

## **The Relationship Between Primary Care and Community Pharmacy in Nottingham and Nottinghamshire**

### **Briefing for Nottinghamshire Health Scrutiny Committee**

**February 2025**

#### **1 Introduction to Community Pharmacies**

Community Pharmacies are found in high street locations, neighbourhood centres, supermarkets and may also be in the same building as other primary care colleagues such as GP surgeries. Where Community Pharmacies are co-located with GP surgeries, it is important to be aware that this is to deliver a different set of services than that provided by a GP practice or PCN pharmacists who may for example undertake roles such as Clinical Medicine Reviews. Clinical Medicine Reviews are not currently commissioned on either a national or local basis in Nottingham and Nottinghamshire from Community Pharmacy. As this is not a Community Pharmacy service, Clinical Medicine Reviews are not covered in this report.

There are 216 Community Pharmacies in Nottingham and Nottinghamshire, split 58 in Nottingham City and 158 in Nottinghamshire County.

#### **2 Services Commissioned from Community Pharmacy**

Commissioning of Community Pharmacy services is currently split across NHS England, Local Authorities and Integrated Care Boards (ICBs). For pharmacies in the Nottingham and Nottinghamshire area there are two Local Authorities – Nottingham City Council and Nottinghamshire County Council.

The split of commissioning is a source of complexity for our Community Pharmacies. Additionally, all public organisations are experiencing financial constraints, which creates lack of certainty for longer term business planning. This in turn is a contributory factor to the financial stability and fragility of local Community Pharmacies.

More information about Community Pharmacy in Local Authority areas can be found in the Pharmaceutical Needs Assessment which for both County and City are currently being reviewed. The County PNA can be viewed here [Pharmaceutical needs assessment - Nottinghamshire Insight](#):

Pharmacy service data is received per ICB rather than as separate Local Authority areas, so it is not possible to present data specifically for the County Council area.

##### *National Services*

National services are divided into Essential Services which all Community Pharmacists must offer and Advanced Services which contractors can choose to sign up for.

Essential Services include dispensing, discharge medicines service and giving advice about minor ailments and over the counter medicines.

The national Advanced Services which the ICB are responsible for are:

- Pharmacy First
- Oral Contraception Service – initiation and repeat supply
- Hypertension Case Finding
- New Medicines Service
- Smoking Cessation – referral from secondary care (currently not active in Nottingham and Nottinghamshire)
- Vaccinations – currently still NHS England commissioned

National services have set payment tariffs which the ICB is unable to amend. The majority of the income received by Community Pharmacy is via national contracts rather than local Enhanced Services.

#### *Local Enhanced Services*

In addition, there are Locally Enhanced Services, with one service available in Nottingham and Nottingham which is the Palliative Care including Vancomycin Stockist Scheme. Vancomycin is an antibiotic used to treat certain bacterial infections.

These are payments that are controlled by the ICB. The palliative care scheme is due to be reviewed this year.

There are also services commissioned by Local Authorities such as Emergency Hormonal Contraception and methadone supervision which are not under the remit of the ICB and hence the data is not available in this report. The payments for these services are controlled by the Local Authorities.

#### *National Pilot – Independent Prescribers*

There is also a national NHS England pilot to learn how we can use Community Pharmacy Independent prescribers. From 2026, all newly qualified pharmacists will be prescribers, and the NHS needs to identify how to use Community Pharmacy Prescribers as part of this pilot. This could be an important income stream for Community Pharmacy in the future.

In Nottingham and Nottinghamshire there will be four sites commissioned by the ICB on behalf of NHS England, chosen by an expression of interest process. Three of these sites are in the County: Evans at East Leake, Evans at Barnby Gate in Newark and Brinsley Pharmacy at Brinsley.

Evans at East Leake have been live now for some months, Brinsley was live in November 2024, Evans at Barnby Gate is going live in February 2025. The current prescribing model for Nottingham and Nottinghamshire area is on the day illness within the competency of the prescriber.

These pathfinders are innovative as Community Pharmacy is prescribing for the first time on the NHS. Before this supply of prescription only medicines for example Pharmacy First is via Patient Group Directives which are strict legal protocols which strict inclusions and exclusions.

### **3 Interrelation between Community Pharmacy services and other Primary Care Providers**

The main link between Community Pharmacy services and other Primary Care Providers is with GP practices. The main areas of overlap are:

- Pharmacy First
  - Seven clinical pathways:
    - Sinusitis 12 years and over
    - Sore throat 5 years and over

- Acute Otis media 1-17 years
- Infected insect bite 1 year and over
- Impetigo 1 year and over
- Shingles 18 years and over
- Uncomplicated Urinary Tract Infection 16-64 years
- Minor ailments – referral (self-care advice and OTC sales)
- Emergency medicines supply – NHS 111 referral only
- Hypertension Case Finding
- Oral Contraception Service
- Community Pharmacy Independent prescribing pathfinder
- Vaccinations

Many of these services have historically been the preserve of GP surgeries.

