# A vision for pharmacy professional practice in England: One year on

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# Executive summary

- The King's Fund and RPS vision describes the opportunity for pharmacy professional practice in ten years' time, and practice will look substantially different to how it looks today.
- The progress made in the 12 months since launch, when considered against a 10-year timeline, is significant and should be celebrated. Additional investment in the community pharmacy sector through the funding of a Pharmacy First scheme, development of prescribing pathfinder pilots, and further digital integrations are just some examples of the vision becoming a reality in practice. But there is clearly more to do to unlock and enable the full breadth of opportunities for pharmacy teams.
- A key milestone was the publication of the NHS Long Term Workforce Plan that recognises the significant role that pharmacists play in healthcare and commits to growing and expanding the pharmacy workforce. In addition to recognising the vital role that pharmacists will play in prescribing in the future.
- Digital and technology enhancements are a constant thread towards improving practice and the opportunity in early 2024 for pharmacists to be the first group of healthcare professionals to be able to contribute directly into GP records through GP Connect should not be downplayed. This is a positive step towards a fully integrated healthcare system.
- Progress has not all been positive, workforce shortages continue to present a significant challenge in the pharmacy sector, across all areas of practice. These shortages have led to severe difficulties for numerous providers. Furthermore, when combined with a constrained funding model in community pharmacies, these challenges have led to closures, subsequently diminishing patient access in some localities.
- There has been some progress on opportunities for clinical and professional advancement through legislative change, with the Government announcing a public consultation on supervision[1] However, although progress is expected in 2024, we are yet to see further evidence of a 'level playing-field' for pharmacies around hub and spoke dispensing being created.
- Investment in aseptic services and development of hub sites has made steady progress to allow 'spades in the ground' in 2024, yet indicators show many challenges for this highly specialised area of practice.
- Community Pharmacy England working with Nuffield Trust and The King's Fund published a Vision for Community Pharmacy, to further the cooperation and leadership across pharmacy. It described further opportunities to re-design the community pharmacy funding and operational model to enhance patient care.
- Health inequalities for patients persist, and the unfair prescription charge tax continues to pose many challenges for patients.
- ICBs and ICSs, continue to face incredible demand pressures against funding shortages, driving increasing divergence in their approach to commissioning and system wide pathways, making it increasingly challenging for pharmacies to respond. This constraint in funding means key operational roles, such as Community Pharmacy Clinical Leads (CPCLs) are at risk of disappearing. There has also been inconsistency in the ICB approaches to Chief pharmacists' roles with differences in scope, influence and responsibilities varying across England.
- At the heart of pharmacy is delivering the best care and outcome for patients. There is far more that can be done to realise the opportunities described in the vision. The profession is making progress in the right direction, but continued and sustained action is needed.

# 1 Background to the vision: One year on

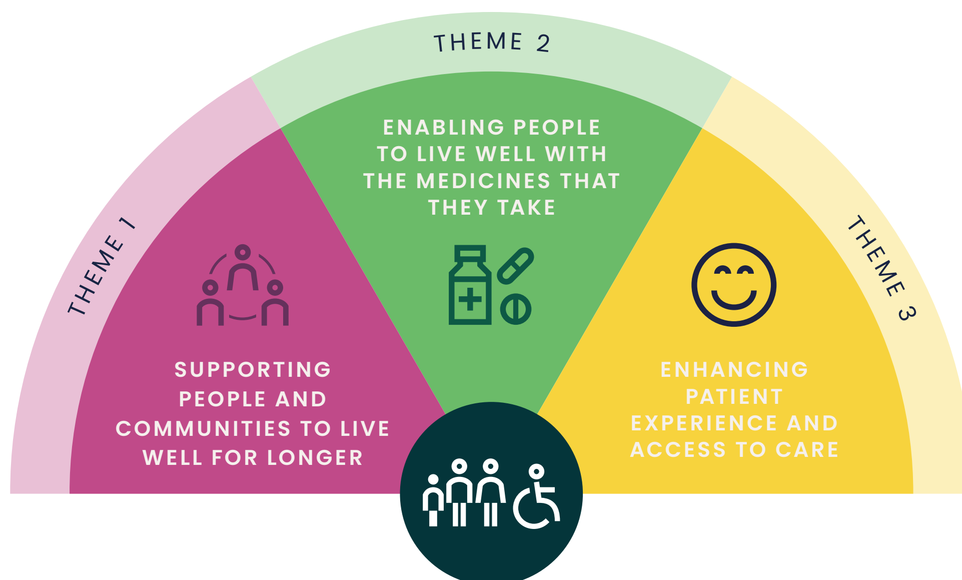
In collaboration with The King's Fund, the Royal Pharmaceutical Society in England published a Vision for Pharmacy Professional practice in England in December 2022. The vision scope was to examine the future of pharmacy professional practice and development, and how the health and care system in England can maximise the support pharmacy teams provide to patients and the public[2].

The 10-year vision spans the hospital sector, general practice, community pharmacy, commissioning and leadership, industry and academia and recognises the many opportunities for pharmacy teams[3] to provide better support to patients and the public to prevent ill health, improve health and reduce health inequalities.

This vision was created against a background of changing health and care needs for the population, an ageing population and a country still managing the effects of a pandemic that has exacerbated both health inequalities, and capacity and demand challenges in the health and care system.

This report provides a summary of the progress made in the first 12 months since its publication. In keeping with the vision, it is structured around the six main themes (Image 1) identified in the original publication and provides a commentary of the changes in practice and developments that have happened in 2023.

**Person-centred themes**




**Enabling themes**

*Image 1 – Thematic Areas*

# 2 Changes to healthcare in the last 12 months

Central to health and social care policy in England has been a focus on integrating health and care services, but it has been universally acknowledged that this is a slow process[4]. The principle of 42 Integrated care systems bringing together providers and commissioners of NHS services with local authorities and other local partners continues to be a key lever for pharmacy, but especially community pharmacy, to improve the health of the population at a local level. The imposition of approximately 30% funding cuts to ICBs has limited their ability to transform services[5].

Pharmacy in the broadest sense has exerted much effort in the last 12 months to integrate into this structure, driven in part by commissioning for Pharmacy, Optometry and Dental services moving from national to ICB level in April 2023[6].

