



DEBATE PACK

Number CDP-0046, 18 February 2016

Community pharmacies

This Commons Library debate pack has been prepared for the Westminster Hall debate on community pharmacies on Tuesday 23 February 2016. The debate has been tabled by Derek Thomas MP.

Community pharmacists dispense and check prescriptions and provide advice to patients on the medicines that have been prescribed for them, for example, providing advice on how to take the medicines and advising on common side effects. Community pharmacists can also provide advice on minor illnesses and staying healthy (further information on the range of services that can be offered by community pharmacies can be found on the [NHS Choices website](#)).

A reduction in the NHS England funding settlement for community pharmacy in England was announced on 17 December 2015. This set out there would be reduction in funding of around 6%, with £2.63 billion of NHS England funding for the sector in 2016/17, as compared to £2.8 billion in 2015/16. This reduction is part of plans for the NHS in England to deliver £22 billion in efficiency savings by 2020/21.

The Government has said it believes these efficiencies can be made within community pharmacy without compromising the quality of services or public access to them. It said it will consult on the introduction of a Pharmacy Access Scheme, which will considering factors such as location and the health needs of the local population.

The briefing at the start of this debate pack outlines the proposed reduction in funding and the reactions to this from groups representing community pharmacists. It also refers to plans for a new Pharmacy Integration Fund (PhIF) to support the deployment of clinical pharmacists in a range of community care settings, including groups of GP practices. The rest of the pack provides a selection of recent press articles, Parliamentary material and links to further reading.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Alex Adcock
Tom Powell

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1. Community pharmacy funding

Background

NHS England has responsibility for commissioning all NHS primary care services, including community pharmacy services. Clinical commissioning groups (CCGs) are free to commission further services from community pharmacies over and above those commissioned by NHS England, and local authorities are able to commission public health services from pharmacies.

Reduced NHS England funding for community pharmacies

On 17 December 2015 the Department of Health and NHS England wrote to the Pharmaceutical Services Negotiating Committee (PSNC) setting out plans for the 2016/17 funding settlement for community pharmacy in England. This set out there would be reduction in funding of around 6%, with £2.63 billion of funding for the sector in 2016/17, as compared to £2.8 billion in 2015/16. The letter set out that this reduction was in the context of the NHS *Five Year Forward View* plan in October 2014 to deliver £22 billion in efficiency savings by 2020/21. The need for these savings was re-affirmed in the November 2015 Spending Review.¹

There is currently a petition on the Parliament petitions website to “stop cuts to pharmacy funding”. As this has attracted over 10,000 signatures (currently over 42,000) the Government has provided a response. The response states that in some parts of England there were “more pharmacies than are necessary to maintain good access”, and that the reduction in funding should not compromise the quality of services or public access to them:

The Government believes these efficiencies can be made within community pharmacy without compromising the quality of services or public access to them. In some parts of the country there are more pharmacies than are necessary to maintain good access. 40% of pharmacies are in clusters of 3 or more meaning that two-fifths of pharmacies are within 10 minutes walk of 2 or more other pharmacies. We will ensure that those community pharmacies upon which people depend continue to thrive and so are consulting on the introduction of a Pharmacy Access Scheme, which will provide more NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population.²

The Government notes it will be entering into detailed discussions with the PSNC on the 2016/17 funding settlement and will also be seeking views on its proposals from across the sector and from patient groups. It

1

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486941/letter-psnc.pdf

2 <https://petition.parliament.uk/petitions/116943>

expects to have more details of the reforms in April, with changes delivered from October 2016.

Following a meeting on 13 January between the All-Party Pharmacy Group and the Minister of State for Community & Social Care, Hon Alistair Burt MP, the group's Chair, Rt Hon Sir Kevin Barron MP said:

"This joint letter has far-reaching consequences and implications for community pharmacy and the Minister was straightforward with us about that. We are grateful to him for seeing us and having an open discussion.

The plans are not just about a 6% funding cut in the second half of the next financial year. Based on what we heard, that is not a one-off cut so there are implications for future years. We note from our meeting that phasing may be considered. But there is also much more to this picture than a cut in funding.

