A prescription for success – the role of community pharmacy in delivering the 10 year plan for health

Helen Buckingham

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Introduction

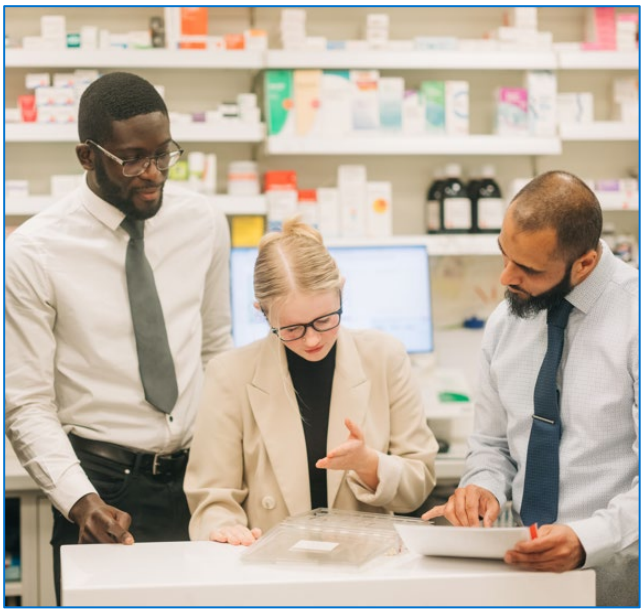
In September 2023 the Nuffield Trust and King's Fund published a vision for the future of community pharmacy, an independent report commissioned by Community Pharmacy England. This vision was developed in the context of an emerging focus on the importance of 'place' as the organising principle for the delivery of healthcare in the future, and positioned community pharmacy centrally in the delivery of integrated services for local communities.

In July 2025, the Department of Health and Social Care (DHSC) published Fit for the Future, a new 10 year plan for health and social care in England. Underpinned by three shifts - from hospital to community; from analogue to digital; and from treatment to prevention, this describes an ambitious vision for a world in which services are designed to meet the holistic needs of individuals and communities, making the best use of modern technology and data, and treating citizens as partners in maximising their health potential, rather than passive recipients of care designed for the benefit of the professional rather than the patient.

This review draws out the relationship between the broad brush vision set out in Fit for the Future, and the more specific vision set out for the community pharmacy sector, and sets out 5 questions which will need to be addressed to ensure that community pharmacy is able to realise its full potential through the implementation of the 10 year plan.

1. How will community pharmacists be engaged in service transformation both locally and nationally?
2. How will the IT and estates needs of community pharmacy be included in local and national plans?
3. How will DHSC ensure that in the restructure of DHSC and NHS England, and in the new larger Integrated Care Boards (ICBs) there is capacity and capability for commissioning community pharmacy services?
4. How will the community pharmacy workforce be included in the development of the NHS workforce 'fit for the future'?
5. How can the contract for community pharmacy services be reshaped to ensure a sustainable funding and operational model underpinning the sector's contribution to the neighbourhood health service?

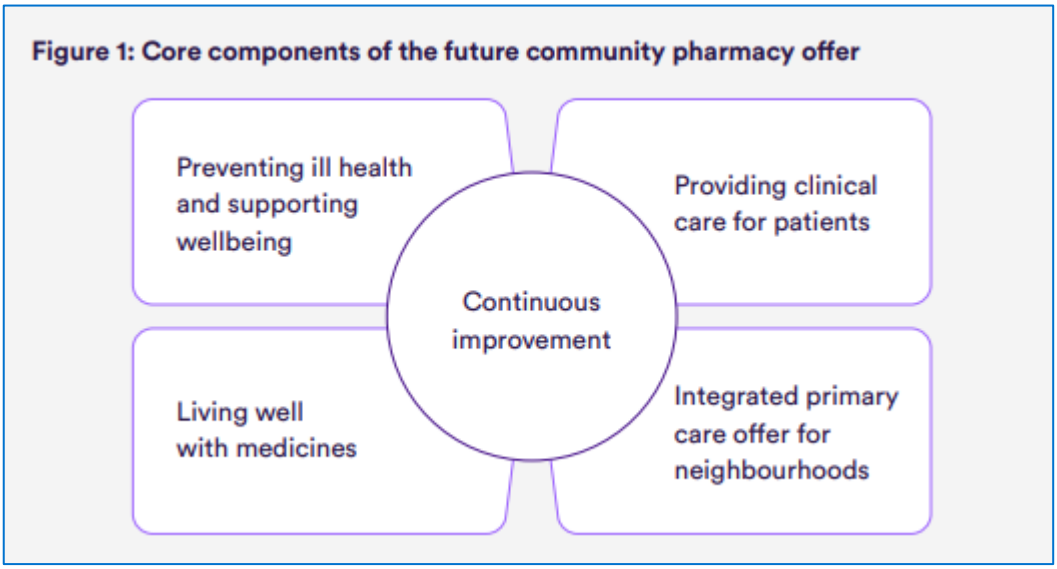
Community Pharmacy England and Local Pharmaceutical Committees will need to work with decision-makers at both a national and local level to develop the answers to these questions, ensuring that community pharmacists are at the heart of Neighbourhood Health services, delivering better value for commissioners and above all, a better experience for patients and the wider public.