At the point of publication of the vision, pharmacists and pharmacy technicians were already delivering care at the heart of multidisciplinary teams working across Primary Care Networks (PCNs) which bring general practices and wider primary and community services together at the 'neighbourhood' level. These roles, supported by added investment from the Additional Roles Reimbursement Scheme (ARRS)[7], and funding into General Practice has continued to strengthen the pharmacy workforce in General Practice. However, this has not been without a cost in the wider system[8]. The much-anticipated Long-Term Workforce Plan[9] for the NHS began to address some of the challenges in increasing workforce numbers and sets out an ambitious goal of increasing training places across the NHS.

The potential increase in the role of community pharmacy as an anchor organisation in local communities was reflected in the Fuller Stocktake[10]. However, a backdrop of rising inflation, increased demand and a volatile medicines supply market has posed a challenge for the sector to develop its role further. As a result of workforce and funding pressures, the last 12 months have seen overall pharmacy numbers decrease, with a significant restructuring of the community pharmacy market, exemplified by the second largest national pharmacy chain announcing the complete sale of their community pharmacy portfolio in November 2023[11], alongside other large chains reducing their pharmacy footprint. Further research is required to understand the impact of these changes on patient access to services.

However, the ambition for community pharmacy to be an accessible first point of contact, not only for minor illnesses but also for local urgent and out-of-hours services continues. The publication in May 2023 of the Delivery Plan for Recovering Access to Primary Care[12] recognised the contribution of community pharmacy[13]. Arguably the most significant publication for the sector, it described an additional investment of up to £645 million over 2 years to expand services offered by community pharmacy, including expanding the blood pressure service to increase the number of people diagnosed and treated with hypertension, and development of a common conditions service for seven conditions. In addition, more money has been invested in the Contraception service, which has been expanded further to include the initiation of oral contraception. Announcements in November[14] concluded the negotiations with operational delivery to patients for Pharmacy First in England planned for early 2024.

In a year of strained industrial relations[15] NHS acute trusts have been struggling to cope with demand and backlogs[16] within a constrained funding envelope[17]. Further workforce challenges, and medicines shortages have inhibited development of services as quickly as anticipated. Although progress has continued in the Hospital Pharmacy Transformation programme and the development of aseptic services[18], to move towards the ambitions set out in the Carter Review.

In July the Women's Health Strategy for England[19] set out a 10-year plan for women's health, and described medication related challenges that can be addressed by pharmacy teams, such as access

to HRT and widening access to contraceptive services in community pharmacies. This also highlighted the key role pharmacy teams play in safely dispensing sodium valproate, an anti-epileptic medication, given that children born to women who take valproate during pregnancy are at significant risk of birth defects and persistent developmental disorders. Enhanced monitoring will also be required for fathers taking Valproate[20].

The Major Conditions Strategy[21] was published in August 2023, focussing on six groups of conditions: cancers, cardiovascular disease (including stroke and diabetes), musculoskeletal disorders, mental ill health, dementia, and chronic respiratory disease. This report considered the important role of medicines optimisation, specifically polypharmacy, in patients with these diseases.

In November 2023 the Health and Social Care Committee began its inquiry[22] into Pharmacy, building on the findings of an expert panel[23] review published earlier in the year which examined progress on the Government's delivery of its ambition, as outlined in the NHS Long Term Plan[24], to increase the role of pharmacies and pharmacy professionals in healthcare. While the panel acknowledged some of the positive developments that have been made, they ultimately concluded the Government's commitments to pharmacy 'requires improvement' across all five policy areas.

The work of the RPS and The King's Fund Vision[25] was followed by the development of a more focussed Vision for Community Pharmacy practice, commissioned from The Nuffield Trust and The King's Fund by Community Pharmacy England[26], published in September. This will be used to drive forward the model of future negotiations with the Government.

These successive policy announcements and commitments from Government have included pharmacy at a level and in a way that hasn't previously been achieved. However, the funding and structural impediments in the NHS in England have prevented many of these ambitions being realised.

Against this background this report reviews each of the thematic areas identified in the Vision and describes the progress made in the first year, and outlines some of the obstacles that are still being faced.