There is a clear intention to reduce the number of pharmacies. We don't yet know how that will be done but closures must not reduce access or quality. We also want to know whether there will be compensation for those who exit.³

The following organisations have commented on the plans for funding reductions set out in the DH/NHS England letter of 17 December 2015:

- [Royal Pharmaceutical Society, RPS responds to DH letter on funding reduction for community pharmacy in 2016](#)
- [PSNC, Community pharmacy in 2016/17 and beyond](#)
- [National Pharmacy Association, New briefing document about 'efficiencies' in community pharmacy](#)
- [Pharmacy Voice, Pharmacy Voice responds to Government's 'Putting community pharmacy at the heart of the NHS' letter](#)

Pharmacy Integration Fund (PhIF)

The Government has announced that a new Pharmacy Integration Fund (PhIF) will be established to help transform how pharmacists, their teams and community pharmacy will operate in the NHS. The fund is set at £20 million in 2016/17 rising by an additional £20 million per year. By 2020/2021 we will have invested £300 million in the PhIF.

The Government have said PhIF will help enable clinical pharmacy practice in a range of primary care settings:

The proposal for year one of the PhIF will be to focus particularly on the key enablers to achieve integration of community pharmacy. This will include supporting the deployment of clinical pharmacists in a range of community care settings, including groups of GP practices and multi-speciality community providers and with better links to care homes and urgent and emergency care, taking into account, where appropriate, the evaluation of the pilot of clinical pharmacists in General Practice.⁴

³ <http://appg.org.uk/news.php>

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495776/Community_pharmacy_foreword_A.pdf

On 16 November 2015, the GP Workforce 10 Point Plan partners announced the pilots taking part in its new scheme to fund, recruit and employ clinical pharmacists in GP surgeries as part of efforts to promote new ways of working, improve patient access and reduce GP workload. NHS England has more than doubled funding from £15 million to £31 million for its clinical pharmacists in general practice pilot, this will be shared between the 73 successful applications which cover 698 GP practices and include 403 clinical pharmacists.⁵

Also following the meeting between the APPG and the Minister the Chair had this to say about the integration proposals:

We have long been calling for more services to be commissioned from pharmacies. It is difficult to see how it will be achieved against the background of cuts in funding. The Pharmacy Integration Fund is only a modest £20 million next year. It is dwarfed by the scale of funding cuts.

We also need to know much more about how those pharmacists who are based in GP practices will interact with those in community pharmacies and how roles will be defined. As we've said before, we do not want to see duplication or turf warfare. Clarity is essential.⁶

⁵ [Commons PQ 16254, 23 November 2015](#)

⁶ <http://appg.org.uk/news.php>

2. Letter from Department of Health and NHS England to Pharmaceutical Services Negotiating Committee on community pharmacy

17 December, 2015

Community pharmacy in 2016/17 and beyond

We are at an important point in the development of the NHS in England. Spending on health continues to grow, and the Spending Review announced a £10 billion real terms increase in NHS funding in England between 2014/15 and 2020/21, of which £6 billion will be delivered by the end of 2016/17. The Five Year Forward View sets out a clear direction, building on the strengths of the NHS and rising to the challenges of the future. These include responding to changes in patients' health needs, expectations and personal preferences; rapid developments in treatment, technologies and care delivery; and transformational change through new models of care to improve patient outcomes.

The Five Year Forward View also described the need for greater efficiency and productivity, and in the Spending Review the Government re-affirmed the need for the NHS to deliver £22 billion in efficiency savings by 2020/21. Community pharmacy is a core part of NHS primary care and has an important contribution to make as the NHS rises to all of these challenges.

Through this letter we invite the PSNC as the body recognised under section 165(1)(a) of the NHS Act 2006 as representing all community pharmacies providing NHS pharmaceutical services in England, to enter discussions with the Department of Health, supported by NHS England, on changes to the community pharmacy contractual framework for 2016/17 and beyond, linked to the Spending Review. Given the potential impact of these proposals, in keeping with section 165(1)(b) of the NHS Act 2006, the Department will also consult with the organisations listed as copy recipients of this letter and others, including patient and public groups.

Pharmacy at the heart of the NHS

There is real potential for far greater use of community pharmacy and pharmacists: in prevention of ill health; support for healthy living; support for self-care for minor ailments and long term conditions; medication reviews in care homes; and as part of more integrated local care models. To this end we need a clinically focussed community pharmacy service that is better integrated with primary care. That will help relieve the pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, better value and better

patient outcomes, and contribute to delivering seven day health and care services.

