

# Community Pharmacy England's response to DHSC's 10 Year Workforce Plan - call for evidence

November 2025

## About Community Pharmacy England

We are the voice of community pharmacy in England, representing all 10,400+ community pharmacies across the country.

We champion community pharmacies across the country – giving them the support they need, negotiating the best deal with the Government and NHS, and influencing positive change.

We represent community pharmacy businesses of all sizes in England and are responsible for negotiating the NHS Community Pharmacy Contractual Framework (CPCF) under which all community pharmacies operate.

We work closely with everyone in the community pharmacy sector, including the [Local Pharmaceutical Committees \(LPCs\)](#), to meet our goals and to promote the value of community pharmacy.

Because everyone in society needs community pharmacy to thrive.

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## Section 1: the three shifts

*We are seeking evidence on how the 3 shifts are being implemented locally, and the impact on your workforce. Where possible, please support your submission with data and measurable outcomes, so we can learn from what is working well and apply those lessons across the NHS.*

*In this section, please submit evidence of:*



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- *where you have delivered or observed new digital initiatives that improved patient care*
- *where you have already seen or begun to deliver a shift from hospital-based care to community care*
- *where you have already seen or begun to deliver preventative care services*
- *which professions, roles and skills were critical to successful implementation for each example*
- *any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers.*

Response:

### **Digital initiatives improving patient care**

Community pharmacy is already delivering several digital initiatives that support patient care.

Examples include:

- **NHS Electronic Prescription Service (EPS)**: EPS has transformed prescription handling in pharmacies, reduced paper use and improved safety.
- **Digital repeat prescription ordering systems for patients, including integration with the NHS App**: Pharmacies that use patient apps which are integrated with NHS IT systems and the NHS App report a better patient experience, with reduced phone queries from patients seeking information on whether their medicines are ready for collection and better workflow planning within the pharmacy.
- **Clinical records integration**: Some pharmacies now access patient records via local Shared Care Records (ShCR). Pharmacy teams can also access general practice records via GP Connect and the National Care Records Service (NCRS), enabling safer, more informed care. Access to these records can reduce the time taken to provide an episode of care to a patient and reduce the need to contact other healthcare providers, such as general practices, for information required to provide patient care.
- **Digital referrals and appointment booking**: The **NHS Bookings and Referrals Standard (BaRS)** is an IT standard which is being used in community pharmacy, general practice

and other IT systems to enable seamless patient referrals between NHS 111, general practices and pharmacies. The technology is also starting to be used to allow patients to book appointments in pharmacies, for example Flu and COVID-19 vaccinations via the NHS App/the NHS National Booking Service, saving time for patients and pharmacy teams, and increasing the reach of vaccination services.

- **Digital consultations and remote provision of clinical services:** Pharmacy teams are using secure platforms to deliver clinical services in person as well as remotely, supporting access and continuity of care.

### **Shift from hospital to community**

Community pharmacy is already playing an important role in supporting the shift from hospital to community care. Examples of this include:

- **NHS Pharmacy First service:** This service provides patients with a pharmacist consultation for minor illness when patients are referred by hospital emergency departments, urgent treatment centres, NHS 111 and general practice. Patients can also walk into pharmacies to seek NHS treatment of seven clinical conditions. The service reduces pressure on GPs and hospitals by enabling pharmacies to manage minor conditions and urgent care needs. That frees up general practice capacity to see more patients who otherwise would seek treatment at hospitals.
- **NHS Hypertension Case-Finding Service and the management of hypertension:** Pharmacy teams identify patients with undiagnosed hypertension, through the offer of clinic blood pressure checks and ambulatory blood pressure monitoring. This service consequently helps prevent progression of cardiovascular disease where hypertension remains undiagnosed. Community pharmacist prescribers participating in the NHS England Independent Prescribing Pathfinder programme have been initiating treatment for patients diagnosed with hypertension and supporting the ongoing management of the condition, saving time in general practices and reducing the long-term patient and economic costs of poorly managed hypertension.
- **NHS Pharmacy Contraception Service:** this service allows patients to access regular oral contraception and emergency contraception from community pharmacies. Consultations

are provided by pharmacists and in a recent development of the service, now by pharmacy technicians (improving the use of skill mix in the provision of community pharmacy clinical services). The service allows women more convenient access to contraception, freeing up time in general practices and sexual health clinics to meet the needs of people with more complex contraceptive needs.