# Calendar of activities

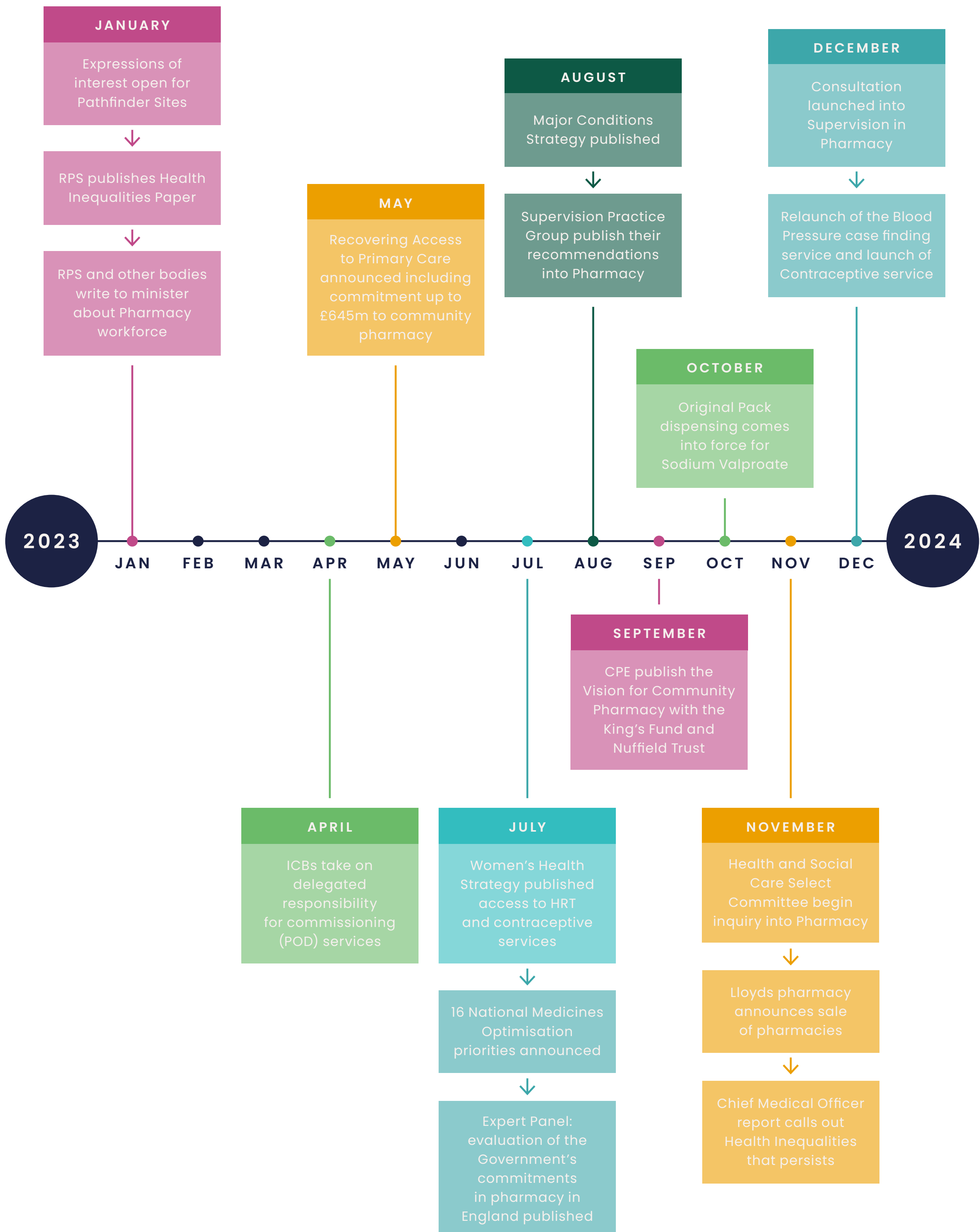



*Image 2 – Calendar of Pharmacy Events in 2023*

# 3 Thematic breakdown - patients

## 3.1 Theme 1 - Supporting people and communities to live well for longer

The aim of this theme is to ensure that patients and carers, the public, health and social care teams and local Government embrace the key role that pharmacy teams play in supporting people and their communities to stay healthy and well. The ambition is for patients to be referred to community pharmacies as 'health hubs' to access prevention, health improvement wellbeing and self-care support, improving local health and addressing inequalities[27]. This builds on the fact that community pharmacies are Healthy Living Pharmacies, with qualified health champions[28] and the special position of pharmacies, with 80% of people a 20-minute walk away from one, and twice as many located in deprived areas. Underserved groups are more likely to visit their community pharmacy than their GP or other provider[29].

Integrated Care Boards are focussing attention in this area and looking at population health management to focus priorities and services, using medicines as both an indicator and driver of health inequalities.

Recent research in access to Novel treatments for Lung Cancer demonstrate that even in the NHS where treatment is free at the point of delivery, tumour biology is known, and therapies biomarker guided, that social economic status affects access to treatments[30]. Positive moves have been made to improve treatment access. Given the experience of pharmacy teams in identifying red flags in patients, Peninsula Cancer Alliance has begun direct referral of people from community pharmacies into other healthcare providers[31].

The expansion of the hypertension case finding[32] service in 2023 and the improved access to contraception in pharmacies[33] are both steps towards addressing local inequalities. Indeed, the package of measures for pharmacy described in

the Primary Care Recovery Plan are designed to improve access. Deprived areas often lack access to health services to meet the health needs they require, often termed as the *Inverse Care Law*. This was proposed by Tudor Hart in 1971, describing "the availability of good medical care tends to vary inversely with the need for it in the population served". By contrast pharmacy appears to follow a *Positive Care Law* where there is greater access in areas of deprivation[34] helping to address these inequalities.

Pharmacy staff are often drawn from their local communities and provide an anchor to engage in the local community and create a focus for other retailers on the high street. Evidence from vaccination programmes demonstrates the ability of pharmacies to engage where others have struggled[35], most recently seen in COVID vaccination programmes reaching millions of patients[36]. Increasingly these services are being viewed as part of an integrated neighbourhood approach to public health and prevention, especially now that ICBs have delegated responsibility for pharmacy commissioning.

It is not only in community pharmacy settings that inequalities are being addressed, at a PCN Level a pharmacist led team completely eradicated a 12% inequality gap for blood pressure control between black and white patients in Lambeth[37]. In addition, over 300 patients from the local community were newly diagnosed and then able to access treatment.

Despite this progress, the 2023 Chief Medical Officer's annual report[38] described the inequalities that continue to exist, with a significant gap in effective biological age experienced by those living in poverty and deprivation who experience multiple risk factors across the life course such as exposure to smoking, air pollution and access to green space, compared to those living in the least deprived areas. While many of these factors are associated with social determinates of health, there continues to be actions that pharmacy teams can take to limit these health inequalities. In January 2023 the RPS published a guide for pharmacy teams to consider how they can address health inequalities[39].

However, there have been concerns about market forces that may seek to exacerbate some inequalities. Evidence suggests that the national funding available to pharmacies will have reduced in real terms by around 25% since 2014[40] and has led to closures of pharmacies[41,42]. Further research is needed to understand the impact of this consolidation of pharmacy numbers on access to health services, particularly in deprived areas. In 2016, 40% of pharmacies were reported to be in a cluster, where there were three or more pharmacies within a 10 minute walk[43]. In some areas these closures may not have impacted patient access due to this pharmacy clustering, however in other cases these closures have had a significant impact on local patient access.

An ambition of the vision is increased access to the prescribing of medicines for communicable and non-communicable diseases, women's health, and vaccination programmes in community pharmacy settings. The groundwork for the development of the Community Pharmacy Pathfinder Programme has been a theme through 2023, with up to 210 locations due to be live in early 2024[44]. This builds on the investment in funded places for pharmacists in community pharmacy and GP practices to become prescribers[45]. The Pharmacy Integration Programme introduced funded clinical examination skills training[46] for community pharmacists to support registered pharmacists prepare for prescribing training or extending existing prescribing scope of practice.

Building on the opportunity of providing further referral pathways to other services, the RPS published a joint policy with the National Association of Link Workers[47] and supporting webinar to help increase awareness of the opportunities for social prescribing.

Further work is needed in understanding the opportunities presented by digital technology to maximise ongoing advances in technology, such as wearables, 'inside-ables' and point of care testing.

### THEME 1 - SHORT TERM IMPLEMENTATION GOALS

1. People living in deprived communities, those experiencing **health inequalities** or anyone excluded from care are supported by pharmacy teams working in partnership with other local organisations to improve their health, for example, people in the Core20PLUS5 priorities group[48].

