

# Community Pharmacy England's response to the organisational questionnaire for the 10-Year Health Plan for England

December 2024

## Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

Community Pharmacy England is the representative body for all community pharmacy owners in England.

We want to see ambitious plans within the 10-Year Health Plan for greater use of community pharmacy to meet the needs of patients and the public and to help the Government and the NHS achieve the three shifts set out by the Secretary of State for Health and Social Care. These should be aligned with the [Vision for Community Pharmacy](#), which was independently developed for Community Pharmacy England by the Nuffield Trust and The King's Fund in 2023.

Community pharmacies can effectively support the Government's three shifts, enhancing access to care for all patients, including those less well served by other parts of the NHS, supporting work to prevent ill health and providing improved outcomes for individuals and the NHS, but in order to achieve this, it is necessary for the NHS funding for the sector to be stabilised.

### Community pharmacy sector context

Pharmacies are a trusted pillar within the community and an important part of the wider healthcare system. They are consistently rated highly and valued by patients; in the 2024 GP Patient Survey<sup>1</sup>, 87% had a good experience using pharmacy services and pharmacies were ranked the 'most essential' local service by consumers.<sup>2</sup>

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<sup>1</sup> NHS England (2024) [GP Patient Survey 2024](#)

<sup>2</sup> ACS (2024) [Community Barometer 2024 \(singles\)](#)

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Community pharmacies support 200,000 people each month starting new prescribed medicines and 8,000 people each month following medicine adjustments after discharge from hospital, helping to reduce readmissions.<sup>3</sup> Community pharmacy's role in the safe supply of medicines also has a contributory factor to UK medicine spend being 16% lower per capita than the OECD average.<sup>4</sup>

Pharmacies provide a range of nationally commissioned NHS clinical services, including flu and COVID-19 vaccination programmes, the Pharmacy Contraception Service and the Hypertension Case-finding Service. 930,000 blood pressure checks were carried out by pharmacies in just over a year as part of the Hypertension Case-finding Service.<sup>5</sup>

The recent launch of the NHS Pharmacy First Service at the end of January 2024 expanded the clinical services available in community pharmacies building on the NHS Community Pharmacist Consultation Service. The new Pharmacy First service adds to the previous consultation service for minor illness and urgent repeat medicine/appliance supply and enables community pharmacies to complete episodes of care for seven common conditions following defined clinical pathways. This forms part of the Delivery plan for recovering access to primary care and is intended to free up GP appointments for patients who need them most.

In addition to delivering formally commissioned services, pharmacies provide an alternative point of contact for the public for informal clinical advice. The 2024 Pharmacy Advice Audit found the average pharmacy carries out around 22 informal consultations per day, equivalent to 1.3 million informal consultations taking place in community pharmacies per week.<sup>6</sup> Pharmacies are not paid for these informal advice sessions. In over half of these occasions (55%), if the patient had not been able to access their local community pharmacy, they would instead have visited their general practice. This suggests an avoidance of 37.7 million GP appointments over the course of a year by patients having access to their local community pharmacy.<sup>7</sup> This represents significant additional value for the NHS and provides peace of mind for patients.

