Global Policy Network

Global Medicines Policy Series 2025

The Role of Medicines in the 10-Year Plan: A Policy Brief

Health System: United Kingdom

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The Role of Medicines in the 10-Year Plan

Executive Summary

The policy report summarises insights and recommendations from the Global Policy Network's UK Medicines Policy Series roundtable held on June 25, 2025. The session, titled "The Role of Medicines in the 10-Year Plan," brought together senior pharmacy and academic leaders to discuss how pharmacy can support the NHS 10-Year Plan's three key transitions: from treatment to prevention, acute to community care, and analogue to digital systems. Pharmacy has a strategic role in these shifts, but systemic, cultural, and operational barriers must be overcome to realise its full potential.

Delegates collectively emphasised that pharmacy must no longer be seen as a peripheral or transactional service. Alternatively, it should be repositioned as a foundational pillar of integrated care delivery, capable of supporting system transformation, improving health outcomes and reducing pressure on overstretched services. A series of recommendations is set out in this report, directed towards NHS England, Department of Health and Social Care (DHSC) and Integrated Care Boards (ICB). These include mandating senior pharmacy representation on ICB boards, advancing digital integration, investing in workforce development and establishing a unified national pharmacy voice like the British Medical Association (BMA), to improve policy influence, contract negotiation, and strategic alignment across the profession. Achieving the goals of the NHS 10-Year Plan requires bold leadership, structural change and a fundamental cultural shift. Pharmacy professionals need to be fully supported and strategically embedded at the ICB level and within NHSE and DHSC to be at the forefront of medicines and NHS transformation.

Introduction

Pharmacy's role has evolved over the past decade from dispensing medicines to providing key services like vaccinations, long-term condition management, and medicine reviews (NHS England, 2019). The 2019 Community Pharmacist Consultation Service (CPCS) enabled pharmacists to be first contacts for minor ailments, reducing General Practitioners (GP) workloads (NHS England, 2019). This service later evolved into the Pharmacy First Service in 2024, allowing pharmacists to manage seven specific conditions and supply prescription-only medicines without GP visits (NHS England, 2024).

Patient satisfaction with community pharmacy indicates room for growth in pharmacy's NHS role. The Darzi report highlights pharmacy's potential to reduce GP waiting times and improve access through models like Pharmacy First (Ferry and Knight, 2024).

The NHS 10-Year Plan focuses on shifting care closer to home, expanding digital and preventative services, and building integrated teams to improve health outcomes (NHS, 2025).

In Australia, new policies have prioritised increasing patient convenience and reinvesting in community pharmacy through a 60-day dispensing programme (Royal Australian College of General Practitioners, 2023). In Germany, new policies have been implemented to intertwine pharmaceutical pricing with local clinical research expectations (Global Policy Watch, 2024). In the Netherlands, pharmacists in advanced care models work directly alongside general practitioners to strengthen medicines optimisation. They carry out clinical medication reviews with access to patient diagnoses and laboratory results, which enables them to identify prescribing errors, optimise treatment regimens and provide counselling that supports long-term outcomes (Kempen et al., 2024). In France, the pharmacy education curriculum has shifted away from a product-oriented model to a more patient-centred care and clinical pharmacy practice to prepare graduates for a more clinically focused role with the health care system (Ranchon et al., 2024).

The roundtable discussion on the role of medicines in the 10-year plan was incredibly timely, as innovations in pharmacy are gaining prominence in health policy debates globally. While many countries are expanding the scope of practice for pharmacy professionals, reforming funding models and improving access to services, the pace and scale of these changes significantly vary.

Persistent Challenges and Strategic Priorities in Pharmacy

Persistent Challenges and System Pressures

While meaningful progress has been made, significant challenges remain, particularly in addressing financial and supply chain constraints, geographic and access inequities, and persistent gaps in data management, data literacy, and the effective use of information.