Synoptic Visions

There is significant alignment between the two visions. In summary, the Nuffield Trust/King's Fund vision for community pharmacy describes a future in which:

> "Patients and the public will be able to access medicines, further clinical services and preventive services which are accessible and clearly understandable, and that give them choice where appropriate, continuity where required, and confidence in the advice and treatments they receive. Community pharmacies will play a particularly important role in supporting self-care and helping their local populations to stay healthy and well. The growth of the independent prescriber role will mean that a large proportion of patients with self-limiting conditions will use community pharmacy as their first contact point for treatment and advice. And the services offered by community pharmacy will be integrated with other parts of the health and care system, particularly other parts of primary care, with information and pathways flowing seamlessly across different providers and settings. This will ensure that patients that need to be directed to other appropriate services can be quickly directed to the right part of the system.
>
> Community pharmacy will make a significant and valued contribution to the goals of the wider health and care system, including the ambitions of their local integrated care board (ICB). It will have a key role to play in addressing inequalities, both in health status and in access to health care."



(Source: A Vision For Community Pharmacy, Kings Fund/Nuffield Trust, 2023)

Although it necessarily focuses less specifically on community pharmacy, Fit for the Future paints an attractive picture of the Neighbourhood Health Service of the future and makes a number of specific references to the role of community pharmacy in this. There is an explicit recognition of the role pharmacists play as independent professionals, and increasingly as independent prescribers. In line with the vision developed by the Nuffield Trust and King's Fund, the 10 year plan sets out a much wider role for community pharmacy in future, offering a range of clinical services alongside the traditional role of dispensing medicines.

According to the 10 year plan the neighbourhood health service

> "…will bring care into local communities; convene professionals into patient-centred teams; end fragmentation and abolish the NHS default of 'one size fits all' care. It will transform access to general practice and prevent unnecessary hospital admissions. It will help reintegrate healthcare into the social fabric of places."

(Source: Fit For The Future, DHSC, 2025)

But there are many other opportunities for community pharmacy to contribute to the delivery of the 10 year plan. The following sections consider the 10 year plan chapter by chapter, identifying the issues which will need to be addressed in order to maximise the impact of community pharmacy.

It's Change or Bust

Fit for the Future opens with a recognition that the status quo cannot and will not continue. A significant change in the model of care delivered by the NHS is required in order to meet patient expectations and needs whilst making the best possible use of limited resources. Community pharmacy is at the forefront of this change. The sector has undergone significant change over the past three years, reflecting both the resilience of the sector and the adaptability of its workforce. Services have evolved in the context of the impact of the COVID-19 pandemic, developing NHS priorities, and the inexorable march of digital innovation. These changes have demanded a balance of pragmatism and vision, underpinned by a persistent drive to improve patient care.

Responding to a Health Emergency

The onset of the pandemic in early 2020 brought community pharmacy to the fore, positioning it as a vital front-line health service. Pharmacies remained open while other services became harder to access, offering continuity in a time of uncertainty. This visibility came with intense challenges: staff shortages, supply chain disruptions, and the need to adapt services almost overnight. However, the pandemic response served to highlight the agility of community pharmacy. In addition to maintaining their core role dispensing medication – and finding ways to do this for individuals and communities no longer able to access the pharmacy in person - pharmacies rapidly introduced COVID testing and vaccination services, often serving communities otherwise isolated from mainstream healthcare.

Shifts in Service Provision

In the post-pandemic recalibration, the last three years have seen community pharmacies moving further beyond traditional dispensing roles. The Pharmacy First scheme, piloted locally and then rolled out nationally, encouraged pharmacies to offer clinical services for minor ailments, providing patients with more accessible routes to care. Blood pressure checks, contraception consultations, and support for long-term conditions became increasingly commonplace. This diversification has not only increased the professional autonomy of pharmacists but also helped to ease pressures on GPs and urgent care services. This expansion of clinical

services is not merely a shift in activity but a reimagining of the sector's purpose: pharmacies as neighbourhood hubs for preventative care and early intervention.

Digital Transformation

No review of recent changes would be complete without acknowledging the digital revolution. Electronic prescriptions, once a promising innovation, have become the norm; and digital consultation platforms have proliferated, enabling remote support for patients. Record-keeping and communication with other healthcare professionals have been streamlined, facilitating more joined-up care. The National Patient Prescription Tracking service, launched earlier in 2025, already serves almost 400,000 patients across 1650 community pharmacies.