Recent initiatives – such as clinical pharmacists in GP practices – will promote pharmacy and pharmacists in the short-term. However, we would like to take this further and bring pharmacy even closer into the wider primary care and community health system. We want pharmacists to bring their skills more to GP practices, care homes and urgent care, using those opportunities to improve and protect people's health, aligning with the emerging new models of care. So, alongside the funding discussion with the community pharmacy sector, the Department will consult on how best to introduce a Pharmacy Integration Fund to help transform how pharmacists and community pharmacy will operate in the NHS, bringing clear benefits to patients and the public.

Making efficiencies

As well as providing more effective patient and public friendly services, community pharmacy also has to play its part in delivering the efficiencies required by the Government's recently published Spending Review and to support the need for greater efficiency and productivity as outlined in the Five Year Forward View.

This will involve reductions in NHS funding for community pharmacies in England. For 2015/16, the funding commitment for pharmacies in England is £2.8 billion under the community pharmacy contractual framework (essential and advanced services). In 2016/17 this funding will be no higher than £2.63 billion. We anticipate that the funding reductions will take effect from October 2016, giving community pharmacies time to prepare for this change. Given the context of the Spending Review, and to facilitate a clear accountability framework, Department of Health Ministers will be responsible for all the proposals dealing with the necessary savings and the related reforms, and so the implementing measures in the Drug Tariff will be Ministerial determinations.

The 2016/17 funding quantum remains significant in a period when the NHS and public services have to become more efficient. The Government believes those efficiencies can be made within community pharmacy without comprising the quality of services or public access to them. In some parts of the country there are more pharmacies than are necessary to maintain good access. 40% of pharmacies are in a cluster where there are three or more pharmacies within ten minutes' walk. The development of large-scale automated dispensing, such as 'hub and spoke' arrangements, also provides opportunities for efficiencies. We want to work with pharmacy bodies and patient groups on how we can best maintain patient and public access whilst pursuing these efficiencies.

We will ensure that those community pharmacies upon which people depend continue to thrive. The Department will consult on the introduction of a Pharmacy Access Scheme, which would provide more

NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population.

The Department will also consult on how best to drive new models of ordering prescriptions and collecting dispensed medicines. The online journey for patients remains slow and awkward and we want patients to be offered more choice about how they access their medicines and advice. In future, patients should be able to choose to order their prescriptions on line and have them delivered to their home if they wish, or to 'click and collect' if they prefer. We will also be looking at steps to encourage the optimisation of prescription duration, balancing clinical need, patient safety avoidance of medicine waste and greater convenience for patients.

The Department will separately consult on changing the Human Medicines Regulations 2012 (HMR 2012) to allow all pharmacies to access the efficiency created by 'hub and spoke' dispensing, with the aim of making this legislative change by October 2016. This could help pharmacies to lower their operating costs and free up pharmacists to provide more clinical services and public health services. We welcome the views of the pharmacy sector on how best to support efficiency and patient service through these innovative dispensing arrangements.

Consultation process

As indicated above, the budget for community pharmacy in 2016/17 is to be set no higher than £2.63 billion, with the reduction in funding expected to take effect from October 2016. We want to work closely with community pharmacy and others on the changes necessary to deliver these efficiencies. At the same time, we want to ensure we retain good access to pharmaceutical services through local community pharmacies and online services, and support the transformation to a more clinically focussed community pharmacy service that is better integrated with primary care, 4

with pharmacists having a more prominent role across the NHS, exploiting opportunities to improve and protect people's health. We will also consider issues arising under the public sector equality duty, relevant duties of the Secretary of State under the NHS Act 2006 and the family test.

Consultation on these proposals will continue with the PSNC and others through to 24 March 2016. This will take the form of detailed discussions with the PSNC, together with engagement opportunities for the organisations listed as copy recipients and for others, including patient and public representatives. We will feedback from those engagement opportunities into the discussions with the PSNC, and so those discussions with the PSNC will be at the heart of this expanded consultation process. The proposals to further enable 'hub and spoke' dispensing through changing the HMR 2012 will be the subject of a separate consultation exercise in 2016.

These consultation processes are an important opportunity to help further develop the proposals and inform the decisions taken by Department of Health Ministers, which will shape community

pharmacy's role in the NHS in future. We look forward to working together to transform community pharmacy for 2016/17 and beyond, to the benefit of patients and the public.

