



## A FUTURE FOR COMMUNITY PHARMACY IN ENGLAND

# CCA PROSPECTUS

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*"The future of community pharmacy has the potential to be incredibly bright. With the right policy support and investment to match, this future can be unlocked, benefitting millions of lives."*

— Malcolm Harrison, CEO of the CCA.

# Foreword



For over seven decades the NHS has been providing comprehensive and universal care for the people of England, free at the point of delivery. Throughout this time the community pharmacy sector has partnered with the NHS, to ensure that patients are able to easily and safely access their medicines prescribed by NHS clinicians.

As the healthcare needs of the country have changed over time, so too has the role that community pharmacies play within the nation's healthcare system.

Today pharmacies offer so much more than just the safe and effective medicines supply, although at almost £9bn of medicines a year, this still forms a significant part of what we do!

Today's pharmacy contains a team of professionals who between them deliver many nationally and locally commissioned services, all aimed at either preventing ill health, identifying those who need care or providing direct care for those with a diagnosis.

Whilst the evolution of the sector in recent years has been considerable, we know that pharmacies can do even more to support the NHS and patients in the years ahead.

This prospectus provides an overview of what we, the nation's largest providers of NHS pharmaceutical care and services, see as being the biggest opportunities.

We have examined what we currently deliver and how this can evolve. We have looked at areas of care and system support that we currently do not engage in and asked ourselves, 'why not?'

Finally, we have given thought to what is holding us back, so we can recommend changes to professional practice, to commissioning, and to the regulations that govern how we practice, so that patients and the NHS can get the most from the network of over 11,200 pharmacies and the army of over 28,000 community pharmacists, in England.

Amongst other benefits, this prospectus demonstrates how pharmacies can **release over 42 million appointments from general practice each year**. We also show how pharmacies can **reduce hospital readmissions by 65,000 a year and release 2 million bed days**.

We hope this document, and the ideas and proposals that it contains, will provide the beginning of meaningful conversations and wider engagement with DHSC, NHSE and other key policymakers, so that together we can develop a future for primary care and community pharmacy, that enables us to deliver more care for patients, in a way that supports the rest of the system to address many of the challenges that it currently faces.

**MALCOLM HARRISON**

**CHIEF EXECUTIVE OF THE COMPANY CHEMISTS' ASSOCIATION**

# A prospectus for community pharmacy

Community pharmacy can directly contribute to delivering NHS key priorities, improving access, reducing the backlog, relieving pressure from general practice, and tackling health inequalities.

This document sets out a plan with four key themes to enhance patient access to healthcare and drive better patient outcomes overall. Enacting the plan in this document can:

## 1. Urgent Care

Launch ambitious **Pharmacy First service**.

Shift at least **30.5 million** urgent and same-day appointments a year from **GP practices**.

## 3. Cardiovascular disease

Screen over 5 million people each year for undiagnosed hypertension.

Move the care for over **200,000** patients newly diagnosed with hypertension away from GP practices each year.

## 2. Prevention

Transfer over **10 million** vaccinations a year from **GP practices**.

Transfer over **2 million** contraception appointments from **GP practices** each year.

## 4. Improving health outcomes

Reduce **hospital readmissions** by at least **65,000** and release **2 million bed days** every year through supporting changes in medicines.



Combined, community pharmacy can release over **42 million appointments** in **GP practices** every year - which will in turn drastically increase access. Through this we can reduce the Covid backlog by allowing GPs and other clinicians to prioritise their time more effectively elsewhere.

# Urgent care

*Over 30.5 million appointments can be shifted away from general practice every year by trusting patients to know when they need care.*

The community pharmacy network offers easy access to healthcare professionals, from over 11,000 locations in England. This access is greater in more deprived areas, where need is highest.

Overall, 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk, which rises to an estimated 99.8% of people from the most deprived areas. (1)

It is estimated that 6% of all GP consultations could be safely transferred to community pharmacy today. (2) Community pharmacy has already started this journey through the Community Pharmacist Consultation Service. (3) Unfortunately, this pathway is restricted by unnecessary bureaucracy.

Currently patients must be referred into their local pharmacy from general practice or NHS111 rather than being able to access care how they choose.

The service is also limited to advice and the purchase of medicines, but we know there are many patients that need more care. Pharmacists can provide this, but are not currently commissioned to do so.

Scotland and Wales have already embraced the potential of providing urgent care in community pharmacy.

It is time for patients in England to gain these benefits through an ambitious **Pharmacy First service**. The pandemic began the journey of changing the public's mindset, making pharmacy a preferred choice for NHS urgent care.