Workforce Developments

Pharmacist training is undergoing major reform. Over 9,000 pharmacists have qualified post registration as independent prescribers and from 2025/26, all newly registered pharmacists will be qualified as independent prescribers. The Pharmacy Integration Programme has delivered a wide range of training and support to qualified pharmacists. Pharmacy technician training is also expanding to support clinical service delivery. In addition, pharmacists are being encouraged to take up leadership roles through the Chief Pharmaceutical Officer's Leadership Development Programme.

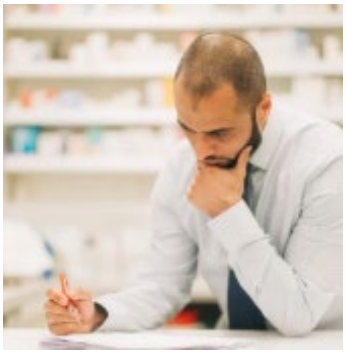
Looking Ahead

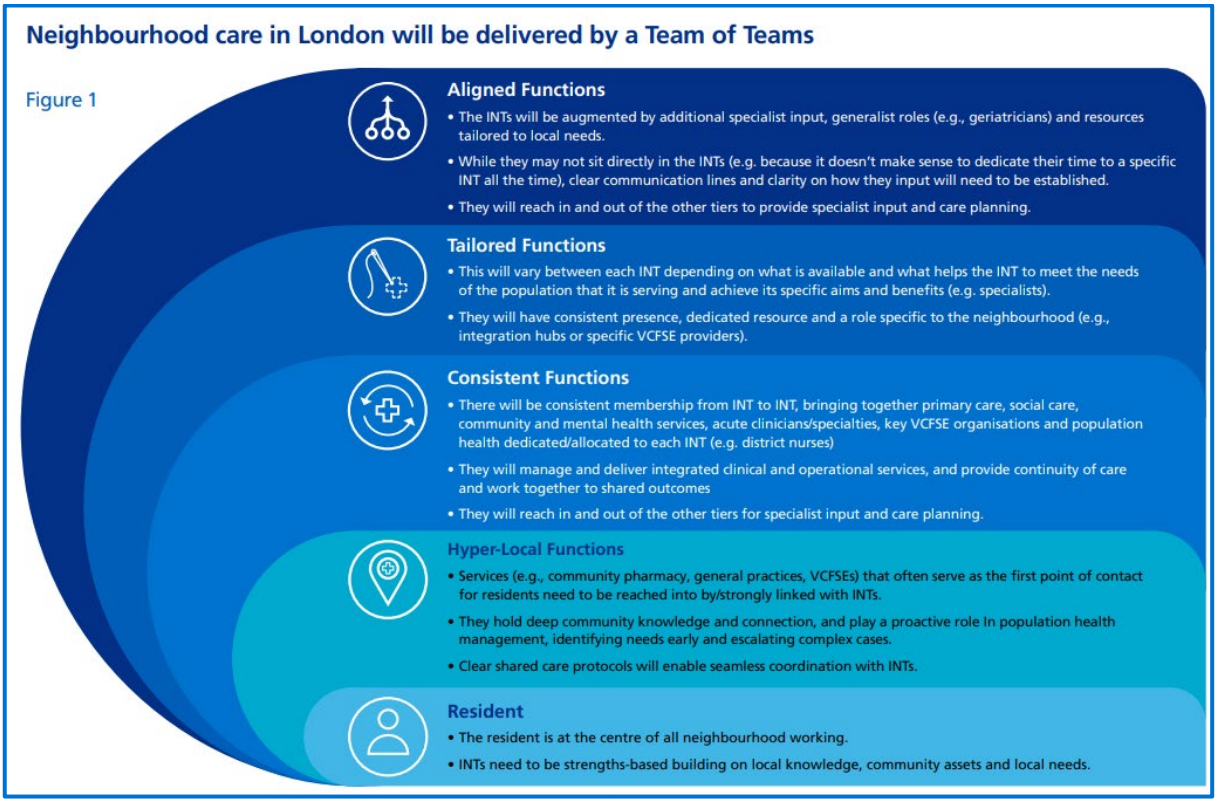
The transformation of community pharmacy in England over the last three years is a story of challenge and renewal. The sector has demonstrated remarkable flexibility and a willingness to embrace new models of care. However, sustained progress will require a clear vision of community pharmacy's role within the broader NHS, continued investment, and strengthened engagement with pharmacy owners and their teams both nationally and locally.