Financial and Supply Chain Issues

The NHS has increased Community Pharmacy Contractual Framework (CPCF) funding from £2.698 billion in 2024-25 to £3.073 billion in 2025-26 (Community Pharmacy Contractual Framework: 2024 to 2025, 2025), marking a 19.7% rise to support pharmacy services amid financial pressures. Despite this, community pharmacies face ongoing medicine supply challenges, with frequent shortages impacting core service delivery (Robertson, 2025). Unlike GP practices funded for managing registered patient populations, community pharmacies receive payment per dispensed item, which may affect funding sustainability (Community Pharmacy England, 2024).

A delegate argued that: "*Where do we want to go? …the basics of the profession, which is medicines supply, is compromised.*" (Clinical Pharmacist)

Geographic and Access Disparities

Devon, England's third-largest county, has one of the lowest community pharmacy provisions, with 200-220 pharmacies serving 838,000 people, about one pharmacy per 4,190 residents (CPCF Arrangements, 2025). In contrast, Somerset, a comparable county, has 102 pharmacies for 965,424 residents, roughly one per 9,466 people (CPCF Arrangements, 2025). These figures highlight challenges rural pharmacies face in patient access, workforce shortages, and retention. A Pharmacist from Devon recommends:

"*I think we must have the courage to go back to the basics. Let's do the basics right first, and then we must move forward, where we are all equal partners and where information can be shared.*" (Pharmacist, Devon)

Data Management, Data Literacy and Information Utilisation Challenges

Pharmacy integration in the NHS is hindered by fragmented technology across primary and secondary care, leading to raw data collection with limited usability. Despite abundant data, the pharmacy sector struggles to present meaningful evidence of its value. Improved continuity of care requires pharmaceutical data consolidation into usable formats that showcase pharmacy impact within UK healthcare.

"We are information poor because the data we put in is not in a usable form." Pharmacist and Deputy General Manager for a Hospital NHS Foundation Trust.

"If we need to move with… the digital revolution, we need to ask ourselves, are we (pharmacists) good at banging our drum and showing evidence of what we can do?" (Clinical Lead specialising in workforce training and education)

This delegate compared data literacy in pharmacy to a painter and their portfolio as:

"*Knowing how to present your worth, I often kind of liken it to … an artist with a portfolio. If you get an artist, a painter that walks into a gallery and says, do you want to display my work?... And the gallery says we don't know what your work looks like. They must have a portfolio of evidence of what they've done and for pharmacists and anyone really, we need to have evidence of what we're doing in a population.*"

Strategic Focus Areas for Improvement

The participants agreed that the 10-Year Plan must focus on a shift towards proactive leadership while working to reduce siloed working and providing a safe space for colleagues to utilise their entire skill set.

Establishing Proactive Leadership

Pharmacy leadership is crucial for the NHS 10-Year Plan, requiring a shift from transactional roles to empowered, system-wide leadership across Integrated Care Boards (ICBs), neighbourhood pharmacies, and digital strategy boards. Leaders stress the need for a new paradigm that transcends organizational boundaries to align medicines optimisation with population health and integrated care.

Another delegate argued that: *"We need a new leadership paradigm, and I feel that, from a systems thinking point of view, we need leadership that sees beyond organisational boundaries."* (An Associate Director for Pharmacy Workforce)

And,

"*…we need to stop treating pharmacy professionals as a transactional service and start really thinking about how we empower pharmacy leadership at every level.*" (Senior Pharmacist)

The Darzi Report corroborated the need for a shift toward proactive leadership in UK health policy to address systemic challenges in the NHS (NHS Confederation, 2024). It emphasises that pharmacy must prioritise proactive education and leadership to advance the sector. From September 2026, all newly qualified pharmacists will become Independent Prescribers, enhancing their clinical roles (Department of Health and Social Care, 2025). However, the delegate also raised the concern that:

