House of Commons

Health and Social Care Committee

Pharmacy: Government Response

First Special Report of Session 2024–25 HC 602

Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health and Social Care and its associated public bodies.

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The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No. 152. These are available on the internet via www.parliament.uk.

Publication

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Committee reports are published on the Committee's website at www.parliament.uk/healthcom and in print by Order of the House.

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First Special Report

The Health and Social Care Committee published its Third Report of Session 2023–24, Pharmacy (HC 140), on 29 May 2024. The Government Response and a covering letter were received on Tuesday 17 December 2024 and is appended below.

Letter from Stephen Kinnock MP, Minister of State for Care

I am pleased to submit the Government's response to the committee's report on Pharmacy, published on 29 May 2024.

I welcome the Committee's report, and we are grateful to everyone who contributed their time and expertise for the recommendations on ensuring better pharmacy services to the NHS.

I would like to take this opportunity to thank the pharmacy workforce across the NHS. I am grateful for their hard work, professionalism and dedication. They support patients in hospital and in their local communities. They are present at every stage of patient pathways from prevention of disease, to ensuring the most effective treatments and in supporting those living with long term conditions. In short, their work is vital to the health and prosperity of our population.

Although the report was submitted for the previous government, pharmacy is a key priority for this government. As the recently appointed Minister of State for Care I have been keen to cast fresh eyes on the issues.

I am very aware of the pressures reported by community pharmacies across England and highlighted in the investigation by Lord Darzi and in this report from the Health and Social Care Select Committee. Unfortunately, we inherited a system that has been neglected for too long and for pharmacists

to deliver for patients at a local level remains very difficult. I am committed to working with the sector to achieve what we all want – a service fit for the future.

Following Lord Darzi's investigation, we launched a 10 Year Health Plan engagement exercise to reform the NHS and make it fit for the future. This will inform future funding and contractual arrangements. The engagement on the 10 Year Health Plan will be widespread, gathering input from as many people as possible and will shape the future clinical service models. The plan will set out a bold agenda to deliver on the three big shifts needed to move healthcare from hospital to the community, analogue to digital, sickness to prevention. This plan will be published in Spring 2025.

This government is committed to expanding the role of pharmacies and to better utilising the skills of pharmacists and pharmacy technicians. This summer, we will publish a refreshed Long Term Workforce Plan to deliver the transformed health service we will build over the next decade, and treat patients on time again.

I recognise that there is still much more to be done, as noted in this report. We supported Pharmacy First from Opposition and want to build on the programme as we shift care from hospitals to the community and shift from treatment to prevention. I will build upon these initial reforms and I will make further progress in line with the Committee's recommendations.

Stephen Kinnock MP

Minister of State for Care

Appendix: Governement Response

Community Pharmacy Funding

Recommendation 1

We recommend that the Community Pharmacy Contractual Framework (CPCF) is completely overhauled, in close consultation with the community pharmacy sector. Any new framework must:

a. **close the gap in funding that community pharmacy has experienced over the course of the current CPCF;**

b. **focus on reducing complexity and ensure pharmacy owners can clearly understand and predict their cash flow, including de-risking the purchasing price of medicines;**

c. **ensure funding is explicitly available for both dispensing services and clinical services, to avoid the current situation where one activity pays for another, to the detriment of both**

d. **include the capacity for flexibility in the event of increased demand, greater activity or inflationary pressures, for example through indexation.** (Paragraph 20)

Partially Accept

The Committee raises an important point which the Government will take under consideration. The Darzi review acknowledged the challenges faced by community pharmacies regarding funding and closures. It also identified the potential for a step change in the clinical role of pharmacists within the NHS such as in the treatment of common conditions. This Government inherited a system that has been neglected for too long making it difficult for pharmacists to deliver for patients. I am committed to working with the sector to achieve what we all want – a service fit for the future.