From Hospital to Community

The first 'shift' described in the 10 year plan, 'from hospital to community' positions the Neighbourhood Health Service, to which community pharmacy will be integral, at the heart of the health system. The NHS will shift from being a hospital centric service to one which is centred on the lives of those who use it, providing "continuous, accessible and integrated care".

Across the country, ICB and Place leaders are working with partners to determine how services are best organised to deliver a community-centric service rather than a hospital centric service. For example, in London, all 5 ICBs have agreed a common operating model, which takes a 'team of teams' approach. This includes specific reference to community pharmacy within the 'hyper-local' services which have deep knowledge of local communities.





(Source: A Neighbourhood Health Service For London: The Targeted Operating Model, NHS England, 2025)

However, to move this model beyond the conceptual, and to ensure that community pharmacy is able to play a full role in the Neighbourhood Health Service as described earlier in this document, it is critical that local leaders are supported to develop a full understanding of pharmacy and its capabilities.

For example, as community pharmacists increasingly become able to prescribe independently, their role in the management of long-term conditions, complex medication regimens, and treatment of obesity, high blood pressure and high cholesterol will increase. Community pharmacy will also have a bigger role in prevention by expanding their role in vaccine delivery and in screening for risk of cardiovascular disease and diabetes.

The 10 year plan places significant emphasis on reducing health inequalities – both inequalities in health status, which may be driven by external factors such as housing and employment, and inequalities in access to health care, which are directly in the gift of providers and commissioners to address. Community pharmacies are well placed to engage in this important work. Being in and of the communities they serve, community pharmacies have a deep understanding both of the wider factors which affect the health of their populations, and of ways in which those populations may be encouraged and supported to access health care. This was exemplified during the COVID-19 pandemic, where community pharmacies played a significant role in tackling vaccine hesitancy.

Community pharmacy also has a role to play in other aspects of service redesign trailed in the 10 year plan. For example, the plan described an ambition for a radical redesign of the traditional model of outpatient care. There is potential for community pharmacy to contribute to this, and to take on new roles in relation to secondary care prescribing. Similarly, pharmacies have much to offer the proposed 'women's health hubs'.

Describing the 'what' for the future is relatively easy. But these changes will not be delivered without involving community pharmacy effectively in planning 'how' the changes will actually be implemented. This leads to the first implementation question:

How will community pharmacy be engaged in service transformation both locally and nationally?

The Nuffield Trust and King's Fund made a number of recommendations aimed at enhancing the leadership role of community pharmacists within local systems to improve planning and implementation. These remain relevant today.

As ICBs develop their strategic commissioning role, we would expect that they will ensure clear clinical leadership for pharmacy across the ICB as well as ensuring strong local networks to support streamlined representation of the sector at Place level. We would expect to see ICBs and Place partnerships working with the Local Pharmaceutical Committee leads within each ICB, who are in a position to develop a coherent 'voice' in local planning discussions, and there should also be a coherent and consistent voice among community pharmacy representative bodies at national level.

Developing system leadership capabilities within community pharmacy should be a focus for ICBs, and community pharmacists should be engaged in local leadership development alongside other professional groups. Of course, as for other primary care contractors, engagement in system working and system leadership needs to be resourced.

NHS England and DHSC should also co-ordinate research and evaluation to support the development of clinical services in community pharmacy, learning from local implementation. A good example of this is the recently published evaluation of clinical services in community pharmacy undertaken by RAND Europe for NHS England.

Patient and public engagement

In addition to engaging directly with community pharmacies, patient and public engagement will be important. It is clear from both public engagement on the 10 year plan and from work led by National Voices and Healthwatch England, which informed the vision for community pharmacy, that there is public appetite for accessing a wider range of services in community pharmacies, and that pharmacies have a significant role to play in addressing access issues both for people living with ill health for whom local access is particularly important, and those from minority communities.

Despite this, in general terms the pattern of community pharmacy service provision remains ill understood by the general public, most of whom will only interact with a pharmacist when medicines are being dispensed or bought over the counter. To maximise the potential contributions of community pharmacy and reduce demand on GP services, an effective communications campaign will be needed to inform the public about the evolving role of pharmacies and what services they provide. The messaging should clarify that this change is intended to improve access to qualified professionals with relevant expertise, functioning alongside GP services, rather than replacing or reducing existing levels of care.

This will sit alongside patient and public engagement at a local level in the design of the neighbourhood health service in specific localities.

From analogue to digital

The second shift, 'from analogue to digital', highlights the potential modern technology has to offer in enabling both a more efficient service and one which is more responsive to and connected with the needs of those who use it.

As noted earlier in this document, community pharmacy is embracing digital technology, and the proposed developments set out in Fit for the Future are welcome. In particular, the commitment to include community pharmacy in the Single Patient Record (SPR) reflects a key recommendation made by the King's Fund and Nuffield Trust. Community pharmacies are already exchanging information with GP practices enabled by agreed messaging standards, but the use of shared records is far from universal or consistent at present. Effective used of shared records will be fundamental to ensuring that general practice and community pharmacy teams are able to work in a complementary way to support patients within neighbourhood teams, avoiding duplication or gaps.

