Strategic Framework for Community Pharmacy in Devon

Five Year Plan
(2025 – 2029)

Foreword

There are 207 community pharmacies[1] in Devon, with each team working hard dispensing prescriptions, advising on medicine use and self-care for common conditions, providing additional and accessible clinical services (e.g. smoking cessation), accepting referrals from general practice for minor ailments, measuring blood pressures, advising on new medicines, and administering flu and covid vaccinations.

In the most recent GP patient survey[2], 84% of those responding rated their experience of using their community pharmacy in Devon as good.

We recognise there are challenges facing our community pharmacies, and the impact these have on our patients across Devon, Plymouth and Torbay[3]. We understand that many of these difficulties are caused by factors outside the control of the pharmacies and ICB[4], and that they will require national solutions. However, there are some factors we can influence to improve the resilience of our community pharmacy network which will put us in a better position to implement changes in the national review of the pharmacy contractual framework and the future development of community pharmacy services.

Community pharmacy teams have a key role to play in helping patients get the greatest health benefit they can from their medicines for long-term conditions, to provide essential advice on, and treatment for, common conditions. And, as healthy living pharmacies, they are ideally situated to provide community-based care to promote healthy living, self-care and public health services.

As a healthcare system, we also need to prepare for an increase in pharmacists qualifying as independent prescribers; this will enable them to be more innovative in providing services alongside general practice and community services. If commissioned effectively, it will provide additional capacity for managing on-the-day, routine and preventative care for our population and allow community pharmacists to manage single clinical conditions – e.g. hypertension or asthma – that can free up appointments elsewhere in community and primary care.

Our vision is to deliver the best NHS community pharmacy service for the people of Devon.

[1] 198 high street or health centre pharmacies, 5 distance selling (online) pharmacies and 4 dispensing appliance contractors as at 01/01/2025
[2] GP Patient Survey Jan-Mar 24 - July 24
[3] Pharmacy-Services-HWDPT-Patient-Experiences of Pharmacy Services 1.4.22-30.9.23 - October 23
[4] House of Commons Health and Social Care Committee - Pharmacy May 2024

Our mission is to develop a thriving NHS community pharmacy network that responds efficiently and effectively to meet the health needs of our Devon population and improves cross-system collaboration.

This strategic framework is the baseline for joint working for the next five years and our four aims are to:

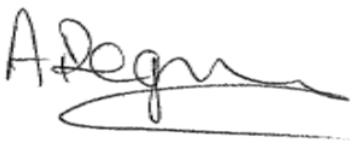
1. **Improve the resilience of the community pharmacy network to maintain good access to services.**

2. **Build a robust community pharmacy workforce.**

3. **Develop and expand community pharmacy services to provide additional clinical capacity in primary care to meet clinical demand.**

4. **Integrate community pharmacy with other healthcare services to collectively deliver clinical services and deliver preventative care that will improve outcomes in population health and support the wider system in the long term.**

We would like to thank everyone who participated in the sessions discussing the challenges facing community pharmacy, sharing the lived experience of accessing services for themselves or those they care for, identifying the priorities for change and improvement, and for completing the engagement surveys.



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Background

Community pharmacy makes up one of the four pillars of the primary care system in England, along with general practice, opticians and dentistry. It is arguably most well-known as a dispenser and retailer of medicines, but its role is much broader and includes other NHS and publicly funded services. The range of services provided in Devon can be found in Appendix 1.

Community pharmacies can be found in many high street locations, supermarkets, villages, housing estates or linked to doctors' surgeries. Community pharmacies range from large to small chains that are independently owned, to small individually owned pharmacies. There are also a range of distance-selling (also known as online) community pharmacies.

One of community pharmacy's greatest strengths is its accessible location in the community, which enables it to provide healthcare services close to home with more than 85% of people living within one mile of a community pharmacy and 72% of people using a community pharmacy in the past three months[5]. Distance-selling pharmacies are used a lot less with 18% of people using one in the past three months[4].

In contrast to many aspects of care, deprived communities are better served by community pharmacies and are more likely to visit their community pharmacy than their GP or another provider[6]. More than 93% of patients living in areas of highest deprivation live within one mile of a pharmacy compared to 71% in areas of the lowest deprivation[7].

In very rural areas of Devon and Plymouth, there are a number of dispensing doctors who dispense prescription items for their patients. They are not community pharmacies but still provide an essential dispensing service in areas where a community pharmacy would not otherwise be viable.

To develop this community pharmacy strategic framework, multiple online think tank sessions were held with representatives from community pharmacy, general practice, urgent care services, local care partnerships and health and wellbeing boards, plus service users (patients and carers) and members of the public. Challenges facing community pharmacy were discussed as were the lived experiences of people using the service, and the potential for developing and integrating services.

A summary of the results of the public engagement and the healthcare professional/statutory body surveys can be found in Appendices 2 and 3 respectively.

[5] Healthwatch Report - Pharmacy: what people want - April 24
[6] NICE Guideline NG102 Community pharmacies: promoting health and wellbeing - Aug 2018
[7] Independent Investigation of the National Health Service in England - Sept 24

Challenges facing community pharmacy

Core contract funding has fallen by over 30% in real terms since 2015 – traditionally, community pharmacy contractors were funded according to how many prescription items they dispensed. The current contract weights payment towards providing clinical services rather than dispensing. Many of these clinical services require a referral from another provider (e.g. a GP) for the funding to be released. If referrals for clinical services are not made, the community pharmacy's income drops and businesses become less viable.

Workforce – many pharmacists and pharmacy technicians moved from community pharmacies to primary care networks, resulting in staffing shortages and an over-reliance on locums to enable a pharmacy to open. Locum availability is a particular issue in Devon; such provision will attract a premium particularly for travel expenses and, with contract funding decreasing, may be unaffordable. Plus, there are increases in business running costs and employment costs.

