

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Innovation in Community Pharmacy and Future Ambitions	
REPORT OF Director of Place (West), North Central London Integrated Care Board	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 18 th December 2024
<p>SUMMARY OF REPORT</p> <p>This paper provides an overview of community pharmacy provision across Camden and an update on service developments in this sector. There is great opportunity to showcase community pharmacy services, promote collaboration and challenge Camden’s health and care partnership on how community pharmacy services can be best utilised and integrated to deliver effective care.</p> <p>Community pharmacy is an integral part of the NHS. Embedding its clinical services and recognising its reach into other care settings is essential in ensuring clinically safe and effective patient care. Expansion of clinical services in community pharmacy creates a significant opportunity to enhance access to primary care and integrate community pharmacy alongside other health and social care services for the population of Camden.</p> <p>In recent time, there has been significant progress in the roll out of new and expanded enhanced services including the nationally commissioned <i>Pharmacy First</i> service, aimed at supporting residents to access advice and treatment for minor illnesses and defined clinical pathways in a pharmacy setting, rather than GP surgeries or urgent treatment centres.</p> <p>In addition to this, NCL ICB (North Central London Integrated Care Board) has commissioned a pan-NCL scheme to supply a range of over-the-counter medicines to those unable to pay for them. This is intended to narrow inequalities in access, help mitigate the impact of the cost-of-living crisis, and work to ensure efforts to increase use of pharmacy are effective.</p> <p>Community pharmacy services have strong potential to integrate with developing neighbourhood working, through emphasising collaboration and partnership between primary and secondary care, local authority, community organisations and residents.</p> <p>This report is being presented to update the Board on the evolution and development of community pharmacy services, and the opportunities that arise from use of these services by our population. We ask the Board to consider the role of the community pharmacy workforce and innovation in the context of our</p>	

emerging neighbourhoods development, and in consideration of the Board's commitments around tackling health inequity.

Further detail is provided in the slide deck at Appendix 1.

Local Government Act 1972 – Access to Information

No documents which require listing have been used in the preparation of this report.

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RECOMMENDATION

The Health and Wellbeing Board is asked to note the contents of the report.

Signed:



Simon Wheatley
Director of Place (West), North Central London Integrated Care Board

Date: 6th December 2024

1. Purpose of Report

- 1.1 This report provides an overview of community pharmacy provision across Camden and an update on service developments. This is an opportunity to showcase community pharmacy services, their role in tackling inequalities, promote collaboration, and invite system partners to consider how services can be better-connected to deliver effective care.
- 1.2 In NCL there are 289 registered pharmacies (61 in Camden), with 83% owned independently, and 17% owned by large multiples such as Boots, Superdrug or supermarkets.
- 1.3 Community pharmacies are at the heart of local communities. As well as dispensing, they offer advice and education, to all residents, whether they have a long-term health condition or may benefit from support to improve their health and wellbeing.
- 1.4 Community pharmacy teams can initiate conversations about health and wellbeing with people who buy medicines or ask for advice. These informal conversations may encourage people to ask more questions, consider how they feel, or explore how their lifestyle choices and behaviours may influence their health.
- 1.5 Community pharmacy teams can support people to adopt healthier behaviours, including by stopping smoking, reducing alcohol consumption, and managing weight. They can also provide information on mental and physical wellbeing, deliver brief interventions and signpost to other services.
- 1.6 Over the past few years there have been significant developments in the depth and breadth of services delivered by community pharmacies offering a range of enhanced services for communities across England.
- 1.7 Alongside this, colleagues should be aware of strategic challenges facing community pharmacies, and the need for health and care partners to work together to improve services while promoting resilience and sustainability.

2. Background and context

- 2.1 The [NHS England » Next steps for integrating primary care: Fuller stocktake report](https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/)¹ outlines a vision for primary care where health and care systems are aligned to the needs of the population at a local (i.e. neighbourhood) level, simplifying access and helping people become and stay healthy. Community pharmacy is central in delivering this and an essential partner to better manage pressures in primary care.