NHS England are currently undertaking an economic analysis of the sector. This will inform future proposals for funding and contractual arrangements. The Government notes the Committee's recommendations on the complexity of current arrangements and will take these into consideration in developing any future proposals for consultation with Community Pharmacy England. Further, the outcome of the engagement on the 10 Year Health Plan will be central to the Government's health mission to fix the NHS, including making pharmacy services fit for the future.

Medicine shortages

Recommendation 2

We recommend that the Government reviews the effectiveness of Serious Shortage Protocols, with a focus on their timing and their administrative burden. (Paragraph 49)

Partially Accept

Serious Shortage Protocols (SSPs) are a tool to manage and mitigate medicine and medical devices shortages. An SSP enables community pharmacists to supply a specified medicine or device in accordance with a protocol rather than a prescription, with the patient's consent and without needing to seek authorisation from the prescriber.

An SSP is only used in the case of a serious shortage if, in the opinion of Ministers, it would help manage the supply situation and if clinicians advising Ministers think it is appropriate. Protocols are developed with input from expert clinicians but are only considered in exceptional circumstances. This work is overseen by the Medicines Shortage Response Group (MSRG). The administrative burden on pharmacy contractors of SSPs is balanced with the need to find an alternative way of dealing with the shortage each time an SSP is developed. An assessment of the Serious Shortage Protocol policy was conducted and published in May 2021, which found that the protocols were generally well received by stakeholders and had benefits for managing medicine shortages. Officials in the Department of Health & Social Care (DHSC) will continue to keep this policy under review, including considering their timing and administrative burden.

Recommendation 3

We recommend that regulations are updated within three months to allow pharmacists in community settings to make dose and formulation substitutions for out-of-stock items, subject to the safeguards set out in the Royal Pharmaceutical Society's Medicines Shortage Policy. (Paragraph 50)

Partially Accept

The Human Medicines Regulations 2012 (HMRs 2012) require pharmacists to dispense "in accordance with a prescription". This has been interpreted to mean supply of medicines must be the exact product and quantity prescribed with some limited exceptions. Most prescriptions dispensed are not subject to supply issues and the pharmacist is able to dispense exactly what is written on the prescription. This works well as prescribers have certainty of what their patient is receiving; the clear separation of roles, prescribing and dispensing, supports patient safety, with a double clinical check on dose and interactions; and patients have consistency as to their dosing regimen.

Allowing pharmacists to take local action to alter prescriptions and supply an alternative without an SSP in place and without the full oversight of supply issues that the DHSC Medicines Supply Team has, could have the effect of creating a 'knock-on' shortage of the alternative and could thereby have the potential to exacerbate rather than mitigate a supply problem. However, we do recognise there may be occasions where it is appropriate to enable further flexibility to supply an alternative dose or formulation to what was prescribed without going back to the prescriber. We are currently examining options with stakeholders, to assess where and how this could be appropriate, and how any associated risks could be managed.

As identified by Lord Darzi's investigation, primary care is under pressure and in crisis. This Government is committed to addressing these issues, better utilising the skills of pharmacists. This includes introducing a prescribing service delivered by community pharmacists as we shift care from hospital to the community.

Recommendation 4

We believe that allowing generic substitution would be an important way of reducing the need for patients to return to their GP for out-of-stock medication. We further recommend the introduction of generic substitution, which should follow a government consultation focusing

on how best this policy could be implemented to ensure patient safety and avoid the potential for unintended impacts on the supply chain. (Paragraph 51)

Reject

As above, the Human Medicines Regulations 2012 (HMRs 2012) require pharmacists to dispense "in accordance with a prescription". This has been interpreted to mean supply of medicines must be the exact product and quantity prescribed with some limited exceptions. 81% of all drugs in primary care are already prescribed generically. Where a prescription has been prescribed by a brand, there could be good clinical reasons why a patient must be maintained on a specific manufacturer's product, because of issues of bioequivalence (e.g. anti-epileptics) or where patients suffer from side effects or are allergic to a particular excipient.

DHSC have previously consulted on introducing generic substitution in primary care but did not progress the proposals following concerns highlighted about these potential impacts on patient safety.

