



## Chairs report– Andrew Lane

The recently published NHS Economic Analysis has revealed a challenging financial outlook for community pharmacies across England. Key findings include that approximately **47% of pharmacies were not profitable** in their most recent accounting year, as measured by EBITDA. The **full economic cost** of providing NHS pharmaceutical services in 2023/24 was estimated at **£4.3–£5.7 billion**, with a median value of £5 billion. Alarming, **99% of pharmacies received funding below the full economic cost**, and **78% were deemed unsustainable in the short term**, posing a serious risk to continuity of services. Additionally, nearly half of all pharmacy companies may **struggle to meet their financial obligations** in the coming year.

In Gloucestershire, the LPC has actively supported contractors throughout this period of uncertainty. One of the key strategies has been encouraging pharmacies to make greater use of the **extended Pharmacy First services**, including the **Contraception Service**, as a means of increasing income and demonstrating local value. By supporting service delivery and claim accuracy, the LPC aims to help contractors remain viable and responsive to patient demand.

Looking ahead, there is some optimism. The **recommissioning of Pharmacy First** provides a timely opportunity to collaborate more closely with local GPs and secure **increased referral pathways** into community pharmacy. The LPC will continue working with ICB partners to ensure that contractors can **maximise this income stream**, benefiting both patients and the sustainability of the sector.

Finally, the **ongoing reorganisation of the ICB** presents further opportunities to reshape the role of community pharmacy in primary care. As set out in the **NHS 10-Year Plan**, there is a vision for more integrat-

ed, neighbourhood-based care. Community pharmacies are well positioned to contribute to this transformation, and the LPC will work to ensure their voices and capabilities are fully represented in future service planning.

Image: Andrew Lane. Chair CPG



## Support Officer's Report– Sam Bradshaw

With all Gloucestershire Pharmacies now fully operational delivering the Pharmacy First

Service, 2024 has been a hectic year to say the least!

Behind the scenes **CPG have been integral within the PFS Steering Group** to help with training surgeries on referrals and following up on teething problems. The results have been fantastic in many areas with a few large Surgeries using PFS within their Care Navigation Teams with great results.

Presenting at the **Admin Away Days training sessions** have encouraged Surgery Staff to utilise PFS and been helpful to clarify some of the confusion. There is still much more work to do but the startup has been positive.

CPG have again supported the **Three Counties Careers Fair**, which enabled us to promote careers in Pharmacies, with lots of interest from Students regarding the many levels of careers options available in Community Pharmacy.

**GCC Staff Flu Service** has been commissioned again this year with Pharmacies supporting Clinics, Fire Station Drive Through's and Conferences.

'Only Order What you Need' Local Campaign was well supported and **CPG organised Otoscope and Dermatology training** which have been well attended with lots of positive feedback.

Changes within local Pharmacies due to the Lloyds closures have been positive for Gloucestershire with many new owners engaging with CPG and keen to provide services.

The next year will see extensions of PFS and working with our Surgeries to encourage more referrals into Community Pharmacies.

*Sam Bradshaw*

Support Officer Community Pharmacy Gloucestershire



Image: Sam Bradshaw, Support Officer CPG

## Chief Officers report– Rebecca Myers

This annual report summarises the activities and strategic priorities of Community Pharmacy Gloucestershire from May 2024 through March 2025. The year saw increased service activity, deeper integration with local healthcare systems, and continued advocacy for sustainable community pharmacy models.

Key areas of focus included enhanced support for Pharmacy First and the Discharge Medicines Service (DMS), efforts to address workforce pressures, collaborative planning with Integrated Care Board (ICB) partners, and improved public health service engagement. Progress was made in many areas despite challenges with data access, funding uncertainties, and national service changes. This report outlines achievements, identifies barriers, and sets the direction for future development.

## Strategic Engagement and Representation

Officers of CPG maintained strong visibility and representation across strategic forums throughout the reporting period. Monthly meetings with GPhIC, LPC Chief Officers, NHSE and the ICB pharmacy leadership provided platforms for raising local issues and contributing to broader policy discussions. Weekly ICB/LPC huddles ensured continuity of communication and timely issue escalation.

Collaborative relationships were further developed through participation in multi-professional networks such as the newly arranged forum with LMC/LOC/LDC where joint efforts focused on better understanding each sector's commissioning models and potential areas of synergy, particularly in the delivery of integrated care services.

