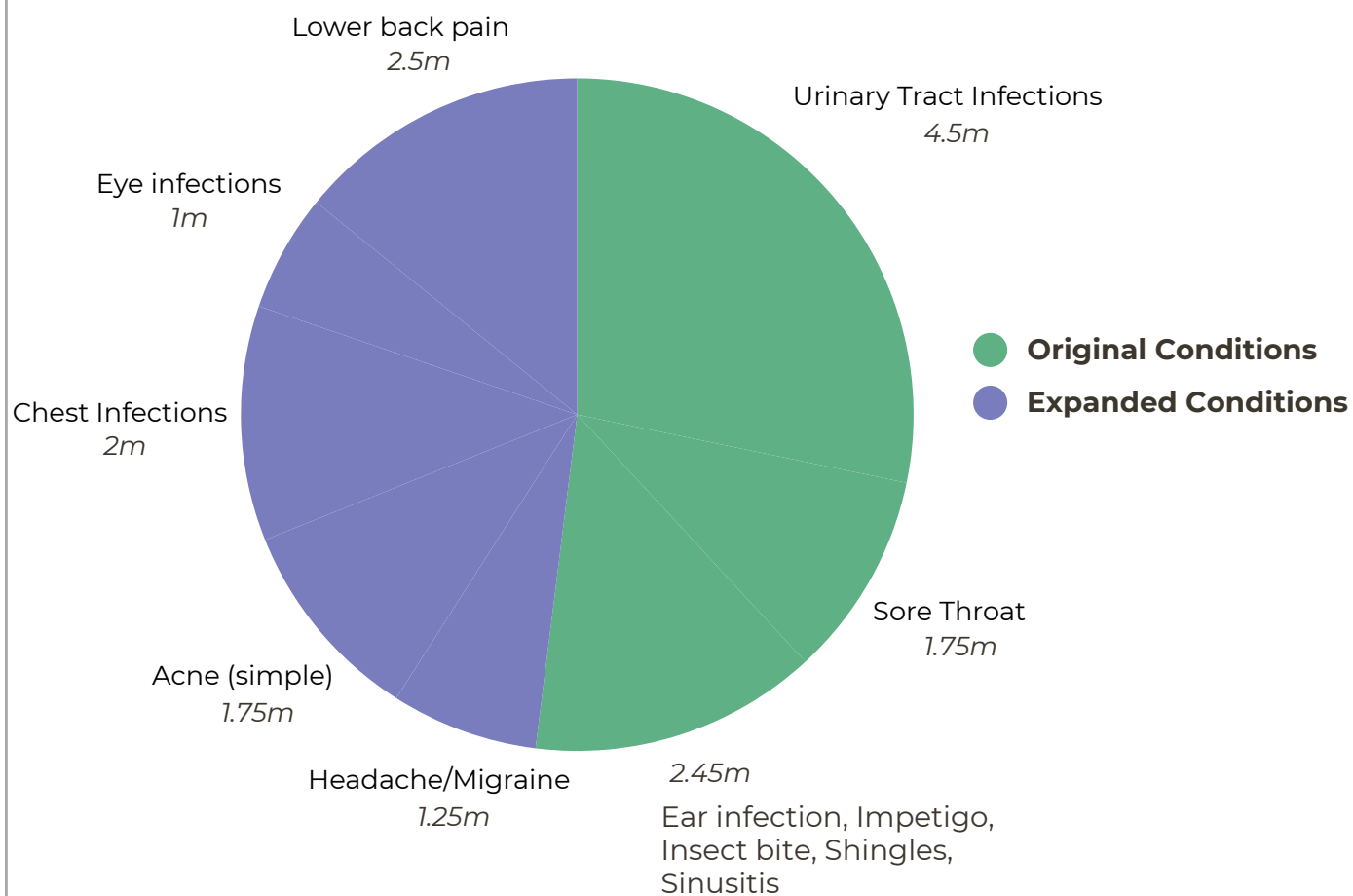
This will expand patient access, free up GP appointments, and enhance the capabilities of the pharmacy workforce. Initial conditions for expansion should include headache/migraine, acne treatment, eye infections, lower respiratory chest infections and simple back pain.