Recommendation 5

In their response to this report, the Government should set out what impact it believes National Patient Safety Alerts have on private prescribing and what scrutiny and enforcement measures are in place to ensure private prescribers adhere to these alerts. (Paragraph 52)

Accept

National Patient Safety Alerts (NPSAs) apply to all prescribers. The government expects providers of healthcare services and those with responsibility for prescribing to take appropriate account of national guidance. Professional regulators have issued joint statements (Joint statement on meeting regulatory standards during periods of global or national shortage of medicines | General Pharmaceutical Council (pharmacyregulation.org) Joint statement on meeting regulatory standards during periods of global or national shortage of medicines – an update | General Pharmaceutical Council (pharmacyregulation.org) making clear that all prescribers, regardless of employer, should take into account NPSAs and other public health considerations when making prescribing decisions.

The General Medical Council deems Medicine Supply Notifications, i.e., national advice to healthcare professionals on management options during a shortage, as national guidance and expects their members – who may work in the NHS and / or the private sector – to follow them.

Recommendation 6

The Government should commission an independent review of the medicines supply chain. Given the impact that shortages are having, this should be commissioned as soon as possible and completed within 6 months of starting. The review should assess, and suggest ways of improving, the resilience of the supply chain, the performance and role of the MHRA and the impact of prices paid for medicines and community pharmacy reimbursement mechanisms. We recommend a particular focus on the availability and use of generic medicines, though the review should not be limited to these. (Paragraph 64)

Partially Accept

The Committee raises an interesting point. Medicine supply chains are highly regulated, complex and global. Supply disruption affects many countries around the world and is not specific to the UK. Issues with the medicines supply chain can occur for a number of reasons, most commonly due to manufacturing difficulties, regulatory noncompliance, sudden demand spikes or distribution issues. DHSC and NHS England do not routinely procure or supply medicines but do have a responsibility to manage medicine supply issues, help to prevent shortages and minimise risk to patients when they occur. Whilst supply issues can't always be prevented, there are a range of well-established tools and processes already in place to mitigate risks to patients and successfully bring shortages to resolution, such as Serious Shortage Protocols (SSPs).

The resilience of UK supply chains is a key priority, and we are continually learning and seeking to improve the way we work to both manage and help prevent supply issues and avoid shortages for patients. The Department, working closely with NHS England, is taking forward a range of actions to improve our ability to mitigate and manage shortages and strengthen our resilience. However, medicine shortages are a complex and global issue and everyone in the supply chain has a role to play in addressing them – any action will require a collaborative approach.

We acknowledge the recommendation in the report to commission an independent review of the medicines chain and will keep this under consideration as part of response arrangements already underway to improve the way medicine supply issues are managed.

Extending pharmacy services

Recommendation 7

We recommend that the Government and NHS England publish a long-term vision for the further development of clinical services in community pharmacy settings within one year. This vision should:

- **include consideration of examples of success within locally commissioned services, and how these could be offered across England**
- **build on the seven health conditions covered by Pharmacy First and the delivery of blood pressure and oral contraception services by pharmacists;**
- **commit to expanding the role of pharmacists in the management of long-term conditions**
- **commit to expanding the role of pharmacists in carrying out medication reviews and supporting medicine adherence; and**
- **be supported by a plan setting out timeframes for the delivery of new services and commitments to the allocation of realistic levels of funding to any expansion of services.** (Paragraph 83)

Accept

Pharmacies play a vital role in our healthcare system. As set out in the Government's manifesto, we are committed to expanding the role of pharmacies and to better utilising the skills of pharmacists and pharmacy technicians. That includes making prescribing part of the services delivered by community pharmacists. By 2026 all newly qualified pharmacists will have a prescribing qualification, with additional investment in upskilling the existing workforce to also become independent prescribers. NHS England is currently piloting how prescribing can work in community pharmacy in all ICBs, supporting a range of conditions. These pathfinders will then inform any future decisions about the service.