As with many healthcare services, there is increased demand for services and limited staff. There is a high risk of burnout in the pharmacy profession with inadequate staffing cited as being the most common contributory factor[8]. Community pharmacy also has the challenges associated with working in a retail environment.

Medicines stock shortages – patients have faced challenges accessing the vital medication they need, which is stressful for them and those who care for them. These national stock shortages are almost completely outside the control of the community pharmacy.

Pharmacy teams are dealing with national medicine shortages on a daily basis, with some spending over four and a half hours per day trying to obtain stock. This goes someway to explain the difficulties with contacting a pharmacy, having prescriptions dispensed on time and the queues experienced. Medication, when available, may cost more than the pharmacy will be reimbursed for – which means the pharmacy could make a loss by dispensing the prescription. There is a national mechanism to address this but due to the rapid nature of the price changes it can be hard to keep up.

IT system connectivity and processes – whilst there has been considerable and welcomed investment nationally to improve the connectivity and integration of IT systems and processes between community pharmacies and other providers of primary and urgent care, this is a complex area and is yet to be fully implemented as intended.

[8] Royal Pharmaceutical Society - Workforce Wellbeing Roundtable Summary - Feb 24

Impact of challenges

As a consequence of the change to core contract funding, medicine supply, reimbursement costs and workforce pressures, there has been a nationwide rationalisation of community pharmacies by large and small pharmacy chains and the closure of some smaller independent pharmacies that are no longer sustainable.

In Devon over the last four years, the number of community pharmacies has reduced by 7%, with 84% of these closures taking place during the last year[9].

To remain viable, others have needed to reduce their extended hours of opening during the week and close at weekends when patients are not accessing their services in high numbers. In Devon over the last four years, there has been a reduction in the opening hours of community pharmacies, with 1,840 hours lost per week, representing just over 17% of the total opening hours of community pharmacies in the 12 months leading up to June 2024. These figures include permanent and short-term temporary closures. The immediate impact of the temporary closures at short notice should not be underestimated, with patients unable to access medicines they may need urgently. Prescriptions need to be reallocated (if staff are available to do so) to another pharmacy nearby or the prescriber is contacted to reissue the prescription. This causes distress to unwell patients and those who care for them, and adds pressure within community and primary care.

In 2023, NHS Devon ICB had the highest rate of hours lost per pharmacy in England[10].

Without corrective action, there is a very real risk that community pharmacy will face similar access problems to general practice, with too few resources in the places where it is needed most.

Medicine shortages must be addressed nationally, legislative changes are required to enable innovative future ways of working, an interoperable IT system across general practice, pharmacy and wider community care is needed, and it is hoped that the new community pharmacy contractual framework, when published, will appropriately reflect the cost of dispensing prescriptions.

[9] June 2024 data
[10] Healthwatch report - Pharmacy closures in England - September 24

Drivers of change

Nationally, there is consistent agreement that there should be further development of clinical services that are delivered through community pharmacy. A summary of the main documents outlining the national intentions are included in Appendix 4.

The location of community pharmacies offers the potential for them to provide accessible healthcare services plus preventative advice and public health services to improve population health and reduce health inequalities.

The significant recent change for community pharmacy services has been the development of additional services in the new contract, particularly the Pharmacy First Service including minor ailments, NHS blood pressure checks and Pharmacy Contraceptive Service.

From January to August 2024[11], community pharmacies across Devon, Plymouth and Torbay provided:

- 47,115 Pharmacy First consultations (this includes both consultations for the seven clinical conditions and minor illness consultations)
- 35,681 blood pressure checks (not including additional ambulatory checks)
- 2,596 contraceptive consultations (this includes both initiating and arranging the ongoing supply of oral contraceptives), and
- 15,499,359 prescription items.

Our vision and mission

Our vision is to deliver the best NHS community pharmacy service for the people of Devon.

This will be an NHS community pharmacy service that is integrated with other primary, community-based health and care services to maintain and enhance public access to joined-up, responsive care. This will ensure patients live well with the medicines they take for acute and long-term conditions, as well as providing a wide range of clinical services, supporting and promoting self-care, prevention of ill health and addressing health inequalities in the community.

[11] Data source: NHS Business Services Authority (BSA) Dispensing Data (August 2024), NHSBSA Copyright December 2024. This information is licenced under the terms of the Open Government Licence

Our mission is to develop a thriving NHS community pharmacy network that responds efficiently and effectively to meet the health needs of our Devon population and improves cross-system collaboration.

Our Four Aims

1. **Improve the resilience of the community pharmacy network to maintain good access to services**
2. **Build a robust community pharmacy workforce**
3. **Develop and expand community pharmacy services to provide additional clinical capacity in primary care to meet clinical demand**
4. **Integrate community pharmacy with other healthcare services to collectively deliver clinical services and deliver preventative care that will improve outcomes in population health and support the wider system in the long term**

1. Improve the resilience of the community pharmacy network to maintain good access to services

Under the current community pharmacy contract, new funding streams to run the pharmacy are weighted towards providing additional services rather than dispensing. There is no doubt that the increasing volume of dispensing and the time spent sourcing stock for prescriptions has contributed to prescriptions not being available on time and queues in dispensary. It therefore seems to be illogical to suggest more work is taken on, over and above dispensing by community pharmacy.

However, without the funding from clinical services, community pharmacies will not obtain enough funding from dispensing to remain viable. Further closures will add pressure to the surrounding pharmacies, which then have less time to provide additional services and, in turn, will become less viable.

In England, it is predicted that free pharmacy advice – i.e. where patients are not referred but walk into the pharmacy – is saving 38 million appointments across general practice a year[12]. The average pharmacy completes between 21 and 22 of these consultations each day and can manage 85% of these consultations without onward referral. More than 55% of these patients would have visited a GP surgery if they hadn't gone to the pharmacy. It is estimated that pharmacies are saving each general practice around 115 appointments a week[13].

