

Community Pharmacy Herefordshire and Worcestershire Strategy Session July 2025

Vision

To establish a strong Community Pharmacy network recognised as an integral partner in delivering health priorities across H&W by providing accessible, high-quality services close to home that support prevention, reduce health inequalities, and enhance collaboration between healthcare partners to support our patients.

Aims

- Promote a united voice for CP nationally and locally
- Equip pharmacy teams with the knowledge and skills to be actively involved with local health priorities
- Improve local pharmacies and GPs relationships and understanding – cementing ambition to be equal partners in patients' health
- Gain representation for CP on Collaboratives at neighbourhood, district and place
- Support data sharing and shared local records
- Establish CP as the first point of access for minor illness, relevant services and medication advice
- Engage and educate the public in where to access support and the services available through pharmacies
- Increase utilisation of the NHSApp and digital inclusion
- Consider the options for private services
- Support the sickness to prevention, analogue to digital and hospital to community shifts in the NHS Plan

Actions for LPC

- Facilitate information on private services, dispensing models and business tools – through NPA
- Review services, value, claiming and opportunities
- Increase referrals to pharmacy services (DMS PhF)
- Marketing materials, presentations and physical meet and greets with van etc to educate patients
- Support workforce development and opportunities with the ICS Faculty
- Support local discussions to lessen impact of supply chain shortages and ICB changes
- Facilitate representation on Boards and Collaboratives
- Review the need for provider representation in addition to LPC
- Support CP inclusion in local discussions
- Facilitate equal opportunity in suitable locally commissioned service provision
- Patient and stakeholder engagement
- Support pharmacy teams with change management and knowledge of local priorities

Support required

- LMC/ GP Federations to support improved GP – CP relationships
- ICB to support membership of Collaboratives and Boards
- WTE, Workforce Lead and Faculty members to support DPP and training and development
- ICB Pharmacy Integration Team – increase referrals, marketing, commissioning and data sharing
- Secondary Care to support DMS and ED / UTC to PhF
- National bodies to support the single voice for CP
- NPA to facilitate private services and other support

Themes from the workshop – what was going well and areas for improvement

Relationships

- Need to reduce silo working
- Need to be open and think differently
- Increase collaboration
- Ensure primary care inclusion and system / neighbourhoods / place
- Keep talking and increase communication at all levels
- Appreciate others, smile and respect – build solid relationships
- Services are partly breaking down barriers, but also creating some on occasion
- Better understanding of others' challenges
- More dialogue happening
- Need to get away from blame culture and competition
- Generally, more to do wrt understanding each other's role

Technology

- Increase use of NHSApp – need to explain to patients how to use and to understand tracking system for Rx so know when to collect
- Increase data sharing and use technology including AI
- Data presentation and timing can be an issue
- Lack of integration and interoperability is an issue

Processes

- Better dispensing model needed – hub and spoke and robots may not be answer for all
- Better use teams – skill mix
- Supply chain fragility and pricing discrepancies concerns – what can we do locally
- Inappropriate referrals lead to patients bouncing round the system
- Financial pressures impacting on investment in people and technology
- The hierarchy, decision making and money flows unclear
- Medicine shortages – affects all part of the system and patient
- Need to understand how change in one part of the system impacts on other parts – sometimes detrimentally

Services

- CP need to consider increasing private services
- Stop MDS – we should all work to try and reduce inappropriate MDS
- Drive DMS to reduce readmissions
- Drive Pharmacy First and Contraception services
- More clinical services, which do not rely on referrals would be the preference
- CP - Front door too NHS and triage – opportunity to include some aspects of minor injury
- Service claims not all being made, some commissioners slow to pay and fees static for years

Vision

- One united Community Pharmacy

- One collaborative Primary Care / system vision
- Community Pharmacy not currently seen as part of neighbourhood health
- All need to be bought into the vision
- Believe in CP role in primary care

Workforce

- Pharmacy Faculty and Academy going well
- More opportunities and IP future possibilities seen as positive – support needed for legacy workforce to undergo training and need for DPP
- Better use skill mix
- Tech training more accessible
- Job satisfaction variable – opportunity to do something different but workload high
- More engagement generally
- Inconsistency and lack of ownership in minority of pharmacies
- Limited workforce under pressure
- High churn – which is new for Community Pharmacy used to local workforce staying for decades – burn out
- New inexperienced staff find it challenging work
- Under pressure to do more without additional resources
- Protected learning time and funded training needed
- Still work to do on communications and regular collaboration
- Disconnect between staff at the coal face and leaders in understanding of NHS changes and possible impact on them – needs addressing
- Understanding career paths in Community Pharmacy and typical team structure to best utilise support staff skills

Patients

- CP's patient focus remains strong despite pressures and satisfaction levels high (see GP Survey)
- Patients do not understand the full scope of what community pharmacy can do
- Patients are unaccustomed to waiting for the Pharmacist; a booking system may be needed
- Patients demanding and worried about shortages so order earlier adding to issue
- Pharmacy services not well understood

Assumptions – funded, workforce available, IT interoperability, training, within circle of control