

# Media/Press Lines for the Pharmacy First Service in England

## Introduction

This media lines briefing note is for anyone – pharmacy owners, pharmacists, LPCs, or others – asked questions by the press about the Pharmacy First/Pharmacy Contraception Service/Blood Pressure Checks services announced as part of the Recovery Plan deal for community pharmacy on Thursday 16th November 2023. You may also like to read our [briefing for external stakeholders](#) which can be shared with journalists and wider stakeholders. And for any further help with media requests or interviews please email: [comms.team@cpe.org.uk](mailto:comms.team@cpe.org.uk)

Community Pharmacy England has reached agreement with Government and the NHS on the launch of a new national Pharmacy First service in England from early next year. Alongside this, funding is being made available for a new contraception service and to expand an existing blood pressure service. Community Pharmacy England unanimously agreed to accept the deal which sets out how the £645 million investment pledged within the [Delivery plan for recovering access to primary care](#) will be used to support the delivery of community pharmacy services for patients nationwide. For more information on the Recovery Plan deal see [our website story](#).

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## National Press Statement: Key Messages

**This is the national press statement we issued at the time of the Recovery Plan deal announcement, which includes a number of key messages:**

“It makes perfect sense to use community pharmacies as a first port of call for healthcare advice, access to contraception and health checks such as blood pressure tests. Local pharmacies are staffed by highly qualified healthcare professionals and empowering them to do more is a logical next step for primary care. These new services will help patients and the public, as well as reducing pressure on GPs and the wider NHS.

“The investment in these services is desperately needed and welcome: pharmacies want to offer these services, and in future, we hope to see pharmacies getting even more support, with more services available and independent prescribing commonplace.

“Pharmacy teams will remain very busy throughout this winter but they will be working hard to build these new services into their daily workload when they launch. We hope that members of the public will want to take full advantage of the offer from community pharmacies in due course.”

**We are also using this statement about the pressures on the sector and the challenge of implementing the new services:**

“The introduction of a national Pharmacy First service alongside expansions of contraception and blood pressure checking services are an important step forward for community pharmacies and their patients, but this development this will not solve all of the problems that pharmacies are struggling with. Community pharmacies remain under significant financial and operational pressure with businesses of all sizes reporting record losses. While these new services will offer some extra funding, this will not address the underlying funding deficit in the sector, and finding the capacity to deliver them will be a real challenge. We hope to work constructively with NHS and the Government to address some of these wider issues over the coming months.”

**This is the national press statement issued for the start of the service in January 2024, which includes a number of key messages. PLEASE NOTE: This is embargoed until 31st January 2024 and should not be used before then.**

*“Today is a big day for community pharmacies who have been working incredibly hard to get ready for the launch of Pharmacy First. The service marks a step-change for pharmacies, patients and the public, and one that we hope to build on for the future. By choosing to go to ‘Pharmacy First’ for the seven common conditions, people can get help faster, freeing up GP appointments for those who really need them. We strongly encourage the public to make full use of this service for convenient, easy access to healthcare advice, support and appropriate treatments from expert pharmacists and their teams.”*

## Further Media Lines

We have set out below some suggested media lines on a range of topics linked to the Recovery Plan deal. This will be a dynamic document, so please do email us at [comms.team@cpe.org.uk](mailto:comms.team@cpe.org.uk) if you are asked on other topics which you think we need media lines to cover. For answers to technical questions on the new services, try our [FAQs briefing here](#), although please note that the FAQs have been written with the sector, not the public in mind.

### Managing public expectations

At this stage we need to be careful to appropriately manage public expectations. We are all aware of scenarios when the Government or NHS announce plans for a new service at the same time as the sector hears about it. Members of the public may well go into their local pharmacy to enquire about the service, but they are not yet ready to provide it. It is therefore important for us to be clear about when people may realistically be able to start accessing these services.

As a reminder, the schedule for the new services is as follows:

- From December 2023 – initiation of oral contraception and more blood pressure checks
- From 31st January 2024 – treatment for sinusitis, sore throat, earache (for children and young adults), infected insect bite, impetigo, shingles and uncomplicated urinary tract infections (in women)

In reality, given winter pressures, pharmacies may take longer to get up and running.

- It may take time for your local pharmacy to get ready to start offering these new services.
- Pharmacy teams want to do more to support their local communities when opportunities arise, but new services need careful set-up to ensure they can be conducted safely.
- Preparing to provide new services takes time and money. Some of the Government investment will support this, but pharmacies could only apply for it from December.
- The three new services are all opt-in and it may not be appropriate for every pharmacy to provide them.
- With the announcement coming at the start of the busy winter season, many pharmacies may need more time to make the necessary preparations (such as undergoing additional training or purchasing extra equipment) to start providing these services.

