Global Policy Network

Global Medicines Policy Series 2025

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

Health System: United Kingdom

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Table of Contents:

Abbreviations

AI - Artificial Intelligence

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

FTE - Full Time Equivalent

GP - General Practitioner

GPN - Global Policy Network

ICS - Integrated Care System

ICB - Integrated Care Board

IP - Independent Prescribing/ Independent prescriber

NHS - National Health Service

PCN - Primary Care Network

PIP - Pharmacist Independent Prescriber

RPS - Royal Pharmaceutical Society

UK - United Kingdom

About Global Policy Network

Global Policy Network (GPN) is an independent, global policy institute committed to advancing evidence-informed dialogue in global health, education, and sustainability. GPN combines research, stakeholder insight, and practical policy analysis to shape thoughtful, actionable conversations around some of today's most complex public policy challenges.

Through policy reports, forums, and collaborative programmes, GPN brings together voices from government, civil society, academia, and the private sector to identify solutions grounded in real-world experience. With a growing network of international practitioners and policymakers, the organisation works to bridge the gap between policy ideas and implementation, ensuring relevance, equity, and sustainability remain at the heart of systems change.

About the Series

The Medicine Policy series explores the evolving role of medicines and pharmacy in delivering integrated, whole system care in line with NHS ambitions. Through a series of closed-door roundtables, forums, and insight reports, this programme brings together diverse senior healthcare leaders to identify practical improvements that support the integration and expansion of pharmacy services across the care continuum.

Roundtable One: *The Role of Medicines in the 10-Year Plan*

On 25th June 2025, Global Policy Network held the first roundtable in the UK Medicines Policy Series 2025: 'The Role of Medicines in the 10-Year Plan'. This timely session explored how the UK health system can realise the ambitions of the forthcoming NHS 10-Year Plan, due for release on 3rd July 2025.

The roundtable took place in the context of the Darzi Review, which serves as the primary diagnostic tool shaping the government's strategic direction. While the Darzi Review offers a candid assessment of the NHS's current challenges, the 10-Year Plan represents the government's reform blueprint in response. This first session focused on the pivotal role of pharmacy in delivering the plan's objectives. Under Chatham House rule, speakers and delegates discussed the wider impacts of the 10-Year Plan on pharmacy professionals, strategies for strengthening pharmacy integration across the health system, and implications for frontline practice. This policy report presents the key insights and recommendations from the session.

Acknowledgements

We extend our sincere thanks to the Chair and speakers for their valuable contributions to this roundtable discussion. The discussion was chaired by Yousaf Ahmad, Integrated Care System (ICS) Chief Pharmacist and Director of Medicines Optimisation at NHS Frimley Health and Care ICS. His leadership and expertise in pharmacy, patient care, and NHS systems provided critical insights that shaped the dialogue. The speakers included Reena Patel, Senior Healthcare Strategy Consultant, Leeds Health & Care Partnership - West Leeds Primary Care Network, Aditya Aggarwal, Pharmacist and Deputy General Manager, Chelsea and Westminster Hospital NHS Foundation Trust and David Tamby Rajah, Pharmacy Consultant, David Tamby Rajah Management and Consulting. We are equally grateful to all the participants from across the pharmacy profession, NHS leadership, academia and wider health sector, whose insights and expertise informed the key findings and recommendations presented in this policy report.

We are also grateful to our GPN Fellows who supported this policy roundtable and report; they include Leslie, Reeda, Bethlehem and Nandika.

Foreword by Yousaf Ahmad, Integrated Care System Chief Pharmacist and Director of Medicines Optimisation, NHS Frimley Health and Care ICS

It was a privilege to serve as the Chair for the first roundtable in the Global Policy Network's UK Medicines Policy Series. This pivotal event united colleagues from the NHS, industry, the Commonwealth, and international health systems, fostering the kind of cross-sector dialogue essential for transformative change.

As a Chief Pharmacist at Frimley Integrated Care System, I have witnessed firsthand the transformative impact that pharmacy can have when fully integrated into patient care. The NHS 10-Year Plan charts an ambitious course for healthcare's future where pharmacy must stand not at the margins, but at the very heart of delivery. This roundtable series represents more than dialogue; it embodies our commitment to bold thinking, practical innovation, and strategic action. The discussions captured in this report reflect the collective wisdom of leaders determined to unlock pharmacy's full potential in achieving the NHS 10-Year Plan's ambitions.