Modelling suggests Pharmacy First can create capacity for **at least 17.7m routine primary care consultations every year**. This assumes half of GP consultations for the existing and expanded conditions would transfer across, an increase of 15.3 million from current clinical pathway consultations.

This would free up general practice to administer more complex primary care.



**Growth in current conditions and further expansion will increase the number of consultations by 400%**



## Building for the future



*“Community pharmacy should become the destination for same-day, routine urgent care.”*

Community pharmacy should become **the destination for same-day, routine urgent care** through a single patient pathway. The ambition is to evolve the current offer past the existing narrow list of clinical pathway conditions.


Over time, and building on experience, pharmacists will transition from Patient Group Direction-led care (a legal mechanism to supply certain prescription medicines without a prescription) to a more comprehensive prescribing service. This will provide patients with advice and OTC or prescription medication through independent prescribing qualifications.

As with the divide between A&E and general practice, there will be an understanding of the competencies and abilities of different settings. Patients and colleagues in the wider healthcare system will understand which conditions can be treated by community pharmacies, with more complicated cases overseen by general practice.



# LONG TERM CONDITIONS

Community pharmacies can currently screen and refer for diagnose people with high blood pressure (hypertension). Pharmacists should also be empowered to **initiate the supply of medicines for treating hypertension**. This will remove the delay between identification and treatment and ease pressures on general practice. Hypertension is not the limit of the role community pharmacy can play in long term conditions. Creating the infrastructure and skills for hypertension treatment, allows other care to be added. Eventually pharmacies can move to screen and initiate treatment for most routine long-term conditions.



*“Community pharmacy should begin treating the routine conditions they identify.”*

Community pharmacy should begin treating the uncomplicated conditions they identify, while complex cases, resistant to first-line treatment, can be referred on to general practice.

Approximately 2.8 million blood pressure checks were completed in 2024/2025, leading to 210,000 ambulatory blood pressure monitoring (ABPM) confirmatory investigations.

There are approximately 600,000 new cases of hypertension every year. (6) Half of these could be managed in community pharmacy, **initiating treatment for 300,000 patients annually**.

It is estimated that approximately 80% of ABPM investigations lead to a hypertension diagnosis. This means that treatment initiation, follow-up consultations and subsequent yearly reviews would provide at least **4.5 million primary care consultations** every year.





# PREVENTION

Successive governments have identified the prevention of ill health as key to reform of the NHS. Community pharmacy is well placed to support efforts to achieve this.

Community pharmacies already play a role in the promotion of healthy lifestyles and self-care. They routinely support people to adopt healthier behaviours, including simple advice and the delivery of locally commissioned smoking cessation services.

Patients overwhelmingly report community pharmacy is both convenient and trusted (7) (particularly important for vaccination uptake) and are accessible in underserved areas.

Community pharmacy's expanded role in prevention should focus on:


1. **Vaccination**
2. **Smoking cessation**
3. **Weight loss**



***"Patients overwhelmingly report community pharmacy is both convenient and trusted."***

## Vaccination:

Community pharmacy already plays a vital role in vaccination. Pharmacies administered 4.0 million influenza vaccines in 2024/25, and 6.4 million covid vaccines in 2024. Community pharmacy's role has been broadened in recent times, for example the RSV vaccine and childhood flu vaccinations. Pharmacy offers untapped capacity, convenience and location in deprived communities, which will all improve uptake.