The recent Darzi investigation flagged that there is a huge potential for a step change in the clinical role of pharmacists within the NHS. *"Expanded community pharmacy services are likely to include greater treatment of common conditions and supporting active management of hypertension"*. We have launched a 10 Year Health Plan to reform the NHS and make it fit for the future. The engagement on the Ten Year Health Plan provides opportunity for gathering ideas and evidence to shape future clinical service models in community pharmacy. The plan will set out a bold agenda to

deliver on the three big shifts needed to move healthcare from hospital to the community, analogue to digital, sickness to prevention. This plan will be published in the Spring 2025.

Recommendation 8

In the shorter term, and in light of the large body of evidence and long-running calls for these services to be offered in community pharmacy settings, we recommend that NHS England commissions community pharmacies to provide the HIV-prevention medication PrEP and all routine and seasonal immunisations for adults and children. (Paragraph 84)

Partially Accept

The committee raises an interesting and valuable point. HIV is a key priority for the Government, and we have commissioned a new HIV Action Plan for 2025-30, to achieve no new HIV transmissions with England by 2030. This is aimed to be published in summer 2025. The new HIV Action Plan, which is currently being developed by DHSC, UKHSA and NSHE in close collaboration with local government, community and voluntary sector partners and people with lived experience, will look at this data and consider what are the key actions needed to support the groups disproportionately affected by HIV and ensure we continue on track to meet our 2030 goals. Access to PrEP will be considered under Objective 1: Ensure equitable access and uptake of HIV prevention programmes. The feasibility of PrEP delivery via pharmacies is being piloted by University of Bristol, National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West) and the NIHR Health Protection Research Unit in Behavioural Science and Evaluation (HPRU) at the University of Bristol.

As set out in our manifesto, this Government is committed to moving to a Neighbourhood Health Service, with more care delivered in local communities. Access to PrEP is based on criteria set out in clinical guidelines which allow clinicians to prescribe following a consideration of the patient's risks and a number of initiation and monitoring tests. This recommendation, along with others, will be reviewed alongside the existing clinical guidelines and emerging evidence from the pilot study referenced above, and considered as we look to introduce neighbourhood health in the future and shift to deliver more care in local communities.

Recommendation 9

As well as addressing medicine shortages and broadening pharmacists' ability to offer alternatives, to support public confidence and education, the Government should commit to the ongoing promotion of Pharmacy First beyond what has already been announced. (Paragraph 98)

Accept

As set out in our manifesto we are committed to expanding the role of pharmacies and better utilising the skills of pharmacists and pharmacy technicians, including by cutting red tape. That includes making prescribing part of the services delivered by community pharmacists. In 2024 NHS England continues the promotion of the Pharmacy First service through a further multi-media campaign, aimed at raising public awareness and confidence of the service.

The Government and NHS England will review the success of that campaign and look at how we can build on it in order to promote Pharmacy First going forwards.

Recommendation 10

We recommend the creation of a new "Establishment Payment" to be paid to eligible community pharmacies to support the development of consultation spaces for patients. This funding should be targeted at pharmacies that are the most reliant on NHS work as their main source of income and could be linked to a commitment to provide an agreed level of NHS service. (Paragraph 106)

Reject

The establishment payment was paid out to all pharmacies dispensing at least 2,500 prescriptions per month and was phased out between 2016 and 2021 following reforms to the Community Pharmacy Contractual Framework.

Almost all pharmacy funding is now paid out based on activity, so every item dispensed, or every service delivered attracts a payment which set to cover pharmacies' costs in delivering the service.

Those pharmacies participating in Pharmacy First will already receive a £1000 monthly fixed payment to support them to deliver clinical services if the pharmacy has reached the minimum threshold of clinical pathway consultations for that month.