The path forward is clear. Now we must act.

Foreword by Ameneh Ghazal Saatchi, Founder and CEO, Global Policy Network

Global Policy Network established the UK Medicines Policy Series to examine pharmacy's critical role in delivering the NHS 10-Year Plan's ambitions. This series tackles a critical challenge: although pharmacy plays a central role in medicines optimisation and patient care, persistent barriers limit the sector from reaching its full potential

The ambitions of the 10-Year Plan's prevention, integrated care, and digital transformation cannot succeed without fully mobilising the pharmacy workforce and infrastructure. This report presents insights that reflect a shared recognition among leaders that comprehensive reform is essential. The recommendations highlight the importance of integrating pharmacy expertise into governance structures, investing in workforce capability, advancing digital and data integration and commissioning services that deliver measurable value. These priorities

will guide the remaining roundtables in the series and contribute to a robust, evidence-based policy agenda.

GPN's mission is to drive evidence-informed policy that strengthens health outcomes in the UK and globally, and we are unequivocal: pharmacy must be empowered as a strategic force in shaping the future of healthcare.

Executive Summary

The policy report presents insights and recommendations from the first roundtable in the Global Policy Network's UK Medicines Policy Series, convened on the 25th of June 2025. The session was titled "The Role of Medicines in the 10-Year Plan: What Do We Stop, Start and Scale?" and it gathered senior figures from pharmacy and academia to examine priorities for action and change. The roundtable aimed to examine how pharmacy can meaningfully contribute to the successful implementation of the NHS 10-Year Plan, which sets out a strategic vision centred on three systemic transitions. Transitioning from treatment to prevention, from acute to community-based care and from analogue to digital infrastructure. Pharmacy is uniquely positioned to support all three shifts; however, to unlock its full potential, systemic, cultural and operational barriers need to be addressed.

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.

This report is both necessary and timely. While earlier initiatives such as the Darzi Review and Pharmacy First laid important groundwork, they did not fully confront the operational and systemic barriers that continue to constrain the pharmacy profession. In response, this roundtable was convened to explore these challenges in depth, and this report builds on that discussion to move beyond high-level ambition. It addresses the

practical realities facing the sector today: gaps in leadership and governance, uneven readiness for independent prescribing, fragmented data and interoperability, funding and supply pressures, and persistent siloed working.

Crucially, it sets out actionable, system-level recommendations that bridge the gap between national policy intent and local delivery, offering a clear and credible path toward meaningful transformation.

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 British Medical Association (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 Department of Health and Social Care (DHSC), NHS England, Integrated Care Boards (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.

Introduction

Over the past decade, pharmacy's role in health systems has transformed dramatically, driven by evolving NHS policy, increased demand for accessible healthcare, and enhanced patient agency. Pharmacy teams have expanded beyond traditional medicine dispensing to encompass vaccinations, long-term condition management, and medicine use reviews (NHS England, 2019). In 2019, the NHS introduced the Community Pharmacist Consultation Service (CPCS), which empowered pharmacists as the first point of contact for minor ailments, enabling direct General Practitioner (GP) referrals to community pharmacists. This innovative approach delivered more accessible healthcare for patients, expanded pharmacy teams' skill utilisation, and reduced GP patient loads (NHS England, 2019). Pharmacy has been modernised, with teams assuming pivotal roles in urgent care, medicines optimisation, and NHS service pressure relief through clinical expertise deployment.

CPCS delivered significant patient value, particularly through expanded roles in health promotion and long-term disease management. The service evolved into the Pharmacy First Service, launched in January 2024 (NHS England, 2024). Including the urgent

medicines supply and minor illness elements of the former CPCS, and introducing the clinical pathways element, which enabled community pharmacies to manage patients via patient group directions for seven specific conditions. A significant development for community pharmacy in England was enabling pharmacists to provide prescription-only medicines where it was clinically appropriate to treat seven conditions without the need to see a GP or another prescribing clinician.

However, patient satisfaction statistics demonstrate that substantial work remains to fully realise pharmacy's potential value. The Darzi report highlights community pharmacy's huge potential to deliver greater value to both the NHS and patients by reducing GP waiting times (Ferry and Knight, 2024). Furthermore, the 'Pharmacy First' model investment could reduce patient waiting times and increase access, which are critical factors for improving patient and workforce satisfaction (Ferry and Knight, 2024).

