August 2026

Briefing: 019/26: Cardiovascular disease Modern Service Framework – what it means for community pharmacy

The Department of Health and Social Care (DHSC) and NHS England published the **Cardiovascular Disease (CVD) Modern Service Framework (MSF)** on 7th July 2026. The framework is the first of a new generation of Modern Service Frameworks promised within the Government's 10 Year Health Plan and sets out a 10-year vision for reducing premature deaths from heart disease and stroke in England. The ambition is to **reduce premature cardiovascular mortality by 25% over the next decade** through a stronger focus on prevention, earlier diagnosis, reducing health inequalities and delivering more care closer to home.

The MSF adopts a new cardiovascular-kidney-metabolic (CVKM) approach, recognising the close relationship between cardiovascular disease, diabetes, obesity and chronic kidney disease. The framework identifies 12 priority areas for an immediate system focus over the next three years where earlier intervention, improved case finding and optimisation of treatment are expected to have the greatest impact on outcomes.

Community pharmacy is not identified as one of the primary delivery mechanisms within the document. However, many of the priorities within the framework align closely with existing and emerging community pharmacy services. As Integrated Care Boards (ICBs) and local government begin considering how the framework should be implemented locally, it provides LPCs with a useful policy framework for discussions regarding the role of community pharmacy in cardiovascular prevention and long-term condition management.

This Community Pharmacy England briefing provides a summary of the key points in the MSF documents of most relevance to LPCs and community pharmacy owners, and considers the potential opportunities that may emerge for local service commissioning.

For those who want to know more about the Government's plans, we recommend reading the full MSF document:

Cardiovascular disease modern service framework

Summary of key points within the framework

This summary highlights the key themes and identified priorities within those themes that are most relevant to community pharmacy. Full details of the 12 priorities can be found in the MSF.

A shift towards prevention

The framework is founded on the principle that a substantial proportion of cardiovascular disease can be prevented through earlier intervention. The document recognises that despite significant progress over previous decades, improvements in cardiovascular outcomes have stalled, with increasing levels of obesity, diabetes and health inequalities contributing to poorer outcomes in many communities.

In response, the framework seeks to move the NHS away from a predominantly reactive model of care and towards one focused on prevention and proactive population health management. Throughout the document, there is a recurring emphasis on identifying disease earlier, intervening sooner and ensuring people receive effective treatment before cardiovascular events occur.

Finding the missing millions

One of the framework's central themes is the identification of people living with undiagnosed or poorly managed cardiovascular risk factors.

The document highlights significant numbers of people who remain unaware that they have conditions such as hypertension, atrial fibrillation, chronic kidney disease or elevated cholesterol. It argues that improving identification of these individuals offers one of the greatest opportunities to reduce future heart attacks, strokes and other cardiovascular

events.

As a result, the framework places considerable emphasis on proactive case-finding, risk stratification and targeted intervention within communities, particularly among populations experiencing poorer outcomes.

Driving treatment to target

Alongside improving diagnosis rates, the framework acknowledges that many people with established cardiovascular conditions are not receiving optimal treatment.

The document highlights variation in achievement of treatment targets relating to blood pressure, cholesterol management and diabetes control. Improving medicines optimisation, supporting adherence and ensuring evidence-based therapies are used consistently are identified as important priorities over the coming decade.

This reflects a broader ambition to improve the management of long-term conditions and reduce avoidable complications through earlier intervention and proactive follow-up.

Tackling health inequalities

Health inequalities are a consistent theme throughout the framework. It recognises that cardiovascular disease disproportionately affects people living in deprived communities, certain ethnic minority groups and those with multiple long-term conditions. The framework therefore places a strong emphasis on improving access to services and targeting interventions towards populations at greatest risk.

ICBs are expected to consider equity alongside overall performance and to ensure that future delivery models contribute to reducing variation in outcomes between communities measured through a series of defined metrics.

Care closer to home

Consistent with the wider direction set out in both the 10 Year Health Plan and the Neighbourhood Health Framework, the CVD MSF envisages more cardiovascular care being delivered outside hospital settings.

The framework promotes neighbourhood-based models of care, greater integration across services and improved access to prevention, diagnosis and treatment within local communities. Community-based providers are expected to play an increasingly important role in achieving these ambitions. It acknowledges that operational delivery within neighbourhoods may differ from one area to another and that GP practices and community pharmacies already play a key role in case-finding, but that other providers spanning multiple neighbourhoods may also undertake such a role in the future.

The implications for community pharmacy

Although community pharmacy receives relatively limited direct attention within the framework, many of its priorities align closely with services already being delivered from pharmacies and with areas where the sector has been seeking greater involvement.

The framework's emphasis on identifying people with undiagnosed hypertension, amongst other cardiovascular risk factors, closely reflects the objectives of the Hypertension Case-Finding Service and supports the principle that prevention activity should be delivered through accessible community-based services.

The focus on treatment optimisation also mirrors many of the objectives of community pharmacy clinical services; medicines optimisation, adherence support and helping patients achieve treatment goals are all areas where pharmacists and their teams can contribute to improved cardiovascular outcomes. As ICBs seek to improve achievement of local CVD targets, opportunities may emerge for community pharmacy to play a greater role in supporting people with hypertension, hyperlipidaemia, diabetes and other long-term conditions.

Similarly, the strong emphasis on prevention and reducing health inequalities aligns well with the accessibility of community pharmacy. The framework repeatedly highlights the need to reach underserved populations and provide care closer to home. These are longstanding strengths of the community pharmacy network and may provide an important basis for discussions with commissioners regarding future service development.

Potential opportunities for LPCs and local commissioning

While the framework does not propose specific new pharmacy services, it creates a favourable policy environment for commissioners to consider community pharmacy's role in delivering local cardiovascular priorities. LPCs however should be mindful that other providers will be evaluating their potential role in supporting these priorities.

For many LPCs, the most immediate opportunity is likely to be around the expansion of cardiovascular prevention and early detection initiatives. This could include enhanced hypertension detection programmes, atrial fibrillation case-finding, cardiovascular risk assessment (including lipid point of care testing), HbA1C measurement and targeted outreach activity in communities experiencing high levels of deprivation and cardiovascular risk.

The framework may also strengthen the case for investment in pharmacy-based smoking cessation and weight management services, both of which contribute directly to the reduction of cardiovascular risk factors. The move towards a more integrated CVKM approach may create opportunities for services that support patients across multiple conditions, rather than treating cardiovascular disease, diabetes and obesity through separate commissioning arrangements.

Opportunities may also arise around medicines optimisation and long-term condition management, particularly for prescribing pharmacists. As systems seek to improve achievement of treatment targets and reduce unwarranted variation, prescribing pharmacists could play a greater role in optimisation of treatment pathways. Broader opportunities to support adherence support and follow-up care also exist.

However, much will depend on how implementation occurs locally. The framework provides a strategic direction rather than a commissioning blueprint, and there remains limited detail regarding how delivery responsibilities will be distributed across providers or how future investment will be allocated. A delivery plan will follow later this year that will include guidance for ICBs to help prioritise delivery within existing resources.