Recommendation 11

To avoid patients continuing to use GPs for support that could be offered in a community pharmacy setting because of concerns about the affordability of over-the-counter medication, we recommend that such medication is free for people on low incomes, as part of the Pharmacy First scheme. (Paragraph 108)

Partially Accept

There is no charge connected to accessing Pharmacy First for support on one of the seven specified conditions. If the outcome of a Pharmacy First consultation is a supply of a prescription only medication for one of the seven conditions and the individual is exempt from paying a prescription charge (including through the NHS Low Income Scheme) the medication would already be supplied free of charge. If the individual is not exempt from paying prescription charges, they will be charged for this prescription medication as they would if they had consulted their GP.

NHS England has explored how to deliver the best value from the NHS spend on medicines. This included the prescribing or supply of over-the-counter medications. The report published in 2018, here, recommended that it would not provide value for money for the taxpayer to provide over-the-counter medication free of charge.

Recommendation 12

When responding to this report, we ask that the Government sets out what progress has been made on rolling out the full digital product for the documentation of Pharmacy First consultations, including the percentage of community pharmacies that have fully functioning and interoperable read/write access to patient records. (Paragraph 112)

Accept

The full suite of digital capabilities for Pharmacy First is designed to make it easier for frontline staff to refer, consult, record outcomes, and report. NHS England policy is not to enable community pharmacies to have full read/write access to patient records. The priority is to ensure pharmacists have easy access to all the relevant heath information needed to support consultations, and to ensure that consultation outcomes can be sent back directly into practice workflows, for review as needed and seamless filing into the patient record.

Progress on rolling out the enhanced digital capabilities is as follows:

- Over 60% of general practice can send electronic Pharmacy First referrals, rising to 100% by end of March 2025 on current plans. 90% of community pharmacies, rising to 100% by the end of March 2025, can receive Pharmacy First referrals electronically from practices.
- All community pharmacies can review additional heath information they need to support consultations by securely accessing the National Care Records System. NHS England is working with suppliers to surface key information directly in pharmacy clinical systems, saving time and improving workflows.
- All community pharmacies can record consultation outcomes in their clinical systems. These are then automatically sent to:
    - NHS BSA to pay and reimburse pharmacists, monitor the service and feed into national reporting, including monitoring Antimicrobial resistance.
    - practices so patient records are updated, except for Blood Pressure Checks which will flow automatically shortly. Where practices have enabled it, these go straight into the GP clinical system workflow, otherwise a practice will receive them by email, alongside reports from other care settings. Work is ongoing with Integrated Care Boards to support practices to enable this capability.

We recommend that the ongoing evaluation of Pharmacy First includes an assessment of the extent to which pharmacy and general practice digital systems are enabling the necessary data sharing to protect patient safety and ensure continuity of care. (Paragraph 113)

Accept

NHS England is committed to ongoing monitoring of all services, including Pharmacy First to understand ways we can improve access and support provided. For Pharmacy First, this includes oversight of medicine supply, claims systems and exchange of information between community pharmacy and general practice. The National Institute for Health and Care Research study that has been established to evaluate Pharmacy First has a line of inquiry to review the effectiveness of GP minor illness referrals to community pharmacy and we will use the outputs from that to inform any future service developments.

Pharmacists must sign up to the national Data Sharing Agreement as part of the registration process for Pharmacy First, which ensures the necessary data sharing agreements are in place to protect patient safety.

Recommendation 13

We recommend that an independent review is commissioned to explore hospital medicines management, to report within one year. The review should make recommendations, particularly around how the potential of automation and technological systems like connected medication management could be realised and how learning from Global Digital Exemplars can be built upon in Trusts across England. (Paragraph 131)

Partially Accept

This Government inherited a system that has been neglected for too long. We are committed to exploring opportunities to make use of technology as we look to develop and support our NHS in line with the shift from analogue to digital, as part of the 10 Year Health Plan. We will therefore consider this recommendation as part of the development of this objective, and any lessons learned from the Global Digital Exemplars and how this can be applied to Trusts across England

Pharmacy Workforce

Recommendation 14

The lack of access to placements, supervisors and adequate financial support is a serious challenge, which could undermine efforts to meet the pharmacy targets set out in the NHS Long Term Workforce Plan. If those ambitions are to be met, there needs to be a greater focus on the availability and quality of the necessary placements. (Paragraph 139)

Partially Accept

This summer we will publish a refreshed Long Term Workforce Plan to deliver the transformed health service we will build over the next decade, and treat patients on time again.