"What I find is pharmacy leaders … are stuck in the reactive model where they wait for something to happen or something to go wrong before they act, rather than proactively thinking." (Chief Pharmacist and head of Clinical Services)

Breaking Down Silos and Enhancing Collaboration

Eliminating bureaucracy and hierarchical barriers is vital for improving collaboration, patient outcomes, and pharmacy workforce retention. However, siloed working among community, Primary Care Network (PCN), and secondary care pharmacists hampers progress. This challenge was echoed by participants

"*I work in a primary care landscape… I'm working very collaboratively with my colleagues and I'm getting real fruit out of that labour.*" (Lead pharmacist, Primary Care Network)

While certain current Pharmacy system tasks and functions should be maintained within the 10-Year Plan, there is a need for working method shifts that empower clinicians to perform at the highest level of their professional capabilities. Empowering pharmacists to work to their full scope is critical amid NHS accessibility and patient satisfaction challenges, with only 21% of UK patients satisfied, a 39% decline since 2019 (Taylor et al, 2025).

Independent Prescribing and Workforce Development

Pharmacist Independent Prescribers (PIPs) in England increased by 34% between 2023 and 2024 (CPCF Arrangements, 2025), yet many do not use their prescribing skills due to environmental and resource barriers, including lack of proper training and infrastructure (Community Pharmacy England, 2024).

"It was a very resource-intensive team… for example, looking into audits, medicines, and cost savings …if they're prescribers, why are we not getting them involved in population health?" (Clinical Lead, NHS England)

Starting September 2026, all new pharmacists will qualify as PIPs, presenting a key opportunity to integrate independent prescribing more fully into community pharmacies (Wilkinson, 2024). Delegates argued for cultural change, better workforce education, and leadership engagement to utilize prescribers' skills effectively, avoiding underuse where skilled pharmacists are relegated to administrative tasks instead of clinical roles.

"And what I found moving to primary care is that there was a lack of understanding of what pharmacy is? What is community pharmacy? What does primary care pharmacy look like? So, you have highly skilled pharmacists being used to file letters and it's, you know, that's not how you really want our peers to be working." (Head of Clinical Services and Chief Pharmacist)

Another delegate:

"I think we just have to be brave and kind of commit ourselves between such these forums to actively engage with leaders." (Clinical Pharmacist, Devon)

Patient Engagement and Communication

Implementation presents an opportune moment to examine health sector culture. Patient engagement must be enhanced to enable health ownership and self-management, which have been underrepresented in recent healthcare approaches.

"Something still needs to change, and that might not just be in service redesign, but in how we communicate value and how we target messaging, and actually reaching people in the communities they're in." Senior Pharmacist.

A participant indicated that improving patient-pharmacist relationships involves having more listening events for patients and other related service providers.

"We need more listening events, and to change the perception not just of patients and the public, but also other sectors and other professions, as well as to what pharmacy can do." Clinical Pharmacy Leader.

Strengthening the Integration of Pharmacy

Integrated Digital Systems

A participant argued for having a nationwide digital system for pharmacy.

"A single national digital front door for our pharmacy professionals or having something integrated within the NHS would help integrate care across all sectors." (Prescribing Support Pharmacist)

This was supported by evidence from a systematic review of seven hospital-based studies, which showed that computerised order entry systems reduced prescribing errors by up to 76%, demonstrating the significant impact of digital tools in improving medication safety and prescribing accuracy, and how technology introduction can improve patient health outcomes (Devin et al., 2020).