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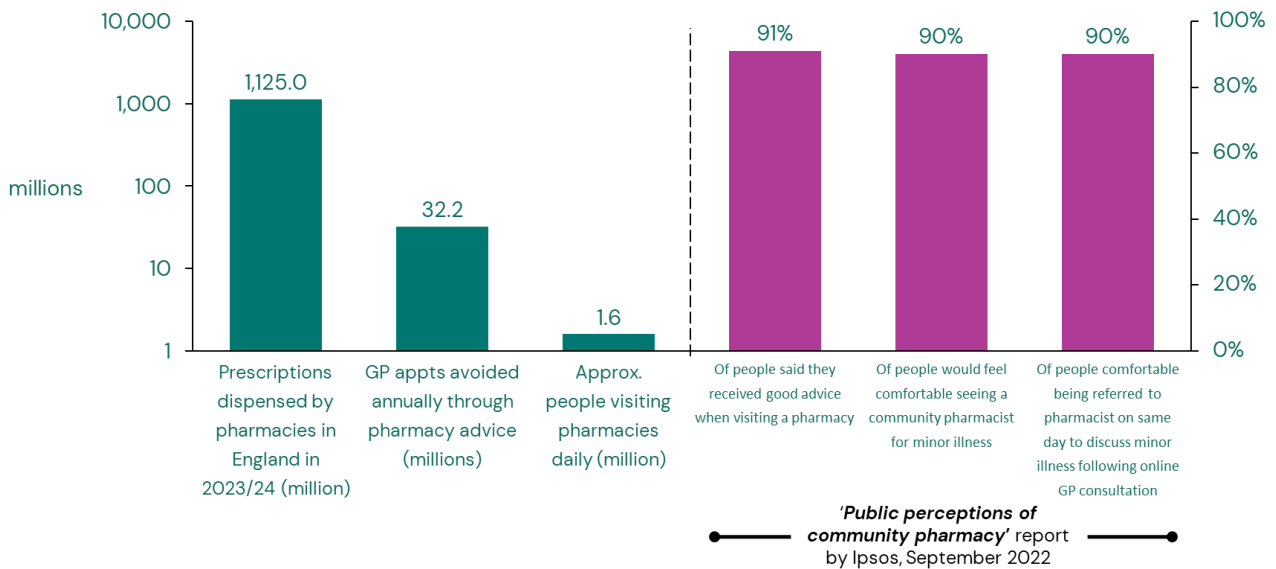
<sup>3</sup> NHS England (2023) [Delivery plan for recovering access to primary care](#)

<sup>4</sup> EY (2020) [Impacts of current funding, policy and economic environment on independent pharmacy in England](#)

<sup>5</sup> NHS England (2023) [Delivery plan for recovering access to primary care](#)

<sup>6</sup> Community Pharmacy England (2024) [Pharmacy Advice Audit](#)

<sup>7</sup> Community Pharmacy England (2024) [Pharmacy Advice Audit](#)



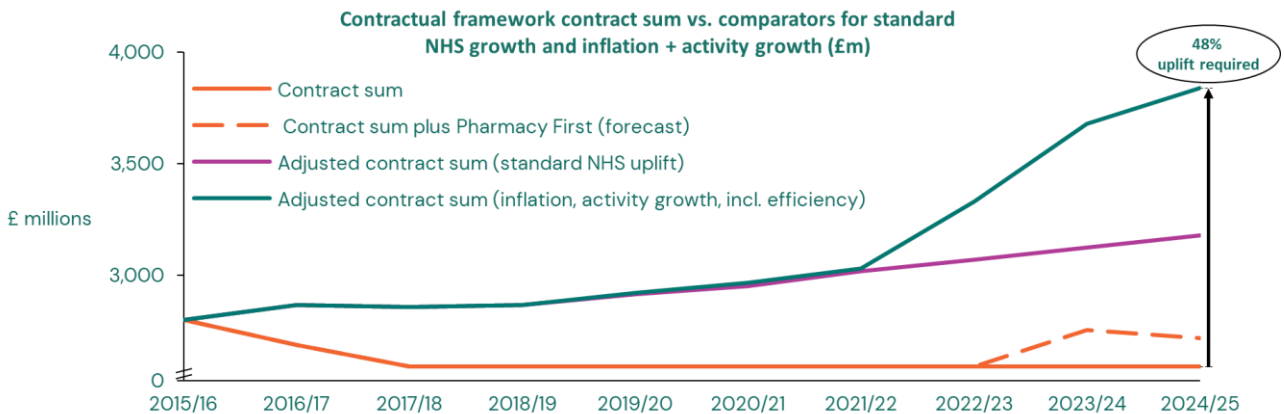
However, community pharmacies face significant funding pressures. The current funding model is unsustainable and risks undermining efforts to embed Pharmacy First, while putting core dispensing and supply services at risk.

Community pharmacy funding has fallen in real terms despite increasing demand and expansion of services. Funding has reduced from £2.8bn in 2015/16 to £2.592bn in 2023/24.<sup>8</sup> This is also reflected in community pharmacy's share of total health funding which fell from c.2.4% to 1.6% between 2015 and 2022.<sup>9</sup>

Over this period, potential efficiency gains have been exhausted, leaving most pharmacies in a perilous financial position leading to a reduction in their opening hours or service offering.