### **Preventative care services**

Pharmacies have a long history of providing preventative care, with services increasingly being supported by digital tools. Examples include:

- **NHS Hypertension Case-Finding Service:** Referenced above. Service records are digitally recorded and reported to general practices, enabling population health insights and targeted interventions.
- **NHS Smoking Cessation Service:** This service supports patients to maintain a quit attempt after being discharged from hospital. The service could be expanded to provide support to all smokers and users of nicotine vapes to help achieve the Government's smokefree aims, bringing a significant positive health impact to individuals and a major health economic benefit to the NHS and wider society.
- **NHS vaccination services:** Pharmacies already provide a range of NHS vaccinations, but further commissioning could improve patient access to vaccination and uptake levels, having a positive impact on population health and creating capacity in general practice to manage the needs of higher acuity patients.
- **Weight management services:** All pharmacies in England are [Healthy Living Pharmacies](#), promoting healthy lifestyles to patients, including a focus on reducing overweight and obesity. Many pharmacies also provide private weight management services which combine lifestyle interventions with the use of new weight loss medications. There is significant potential for pharmacies to provide NHS weight loss services over the coming years, with a consequent significant impact on the health of individual patients and wider health and societal benefits, including in relation to workforce productivity.
- **Wearables and patient-generated data:** Some pharmacies are starting to obtain patient data from wearables. We believe the future integration of patient data from wearables

into pharmacy records will support personalised care, e.g. in weight management service provision, supporting increases in patient activity.

### **Critical roles and skills**

Pharmacists and pharmacy technicians are two key roles in the provision of the services referred to above and in the future provision of clinical services from community pharmacies.

The wider support team within pharmacies, including dispensers and healthcare assistants, are also key to ensuring the efficient functioning of pharmacies.

While the core skills of pharmacists and their teams are specified by regulators, there is an ongoing need for investment in maintaining and developing their skills. There is an increasing need for the enhanced development of the digital skills of pharmacists and their teams so that they can make best use of emerging technologies in their practice, including use of artificial intelligence and supporting patients with use of NHS IT systems.

## Section 2: modelling assumptions

*The workforce we build today will determine whether we can deliver the ambitions of the 10 Year Health Plan. That means challenging old assumptions, testing new ideas and being honest about what the future demands.*

*Big changes are coming. Artificial intelligence, breakthroughs in genomics and an ageing population will transform the way care is delivered. We need to capitalise on these shifts now or the NHS risks being left behind.*

*We need the insight of those who see, every day, what really works for staff and citizens – be that in the NHS, in other sectors or in other healthcare systems around the world. Your evidence will help us build a workforce that is ready, resilient and capable of delivering world-class care.*

*In this section, please submit evidence of:*

- *specific assumptions you use in workforce modelling – for example, how service redesign such as new community services or digital models of care might affect the numbers, deployment and/or skill mix of staff.*
- *how that impacts on workforce supply and demand, including career and training pathways.*

*Please provide clear examples and, where possible, support them with data.*

Response:

Every year community pharmacies dispense an increasing number of prescriptions and provide more NHS commissioned clinical services; NHS England and the NHSBA hold the data on these services and trends.

Pharmacy owners and their teams have sought to cope with this increase in volume of service provision through a progressive focus on improving the efficiency of operations, but in most cases the available efficiencies have now long-since been exhausted.

The current underfunding of NHS community pharmacy services – which an NHS-commissioned Economic Analysis put to be at more than £2 billion of underfunding annually across the sector – means pharmacy owners have not been able to increase their workforce size in line with

increasing workload, which is putting a significant pressure on all in the sector.

Our most recent [Pharmacy Pressures Survey](#) shows a workforce in burnout, with workplace stress affecting morale, mental and physical health. Government needs to urgently address the funding gap to allow pharmacy owners to re-start investment in staffing levels aligned to the increasing workload.