Ultimately, as pharmacies close, more patients will access other services – e.g. GP surgeries, 111 and urgent treatment centres – for common conditions that would have normally been managed by over-the-counter sales or promotion of self-care. And this will put an additional strain on these other areas of primary care.

There is a need to stabilise the community pharmacy network, not only to provide community pharmacy the opportunity to reform, but to protect other services.

What we will do:

- ✓ Increase the local uptake of the national Pharmacy First Service.
- ✓ Aim to continue funding PCN community pharmacy leads as a network of support for community pharmacies to increase uptake of new services (dependent on national funding).
- ✓ Maximise the use of the Pharmacy First Service across Devon community pharmacies.
- ✓ Maximise the use of the Hypertension Case-finding Service (NHS blood pressure checks) across Devon community pharmacies.
- ✓ Ensure all Devon community pharmacies are ready to provide blood pressure check and the contraceptive services by 01/04/2025.

[12] Community Pharmacy England Pharmacy advice audit 2024
[13] Pharmacy Pressures Survey 2024: Staffing and Morale Report - Oct 24

- ✓ Map (using data from the Pharmaceutical Needs Assessment) which national advanced and locally commissioned community pharmacy services are offered per community pharmacy, establishing where there are gaps, and generate a clear workplan to address these gaps and maximise uptake of services to meet population health needs.
- ✓ Closely align the Community Pharmacy Strategic Framework to the Pharmaceutical Needs Assessment process.
- ✓ Establish a community pharmacy resilience process aligned with overall system resilience.
- ✓ Provide support to the workforce – e.g. burnout prevention training – and promote work-life balance strategies.
- ✓ Facilitate sessions to develop new ways of working – e.g. referral and communication processes with general practice, hub and spoke dispensing, direct booking, private services.
- ✓ Run public awareness campaigns on the role of community pharmacy teams and the services provided.

Expected benefits:

- ✓ Patients will continue to have access to their local community pharmacy for high-quality clinical advice and healthcare services in their community.
- ✓ With sustainable income, community pharmacies will be able to plan affordable staffing levels to manage the workload.
- ✓ Community pharmacy staff will be able to access support for their health and wellbeing.
- ✓ Protecting the community pharmacy network will keep the additional clinical capacity to support other healthcare providers in the area – e.g. general practice, the out-of-hours service, 111 and the urgent care treatment centres.
- ✓ A more responsive Pharmaceutical Needs Assessment to enable the market to respond to gaps more quickly.

Measuring impact:

- ✓ 100% of PCNs with a PCN community pharmacy lead in post.
- ✓ 97% of Devon community and distance-selling pharmacies are signed up to provide Pharmacy First achieving the thresholds set by 31/03/2025.
- ✓ 100% of Devon pharmacies signed up to Pharmacy First are ready to provide blood pressure check and the contraceptive services by 01/04/2025.
- ✓ Agreed plan for addressing gaps in nationally and locally commissioned services to meet a pharmaceutical need, including actions and timescales.
- ✓ Reduction in community pharmacy hours lost from temporary and permanent closures.
- ✓ Production of a community pharmacy resilience plan.
- ✓ 100% of pharmacy team members should receive or have access to information on how to access wellbeing and support from both national and local resources.

2. Building a robust community pharmacy workforce

To deliver a safe and effective clinical service, the community pharmacy workforce must be well trained, and they need to be available in sufficient numbers. Staffing shortages and the availability of training placements are significantly impacting community pharmacies and the care they can provide.

To free up the pharmacist to check the suitability of prescriptions prior to dispensing and provide clinical services directly to patients, other highly trained members of the pharmacy team should be managing the dispensing process. Pharmacy technicians can also deliver some services to patients – e.g. smoking cessation and blood pressure checks. Pharmacy technician training and accredited checking technician training is therefore vital to release community pharmacists to provide clinical services.

With a new School of Pharmacy in Plymouth, we have the exciting opportunity to increase the number of foundation-year placements in pharmacies throughout Devon. These placements will include the introduction of independent prescribing. We also need to increase the number of independent prescribers in community pharmacy so that we can offer innovative ways of providing additional services to support the clinical demand and shortfalls in capacity elsewhere in primary care.

During and post-training, we need a community of practice that spans community and primary care pharmacy teams to share how they work and deliver services and how they could improve. This will benefit the individuals, organisations and patients they serve.

What we will do:

- ✓ Generate the community pharmacy element of the workforce strategy that is part of a wider primary care pharmacy workforce strategy.
- ✓ Obtain baseline workforce figures, vacancy rates and recruitment plans in community pharmacy for pharmacists, accredited checking technicians, pharmacy technicians and medicines counter assistants.
- ✓ Determine the demand and capacity for training placements across the primary care pharmacy workforce (community pharmacy and PCN pharmacy teams) over the next 1-5 years and 5-10 years.
- ✓ Generate a plan to create sufficient rotational foundation pharmacist and pharmacy technician apprenticeship training arrangements across community pharmacy, hospital and primary care pharmacy teams to meet the projected population need.
- ✓ Create DPP and educational supervisory capacity to meet the needs of foundation students and legacy workforce to become independent prescribers.
- ✓ Run targeted recruitment campaigns focused on attracting pharmacy professionals, including newly qualified pharmacists, technicians, and support staff, through local and national advertising and engaging with schools.
- ✓ Establish communities of primary care pharmacy practice to develop knowledge and expertise.

Expected benefits:

- ✓ Patients will benefit from having highly trained staff focusing on dispensing their medicines in a timely manner and having the pharmacist more freely available to offer advice on their medicines and common conditions and to provide other services locally.
- ✓ Community pharmacies will have more opportunities to appoint trained staff, and the staff themselves will feel part of a bigger primary care pharmacy family.
- ✓ Closer working encourages better communication between community, hospital and PCN pharmacy teams; better communication will result in efficiencies in processes.
- ✓ Primary care services will be more prepared to take advantage of future collaborative commissioning arrangements with more independent prescribers to provide the capacity to manage the demand for minor ailments.