¹ <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

- 2.2 The [NHS England » Delivery plan for recovering access to primary care](#)² ('PCARP') sets out a clear ambition to better manage access to primary care, by signposting patients, where appropriate, to community pharmacy or other local services. Throughout the delivery plan community pharmacy is recognised as 'core to delivering on the Fuller Stocktake vision of integrating primary care' and as an essential delivery partner to help manage the pressures in primary care.
- 2.3 Launch of the national [NHS England » Pharmacy First](#)³ service together with expansion of the oral contraception and blood pressure checks service expansion, could alleviate pressure by saving up to 10 million appointments in general practice a year once scaled, equivalent to around 3% of all appointments, and give the public more choice in where and how they access care.

3. Access to community pharmacy and population health inequalities

- 3.1 Lord Darzi's [Independent investigation of the NHS in England - GOV.UK](#)⁴ outlines one of the great strengths of the health service in England has been the accessibility of community pharmacy. In contrast to many aspects of care, deprived communities are better served through community pharmacy.
- 3.2 More than 93 per cent of patients living in areas of highest deprivation live within 1 mile of a pharmacy compared to 71 per cent in areas of the lowest deprivation. While access has started to deteriorate in recent years, more than 85 per cent of people live within one mile of a community pharmacy⁴.
- 3.3 89.2% of the population in England can access a community pharmacy within a 20-minute walk, and access is greatest in areas of highest deprivation and studies have shown community pharmacies in lower socioeconomic areas were more likely to offer prevention services. For many communities their pharmacy is an informal resource for social and emotional support due to the accessibility of the pharmacist. Linking community pharmacy in to Community Connectedness and friendship ambitions (e.g. via Social Prescribing) could support the Board's ambitions.
- 3.4 However, pharmacies are now closing in significant numbers nationally with around 1,200 pharmacies shutting their doors since 2017. While pharmacies have expanded the range of clinical services which they provide – such as blood pressure checks, prescription contraception, and minor illnesses; the total level of spending on community pharmacy has fallen by 8 per cent, and greater than 30 per cent in real terms in the last 7 years.
- 3.5 There is the potential for community pharmacy to provide even more value-added services for the NHS and there have been notable successes already,

² <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/>

³ <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/>

⁴ <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

such as the *Pharmacy First* service. As the Royal Pharmaceutical Society pointed out in their submission to the Lord Darzi investigation, nearly 30% of existing pharmacists are independent prescribers and changes to pharmacy education mean that from 2026 all newly-qualified pharmacists will be independent prescribers.

- 3.6 There is potential for a step change in the clinical role of pharmacy teams within the NHS. The role of community pharmacy in delivering clinical services is fast-evolving, coupled with skill mix expansion of roles on the horizon for independent prescribing pharmacists and supply of medicines under patient group directions by pharmacy technicians.
- 3.7 Expanded community pharmacy services are likely to include greater treatment of common conditions and supporting active management of health needs such as hypertension. But there is a national risk that on current funding trajectory and closure rates, community pharmacy will face similar access problems to general practice, with too few resources in the places where it is needed most.
- 3.8 The Core20PLUS5 approach is a national NHS England approach to support the reduction of the health inequalities at both national and system level. By streamlining services, including community pharmacy, and providing comprehensive expert care, particularly to vulnerable populations, we are working in Camden towards reducing inequalities in health outcomes.
- 3.9 People living in the most deprived communities have a 50% higher death rate from avoidable causes compared to the NCL average. To support tackling health inequalities, the ICB has commissioned a self-care medicines scheme to support socially vulnerable patients. This underscores the importance of community pharmacy in neighbourhood working in healthcare as a key strategy for improving healthcare outcomes and addressing health inequalities at a local level.