Many of the developments set out in the plan for the NHS App are relevant to pharmacies as well as to GP practices. Indeed, where the plan describes the App as 'a doctor in their pocket', we would broaden this vision to encompass pharmacists. It is positive to see that the Medium Term Planning Framework published in October 2025 stipulates a number of requirements for the App in relation to prescribing and medicines management, but there are more opportunities to explore.

The 'My Medicines' tool is the most obvious starting point for engaging community pharmacy with the App development, but it is far from the only relevant tool. The potential for the 'My NHS GP' tool is significant, and developing this in partnership with community pharmacy as well as with GPs will ensure guidance and signposting takes account of best practice and the opportunities available in community pharmacy. There is great potential to optimise the triaging of patients' needs via the App, particularly for urgent care, to support better access to general practice and use of services such as Pharmacy First. It would be essential to ensure that 'My Choices' includes appropriate information about community pharmacy, including the opportunity to book appointments, for example for Pharmacy First, following electronic triage of patients' needs within the App. Other proposed tools within the App are also relevant – 'My Consult' might enable remote consultation with a pharmacist, 'My Vaccines' can enable booking with a pharmacy, and pharmacies might provide data which feeds the 'My Health' and 'My Care' tools. Of course, the proposals to enable more patient feedback through the App would need to apply to community pharmacy as well.

However, digital improvements are broader than the App. There is more to be done to ensure that pharmacies have the appropriate hardware and software to enable data to be shared in a timely manner, either for immediate patient care or for service planning and performance monitoring. It will be important to see a national approach to community pharmacy IT and a national funding stream to ensure delivery, with investment in software and where appropriate, transitional support to upgrade hardware.

And not everything will be done digitally in future. In addition to modernising the digital infrastructure underpinning community pharmacy, there is a need to invest in physical premises.

Modern community pharmacy premises are much more than a shop. In addition to the space required to dispense prescription medicines and sell over the counter products, community pharmacies require appropriate and confidential space for individual patient consultations. For many existing pharmacies this will require investment and adaptation. That said, the facilities required are not particularly specialist in nature.

Some community pharmacies are already collocated with general practice, and the 10 year plan includes proposals to develop Neighbourhood Health Centres as 'hubs' for the Neighbourhood Health Service. These will be important facilities for local communities, and we would expect to see consideration of the opportunity to include community pharmacy within such centres.

However, many if not most community pharmacies will continue to operate from independent locations, convenient to local populations. As for workforce planning, therefore, it will be important to include consideration of community pharmacy when ICBs and Places are developing estates strategies. As noted by the Nuffield Trust and King's Fund, ICB and Place estates planning should consider effective use of the

wider public estate in service delivery, including for community pharmacy. At a national level, DHSC should consider implementing a similar NHS funding model for the premises of community pharmacies as is used for GP practices, specifically for the space required to provide clinical services.

The second implementation question is therefore:

How will the IT and estates needs-of community pharmacy be included in local and national plans?

From Sickness to Prevention

The third shift, 'from sickness to prevention', highlights the importance not only of caring for people when they become ill, but of enabling them to live healthy lives in the first place.

Community pharmacies, embedded in the heart of neighbourhoods and towns, serve as more than just dispensaries for prescription medications. They are key access points for health promotion and disease prevention, engaging with the public as trusted advisors, educators, and advocates for healthier living.

Modern community pharmacies play an active role in health promotion, for example by organising awareness campaigns and educational events tailored to local needs. These initiatives may include information sessions on healthy eating, exercise, smoking cessation and mental health. Pharmacies also provide resources to inform the public about common health issues and encourage healthy behaviours as part of the Healthy Living Pharmacy elements of their contractual framework. The 10 year plan calls for a greater focus on prevention and self-care, with pharmacists supporting individuals to take charge of their well-being and make healthier choices.

In addition, community pharmacies offer a growing array of preventative services. Community pharmacies are essential providers of immunisation programmes, such as annual flu vaccinations and are well placed to deliver new programmes such as HPV vaccination, as well as those which may be developed in future, for example mRNA vaccines.

Pharmacies also conduct health screening for conditions such as hypertension, diabetes, high cholesterol and obesity, enabling early detection and intervention, not only identifying individuals at risk and referring them on, but increasingly able to provide support to those individuals as prescribers. Aligned with this, community pharmacy is ideally positioned to provide ongoing support for individuals seeking to modify unhealthy behaviours. Smoking cessation programmes, for example, often begin in community pharmacies, where patients are counselled on nicotine replacement therapies and behavioural strategies. Weight management consultations, alcohol reduction advice, and guidance on medication adherence are further examples of preventative services tailored to individual needs. The continuity of contact and the trust developed over time allow pharmacists to support and motivate individuals as they pursue healthier lifestyles.