3. Press articles

Guardian, 1 February 2016

[Pharmacists were meant to be the face of the NHS - but now our jobs are at risk](#)

BBC news, 27 January 2016

[Many High Street pharmacies in England face closure, says minister](#)

The Pharmaceutical Journal*, 18 December 2015

[Backlash over 6% cut to community pharmacy funding](#)

The Pharmaceutical Journal*, 17 December 2015

[Community pharmacy faces £170m cut to contractual funding](#)

HSJ, 17 December, 2015

[DH plans big cut to community pharmacy funding](#)

Guardian, 18 March 2015

[Closure of small pharmacies threatens to overload GPs and A&E](#)

**This is a subscription service: please contact the Library for assistance.*

4. Press releases

Royal Pharmaceutical Society

[RPS responds to DH letter on funding reduction for community pharmacy in 2016](#)

18/12/2015

This week the Government has indicated that it wants to better integrate community pharmacy into primary care through a [letter sent to the RPS and others](#). In response, the Chair of the Royal Pharmaceutical Society's English Board Sandra Gidley said:

Financial settlement

"The cut in funding for 2016 announced by Government comes at a time when pharmacists and their teams are working flat out, focussed on making sure patients and the public receive excellent care. This news will make community pharmacists feel completely undervalued, at a time when we are all working incredibly hard. I am a community pharmacist, and like you I am concerned about what this means for my future and that of the profession.

"The Department of Health has stated it will make a substantial reduction in funding through the community pharmacy contractual framework in 2016.

"The 6% cut will have a substantial impact on pharmacy business owners, their employees and locums.

"The RPS English Board believes that any cut to community pharmacy, and primary care generally, is short sighted if the Government is committed to its stated aim of investing in primary care and prevention of ill health.

"It is important to note that the Government has indicated that there will be investment in a "Pharmacy Integration Fund" to help transform how pharmacists and community pharmacy will operate in the NHS and a "Pharmacy Access Fund" to ensure local communities, especially rural and deprived areas, have good access to community pharmacy. We welcome both of these initiatives and will be playing our part in ensuring both are adequately funded and effectively implemented."

Shaping our own future

"All of us in community pharmacy, through the forthcoming consultation on changes to the community pharmacy contractual framework have an opportunity to shape our own future. It is clear that the Government wants something different from the sector. If we choose to provide no answers to the questions we are asked then others will make decisions about our future. I am not going to allow that to happen.

“We will be working with our members, patients and the public to make clear how our profession can implement a new role within primary care, alongside GPs and other health and care professionals. The days of secret negotiations between community pharmacy and Government are over, something I welcome wholeheartedly. For the first time the RPS will have a substantial role in providing a voice for those employees and locums who have felt completely disenfranchised by the current community pharmacy negotiating arrangements. I will be announcing in the New Year how you can make sure your voice is heard through the RPS.”

Hub and spoke

“I know from my thirty six years as a pharmacist that there is a huge value in the pharmacist being able to have a conversation with the patient at the point of hand-over of medicines to provide useful advice. If we are not careful, enthusiasm to embrace the digital age will result in uninformed choice and patients may miss out on the help and support that pharmacists and their teams can bring.

“A lot has been written and discussed about “hub and spoke” arrangements , some have claimed there is potential for efficiency savings, others have said these arrangements could impact negatively on the community pharmacy network and even remove the opportunity for face to face consultation, hastening progression to “Amazon-like” delivery services. However, we have not heard how large companies such as Boots, Lloyds Pharmacy and others will roll out their plans.

“Independent pharmacy owners are understandably concerned by these new arrangements, although legislative barriers may be removed in 2016 allowing the collective ownership of “hubs”, there is much practical detail to be worked through. My plea is that these plans are not devised in isolation but worked up coherently to ensure patient care and access to pharmacy advice is maintained. The RPS would be happy to help facilitate these discussions working with colleagues in trade bodies.”

Rules of engagement are changing

“Community pharmacists will be feeling upset and angry about the announcement about funding. It will hard for anyone to look beyond the headlines in the coming weeks. However it is clear to me that the rules we have worked to for so long are changing. This will be uncomfortable for all of us, and for those who have invested everything in the current model of community pharmacy, it will be extremely worrying.

“Our job at RPS is to ensure as many community pharmacists as possible will be able to make the transition from the current arrangements to a future that will put community pharmacists at the heart of primary care. The Government has indicated it wants to hear about proposals for new models of care and is minded to incentivise change. We would be churlish to reject this, but need to ensure that these promises become a sustainable reality. We will need to prepare the profession for new roles, with new skills and a new focus on direct patient care. We will make

sure our professional development programmes provide full support for RPS members for the increasing number of roles available.