<sup>8</sup> Community Pharmacy England (2022) [Pharmacy funding](#)

<sup>9</sup> NPA (2022) [Protecting UK Public Interests in NHS Community Pharmacy](#)



CPCF contract sum compared to (1) standard NHS growth and (2) inflation and activity growth

Community Pharmacy England’s Pharmacy Pressures Survey 2024 found that 1-in-6 respondents did not believe that they would remain open in a year and 64% of pharmacy premises reported as operating at a loss.<sup>10</sup>

Over half of pharmacy staff (52%) reported that patients are being negatively affected as a result of these pressures. Opening hours have reduced by an average of 6.1 hours per week since 2015<sup>11</sup> and the trend in pharmacy closures is accelerating with an average of 10 pharmacies closing per week in the first four months of 2024, nearly 50% higher than the same period in 2023.<sup>12</sup>

Pharmacy closures are a source of concern for local people. 83% of respondents in a recent poll reported that they would be concerned about their local pharmacy closing.<sup>13</sup> Data shows that closures are disproportionately taking place in the most deprived areas, with 50% of the pharmacy closures recorded in areas in the lowest three deciles for deprivation (see figure below *Percentage of community pharmacies closed per IMD decile (Oct '16 – May '24)*).<sup>14</sup>

Access to healthcare is lower in areas of higher deprivation, known as the ‘inverse care law’, while historically the reverse has been true for pharmacies.<sup>15</sup> As higher levels of deprivation are correlated with higher population health needs, community pharmacies are ideally positioned to drive efforts to improve access to primary care and address health inequalities. However, if the trend in closures continues, this opportunity will be lost and risks deepening existing inequalities.

<sup>10</sup> Community Pharmacy England (2024) [Pharmacy Pressures Survey 2024: Funding and Profitability Report](#)

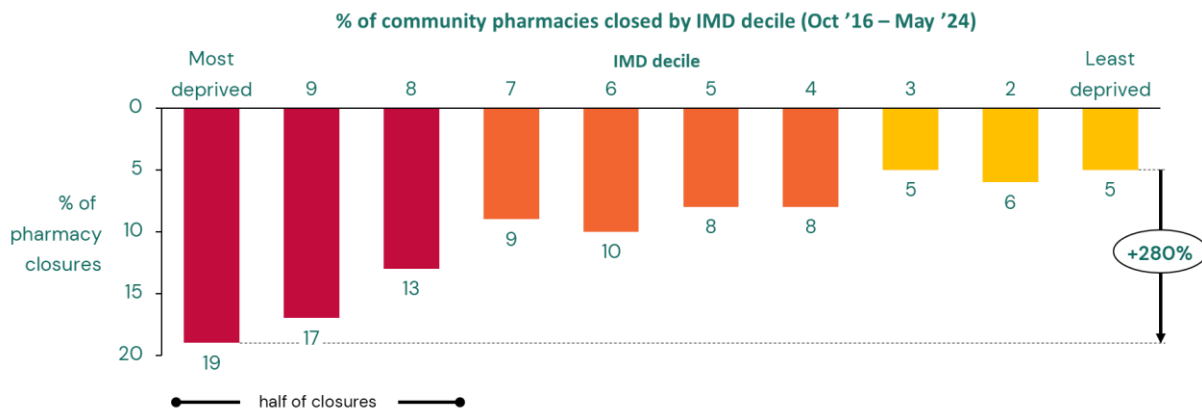
<sup>11</sup> The Pharmaceutical Journal (2024) [Two-thirds of pharmacies reduce opening hours, says NPA](#)

<sup>12</sup> Community Pharmacy England (2024) [Ten pharmacies closing every week in England](#)

<sup>13</sup> The Pharmacist (2024) [Poll highlights public attention on pharmacy closures](#)

<sup>14</sup> Community Pharmacy England (2024) [Briefing on reduced opening, and closures, of community pharmacies](#)

<sup>15</sup> CCA (2023) [Impact of pharmacy closures on health inequalities: one year on](#)



*Percentage of community pharmacies closed per IMD decile (Oct '16 – May '24)*

A stable, financially sustainable network is a pre-requisite for expanding the role of community pharmacy in primary care. 87% of pharmacies report that they cannot afford to take on the additional staff required to deliver more services. Despite NHS encouragement for longer opening hours, those pharmacies are twice as likely to be in financial deficit.<sup>16</sup>

### The case for change

Community pharmacy cannot carry on as it is under current funding arrangements. In the absence of change, more community pharmacies will close permanently, and the risk of a medicines supply failure will grow. Many pharmacies have already reduced opening hours and non-essential services in response to rising costs. This decline is likely to continue and will impact on patient access, service availability, safety and quality. This is also likely to have an adverse effect on health inequalities as closures have disproportionately affected deprived areas in recent years.