### *Vaccination*

Vaccination is not a new service to Community Pharmacy and the below table shows that the percentage split between GP practices and Community Pharmacy has remained relatively stable over the last 3 years.

	Total (Excluding Health School Age)		Community Pharmacy		General Practice		NHSTrust		Other	
2022/23	367,877	100%	103,282	28%	245,978	67%	18,557	5%	60	0%
2023/24	304,948	100%	76,149	25%	209,942	69%	18,742	6%	115	0%
2024/25	291,000	100%	81,425	28%	195,438	67%	14,047	5%	90	0%

With regards numbers of pharmacies signed up for vaccinations this is not possible to provide for flu, as national pharmacy chains have one contract with NHS England across the country. In Nottingham and Nottinghamshire ICB there were 107 Community Pharmacies signed up to deliver Covid-19 vaccinations in autumn 2024.

### *Hypertension Case Finding*

The Hypertension Case Finding service can be of huge benefits to patients. Between April 2024 and September 2024, NHS Community Pharmacy Teams across Nottingham and Nottinghamshire have opportunistically measured the blood pressure of 29,158 patients and have confirmed high blood pressure using Ambulatory Monitoring in 591 of these patients. Assuming these patients comply with management for the next 5 years, then 5 deaths, 9 strokes and 6 myocardial infarctions will be prevented.

It is recognised that the way that services are commissioned across three commissioners does not always lead to seamless pathways. For example, the hypertension case finding service may generate what is perceived as additional work for GP practices. Community Pharmacies should use the best possible clinical testing for this if they find a non-emergency raised blood pressure: Ambulatory Blood Pressure Monitoring (ABPM). This involves the lending of a device for a patient to use at home and work. The cost of this equipment may led to reluctance for this model to be used and patients may decline. This may potentially create re-work for the GP. Locally the Local Medical Council has received concerns about this service and workload and nationally the British Medical Association voted to end blood pressure checks.

Conversely, GP surgeries are often not aware that they can refer to Community Pharmacy for blood pressure checks and ABPMs which could potentially help with GP practice workload.

ABPM referral has been implemented successfully in the first stage of the hypertension service in Nottingham West PCN where an additional 312 patients were diagnosed in the first 12 months. The post event readings following this service can be used by GP surgeries to update Quality Outcomes First (QOF) registers having a positive impact.

### *Oral Contraception*

The oral contraception service is offered by about 80% of pharmacies in Nottingham and Nottinghamshire and between April 2023 and September 2024 there were 4,207 oral contraception consultations completed for initiation and repeat supply. NHS Community Pharmacies are helping to improve access to contraception and help prevent unintended pregnancies. GP surgeries can also reduce their workload by referring people and can free up time for other services such as long acting reversible contraception.

### *Pharmacy First*

Pharmacy First is a key part of increasing access in primary care by enabling simpler cases to be seen at the Community Pharmacy, in turn increasing access for those who need to see GP practice staff. Over 95% of Community Pharmacies in Nottingham and Nottinghamshire offer this service.

Between April 2024 and September 2024 Community Pharmacy teams across Nottingham and Nottinghamshire have completed 41,295 Pharmacy First consultations that would otherwise have happened in GP practices, urgent care settings or at NHS111. This has been estimated by NHS England to be the equivalent of 6,882 hours of GP and other healthcare professional time and equates to about seven additional full time clinicians. The most common of the seven clinical pathways are urinary tract infection in women aged 16-64 years and acute otitis media for children aged 1-17 years. In the County over 25,000 pathway consultations took place between February 2024 and October 2024.

Pharmacy First consultations in Community Pharmacy may reduce acute treatment requests for GP surgeries enabling GP surgeries to focus more on other services such as long term condition treatment which as well as benefiting people's health can improve QOF registers, positively benefiting payments to GP surgeries.

There are ways that GP surgeries and Community Pharmacies could build relationships and work together to mitigate the perceived negatives and maximise on the positives. A document has been put together by the ICB and circulated to both GP surgeries and Community Pharmacies to show these areas and ways of working which can be viewed here [Pharmacy and GP collaboration](#).

Examples of good GP surgery and Community Pharmacy Collaboration can be seen at East Leake where Village Health Group work with the local Pharmacy, Evans East Leake, to maximise access for patients including vulnerable cohorts such as refugees by referring to both Pharmacy First and the Community Pharmacy Independent prescribing on the day illness service. Over 100 people were seen at the Evans East Leake branch under the pathfinder service between July 2024 and September 2024 improving access for patients. Both Community Pharmacy IP pathfinder services find that with regards clinical conditions the most common conditions seen are currently respiratory based.