The NHS 10-Year Plan outlines the NHS's long-term strategic priorities for shifting care closer to home, expanding digital and preventative services, and building integrated neighbourhood teams to deliver population health outcomes. At its core, the plan is defined by three major transitions. First, a shift from treatment to prevention aims to reduce pressure on acute services by addressing health risks earlier and empowering patients to manage long-term conditions proactively. The second transition is from acute to community-based care, intended to rebalance the health system by strengthening primary care, community pharmacy, and local multidisciplinary teams. This positions pharmacy as a key access point for patients. Thirdly is a shift from analogue to digital. This shift involves modernised digital infrastructure, interoperable data systems and smarter use of technology. Together, these changes aim to unlock the pharmacy's full contribution across medicine optimisation, prescribing, and patient education (NHS, 2025).

Lessons for the UK Health System from International Pharmacy Innovations

Australia: Enhancing Access Through Smarter Dispensing

In Australia, new policies have prioritised increasing patient convenience and reinvesting in community pharmacy through a 60-day dispensing programme. The dispensing programme was introduced in September 2023 and was rolled out in three stages over the following year. The 'Pharmaceutical Benefits Scheme (PBS)' reform allows patients with stable chronic conditions to receive a two-month supply of certain medicines per prescription instead of the typical one-month supply. The programme was designed to improve adherence and cut patient costs by potentially saving patients $180 a year, or

more if they are taking multiple medications (Royal Australian College of General Practitioners, 2023). Early evidence from the programme shows a strong uptake with 165 new pharmacy applications after the introduction of the 60-Day Dispensing Plan (Royal Australian College of General Practitioners, 2025). This plan improved patient convenience and streamlined the prescription process for pharmacy professionals in Australia.

UK Implication:

Longer dispensing cycles could improve patient convenience and reduce pressure on pharmacy teams. Common practice across England is to prescribe repeat medication in 28- or 56-day cycles. However, it must be noted that the single activity fee paid to community pharmacies for NHS activity in England is paid based on the number of NHS prescription items dispensed each month. Increasing dispensing cycles will impact community pharmacy funding. Also, if medication is changed mid-dispensing cycle, this could lead to medicine waste.

Germany: Linking Innovation to Incentives

In Germany, new policies have been implemented to improve research participation and reduce drug prices for patients. In July 2024, Germany passed the Medical Research act, which intertwined pharmaceutical pricing with local clinical research expectations. Germany was the first major economy to formally integrate clinical research requirements into drug pricing mechanisms. Thus, creating incentives for pharmaceutical companies to prioritise conducting clinical research locally. This policy demonstrates how countries can leverage their healthcare systems to promote access and innovation simultaneously, which could be utilised in post-Brexit UK Pharmaceutical Policy (Global Policy Watch, 2024).

UK Implication:

Post-Brexit pharmaceutical policy could adopt similar mechanisms to stimulate domestic research and improve access.

Canada: Expanding Scope of Practice

In Canada, new policies have been unveiled to address bottlenecks in primary care and increase access to medicines. In April 2019, the Ontario government announced it would be expanding the scope of practice for pharmacy professionals and would authorise pharmacists to prescribe for minor ailments. According to a report from the Ontario

College of Pharmacists, the goal of these policy changes was to ease the burden on the Canadian healthcare system, support streamlined care pathways, improve access to routine care in communities, and support better patient outcomes (Ontario College of Pharmacists, 2024). Ultimately, this proved to be vital, especially in rural communities that had been previously struggling with a lack of access to medicines and an overwhelmed primary care system.

UK Implication:

Scaling up Pharmacy First models could relieve pressure on GPs and improve care access. There are examples of expanded scopes of practice for community pharmacy within the UK devolved nations. Including Medicines Care and Review Service and Pharmacist First Plus, incorporating an independent prescribing element (Care, 2019). Also, introducing the concept of patient registration with community pharmacy. The NHS will have a new cohort of Independent Prescribers (IP) qualifying in 2026, which it can mobilise to reduce pressures in primary care (Care, 2019).