Measuring impact:

- ✓ Reduction in vacancy rates for community pharmacists.
- ✓ Reduction in vacancy rates for accredited checking technicians.
- ✓ Reduction in vacancy rates for pharmacy technicians.
- ✓ Reduction in vacancy rates for medicines counter assistants.
- ✓ Established plan for foundation year pharmacists, to include time in general practice, hospitals and PCNs, and appropriate mentorship.
- ✓ Established plan for newly qualified independent prescribers, including time in general practice and PCNs, and appropriate mentorship.
- ✓ Established plan for training current pharmacists as independent prescribers, that includes time in general practice and PCNs, and appropriate mentorship.
- ✓ Established plan for training pharmacy technicians, that includes time in general practice, hospitals and PCNs, and appropriate mentorship.
- ✓ Established pro-active programme of combined training events on key topic areas, including existing services (i.e. Pharmacy First, eRD, Hypertension Case Finding), and for new services as they emerge.
- ✓ Increase the number of pharmacist foundation year placements in Devon and Cornwall.
- ✓ Increase the number of newly registered pharmacists in Devon and Cornwall.
- ✓ Increase the number of pre-registration trainee pharmacy technicians (PTPTs) between 2024 and 2026.
- ✓ Increase the number of independent prescribers from legacy workforce.

3. Developing and expanding community pharmacy services to provide additional clinical capacity in primary care to meet clinical demand

As well as improving uptake in additional clinical services as part of the national pharmacy contract, there is a need to develop other clinical services in community pharmacy. This will provide additional clinical capacity to complement and manage the demand and support other areas of the healthcare system.

Medicine makes up nearly 10% of all healthcare spending and is the second highest cost to the NHS after staff. Three-quarters of prescriptions are for repeat medicines, and it is estimated that 30-50% of prescribed medicines for long-term conditions are not taken as intended. Community pharmacists are ideally placed to advise on medicines and promote their optimal use. When pharmacists are independent prescribers, they can also support changes in medication in the pharmacy.

However, there are areas where pharmacists could provide an additional service before independent prescribing is in place – for example, dermatology. Pharmacists are ideally placed to advise on optimising medications prescribed for eczema, dermatitis and psoriasis. This step could occur before a referral back to a hospital department is necessary, thereby freeing up appointments in both general practice and hospital services and reducing hospital waiting times for more specialised treatments such as immunosuppressants. Other areas include optimising HRT therapy and providing public health services.

It is also important to ensure that processes used for managing medicines are as efficient as possible, both for current ways of working and when developing new services.

Electronic repeat dispensing (eRD) and the NHS App are used by some practice and community pharmacies to manage repeat prescribing systems. However, they could be better utilised, allowing both community pharmacy and general practice to plan their workload and smooth out the prescribing and dispensing process.

eRD enables patients who regularly get the same medicine to get their repeat prescription without contacting their GP. Instead, the prescription can be sent straight to their pharmacist for dispensing. This saves time for the patient, frees up administrative and clinical time in the practice as the prescription doesn't need to be authorised each time and it means the pharmacy team can plan dispensing in advance. This also gives the pharmacist more time to source the stock, meaning the prescription is ready for collection, resulting in fewer queries and shorter queues.

eRD would also support other areas of development in community pharmacy, which could lead to additional efficiencies and therefore support on-going sustainability of community pharmacy. This includes (when legislation allows) enabling all pharmacies to use a central hub for dispensing, with the dispensed medicines being then sent to

the community pharmacies for collection. Hub dispensing would also support using technology at scale, such as AI and robotics.

What we will do:

- ✓ Maximise opportunities where system efficiencies can be made – not only to support community pharmacy services but other contracting groups working in primary care, particularly general practice, and the out-of-hours and urgent care services. Key areas include:
  - Electronic repeat dispensing (eRD) – encourage completion of the RCGP/RPS Repeat Prescribing Toolkit[14] and facilitate workshops to aid implementation.
  - Utilise the New Medicines Service (NMS) in Devon's Medicines Optimisation Scheme, where applicable.
  - Increase use of the NHS App in the repeat prescribing process.
  - Explore opportunities afforded by IT system developments, the new community pharmacy contractual framework and community care commissioning to divert population demand for managing minor ailments directly to community pharmacy.
- ✓ Utilise Devon ICB healthcare data (demand, capacity and waiting lists) and learning from independent prescribing pathfinder sites to identify areas to develop community pharmacy services outside the nationally commissioned contract. This includes:
  - Independent prescribers working remotely to manage certain clinical conditions and minor ailments.
  - Review of concordance with prescriptions for dermatology medications.
  - Point-of-care testing.
- ✓ Generate a clear understanding of the potential pathways for digital development for safe and effective patient care, including self-care.
- ✓ Support and promulgate technology to improve the efficiency and effectiveness of the supply process in community pharmacy – e.g. dispensing in hubs and using robotics and AI – to free up clinical face-to-face time with the patient.

Expected benefits:

- ✓ Patients' health benefits from having their treatment for their clinical condition optimised, having accessible services provided in the community and having their dispensed medicines available promptly.
- ✓ Community pharmacy will obtain much-needed funding from providing additional services and will be able to process prescriptions more efficiently, freeing up staff time and enabling further efficiencies.
- ✓ The healthcare system will be able to use community pharmacy as additional capacity to meet clinical demand and address access to and waiting lists for other services.

[14] RCGP Repeat Prescribing Toolkit - Oct 24

Measuring impact:

- ✓ Increase in % of electronic prescriptions that are dispensed via electronic repeat dispensing.
- ✓ New Medicine Service (NMS) activity up to the limit that can be claimed.
- ✓ Increase in number of pharmacists able to prescribe remotely from community pharmacy as part of the surgery team.
- ✓ Increased % utilisation of the NHS App for managing repeat prescriptions.
- ✓ Increase in additional services commissioned based on local population need.