*"...it is estimated that 6% of all GP consultations could be safely transferred to community pharmacy"*

This developing role of community pharmacy needs to be recognised and harnessed. Over **30.5 million** appointments can be shifted away from general practice **every year** by trusting patients to know when they need care. A walk-in urgent care service, incorporating the supply of prescription only medicine (and Independent Prescribing) will, in effect **create over 11,000 'minor urgent care centres'** with an ever-growing scope of care.

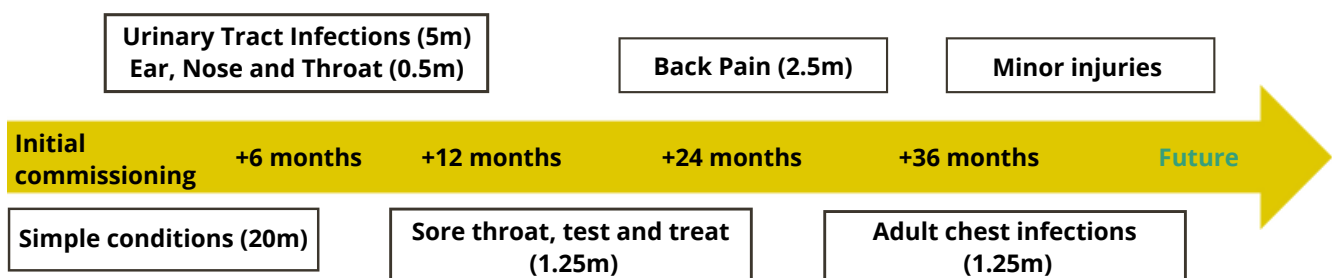


Figure 1 Indicative timeline for commissioning and service development

# Case finding and prevention

Preventing people getting ill is always more effective than treating illnesses. Available in local communities, high streets, shopping centres, GP surgeries, airports and train stations, community pharmacy's accessibility is key to supporting this.

## VACCINATION

Community pharmacy already provides 5 million influenza vaccines each year and has delivered 24 million COVID-19 vaccines so far. (4) (5) It has also demonstrated its ability to support deprived communities and patient groups with low vaccine uptake.

Commissioning all recommended vaccinations from community pharmacy will shift work from other parts of the NHS (e.g., GP practices). This will also increase the routes to vaccination, maximising uptake.

Community pharmacy can provide a further 10 million routine vaccines each year (6). These could include pneumonia, shingles, meningitis, and school-age vaccinations.

*"...community pharmacy can provide a further 10 million routine vaccines each year"*

## SEXUAL HEALTH

Contraception services are critical to prevention and the recent Women's Health Strategy highlighted community pharmacy's role. (7) This role is however, limited and plagued by the variation and bureaucracy of local commissioning.



A national Emergency Hormonal Contraception (EHC) service specification would move at least of **70,000** GP EHC appointments per year to community pharmacy. (8) Community pharmacy can provide over **750,000** EHC appointments each year.

NHSE pilots are currently exploring community pharmacy's role in contraception. This needs to be accelerated and expanded.

**Commissioning community pharmacy to provide routine contraception can shift 2 million appointments from general practice each year. (9)**

Community pharmacy can become the primary route to access non-invasive contraception (including pills, injections, and implants).

*"...commissioning community pharmacy to provide routine contraception can shift 2 million appointments from general practice each year."*

# Case finding and prevention

## CASE FINDING

Community pharmacy offers over 11,000 locations across the country, on high streets, in towns, villages and communities. This is an ideal place to raise awareness of health risks and to screen the population, for long term conditions such as hypertension, atrial fibrillation, cancer, and COPD.

For instance, the existing hypertension case-finding service commissioned from pharmacies could be scaled up to screen over **5 million** at-risk people every year. (10)

Pharmacy access is greater in deprived areas and where the other parts of the NHS may traditionally struggle to reach. (11) Harnessing community pharmacy's unique position to further improve population health can drive down health inequalities for hard-to-reach groups and communities.

*"...the existing hypertension-case finding service commissioned from pharmacies could be scaled up to screen over 5 million at-risk people every year."*

Pharmacies and the NHS have already invested in creating Healthy Living Pharmacies across the country. The health champions and pharmacy teams are experienced in delivering health interventions, from alcohol awareness to weight management. It is important to truly use this resource to benefit local communities.

Many pharmacy teams are trained (or being trained) to help people to quit smoking. If commissioned nationally, people could access this from any pharmacy without an appointment. Similarly, pharmacy offers a natural referral point to the NHS weight management programme.

Looking ahead, wearable technology offers multiple benefits for both patients and the health system. Pharmacies are ideally placed to support patients and the NHS in realising the benefits they offer, through patient education and interpretation of data.



# Cardiovascular disease

## *Pharmacy can offer end-to-end care for patients with cardiovascular disease.*

Cardiovascular disease is responsible for one in four premature deaths in the UK and is one of the single biggest areas where the NHS can save lives. (11)

An estimated 5.5 million people live with undiagnosed hypertension in England. (11) Early detection can help people live longer, healthier, and happier lives.