Netherlands: Integrating Pharmacy into Clinical Teams

Similar innovations are emerging in the Netherlands, where 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. Pharmacists also participated in regular pharmacotherapy audit meetings to help shape local prescribing policies and improve the quality of care (Kempen et al., 2024). However, the study does note that the integration into prescribing roles remains inconsistent and is often constrained by the limited scope of formal prescribing authority.

UK Implication:

Greater integration of pharmacists into multidisciplinary teams could enhance medicines optimisation and prescribing safety. It is recognised that some work has been undertaken to integrate pharmacists into the GP practice teams as part of NHS workforce expansion in England (NHS England, 2020). The Additional Roles Reimbursement Scheme (ARRS) was introduced in 2019 to improve access to GP practices. Enabling Primary Care Networks to fund roles for clinical pharmacists as part of multidisciplinary teams (NHS England, 2020).

France: Reforming Pharmacy Education:

In France, pharmacy education has undergone significant reform to prepare graduates for a more clinically focused role with the health care system. The national curriculum has shifted away from a product-oriented model to a more patient-centred care and clinical pharmacy practice. A key element of this reform is the introduction of a year-long hospital internship, which allows students to have direct exposure to multidisciplinary clinical environments and enables them to develop practical skills in medicines optimisation, patient counselling and interprofessional collaboration. Alongside this, they are given skill-based training modules that cover areas such as therapeutic decision making and chronic disease management, which ensures that graduates are better equipped to meet the needs of patients in both hospitals and community settings (Ranchon et al., 2024).

UK Implication:

Revisiting pharmacy education could better align training with evolving clinical responsibilities. It is recognised that pharmacy education reform has begun across England. Expanding the clinical placement element of the MPharm degree programme and introducing cross sector training as part of the foundation pharmacist placement (NHS England, 2021). From 2026 onwards pharmacists will qualify as independent prescribers. The first healthcare profession to qualify with the ability to prescribe, apart from medical doctors (NHS England, 2021).

Summary:

Global innovations in pharmacy policy offer valuable lessons for the UK as it advances the NHS 10-Year Plan. From expanding the scope of practice and reforming education to leveraging digital tools and incentivising research, these approaches demonstrate how pharmacy can be positioned as a strategic driver of health system transformation.

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. To fully realise pharmacy's potential, UK policymakers must continue to invest in workforce development, integrated care models, and patient-centred service design, drawing inspiration from successful reforms abroad.

This policy brief offers valuable insights for the United Kingdom as it advances the implementation of the NHS 10-Year Plan. It provides evidence of approaches that could

inform policy development and support the integration of pharmacy as a central component of the health care system.

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 value of pharmacy is important for the NHS 10-Year Plan but remains highly dependent on NHS financial pressures. While Community Pharmacy Contractual Framework (CPCF) funding increased from £2.698 billion in 2024-25 to £3.073 billion in 2025-26 (Community Pharmacy Contractual Framework: 2024 to 2025, 2025), an NHS England-commissioned review revealed that community pharmacies face extreme financial pressures (Robertson, 2025).

Even though the introduction of the 10-Year Plan promises sector-wide pharmacy advancement, medicines supply is compromised. Community Pharmacy England's (CPE) Pharmacy Pressures Survey Medicines Supply Report (2022) revealed that Pharmacy-wide medicine supply issues have worsened, with 99% of pharmacy team staff encountering them at least weekly and 72% facing them multiple times daily (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)

When compared to the NHS contractual funding arrangements for GP practices. Community pharmacy services are funded via an item of service payment approach. As opposed to being funded to manage the health of a registered patient population. Potentially impacting funding sustainability for the community pharmacy sector.

Geographic and Access Disparities

In Devon, where one clinical pharmacist practices, community pharmacy provision is one of the lowest in England despite being the country's third-largest county. Devon's 200-220 pharmacies serve 838,000 people, approximately one pharmacy per 4,190 residents (CPCF Arrangements, 2025). Somerset, the most comparable county, has 102 community pharmacies serving 965,424 residents, which is approximately one pharmacy per 9,466

residents (CPCF Arrangements, 2025). This highlights rural community pharmacies' struggles with patient access, workforce shortages, and retention issues. This involves addressing professional relationship challenges from the basics. 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

Technology is crucial to improving pharmacist integration. However, the current technology is fragmented both within primary and secondary care, leading to raw data collection without understanding how to use the data or what it means. The pharmacy sector has abundant data, but it struggles to present data meaningfully to demonstrate its worth. To improve continuity of care, pharmaceutical data must be gathered into a usable form that can showcase the impact of the pharmacy sector within the UK health sector.