The chair posed the question, *"What do we actually mean by digital integration beyond just system interoperability and single health records? With the focus on the move from analogue to digital expected to be emphasised in the NHS 10-Year Plan, what does this digital revolution mean for the pharmacy profession?"* (Senior Healthcare Strategy Consultant)

This question encapsulates the central challenge facing the pharmacy profession as it navigates the digital transformation outlined in the Darzi Plan's second shift and prompted discussion between delegates. They suggested that pharmacies will only be able to keep up with the forward movement of the health sector if an effort is made to embrace the digital future and demonstrate the value of the data being collected by pharmacy professionals. When discussing transformational changes with technology, one participant said,

"We need to stop investing in silos and stop looking for medicine solutions that will help one part of the system but then may not collectively integrate with everybody else." (Associate director for Pharmacy Workforce)

Funding and Implementation

Pharmacies must demonstrate clear, measurable outcomes to secure funding for innovation and transformation. Evidence of impact is essential to show how pharmacy work influences national policy and aligns with priorities. Without compelling, policy-relevant evidence, funding will not follow, risking the loss of transformative opportunities.

Pharmacy leaders need to translate operational work into strategic evidence that attracts investment, supports sustainable change, and highlights pharmacy's value within the NHS's broader goals.

"*You could have all the detail you want at a system level, regional level and national level, but if you don't really show the required outcome and really influence policy change at the central level, then you won't get the funding to go with it to make the transformational change*" (Regional Antimicrobial Stewardship Lead, NHS England).

Policy Changes: What Do We Stop and Start Doing?

The final session of the roundtable addressed how the NHS 10-Year plan translates into meaningful action for frontline pharmacy professionals. Attendees shared an acute sense that the operational structures currently in place do not sufficiently support the ambitions of the 10-year Plan. The discussion revealed a collective call to reassess not only how the frontline pharmacy is defined and supported, but also what should be deprioritised to enable long-term success.

Defining the Frontline in Pharmacy: Challenges and Cross-Sector Perspectives

There was an initial challenge to the notion of the frontline itself, and without a clear operational definition, it becomes difficult to provide a strategic direction across community, hospital, PCN and ICB settings.

"W*ho is the frontline? …the NHS broadly, the pharmacy profession as a whole or specifically contractors and Local Pharmaceutical Committees (LPCs) delivering services at the community level… for example, community pharmacy, but it could be hospital pharmacy. It could be GPs. So, think about how your LMC would support general practice as well and what changes they need to have to make things happen and down to community pharmacies and contractors"* (Pharmacy Consultant)

These reflections highlighted that the frontline is not confined to a single sector but spans across community, hospital, general practice and system-level pharmacy roles, even though there might not be a clear operational definition. Concerns about this ambiguity were further reinforced by evidence of uneven access to pharmacy services in rural regions. This implies that we must start defining the frontline and ensure it is inclusive of all sectors. We must stop the common misconception that the frontline pharmacy is solely community pharmacy and, in doing so, ensure there is better access to community pharmacy services in rural areas.

Fostering Collaboration Across Care Settings

A central point of agreement was the pressing need to break down silos. A Pharmacy Consultant, called for a decisive shift: "*We have got to stop thinking in silos and start collaborating pretty quickly*." Pharmacy professionals across acute, community, and commissioning roles must move beyond segmented responsibilities to codesign integrated models of care.

Managing the Scope of Community Pharmacy Services

Attendees also urged caution around the overextension of community pharmacy. It was observed that many contractors are under pressure to accept every available service, even when they are underfunded or misaligned with local needs. Critics described this pattern as unsustainable and warned that it can lead to workforce burnout and dilution of core responsibilities. A striking example of this was highlighted:

"*those with community pharmacy contracts have got to stop saying yes to everything because they're under so much financial pressure, they will try and run after all services and a lot of services out there that aren't as well commissioned and well-funded and one or two of the LPCs ...I've been working with have been brave enough to say that our view is that this service is not really fit for purpose*." (Pharmacy Consultant)

Community pharmacists need to have a clear strategic focus, with the ability to turn down services that are not feasible, to maintain the quality and long-term sustainability of their business.

Readiness for Independent Prescribing

While there was general agreement on the importance and potential of this policy reform, many participants expressed serious concerns over the readiness across the profession. One speaker questioned whether the necessary foundations were in place, warning that, "W*e don't even know if we're going to have the quality of trainees coming out as newly qualified prescribers*." (Pharmacy Workforce Lead).