Patient Voice

“The Government has made it clear that patients and the public will have a strong voice in the new arrangements for community pharmacy. The RPS, through our membership of National Voices, the leading coalition of health and social care charities, will also be listening hard to patients and the public. When I have met and talked with patients and their representatives I have been struck by how much more patients would like from our profession. We will be enriching our thinking through these continuing conversations with patients, and community pharmacists.

“We don’t underestimate the enormity of the challenge ahead. We will need to work with everyone in the profession to align and fit with the New Models of Care described in the Five Year Forward View which defines the working of the future NHS. We will be working with you to make sure we maximise the role of community pharmacy in the changing world of primary care.”

Pharmaceutical Services Negotiating Committee

[PSNC announcement: government delivers financial blow to community pharmacy](#)

December 17, 2015

In an open letter to PSNC, revealed at a meeting hosted by pharmacy minister Alistair Burt today (17th December), the government has announced that funding for community pharmacy in 2016/17 will be cut by £170m. The cut, from £2.8bn to £2.63bn, is a reduction of more than 6% in cash terms.

The letter is signed by the Director General, Innovation, Growth and Technology, Department of Health and the Chief Pharmaceutical Officer.

The decision to publish the letter is unprecedented, and in stark contrast to the secrecy that the NHS has always insisted on for negotiations in the past.

[Read the Department of Health/ NHS England letter.](#)

Sue Sharpe Statement

At a time when primary care and urgent care services are struggling to manage demand, this is a profoundly damaging move. It will deliver a destructive blow to the support community pharmacies can offer to patients and the public. Community pharmacies provide vital healthcare and advice which reduces the burden on GPs and urgent care services and helps the NHS to cope with winter pressures.

The letter speaks of the potential for far greater use of community pharmacy and pharmacists in prevention of ill health, support for

healthy living and minor ailments, but almost inevitably the impact of the cuts will force pharmacies to reduce staffing levels and direct more people to GP or urgent care. We remain staggered at the decision by the NHS to abandon negotiations on a national minor ailments service over the summer, a move entirely inconsistent with exploiting the potential identified in the letter.

Pharmacy owners, whose funding has been under pressure and who have been absorbing efficiencies over the last few years, will be incredulous that the Government:

“Believes those efficiencies can be made within community pharmacy without compromising the quality of services or patient access to them.”

There are many excellent business owners in the pharmacy sector, who are incentivised to run their businesses as efficiently and effectively as possible, meeting the needs of their patients and providing support to them, whilst delivering massive savings to the NHS by reducing drug costs. They will be sceptical about the expertise within the Government that underpins its assertion.

For some months PSNC has been awaiting news from the NHS and we had expected that it would not be positive. In a speech at the Royal Pharmaceutical Society Annual Conference in September the Chief Pharmaceutical Officer set out his view that large centralised dispensing facilities could be used to dispense up to two thirds of dispensing volume.

The letter includes a jumble of proposed measures, including centralised dispensing and online services. Reflecting the view of the Chief Pharmaceutical Officer that there are too many pharmacies, the letter says:

“In some parts of the country there are more pharmacies than are necessary to maintain good access.”

The threat to the network is clear but the letter is very short on detail on how the NHS will manage this “clustering” of pharmacies.

The only context in which patient choice is mentioned is to give patients the option of online services. The letter states that the Department will consult on the introduction of a scheme to provide additional funds to ensure that “those community pharmacies upon which people depend continue to thrive”. Following the shambles of the ESPLPS this promise will give little comfort to pharmacy contractors.

PSNC will meet in early January to agree how to deal with this.

Pharmacy Voice

[Pharmacy Voice responds to Government's 'Putting community pharmacy at the heart of the NHS' letter](#)

Date: 17 12 2015

Rob Darracott, chief executive of Pharmacy Voice, has responded to an open letter from Government, revealed today at a meeting with pharmacy minister Alistair Burt:

"Announcing a 6% funding cut to community pharmacy from next October over six months is certain to hurt the sector. Many contractors, currently in the midst of the Christmas rush, will be rightly anxious as to how this £170m cut will affect their patients, their businesses, their livelihoods and those of their pharmacy teams and other employees.