4. Community pharmacy services

- 4.1 Camden residents are well-served by 61 pharmacies offering a range of NHS- and local authority-commissioned services.
- 4.2 Community pharmacies provide a range of services:
 - **Essential** – all contractors deliver these services as part of the national community pharmacy contract.
 - **Advanced / Enhanced** – these services are part of the national contract but optional, and must be delivered to a national specification.
 - **Locally commissioned** – these services are commissioned according to the needs of the local population, by local authorities and/or integrated care boards.

An example of the services provided under each of these three categories is shown in table 1:

Essential Services	Advanced Services	Locally Commissioned (examples)
<ul style="list-style-type: none"> • Dispensing of medicines • Discharge medicines service • Disposal of medicines • Healthy living pharmacy • Public health promotion 	<ul style="list-style-type: none"> • Pharmacy First • Flu vaccination • Contraception service • Hypertension case finding • New medicines service • Smoking cessation 	<ul style="list-style-type: none"> • Needle exchange programme • Palliative care medicines stock • Provision of emergency contraception • Self-care medicines provision

Table 1 – Community Pharmacy services

Free lateral flow test kits for those eligible as per national criteria are available in 43 (70%) of Camden pharmacies.

- 4.3 As with general practice commissioning, community pharmacy services are managed via a nationally negotiated contract, supplemented by local enhanced services and transformation programmes.
- 4.4 In an [IPSOS survey](#)⁵ of just over 2,000 adults aged 16 and over, the vast majority of patients (91%) who had used a community pharmacy in the previous year for advice about medicines, a health problem or injury said they received good advice.
- 4.5 Clinical services provided by community pharmacies are expanding. Appendix 1 outlines examples of local and recently expanded community pharmacy schemes across Camden, and outlines data regarding their utilisation.

Community pharmacy clinical scheme examples include:

Pharmacy First

- 4.6 A nationally commissioned service that enables people to be treated for key clinical pathways as well as minor illnesses and urgent supply of regular medicines. Pharmacies are now able to assess and, where appropriate, supply medicines for seven common conditions via a robust pathway.

The full service consists of three elements:

- clinical pathways
- urgent repeat medicine supply and
- NHS referrals for minor illness

58 (95%) of Camden pharmacies are registered to provide the Pharmacy First Service.

⁵ <https://www.ipsos.com/en-uk/public-perceptions-community-pharmacy>

Self-Care medicines scheme

- 4.7 Since 2004 Camden has had a pharmacy minor illness service providing timely access to free, over-the-counter medicines for a range of minor illnesses for socially and economically vulnerable people unable to purchase them. In 2023, an ICB decision was taken to expand this scheme across NCL boroughs for an initial 12-month period.
- 4.8 At present, 128 (43%) of all NCL pharmacies offer this service, of which 28 (46%) are in Camden. 60% of NCL pharmacies delivering the service are within Index of Multiple Deprivation (IMD) bands 1-5 (which are the 50% most deprived deciles); and 37% in bands 1-3. The ICB is proactively working with all NCL pharmacies, especially those in areas of high deprivation to join the scheme if they have not already.
- 4.9 Between June – October 2024 there were 1,126 consultations under this scheme in Camden; and of the total NCL consultations 91% of patients stated they would have gone to their GP had the service not been available. This shows the value of the service in managing peoples' health needs at the most appropriate point in the system.

Pharmacy contraception service

- 4.10 The Pharmacy contraception service (PCS) involves community pharmacists providing initiation or ongoing supply of oral contraception (OC).

Hypertension service

- 4.11 The community pharmacy NHS Blood Pressure Checks service offers free blood pressure (BP) checks to people aged 40 and over with no appointment necessary. People eligible for a free walk-in blood pressure check, are those who:
- Are aged 40+ (below 40, at the pharmacist's discretion if other risk factors are present)
 - Do not already have an existing diagnosis of high blood pressure and are not receiving treatment for this
 - Have not already used the service in the past six months
- 4.12 GP practices can also refer patients to a participating pharmacy for a clinic BP reading, or for 24-hour ambulatory blood pressure monitoring. Any person can be referred from the GP practice and the above eligibility criteria do not apply to those referred from a GP practice.
- 4.13 54 (89%) of Camden pharmacies offer the blood pressure checks service, and 44 (71%) offer the oral contraception service.