This concern reflects wider anxieties about the current pipeline of education and training. If the system is not adequately prepared to support the development of high-quality prescribers, the rollout could risk being more symbolic rather than being practical. While

independent prescribing is seen as a positive and necessary step for the future of pharmacy, participants stressed that the policy must be backed by practical infrastructures, including consistent training standards, clear roles, protected learning time, funding models and leadership support. The reform may fail to deliver the long-term impact it promises without these practical infrastructures.

A Head of Clinical Services and Chief Pharmacist reflected, "Y*ou can prescribe very confidently, until you make your first mistake*," highlighting the emotional weight and professional risk that comes with unsupported clinical responsibility. A Pharmacist and Healthcare manager questioned the lack of parity between pharmacy and other clinical professions, asking why pharmacists are not routinely allocated time for research and continuing professional development (CPD) within their job plans, which is a standard for nurses and doctors.

Key Insights

1. **Elevating the Role of Pharmacy Professionals:**

Pharmacy professionals need to be empowered to practice "at the top of their licence," and more prescribers should be actively prescribing, not underutilised. There's a call for targeted education both within the pharmacy profession and among peers in health care to clarify and promote the role of pharmacists beyond traditional duties. It also means addressing the needs of the legacy workforce, experienced pharmacists who have not yet undertaken prescribing training, by providing accessible pathways for upskilling and ensuring they are supported to integrate new competencies into practice. By enabling both qualified and existing professionals to contribute fully, the sector can maximise its clinical impact across the health system.

2. **Moving from Silos to Collaboration Across the System:**

It is crucial to break down silos between community, primary care, and secondary care pharmacists. Effective collaboration, across both professions and organisational boundaries, will optimise patient outcomes and unify services at the local level.

3. **Leadership and Culture Change are Central:**

Embedding pharmacy leadership at all levels, including in communities and systems, is identified as a strategic imperative. The pharmacy profession is encouraged to move away from hierarchical or reactive leadership and adopt distributed, collaborative, and proactive leadership styles. Pharmacy leaders need to support the next generation of leaders and provide opportunities for growth and development to enhance recruitment and retention in the profession.

4. **Harnessing Digital Integration and Data:**

Data literacy, digital interoperability, and access to usable data for pharmacy teams are crucial for enabling transformation. Addressing digital fragmentation through the development of a national-level digital platform or full integration within the NHS app is essential. Additionally, implementing a universal health record that is accessible across all care settings is vital. Pharmacy professionals should also have direct access to district-level health records to ensure continuity of care, support clinical decision-making, and enable seamless information sharing between primary, secondary, and community services

5. **Patient-Centred Care and Shared Decision-Making:**

There's an urgent push to move from a paternalistic approach to patient care to one of patient empowerment, increasing patients' agency and enabling shared decision-making.

6. **Implications for Frontline Pharmacy Staff:**

There is a need for frontline pharmacists to understand the evolving NHS landscape, engage in system redesign proactively, and collaborate widely to demonstrate pharmacy's value. Supporting structures, better commissioning integration, and leadership development at all levels are required to empower these frontline roles fully.

Recommendations

- **Healthcare Policymakers:**
  NHS policymakers should have a proactive role in supporting cultural changes. This involves embedding pharmacy as an equal partner in the system leadership. Priority needs to be given to breaking down silos between different parts of the profession and fostering cross-sector collaboration through shared governance and accountability frameworks. Sustained investment is required for comprehensive workforce training, CPD, and structured leadership pathways to improve workforce capability and capacity.