## **4 The Evolving Context for Community Pharmacy**

Increased advanced clinical services in Community Pharmacy are expected to generate another income stream for business owners, albeit in the context of there being a 'global sum' set nationally for payments to all NHS pharmacies. This means that where this is a national advanced service, money within the national pharmacy contract which also has to cover dispensing may be impacted. The national pharmacy contract negotiations about this are complex and ongoing. More can be read here [Negotiation Updates - Community Pharmacy England](#)

It should also be noted that delivering advanced clinically-led interactions with patients may lead to increased job satisfaction helping to reduce the loss of pharmacists and technicians from Community Pharmacy to other pharmacy areas perceived as more clinically interesting.

## 5 Interrelation between Other Primary Care Services and Community Pharmacy

As the wider Primary Care landscape evolves this has also had an impact on Community Pharmacy particularly around workforce. Many pharmacists have moved from Community Pharmacy to GP practices and PCNs as part of the Additional Roles Reimbursement schemes roles due to the increased use of their clinical skills and more sociable working hours.

GP 'Collective Action' has included disabling the GP connect update record which has prevented updates related to services delivered by Community Pharmacy being added directly to patient records.

## 6 Financial Vulnerabilities

The financial difficulties faced by Community Pharmacy are well documented and include the House of Commons Health and Social Care Committee report on Pharmacy which can be viewed here [Pharmacy \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care/committees-reports/2022-pharmacy/) and includes the statement *“For individual pharmacy owners, this has meant an annual shortfall of at least £67,000 per pharmacy”*.

Community pharmacies are considering Collective Action and the impact of this is currently unknown. More information can be viewed here [Pharmacies poised to take collective action after NPA ballot result](#)

The possible impact of these financial pressures on applications to reduce opening hours or seek to close a pharmacy are carefully monitored to identify where financial vulnerabilities in Community Pharmacy could potentially lead to gaps in service provision and an impact on the wider health provision in the area.

Currently no significant change has been noted in the number of closures or supplementary hour changes, however this remains under close review by Nottingham and Nottinghamshire ICB and the East Midlands Primary Care commissioning team through its Pharmacy Governance group. Closures within the 2024/25 financial year are included below:

2024/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Closures	1	0	0	1

When compared to previous years this represents a stable/improved position in relation to what has been experienced year on year.

Year	2020/2021	2021/22	2022/23	2023/24	2024/25
Closures	6	2	2	5	2

In the 2024/25 there have been a reduction in supplementary hours at four providers across Nottinghamshire and there have been an increase in supplementary hours at eight providers.

Pharmacy	Reduction/Increase
Ascent, Wollaton	Reduction
Fittleworth, Mansfield	Reduction
Boots, Clifton	Reduction
F.P Watson, Nottingham	Reduction
Boots, Nottingham	Increase

Dispharma, West Bridgford	Increase
Boots, West Bridgford	Increase
Boots, Stapleford	Increase
NH Pharm Aspley	Increase
Boots, Burton Joyce	Increase
Boots Nottingham (Victoria Retail)	Increase
Peak Pharmacy, Mansfield	Increase

As can be seen this represents a net increase in provision across the region. To note that supplementary hours are for determination by the provider so is something that is monitored by the team but not enforced. There have been no changes to core hours.

Overall, though pharmacy providers are noting an increase in financial pressure and pressing unsustainability, this is not being seen in closures or changes to the delivery of services. Much focus in the sector is aimed at national contract discussions to ensure that financial reimbursement for services is aligned to the cost pressures being faced by the sector to ensure a sustainable service moving forwards.

## 7 Local Support

Locally we are starting to try and work out we map financial pressures and how the ICB can support vulnerable pharmacies. For example, the ICB has reached out to a pharmacy reportedly facing financial problems in West Bridgford: [West Bridgford: 'Our family-owned pharmacy is barely surviving' - BBC News](#), as well as the local GP surgery, to try and increase Pharmacy First referrals.

## 8 Conclusion

The Community Pharmacy commissioning landscape is complex and evolving fast. These changes are likely to result in more responsive and accessible services for residents with increased convenience on the high street or retail park. This should reduce pressures on General Practice to enable them to focus on long term condition management and to work to the top of their license on more complex care.

It is however recognised that any change may have some negative consequences across the health and care system and the ICB is committed to work with NHS and Local Authority partners as well as providers of General Practice and Community Pharmacy to manage the impact of this in the most effective way possible.