- The [pharmacy service search tools on the NHS.uk website](#) has begun listing the services so that you can find out which of your local pharmacies has begun providing them (Pharmacy First will not be listed on the NHS website pharmacy profiles of participating pharmacies).

### Explaining Pharmacy First

- From 31st January 2024, most pharmacies (over 95% have signed up to provide the service) can now help people with seven common conditions which would previously have required a GP appointment.
- The conditions (and eligibility for using this service) are:
  1. Sinusitis (adults and children aged 12 years and over)
  2. Sore throat (adults and children aged 5 years and over)
  3. Earache (children and young adults aged 1 year to 17 years)
  4. Infected insect bite (children and adults aged 1 year and over)
  5. Impetigo (adults and children aged 1 year and over)
  6. Shingles (adults aged 18 years and over)
  7. Uncomplicated urinary tract infection (women, aged 16 to 64 years)
- If you have symptoms that suggest you may have one of these conditions, you can now walk into a pharmacy and be offered a consultation with the pharmacist.
- Under the new service, pharmacists can provide advice and, if clinically necessary, will offer an NHS medicine to treat it (NHS prescription charges apply if you normally pay for medicines supplied on prescription).
- Should the pharmacy team be unable to help, you will be directed to your GP surgery or A&E as appropriate.
- By thinking 'Pharmacy First', people will find it easier and quicker to get the help they need and bypass the 8am rush to book an appointment with their GP.

### Pressures in community pharmacy

**It can feel strange to talk about pressures while we are trying to be positive about the Recovery Plan deal. But it is possible to outline both the very difficult situation that pharmacies are in and the additional support that they still need, and also to say that this**

**announcement will offer some help to businesses. You can also say that all pharmacies will be working very hard to try to deliver these services.**

- Community pharmacies rely on their NHS funding for about 90% of their income, but this funding has been squeezed by 30% in real terms since 2015, while costs have risen uncontrollably.
- In one year alone, pharmacy locum costs went up by 85%. Unlike other businesses, pharmacies cannot pass any increased costs on to customers.
- In addition to the financial pressures, community pharmacies are dealing with workforce, medicines supply and other operational pressures.
- Community pharmacies still find themselves in a very difficult situation as these financial and operational pressures continue to take their toll.
- We have already seen pharmacies up and down the country being forced to close temporarily, making reductions in opening hours where they can, reviewing their estates, and, in some cases, closing pharmacies.
- We are now seeing yet more pharmacy closures\*, record losses and pharmacy sales which reflect the reality, and should be ringing alarm bells: the NHS and Government's near decade-long policy to squeeze community pharmacies financially is now pushing many community pharmacy businesses to the brink.
- The pressures on pharmacies have been caused by a number of factors including systemic pharmacy funding cuts, workforce issues and growing staff costs, rising energy bills, inflationary pressures, and increasing instances of dispensing medicines at a loss due to market and medicines pricing.

**\*Closures: For lines on the concerning trend of closures and its impact on Pharmacy First we have the following:**

- Pharmacy closures are a clear warning of the significant challenges faced by community pharmacies.
- This concerning trend needs urgent reversal. This is even more critical as the government and NHS expect pharmacies to play a larger role in alleviating pressures on the wider NHS, and especially with the launch of the Pharmacy First service across England.
- To ensure long-term success, it's crucial to stop the increasing rate of pharmacy closures and address ongoing pressures.

- Continued core funding and support for community pharmacies is essential, as without it, patients and communities across England will undoubtedly face more adverse effects due to pharmacies struggling to stay open.

In **Annex 1** we have included a summary of the Pressures Survey 2023, as well as some other polling results and background notes on pharmacy funding.

### Impact of the Recovery Plan deal announcement on pharmacy pressures

- Pharmacies are not paid specifically for the advice and support that they give to patients on an everyday, walk-in basis – and we know that some 65 million of these informal consultations happen every year. [Pharmacy Advice Audit 2022, CPE](#)
- The Pharmacy First service starts to correct some of that while also expanding the support that pharmacies can give, and we hope it will develop further in the future.
- The extra funding for all these services will bring some relief to pharmacy businesses, but this is not going to be enough to reverse all of the pressures on pharmacy businesses: increased and sustained support and investment, as well as a long-term workforce strategy and help to release capacity, are also needed.
- This will be a very difficult winter for community pharmacies but they want to offer these services, and need the additional funding from them, and will be working incredibly hard to try to do so.
- 86% of pharmacy owners told us they want to provide a Pharmacy First service earlier this year. [CPE sector polling, July 2023](#)
- We also hope these service developments will start to embed community pharmacies within primary care, giving us a platform from which to build a more sustainable future for the sector.