The recent Health and Social Care Select Committee report recognised “the undoubted potential for pharmacy to improve access to health care, crucially including immunisations, and reduce pressure on general practice and other areas of the health system can only be realised with the right support and the right investment of public funding.”<sup>17</sup>

Expanding the role of community pharmacy in primary care will support the Government’s missions to build an NHS fit for the future and boost economic growth by getting people back to work and improving the nation’s health. Pharmacy First is a key part of the NHS Delivery plan for recovering access to primary care services. By freeing up GP appointments for those who most need them and offering people quick and more convenient access to healthcare, it reduces pressures on general

<sup>16</sup> EY (2020) [Impacts of current funding, policy and economic environment on independent pharmacy in England](#)

<sup>17</sup> House of Commons – Health and Social Care Committee (2024) [Pharmacy \(parliament.uk\)](#)

practice and improves patient outcomes. However, a stable and sustainable community pharmacy network is needed to deliver an effective service and realise the full potential of Pharmacy First.

In addition, there is an opportunity to build on Pharmacy First to offer more primary care services in community pharmacy and change the role of pharmacists. This can further support general practice recovery and enable a shift towards more preventative care as part of the Government's vision of a Neighbourhood Health Service to improve public health.

The education and training of pharmacists is changing so that from 2026, all pharmacists will qualify as independent prescribers, together with enhanced clinical, population health and consultation skills. This means that they will be able to deliver more direct patient care. This creates an opportunity to further increase the value of community pharmacy by utilising the full potential of clinical skills.

### **Our proposals for the 10-Year Plan**

Community pharmacy has a huge role to play in addressing the current challenges of the NHS. However, this potential can only be realised should there be sustainable funding for the sector. There are several actions which need to be taken to achieve this:

- **Put community pharmacies at the centre of delivery of the Government's primary care priorities.** The Government's aspiration to create a 'Neighbourhood Health Service' should seek to utilise the existing network of 10,000+ community pharmacies, which are found at the heart of neighbourhoods. Pharmacists possess the necessary clinical skills to play a larger role and the Government and NHS should seek to fully utilise their potential.
- **Invest in the long-term stability of the community pharmacy sector.** While pharmacies have never been so busy, demonstrated by increasing prescription volumes and the number of appointments delivered under the Pharmacy First service, funding has declined sharply. The overall proportion of NHS funding spent on community pharmacy requires an urgent uplift to stabilise the sector, given the 30% real-terms reduction that has taken place since 2015. We also believe that commissioning of GP and community pharmacy services could be better aligned to focus on integration, collaboration and shared goals rather than competing for resources.
- **Halt pharmacy closures.** The reduction in funding is causing pharmacies to close, totalling over 1,400 since the funding cut took effect. Half of all closures have taken place in the most deprived areas. Halting further pharmacy closures is vital to tackling health inequalities.
- **Ensure a supportive regulatory structure.** Pharmacies are subject to clinical and economic regulation and there is a risk that this does not keep pace with changing pharmacy practice. The regulatory framework: needs to ensure that clinical services, including dispensing, have sustainable funding to ensure a stable sector that can focus on patient care; and needs to be revised in a timely manner, to ensure pharmacy teams can deliver a wide range of clinical services from pharmacies, as appropriate; and are supported to do so by safety and monitoring infrastructure.