"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 times and 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 anyone that I manage as 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 will be central to medicine's role in the NHS 10-Year Plan and in combating current workforce challenges. Empowering pharmacy leadership unlocks the potential of pharmacy. Examining this leadership shift across Integrated Care Boards (ICBs), pharmacies within the neighbourhood model, and digital strategy boards is essential for the NHS 10-Year Plan's success, as it aligns 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 this idea, emphasising UK health policy's leadership paradigm shifts toward proactive leadership (NHS Confederation, 2024).

Pharmacy needs to prioritise becoming more proactive with education and leadership to begin solving problems within the sector. This priority aligns with the new policy that, beginning in September 2026, all newly qualified Pharmacists will qualify as Independent Prescribers (Department of Health and Social Care, 2025). However, the delegate also raised the concern that:

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

Breaking Down Silos and Enhancing Collaboration

Eliminating bureaucracy and hierarchical structures could foster cross-boundary collaboration, patient outcomes, and enhance the retention and development of the pharmacy workforce. However, the persistence of siloed working practices among community pharmacists, PCN pharmacists, and secondary care pharmacists presents a significant barrier to achieving this change. This challenge was echoed by participants

"*I work in a primary care landscape. I've been lucky enough to do a lot of population health ... I'm working very collaboratively with my colleagues and I'm getting real fruit out of that labour.*" (Lead pharmacist, Primary Care Network)

And

“In primary care (GP practice and medicines optimisation team roles), there are over 11,000 pharmacy professionals around the country. Recruitment retention, as well as people bringing people along the journey, is going to be a big, big point that we need to get right.” (Integrated Care System Chief Pharmacist and Director of Medicines Optimisation)

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.

Enabling pharmacists to practice within their full scope is critical as the sector confronts accessibility challenges and poor patient satisfaction, a trend facing the entire NHS. Only 21% of UK patients report satisfaction with NHS care, representing a 39% decline since 2019 and the lowest satisfaction level since the British Social Attitudes (BSA) survey began in 1983 (Taylor et al, 2025).

Independent Prescribing and Workforce Development

There were concerns that there were too many independent prescribers not utilising their skills and training. Pharmacist Independent Prescribers (PIPs) in England grew 34% between 2023 and 2024, yet most PIPs report not using their qualifications (CPCF Arrangements, 2025). The Community Pharmacy England CPCF study identified environmental context and resources as barriers to PIP skill utilisation, highlighting the need for proper training and restructuring (Community Pharmacy England, 2024).

Beginning in September 2026, all newly qualified pharmacists will be PIPs, presenting a crucial opportunity for NHS England to integrate independent prescribing into community pharmacies (Wilkinson, 2024). With the Integrated Care Board (ICB) restructuring, a delegate argued for cultural change regarding work allocation and engaging people in audits and cost savings, enabling prescribers to utilise their skills.

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

To deliver on the 10-year plan, there needs to be an emphasis on education and upskilling of the existing workforce to create a unified workforce and eliminate some of the barriers attributed to siloed working.

“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 would like to prioritise leadership education and determine the skills necessary for each role to optimise positive outcomes.

"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.

They suggested that more session with both patients and providers would be a potential listening event to inform new policy. This will stimulate change in the perception around *'what Pharmacy can do'* and how the sector can better serve its patients.

The need for patient engagement and communication support also indicates that there is a need for resources to support organisational development when implementing services.

Strengthening the Integration of Pharmacy

Role Definition of the Pharmacy Workforce

With pharmacists taking on more responsibilities in preventative medicine including vaccinations and family planning, there needs to be a clear outline of expectations for each pharmacy role and how they can collaborate with each other. There should be an increased advocacy and education to showcase the advanced skills and roles that pharmacists can provide for the sector. *"We need to clearly define the role of a pharmacist because I believe to have that level of integration, we need to know what pharmacists do."* (Pharmacist and Deputy General Manager for Hospital NHS Foundation Trust)

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

Whilst data quality, technology, and workforce capability continue to improve across the pharmacy landscape, these advancements alone are not enough to drive sustainable change. To secure the funding needed for innovation and transformation, pharmacies must demonstrate clear, measurable outcomes and show how their work influences policy at a national level.