### Concerns from the sector

Some pharmacy owners and pharmacists preparing for the Pharmacy First service have raised concerns about the sector's readiness to take on the service.

- Ahead of the service launch, we have been running a [training programme](#) and encouraging all pharmacy teams to make the most of the [resources available](#).

- Previous polling and preliminary results from our [January polling](#) suggest that the majority of the sector feel positive about the service, and also that most people are finding our webinars and other resources helpful.
- Pharmacy First is a huge step forwards for community pharmacy, accompanied by the most significant investment in many years, and it has been encouraging to see so many people taking part in our training webinars.
- However, nearly a decade of funding cuts are severely impacting the sector and we are also continuing to fight for the further investment and help that community pharmacies desperately need.

We also issued a longer statement about this, aimed at the sector, [here](#).

### Public and wider support for these new services

- There have been widespread expressions of support for a Pharmacy First approach from GP groups, patient representatives, Parliamentarians and charities.
- Some example expressions of support are copied below.

**Amanda Pritchard, NHS chief executive, said:** “The care and support people receive from their local pharmacy is rightly highly valued by patients and so it is essential we use the skills and convenience of community pharmacies to make it as easy as possible for people to get the help they need. This is really good news for women – we all lead increasingly busy lives, and thanks to this action, rather than making a GP appointment, they can simply pop into their local pharmacy when they need or want to access contraception. We will also be expanding services so that more health checks are available for patients on the high street, which is not only better and easier for patients but also frees up NHS time for more GP appointments for those who need them most.”

**Health and Social Care Secretary, Victoria Atkins, said:** “It is a pleasure to start my time as Secretary of State with such a positive example of the government, NHS and pharmacy sector working together to reach an agreement to improve services and save lives. For the public these changes will mean more options for women when making a choice about their preferred contraception, reduce the risks of people suffering heart attacks and strokes and make it easier

to access medicines for common conditions. And for healthcare professionals this will free up GP appointments and make better use of the skills and expertise within community pharmacies.

**Dr Claire Fuller, NHS medical director for primary care and the NHS' lead GP in England said:**

"I'm delighted the changes that the NHS is making mean people will have new and convenient ways of accessing treatments for many common conditions. In particular, contraception is essential for many women, and this is a big step forward in making these services easier for women to access. Local pharmacies are trusted parts of our communities and GPs and pharmacists work closely together. Pharmacists have always provided continuity and long-term support to patients, families, and carers. So, this is a safe and common-sense way of making NHS services easier for patients to use.

**David Webb, Chief Pharmaceutical Officer for England, said:** "Pharmacy First demonstrates the significant and exceptional contribution of community pharmacy teams to the NHS. This further expansion of clinical services delivered by pharmacy teams in local collaboration will enable thousands of people to access the help and care they need quickly and conveniently."

**Jacob Lant, Chief Executive at National Voices, said:** "We often hear, from our members, about the vital role Pharmacists play in supporting people to access the care and support they need, especially people living with long-term conditions and multi-morbidity, and people at greater risk of experiencing health inequalities. This is a positive step in giving people more meaningful choices and we welcome the move to expand community pharmacy services and enable people to access help and support at a time and in a way which is right for them."

**Rachel Power, Chief Executive, Patients Association, said:** "Community pharmacy's accessibility and characteristics, such local staff, are a huge asset to a community so we welcome the expansion of community pharmacy services. Enabling pharmacists to prescribe for common conditions and initiate treatments, expands choice for patients."

**William Pett, Head of Policy, Public Affairs & Research at Healthwatch England, said:** "Women across England will welcome the convenience of getting the contraceptive pill at a local pharmacy. Being able to see your GP in a timely manner remains the public's top concern. If this initiative is effectively communicated and delivered, it will make a real difference to patients and relieve the pressure on hard-pressed services. There could be potential problems, such as pharmacists not being able to see enough of people's GP records or the ability of different



communities and areas to access the new service. However, if evaluated well, the NHS will be able to ensure that this promising new service really works for patients."