Independent Prescribing Pathfinder Programme (IPPP)

- 4.14 From September 2026 newly qualified pharmacists will be joining community pharmacy ready to work as independent prescribers. A national *Independent*

Prescribing Pathfinders pilot has been commissioned that aims to establish a framework for future commissioning of independent prescribing by community pharmacists. Three pathfinder sites have been identified in NCL; one of which is in Camden.

Discharge medicines service

4.15 NHS trusts can refer patients who would benefit from extra support on discharge from a hospital to a pharmacy of their choice. This is classified as an essential service, which means this service is available from 100% of pharmacies. The Department of Health and Social Care (DHSC) has reported that the '[Discharge medicines service](#)' (DMS) has helped to prevent up to [21,667 readmissions to hospital](#) ⁶.

Vaccination and prevention

4.16 Community pharmacies deliver core parts of the NHS vaccination programme providing a significant proportion of the vaccinations in primary care.

4.17 For this season's Autumn/Winter vaccination campaign, around 120,000 COVID-19 vaccinations have been administered already from NCL sites so far (to November 24). Of these, around 60,000 vaccinations (50%) have been administered in NCL community pharmacies. NCL has the second highest COVID-19 vaccination uptake of any system in London and is performing above the London average across all adult cohorts. Around 230,000 flu vaccinations have been administered from NCL sites. Of these, around 63,000 (27%) have been administered in one of our NCL community pharmacies.

4.18 Vaccination services in community pharmacies are expanding, enabling them to provide a wider range of vaccination services and participate in other prevention and health promotion initiatives.

5 Progress on delegated commissioning and regulation of community pharmacy services

5.1 In April 2023 Dental, Optometry & Community Pharmacy Services (collectively referred to as DOP services) were delegated from NHS England (NHSE) to ICBs. This included the transfer of budgets for the three service areas comprising responsibilities for contract management, service development and transformation.

5.2 ICBs oversee community pharmacy services and seek assurance around safety and quality of delivery. NCL ICB is supported by a London-wide Hub to ensure there is proportionate management and monitoring of the Community Pharmacy Contractual Framework (CPAF), to confirm the eligibility of pharmacies for locally commissioned services, to monitor the marketplace, to

⁶ <https://committees.parliament.uk/writtenevidence/121478/pdf/>

implement regulatory changes, to commission locally in line with need and population health goals, and to transform and integrate services.

- 5.3 The ICB teams and Local Pharmaceutical Committees in NCL work closely to optimise current services for the benefit of our population. We have been developing and refining processes to capture key activity, outcome, and experience measures of community pharmacy services.
- 5.4 The Pharmaceutical Needs Assessment (PNA), produced by Health and Well Being Boards every 3 years, (last presented at the Camden Health and Well Being Board March 2022) evaluates the needs of a local population for pharmacy services and supports NHS and local authority commissioners with decisions about how to commission those services. It assesses the current availability of pharmacy services, the health needs of the population, and where services may be needed in the future. It also considers other NHS services and developments which may affect pharmacy services.
- 5.5 The General Pharmaceutical Committee (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. The GPhC seeks to protect, promote and maintain the health, safety and wellbeing of members of the public (by upholding standards and public trust in pharmacy), while ensuring strong community pharmacy service development without unnecessary regulatory burdens.
- 5.6 There remains work to do both to strengthen the infrastructure to support Community Pharmacy and embed this into the wider primary care system to ensure activity and capacity is optimised and collectively reduces the risks to the wider health system.

