

Summary: Community Pharmacy England roundtable at Conservative Party Conference

'Delivering the PM's NHS pledge: Does community pharmacy hold the key?'

Date & Time: Monday, 2nd October, 09:30 – 10:30am

Location: Charles Hallé Room, Bridgewater Hall, Lower Mosley Street, Manchester, M2 3WS

Lead speakers: **Chris Green MP** (Chair, Commons Health and Social Care Select Committee), **Paul Bristow MP** (Commons Health and Social Care Select Committee), **Elliot Colburn MP** (All-Party Parliamentary Group for Pharmacy), **Janet Morrison OBE** (Chief Executive, Community Pharmacy England)

Opening statements by lead speakers:

Janet Morrison OBE, Chief Executive, Community Pharmacy England

- Community pharmacy stepped up during the pandemic, keeping doors open, and delivering for patients.
- Pharmacy First is the foundation for more community services, and CPE has a vision of what more can be done through pharmacy first. [The Delivery Plan for Primary Care](#) is a huge vote of confidence in the sector from the Government.
- Investment is needed for pharmacy to work at the top of their professional competencies.

Chris Green MP (Chair), Commons Health and Social Care Select Committee

- Community pharmacy has a vital role in the NHS. The Government needs to see how we can enhance this role, address the pressures on the sector, and recognise pharmacy in the NHS.

Paul Bristow MP, Commons Health and Social Care Select Committee

- A pharmacy in Peterborough (Paul's constituency) was the only visible sign of the NHS during the pandemic, giving advice and a constant source of reassurance.
- The system needs to be more efficient and less opaque.
- We need more pharmacists – the long term workforce plan must be delivered and it must be effective, accompanied by more resource.
- Pharmacists should be encouraged to operate at the top of their licences.
- Technology and AI should be utilised for things like dispensing machines to access medicines outside pharmacies.

Elliot Colburn MP, APPG for Pharmacy

- Mentioned health inequalities and outcomes for patients, especially focusing on how the pandemic affected different communities.
- Hard to reach communities rely on community pharmacy including ethnic minority groups and community pharmacy could play a role in giving that access and identifying people who need help.

Key themes raised during roundtable discussion:

Resolving the funding crisis

- Community pharmacies have faced a 30% funding cut in core funding since 2015, which if unresolved will limit the ability of pharmacies to deliver further clinical services.
- The extra £645 million in the [Delivery Plan for Recovering Access to Primary Care](#) is welcome, however, pharmacists need extra funding now, and at scale. Without this, there will be fewer pharmacies open to deliver the Common Conditions Service.
- There has been more optimism in how the Department for Health and Social Care (DHSC) views the sector, however, this must translate into urgency to resolve the funding crisis in pharmacy.

Delivering further services in community pharmacies

- The King's Fund and Nuffield Trust's report '[A vision for community pharmacy](#)' outlines a path to delivering more services in community pharmacies – the question is now how it is implemented.
- To fully realise the potential of community pharmacies, there must be a shift from a volume model to a service model.
- Pharmacies are well placed to act as community wellbeing hubs – becoming the front door to the NHS.
- Diagnostic services is where the greatest impact could be seen, which will have positive upstream effects on secondary care if conditions are spotted sooner. This also applies to the management of long-term conditions, which could free up capacity elsewhere in the NHS.
- New technologies must be explored to enhance pharmacy's role – such as greater interoperability between pharmacy and GP IT systems, dispensing machines, and gaining read-write access to patients' medical records.

Local commissioning

- Pharmacies are poorly represented at all levels of decision-making, from the Local Government Association to Integrated Care Boards. This must be improved if pharmacy will play an increasingly prominent role in primary care. ICBs should each have a pharmacy champion on the Board and MPs in the room were very supportive of this.
- There is an inequality in services between London and rural areas, which ICBs must take steps to address.
- Greater integration between pharmacy and social care would provide collective solutions to financial and workforce pressures.

Ease of accessibility

- Patients appreciate the accessibility of community pharmacies as 80% of the population live within a 20-minute walk of pharmacies.

- Due to the accessibility of pharmacies, the Government should think about how they utilise them to reduce health inequalities. In particular, there remains an inequality between services in cities and rural locations.
- Consideration should be given to the way prescriptions are charged – the list of conditions for free prescriptions has not changed in 50 years.

The pharmacy workforce

- There are not enough pharmacists. Locum pharmacists are increasingly being used as a result, whose costs have gone up significantly in the past year, compounding the financial pressures that pharmacy faces.
- The pharmacy workforce (including pharmacists, technicians, and assistants) are highly skilled medical professionals.
- Independent Prescriber qualifications should be expanded, however, there is currently no funding to do so.