Regional and national influence was maintained through engagement with NHSE, CPE, and participation in training programme development for future pharmacy professionals

## Service Development and Performance

### ⇒ Pharmacy First

Pharmacy First remains a **central strategic priority**, with steady progress made in building referral volumes and public awareness. **By February 2025, 83% of GP practices in the region** had referred patients into the service, ranking Gloucestershire among **the top-performing ICBs** nationally, however we are aware that this is not consistent across the county and efforts to improve referral rates continue.

The rollout was not without challenges. **Delays in obtaining data** from NHSE limit the LPC's ability to monitor uptake and troubleshoot barriers to access. A further complication arose in late 2024 when the NHS111 provider changed, leading to **a decline in minor ailments referrals**. Cross-ICB engagement with Norfolk LPC and ICB was initiated to explore solutions, including NHS111 staff training.

Communication materials, including translated posters, were developed to support pharmacy teams and improve service visibility across diverse patient groups.



Image: Abdul from Matson Pharmacy. Gloucestershire ICB pharmacy first campaign

### ⇒ Discharge Medicines Service (DMS)

The DMS programme continued to operate with **significant unrealised potential**. While referral volumes remained consistent and generally better than national averages, approximately 40% were not actioned, and the **lack of an integrated API** for processing claims hindered financial reimbursement.

Repeated requests for **access to raw data** were made to the ICB, with the intention of identifying low-performing pharmacies and offering targeted support. The service remains a **high-value opportunity**, with the potential to generate £5,000–£7,000 per month per pharmacy through completed interventions.

A cautious approach was taken regarding referral volume increases until system issues within GHT and API integration are resolved and sufficient data supports further scaling.

### ⇒ New Medicines Service (NMS)

National data on the New Medicine Service (NMS) highlights Gloucestershire as a **consistently high-performing area**. While NMS delivery across England has shown steady growth, Gloucestershire pharmacies continue to **outperform national averages in both service uptake and completion rates**.

This reflects strong engagement by contractors. Nationally, the NMS accounts for a significant proportion of community pharmacy's **contribution to improving medicines adherence**, particularly for patients newly prescribed long-term therapies. In Gloucestershire, the LPC has worked closely with contractors to promote accurate claiming, improve patient follow-up processes, and support integration of NMS within routine workflow—ensuring that the service remains both **clinically impactful and financially viable**.

Planned work in the next financial year includes continued support for NMS as the conditions covered expand and provide increased opportunities to provide patient support.

## Workforce and Training

Workforce development was a major theme throughout the year, particularly in relation to the **evolving requirements for foundation training and designated prescribing practitioners (DPPs)**. The LPC worked closely with the ICB and national stakeholders to support the rollout of training programmes for the 2025/26 and 2026/27 trainee pharmacist cohorts.

Despite multiple engagement attempts, attendance at **Pharmacy Technician Pre-reg Training funding events** was low, raising concerns about the sector's readiness for future workforce changes— although more recent engagement with PTPT funding over subsequent months has shown an improvement in this area



A total of 58 placements for trainee pharmacists were offered in Gloucestershire for 2025 start, and although approximately 30 are required annually to maintain a sustainable pipeline, **actual uptake of placements was lower than this**. The majority of offered places were single-sector community placements, which may limit long-term flexibility and progression— and unsurprisingly the majority of places accepted

were multisector placements. **Work is ongoing with contractors** to assist the development of multisector places to support the national direction of travel

**Workshops for training supervisors** were developed in partnership with local education leads and were well-received.

Concerns about **potential redundancies in PCN-employed pharmacist** roles were raised locally due to changes in ARRS funding, which would be a double edged sword for community pharmacy— as redundancies may result in pharmacists returning to work in the community sector— but would also result in the **potential destabilization of the GP Pharmacist network**, which is a well developed and vital link into General Practice for many community pharmacies. The situation will require close monitoring.



Images: Sam at the Three Counties Careers Fair, Sarah Reis De Ponte, Pharmacist fGloucestershire ICB Pharmacy first campaign

## Medicines Optimisation and Prescribing

The LPC remained an active participant in the D&T Committee throughout the year. Prescribing trends aligned broadly with expectations, though notable cost increases were observed in the use of GLP-1 agonists and Freestyle Libre products.