"It is a complex picture and there are many items being discussed from hub and spoke dispensing, the role for clinical pharmacy to pharmacy numbers. At this stage we do not have the detail of how these elements can affect the bottom line. What we do know is that the expertise and knowledge of how to achieve change is within the sector, rather than in Whitehall. Community pharmacy has already delivered 4% efficiency savings to the NHS which is proof that we already play a highly efficient part in NHS service delivery.

"We will be working with our member organisations to agree how we best deal with these very challenging decisions. As recognised in the letter, we think it is a constructive step that, for the first time, Pharmacy Voice and other organisations will have the opportunity to engage in this process as statutory consultees. We will work with colleagues across the community pharmacy sector to ensure that the value of the network is retained and that negative, unintended consequences are avoided."

Notes to editors

For further information please contact Stewart Laing on stewart.laing@salixandco.com or 020 8675 4779

Pharmacy Voice is an association of trade bodies which brings together and speaks on behalf of community pharmacy. Pharmacy Voice is formed by the three largest community pharmacy owner associations. Together we are a stronger, unified voice for community pharmacy.

Department of Health

[Putting community pharmacy at the heart of the NHS](#)

First published: 17 December 2015

Last updated: 27 January 2016, [see all updates](#)

Information on better integration of community pharmacy into primary care.

[Letter to Pharmaceutical Services Negotiating Committee on community pharmacy](#)

PDF, 211KB, 4 pages

[Community pharmacy in 2016/17 and beyond: foreword by Keith Ridge, Chief Pharmaceutical Officer](#)

Foreword

A consultation was launched on 17th December 2015 with the Pharmaceutical Services Negotiation Committee (PSNC), pharmacy stakeholders and others on community pharmacy in 2016/17 and beyond. This marks what I believe is a crucial moment in ensuring the pharmacy sector and the pharmacy professions position themselves at the heart of the NHS in England. I believe the consultation offers a significant opportunity for the sector to collaborate on shaping a set of proposals that can truly transform community pharmacy. At the same time I recognise that some of the proposed changes will be difficult, and create uncertainty within the sector.

[continues...](#)

[Community pharmacy in 2016/17 and beyond: proposals](#)

PDF, 535KB, 16 pages

Detail

The government wants to better integrate community pharmacy into primary care. The letter from DH and NHS England to the Pharmaceutical Services Negotiating Committee and the pharmacy sector marked the start of the consultation process on community pharmacy in 2016 to 2017.

The 'Community Pharmacy in 2016/17 and beyond' documents provide further details on the ongoing consultation process and set out the proposals for community pharmacy.

5. Parliamentary questions and debates

PQs

[Pharmacy](#)

Asked by: Rotheram, Steve

To ask the Secretary of State for Health, whether his Department has made an assessment of (a) the number of potential closures of and (b) the reduction in community pharmacies as a result of proposed reductions in funding to such pharmacies.

Answering member: Alistair Burt

Community pharmacy is a vital part of the National Health Service and can play an even greater role. In the Spending Review the Government re-affirmed the need for the NHS to deliver £22 billion in efficiency savings by 2020/21 as set out in the NHS's own plan, the Five Year Forward View. Community pharmacy is a core part of NHS primary care and has an important contribution to make as the NHS rises to these challenges. The Government believes efficiencies can be made without compromising the quality of services or public access to them. Our aim is to ensure that those community pharmacies upon which people depend continue to thrive and so we are consulting on the introduction of a Pharmacy Access Scheme, which will provide more NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population.

We are not able to assess which pharmacies may close because we do not know the financial viability of individual businesses or the extent to which they derive income from services commissioned locally by the NHS or local authorities or have non-NHS related income.

12 Feb 2016 | Written questions | House of Commons | 25931

[Community Pharmacies](#)

Stephen Pound (Ealing North) (Lab): What assessment he has made of the potential effects on public health of his Department's proposals on the future of community pharmacies. [903544]

The Minister for Community and Social Care (Alistair Burt):

...Community pharmacy is a vital part of the NHS and it plays a pivotal role in improving the public's health in the community. We want a high-quality community pharmacy service that is properly integrated into primary care and public health. The proposed changes will help us, in conjunction with the pharmacy profession, to do just that.

Stephen Pound: ...does he not accept that community pharmacies are of great and growing importance to our constituents and provide an ever-increasing range of healthcare and advice in accessible high street locations? What message does he have for these dedicated

professionals, who, frankly, now fear for the future due to the uncertainty arising from the announcement of a 6% cut in funding for the NHS pharmacy service?