*In progress*: In some localities there are positive examples of the progress that has been made in addressing health inequalities led by pharmacists and pharmacy teams. However, the data continues to show that health inequalities exist and that further work is required to ensure that all patients can access services from pharmacy teams, be this in their locality or through digitally enabled solutions.

2. People are **referred directly** to other services, such as, diagnostic services, other healthcare professionals, social prescribing or social care by pharmacy teams who are integrated into local care pathways. This referral can also happen the other way around.

*In progress*: While some limited examples exist, the options for most community pharmacies to be able to refer into the connected system are limited at this stage. The Primary Care Recovery Plan committed to the implementation of the NHS Booking and Referral Standard (BaRS) which will improve referral processes from community pharmacy. While some examples exist, such as the cancer referral services seen in Peninsula Cancer Network, some cancer referral services have been pulled back or delayed. Further work is needed to increase the levels of direct referral available from pharmacy.

3. People using community pharmacies are routinely encouraged to use **early detection programmes** to help detect early signs of illness, and to use **prevention programmes** for long-term conditions as part of a systems approach to improving the public's health that uses the expertise and **accessibility of community pharmacy teams.**

*In progress*: The widespread access to vaccination services in Community Pharmacy is a key prevention programme that continues to grow for influenza and COVID. The expansion of the hypertension case finding service allows for early detection and treatment in community pharmacy to support the public's health. Pharmacies continue to support self-care and provide healthy living advice, such as smoking cessation through their accessible locations. But further strategies to support early detection if illness beyond hypertension are needed.

## 3.2 Theme 2 - Enabling people to live well with the medicines that they take

During the development of the Vision in England, the evidence demonstrated that there is more to be done to ensure that person-centred care and shared decision making[49] underpins every medicine related decision to guarantee that people feel supported and confident in their medicines use.

The National Overprescribing Review[50] has shared decision making at its centre and sets out a series of practical and cultural changes to ensure patients are receiving the most appropriate treatment for their needs. Two years into this programme of work has demonstrated the contribution that pharmacists have made to the reduction in prescribing of opioids and benzodiazepines[51]. Building on the recommendations in the review, the RPS, working in collaboration with the RCGP has begun work on the development of a toolkit for general practice on repeat prescribing to help support practices to improve their processes and reduce problematic repeat prescribing[52].

In 2023, Polypharmacy Action Learning sets held a 5-year celebratory event at the RPS to applaud the impact this learning has had on patients, with positive examples of pharmacists deprescribing to reduce anticholinergic burden[53] and reduce anti-depressant use[54]. This was further supported by the establishment of Polypharmacy Communities of Practice, led by pharmacists[55].

The number of pharmacists, including pharmacist prescribers, and pharmacy technicians working across Primary Care Networks has increased. They are using their expertise in the effective use of medicines to enable people to live well with the medicines they are taking. One such example is through the increased use of Structured Medication Reviews, which have become the bedrock of the work of many of these professionals, ensuring that

they reduce unnecessary prescribing and the risk of unwanted effects. These continue to be one of the National Medicines Optimisation priorities in 2023/24[56]. People who are frail or receive care services, either at home or in a care home, those using high risk medicines or combinations of medicines, patients taking complex or multiple medicines at risk of problematic polypharmacy[57] and overprescribing all require support from pharmacists and pharmacy teams.

Another priority area described in the national strategy is safe Sodium Valproate supply, and further regulatory reform in October 2023 delivered original pack dispensing and safety improvements in the supply of this teratogenic medication[58].

The Primary Care Recovery Plan outlined a plan to identify medicines 'available only on prescription (POM)' to 'available in a pharmacy (P)' to improve access and promote further self-care. This work has moved forward in December 2023 with the MHRA announcing a Reclassification Alliance[59] which includes the RPS, to explore those therapeutic areas which may be most suitable for reclassification.

Hospital pharmacy teams are also working in a more integrated way with primary care and community pharmacy teams to help support early discharge and safe transfer of care, and to reduce unnecessary readmissions due to medicines[60]. Pharmacy teams require further integration across the system to ensure patients continue to get the right medicines. The Discharge Medicines Service continues to refer over 11,000 patients a month to community pharmacy for review of their medications on leaving hospital[61]. However, research shows that this service continues to have untapped potential to reduce hospital readmissions. If implementation was increased to be to the level of the leading areas, then the benefits could increase fivefold[62].

In hospitals, pharmacists, pharmacy technicians and pharmacy support staff work alongside nurses, doctors, and other healthcare professionals. They work in same day emergency/ambulatory care, in specialist clinical areas as advanced practitioners and across the system in virtual wards. More than 240,000 patients are being treated this way for illnesses such as chronic obstructive pulmonary disease, heart failure or frailty meaning an NHS target to provide 10,000 virtual-ward beds by the end of September 2023 had been met[63]. However, The CQC annual report[64] described the lack of additional resource for the pharmacy workforce risked undermining good governance of medicines in virtual wards. They identified that pharmacy teams were often not involved in setting up virtual wards from the outset, and that sometimes there was not an allocated budget for pharmacy staffing. Medicines are a key part of Hospital at Home services and the RPS interim standards for virtual wards[65] published in October 2023 state that a senior pharmacy lead must be assigned to the service from the very beginning to design, implement and maintain pharmacy services.

Pharmacists work in highly specialist technical services to produce aseptic and specialist medicines, in aging facilities in need of investment[66]. This unsung sector of practice continues to face challenges around recruitment reflecting a changing nature of the workforce away from registrants. On 7 December, the Government began a public consultation on enabling supervision of pharmacy aseptic services by pharmacy technicians. Despite a £75m investment and positive commitments to develop five new 'hubs' around the country[67], there continues to be growing demand for these services, and a need to upgrade existing capacity and the regulatory support from the MHRA to quickly implement innovations.

An area that received scrutiny in 2023 is the half a million patients with chronic conditions receiving their supply of medicines through Homecare services. The House of Lords inquiry into homecare services[68] identified several shortfalls in the governance, accountability, and performance of homecare across the system. The refresh of the RPS Homecare standards in 2023[69] provides an opportunity to further address the standards in this system.

While significant progress has been made in addressing overprescribing, polypharmacy and improving shared decision making through structured medication reviews, there continues to be close to a million patients taking 10 or more medications[70], many of whom would benefit from a pharmacists led intervention - there is still much more to be done.