One of the most future focused developments trailed in Fit for the Future is the potential which pharmacogenomics - the study of how genetic variation influences drug response – has to revolutionise the role of community pharmacies. As access points for personalised medicine, in the future pharmacists may be able to interpret pharmacogenomic data to guide medication selection and dosing, minimising adverse effects and optimising treatment outcomes for individuals. Community pharmacies are ideally placed to educate patients about pharmacogenomic testing, ensuring informed decision-making and privacy.

The contribution community pharmacies can offer is not limited to interactions with individual patients. By sharing information, participating in multidisciplinary teams, and advocating for evidence-based public health policies, community pharmacies help shape healthier communities at the population level. They play a critical

role in disease surveillance, health data collection, and responding to emerging health threats, such as pandemics or outbreaks.

Of course, these opportunities will not be maximised unless, as described earlier in this paper, community pharmacies are fully engaged in national and local transformation programmes.

A new operating model for the NHS

Fit For The Future places significant emphasis on shifting power from Whitehall to "local providers, staff and citizens". The operating model described in the 10 year plan focuses particularly on the relationship between NHS bodies, but nevertheless has implications for the relationship with community pharmacy.

Significant emphasis is placed on the role of the ICB as a 'strategic commissioner', using population data and working with patients and local communities to understand what matters to them. ICBs will be expected to set multi-year contracts with performance measured by outcomes and patients experience. They will also have a role as 'market-makers', actively considering and shaping the pattern of provision.

The third implementation question stems from this:

How will the DHSC ensure that in the restructure of DHSC and NHS England, and in the new larger ICBs, there is capacity and capability for commissioning community pharmacy services?

It will be essential for ICBs to ensure that they maintain and develop their capabilities with regard to the commissioning of community pharmacy services. It will also be important to ensure that Place partnerships and emerging Integrated Health Organisations have a well developed understanding both of the services which community pharmacies can offer and of the business models and contractual arrangements within which they operate.

The operating model for community pharmacy within neighbourhoods will be closely tied to the contractual framework for community pharmacy. The Nuffield Trust/King's Fund vision for community pharmacy included a proposal for building on the current contractual framework for community pharmacy, extending the range of services which would be included in the core contract, and setting out a comprehensive list of services which may be commissioned in addition to that core, either nationally or by local ICBs based on need. We are yet to see how the 'single neighbourhood' and 'multi-neighbourhood' contracts trailed in the 10 year plan will relate to community pharmacy, or whether it will be incorporated within the Integrated Health Organisation framework. This clarity will be essential for future planning. Services will of course need to be funded appropriately, and the financing community pharmacy is covered later in this report.

The Nuffield Trust and King's Fund also identified that "the way in which GP and community pharmacy national contracts are constructed in particular causes unhelpful tension and competition, and disincentivises collaboration." This is true not only in relation to tension between GPs and community pharmacies, but also between pharmacies themselves, as individual businesses. Many pharmacies would in fact like to collaborate further, perhaps working in a more networked approach to ensure a comprehensive range of service provision in a given area, but as businesses, they are concerned that this will leave them open to challenge in the context of competition law. DHSC will need to consider this and be able to provide appropriate reassurance.

Quality of Care and Transparency

Shifting power to patients and communities is underpinned in Fit For The Future by a renewed commitment to transparency and a relentless focus on the quality of care. Much of the detailed content of this chapter of the 10 year plan focuses on NHS providers. But the underlying principles are relevant to community pharmacy too.

It will be important for the public to have reliable information about the quality of community pharmacy services if they are to trust community pharmacists and their teams to deliver a wider range of services, and patient feedback will be important in developing services in the future. And so, community pharmacists must be involved in the development of future approaches to quality. We are keen to understand more about the proposed refresh of the National Quality Board, and how the pharmacy voice will be represented at that table.

The 10 year plan places some emphasis on the need for reducing bureaucracy and streamlining regulation. The pharmacy sector is governed by regulations that cover both clinical services and commercial operations. As the sector evolves rapidly, there is a risk that regulation and clinical governance may lag behind new advances. With clinical services increasingly delivered in partnership between different primary care services, disparities in regulatory frameworks need to be addressed. It will be essential for community pharmacy regulators to collaborate closely with other primary care regulators, ensuring that oversight of clinical services remains aligned and consistent across all sectors. This will require engagement by the Care Quality Commission and individual professional regulators, those with particular relevance to community pharmacy being the General Pharmaceutical Council, General Medical Council and the Health and Care Professionals Council.