***"...all NHS vaccination programmes should be commissioned from community pharmacy"***

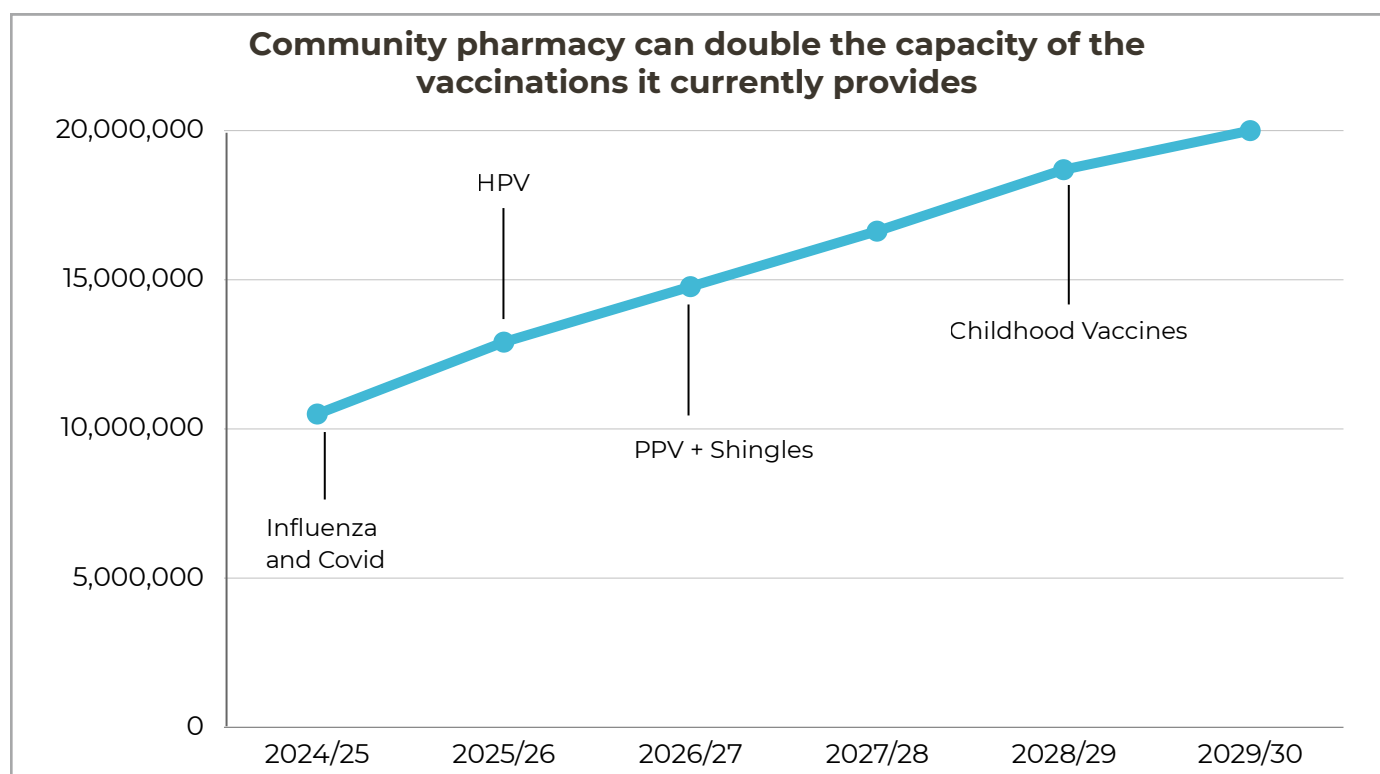
With current trends, **half of all influenza and covid vaccinations** in England will be provided in community pharmacy. The sector also offers capacity for HPV vaccines - both in-year and catch-up vaccinations. In time, **all NHS vaccination programmes should be commissioned from community pharmacy.** Community pharmacy offers additional capacity for older adults, namely shingles and pneumococcal vaccination.

Pharmacies should proactively offer these vaccinations alongside those for influenza and covid. With more experience, pharmacies could also support the childhood immunisation schedule.

Altogether this is a doubling of current provision in community pharmacy up to 20 million vaccinations annually.