It's not just about having detailed plans at the system, regional, or national levels. What truly matters is the ability to evidence impact, proving that pharmacy can deliver results and shape policy in ways that central decision-makers recognise and support. Without that, the funding won't follow, and the opportunity for meaningful, transformational change could be lost.

Pharmacy leaders must go beyond operational detail and ensure their work translates into compelling, policy-relevant evidence of value, aligned with national priorities and capable of driving strategic investment.

"*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.

Closing Discussion

This policy brief highlighted that pharmacy is pivotal to delivering the NHS 10-Year Plan's shift towards prevention, community-based care and digital transformation. However, it remains constrained by siloed working, underutilised prescribing capability, fragmented digital infrastructure, workforce shortage and insufficient leadership representation. Participants agreed that pharmacy must be repositioned as a core pillar of integrated care, embedded at all levels of governance and equipped with interoperable systems, data capabilities and empowered leadership. Removing professional and organisational barriers, ensuring commissioning processes reflect the realities of frontline delivery and cultivating a culture of collaborative, distributed leadership were seen as essential to enabling progress. Moreover, without decisive action, pharmacy risks remaining at a peripheral and transactional service. To meet the evolving demand of the coming decade, the NHS must prioritise sustained leadership, targeted investment and a fundamental cultural shift, positioning pharmacy as a driving force in delivering accessible, preventative and patient-centred 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

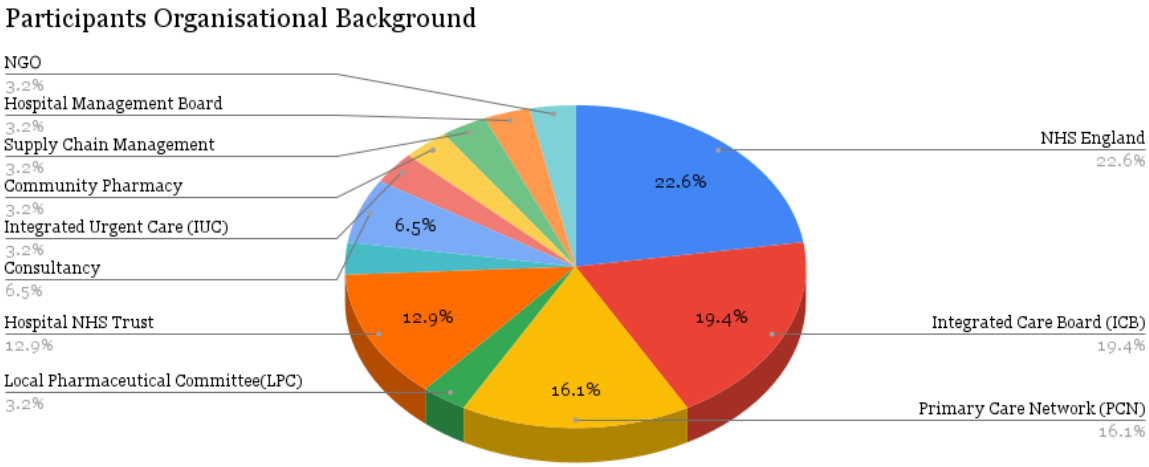
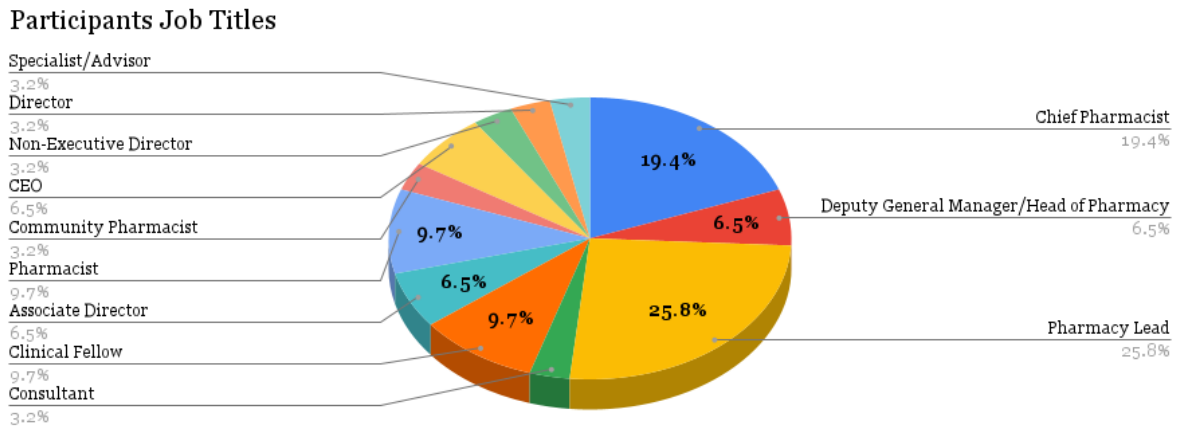