4. Integrating community pharmacy with other healthcare services to collectively deliver clinical services and preventative care that will improve outcomes in population health and support the wider system in the long term

There is an intention to move funding away from hospitals and build up community and primary care services – referred to as the 'left shift'[15] – with the focus of commissioners being the development of a Neighbourhood Health Service[16] to meet the needs of the population they serve.

NHS funding is also likely to be accompanied by a requirement to reform and it is not inconceivable that funding will be allocated to collectively deliver community care rather than the traditional funding streams allocated to separate contractor groups.

Given that the healthcare system is unlikely to have enough staff in the long term to deliver accessible patient care for an ageing population with multiple morbidities, and that continued silo working creates an imbalance and a fragility to both general practice and community pharmacy, it seems sensible to consider resources collectively.

Current funding arrangements for community pharmacy and general practice means there is competition between the two contracting groups rather than collaboration. This has been divisive and has resulted in funding being moved between primary care contractor groups rather than an overall increased investment in primary care.

General practice and community pharmacy have different, but complementary, skill sets, and are well placed to collectively manage patients with acute and long-term conditions and to prevent ill health in their local population. To deliver this care collectively and inform effective commissioning arrangements for funding community care, there needs to be a mature understanding of the population's health needs and the current and future workforce.

[15] Independent Investigation of the National Health Service in England - Sept 24
[16] Our ambition to reform the NHS - GOV.UK

The accessibility of community pharmacy, its potential for reducing health inequalities and the fact they are at least level 1 healthy living pharmacies, suggests it's sensible to maximise it as a resource through which to commission public health services.

Independent pharmacist prescribing will enable more innovative ways to provide services alongside general practice and community services. Commissioning services that utilise these skills offers an opportunity to provide additional capacity for managing on-the-day, routine and preventative care for our population and allow community pharmacists to manage single clinical conditions (e.g. hypertension or asthma) if there are workforce capacity issues in a particular area.

Given the impact of pharmacy closures on general practice, 111, out-of-hours and urgent treatment centres, it is hoped that independent pharmacist prescribing, informed by the independent prescribing in community pharmacy pathfinder programme will enable a wider minor ailments scheme similar to the Scottish model for Pharmacy First[17].

There is no doubt that the key to integrating services is better interoperability between IT systems used by community pharmacy and general practice. This is being negotiated nationally but local solutions may need to be trialled to address the practicalities of IT solutions and confirm that the IT solution fulfils requirements.

Electronic prescribing between a hospital, mental health services and community pharmacy also has the potential to effectively manage medicines at the interface, transforming outpatient dispensing, and discharge medications and process.

Transferring prescriptions from a hospital setting would ensure that the patient is reviewed under the existing discharge medicines service, and that their medication record would be reconciled with any issues raised immediately with the hospital pharmacy team. It is important to remain vigilant for developments in this area and remember that the whole healthcare system needs to consider the role of community pharmacy in the management of medicines.

What we will do:

- ✓ Encourage collective commissioning discussions between general practice, local authorities and community pharmacy.
- ✓ Encourage innovative approaches to managing workforce capacity issues in general practice and community pharmacy.
- ✓ From the output of the independent prescribing in community pharmacy pathfinder programme, generate an implementation plan for independent prescribing, including governance and IT solutions.
- ✓ Remain vigilant for any developments to facilitate the electronic transfer of prescriptions from a hospital setting to community pharmacy.

[17] NHS Pharmacy First Scotland (PFS) | National Services Scotland

- ✓Explore opportunities for pharmacy integration within neighbourhoods through the use of community digital solutions to enable communication pathways across the system.

Expected benefits:

- ✓Patients get the care at the right time and right place depending on their needs.
- ✓Contractors able to deliver care sustainably.
- ✓Healthcare services are planned in collaboration rather than competition.
- ✓There is a dedicated delivery programme for preventative medicine.

Measuring impact:

- ✓Funding drawn down to Devon ICB for delivering community care.
- ✓Data from submission of activity for commissioned public health services.

Appendix 1 – Services provided by community pharmacies in Devon

Essential Services – *offered by all community pharmacies*
Discharge medicine service – community pharmacies provide extra guidance around prescribed medicines to patients referred by NHS trusts when they have been discharged.
Dispensing appliances.
Dispensing medicines.
Dispose of unwanted medicines from patients.
Healthy living pharmacies – provision of a broad range of health promotion interventions.
Public health promotion of healthy lifestyles – participate in up to six health campaigns at the request of NHS England and prescription-linked interventions or major areas of public health concerns such as encouraging smoking cessation.
Repeat dispensing and electronic repeat dispensing – ensure that each repeat supplied is required and ascertain that there is no reason why the patient should be referred back to their general practice.
Signposting – help people who ask for assistance by directing them to the most appropriate source of care and support.
Support for self-care – help to manage minor ailments and common conditions by providing advice and, where appropriate, the sale of medicines including dealing with referrals from NHS111.
National enhanced services – *community pharmacists choose whether or not to provide these services*
Covid-19 vaccination service.
Advanced services – *community pharmacists choose whether or not to provide these services*
Appliance-use review.
Flu vaccination service.
Hepatitis C testing service.
Hypertension case finding service / NHS blood pressure check service.
New medicine service.

Pharmacy First including the management of seven clinical conditions and minor ailments.
Pharmacy contraception service.
Smoking cessation service (referrals from hospitals).
Stoma appliance customisation.
Services commissioned by local authorities in Devon – *not all pharmacies provide these services as may be commissioned due to need*
Access to cancer care medicines.
BBV screening (just started in one pharmacy).
Chlamydia screening and treatment.
Emergency hormonal contraception.
Needle and syringe exchange.
Smoking cessation.
Supervised consumption of prescribed opioid substitutes.
TB directly observed medicine consumption (Torbay).
Services commissioned by Devon Integrated Care Board (ICB) – *community pharmacists choose whether or not to provide these services*
Mild inflammatory skin conditions (bites and stings, mild dermatitis and eczema).

