

The future of community pharmacy in England: policy, stakeholder and public perspectives

A POLICY BRIEF



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Summary

Community pharmacies in England make a substantial contribution to the NHS and greater use of the sector could help to address current NHS challenges. However, a 25% real terms cut in funding since 2015 has led to significant numbers of pharmacy closures. A tipping point has been reached for community pharmacy in England, with an urgent need for a national vision and strategy to enable the sector to reach its potential. This project analysed community pharmacy policies and spoke to stakeholders to explore their opinions of the future of community pharmacy.

Patients value their community pharmacies, but staff feel demotivated, insecure and undervalued. Stakeholders and policies suggest that in the future, medicines should be supplied by automated 'hub and spoke' dispensing, enabling community pharmacy staff to provide services that relieve pressure on GP surgeries, such as long-term conditions management, urgent care and public health. This will require new training, access to health records and national commissioning with sufficient funding based on the quality of services.

To achieve this, professional leadership must be stronger, more unified and proactive. Professional policies should be more transparent with greater stakeholder involvement.

There is also a need for some community pharmacies to provide more space and greater privacy.



There are over 11,000 community pharmacies (or 'chemists') in England, found on high streets and in supermarkets, shopping centres and health centres. They are retail outlets that also have qualified pharmacists supplying medication and providing medicines-related and public health services without appointments.

Community pharmacies in England

- Many have extended opening hours, including at times when GPs are not available¹.
- 1.6 million visits every day².
- The average person visits 14 times per year, with 11 of these visits being health-related¹.
- 89% of people live within 20 minutes' walk of a community pharmacy³.
- 99.8% of people who live in highly deprived areas live within 20 minutes' walk of a community pharmacy. These people may not be able to access a GP³.
- Community pharmacies can safely and effectively manage long-term conditions⁴, minor ailments⁵ and promote public health⁶.
- Greater use of community pharmacy can help address current NHS challenges⁷.

This project

This research programme explored opinions on the future of community pharmacy in England. We analysed 25 community pharmacy policies published by the Department of Health, the NHS and the pharmacy profession between 2008 and 2017, considering the policymaking process and policy content. In 2018-19, we also spoke to 36 community pharmacy stakeholders from a wide range of backgrounds, including:



Why now?

Despite the substantial contribution that community pharmacies make to the NHS throughout England, particularly during the Covid-19 pandemic, the sector is experiencing sustained underfunding. There has been a 25% real terms cut in funding since 2015, leading to a 5% reduction in community pharmacies in England since 2018⁸. Over 500 further pharmacies were threatened with closure in the first half of 2023^{9,10} and several thousand more are likely to close in the next few years⁸. This would be a threat to the safe supply of medicines and increase health inequalities.

The current situation

- There is widespread recognition of the need to make more effective use of community pharmacy.
- Patients value their community pharmacies and their staff, but are concerned about their workload and working environment, as well as the risk of permanent pharmacy closures.
- This was reflected by community pharmacists, who feel demotivated, insecure and undervalued.
- Current relationships between community pharmacies and general practices can be competitive rather than collaborative.

What is the future for community pharmacy?

We found many areas of consensus between the policies and stakeholders regarding the future:

- A 'hub and spoke' model should be used to supply medicines, while ensuring that patients continue to have the opportunity for face-to-face contact with a pharmacist when they collect their medicines.
- Pharmacists should use the time released by automated dispensing to provide more nationally commissioned services directly to patients.
- These should focus on relieving pressure on GP surgeries, such as long-term condition management, urgent care advice and public health (including vaccination).

What will support these changes?

- Additional training for community pharmacy staff, especially independent prescribing qualification for pharmacists.
- Greater use of the skills of pharmacy technicians.
- Systems to enable closer working with general practice, in particular the ability for community pharmacists to read and add information to patients' health records.
- New services should be piloted and then commissioned nationally to ensure consistent and equitable provision. This will lead to patient familiarity, thus encouraging uptake.
- Increased remuneration based on service quality.
- Professional leadership and representation for community pharmacy that is stronger, more unified, and more proactive than at present.

Areas for development

We found many topics where there was not consensus between policies and stakeholders, suggesting that further work is required:

- Policymaking by professional bodies was less transparent, with less stakeholder involvement than Department of Health and NHS policies. This may reduce credibility and explain why professional policies did not strongly influence state policies.
- Department of Health and NHS policies frequently identified cancer, mental health, health inequalities, quality of care, and generation and use of research evidence as key priorities, but these were not often discussed in policies from professional bodies.
- Many community pharmacies need to provide more space and greater privacy.

Recommendations for the Department of Health and Social Care and NHS England

- Increase community pharmacy funding to avoid damaging closures and diminution of quality.
- Reform the NHS community pharmacy contract to reward quality, not dispensing volume.
- Pilot and then nationally commission successful new community pharmacy services for long-term conditions, urgent care and public health (including vaccination).
- Facilitate 'hub and spoke dispensing', while ensuring that all patients can quickly access urgent medicines and have face-to-face contact with a pharmacist whenever they need it.
- Ensure funding and provision of training for all community pharmacy staff to provide new services, especially independent prescribing. Include support to release staff to study during pharmacy opening hours.
- Provide community pharmacists with read and write access to patient health records, with appropriate safeguards aligned to patient preferences.
- Align NHS contracts for GPs and community pharmacies to encourage collaboration, not competition.

Recommendations for the pharmacy profession and employers

- Take urgent action to better support the community pharmacy workforce to feel motivated, secure and valued.
- Ensure that professional leadership and representation for community pharmacy is stronger, and more proactive than at present. Give a united message to multiple audiences such as the public, NHS and Government.
- Develop policies with greater transparency and stakeholder involvement, to ensure they focus on patient and NHS need.
- Ensure community pharmacy policies and culture prioritise the quality of care.
- Generate more evidence for the safety and effectiveness of community pharmacy services.
- Develop more community pharmacy services for mental health, cancer and health inequalities.
- Ensure funding and provision of training for all community pharmacy staff to provide new services, especially independent prescribing. Include support to release staff to study during pharmacy opening hours.
- Ensure all community pharmacies have sufficient high-quality, private space for patient services.

Published reports

The findings of the policy review have recently been peer reviewed and published in *Exploratory Research in Clinical and Social Pharmacy*¹¹. The full report of the project is also available online¹². Further reports of focus groups and interviews with public and professional stakeholders are currently undergoing peer review and are expected to be published later in 2023 under the following titles:

- “Professional stakeholders’ expectations for the future of community pharmacy practice in England: a qualitative study.”
- “Public stakeholders’ expectations for the future of community pharmacy practice in England: a qualitative study.”

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^aThe views expressed in this policy brief are purely those of the authors. They do not necessarily reflect the views or official positions of the European Commission and the ERC Executive Agency.

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