Figure 2: Roundtable 1 Delegates Job Category



Participants List

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2. **Aditya Aggarwal**- Pharmacist and Deputy General Manager, Chelsea and Westminster Hospital NHS Foundation Trust
3. **Reena Patel**- Senior Healthcare Strategy Consultant, Leeds Health & Care Partnership, West Leeds PCN
4. **David Tamby Rajah**- Pharmacy Consultant, David Tamby Rajah Management and Consulting
5. **Ravijyot Saggu** – Chief Pharmaceutical Officer's Clinical Fellow 21/22, NHS England; British Thoracic Society
6. **Preety Ramdut** – Regional Antimicrobial Stewardship Lead (South East), NHS England
7. **Hadeel Mohamed** – Deputy Head of Clinical Pharmacy and Education Lead, SEL GP Group; Founder at ENIGMA
8. **Zafar Iqbal** – Associate Medical Director for Public Health, Midlands Partnership University NHS Foundation Trust
9. **Stephen Riley** – Deputy Regional Chief Pharmacist North West- Pharmacy Integration, NHS England
10. **Nasrin Khan** – Head of Clinical Services and Chief Pharmacist, GPS Healthcare

11. **Danny Bartlett –** Clinical Lead, Kent, Surrey, Sussex Primary Care School; Founder at Primary Care Clinical Excellence Ltd.
12. **Nirusha Govender –** Associate Director for Pharmacy Workforce, Medicines Quality & Safety, NHS England
13. **Sarah Trust –** Pharmacist, Deans and Central PCN
14. **Joanne Goode –** Chief Pharmacist, Humber Health Partnership
15. **Rachel Knight –** Chief Pharmacist/Clinical Director Lewisham & Greenwich NHS Trust
16. **Bisola Sonoiki –** Designated Prescribing Practitioner/Education Supervisor, NHS England
17. **Pedro Martins –** Lead Pharmacist for Integrated Urgent Care Service, Practice Plus Group; Medicines Management and Optimisation Lead, Devon IUC
18. **Laura Laiglesia –** Specialist Pharmacist for PCN Engagement and South Lead, NHS Cambridgeshire and Peterborough ICB
19. **Marina Khan –** Clinical Pharmacist, General Practice Peer Support Team, NHS Birmingham and Solihull ICB
20. **Amna Khan-Patel –** Chief Pharmaceutical Officer's Clinical Fellow, NHS England
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23. **Jessica Yap –** Chief Pharmaceutical Officer's Clinical Fellow, SEL ICB NHS England; NHS Clinical Entrepreneur
24. **Farzana Mohammed – ICS** Pharmacy Faculty Workforce Project Lead, Herefordshire and Worcestershire ICB
25. **Shilpa Shah –** Chief Executive Officer, North East London Local Pharmaceutical Committee
26. **Dilesh Khandhia** - Senior Pharmacy leader, Royal United Hospitals Bath
27. **Mojgan Sani –** Non-Executive Director, NHS Hampshire and Isle of Wight ICB, and Sussex community NHS Foundation Trust
28. **Azuka Okeke –** CEO, Africa Resource Center for Excellence in Supply Chain Management
29. **James Malgwi –** Director, Pharmaceutical Services, Borno State Hospitals Management Board
30. **Hamisu Hassan**- Senior Procurement Supply Management (PSM) Specialist, Global Fund
31. **Kareem Mohamed**- Clinical Pharmacist and co-founder, Stratosphere Health

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