- Commission further services in community pharmacies.** A wide range of services should be delivered in community pharmacies. From expanding Pharmacy First to cover more conditions, to more preventative services, an increased role in women’s health and long-term condition management, the pharmacy sector has much more it can offer, as long as the Government and NHS can close the funding gap through fair and sustainable funding. Many of these should be commissioned within the national NHS Community Pharmacy Contractual Framework, but the use of National Enhanced Services to support efficient local commissioning by Integrated Care Boards (ICB) should also be utilised in some cases.
- Commission services in a way that encourages collaboration across primary care and beyond.** Health professionals in primary care try to work closely together wherever possible, but their ability to do so is often hampered by inadequate systems, poor data sharing and competing financial incentives. We therefore wholeheartedly agreed with Lord Darzi’s recommendation that we need to develop multi-disciplinary models of care, to allow pharmacies, general practices and other healthcare providers to work together more seamlessly and to foster and reward true collaboration across integrated neighbourhood teams (the Neighbourhood Health Service), places and systems. At the moment, funding squeezes across primary care prevent investment in technology, and contractual incentives do not encourage collaborative working and system-wide recovery. The 10-Year Health Plan must address this and lead to better alignment across the commissioning of services and contractual frameworks.

### Community pharmacy services which should be included in the 10-Year Health Plan

Prioritising some of the proposals within the [Vision for Community Pharmacy](#), which was independently developed for Community Pharmacy England by the Nuffield Trust and The King’s Fund in 2023, we have identified below new services and enhancements to existing NHS community pharmacy services which we believe should be included in the 10-Year Health Plan to support achievement of the Government’s aims for the NHS, including the three switches.

Expanded Pharmacy First		Prevention / Public Health		Women’s health		Ind Prescribing and LTCs	
Open access to the current service	Supply of OTC meds for low-income individuals	Expanded vaccination services	Smoking / nicotine cessation service (open access)	Addition of LARC to Pharmacy Contraception Service	Emergency Contraception service	Amendment of prescriptions and deprescribing	Management of single LTCs (hyp, lipids, asthma, dermatology)
Additional Pharmacy First conditions: <ul style="list-style-type: none"> <li>Lower resp tract infections</li> <li>Acne</li> <li>Minor skin infections</li> <li>Eczema</li> <li>Psoriasis</li> <li>Acute otitis externa</li> <li>Bacterial conjunctivitis</li> <li>Oral thrush in infants</li> </ul>		Case-finding & referral service, e.g. COPD	Add AF detection to Hyp service	Menopause advice service (incl. supply of HRT)		Structured medication review	
		Health checks for specific target groups	Weight management			Key:	
						High priority	
						Medium priority	

You can download a copy of the above diagram from the [Community Pharmacy England website](#). Further information on the proposals is provided later in our response.

### Supporting other submissions to the 10-Year Plan

With our colleagues in the other primary care representative organisations (general practice, dentistry, eye care and audiology) we have submitted a joint response to the consultation which provides a pan-primary care perspective on how we can support the three shifts that the Government has identified for change.

The response also notes that to have any chance of making these shifts a reality, and getting the NHS back on its feet, urgent action is needed to prioritise primary care. We need to see investments rebalanced towards primary care to rebuild and expand on it – without this foundation, the whole system will continue to be top-heavy, loading ever more pressure on hospitals already at their limit.

As a member organisation of the Taskforce for Lung Health, we support their submission to the 10-Year Plan and their ‘Don’t leave lungs behind’ campaign. All members of the Taskforce are calling on the Government to make respiratory health a key part of the 10-Year Health Plan, with ambitious targets to ensure an improvement in services for people with lung conditions. As the third biggest killer and biggest single driver of NHS winter pressures, and with the UK having the worst death rate for lung conditions in Europe, this will be a crucial part of the Government’s mission to fix the NHS. Community pharmacies stand ready to support the proposals set out in the Taskforce’s response on the 10-Year Health Plan.

### Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Our answer to Question 1 highlighted the need for significantly increased investment in community pharmacies, to ensure they are financially viable and can play a key part in delivering a better, neighbourhood focused NHS for patients and the public. That will require a shift of financial resources from secondary to primary care, as the Secretary of State acknowledged when he was appointed. Achieving that shift in resources is the biggest challenge we see in achieving the Government’s health ambitions.

Assuming that shift of resources can be achieved, there are many ways in which enhancement of the existing portfolio of community pharmacy services could support increased care provision in the community. That could be via nationally commissioned community pharmacy services or in some cases, local commissioning by ICBs or local government.

Examples which we believe would support this Government policy shift include:

1. **Expansion of the NHS Pharmacy First service** – if more patients can access care through the service, it will increase capacity and improve overall access in primary care.