Appendix 2 – Summary of patient and public engagement survey

The patient and public engagement survey received **764 responses**, which was an excellent response. Of these, 55% use a community pharmacy monthly, 7% weekly, and 2% have never used a community pharmacy.

Key results:

Of the 98% of respondents who had visited a community pharmacy at some point, the **top 5 reasons for the visit** were to:

- Collect a prescription for themselves or someone they care for (90%)
- Buy over-the-counter medicines (66%)
- Receive advice when they, or someone they care for is unwell (39%)
- Return out-of-date medicines (32%)
- Receive a vaccination (25%).

In terms of **what helps someone to decide what pharmacy to use**, taking the positive responses (agree or strongly agree), in descending order:

Ease of access	91%	Wide range of services provided	52%
Prescription is ready to collect	76%	Close to other healthcare providers	43%
Sound advice on the use of medicines	67%	Sound advice on long-term conditions	30%
Sound advice for minor ailments	66%	Able to access services on-line	26%
Consistency of service provided	62%		

Convenient location and staff were also highlighted as helping to decide which community pharmacy to use.

The core services provided by all community pharmacies are:

- Dispensing prescriptions
- Disposal of unwanted medicines and other prescription items
- Providing public Health and healthy living advice and supporting Public Health campaigns
- Making sure your list of medications is up to date if you have recently come out of hospital
- Signposting people to alternative health and social care services
- Support people to look after themselves and those they care for.

The top eight **additional services that the public felt should be available in all community pharmacies** were:

Pharmacy First services	68%	Advising on new medicines	42%
Prescribing for minor ailments and some long-term conditions	52%	Measuring and monitoring blood pressure	32%
Flu and Covid vaccinations	51%*	Contraceptive Services	26%
Managing minor ailments after a referral from a doctor	44%	Monitoring long-term conditions	21%

*(73% if including other vaccinations e.g. for travel)

Patients generally travelled to the community pharmacy by car (51%) or walked (41%) with the journey time taking 20 minutes or under for 84% of patients. However, 31 patients (4%) said it took them more than 30 minutes to get to their community pharmacy. 68% felt a travel time of 20 minutes or under was acceptable.

82% of patients said they did not have problems accessing their community pharmacy. Of the 15% who did have a problem accessing their community pharmacy, 10% said that this was often or always, and the most common problems experienced were waiting times when the pharmacy was busy (18%), items out of stock (9%), or there wasn't much space to queue (6%).

Ordering online (40% of responses) or through the NHS App (25% of responses) were the most popular ways to order prescription items. 82% were happy with how they currently order their prescriptions and there was limited wish to change. Most prescriptions were collected (80%) and, again, there was limited wish to change. Those that did want a change (8%), said they would like to collect from a collection point or have their medication delivered. Patients generally contacted their community pharmacy by walking in and if the community pharmacist contacted a patient, the most common method was via text.

In terms of **what the public thought 'works well'**, the top themes were knowledgeable, friendly and kind staff; and the human interaction and personal service was appreciated in smaller communities by those who struggle with on-line services or live alone. Also valued was:

- The quality of care and advice
- Text messaging service to notify when a prescription is ready for collection (this was also mentioned as a service people would like to see added at their local pharmacy)
- Home delivery service (and where it isn't available this was seen as an area that could be improved – particularly for those with mobility issues or who are housebound)
- Services to manage minor ailments and seasonal vaccinations.

In terms of **what the public thought 'doesn't work so well'**, the top themes were:

- Queues, lengthy waiting times and pharmacies being too busy (particularly noted in areas that have seen closures)
- It takes too long to dispense prescriptions
- Confusion and frustration with the repeat medication process.
- A lack of continuity with community pharmacy staff (continuity of interaction being valued as it builds trust)
- Staff overwhelmed
- Limited space in some premises with a lack of privacy
- Communication could be lacking
- Not knowing when a prescription was ready
- Unable to get through on the phone
- Having to make repeat trips to collect a prescription due to medicines supply issues
- Closures at lunchtime or at short notice
- Not open on Saturdays or early/late opening during the weekdays
- A disconnect between GP practices and pharmacies in the supply process – i.e. being told the prescription has been sent by the GP but the pharmacy saying they have not received it.

Appendix 3 – Summary of health and social care staff and statutory body engagement survey

The survey received **60 responses**, with the majority representing the view of general practice (over 46% received), community pharmacy (over 38%) and 'other' (20%).

Key results:

Those participating were asked if **they agreed with the four main principles that should make up the core role of community pharmacists** (as outlined in the 'Vision for Community Pharmacy' Report).

Core role proposed by the 'Vision for Community Pharmacy Report'	% agreement
Preventing ill health and supporting wellbeing – supporting people and communities to stay healthy and well with a particular focus on reducing health inequalities.	88.1%
Providing clinical care for patients – a much more clinically focused role, with members of the public consistently able to access care from community pharmacy teams for common conditions in a way that suits them and supports their health and wellbeing.	94.9%
Living well with medicines – supporting people to access, and to live well, with the medicines and treatments they are taking to improve outcomes, enhance safety and deliver better value.	100%
Integrated primary care offer for neighbourhoods – being an integral part of a local integrated primary care offer, working closely with local general practice, allowing people access to care in their neighbourhoods, supporting patients with ongoing care needs in addition to preventative and on the day care.	91.4%

Whilst there was very strong agreement regarding the four main principles of the proposed core role, there was some awareness that the funding for dispensing prescriptions had declined without the intended top-up to their contractual income from additional clinical work. It was recognised in some of the comments that the funding model was considered flawed, and this threatened the current and proposed core functions.

Respondents were asked to comment further on **what they felt the core role of a community pharmacy should be**. The most recurrent theme was the safe, accurate and timely supply of medicines; with some expanding on this to include optimising the use of medicines in the management of long-term conditions. Another key theme was that of the community pharmacist being the first point of contact for the management of minor ailments and answering medication queries.