The ICB proposed several branded **generic switches**, including for micronized progesterone (Gepetrix). Position statements were prepared by the LPC in response, **opposing the switches** and expressing concern regarding clinical appropriateness and financial & workload implications for pharmacy teams.

A number of prescribing initiatives were embedded into the Primary Care Offer, including:

- Emphasis on structured medication reviews focused on polypharmacy and deprescribing in frail or elderly patients.
- Improved statin uptake in patients with cardiovascular risk (QRisk >10%).
- Swaps from Fostair MDI to Fobumix DPI to support greener inhaler usage.

Prescribing switches were communicated in a timely manner to contractors, which would hopefully have supported **better stock management and opportunities to undertake NMS**.

The ICB also proposed a move to central ordering of dressings, a switch which was **again opposed by the LPC**. This project has progressed and the impact is being monitored– and **the LPC will seek assurances from the ICB** that the change has met the ICBs stated project outcomes.

## Stakeholder Engagement and Communications

The LPC maintained a strong **communication and engagement programme** across multiple platforms. Three newsletters were distributed to contractors, alongside regular mailchimp messages with updates on stock issues, service changes, and funding developments.

**Meetings with MPs** were initiated in advance of the general election, with letters sent to candidates across all major parties. Some responded positively, and a visit from the new South Cotswolds MP was secured, demonstrating the importance of maintaining political engagement. Individual committee members have also met with their local MPs in most of the localities across the county.

Officers attended several **face to face events** with reception staff and patient participation groups throughout the course of the year

At the public health level, discussions with Gloucestershire County Council (GCC) focused on the decline in Emergency Hormonal Contraception (EHC) usage, service reviews for smoking cessation, and planning for the **Pharmaceutical Needs Assessment (PNA)**. Engagement with the new Drugs and alcohol provider is also ongoing, and an increase in service delivery fees for supervision and needle exchange was negotiated.

Officers have also been promoting pharmacy as a career as several local careers fairs and school events.



Image: Roz Savage; Liberal Democrat MP for South Cotswolds

## Operational Challenges and Priorities

Several **systemic challenges** persisted throughout the reporting year. Chief among them was the continued lack of access to prompt and up-to-date **service delivery data**—both for Pharmacy First and DMS. This limited the LPC’s ability to identify struggling contractors, troubleshoot problems and support improvements

Funding and capacity concerns remained prevalent, particularly around **branded generics, increasing clinical demands, and limited capacity for contractors to engage** in workforce initiatives. The disparity in vaccination service appointment booking processes between GPs and pharmacies also raised concerns about fairness and patient access.

The proposed transfer of PCN leads funding to the LPC was ultimately deemed incompatible with local governance arrangements

*Rebecca Myers*

Chief Officer  
Community Pharmacy Gloucestershire

After many long years of service we said goodbye to **Gary Barber** as a committee member in March 2025. Gary has been on the committee longer than anyone can remember, and has contributed his time and knowledge in support of contractors tirelessly during this time. We say a big **Thank You** to Gary, and wish him all the best in his retirement!

<u>CPG meeting dates</u>
9th May 2024
11th July 2024
12th September 2024
7th November 2024
16th January 2024
13th March 2024
Andrew Lane– Chair
Neetan Jain– Vice Chair
Will Pearce– Treasurer
Rebecca Myers– Chief Officer
Sam Bradshaw-Support Officer

CPG Member	Representing	Number of committee meetings attended
Wayne Ryan	CCA	3.5 out of meetings
Satwinder Sandha	CCA	5 out of 6 meetings
Vas Alafadimos	CCA	4 out of 6 meetings
Heather Blandford (from January 2025)	CCA	1 out of 2 meetings
Nicola Sinclair (from January 2025)	CCA	1 out of 2 meetings
Peter Badham	AIM/IPA	4 out of 6 meetings
Steve Ireland	AIM/IPA	5 out of 6 meetings
Paul Gregg	AIM/IPA	4 out of 6 meetings
Rebecca Myers	AIM/IPA	6 out of 6 meetings
Neetan Jain	IND	6 out of 6 meetings
Etisham Kiani	IND	5 out of 6 meetings
Gary Barber	IND	4 out of 6 meetings
Sian Retallick	CPE Regional Representative	5 out of 6 meetings
Matt Mollen	Co-opted observer	6 out of 6 meetings