- Additional clinical pathways should be added to the service, to cover conditions such as lower respiratory tract infections, acute otitis externa, bacterial conjunctivitis, oral thrush in infants and a range of common skin conditions, such as acne, eczema, psoriasis, scabies and minor bacterial skin infections.
- The service should also be amended to allow pharmacist independent prescribers to prescribe the medicines in the Pharmacy First formulary, rather than using patient group directions.
- The service should be redesigned to allow patients needing advice on minor illness and needing an urgent supply of repeat medicines to access the service without a referral, improving patient access and reducing the bureaucracy for general practices.
- The service should include supply of low-cost, over-the-counter medicines to manage minor illnesses for people with low incomes, who are eligible for free NHS prescriptions, to improve patient access to care and to reduce the number of people seeking GP appointments for an NHS prescription.

**2. Expansion of the NHS vaccinations which can be administered by pharmacies** – an increased role for community pharmacies in immunisation would have benefits for patients and the NHS, freeing up time in general practices and supporting increased vaccine uptake.

The easy accessibility of pharmacies to most of the population, including those living in the most deprived communities, means they are well placed to improve access and uptake of vaccines. Currently, there is a fragmented patient vaccination journey, as NHS vaccinations for COVID-19 and flu are provided by community pharmacies, but pharmacies are not generally commissioned to administer other adult vaccines such as RSV, pneumococcal and shingles vaccines.

Analysis conducted by the Office of Health Economics found that for flu vaccinations administered in pharmacies in the most deprived quintile, there is a 16% higher use of pharmacy-based vaccination versus the least deprived quintile. That suggests that if the NHS shingles and pneumococcal vaccination programmes had the same relative distribution of pharmacy-based vaccination as is currently seen for flu vaccination, this could increase uptake and reduce inequalities within those programmes alongside freeing up more than 400,000 GP practice appointments per year.<sup>18</sup>

**3. Expansion of Women’s health services** provided by pharmacies – augmenting the work of general practices and women’s health hubs, by:

- Expanding the current NHS Pharmacy Contraception Service to include long-acting reversible contraception.

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<sup>18</sup> [Pharmacy-based vaccination in England: Exploring opportunities and impact on health equity \(2024\)](#)

- Commissioning a national Emergency Contraception Service, which would remove the current variable access to emergency contraception across the country, reducing the inequalities in access and the need for women to seek support from general practices and urgent care providers.
- Commissioning a Menopause advice service, including the prescribing of HRT by pharmacist independent prescribers.

4. **Support for people to manage their long-term conditions** provided by pharmacist independent prescribers in community pharmacies (a **Community Pharmacist Prescribing service**). This would involve pharmacists supporting people to manage single or multiple long-term conditions, working collaboratively with the patient's general practice. The service would involve prescribing for the condition, with associated monitoring of the patient, alongside other appropriate interventions, such as healthy living advice and behavioural interventions which would improve management of the patient's condition. This could cover a range of conditions, but early options could include:

- **Hypertension and dyslipidaemia** – particularly where patients are identified by the Hypertension Case-finding Service in community pharmacies and where the patient has no other long-term conditions.
- **Dermatology** – one in seven general practice consultations are understood to involve a skin-related issue and many patients are referred to secondary care, with long waiting times. Pharmacist prescribers with additional training in dermatology could support more people to be managed in the community, improving access and reducing referrals to secondary care.
- **Asthma and COPD** – research by the Taskforce for Lung Health found that 95% of people with lung diseases believe they could not live without their community pharmacy.<sup>19</sup> Pharmacies could provide better support to people living with respiratory conditions by having a greater role in smoking cessation and weight management support. Additionally, by training pharmacy staff to provide spirometry tests this would reduce the backlog and ease pressures on general practices and secondary care. Community pharmacists could also be trained to perform high-quality annual reviews and inhaler checks, which would also help to ease pressures on GP services. A pilot scheme of community pharmacies conducting annual reviews in the Isle of Wight found a community pharmacy asthma review led to a 32% reduction in the number of GP visits for asthma-related issues.<sup>20</sup>

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<sup>19</sup> The Pharmaceutical Journal (2021) [More than 90% of lung diseases say community pharmacy services are vital, survey finds](#)

<sup>20</sup> Community Pharmacy England (2021) [Community Pharmacy and the management of people with asthma](#)

Additionally, community pharmacist independent prescribers would also be well placed to undertake **Structured Medication Reviews** with patients on complex medication regimens, to augment such work being undertaken by pharmacists working in general practices.