- **For Local Health Systems and Integrated Care Boards (ICB):**
  Integrating pharmacy professionals into neighbourhood teams, transformation boards, and digital steering committees can significantly enhance service design and delivery at both place and system levels. Pharmacy should be recognised as a strategic function with a seat at the board. Their involvement will not only strengthen service design and delivery but also ensure that medicines optimisation and primary care perspectives are integrated from the outset. This approach supports more coordinated and patient-centred models of care

- **For Pharmacy Leadership and System Leaders:**
  The priority should be to adopt collaborative leadership models by developing cross-sector governance frameworks. These frameworks should enable shared accountability between pharmacy, primary, secondary and social care leaders, fostering alignment of priorities, improving coordination and ensuring that decisions are informed by the full breadth of expertise across the health care system. Stronger governance is needed in areas such as medicines commissioning and decision-making related to pharmacy service provision and medicines optimisation. Direct involvement of pharmacy leaders in these processes will help ensure that clinical, operational and economic considerations are balanced, which results in a more effective, sustainable and patient-centred outcome. Indicating a potential role for the Royal Pharmaceutical Society as the professional leadership body. Supporting pharmacists with leadership training and support across all levels. Developing the leaders of the future.

- **For NHS and ICB Digital Leads:**
  To prioritise the integration of pharmacy-generated data, including dispensing records, blood pressure readings, prescribing activity, medicines use reviews, clinical interventions, vaccination records and outcomes data, into shared care records and digital platforms, enabling real-time access and interoperability across settings. This will ensure that relevant and up-to-date information is available to support clinical decision making, improve continuity of care and strengthen the evidence base for pharmacy's impact on patient outcomes and systems performance.

- **For NHS England and the Department of Health and Social Care (DHSC):**
  Invest in digital skills development for pharmacy professionals through structured training in data analytics, digital tools, AI-informed decision-making and the use of shared care records. This will enable the workforce to harness technology to optimise medicines use, target interventions and deliver measurable improvements in patient outcomes. Additionally, the NHS England should make good medicine governance and pharmacy professionals its centre.

- **For the Royal Pharmaceutical Society (RPS):**

  The pharmacy profession is represented by a variety of organisations, each fulfilling distinct roles. This fragmented structure stands in contrast to the BMA, which operates as both a representative body and a recognised trade union for medical doctors. Community Pharmacy England (CPE) serves as the national negotiating body for NHS community pharmacy services, while the Pharmacists'

Defence Association (PDA) and the Guild of Healthcare Pharmacists (GHP) are recognised trade unions undertaking collective bargaining on behalf of pharmacy professionals. The Royal Pharmaceutical Society (RPS), currently the professional leadership body, is transitioning into the Royal College of Pharmacy, reforming its organisational structure to better serve the profession. This transition presents a critical opportunity to unify pharmacy under a single, authoritative voice. The Royal College must lead the national conversation on pharmacy leadership, shaping policy, driving workforce strategy, and publicly advocating for the profession. It should be responsible for setting professional standards, providing clinical leadership, and defining excellence in practice. This will enable the Royal College of Pharmacy to engage directly with the DHSC, NHS England, ICBs, and other key stakeholders, ensuring that pharmacy is fully integrated into the delivery of the NHS 10-Year Plan and future system reforms.

- **For Educational Institutions and Industry Partners:**

To meet evolving NHS demands, pharmacy workforce development must be driven by cross-sector collaboration. Industry partners, including pharmaceutical companies, technology providers, and community pharmacy employers, should be actively involved alongside the NHS in shaping curricula, offering practical training, and co-developing innovations. Establishing a national community of practice will support shared learning, leadership development, and service innovation, ensuring the profession is equipped to deliver future models of care.

Attendees of Roundtable One

The insights and recommendations of this report have been informed by a roundtable event which took place on the 25th of June 2025 under Chatham House Rule. A diverse group of 31 delegates from across the different sectors within pharmacy shared their expertise and insights to inform this policy report.

