

Change NHS – Submission from General Pharmaceutical Council

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

As the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain, our role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services. We have a statutory role in relation to system regulation (as we regulate registered pharmacies) as well as the professional regulation of individual pharmacists and pharmacy technicians. Our main work includes:

- setting standards for the education and training of pharmacists, pharmacy technicians and pharmacy support staff, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals must meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public or to uphold public confidence in pharmacy
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards pharmacy.

All three of the UK Government's intended transformational shifts in the 10-Year Health Plan depend, to a significant extent, on delivering the high ambitions for pharmacies, pharmacists and pharmacy technicians to further expand their roles in integrated health services, improving access to care for patients and the public.

The General Pharmaceutical Council (GPhC) is committed to maintaining high standards of safety and quality in pharmacy. We will continue to collaborate closely with other healthcare regulators, professional leadership bodies, education and training providers and others to use the powers available to us to achieve our mission of putting safe and effective pharmacy at the heart of healthier communities.

The pharmacy sector faces challenges that impact its short- and long-term sustainability. From workforce planning to commercial viability, integration with and access to the wider healthcare system,

and the impact of global and national medicines shortages and supply chain issues, these challenges, if left unaddressed, will put the UK Government's plans at risk.

The 10-year plan provides the opportunity to put pharmacy on a resilient and sustainable footing for the future, and to enable pharmacy teams to fulfil wider clinical roles within their capability. The benefits to patient care and wellbeing from doing this will be significant.

In this submission we will set these challenges out in more detail. We stand ready to support positive change for patients and the pharmacy sector and look forward to continued discussions about how this change can be achieved.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Equipping pharmacy to respond to a shift in care from hospitals to communities will be a vital part of the success of the UK Government's approach to healthcare. There are exciting opportunities ahead from changes in the pharmacy sector, such as independent prescribing by all newly registered pharmacists and enhancing the role of pharmacy technicians. However, delivering on this potential means responding to the challenges of short- and long-term sustainability in community pharmacy, and ensuring pharmacy teams are treated with respect by those using their services.

Challenges

Pharmacy already sits at the heart of healthcare in communities. As of 31 October 2024, there were 13,261 registered pharmacies in Great Britain, including those that operate online. However, the overall number of pharmacies on the register and in England in particular has been falling for the last eight years. Numbers tend to fluctuate in Scotland and Wales. This affects accessibility for patients. In September 2024, Healthwatch England released a [briefing](#) that highlighted the impact on patients of difficulties in accessing pharmacy services because of permanent or temporary changes.

While there are many factors influencing the viability of individual community pharmacies, structural issues are also influential. The Healthwatch England briefing noted that the primary cause of temporary closures of pharmacies related to staffing levels, and that the consequential need for locum support was harder to meet in areas of low population density, notably rural areas. Staffing levels in pharmacies was also highlighted by the Royal Pharmaceutical Society in its 2023 [Workforce Wellbeing Survey](#). Concerningly, this Survey also found that more than 40% of pharmacists had experienced verbal abuse from patients and the public.

With other pharmacy bodies, we have sought to raise awareness of the significance of these issues. We signed a [joint statement](#) on the Impact of Pharmacy Workforce Wellbeing on Patient Safety. This concluded:

Solutions to the challenges facing workforce well-being require interventions that go beyond the individual. Making the health service a better place to work must be a shared endeavour so that we can continue to meet the needs of our patients and support our pharmacy people.

Addressing these challenges will require looking at how community pharmacies are funded, what services they provide and how diverse service models can broaden access. These themes will be developed further in this response.

Enablers

An important change in pharmacy delivery is happening in 2026. From that year, newly registered pharmacists will be independent prescribers, able to prescribe any medicine for any condition.

Of the 65,919 pharmacists on the register on 31 October 2024, 17,084 had a prescriber annotation (143 of these were for supplementary prescribing, which is the ability to prescribe any medicine for any condition within an agreed clinical management plan). As new pharmacists join the register, the proportion with a prescriber annotation will increase rapidly.

Explored in more detail in Q3 below is another key enabler of moving care into communities: access to data across joined up digital platforms. This includes access to data to inform decision-making on medicines and to patients' records to enable pharmacy services to work closely with hospitals and doctors in delivering safe and effective care for patients.

These are part of a shift towards wider clinical roles and multidisciplinary working for pharmacy professionals in all healthcare settings, which will open new ways that pharmacy can meet patient needs. It will also significantly expand patient access to prescription-only medicine without the need for a GP appointment.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Like all sectors, pharmacy is changing to adapt to the opportunities and challenges of new technology. Technology, combined with the access to digital information systems, can enhance communication between healthcare providers, offering patients a seamless journey through the healthcare system. The development of service models making use of online clinical services can widen access for patients.