5. Community pharmacies could dispense hospital discharge and outpatient prescriptions – reducing patient time spent at hospital and potentially delayed discharges. The rollout of access to the Electronic Prescription Service in hospitals is a key enabler to such a change in approach, which would reduce workload in secondary care and improve patient experience. This development would require funding to be transferred from secondary care to primary care budgets. This approach could also be used to dispense prescriptions for people being cared for at home in Virtual Wards.

### Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

#### Digital systems for use by patients

The digital transformation of the NHS has been a vital step in modernising the service with patients increasingly utilising NHS digital tools as a virtual front door to the NHS.

However, there is potential for NHS digital tools to provide greater support for people to self-care through optimisation of the NHS App and website and by providing easier access to information and advice, for example on minor ailments and self-care.

Many pharmacies allow patients to book appointments at the pharmacy via online systems or apps, and NHS England has provided functionality for patients to book pharmacy vaccination appointments via the NHS app. The expansion of that functionality within the NHS app, to allow patients to book appointments for pharmacy services such as the Pharmacy Contraception Service and Pharmacy First would be a very positive development for patient experience and it would support more effective signposting and referral of patients from other healthcare providers, such as general practices and NHS 111.

#### Interoperability of IT systems

The NHS IT infrastructure and linked community pharmacy clinical IT systems to support the provision of services such as Pharmacy First have developed significantly over the last two years, with further work ongoing to optimise the flow of information on individual patients between general practices and pharmacies.

Similar work programmes are needed to support the flow of information between hospitals and community pharmacies, for example in relation to the Discharge Medicines Service and hospital referrals to the Smoking Cessation Service. In future, all newly commissioned services should be launched with interoperability built into the associated IT infrastructure prior to launch.

To ensure that pharmacy and other healthcare professionals have access to relevant patient information whilst caring for their patients, we believe NHS England should enhance guidance and standards for health and care record systems to ensure local shared health and care record systems meet national quality standards, including for interoperability with other health IT systems, ensuring access to records wherever in the country the patient needs care.

### **Patient referrals and appointment management**

Community pharmacists and their teams are eager to see further enhancements within IT systems such as the increased use of the NHS Bookings and Referrals Standard within healthcare IT systems. This functionality should allow general practice teams to book appointments for patients at pharmacies, for example for Pharmacy First consultations, with a reciprocal functionality allowing pharmacy teams to book patients appointments with their general practices where escalation of a patient's condition is required following a pharmacy consultation. This would improve patient experience, patient safety and reduce time spent at pharmacies and practices scheduling patient consultations.

### **Funding for community pharmacy digital systems**

There is a clear need for the NHS to continue to invest in the NHS IT infrastructure which supports community pharmacy IT systems. That includes continuing to invest in the development of core, national IT systems such as the NHS Electronic Prescription Service.

Appropriate NHS funding for community pharmacy IT solutions is needed to cover the costs of software, web-based platforms and hardware within community pharmacies. Such funding would allow pharmacy owners to invest in their IT systems to enhance patient care and safety.

It is also essential that programmes to develop the IT support for community pharmacy services both within NHS systems and working with external software providers are planned well in advance, with appropriate timelines to allow the safe development and testing of IT solutions well ahead of the time when the IT functionality needs to be deployed in pharmacies. A roadmap for development of NHS and community pharmacy IT systems should be agreed by NHS England to help IT suppliers plan future development of and investment in their systems.

## **Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?**

Engaging with the members of the public who are not regular users of hospital and general practice services is a key challenge when considering greater work in prevention of ill health. But that is where community pharmacy can support the Government and NHS, capitalising on the strong links pharmacy teams have within their local communities and making the most of the footfall seen in community pharmacies to:

- identify people with undiagnosed conditions, referring them to other providers, where clinically

appropriate; and

- support people to change behaviours to reduce their future likelihood of ill health.

The location of pharmacies in the heart of local communities is one of the sector's key strengths, which allows pharmacy teams to address health inequalities by providing services to parts of the population who are less well served by other health providers.