Robust safety and monitoring systems are essential to support pharmacists' expanded clinical roles, especially independent prescribing. However, it will be important to ensure that regulation does not inappropriately limit collaboration and innovation, particularly in developing workforce skills efficiently. The recent proposals published by DHSC which will establish a legal framework for delegation within a pharmacy or pharmacy service are welcome – this will help to give community pharmacy further opportunity to collaborate with the wider system. It will also support the financial viability of community pharmacy.

An NHS workforce fit for the future

As the 10 year plan recognises, despite all the benefits which can be delivered through the enhanced use of technology, healthcare will remain a 'people business'. And so ensuring that the workforce, including the community pharmacy workforce, is fit for the future is critical. As a consequence, the fourth implementation question is:

How will the community pharmacy workforce be included in the development of the NHS workforce 'fit for the future'?

The pharmacy workforce is already evolving, with teams increasingly moving towards more clinically focused roles. Education and training for pharmacists and technicians are being updated (General Pharmaceutical Council 2017, 2021). NHS England's Pharmacy Integration Programme began in 2016, and trials of pharmacist independent prescribing services started in 2023 across England (NHS England 2023). In addition, by 2026, all newly qualified pharmacists will be independent prescribers. Pharmacist and technician roles continue to expand, offering opportunities to support ongoing change.

But the 10 year plan only makes specific reference to the future medical and nursing workforces. The principles set out in the 10 year plan apply to the community pharmacy workforce as much as to any other

professional group. The 10 year Workforce Plan promised in the 10 year plan must therefore include consideration of the community pharmacy workforce alongside other primary care professionals.

The recommendations made in the vision developed by the Nuffield Trust and King's Fund therefore still stand:

- Pharmacy workforce planning should be fully integrated into the national workforce plan;
- ICBs should ensure that pharmacists across all sectors have appropriate professional leadership, and that professional leads collectively engage to build understanding across different professional groups;
- ICB workforce strategies should explicitly include community pharmacy alongside the primary care workforce and the wider pharmacy sector workforce;
- The development of attractive career pathways that support recruitment and retention will likely be linked to the deployment and support of independent prescribing. ICBs will need to work closely with community pharmacy to ensure that commissioned services support their ambitions around workforce;
- There should be a focus on upskilling the existing workforce, ensuring the provision of protected learning time for the whole workforce, and making sure that the system is geared up to manage the cohort of pharmacists who will qualify from 2026 onwards.

The 10 year plan also recognises the importance of developing research and innovation skills in the wider workforce, and makes reference to expanding the range of professions represented in the lead researcher community, and community pharmacy should be included in this. The UK Chief Pharmaceutical Officers set up the UK Pharmacy Research Advisory Group (PRAG) in 2024. This has a comprehensive membership involving all sectors of pharmacy practice, and has recently issued a draft strategy for consultation setting out their aims to "drive innovation, improve patient outcomes and optimise the delivery of care and public health through a strong research culture in pharmacy." The draft strategy proposes a framework to strengthen research leadership and embed research more widely in both professions. We would call on the National Institute for Health and Care Research and other funding bodies to encourage and support community pharmacy to participate in and lead research studies in line with this strategy.

Innovation to drive healthcare reform

Fit For the Future describes an ambition for the NHS to become world leading in the development, adoption and spread of innovations which will "personalise care, improve outcomes, increase productivity and boost economic growth". It sets out 5 'big bets' which the government anticipates will be integral to new models of care. These are:

- Data driving impact;
- AI driving productivity;
- Genomics and predictive analytics revolutionising personalised care;
- Wearable technology enabling real-time monitoring and intervention; and
- Robotics supporting precision.

All of these developments are relevant to community pharmacy.

The importance of including pharmacy information within the Single Patient Record was noted earlier in this paper. This will enhance the opportunity for the proposed Health Data Research Service to include pharmacy data in its approach to supporting innovation – although we endorse the notes of caution in the plan with regards to both data ownership and patient confidentiality. Similarly advances in the use of AI and wearable technology to support consultation and ongoing monitoring and care will be as valuable to pharmacists as to doctors, and in line with our earlier reflections, community pharmacists – with appropriate training – will have a key role to play as pharmacogenomics develops. Finally, the use of robots in healthcare is not limited to

surgery. Hospital pharmacies and some community pharmacies already use robots to support dispensing, and extending this more broadly in community pharmacy will be essential in developing hub and spoke models, as well as having the potential to reduce dispensing errors even further than at present, although there is a capital cost to this.

Productivity and a new financial foundation

The three shifts described in Fit For The Future are designed to deliver a service which is not only more responsive to the needs of individuals and communities, but also one which makes much better use of resources, financially sustainable now and into the future.

The plan describes an approach to modernising financial flows and contractual arrangements which has a particular focus on NHS providers.