Figure 1: Roundtable 1 Delegates Organisational Background

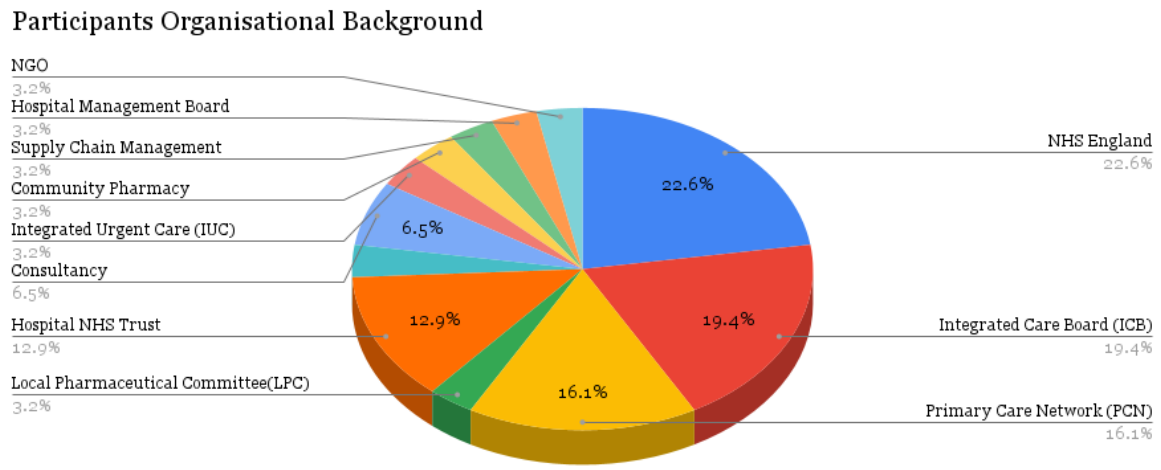
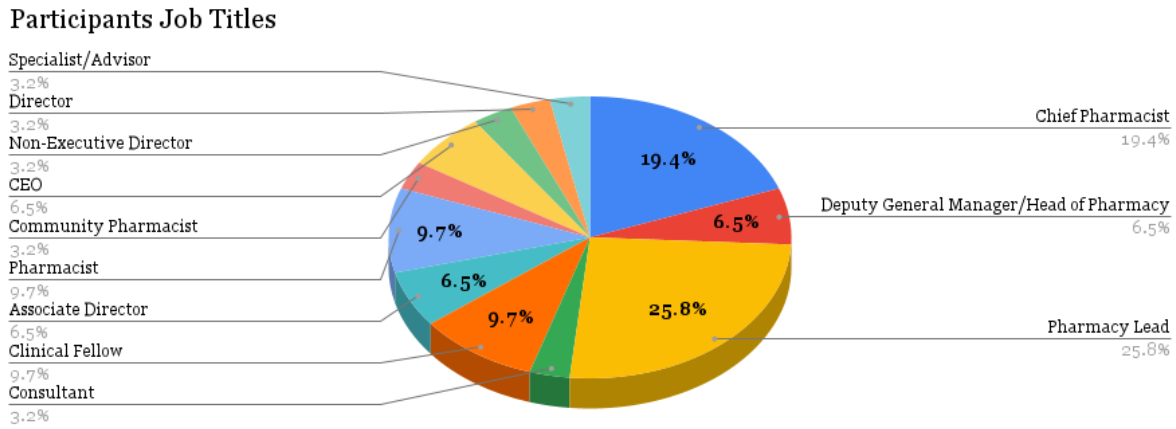


Figure 2: Roundtable 1 Delegates Job Category



Abbreviations

BMA - British Medical Association

CPCF - Community Pharmacy Contractual Framework

CPCS - Community Pharmacist Consultation Service

CPD - Continuing Professional Development

DHSC - Department of Health and Social Care

GP - General Practitioner

GPN - Global Policy Network

ICB - Integrated Care Board

NHS - National Health Service

PCN - Primary Care Network

PIP - Pharmacist Independent Prescriber

RPS - Royal Pharmaceutical Society

UK - United Kingdom

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