### Smoking cessation services:

Many pharmacy teams are already trained to help people to quit smoking.

Over 5 million people smoke in England, and we know that **10% of smokers intend to quit** within the next month. (8) These 520,000 patients need easy access to smoking cessation services. Yet by Q3 2024/2025, only 162,665 consultations were completed by stop smoking services across England. (9) The national community pharmacy service received only 11,000 referrals from Hospitals in the whole of 2024.

Commissioned capacity (or delivery) is clearly falling behind demand.

Supporting smokers to quit would have a dramatic impact on population health. Smoking is the largest cause of preventable death in England, accounting for approximately 75,000 deaths a year. (10) The benefit of smoking cessation from cost savings is significant, as is the impact on patient health.

**A walk-in pharmacy service would help around a quarter of a million people quit smoking every year.** With each patient receiving 5 consultations, this represents 1.3 million consultations each year.

## Weight loss services

Every pharmacy has experience offering lifestyle advice and promoting health. New weight loss medicines offer powerful, effective options. Pharmacies can provide holistic care – supporting lifestyle changes alongside the administration of medication.

NICE estimate 3.4 million patients in England will be eligible for treatment in the future. (11) Private healthcare activity suggests demand may be even higher. Primary care **does not have the capacity to meet that demand at present.**



*“Future commissioning will likely be based on a cost-benefit analysis, like flu eligibility”*

Future commissioning is likely to be based on a cost-benefit analysis, similar in principle to influenza vaccine eligibility. Alongside private pathways, community pharmacy should be commissioned to offer NHS consultations. Assuming half of patients will access this treatment, the NHS will need to commission care for 1.7 million patients.

Weight loss services will likely require 3 initiation/medicine review and adjustment consultations, and 3-6 follow-ups. Commissioning this within community pharmacy would create **12.75 million** consultations of primary care capacity annually.



# MEDICINE SUPPLY, ADVICE, AND OPTIMISATION

The NHS spends around £9bn a year on medicines in primary care. The competitive procurement of medicines by pharmacies, on behalf of the NHS, ensures that UK taxpayers benefit from having some of the most competitive drug prices in the world.

However, there are challenges with the current system. Current low prices mean that the UK is a less attractive market for global suppliers. Additional funding is needed to help ease medicines shortages. Despite this, the sector (and its retained margin system) continues to provide **significant value and savings for the UK taxpayer.**



*“Dispensing must remain at the heart of the role community pharmacy plays within the health system.”*

Dispensing must remain at the heart of the role community pharmacy plays within the health system, and the government will need to ensure that providing NHS pharmaceutical services is made economically viable in future contracts.



Recent changes to the initial education and training of pharmacists, and the continued professional development of the existing workforce will mean a significant cohort of pharmacists will soon be independent prescribers. This represents a **fundamental transformation in the capabilities of the community pharmacy workforce.** It will be a powerful tool both to complement the services outlined in this prospectus, but also to enable vital medicine optimisation services.

Pharmacists should be empowered by the NHS to help patients through independent prescribing. This includes the ability to substitute medicines during shortages, make changes to support adherence, or change medicines to align with prescribing guidelines. Through this, pharmacists can **‘fix the problems in front of them’**. This capability should also be used to provide deprescribing services, a powerful tool to improve patients’ health and reduce unnecessary costs for the taxpayer.



*“Pharmacists should be empowered by the NHS to help patients through independent prescribing.”*

# ENABLERS FOR CHANGE

This prospectus for community pharmacy is ambitious in the current climate. Yet it builds on existing services and workforce competencies and is entirely achievable over the next 5-10 years. Transformation of this kind will require enablers for change.

## Commissioning and Funding

The clinical care detailed here requires action from government. There is a need for commissioned activity, recognising that this is new and additional work and therefore must be funded appropriately.

Fair funding is the critical foundation that future care is built upon. **Community pharmacy needs historic funding deficits to be addressed.** But more than this, to develop the capacity primary care needs, **businesses need confidence to invest.** This means access to capital in order to transform a workforce to prescribe and invest in clinical infrastructure.