However, none of the opportunities described in the 10 year plan or the vision for community pharmacy will come to fruition without a sustainable operating model for community pharmacy in the future underpinned by appropriate contractual arrangements. The vision for community pharmacy developed by the Nuffield Trust and King's Fund proposed a model in which all pharmacies would be expected to be able to offer a wide range of services that will be nationally specified and priced. These would need to be available consistently in all locations. Pharmacies would be able to opt to do more than this, in agreement with their local commissioners, drawing from a nationally agreed menu of additional services and to develop and agree other additional services to meet local needs.

This model is entirely consistent with the opportunities for community pharmacy which stem from the 10 year plan, and positive steps have been made towards implementing contract developments in line with the vision. But although the plan sets out, at a high level, proposals to develop new contractual arrangements for GPs and dentists, it is silent on the pharmacy contract. Nevertheless, there is a commitment to renegotiate ready for 2026/27, and it is important, therefore, to reiterate and expand on the relevant recommendations made in the vision document:

- Ensure that the proposed 'single neighbourhood provider' and 'multi-neighbourhood provider' contracts referenced in the 10 year plan align with the refreshed contract for community pharmacy services, ensuring that both contracts support collaboration across the wider health and care system. In particular, ensuring that new approaches to service design are evaluated and the findings inform future contract development;
- Performance measures included in the framework should, where possible, consider patient experience and/or outcomes as well as activity levels;
- There should be consideration of incentives to facilitate local-level collaboration (e.g. payments to free up pharmacy and GP time to come together to identify local issues where working together could deliver value-based care);
- There is also a need for clear guidance and oversight on conflicts of interest, particularly for the prescribing and dispensing roles and commercial interests (e.g. when the evidence goes against provision of medication or other pharmacy items).

Effective market management will be important to ensure an appropriate and efficient pattern of provision, and that in particular, community pharmacy is supported to thrive in deprived and rural areas.

The whole of this document focuses on the opportunities for community pharmacy to deliver better outcomes and patient experience, and a better use of scarce resources. However, although no doubt some additional efficiencies could be achieved it will not be possible to maximise these opportunities without investment in community pharmacy.

The need for increased funding is driven by several factors:

- a broader range of services available to patients and the public;
- stronger integration between community pharmacy and the wider NHS (some of which will necessitate dedicated financial support, such as backfill funding for pharmacists engaged in system leadership work); and
- the obligation for pharmacy businesses to invest in workforce development and infrastructure
- wider economic pressures.

Community Pharmacy England's recent 'Pressures Survey' highlights just how fragile the community pharmacy sector is at present:

- Only 6% of pharmacy owners report their business is profitable
- 51% are operating at a loss
- 45% of pharmacy owners are using personal savings to keep their businesses afloat
- 90% of pharmacy owners were facing significant cost increases compared to the same period last year.

Pressure on pharmacy businesses was driven by unreimbursed medicine costs, increased wages and inflationary costs and the impact of medicines shortages, together with other factors such as rising utility costs and transport/fuel costs.

It is important to view increased investment in community pharmacy within the broader context of primary care spending. This should not involve shifting funds away from general practice, since both sectors are currently facing high demand due to the ongoing access crisis in England's primary care. For the foreseeable future, there will be ample demand to ensure that both general practice and community pharmacy remain fully occupied.

The final, and most fundamental, implementation question is therefore:

How can the contract for community pharmacy services be reshaped to ensure a sustainable funding and operational model underpinning the sector's contribution to the neighbourhood health service?

Call to action

The next decade offers an unprecedented opportunity to transform the community pharmacy sector into a cornerstone of the Neighbourhood Health Service—delivering integrated, accessible, and preventative care to communities across England.

To realise this vision, policymakers, commissioners, and system leaders must work with community pharmacy leaders to:

Engage community pharmacy in service transformation

Ensure pharmacists are embedded in strategic planning and leadership at both national and local levels, with resourced roles in system development and transformation.

Invest in digital and physical infrastructure

Include community pharmacy in IT and estates strategies, enabling full participation in digital health initiatives and ensuring premises are fit for clinical service delivery.

Strengthen commissioning capacity

Build capability within DHSC, NHS England, and ICBs to commission community pharmacy services effectively, recognising the sector's unique contribution to local health systems.

Integrate pharmacy workforce planning

Fully incorporate community pharmacy into the NHS workforce strategy, supporting career development, protected learning time, and leadership pathways for pharmacists and technicians.

Reform the community pharmacy contract

Develop a sustainable funding and operational model that reflects the expanded clinical role of pharmacies, supports innovation, and ensures equitable access—especially in underserved areas.

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Community Pharmacy England

14 Hosier Lane, London, EC1A 9LQ

0203 1220 810

cpe.org.uk

Press/Media Queries: comms.team@cpe.org.uk