Initial Education and Training (IET) for pharmacists has undergone a significant period of reform since the announcement in 2021 of revised Standards of education and training by the pharmacy regulator, the General Pharmaceutical Council.

Designated Prescribing Practitioner (DPP) and supervisor capacity

For the pharmacist training pipeline, placements and supervision is required at a variety of stages:

1. Undergraduate MPharm degree
2. Foundation Training Year, including supervision from Designated Supervisors and Designated Prescribing Practitioners (from 2025)
3. Post-registration Independent Prescribing Courses (for pharmacist that register before 2026)

In order to ensure adequate DPP and supervisor capacity, NHS England is providing national funding to expand the number of training places for independent prescribers and DPPs. This will ensure the NHS is ready to support and mentor the trainee pharmacists from 25/26 alongside currently registered pharmacists learning to be independent prescribers (IP).

The Pharmacy Integration fund in 2024-25 is extending the Teach and Treat clinics pilot that successfully run the South West to all regions in England. The South West pilot demonstrated it is an effective way to create DPP capacity and grow the number of pharmacist independent prescribers.

Initial Education and Training of Pharmacy Technicians

Funded educational training is available for supervisors of Pharmacy Technician learners as outlined above. This is available to teams working in the NHS managed sector, Primary care (general practice) and in community pharmacies. This will support the continued growth of pre-registration trainee pharmacy technician supervisor capacity in these sectors.

Financial support for training

Since 2021, the Mpharm has been eligible to receive the clinical tariff, which has supported MPharm providers in increasing the volume and quality of experiential learning within the degree.

However, MPharm students are outside of the scope of the Learning Support Fund (LSF) as it only applies to those courses which were eligible for the NHS Bursary prior to the 2017 reforms.

DHSC is working with NHS England to explore how to introduce a single, consistent policy for funding excess travel and accommodation costs incurred by MPharm students on placements.

Recommendation 15

We recommend that the list of healthcare professionals able to access the Learning Support Fund is updated to include pharmacists and technicians. (Paragraph 140)

Partially Accept

The Committee raises an interesting issue. MPharm students are outside of the scope of the Learning Support Fund (LSF) as it only applies to those courses which were eligible for the NHS Bursary prior to the 2017 reforms.

We will consider the professions eligible for the learning support fund as part of the refresh of the Long Term Workforce Plan. DHSC is working with NHS England to explore how to introduce a single, consistent policy for funding excess travel and accommodation costs incurred by MPharm students on placements.

Recommendation 16

The criteria connected to Additional Roles Reimbursement Scheme (ARRS) funding should be reviewed within 3 months to understand whether any additional flexibility could reduce the drain of community pharmacists into primary care networks. The Government should write to us with the outcome of this review (Paragraph 157)

Partially Accept

The Additional Role Reimbursement Scheme funding is currently under review as part of the consultation on the 2025/26 GP contract arrangements.

Final arrangements will be published once the consultation has concluded.

Recommendation 17

Greater planning and forward thinking continues to be needed around the full pharmacy workforce, accounting for changing roles in the community, increasing demand in hospitals and supporting ICBs to build "one pharmacy workforce" that can be deployed across the full range of pharmacy services within health and social care. As 2026 approaches, when all newly qualified pharmacists will also be independent prescribers, this will become ever more urgent. (Paragraph 172)

Accept

The pharmacy workforce should be viewed as one workforce at an integrated care system (ICS) level, and there is a growing demand in the NHS for clinical, patient-facing, accountable practitioners across all sectors. The refresh of the Long-Term Workforce Plan, due in the summer, will enable a longer-term view of pharmacy workforce.

From 2025, training posts for trainee pharmacists may include rotations into another sector of practice, which will be further embedded in 2026. Rotations will support pharmacists to have a more holistic understanding of the patient journey and better equip them to work in multi-professional teams in a range of healthcare settings.