The 10% of the population living in the most deprived areas are more than twice as likely to die from CVD than those living in the 10% of least deprived areas. (11)

The higher prevalence of community pharmacies in deprived areas make them a perfect mechanism to support these patients and tackle health inequalities.

We believe that pharmacy can offer end-to-end care for patients with cardiovascular disease.

Building on the existing hypertension case-finding service in community pharmacy, the sector can become the default first point of contact for cardiovascular health in primary care. **Up to 5 million at-risk people can be screened each year.**

From these people, community pharmacy can diagnose at least **200,000** with hypertension initiating treatment or providing professional advice on the lifestyle changes needed. (12)

With the building blocks (as described in part two of this prospectus), community pharmacy can then monitor and manage the long-term care of these individuals, rather than referring them to general practice.

As community pharmacists routinely become Independent Prescribers, they will be able to oversee and support ever more complex CVD patients. Titrating doses and amending medications, in response to changes in health and need, will become commonplace.

Managing these patients in community pharmacy entirely removes the associated workload from general practice.

Eventually, GPs and PCNs will be able refer their existing stable patients to community pharmacy for ongoing maintenance. This will shift even more patients from GPs, allowing them to focus on more complex patients.



*Figure 2 Pharmacy can offer end-to-end care for patients with cardiovascular disease*

# Improving health outcomes through medicines

## INTERVENING WHEN MEDICINES CHANGE

Changes to medicines, particularly at discharge, risk error and hospital readmission. Community pharmacy must be further empowered to intervene and support patients – to reduce hospital readmissions.

Efforts are already underway to support patients discharged from hospital (Discharge Medicine Service, or DMS) or those prescribed new medicines (New Medicine Service, or NMS).

The NMS is an established service within community pharmacy, but for the 11 years that it has run it has remained very restricted in terms of scope and application. Expanding NMS to cover all new medicines (where the patient and pharmacist agree) will provide significant benefits for patients and reduce medicines waste.

Scaling DMS to over 1.5 million patients per year, and commissioning it for any change in care setting, will prevent 65,000 readmissions and release at least 2 million bed days annually. (13)

There is also a need to support patients to stop taking medicines that are no longer appropriate for them. This has been highlighted by several recent government reports. (14) (15) (16) “Deprescribing” is a key objective of many NHS medicines’ reviews, but this can be a difficult message for patients.

Referring patients to community pharmacy for ongoing support following deprescribing means patients are more likely to stop taking medications where appropriate.

## REDESIGNING ACCESS TO MEDICINES

The current way in which patients access their routine medicine is a laborious and inefficient process for prescribers, pharmacies, and the patients themselves. There is a need to re-think this.

A patient initiated repeat prescribing system should be developed. This will allow patients and pharmacy teams to make requests for appropriate repeat medication each year. Pharmacy teams can monitor patients, providing testing as needed. By redesigning the packages of care people receive, routine monitoring and support for medicines can be built around individuals’ needs. This might include inhaler technique checks or additional support for medicines administration.

*“...save as many as 65 million prescription orders a year and 2.7 million hours of GP and practice time per year”*

In agreement with patients, the frequency of medication collections can be decided. Pharmacists can also provide or refer patients for annual reviews with other healthcare colleagues when needed. This way, prescribers will see the number of repeat medication requests reduce to a single annual request, but remain confident patient care is upheld.

There are as many as 330 million repeat prescriptions suitable for repeat dispensing. This change will save as many as 65 million prescription orders a year and **2.7 million hours of GP and practice time per year.** (17) (18)



# Building blocks for a new way of working

Community pharmacy can deliver the expanded care portfolio offered in this document. To do so, it will need support from the Government and the NHS. Community pharmacy offers a network of registered locations with access in key areas vital to tackling health inequalities. Working collectively, we can make community pharmacy professionally rewarding, a career of choice, and a key part of the government's plan to support the NHS.

The existing community pharmacy contractual framework provides a foundation for the significant contribution to NHS priorities described here. Referral pathways are already in place, education is underway or complete, and businesses and the NHS alike have invested time and resource into transforming the sector. Building on this work by investing in the sector will allow the evolution needed.

The bureaucracy underpinning NHS commissioning needs to be reduced and a new way for developing new pharmacy services must be found. This includes a continuing reliance on small scale pilots.

