A New Vision for Community Pharmacy in England: Expanding Clinical and Digital Services

Feature Article

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Community pharmacy in England has evolved considerably in recent years. Changes to the Master of Pharmacy degree mean that, from 2026, all new registrants will be independent prescribers (IPs) – having been supported by an increase in the number of multi-sector placements in primary care. This change will expand pharmacists' clinical role in optimising therapeutic outcomes for individual patients. The government will hopefully build on their current commitment to provide funded IP training, so existing pharmacists can train as IPs to prevent skills shortages.[1] The upskilling of pharmacists, combined with the recent incentive to commission new clinical services and expand digital offerings, will broaden the scope for what can be achieved over the next decade. However, with 96% of community pharmacist respondents to the Royal Pharmaceutical Society's workforce survey feeling overburdened, new developments must be piloted and rolled out responsibly, and in good time, to prevent burnout.[2]

Plans for an IP Pathfinder Programme for community pharmacies in England are currently being finalised.[3] Community pharmacists at pilot sites will be able to use their IP qualification to prescribe as part of locally commissioned, nationally funded clinical services.[3] This will include prescribing as part of existing National Health Service (NHS) community pharmacy services, for long-term conditions, and as part of bespoke novel services such as antidepressant reviews.[3] NHS England claims it can fund up to 210 community pharmacy sites across 42 Integrated Care Boards (ICBs) in the Pathfinder programme, with an overall budget of up to £12 million.[3] The budget will be reviewed for 2024/2025, and the next steps determined, aiming for a completed commissioning framework by March 2024, and for community pharmacists to eventually prescribe independently across all regions in England.[3] However, the proposed funding of £49 per hour fails to account for all the running costs of the service including specialist IP insurance and administration.[3] With the programme having faced significant delays since being planned to launch in January 2023, practice expansion is taking longer than anticipated.[3]

Similarly, the new Pharmacy First service, set to launch in 2023, has been delayed until the 31st of January 2024.[4] The existing Community Pharmacist Consultation Service (CPCS) will be subsumed into Pharmacy First.[4] CPCS connects patients who contact NHS 111, a non-emergency medical helpline, with a minor illness or urgent medicine supply request with a community pharmacy.[4] Pharmacy First will build on this service by having pharmacists provide advice and NHS-funded prescription only treatment, if clinically appropriate, for seven common conditions.[4] These are sinusitis, sore throat, acute otitis media, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women.[4] At least 30.5 million urgent and same-day appointments a year are aimed to be shifted from general practitioner (GP) clinics.[5] The scheme also intends to secure a future of equitable access to treatment, with 89.2% of England's population estimated to have access to a community pharmacy within a 20 minute walk, rising to 99.8% in the most deprived areas.[5] Where provided, prescription only treatment will be supplied under a Patient Group Direction (PGD), and over-the-counter medicines under a clinical protocol.[4] There is an opportunity to support pharmacists with protected learning time to complete the required train-

ing for the 23 PGDs, which must be read and signed, following feedback that this task may be deprioritised during the current winter pressures.[6] Additionally, pharmacists would benefit from financial incentives to undertake the added high risk of managing this workload while safely running the pharmacy. This remuneration would be cost-effective given the significant offloading of work from GP practices.[6]

UK pharmacies are chronically underfunded, with annual losses of over £750 million, nearly £67,000 per pharmacy.[7] The Government has promised over £645 million to community pharmacies over the next two years, to close the funding gap caused by inflation.[8] The long-term funding model for pharmacy must also be reviewed.[1]

Money must be invested in updating processes and technological systems. Up to 3,000 pharmacies are at risk of closure by 2024, so higher dispensing volumes in operational pharmacies are anticipated.[9] Greater investment in dispensing automation will help to meet these increased demands, allowing prescriptions to be filled more efficiently, and pharmacists to have more time to fulfil a clinical role.[10] A survey of UK pharmacies between September 2021 and September 2022 revealed that over 50% of community pharmacies experienced monthly IT shutdowns.[11] More than 40% had "limited" internet connectivity, with many pharmacies still relying on paper records.[11] These pharmacies do not have the resources or capacity to keep detailed digital patient records, nor are they expected to, despite an estimated 1.6 million people visiting their local pharmacy every day.[7] This means there are potentially thousands of patient interactions unrecorded at present, which is likely to increase with the implementation of Pharmacy First.[7]