## THEME 2 - SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

4. Person-centred care is embedded in pharmacy teams by improving access to education and training resources around **shared-decision making** and work to **identify and remove communication barriers** that prevent people accessing care.

*In progress:* Further progress has been made in polypharmacy shared decision making with increased investment in action learning sets and structured medication reviews in primary care. This shows positive progress and optimism about future investments.

5. The current pharmacist workforce is supported to **prescribe, optimise and deprescribe medicines**[71] within a patient's pathway as autonomous professionals working in their areas of competency[72].

*In progress*: Prescribing by pharmacists has seen some positive developments in 2023, with the implementation of the prescribing pathfinder sites in community pharmacy, investment in education and training to increase the number of pharmacist prescribers within the workforce and the support provided for the national overprescribing review. The national medicines optimisation priorities recognise the important role of pharmacists in optimising and deprescribing medications, and pharmacists remain at its core. Pharmacists continue to counter prescribe P and GSL medicines in the community and the developments of the Re-classification Alliance should present further opportunities to provide self-care.

6. Anyone living with **complex medicines needs** and **long-term conditions** like hypertension, diabetes, respiratory disease or depression, can have their treatment and medicines use supported by **prescribing pharmacists and pharmacy technicians working across the system** as part of a connected multidisciplinary team.

*In progress*: While there has been much to celebrate in the positive impact that pharmacists and pharmacy technicians have had in GP practices and operating in PCNs, there is far more to do. Given the recent findings of the CQC, pharmacists and pharmacy teams are not a core part of medicines use in virtual wards and continue to be overlooked at a system level.

## 3.3 Theme 3 - Enhancing patient experience and access to care

Our aim is to ensure that people receive holistic, person-centred care from pharmacy teams as part of a digitally connected, wider multidisciplinary team. This requires a digitally connected workforce with access to information that avoids the need for people to repeat themselves with every healthcare professional and allows different healthcare professionals to share the care they have provided.

Pharmacy teams must have access to relevant clinical records to support patient care. While not without controversy[73], the development of a Federated Data Platform[74], which is software that will sit across NHS trusts and integrated care systems to allow them to connect data they already hold in a secure and safe environment, is a positive step forward to achieving this ambition.

The announcement of the Pharmacy First service in November described the further digital interoperability that pharmacy teams will receive through GP Connect[75]. This builds on the commitment in the primary care recovery plan[76] to invest significantly to improve the digital infrastructure between general practice and community pharmacy. The Government committed to streamline referrals, providing additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record. In early 2024 community pharmacies will be able to access medication, clinical investigations, and observation information, bringing the RPS campaign for full read write access to clinical records one step closer[77]. Further developments are needed to realise the vision of people owning their clinical records and sharing them with pharmacy teams who have read write access into one, shared, real time digital record.

The Common Conditions service as part of Pharmacy First[78], allows access to treatment through Patient Group Directions[79] in community

pharmacy for sinusitis, sore throat, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women, and is a significant step forward in improving access to care.

Cost continues to be a barrier to access for some patients[80], and this has been exacerbated by the cost-of-living crisis, and while increases didn't occur in 2023[81], the RPS continues to demand a review, and ideally a removal of prescription charges in England[82].

The vision outlines a future where Pharmacy is integrated into the wider health system and, as part of a multidisciplinary team, refers seamlessly to other health (including pathology, blood, diagnostics/imaging etc), social care and third sector providers. The implementation of the pathfinder sites for independent prescribing in community pharmacy begins the pathways to realising that vision.

Attention this year has been on Artificial Intelligence, with the first AI safety summit held in November[83] and further Government consideration of the role of AI in the NHS. While focus has been on the investment in AI for diagnostic imaging[84] consideration is being given to the regulation to support AI in pharmacy applications[85].

Patients should be supplied medicines in a way that meets their needs wherever they are located. Development of hub and spoke models of supply continued to be delayed further[86], and implementation of homecare delivery continues to be hampered by delays in development of electronic prescribing solutions[87]. Indeed, opportunities for innovative supply models have been hampered by limited opportunity for financial investment or slow regulatory reform.

Central to a safe collaborative supply system is safe and timely access to medicines. Throughout 2023 there have been repeated issues with medicines shortages that have had a direct impact on patients. The year began with shortages of penicillin for children[88], followed by issues with GLP-1 for diabetes[89], medication for hormone replacement therapy (HRT) and serious shortages for attention deficit hyperactivity disorder (ADHD) medication[90], creating issues for many patients, some of them critical. Shortages appear to be on the rise as the supply chain remains fragile[91].

At the centre of the thesis of improving access to clinical services delivered by pharmacists is wider use of the skill mix within the pharmacy team. Pharmacy teams continue to be exactly that, teams. However, the much-anticipated legislative changes to supervision that were promised in the summer of 2023 finally appeared in a public consultation in December. These legislative rules were developed following the publication of the output of the Pharmacy Supervision Practice group[92] in August.

### THEME 3 - SHORT TERM IMPLEMENTATION GOALS

7. Pharmacy teams have access to patient records necessary to support care and can record their interventions contemporaneously on an **electronic health record** that all healthcare professionals use.

In progress: Pharmacy teams in community pharmacy will have wider access to a patient record through GP Connect in early 2024. This is a significant step forward, but the vision calls for wider access in all pharmacy settings with full read write access, suggesting there is still some way to go.

8. Community pharmacies in England offer **consistent core services** so that people know pharmacies can be used as **a first point to access care** and be supported by prescribing pharmacists and the wider pharmacy team.

*In progress*: Pharmacy First in England has been announced and went live in 2024. This is a further shift towards pharmacy being the first point of access to care, embedded in the community as the front door to the NHS. However, this initial service is for seven common conditions, and there is wider scope for more ailments and an integrated prescribing service. Full prescribing in community pharmacy is still confined to private services. The pathfinder sites, which are focussed on testing how prescribing services in pharmacy fit into NHS processes and pathways, are due to be fully operational in 2024 across 210 locations.

9. Collaborative system working and technology allow greater integration of supply models across the health and care system, ensuring that people get safe and timely medicines.

*In progress*: Technology has the potential to improve and speed up the timely and safe supply of medicines. However, both hospital and community pharmacies have been reluctant to invest in technology due to the considerable financial capital required in a constrained funding environment. The legislative changes required to deliver hub and spoke models for independent pharmacies have been slow to arrive and in addition access to the medicines to support supply have become harder to access due to shortages.