In addition to this:

- We believe that members of the public and patients will support these steps to expand the role of community pharmacies.
- The community pharmacy sector will be supporting the NHS communications campaigns that encourage people to make use of these services.
- Many GPs welcomed the prospect of the Pharmacy First service when the Recovery Plan was originally announced in May 2023 and community pharmacy will be working hard at local and national level to embed these new services within primary care and make them a success.
- We know that millions of people already choose to walk into their pharmacies for advice every day. [Pharmacy Advice Audit 2022, CPE](#)
- 75% of people agree that they would like to see community pharmacies offering more healthcare services such as treating urinary tract infections or sore throats. [YouGov poll for CPE](#)
- 78% of people say the services provided by community pharmacies are 'very important' to them, their family or community. [YouGov poll for CPE](#)
- The Pharmacy First and other services are in line with the recently published [Vision for Community Pharmacy](#) from think tanks Nuffield Trust and The King's Fund.

### Possible challenges

**As well as concerns about the capacity of community pharmacy to deliver these services (as covered above) you may be asked questions about the professional training of pharmacists, AMR concerns, or patient safety questions. These lines should help with those.**

### General lines

- Community pharmacists are clinically trained healthcare professionals with a special expertise in medicines. They understand medicines and their potential risks.

- They already very safely offer healthcare advice as well as a wide range of clinical services to patients, and they are regulated by the General Pharmaceutical Council to assure safety and standards.
- Pharmacists, like all regulated healthcare professionals, have to undertake regular professional development, and for some services there may be additional training provided if this is necessary, including training on red-flag symptoms.
- From 2026, all newly qualifying pharmacists will be independent prescribers. This means they may prescribe autonomously for any condition within their clinical competence.
- All community pharmacies are now required to have a private patient consultation room (or to apply for an exemption to this from NHS England, which we believe a handful of pharmacies have done) which will allow for confidential discussions with patients.
- Pharmacies have secure IT systems in place and teams are trained in clinical governance and manage confidential patient records safely.

### **The new services**

- The new services will enable community pharmacists to supply certain medicines under [Patient Group Directions](#) (PGDs). PGDs are legal documents which set out how and when pharmacists may supply medicines safely without the need for a prescription.
- Importantly, the Pharmacy First scheme is supported by a major investment in IT/Digital systems to enable access to patient's GP records, updating of GP records and wider interoperability of community pharmacy and NHS systems. This will be key to supporting patient pathways of care and integrating the care that pharmacies are giving with wider primary care.
- Where pharmacies are not able to provide the right treatment for patients, they will be referred back to their GP or other NHS services for the help they need.
- Much work has already taken place to map out the clinical pathways for the services to assure this.
- Where the contraceptive pill is being supplied, pharmacists will be able to undertake any necessary weight or blood pressure checks needed.

## Supplying antibiotics and concerns about AMR

- Antimicrobial resistance (AMR) is considered to be one of the biggest risks to the future of modern healthcare and mitigations against it have to be part of any new services being commissioned by the NHS, whoever is providing them.
- Addressing concerns around AMR has been a key focus for pharmacy and the NHS, and the NHS has taken many months to fully evaluate, consider and mitigate against any risks.
- We know that community pharmacists can and will manage this risk and are pleased to have successfully persuaded the NHS of this.
- Community pharmacists understand the issues and have already been contributing to a Pharmacy Quality Scheme in recent years which has made important contributions to enhancing patient outcomes and safety, including a focus on antimicrobial stewardship.
- Pharmacists are skilled in recognising red flags and will refer on when necessary, whilst providing clinically sound treatment and timely patient access to care and medication.
- The experience of the Scottish and Welsh Pharmacy First schemes, not to mention many [local services](#) in England, suggests that pharmacists are more cautious about supplying antibiotics than other healthcare professionals.
- NHS England has led work to ensure that the clinical pathways for the Pharmacy First service and the associated PGDs will allow community pharmacists to supply antimicrobials, only where clinically appropriate, without increasing the risks of AMR.
- A large number of experts have fed into this detailed programme of work, supported by clinical pharmacists from Specialist Pharmacy Service. The participating experts have included AMR Consultant Pharmacists, Infection Control Specialists (medical), the UKHSA's [ESPAUR team](#), senior GPs, academics, Primary Care Network clinical pharmacists, NHS England's Medical Director and Chief Pharmaceutical Officer.
- The UK's Chief Medical Officer has also been involved in decisions made on the approval of the clinical pathways and PGDs, alongside Government and NHS advisory committees on antimicrobial stewardship.
- The clinical pathways for the service, set out requirements which the patient must meet (e.g. signs, symptoms and key diagnostic criteria, duration of illness, prior history of the same condition) to determine whether they may be suitable to receive a supply of an antimicrobial. The clinical pathways have been designed drawing upon the guidance

provided to all primary care healthcare professionals in [NICE's Clinical Knowledge Summaries](#).