Additionally, it is difficult to determine what aspects of primary care patients have engaged with, and how effective they were.[7] When patients visit other healthcare providers without details of previous treatments, they could be given inappropriate care, resulting in pharmacists being liable for any consequences.[7] The IP Pathfinder Programme intends to give pharmacists read-write access to GP records through the GP Connect system, where they can see test results and observations.[3] A single shared electronic patient record across all health and care services, into which every professional reads and inputs information, will streamline the storage of patient data, thus improving safety.[12]

Digital platforms offer additional benefits to patients, allowing them to communicate directly with providers to request appointments and prescriptions. One such platform is Charac, a patient management system which summarises patients' prescription and consultation records, reducing pharmacist and GP workloads.[9] Its integration with NHS IM1, a mechanism for accessing data held by GP practices, supports interoperability and communication between primary care bodies.[9] Charac's partnership with Royal Mail, a British postal service, enables community pharmacies to order repeat prescriptions and have them delivered to patients' homes, improving accessibility.[9] High street health retailers Boots and Superdrug have also launched online repeat prescription services, helping to simplify and modernise pharmacy provisions.

The pandemic has prompted pharmacists to harness digital consultations, which should only continue over the next decade. Distance Selling Pharmacies (DSPs) will be able to provide six of the seven Pharmacy First pathways via remote consultations, improving accessibility.[4] Pharmacists who provide virtual patient care report having more time to interact with patients, allowing them to give in-depth information and receive crucial support.[13]

However, it has been suggested that if community pharmacists are to deliver more patient-facing care, particularly care home visits, legislation will need to change to allow community pharmacies to dispense without a pharmacist on-site.[14] Remote supervision would reduce opportunities for clinical intervention by a pharmacist, endangering patient safety. Pharmacists working in general practice are better placed than community pharmacists to safely carry out home care visits. The government's proposals for pharmacy supervision, which are out for consultation until the 29th of February 2024, suggest that pharmacists could authorise, without directly supervising, pharmacy technicians to perform "the preparation, assembly, dispensing, sale, and supply of medicines" while remaining onsite.[15] This option, which would only require clarification of the term "supervision", seems preferable by ensuring that the pharmacist retains the chance to perform a clinical check.[14]

The New Medicines Service (NMS) has been established in community pharmacies for 11 years, but its scope and applications are restricted.[5] Expanding NMS to cover all new medicines, at the patient and pharmacist's discretion, will streamline patient care and reduce medicines waste.[5] Additionally, the Discharge Medicines Service (DMS),

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launched in 2021, enables community pharmacies to support patients discharged from hospital with changes to their medication.[5] Scaling DMS to over 1.5 million patients per year, and commissioning it for other care settings will prevent 65,000 readmissions and release at least 2 million bed days annually.[5] Government reports have also highlighted the need to support patients to stop taking medicines that are no longer clinically appropriate.[5] Incorporating ongoing support for deprescribing into the DMS means patients are more likely to adhere to their new regimens.[5]

To conclude, community pharmacists can expect to have a greater role in clinical care. Updated IT infrastructure will allow patient information to be easily shared between different care settings to optimise patient outcomes when prescribing. Digital consultations will continue to improve accessibility for patients in underserved communities, and digital platforms will streamline and expedite pharmacy services. Pharmacists authorising pharmacy technicians to perform various tasks will free up time for patient-facing services like Pharmacy First. Adapting and expanding existing services will maximise pharmacists' skill sets. Nonetheless, pharmacists already contribute a lot to the communities they serve, and there may not be enough capacity in community pharmacies at the moment to meet the additional workload that is being proposed. It is heartening that pharmacists in England are being empowered to expand their professional services, but this expansion must be carried out steadily and sustainably to create robust systems. The expanded scope of practice of community pharmacists must not come at the expense of patient care.

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