Alistair Burt: I am grateful to the hon. Gentleman not only for his question but for the way he put it. The message is that community pharmacy does, and is doing, an extraordinary and important job, but it will change. In 2013, the Royal Pharmaceutical Society said in its publication, "Now or Never: Shaping pharmacy for the future":

"The traditional model of community pharmacy will be challenged"

due to "economic austerity in the NHS, a crowded market of local pharmacies, increasing use of technicians and automated technology to undertake dispensing, and the use of online and e-prescribing".

It pointed to the massive potential of community pharmacists to do more and sees pharmacy as ideally placed

"to play a crucial role in new models of...care."

All that is to come. We are negotiating with the pharmaceutical profession. A consultation is going on. There is a great future for pharmacy, but, like so much else, it will be different.

09 Feb 2016 | Oral questions - 1st Supplementary | Answered | House of Commons | 605 cc1431-2

[Pharmacy](#)

Asked by: Sherriff, Paula |

To ask the Secretary of State for Health, if he will make an assessment of the effect on patient care and safety of planned reductions in NHS funding for community pharmacies.

Answering member: Alistair Burt

Community pharmacy is a vital part of the National Health Service and can play an even greater role. In the Spending Review the Government re-affirmed the need for the NHS to deliver £22 billion in efficiency savings by 2020/21 as set out in the NHS's own plan, the Five Year Forward View. Community pharmacy is a core part of NHS primary care and has an important contribution to make as the NHS rises to these challenges. The Government believes efficiencies can be made without compromising the quality of services or public access to them. Our aim is to ensure that those community pharmacies upon which people depend continue to thrive and so we are consulting on the introduction of a Pharmacy Access Scheme, which will provide more NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population.

The Government's vision is for a more efficient, modern system that will free up pharmacists to spend more time delivering clinical and public health services to the benefit of patients and the public.

We are consulting the Pharmaceutical Services Negotiating Committee, other pharmacy bodies and patient and public representatives on our proposals.

08 Feb 2016 | Written questions | 25562

[Pharmacy](#)

Asked by: Sherriff, Paula

To ask the Secretary of State for Health, what steps his Department is taking to protect community pharmacies in areas of social deprivation.

Answering member: Alistair Burt

Section 126 of the 2006 Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via National Health Service prescriptions can be supplied to persons. Each local authority Health and Wellbeing Board (HWB) must in accordance with regulations assess needs for pharmaceutical services in its area (a pharmaceutical needs assessment (PNA)). When developing the PNA, HWBs must consider the demography of its area, including whether there are areas of social deprivation as well as the pharmaceutical services provided within its area and the area of any other neighbouring HWB. It then publishes the assessment, which outlines the adequacy of provision in such areas and, where relevant, gaps in provision. NHS England uses the PNA to plan pharmaceutical services and to assess applications from persons for inclusion on a pharmaceutical list.

In an open letter to the Pharmaceutical Services Negotiating Committee (PSNC) on 17 December 2015, the Government invited the PSNC to enter discussions with the Department, supported by NHS England, on changes to the community pharmacy contractual framework for 2016/17 and beyond, linked to the Spending Review. As part of the consultation, the Department is consulting on the introduction of a Pharmacy Access Scheme, which will provide more NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population.

20 Jan 2016 | Written questions | House of Commons | 22428

[Pharmacy](#)

Asked by: Thornberry, Emily

To ask the Secretary of State for Health, with reference to his speech of 19 June 2015, on A new deal for general practice, how the new £7.5 million fund to support community pharmacists with training and tools will be administered; what the eligibility criteria will be for that fund; when he expects the first grants to be made under the fund; and how the outcomes of successful applications under the fund will be measured.

Answering member: George Freeman

Under the plans announced by my Rt. Hon. Friend the Secretary of State for Health, on 19 June 2015, up to £7.5 million in funding is being provided by NHS England to support all community pharmacies in England to implement access to the Summary Care Record (SCR). This

includes ensuring adequate training, and that all necessary information governance and security requirements are in place.

Wider implementation of the SCR within community pharmacy across England will begin from autumn 2015. The plan will complete delivery to all 11,647 pharmacies and this is expected to be completed by autumn 2017.

