

## Written evidence submitted by Pharmacy2U (PHS0278)

### 1. Introduction

- 1.1 Pharmacy2U is the UK's first and largest online pharmacy. We dispense repeat prescriptions from our centralised, automated dispensing facilities direct to people's homes, while liaising with their GP. Collaborating with the NHS, Pharmacy2U has delivered 1.5 million COVID-19 vaccinations, and, more recently, we have piloted a blood pressure check service from a small number of our vaccination sites.
- 1.2 As a leading provider of NHS primary care services, Pharmacy2U has long believed that proactive and holistic prevention should be a fundamental aspect of primary care provision. We are therefore delighted to see the Health and Social Care Select Committee launch its inquiry into prevention, and welcome the opportunity to shape its Terms of Reference.
- 1.3 We see a clear opportunity for the pharmacy sector to be better empowered to play an active role in preventative healthcare, both now, and in the future, and would encourage the Committee to consider how the Government might fully leverage this opportunity in its inquiry.

### 2. Proposed topics

We believe that a new, 'Pharmacy First' approach to prevention, spanning the whole pharmacy sector, could make a tangible impact to the health and wellbeing of communities across the UK. However, the significant expertise within the sector cannot be mobilised without appropriate funding and fair commissioning. Therefore, we see opportunities in three distinct areas:

- 2.1 *Better leveraging distance-selling pharmacies (DSPs) to free up High Street capacity to deliver additional clinical patient-facing services*
  - 2.1.1 Like general practice, the pharmacy sector is facing serious capacity pressures. It is therefore critical that pharmacy-led approaches to prevention make full use of the whole sector, including DSPs. DSPs have capacity to reduce the burden of repeat dispensing on High Street pharmacies, empowering them to deliver a wider range of patient-facing preventative services.
  - 2.1.2 For example, Pharmacy2U currently dispenses 1.4 million prescription items per month: around 2% of all NHS scripts in England. Today, we have the capacity available to double this figure, and in the medium term, would be able to dispense 10% of all NHS scripts. In turn, we estimate that this would free up the equivalent of 1,000 to 2,000 full-time pharmacists to take on additional responsibility in preventative care.
  - 2.1.3 Harnessing automated dispensing technology enables providers to better track patients' usage of medicines in real time, supporting clinicians to identify problems with adherence

and creating opportunities for intervention<sup>i</sup> – supporting a holistic approach including secondary prevention.

## 2.2 *Harnessing a new approach to pharmacy sector-led remote care*

- 2.2.1 Cultivating the innovation accelerated by COVID-19, there is a clear opportunity for digital-first remote care to be expanded, supporting the delivery of more accessible and efficient preventative services.
- 2.2.2 Online pharmacies are already delivering digital services, such as the New Medicine Service, but there is scope to rapidly expand these offerings. We believe that there is significant, as yet unexplored, scope for DSPs to play a greater role in services including smoking cessation, weight management, and the Community Pharmacy Consultation Service.

## 2.3 *Driving more proactive – and more accessible – community-based prevention*

- 2.3.1 As a result of the pandemic, up to half a million patients have missed out on blood pressure lowering drugs – potentially resulting in an additional 13,500 cardiovascular events over these patients’ lifetimes.<sup>ii</sup> To reverse this trend – and protect the most vulnerable parts of society – we need to make it easier to access preventative services.
- 2.3.2 Services must be more accessible to all parts of society. For example, for those who struggle to engage with traditional care settings, a new wave of primary care prevention ‘hubs’ could be explored. These might repurpose COVID-19 vaccination sites, or ‘pop up’ in community centres. While pharmacy would be well-placed to drive this initiative, building on its existing role at the centre of communities, commissioning barriers restrict implementation of such an approach.

## 3. **Concluding thoughts**

- 3.1 We welcome the Government’s recognition of pharmacy as an under-utilised resource in delivering healthcare, including prevention. However, any new role for pharmacy, with added responsibilities, must be sustainable and leverage the breadth of opportunities and skills across the sector. We hope to see the Committee scrutinise this further in the inquiry, and look forward to responding in full.

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<sup>i</sup> Preto-Merino, D. et al. Estimating proportion of days covered (PDC) using real-world online medicine suppliers’ datasets, *Journal of Pharmaceutical Policy and Practice*. 2021. Available from: <https://joppp.biomedcentral.com/articles/10.1186/s40545-021-00385-w>

<sup>ii</sup> Dale, C. et al. The impact of the COVID-19 pandemic on cardiovascular disease prevention and management. *nature*. 2023. Available from: <https://www.nature.com/articles/s41591-022-02158-7>.