10. Skill mix and development of innovative roles enable **delegation and greater diversification** of roles within pharmacy teams. Skill mixed teams **working at the top of their professional abilities** provide the capacity for pharmacy teams to deliver more for the healthcare system.

*In progress*: A public consultation on the legislative rules around supervision in pharmacies was launched on 7 December 2023, which describes an opportunity for pharmacy technicians to take on greater responsibility in both community and hospital settings.

# 4 Enabling the vision

## 4.1 Theme 4 - Our pharmacy people

It is essential that there are enough suitably trained people in the pharmacy workforce to advance the delivery of care to the public and patients. Across all sectors, the number of registered pharmacists in England has increased by 57% since 2010 to 52,780 (31 March 2023), with nearly 19,000 more pharmacists registered in England[93].

At present all indicators suggest a shortage in the pharmacy workforce. The community pharmacy workforce survey data indicated a reduction in total workforce from 2021 to 2022 with the largest reductions being delivery drivers (18%), pharmacy technicians (17%) and all pharmacists (13%)[94]. There has been an increase in those working as locums[95] or having portfolio careers.

The Hewitt review[96] of Integrated Care Systems has described how the development of ARRS for pharmacists in PCN roles had exacerbated the general shortage of pharmacists. The new responsibilities for ICBs provide an important opportunity to integrate the whole primary care offer for communities, making the best use of both the staffing resource available and the premises.

The RPS, in collaboration with other organisations[97] lobbied for a comprehensive plan for workforce following the call from The Health and Social Care Committee[98] for a comprehensive workforce strategy for the NHS. In June, the highly anticipated NHS England Long Term Workforce Plan[99] was published. It described expanding the training places for pharmacists by 29% to 4,300 by 2028/29 with further increase to 5,000 by 2031/32, to begin to address these shortfalls.

The education and training of pharmacists is changing and from 2026, all newly qualified pharmacists will be prescribers[100] at the point of registration[101]. NHS England is supporting 3,000 existing pharmacists[102] to develop prescribing skills to ensure they and the wider pharmacy team can play a greater role as part of multidisciplinary clinical teams. These trainees will need a different experience in their foundation year,

with prescribing opportunities. However, access to enough Designated Prescribing Practitioners (DPPs) continues to be a concern and may limit the uptake of these places[103].

The ability to transfer between sectors is increasingly important, and the first step towards parity in sector training was announced in November, with NHS England's commitment to increase the funding for foundation placements in community pharmacy[104], although this has been at the detriment of some secondary care funding. This funding will support the compulsory multi-sector rotations in the foundation year in 2025/26 which support the ambition towards greater interdisciplinary training across systems.

Making best use of the skills of the entire pharmacy team will be necessary to support a shift at scale toward more integrated, patient centred care, in particular using and developing the skills of pharmacy technicians. While the long-term workforce plan has limited detail regarding pharmacy technicians, it described the potential to expand training via the apprenticeship route for pharmacy technicians and consideration is being given to the potential of a pharmacist degree apprenticeship – although no further details on this are forthcoming. There is a need to develop further, structured post registration career frameworks and pathways for pharmacy technicians that mirror those developed for pharmacists along with supporting infrastructure.

Pharmacy is a diverse profession, 43.3% (4,934) of pharmacists and 19.2% (1,625) of pharmacy technicians in NHS trusts in England were from a Black, Asian and minority ethnic background in March 2022 compared to 18% of the general population of England[105]. However, the Pharmacy Workforce Race Quality Standards (PWRES)[106] shows that pharmacists of Black, Asian and minority ethnic origin are underrepresented at higher Agenda for Change bandings and that female pharmacists of Black, Asian and minority ethnic origin are particularly affected.

Evidence suggests that despite progress there continues to be a challenge with differential attainment for Black pharmacy students and trainees[107] that needs to be addressed. In addition to race, the RPS strategy[108] has also highlighted disability, age and pregnancy and maternity status as barriers to working in pharmacy.

The RPS continues to drive its strategy for diversity and inclusion[109] forward by raising awareness on the challenges experienced by different groups as well as celebrating the diversity in the profession. This has been though hosting events including South Asian Heritage Month[110], Black History Month[111] and Pride[112].

The RPS and Pharmacist Support Workforce Wellbeing survey[113] continues to highlight the workforce pressures being experienced, with 89% of those surveyed saying they were at risk of burnout. Lack of protected learning time, limited opportunity for rest breaks and an increase in abuse from patients and the public were all causative factors. Indeed, the RPS published a Protected Learning Time policy[114] calling for enhanced learning opportunities for staff. In May, the RPS hosted a roundtable to begin to unpick these issues and offer some opportunities to address the challenges faced[115], with a subsequent publication[116].

However, further investment is needed to create an integrated career progression pathway for pharmacists and pharmacy technicians to ensure the formal recognition of post-education registration and training.

In community pharmacy, funding arrangements have signalled a shift towards more clinical service delivery, with the development of Pharmacy First. NHSE has provided investment for 10,000 module places on clinical examination skills[117] to further develop the workforce.

The NHS Infusions and Special Medicines Programme highlights some of the workforce challenges in highly specialised technical services, where 81% of this workforce are pharmacists, pharmacy technicians or trained pharmacy assistants[118]. Further transformation is required to meet the needs of this important part of practice as well as clarity in the training and development pathway for this group.

Data on the pharmacy workforce continues to be important, and further progress is needed as the sources of data appear disparate.

## THEME 4 - SHORT TERM IMPLEMENTATION GOALS

11. A **comprehensive pharmacy workforce strategy** for pharmacy that includes pharmacists, pharmacy technicians and pharmacy support staff, and students/trainees is developed nationally to provide the right number of people, with the right knowledge and skills across the pharmacy workforce. Pharmacy team workforce planning is part of every ICB people plan.

*In progress*: Significant progress has been made in the publication of the NHSE Long Term Workforce Plan. However, there is limited information on pharmacy technicians and the operationalisation of this plan at each ICB remains to be seen. Some areas of specialist practice, such as technical services, do not yet have a coherent and implementable plan.

12. Pharmacists, pharmacy technicians and pharmacy support staff have **protected and structured learning/research time** with equality in development opportunities, and access to funding for professional development and leadership training.