Access to the SCR means that, with their consent, patients can receive even more support from authorised health professionals working in community pharmacy. This could be where a patient is unable to access their repeat medicines and needs emergency supplies or is seeking advice from the pharmacy - and access to their SCR will help the health professional give them advice about the most effective course of action. It may also help minimise the risk of prescribing errors.

14 Sep 2015 | Written questions | 8586

Debates

[Local Pharmaceutical Services](#)

Westminster Hall debate.

03 Mar 2015 | 593 cc227-241WH

[Community Pharmacies](#)

Adjournment debate.

15 Apr 2013 | 561 cc140-6

6. Petition

[Stop cuts to pharmacy funding and support pharmacy services that save NHS money](#)

On 17th December the Department of Health wrote to PSNC to impose a 6% cut in pharmacy funding. Pharmacy provides a crucial network, highly valued by patients, that makes huge differences to their health. NHS services are under strain and pharmacy can only help if the network is secure and strong.

[More details](#)

[Sign this petition](#)

42,201 signatures

[Show on a map](#)

100,000

Government responded

Community pharmacy is a vital part of the NHS and could play a greater role. We are consulting on proposals for a more efficient, integrated, innovative system that reflects patients' expectations.

▼ Read the response in full

The Government believes there is real potential for far greater use of community pharmacy and pharmacists in England: in prevention of ill health; support for healthy living; support for self-care for minor ailments and long term conditions; medication reviews in care homes; and as part of more integrated local care models.

We need a clinically focussed community pharmacy service that is better integrated with primary care and public health in line with the Five Year Forward View. This will help relieve the pressure on GPs and A&Es, ensure better use of medicines and better patient outcomes, and contribute to delivering 7 day health and care services. So the Department is consulting on how best to introduce a Pharmacy Integration Fund to help transform how pharmacists and community pharmacy will operate in the NHS, bringing clear benefits to patients and the public.

Spending on health continues to grow, with a £10 billion real terms increase in NHS funding in England between 2014/15 and 2020/21, of which £6 billion will be delivered by the end of 2016/17. We want to focus spending on lifesaving treatments and cures and we expect to spend up to an extra £2 billion per year on new drugs that patients need by the end of 2020.

In the Spending Review the Government re-affirmed the need for the NHS to deliver £22 billion in efficiency savings by 2020/21 as set out in the NHS's own plan, the Five Year Forward View. Community pharmacy is a core part of NHS primary care and has an important contribution to

make as the NHS rises to these challenges. This will involve reductions in the amount of NHS funding for community pharmacies in England. However the sum will remain significant with £2.63 billion of funding for the sector in 2016/17, as compared to £2.8 billion in 2015/16.

The Government believes these efficiencies can be made within community pharmacy without compromising the quality of services or public access to them. In some parts of the country there are more pharmacies than are necessary to maintain good access. 40% of pharmacies are in clusters of 3 or more meaning that two-fifths of pharmacies are within 10 minutes walk of 2 or more other pharmacies. We will ensure that those community pharmacies upon which people depend continue to thrive and so are consulting on the introduction of a Pharmacy Access Scheme, which will provide more NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population.

We want to transform the system to deliver efficiency savings and ensure the model of community pharmacy reflects patient and public expectations and developments in technology. This is the time to embrace developments in technology to provide the best possible service. Prescription journeys are still too often slow and awkward. We want to promote the use of on-line, click and collect or home delivery models, to help patients to get their prescriptions in a way that fits into their lifestyle. This is about ensuring we have a modern, efficient community pharmacy sector offering patient choice, easier access and fit for the future as well as today.

We will also consult on amending legislation to allow independent pharmacies to benefit from remote dispensing processes (known as 'hub and spoke') which facilitates more use of automation and increases efficient dispensing processes. This will free up pharmacists to spend more time delivering clinical and public health services to patients and the public.

We are entering into detailed discussions with the Pharmaceutical Services Negotiating Committee on the 2016/17 funding settlement for community pharmacy in England. In parallel, we are also seeking views on our proposals from across the sector and from patient groups.

In April we expect to have more details of the reforms that will be delivered from October 2016.

Department of Health

At 100,000 signatures...

At 100,000 signatures, this petition will be considered for debate in Parliament

7. Further reading

BMA

[Funding for community pharmacies](#)

RPS

Community pharmacy reforms

[Changes to community pharmacy in 2016/17 and beyond](#)

RPS

[NOW OR NEVER: shaping pharmacy for the future](#)

November 2013

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