- If those requirements are met, the requirements of the PGD will then be considered by the pharmacist, to assess whether it would be safe and appropriate to make a supply of the antimicrobial, or whether another option may be appropriate, such as delaying any treatment with an antimicrobial or referring the patient to their general practice, where clinically appropriate.
- Pharmacists will be able to see more of the GP patient record as is necessary to provide treatment and notify the GP it has been provided, but the record is accessed according to strict protocols and patient data is safe.
- Point of care testing doesn't provide a black/white answer; dipstick tests for UTIs can generate false negatives; management based on clinical symptoms alone is effective and equivocal cases will be referred back to a GP (as evidenced by [this case study on AMS](#)).
- The Government has said that it will "be closely monitoring the Pharmacy First service post-launch, particularly in relation to antimicrobial supply to guard against the risk of increasing antimicrobial resistance, and the National Institute for Health and Care Research (NIHR) will commission an evaluation" (source: [Pharmacy First letter to contractors](#)).
- ICBs will also have oversight of antibiotic prescribing and address any issues in their local area, so we expect there will be local monitoring too.
- We should not be surprised to see the health service wanting to monitor this: this is something they are actively monitoring across the NHS.
- However, there could be a potential increase in supply of antibiotics from pharmacies as patients transfer from GP or urgent and emergency care settings to get treated more quickly/conveniently. Additionally, there is currently likely to be an unmet need for such treatment, due to challenges many patients have accessing GP appointments and some patients currently access such consultations from private GP services, for which no data is available. Consequently, when data is available it needs to be carefully examined and understood in context.

Note, we have recently posted a [case study on AMS](#) and detailed [efforts to tackle AMR as part of the Pharmacy Quality Scheme](#) on our website, which may be useful to point to.

You can also [read our recent statement incorporating these points on our website](#).

## General Practice related concerns

We [issued a statement](#) in response to comments from the Doctors' Association UK (DAUK) questioning funding for the new Pharmacy First service. The essence of that is also set out below.

### **Pharmacy First fees appear to be higher than what GPs are paid for consultations**

There are fundamental differences between how pharmacies and GPs are paid for services which makes such comparisons worthless. GP funding is largely based on capitation payments whilst community pharmacy owners only get paid when patients actively use their services. This means a lot of the overheads of running a pharmacy are not directly funded, unlike the GP model.

### **General Practice support for Pharmacy First**

Community Pharmacy England works very closely with the BMA General Practitioners Committee England. They saw the initial bid for a Pharmacy First service and expressed their strong support for it. They expressed strong support for the direction of travel, recognising that GPs cannot deliver all of these services themselves as demand continues to rise and that the wider primary care team has to be part of the solution to GP access challenges.

### **Criticism from GPs and other healthcare professions about new funding for pharmacy**

With the huge pressures that the NHS is under, healthcare professionals should be supporting one another to work towards providing the best care for our patients. It is just not on to use news of a new service that would help take pressure off GPs as a way to diminish the work of pharmacies. They should be directing their frustration about funding towards the Government, not fellow healthcare professionals.

## The Future of Community Pharmacy

- With the right enablers and support in place, pharmacies could do even more to help support patients and primary care.

- Pharmacies could help with minor conditions, vaccinations, support women's health and people with long-term conditions, and do more diagnostic testing close to people's homes.
- In time, we hope that the Pharmacy First service will be expanded to cover more health conditions.
- The blood pressure checks service could also be developed in the future to allow pharmacists to treat and manage any people who are found to have high blood pressure, and pharmacies could offer other services to help prevent and treat cardiovascular disease.
- The contraception services marks a significant change for women and there is scope in the future for this service to be extended into other forms of contraception and HRT treatment to create a wider women's health service in the community.
- Two health think tanks, Nuffield Trust and The King's Fund recently set out a [Vision for Community Pharmacy](#) which we hope to implement over the next decade.
- The think tanks set out an ambitious vision for the future in which community pharmacies will offer more across four key policy domains: preventing ill health and supporting wellbeing, providing clinical care for patients, living well with medicines, and being part of an integrated primary care offer for neighbourhoods.
- We know that if the current challenges can be overcome, community pharmacies are ambitious about this future.