The three **most important characteristics of a 'good' community pharmacy for patients and the profession** were considered to be:

1. Efficient and timely supply of medicines

2. Consistent service provision
3. Providing sound advice on the best use of medicines and how to use them safely.

Free text comments on the important characteristics of a 'good' pharmacy reinforced the importance of consistent and reliable service provision, not only for the patients and public using the services but also in terms of working relationships with others in the healthcare system. Interestingly, the responses to this question focussed on the importance of getting the essential pharmacy services right without acknowledging (as responses had above) that funding for the essential services was not considered adequate to sustain community pharmacy.

Additional services that respondents thought **should be consistently provided by all community pharmacies** were (ranked in order):

1. Managing acute common conditions
2. Advising on new medicines
3. Independent prescribing for minor conditions
4. Managing minor ailments after a referral from the doctor
5. Measuring and monitoring blood pressure
6. Contraception services
7. Flu and covid vaccinations
8. Monitoring other long-term conditions.

It was not clear from the survey results whether the answers were different depending on the profession of the respondent. There is broad agreement in the order of responses between this and the patient/public survey. However, there were two main differences – patients ranked the consistent availability of flu and Covid vaccination higher and advising on new medicines lower.

When asked what they see as the **future sustainable model for community pharmacy, for patients, the wider healthcare system and the pharmacy workforce**; the strongest agreement was for the following options:

- Integration with certain elements of GP clinical systems to increase efficiencies, and the transfer of information is secure and seamless to promote continuity of care.
- Clinical check by Pharmacist, but all dispensing being done by Accredited Accuracy Checking technicians, supported by technology e.g. scanners or robotics.
- Walk-in service for management of minor ailments.
- Meaningful integrated working with fellow health and care professionals in the delivery of services, patient engagement, learning organisations and research.

The proposed models with the highest level/strength of disagreement, were as follows:

- Most repeat dispensing done in central hubs and then distributed to local pharmacies for collection (the hub and spoke model).

- Fewer, larger pharmacies with more than one pharmacist to provide clinical services and ensure the capacity to offer training and development placements in rotation.

The responses show that more work could be done to explain the proposed models to deliver community pharmacy services sustainably. When asked to suggest other sustainable models, again the point was raised regarding the current financial model being unsustainable but also the importance of considering the cost-effectiveness of future service delivery (although this related more to additional services rather than an innovation in service development and delivery).

When specifically asked whether **the current community pharmacy contract/service provision delivers what patients and the Devon health and care system need**, 74.6% said it did not, 5.1% said it did, with the remaining 20.3% unsure. When asked what they considered the main **'funding, workforce and capacity barriers' to community pharmacy fulfilling its full potential**, the top three responses were ranked as follows:

1. Current contractual funding structure is increasing the risk of closures.
2. Pressure of workload on the remaining pharmacies resulting from pharmacy closures.
3. Workforce shortages from recruitment and retention issues across Pharmacy teams, including a competitive jobs market.

Respondents also raised the national medicine supply issue, the time taken to manage this in the pharmacy and the disruption it causes in the dispensing process and for patients and their carers collecting medicines.

When asked what could be done to **overcome the funding, workforce and capacity barriers**, the majority recognised that a national, central solution is required for the funding, but in terms of workforce and capacity, some responses suggested a more integrated workforce approach could be beneficial.

The main 'system' barriers to community pharmacy fulfilling its full potential were seen to be:

1. Lack of digital integration with GP clinical systems
2. Increasing patient demand when there is limited workforce capacity
3. Stock shortages/medicines and appliance supply issues.

Again, it was recognised that national, central solutions are needed for digital integration and medicines shortages. Also, it was suggested that more integrated working and collaborative commissioning would be beneficial.

When asked **how community pharmacy could work in a more integrated way within PCNs to enhance the patient journey** there was broad agreement that all the following options (ranked I order) would be beneficial:

1. Safe transfer of clinical information to encourage continuity of care.

2. A way of providing services that can free up capacity across primary care to manage demand.
3. Include the community pharmacy teams within PCN workforce planning and service development to address gaps in service provision and workforce across primary care.
4. Provision of accessible services that support population health management and a reduction in inequalities.
5. Accurate and consistent signposting to other health and care services.

When asked **what works well about community pharmacy**, respondents cited that community pharmacy can provide an accessible, responsive face-to-face service for patients and this works particularly well where there are regular staff and a good relationship between the pharmacy, patient and surgery. When asked **what doesn't work so well** respondents again raised that funding is focused on clinical services rather than dispensing prescriptions, the lack of digital integration with general practice but also with hospital trusts, the pressure on the workforce and the inconsistent nature of peer support.

In terms of **what needs to change**, again, many of the respondents (or reference to previous responses) suggested national solutions that are required, but also that there should be incentives to collaborate more formally.

Appendix 4 – National drivers for change

There are some key documents outlining the intentions for developing community pharmacy as a primary care provider and reinforcing the current and potential contribution community pharmacy does/can make towards national and local priorities:

- **NHS Long Term Plan**[18] – highlights the need to make greater use of community pharmacists' skills and opportunities to engage patients and outlines the intention to use the NHS App to connect patients seamlessly with their local services.

- **Fuller Stocktake Report**[19] – sets out the next steps in integrating primary care services at a neighbourhood level and emphasises the importance of aligning commissioning plans with the report considering community pharmacy as part of the urgent care system with other primary and community care providers surrounding the patient. Also promotes a more active role for community pharmacy in signposting eligible patients to screening and supporting early cancer diagnosis.

- **'A vision for pharmacy professional practice in England'**[20] **and 'A vision for pharmacy professional practice in England one year on'**[21] – outlines the potential for pharmacy practice to develop over the next 10 years; supporting people and communities to live well longer, enabling people to live well with the medicines they take and enhancing the patient experience and access to care. The vision involves building on healthy living pharmacies, developing them into health hubs which are accessible to support the reduction of health inequalities at a system and local level to the Core20PLUS5 priority groups.