*In progress*: While the RPS has published its Protected Learning Time policy, and further work on differential attainment has begun to address the equality in development opportunities, we are yet to see positive impact of these in the data currently recorded. There continues to be an inequity between the access to training opportunities, such as the learning support fund when comparing pharmacists to other professional groups.

13. A culture within pharmacy is created where everyone feels they belong, with an environment that attracts, develops and retains future generations of pharmacy staff. A **one pharmacy team ethos** is built that crosses pharmacy sectoral boundaries and teams work collaboratively to celebrate **pharmacy's diversity** and be inclusive to everyone.

*In progress*: The findings from the PWRES and the workforce wellbeing survey both indicate that there continues to be disparities in the workforce and environments remain challenging for retaining talent. Those from diverse backgrounds continue to struggle to assume leadership roles, and challenges exist in attainment between different groups. Whilst this progress is encouraging, the need to go further and faster with pharmacy teams working together in a more integrated way across a system still remains.

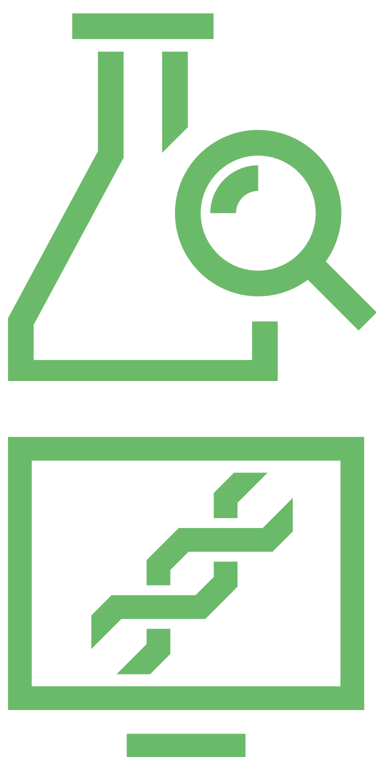
# 4.2 Theme 5 - Data, innovation, science and research

Data, when used properly has the power to transform. In pharmacy practice it can support personalised care, including medicines usage, drive service advances to meet population health needs, and improve outcomes. It can also drive research opportunities and provide insight into best practice. Pharmacy teams are increasingly accessing population-based data to inform their decision making at system and local levels.

One key aspect of data is real time clinical and prescribing information. At present, digital systems used in pharmacy are not sufficiently interoperable with those in general practice and hospitals. While steps have been made towards addressing this, such as greater access in community pharmacy settings through GP Connect, there continues to be barriers to the transfer of information in acute trusts.

The development of the Booking and Referral Standard[119], an interoperability standard for healthcare IT systems provides an approach that will support an integrated referral message from general practice into a community pharmacy. While in the early stages of development it is anticipated to provide the foundations to support future communications between hospitals and community pharmacies. The implementation of the interoperable medicines standard ISN will also support the digital infrastructure to maximise benefits from e-prescribing.

Indeed, there is significant variation in the implementation of ePMA systems in NHS Trusts. This includes some parts of services not using ePMA (e.g., specialist units) and for some groups of medicines (e.g., IV fluids) due to technical functionality limitations of the systems for more complex prescribing requirements. Digital Maturity assessments indicate that 20% of providers are yet to implement ePMA[120].



While technology is expanding there are limited examples of digital health developments in the public sector to empower people to prevent ill health and get the best from medicines. By contrast, in the independent sector some considerable innovations have landed, at the Cleveland Clinic London which successfully implemented the first Closed Loop Medicines Administration system in the UK, delivering an entirely unique pharmacy medicines optimisation model[121]. This uses AI technology to help cut blister packs to deliver unique patient ready doses.

Research is a core pillar in development of practice, however in pressured service delivery, clinicians struggle to create the time and space for research. Pharmacists are struggling to engage with research and maximise the opportunities presented by the raft of data that is already available. The RPS Protected Learning Time policy[122] looks to embed this into practice. The RPS has continued to celebrate research through a record number of submissions to its annual conference and the celebration of early research through the OPERA award for early career research[123].

The Government has consistently celebrated the importance of the Life Science sector and the UK's strengths in terms of its leading universities, a strong research base and a centralised system in the NHS. In November 2022 the Government published its Life Science Vision: 4 Healthcare Missions[124] with an investment in cancer, obesity, mental health and addiction, building on the previous announcement for dementia. Unfortunately, the number of patients enrolled in commercial studies has fallen by 44 per cent since 2017[125]. More recently, the overwhelmed health system, struggling to survive post-pandemic, has struggled to prioritise clinical trials. In addition, the MHRA has lost capacity and expertise, leading to long delays. A review conducted in May laid out a series of recommendations[126] to address this including to tie direct financial incentives to clinician participation in research. More investment and incentives are required if pharmacists and pharmacy teams are to be leaders in clinical research.

Interest in pharmacogenomics has accelerated in the NHS, driven in part by the strategy published in later 2022[127]. This continues to recognise the role of pharmacists[128] and the need to upskill the workforce, with the development of GeNotes as an education resource for teams. The RPS published a genomic medicine position statement[130] in April, highlighting the importance of pharmacy professionals as key stakeholders in the implementation, delivery, and evaluation of genomic services.

## THEME 5 - SHORT TERM IMPLEMENTATION GOALS – A FOCUS FOR ACTIVITY

14. The pharmacy workforce has the digital skills to enable them to capitalise on the **data** and digital revolution that will provide opportunities for **targeted interventions** to improve individual patient and **population health**[131] (Department of Health and Social Care 2022).

*In Progress*: Progress has been limited in moving forward the digital skills of the workforce, and while there are tools that are available to ICSs these have not factored into everyday practice and more work is required to realise the aims in this space.

15. The pharmacy workforce is developed across systems ready for the large scale roll out of **pharmacogenomic testing and personalised prescribing.**

*In progress*: Large scale roll out of pharmacogenetic testing and personalised prescribing has not yet been achieved. However, NICE guidance for clopidogrel suggests genetic testing prior to the commencement of the medication[132], which opens the pathway for wider use.

16. **A research, quality improvement and clinical audit culture is embedded**, into undergraduate and early years careers in all settings with support for pharmacy teams to access funded research programmes.