## Annex 1: Further Messaging on Pressures

### Summary of the Pressures Survey 2023 results

- **96% of pharmacy owners** said that they are facing significantly higher costs than last year; up from 80% who felt this way in the 2022 pressures survey. These cost increases came from unreimbursed medicines costs, wage increases, and rising utility bills.
- **Over 70% of pharmacy businesses** are experiencing shortages of pharmacists and other staff.
- **77% say there is insufficient funding** to cover staff or locum costs; this is up from 51% in the 2022 pressures survey. Around three quarters cite difficulties in recruiting permanent staff and finding locums. This has added more pressure on already overstretched pharmacy teams, with 68% of those surveyed reporting that they have been required to work extra hours due to staff shortages.
- **92% pharmacy staff have seen a significant increase in requests from patients** unable to access general practice. Additionally, 61% of pharmacy staff reported a significant increase in delays of prescriptions issued by GPs.
- **92% of pharmacies are dealing with medicine supply issues daily.** This is an increase from 67% in the 2022 pressures survey. Even more worryingly, 87% of pharmacy staff report that patient health is put at risk because of medicine supply issues.
- **Almost all the pharmacy owners (97%) report significant increases in wholesaler and medicine supply issues** and 71% report delays in prescriptions being issued. Medicines supply issues have serious implications for pharmacy teams and patients. Almost all pharmacy staff surveyed report that they are experiencing extra workload (97%) additional stress due to supply issues (96%), and even more report that patients are frustrated (98%) and inconvenienced by the supply issues (97%).
- **84% of pharmacies report experiencing aggression from patients** due to medicine supply issues; this is an increase from 75% in the 2022 pressures survey.
- **78% of pharmacy team members said that their work is having a negative impact on their mental health and wellbeing.** Just 7% said work was having a positive impact on their mental health.

- **Concerningly, 45% of pharmacy teams cite patient abuse** as one of the reasons why they are not coping at work.
- **81% of pharmacy teams have experienced increases in patients requests for support**, and almost 1 in 5 reported unplanned closures due to staff shortages.
- **Almost all pharmacy teams (98%) and pharmacy owners (97%) staff surveyed report that patients were being negatively affected by the pressures on their pharmacy** (up from 92% in the 2022 pressures survey).

**Further Pressures Survey Resources are available here: [Pressures Survey confirms rising costs, patient demand and medicine supply issues continue to grip community pharmacy](#)**

## Background notes on funding and pressures

Community pharmacies are funded according to a contractual framework agreed by Community Pharmacy England, the NHS and Government. This framework accounts for around 90% of pharmacies' income. The remaining 10% can come from locally commissioned services – such as from local public health teams – and from retail income. In 2019, a five-year deal was agreed for pharmacies following 3 previous years of cuts.

The deal introducing a range of new national services which now see pharmacies checking people's blood pressure and supporting people who are discharged from hospital, as well as extensions to some existing services. The funding for these national services comes from the contractual framework, which is described as 'flat' – at £2.592bn each year – until the end of March 2024. In practice this means real terms funding is reducing year on year, as inflationary increases are not being taken into account.

In addition:

- The COVID-19 pandemic has placed significant additional pressures on pharmacies, and more and more people are seeking healthcare advice from pharmacy teams.
- Frustratingly little progress has been made on releasing capacity within the sector.
- Pharmacies, like all other businesses, are seeing their costs increase significantly, but unlike other businesses, they are not able to pass on these cost increases to their customers.



- Community Pharmacy England analysis estimates that pharmacies will have already made efficiencies of between 37% and 50% from the period 2015/16 until 2022/2023.
- Pharmacies are having a greater financial squeeze applied to them than other NHS services. While pharmacy funding has remained flat at a reduced level since 2015/16, the NHS as a whole has benefited from an annual funding growth rate of 3.4%.

### **Pressures**

There are further challenges ahead for community pharmacies who continue to grapple with the impact of 30% real terms funding cuts,

This extra funding for services is very welcome, but it will not address the underlying core funding deficit in the sector. We continue to see headlines about pharmacy businesses reporting record financial losses, being put up for sale, and continuing their programmes of branch closures.

- 79% of pharmacy owners are either neutral or feel they are ill-prepared to face the pressures of the coming winter\*
- 80% of independent pharmacies report medicine market instability, workforce costs and unpredictable revenue stream being at maximum pressure – with multiple businesses also reporting high pressure levels across these areas\*

*\*Community Pharmacy England polling, November 2023*

**If you have any queries or require more information, please contact:**

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