Once a sustainable funding model is again in place for the community pharmacy sector, there will be greater opportunities for the sector to provide a wider range of clinical services, as described in the independent [Vision for Community Pharmacy](#), developed by the Nuffield Trust and The King's Fund.

A summary of the priority clinical service developments we have identified to address many of the immediate challenges the NHS currently faces can be found [on our website](#).

Further information on some of those service development priorities can be found in [our submission to Lord Darzi's review](#) of the NHS and in our [submission to the Government's consultation on a 10-Year Health Plan](#) for the NHS.

## Section 3: productivity gains from wider 10 Year HealthPlan implementation

*To deliver transformational change we must improve productivity. This does not mean asking staff to work harder, it means changing the way we deploy staff in response to other developments, making it easier for them to do their jobs and bringing back their enjoyment of work.*

*In this section, please provide evidence of:*

- *the top digital initiatives you have delivered – in the NHS, other sectors or internationally – that have successfully increased workforce productivity or reduced demand.*
- *actions taken to identify and address gaps in training (pre or post-registration) that support delivery of the 3 shifts.*
- *policies or initiatives that have enabled the NHS to play a bigger role in local communities (for example, widening access, creating opportunities or supporting underserved groups).*
- *where you have managed changing expectations and increased patient participation in their care through digital tools and, where applicable, you have adjusted workforce planning to reflect this (for example, increased training to deliver new approaches to diabetes management to reflect new digital tools)*

*Please provide specific examples, supported by data where available.*

Response:

Digital and technological transformation is essential to improving productivity across the NHS. In community pharmacy, digital tools and technology are already helping teams work more efficiently, reducing administrative burden, and delivering better patient outcomes.

We included some examples of the use of technology in our response to section 1. Further examples include the assembly of prescriptions in automated dispensing hubs, with completed prescriptions then being sent to local pharmacies (spokes) where patients can collect them and receive associated clinical services and advice: this has the potential to free up capacity of staff working in local pharmacies, although the extent of the benefits are yet to be proven, and we

don't believe that the system will introduce cost savings for the NHS on the dispensing function. Multi-million pound investments are required to establish these dispensing hubs and they also have a need for significant ongoing capital investment to renew equipment as it reaches its end of life.

Within hub and spoke dispensing systems, and also where robotics and other technologies are being used in pharmacies, the use of barcode scanning to increase the accuracy of dispensing is a key development which is improving patient safety and supporting the wider use of skill mix within the pharmacy team.

Some pharmacy IT systems are also starting to use artificial intelligence to support clinical checks on prescriptions.

All of these technological developments are reducing the time pharmacists need to directly spend within the dispensing process, freeing them up to spend more time providing additional clinical services to patients, which in turn will often free up capacity elsewhere, such as in general practices, for management of patients with higher acuity needs.

In our response to section 1, we highlighted the emerging role of pharmacist prescribers within the provision of community pharmacy services. Prescribers working in community pharmacies have a massive future potential to improve the health of individual patients and the wider population through improvements in access to urgent care, the management of long-term conditions and prevention services.

Currently only one in five pharmacies has a pharmacist prescriber, so in order to fully capitalise on the opportunities that pharmacist prescribing can bring to the population, there is a need for significant NHS investment in prescribing training for the current pharmacist workforce who are not yet qualified as prescribers. That investment must cover the direct training costs (course fees etc.) and the cost of the time pharmacists need to undertake this training.

The NHS should also continue to invest in funding the initial education and training of pharmacy technicians. This profession has an increasingly important role to play in the community pharmacy workforce, supporting the safe supply of medicines and the provision of clinical services such as vaccinations, but the number of pharmacy technicians working in community pharmacies is still low.

We gave examples in our response to section 1 of NHS services that community pharmacies provide which have widened access to healthcare services, including supporting underserved groups.

## Section 5: any additional comments

*Please include any other comments, information or evidence you would like to share as part of this call for evidence that you think would help deliver the ambitions of the 10 Year Health Plan. (Optional, maximum 250 words.)*

The next decade offers an unprecedented opportunity to transform community pharmacies 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 us to:

**Engage community pharmacy in service transformation** – ensuring 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 expanded clinical service delivery.

**Integrate pharmacy workforce planning** – fully incorporate community pharmacy into the new 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.