Community pharmacies already undertake considerable public health and prevention work, including the NHS Hypertension Case-finding Service and the NHS Smoking Cessation Service, alongside a wide range of locally commissioned prevention-focused services purchased by local government and ICBs.

All pharmacies in England have to meet the Health Living Pharmacy (HLP) requirements, which involve having a team focus on making every contact count, supporting people to make behavioural changes to improve their health, and outreach activities in the local community.

The HLP requirements and the nationally commissioned public health services provide a strong foundation on which further prevention work could be undertaken in community pharmacies, subject to the provision of appropriate funding for this activity. Options for further development include:

- **Enhancing the current NHS Smoking Cessation Service** (which involves secondary care referrals to community pharmacy) to make it an open-access service open to all smokers and users of nicotine vapes who want to quit.
- **Expanding pharmacy vaccination services** – as we described in our response to Question 2.
- **Building on the Hypertension Case-finding Service** to identify people with other undiagnosed or untreated conditions, such as Atrial Fibrillation, dyslipidaemia, diabetes and COPD case-finding using micro-spirometry.
- Wider provision of **NHS Health Checks** and **associated behaviour support programmes**.
- **Weight management programmes** using pharmacological and behavioural interventions.

Additionally, below we provide case studies of innovate local services and initiatives with a focus on wellbeing and prevention:

- [Optical referral for Hypertension Case-Finding Service pilot](#)
- [Proactive detection of heart valve disease in community pharmacy](#)
- [Atrial Fibrillation pilot targets patients in deprived areas](#)
- [Collaboration with GPs – Identification of undiagnosed hypertension](#)
- [Addressing COVID-19 vaccine hesitancy in targeted communities of Tower Hamlets](#)
- [Southwest London Hearing Health Pilot](#)
- [Southwest London Winter fit service](#)
- [Pharmacy4Mums2B service for pregnant women and new mothers](#)
- [Liverpool Community Pharmacy Sexual Health Service](#)
- [Medway nicotine vape service](#)

**Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in:**

**Quick to do, that is in the next year or so**

- Economic stabilisation of community pharmacies.
- Undertake a full review of the medicines supply market, to protect patient access to medicines, reduce the prevalence of supply disruptions and shortages in England, and end the subsidisation of the NHS' drugs bill by the pharmacy sector when medicines become unavailable at the NHS's set Drug Tariff price.
- Make changes to the Human Medicines Regulations to allow pharmacists to amend prescriptions to deal with shortages of medicines, without the need to refer patients back to the prescriber.
- Amend the commissioning of the NHS Pharmacy First service to allow all patients to walk-in to a pharmacy to access all three strands of the service, rather than needing an electronic referral.
- Review the impact of the NHS England Pharmacy First marketing campaign and expand it into a long-term campaign that informs the public about the broader services, care and advice pharmacists and their teams can provide.
- DHSC and NHS England to agree with Community Pharmacy England a shared plan for implementing all aspects of [the Vision for Community Pharmacy](#) that the Government wishes to commission or implement.
- NHS England to invest additional funding in independent prescribing training for the current community pharmacy workforce.

**In the middle, that is in the next 2 to 5 years**

- Wider commissioning of vaccination services from pharmacies (see more detail in our response to Question 2).
- Additional clinical pathways added to the NHS Pharmacy First service (see more detail in our response to Question 2).
- Further commissioning of case-finding and health check services (see more detail in our response to Question 4).
- Change the NHS Smoking Cessation Service to an open-access service (see more detail in our response to Question 4).
- Commission a Community Pharmacist Prescribing service, initially incorporating independent prescribing into the Pharmacy First and Pharmacy Contraception services, followed by commissioning of long-term condition management and Structured Medication Reviews (see more detail in our response to Question 2).
- Increase funding levels to community pharmacies to support capital investment in premises (e.g. enhancement of consultation rooms and additional consultation rooms), IT etc.
- NHS England to fund local workshops and other sessions to support the integration of community pharmacy teams into wider Integrated Neighbourhood Teams and in particular to

enhance relationships and teamworking with local general practices. This requires a sustained programme of facilitation and support, including funding the time of staff to attend meetings on a regular basis.

#### **Long term change, that will take more than 5 years**

- Full implementation of the DHSC, NHS England and Community Pharmacy England shared plan for implementing all aspects of [the Vision for Community Pharmacy](#) that the Government wishes to commission.