6 Building on community pharmacy capabilities

- 6.1 Delivery of community pharmacy services yields advantages for the whole population – from adults to children, young people, and families, people with different ethnic identities, and from across a full range of socioeconomic circumstances.
- 6.2 We have a strong aspiration for community service expansion across NCL, working closely with service providers, including general practice and urgent care settings, to provide care in different, more efficient and effective ways to deliver whole system benefit.
- 6.3 There is further work required to fully integrate community pharmacy into wider primary care (e.g. with general practice and primary care networks) and through this support the NCL health and care system fully. By closer integration with providers of care, local authorities and the community and voluntary sector we can enhance understanding and access to community pharmacy services for the benefits of our population.
- 6.4 By integrating the insights and recommendations from the Fuller Stocktake Report ¹, primary care initiatives such as *Pharmacy First* can be further

enhanced in Camden borough through community engagement, collaborative promotion of the services, and celebrating the role of community pharmacy on our high streets.

- 6.5 The collaboration between general practice and community pharmacy ensures more streamlined and joint support for patients.
- 6.6 The partnership between primary and secondary care maximises the efficiency of care delivery, and neighbourhood working provides further opportunities for resource utilisation efficiency.

7 Challenges

7.1 Multiple challenges are affecting the community pharmacy sector currently including:

- **Workforce** – many pharmacy owners are experiencing staff shortages and challenges in recruiting. Workload pressures and pay contribute to this.
- **Collective action** – while GPs voted for collective action, in August, a ballot conducted by the National Pharmacy Association also revealed overwhelming support by community pharmacies to also initiate collective action, potentially having an impact on access if opening hours are limited and impact on free home deliveries of medicines that are not funded. The Board is asked to note these ballot results.
- **Budget implications / Contract negotiations** – As reported in the Pharmacy Pressures Survey ⁷, and a recent Pharmacy - Health and Social Care Committee ⁸ report the current funding and contractual framework for community pharmacy is not fit for purpose. 64% of pharmacies are reporting they are operating at a loss and 1 in 6 reporting they cannot stay open for another year or less due to financial difficulties. The average pharmacy relies on NHS funding for around 90% of its income. The number of pharmacies open in England is now the lowest since the 2008/09, despite the annual number of prescriptions growing by over 40% since then. 52% of pharmacies report that patients are being negatively affected by the pressures on pharmacies, with 18% stating that patients are being severely impacted.

The impact of Employers National Insurance, rise in minimum wage, business rates, Employers Rights Bill compound the already unsustainable funding model for community. Negotiations on 2024-25 Community Pharmacy funding are yet to recommence leaving the sector facing considerable uncertainty.

- **Stock shortages** – Medicines Shortages ⁹ are affecting an increasing proportion of the population and pharmacies are having to go to greater

⁷ <https://cpe.org.uk/wp-content/uploads/2024/10/Pharmacy-Pressures-Survey-2024-Funding-and-Profitability-Report-Sep-2024.pdf>

⁸ <https://publications.parliament.uk/pa/cm5804/cmselect/cmhealth/140/report.html>

⁹ <https://www.rpharms.com/medicinesshortages>

lengths to obtain supplies. Significant time is spent managing shortages and the recent Royal Pharmaceutical Society report has laid down a challenge to policymakers, regulators, manufacturers, the government, the NHS and local system leaders to act.