None of the opportunities detailed in this prospectus can be delivered without sufficient funding, for both current activity and any new care. Core to this is the need to make dispensing NHS-prescribed medicines financially viable. With a confident vision for the future, and a clear path for businesses to succeed, pharmacies will be able to meet the demands of the NHS.

## Premises

To expand their capacity to deliver clinical care, pharmacy premises will need to evolve. This likely means bigger locations with more consultation rooms. Match funding or access to capital grants to support business investment will encourage the necessary changes in the sector.

Unfortunately, current regulations, particularly Pharmaceutical Needs Assessments (PNAs), can disincentivise investment. PNAs, written by the Health & Wellbeing Boards within each of England's 152 Local Authorities, assess local pharmaceutical needs. Their three-year cycle, susceptible to the influence of local politics, provide little confidence and certainty for businesses' investment. Pharmaceutical need should be **determined by NHS commissioners** and provide opportunity for businesses to react to market changes. Access (i.e. the number of front doors) is not the only consideration for meeting patient need.

**Businesses should be encouraged and rewarded for investing in premises.** They should be supported in relocations to create clinical capacity. Consolidation does not always reduce patient care or access, and PNAs should recognise this.

## IT Infrastructure

Integration with the wider NHS remains a key enabler for clinical care.

**In recent years significant advancements have already been made.** 'GP Connect' allows pharmacists to update GP records and view patients' history. Work has begun on an NHS **single patient record** and community pharmacy must have access to this new system.

Development of the NHS app ensures patients can be directed to pharmacy for their care needs. **The App must be allowed to integrate with propriety systems.** Without this, duplication of data entry causes additional workload and risks missed/doubled patient appointments.

Finally, community pharmacy must be able to refer directly across the healthcare system. When red-flag symptoms are identified pharmacists need to know they will be investigated.



## Phlebotomy

Many comprehensive care pathways cannot be provided without blood tests. Therefore, increasingly complex clinical pharmacy based services will **require access to additional investigatory services, particularly phlebotomy**.

There are two approaches that can be taken to achieve routine pharmacy access to phlebotomy. Community pharmacy can integrate into existing systems, referring patients to current phlebotomy pathways. This more straightforward route requires integrated digital pathways and a review of local contracting.

However, current phlebotomy capacity is already strained. As an alternative, some pharmacies could be commissioned to provide phlebotomy services, which could be made available to any NHS provider. There are already examples of pharmacies offering this, providing a blueprint for others. Pharmacy based phlebotomy will require sufficient throughput to allow for efficiency and skillset maintenance. In the future, individual pharmacies may provide this for their neighbourhood system, expanding overall NHS phlebotomy capacity.

## National Governance Framework

As community pharmacy increasingly moves to greater clinical care, there is a need to better articulate how its strong, existing governance meets the needs of NHS commissioners.

Independent prescribing will require new processes for scrutiny and transparency. It requires commissioners and professionals to understand and trust governance in community pharmacy.

Many of the **requirements of good governance are part of everyday practice**. Recognising costs and requirements in the contractual framework will help the NHS better understand what pharmacies do. It will also create a standard across the network, providing confidence for commissioners and patients alike.

## Supervision

Government legislation has set out a new legal framework for the supervision of dispensing and supply. To take advantage of this, new regulation is needed urgently to allow pharmacies to operate in a quite different way.

However, whilst legislative and regulatory change can alter how pharmacists and pharmacy businesses act, they will not alter what pharmacies can offer.

To see the change in the community pharmacy offer that government desires, the NHS must **commission new, funded, clinical care**. Community pharmacies cannot transition to offering new models of care if nothing new is commissioned.