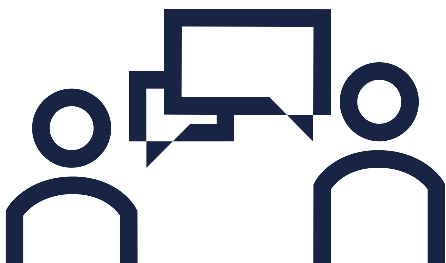
*In progress*: Audit, research and quality improvement continue to be important to service delivery. In community settings the Pharmacy Quality Scheme (PQS) for example received a HSJ award[133] for the impact of 5 medicines safety audits in 9,000 community pharmacies. However, progress against this recommendation continues to be limited.

# 4.3 Theme 6 - Leadership, collaboration and integration

Leadership is vital in any system, and in pharmacy every level of pharmacy leadership should reflect the diversity of the profession and the populations they serve. Pharmacy leaders work inclusively to create working environments and teams where people feel they belong and can be their authentic selves to deliver high quality patient care. The Inclusive Pharmacy Practice Board, led by NHS England, RPS and APTUK[134] focused on diversity in senior pharmacy professional leadership including differential attainment in pharmacy students, trainees and early career professionals. The PWRES data provides a data source in which progress against the target can be measured.

The RPS has developed curricula and assurance pathways for consultant and advanced practice to be credentialed. In March, the first participants in a fully funded, supported e-portfolio pathway to recognise advanced pharmacist practice commenced[135], which provides a pharmacy-specific professional development pathway for advanced pharmacist practice. The first group of advanced pharmacists had their practice assured by the RPS with credentials awarded in October[135], building on the path developed for consultant practice. In October the RPS and UKCPA announced a collaborative approach to delivering specialist curriculum and credentialing[137].

Across Integrated Care Systems there are some Chief Pharmacists that provide clinical leadership for medicines optimisation across the system, but this title doesn't yet exist in every ICS. These professionals with senior leadership are required to provide transformational strategies for medicines development and use across systems and nationally that improve the quality, sustainability, and value of medicines. The RPS has published recommendations for systems to improve system workforce and leadership[138].



As part of the steps to improve pharmacy Integration, Community Pharmacy Clinical Leads were announced to support the embedding of new services[139]. However, many of these roles look set to disappear when funding ends in April 2024, presenting concerns about the future leadership and ability to deliver the Community Pharmacy Pathfinder programme.

Pharmacy professionals routinely work across care pathways with their skills recognised wherever they practice. Portfolio roles are the norm supported by employers and career development structures.

The Vision described the important role of pharmacy teams as champions in sustainability with an active role in embedding the principles of sustainable healthcare across all aspects of pharmacy practice. The RPS has continued to lead on the implementation of sustainable practice, with the development of a Greener Pharmacy Toolkit to support practice[140].

In 2023 further developments have been made with the UK Professional Leadership Advisory Board, following the publication of the Report of the UK Commission on Pharmacy Professional Leadership[141] in February. This precipitated the creation of UK Professional Leadership Advisory Board, with the appointment of Sir Hugh Taylor as the Independent Chair of this board. Open recruitment began in the final months of 2023 for independent expert members who will sit alongside the representatives from the nine pharmacy organisations. It is expected that this board will meet for the first time in the first half of 2024 as a collaborative group across pharmacy organisations.

## THEME 6 - SHORT TERM IMPLEMENTATION GOALS

17. Advanced[142], specialist and consultant[143] pharmacy leadership roles (Royal Pharmaceutical Society 2022b) are present in all settings across the system, including the operational and technical roles that support medicines governance and patient safety.

*In progress*: Positive progress has been made with the first cohort completing the advanced credentialing pathway and the implementation of a UKCPA joint venture. However, these roles are not fully embedded into NHS career maps, and solutions are still to be found for the development of technical roles.

18. Integrated Care System strategies for the planning and commissioning of pharmacy services are informed by the ICB chief pharmacist and developed in collaboration with pharmacy teams from across the system.

*In progress*: In some localities there are chief pharmacists who are embedded into the ICS leadership helping to shape the future of the planning and commissioning of pharmacy services. Areas to celebrate include North East and North Cumbria. However, the model adopted here, while positive, is not yet reflected in all ICSs. There has been inconsistency in approach. Most ICBs do have a senior pharmacist, although not necessarily a Chief pharmacist, who is able to raise the position of pharmacy within the system. However, there are wide differences in the scope, influence and responsibilities of these pharmacists across England.

19. Shared pharmacy team roles working across integrated care systems are developed and supported by joint training and development and shared models across England.

*In progress*: In some locations there are pharmacists operating in a flexible way to work across the interface of care, such as consultant pharmacist posts operating across an ICS. In addition, small scale local pilots are in place to support foundation training across care interfaces, but these are not yet joined up at system level with adequate training and support.

# 5 Next steps for future collaborative work

The RPS and The King's Fund vision describes pharmacy professional practice in ten years' time, and practice will look substantially different to how it looks today. Additional investment in the community pharmacy sector, development of prescribing pilots, and further digital integrations are just some examples of the vision becoming a reality in practice. The progress made in the 12 months since launch, when considered against a 10-year timeline, is significant and demonstrates the positive steps forward that the health service has made in recognising and rewarding the skills of pharmacists and pharmacy teams. But there is clearly more to do to transform, unlock and enable the full breadth of opportunities for pharmacy teams.

This transformation is far from complete. While the Royal Pharmaceutical Society has taken a lead in operationalising much of this vision, it is through collaboration with national pharmacy organisations, commissioners, representatives from other professions and patient groups that have allowed transformation to be realised in practice. There are many collaborative examples throughout this report, and it is through that ongoing professional collaboration that lasting change can be delivered.

Central to the move forward in practice has been the work within local systems. ICBs and ICSs, are still nascent organisations that are facing incredible demand pressures against funding shortages. It is essential that pharmacy teams continue to help drive the commissioning and redesign of system wide pathways, building in evaluation of locally commissioned services. The creation of a focussed vision for the community pharmacy sector by Community Pharmacy England working with Nuffield Trust and The King's Fund demonstrated the opportunities ahead. This presents a further opportunity to re-design the community pharmacy funding and operational model to deliver on the themes described here.

Medicines exist in all parts of the healthcare system and sit only second in budgetary terms to staff. The importance and value of pharmacists within the system to manage, optimise and improve the use of pharmaceuticals is being increasingly appreciated across healthcare systems.

There is far more to be done, but there is an optimism that the vision for the future can be realised. The profession is making progress in the right direction, but continued action, bounded by collaboration, is needed to drive this forward.

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