8 Future opportunities

- 8.1 Delegation of community pharmacy to ICBs enables commissioners to more easily address local population health priorities using targeted bespoke locally commissioned services to match identified local need, and can, as the commissioner, have direct oversight of activity levels, measurable outcomes, concerns, governance etc.
- 8.2 A complete overhaul of the community pharmacy contractual framework is required to support sustainability of community pharmacy, with a focus on reducing complexity and ensuring mechanisms to fund both dispensing and clinical service delivery, avoiding a situation where one pays for another.
- 8.3 Pharmacy services can be better integrated into and aligned to local health and care pathways. In the same way, community pharmacy commissioned services can be easier aligned to local public health priorities and borough partnership workstreams.
- 8.4 We are exploring how services can support access to care at the right place at the right time, including how we can deliver this model of care within urgent treatment settings, including A&E sites, to further expand on services for our population. This also supports the system Winter preparedness priorities.
- 8.5 Community outreach can be improved and community pharmacy's role in this by working collaboratively with partners (taking a population health approach) needs to be more clearly defined.
- 8.6 Workforce development plans under Pharmacy Education and Training Reforms and legislative changes will enable diversification and enhancement of services within community pharmacy, including independent prescribing pharmacist services and supply of medicines under a patient group direction by pharmacy technicians.
- 8.7 There may be opportunity to 'work at scale' with independent contractors on areas such as workforce development and training.
- 8.8 There is potential for digital developments with electronic transmission of prescriptions from hospital outpatient clinics.

9 Next Steps

- 9.1 In North Central London ICS, we are embarking on a programme of driving the development of integrated neighbourhood teams. Across NCL, and in Camden, we have been committing time, resource, and capacity to this work for a number of years. The Department of Health and Social Care, and NHS

England, have recently made much more explicit references in written and oral announcements about commissioning a national 'neighbourhood health service'.

- 9.2 Building on primary care networks, GP neighbourhoods, the Covid-19 vaccination campaign, and other established links, Camden community pharmacies are well-placed to play an important role in the development and delivery of neighbourhood healthcare. Board members and system partners should specifically consider the opportunities of collaborating even more closely with community pharmacies – in terms of integrating service delivery, building a resilient 'one team' frontline workforce, and getting to the heart of under-represented communities to make health and care services accessible for all.
- 9.3 Community pharmacy has evolved significantly in a short period of time, and now offers a wide range of options and services to better support residents. However, many community pharmacies are experiencing pressure, the landscape can be fragmented across smaller, independent providers, and system focus is often drawn to more prominent national issues (e.g. emergency departments, ambulance response times, and waits for elective procedures). We seek support from the Board and Camden borough partnership to raise awareness of services, including in the borough's lower uptake neighbourhoods, and areas of socioeconomic deprivation.
- 9.4 Community pharmacy workforces have robust core capabilities, strong community links and interpersonal skills, and pathways for continuous professional development. The evolution of primary care networks, innovation in hospital-based roles, and the rollout of the Covid-19 vaccination programme has shown how pharmacy staff can work flexibly and dynamically across different sectors in responding to existing and changing health needs. We ask for Board members and partners to consider how workforce initiatives can be joined up and amplified with community pharmacy, to support the expansion of clinical services and to maximise the utility of the pharmacy workforce skill mix, as well as looking for opportunities to jointly support recruitment and reduce vacancies.

10 Finance Comments of the Executive Director Corporate Services

The Director of Finance has been consulted on the content of this report and has no comment to make.

11 Legal Comments of the Borough Solicitor

The Health and Wellbeing Board was set up under the Health and Social Care Act 2012 and has a duty to encourage health and social care services to work in an integrated manner to advance the health and wellbeing of the people in its area. The Board is responsible for the joint strategic needs assessment (JSNA) and joint local health and wellbeing strategies (JLHWS) under s116 and 116A of the Local Government and Public Involvement in Health Act 2007. This also includes a Pharmaceutical Needs Assessment (PNA). The statutory guidance in relation to JSNA and JLHWS states that the ICB, NHS CB and Local Authorities plans for

commissioning services should be informed by the JSNA and JLHWS and if not, the relevant bodies should explain why. Local services should be based on the JSNA and take account of the JLHWS.

The Board should consider how the plans in the report take account of the JSNA, PNA and JLHWS and encourage integrated working.

12 Environmental Implications

The contents of this report have no environmental implications.

13 Appendices

Appendix A (1) – Data to support the report

REPORT ENDS