- **2023/2024 Priorities and Operational Planning Guidance**[22] – a key action was to increase pharmacy participation in the Community Pharmacist Consultation Service (the pre-cursor of the Pharmacy First minor ailments service) to transfer the demand for appointments for lower acuity care away from both general practice and NHS 111, improving the patients' experience by streamlining access and setting up local pathways for referrals.

  The guidance also asked that system workforce plans were refreshed to include pharmacy technicians and assistants.

[18] NHS Long Term Plan v1.2 August 2019
[19] Next steps for integrating primary care Fuller Stocktake report - May 22
[20] A Vision for Pharmacy Professional Practice in England - Dec 22
[21] One Year On - England Vision - Feb 24
[22] 23-24-priorities-and-operational-planning-guidance-v1.1. - Jan 23

To facilitate the commissioning of integrated services at ICS and ICB level, health budgets for pharmacy services, along with ophthalmology, and dentistry have been delegated to ICBs by April 2023.

- **Delivery plan for recovering access to primary care**[23] – community pharmacy is seen as a key provider to support the recovery of core primary care with significant investment over two years to expand services to be offered via community pharmacy. This includes Pharmacy First (launched 31/1/24), blood pressure checks and contraceptive reviews and the improvement of the digital infrastructure between general practice and community pharmacy to develop and deliver interoperable digital solutions.

- **NHS Long Term Workforce Plan**[24] **and Community Pharmacy Independent Prescribing Pathfinder programme**[25] – estimated that education and training places for pharmacists (as a whole, not just community) need to grow by 31–55% to meet the demand for pharmacy services. Another aim is to continue to grow the pharmacy technician workforce to ensure the expansion of this professional group to support transformation; this includes expanding the training via the apprenticeship route for pharmacy technicians.

  From 2026, all newly qualified pharmacists will be independent prescribers. This will require sufficient designated prescribing practitioners to 'sign off' the individual's competency to prescribe and development of a suitable foundation year experience so newly qualified pharmacists can become safe and effective prescribers within multidisciplinary clinical teams.

  Some existing independent prescribing pharmacists are utilising their skills through the Community Pharmacy Independent Prescribing Pathfinder Programme. This will inform the development of a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing to deliver direct patient care.

- **A Vision for Community Pharmacy**[26] **and associated Literature Review**[27] – outlines clear ambitions for future Community Pharmacy England strategy, building on the Royal Pharmaceutical Society's vision and the Fuller report to provide more clinical care for patients for both common ailments and some long-term conditions – e.g. asthma; to prevent ill health and support wellbeing, with a particular focus on reducing health inequalities; support patients to live well with their medicines; and to be part of an integrated primary care offer for

[23] Delivery-plan-for-recovering-access-to-primary-care - May 2023
[24] NHS Long Term Workforce Plan - June 23
[25] NHS Community Pharmacy Independent Prescribing Pathfinder Programme | NHSBSA
[26] A vision for community pharmacy - Kings Fund and Nuffield Trust - Sept 23
[27] Community pharmacy clinical services - literature review - Kings Fund and Nuffield Trust - Sept 23

neighbourhoods giving people access to care closer to home and supporting people with ongoing care needs.

- **Primary Care Network Directed Enhanced Service 24/25**[28] – highlights the requirement for community pharmacists to be part of integrated neighbourhood team development, reducing health inequalities and contributing to the management of cardiovascular health with management of hypertension and lipids.

- **Independent investigation of the national health service in England**[29] – recognises the huge potential for a step change to expand the clinical role of pharmacists within the NHS, with greater treatment of common conditions and supporting the active management of hypertension. However, it flags the real risk that, if closures continue, community pharmacy will face similar access problems to general practice, with too few resources in the places where it is needed most.

[28] Network Contract DES: Contract specification 2024/25 – PCN requirements and entitlements Sept 24
[29] Independent Investigation of the National Health Service in England - Sept 24

Appendix 5 – Glossary

AI	Artificial Intelligence
ARRS	Additional Roles Reimbursement Scheme
BBV	Bloodborne virus
CD	Clinical Director
Comms	Communications
CPAF	Community Pharmacy Assurance Framework
CPCF	Community Pharmacy Contractual Framework
CPCS	Community pharmacy consultation service
CPE	Community Pharmacy England
CPQS	Community Pharmacy Quality Scheme
CQC	Care Quality Commission
DES	Directed Enhanced Service
DPP	Designated Prescribing Practitioner
DPT	Devon Partnership Trust
ED	Emergency Department
EHR	Electronic Health Records
GP	General Practitioner
ICB	Integrated Care Board (Devon)
ICS(D)	Integrated Care System (Devon)
LCP	Local Care Partnership
LES	Local Enhanced services
LMC	Local Medical Committee
MECC	Making every contact count
MIU	Minor injuries unit
NHSE	National Health Service England
OOH	Out of Hours
PCCTC (PCC)	Primary Care (Commissioning & Transition) Committee

PCN	Primary Care Network
PHM	Population Health Management
PM	Practice Manager
PMS	Personal Medical Services
PN	Practice Nurse
PNA	Pharmaceutical Needs Assessment
POD	Pharmacy, Optometry, Dental
PPG	Practice Plus Group
PPG	Patient Participation Group
PSRC	Pharmaceutical Services Regulations Committee
QOF	Quality Outcomes Framework
RCGP	Royal College of General Practice
RDUH	Royal Devon University Healthcare Trust
RDE	Royal Devon and Exeter Hospital
RPS	Royal Pharmaceutical Society
SBAR	Situation, background, assessment and, recommendation
SET	Senior Executive Team
SLA	Service Level Agreements
SOP	Standard Operating Procedure
TB	Tuberculosis
UHP	University Hospital Plymouth