Additional funding from NHS England Pharmacy Integration Fund since 2021 has ensured that registered pharmacy professionals can access further clinical training, including independent prescribing and clinical skills. Such training will help pharmacy professionals thrive in integrated multi-professional teams across community and primary care settings.

These developments, along with wider reform of pharmacy education and training, respond to identified workforce need, supporting a flexible, integrated, multi-professional workforce, capable of confident, joined-up patient care.

Recommendation 18

We reiterate that an integrated and funded workforce plan for pharmacy must be developed and laid before Parliament within 12 months. This should focus upon delivery of the targets set out in the NHS Long Term Workforce Plan. The pharmacy specific plan must:

a. **ensure that all pharmacists have adequate access to supervision, training, and protected learning time, along with clear structures for professional career development, including to support those who wish to complete independent prescribing courses**

b. **consider that from 2026 all newly qualified pharmacists will be independent prescribers and ensure that these graduates are given protected learning time, adequate supervision, career development opportunities and that there are commissioned services available so they regularly make use of their IP qualification. (paragraph 173)**

c. **set out a clear vision for the further development of the role of pharmacy technician, and action that will be taken to deliver it.** (Paragraph 173)

Partially Accept

As set out above, this summer we will publish a refreshed Long Term Workforce Plan.

The NHS has for years been facing chronic workforce shortages and we have to be honest that bringing in the staff we need will take time. We are committed to training the staff we need to get patients seen on time.

This Government will make sure the NHS has the staff it needs to be there for all of us when we need it. As outlined above, we have launched a 10 Year Health Plan to reform the NHS. A central part of the 10 Year Health Plan will be our workforce and how we ensure we train and provide the staff, technology and infrastructure the NHS needs to care for patients across our communities. The refreshed Long Term Workforce Plan will set out how we plan to deliver the transformed health service we will build over the next decade, and treat patients on time again.

We are committed to growing the pharmacy workforce. Reforms to initial education and training and post registration training ensures pharmacists and pharmacy technicians working in community pharmacy are supported to be better integrated into the NHS.

All newly qualified pharmacists will be independent prescribers from 2026 and up to 3,000 existing pharmacists per year (across all sectors) are being supported to become independent prescribers to be able to play a greater role in multidisciplinary clinical teams. As outlined above, NHS England is implementing strategies for further increasing access to prescribing supervision and DPPs.

NHS England is working with integrated care boards to pilot how independent prescribing can further support clinical service development in community pharmacy. The Independent Prescriber Pathfinder Programme aims to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing for patients in primary care. The programme will be evaluated, and a report is expected in 2025 to inform future commissioning decisions.

NHS England is also committed to producing a 5-year pharmacy technician development programme. This will focus on developing the clinical and technical roles of pharmacy technicians to practice autonomously as competent and confident healthcare professionals.

Recommendation 19

We further recommend that any workforce planning, be it at a national or ICB level, should ensure the appropriate and safe and mix of skills in all settings, including hospital wards as highlighted by Dr James Davies of the Royal Pharmaceutical Society. This should include consideration of the need for more than one pharmacist per community pharmacy in relation to the delivery of initiatives such as Pharmacy First. (Paragraph 174)

Accept

In line with the ICS People Function guidance (Report template – NHSI website (england.nhs.uk)), the role of pharmacy leadership within ICBs is clear. The development of a one pharmacy workforce approach, within the multidisciplinary team across local systems will be supported by national and regional coordination, planning data, and guidance. This is highlighted in the Darzi investigation reinforcing that the pharmacy workforce in general practice are not a substitute for GPs but are part of the whole primary care workforce to expand access.

Regional and national coordination and support of the ICB pharmacy workforce function will also mitigate issues relating to the size of the workforces and imbalances of training providers and training places.

We are continuing to explore how to best use the skill sets in community pharmacy as we continue to deliver Pharmacy First and look to introduce a pharmacist prescribing service in the future.