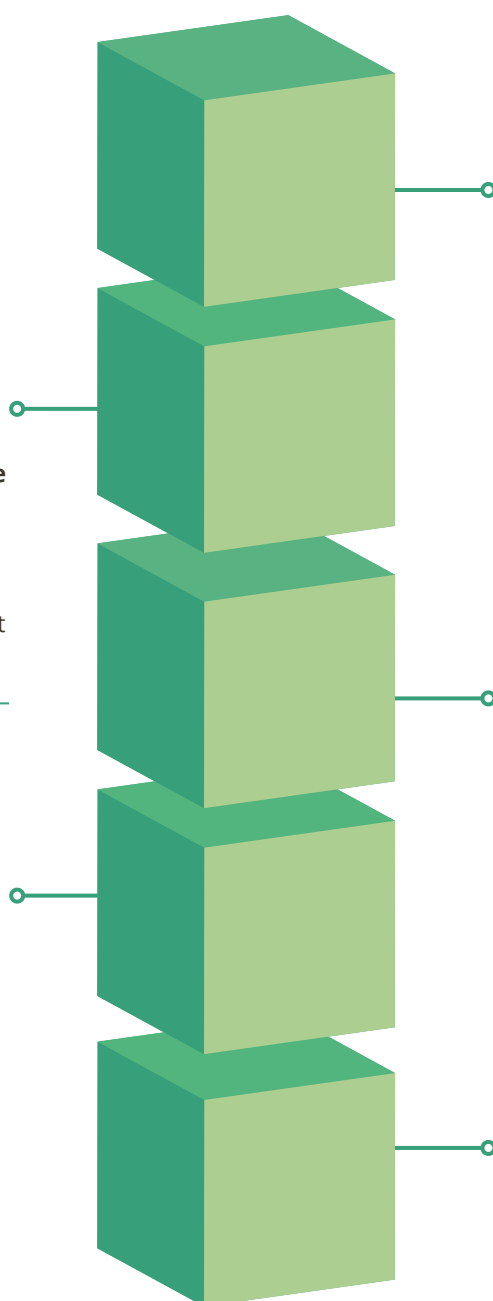
**We need an agile commissioning process to allow new opportunities to be brought online without unnecessary delay.**

The new National Enhanced Service used for COVID-19 vaccinations is an example of standardising care, whilst recognising local needs.

Pharmacy teams need **structured access to relevant information from patient records**, in line with the PRSB core patient record standard.

This may include point of care testing, access to referrals for blood tests and/or commissioning pharmacy phlebotomy services.

Interventions completed in the community pharmacy should then be seamlessly shared with the wider patient record.



Prescribing is the future for community pharmacists. From 2026, all new registrants will have a prescribing qualification.

**NHS care services must be commissioned immediately, to allow current and future Pharmacist prescribers to practice, and relieve pressure from their GP colleagues.**

This must be a key part of any wider workforce plan for community pharmacy.

The **law governing professional supervision (and other corresponding regulation) within community pharmacy needs to be modernised**, so pharmacy professionals are in the right place and able to be as patient facing as possible.

Community pharmacy should be able to **make and receive patient referrals** from any relevant part of the system.

# Contractual framework

The current business model for community pharmacy is broken. **The pharmacy network is no longer economically viable.**

It has been flat-funded since 2016 – a real terms reduction. The pandemic and lockdowns demonstrated the essential nature of safe and timely supply of medicines as well as the accessibility of healthcare offered by community pharmacy to the public.

The potential described in this prospectus requires investment and a significant reimagining of community pharmacy funding.

We believe that;

1. Each individual element of the contractual framework should be fairly remunerated and reflect the relevant workload.
2. There must be recognition of the access to healthcare provided by community pharmacies, as well as payments for direct activity undertaken. Providing access and service should be recognised separately to direct activity.
3. A modular contract underpinned by core national services, recognising the changing structure of the NHS, will allow local regions to rapidly commission care from community pharmacy.

4. The medicines reimbursement margin should be dynamic, reflecting the changing costs and volumes of medicines procured.

5. Contractual negotiations can be simplified through upfront agreement to an independent measure of the increased costs of doing business.



# Summary

The NHS has reached a critical point in its history, following the immense impact of the Covid-19 pandemic. Now, more than ever, the health service in England needs to enhance access to the care it provides and to bring down the backlog of patients needing care.

Community pharmacy has a strong track record of providing accessible healthcare from over 11,000 sites across the country.

We have shown how community pharmacy has the potential to safely deal with over 42 million appointments in GP practices every year - which will in turn drastically increase access for patients.

The pharmacy network can also prevent **65,000 hospital readmissions** and release at least **2 million** bed days every year. Furthermore, community pharmacy can **screen 5 million people** each year for cardiovascular disease. From the pool of at-risk people who are screened, pharmacies can **accurately diagnose and treat approximately 200,000 cases of hypertension** each year.

To enable the pharmacy network to deliver on this potential we are calling on the NHS in England and the Department of Health and Social Care to engage with the CCA and others from within the sector, so that we can explore what care is commissioned from pharmacy, how it is commissioned and how it is fairly funded.

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# Who we are

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