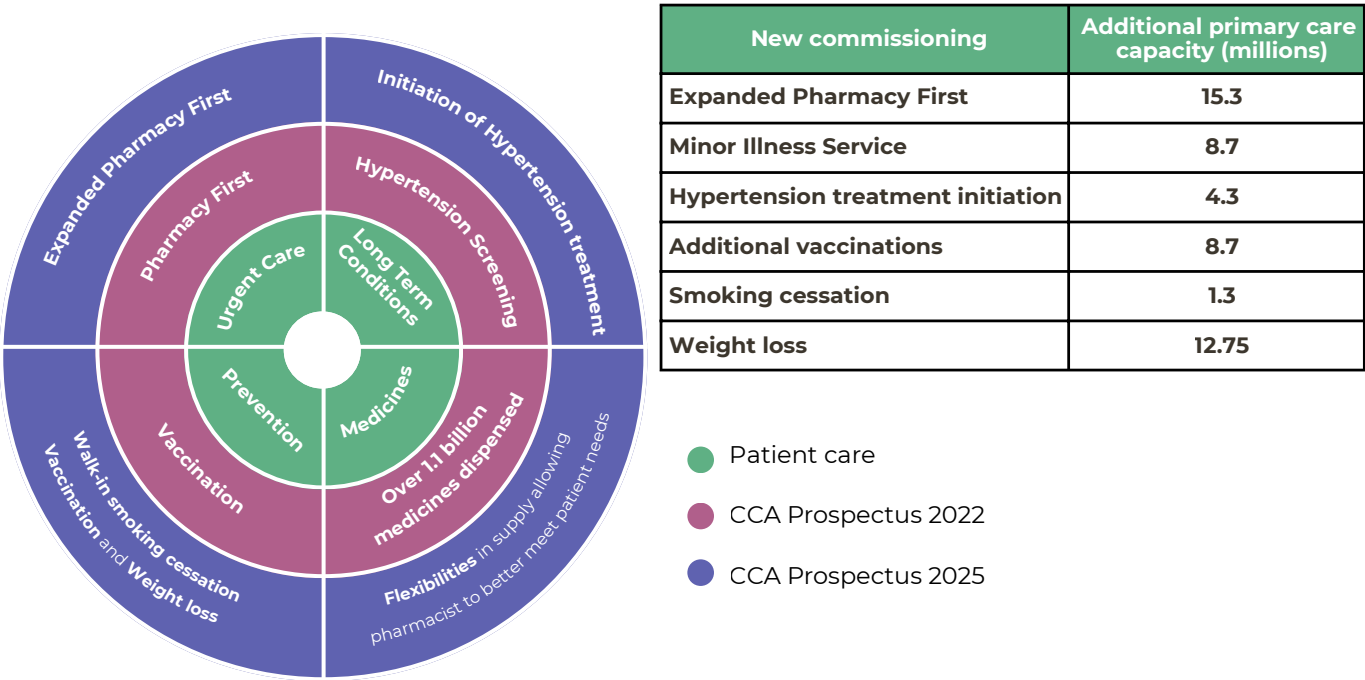


# SUMMARY

The government's 10-year plan for the NHS has the potential to reimagine healthcare and bring greater access and provision to local communities where it is most easily accessible.

**To achieve the additional primary care capacity needed, community pharmacy must be an integral part of this change.** Over the last five years, the sector has reformed rapidly to increase the volume of clinical care it provides. This evolution of pharmacy practice can continue, and the pace can be increased.

By becoming the site of routine community healthcare, pharmacies could increase patient access to urgent care, vaccinations, and initiation of treatment for some long-term conditions. In doing so, general practice can be freed to focus on more complex primary care needs.



**Taken together, the recommendations in this prospectus offer 51 million additional routine primary care consultations.**

This is a significant capacity gain for what is currently a stretched and strained system.

Community pharmacy has demonstrated that when investment is provided, it can deliver on the challenges set before it. It has done so over the last five years and can do so again.

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# WHO WE ARE

## COMPANY CHEMISTS' ASSOCIATION

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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**COMPANY CHEMISTS'  
ASSOCIATION**