However, this must be accompanied by public confidence in technology use, and the continued provision of safe, effective and person-centred care.

Challenges

Digital integration and interoperability across healthcare is not currently where it needs to be, and can be an obstacle to safe, effective and person-centred care. We agree with the Royal Pharmaceutical Society's '[A vision for pharmacy professional practice in England](#)' that allowing pharmacy services full read and write access to a patient's clinical records in all care settings will bring transformative benefits. This should be prioritised and delivered so that patient care and safety is not put at risk and pharmacy services can maximise the benefits of data-led healthcare.

Beyond this important change, the GPhC recognises that the challenges of making better use of technology in patient care link to wider agendas of change in the modern digital age. Digital skills and access to reliable digital services varies across Great Britain. Research and development of new clinical uses of technology requires funding, and translating that research into safe, effective and affordable pharmacy services takes time.

Enablers

The above challenges notwithstanding, the opportunities presented by technology are significant. However, tackling the issues of system and data interoperability and digital skills will be two of the biggest enablers for the successful use of these opportunities.

In addition, technological advances in clinical uses need to command public confidence. The 10-year plan should consider how best to achieve innovation while putting appropriate guardrails around the way technology is used. This is best illustrated by advanced artificial intelligence (AI) which, while revolutionising many aspects of modern healthcare, remains susceptible to bias and cyber-attacks.

We welcome the new Regulatory Innovation Office's early focus on digital and AI in healthcare and look forward to discussing with them both the benefits of technology, and how to ensure the regulatory regime is responding positively and proportionately to technological advances.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Pharmacies are in a unique position in the heart of local communities and have built effective and trusting relationships with many patients. Along with pharmacy professionals, they can play a significant role in tackling the causes of ill health.

Challenges

Many pharmacies and pharmacists already provide consultations and advice to patients on a range of medical conditions. However, three main challenges exist to this work.

Firstly, the work pressures on teams in community pharmacy impact on their capacity to offer more detailed advice to patients. Second, the growing reliance on locums within community pharmacy dilutes the longer-term relationship a pharmacist can develop with individual patients, whereby ill-health can be identified. Third, there is evidence that more needs to be done to raise awareness of the services, especially clinical services, that a community pharmacy can provide. In April 2024, Healthwatch England **reported** findings that while most people are open to the idea of going to a pharmacy for many of their primary care needs, a significant minority prefer seeing a doctor. This will inevitably impact the ability of community pharmacies to identify and tackle illness at the earliest possible moment.

Enablers

Community pharmacies continue to be highly trusted and valued by patients and the public. Pharmacists are the second most trusted source of health advice after nurses, according to a **survey** of over 1,000 people in the UK in 2023, with 80% of respondents trusting pharmacists to tell "the truth about health issues and about how best to protect the health of the public".

Pharmacists and pharmacies are therefore well-placed to help create opportunities for active measures to prevent illness, such as educating patients about wellbeing and encouraging healthy lifestyles. Pharmacies can support effective public health awareness campaigns and promote knowledge of the services they can offer, which will soon include independent prescribing.

The incorporation of independent prescribing into the initial education and training for newly registered pharmacists from 2026 will add to the role pharmacists can play. This offers significant benefits to the work pharmacists can deliver in the community to identify and prescribe for ill health as early as possible, and this will help make sure there are enough pharmacist independent prescribers to support and enable the government's plans to develop a Community Pharmacy Prescribing Service.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, which will take more than 5 years**

Short-term (1 year):

Plans to increase the numbers of pharmacists and pharmacy technicians must be sustainable from an education and training perspective, so it can happen without compromising the quality of care provided. We maintain the register of pharmacists and pharmacy technicians, and we set the knowledge, skills and experience criteria that individuals must meet to be registered. We also accredit the courses and providers that deliver the initial education and training that pharmacy professionals must have.

NHS England has committed to a substantial increase in training places for pharmacists, and to expanding the numbers of pharmacy technicians as well. This means ensuring that there are enough trained supervisors, such as designated prescribing practitioners, to deliver this training, and engagement with schools of pharmacy – including new entrants to the sector – to increase the workforce pipeline. In Scotland and Wales as well as England, the Statutory Education Bodies must be equipped to deliver the necessary numbers of training places.

Medium-term (2-5 years):

A national framework for data interoperability should be developed to facilitate seamless information sharing across healthcare settings. This includes facilitating access to electronic health records by all healthcare professionals across healthcare systems and community services.

Long-term (5+ years):

Developing the skills of the pharmacy workforce now and in the future to be competent with new technology is a key long-term challenge. We will ensure this is given consideration in the standards we set for the initial education and training of pharmacists and pharmacy technicians. However, to be successful, this must be accompanied by regulatory guardrails around the adoption of new technology in healthcare, including artificial intelligence.