



Community Pharmacy Integration Project

October 2024 – September 2025

Community Pharmacy Integration Project Report (2024–2025)

Community Pharmacy Norfolk & Suffolk (CPNS)

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Executive Summary

The Community Pharmacy Integration Project was jointly commissioned by NHS Norfolk and Waveney ICB and NHS Suffolk and North East Essex ICB and delivered by Community Pharmacy Norfolk & Suffolk (CPNS) during 2024–2025. The project aimed to strengthen the practical integration of community pharmacy within local NHS systems, supporting national ambitions to shift care from hospital to community, from analogue to digital, and from sickness to prevention, as set out in the NHS Long Term Plan, PCARP, and the Government’s 10-Year Health Plan for England.

Rather than claiming full system integration, the project demonstrates how community pharmacy can operate as a credible and scalable primary care partner when supported through targeted engagement, training, promotion, and system leadership. Across Norfolk, Suffolk, and North East Essex, the work delivered measurable improvements in service delivery, professional confidence, and partnership working, while also exposing the structural and digital barriers that continue to limit the pace and consistency of integration.

The project focused on four nationally commissioned services central to current primary care reform: Pharmacy First, Hypertension Case Finding, the Pharmacy Contraception Service, and the Discharge Medicines Service. Delivery was underpinned by contractor engagement, data-led targeting of support, structured training programmes, public-facing promotion, and sustained liaison with ICBs, PCNs, GP practices, and Trust pharmacy teams.

Pharmacy First emerged as the most visible and system-facing workstream. Local promotion, training, and contractor support improved confidence and consistency of delivery, with 94% of pharmacies locally signed up to all required PCARP services, compared with 87% nationally. Activity increased across both ICBs during 2025, aligning with regional growth trends and exceeding them in Norfolk & Waveney. However, efforts to embed routine electronic referrals from general practice and urgent care were constrained by IT interoperability, variable workflows, and mutual confidence issues around capacity and responsiveness. The project reinforces that referral behaviour will not scale without seamless digital pathways and shared operational expectations.

Hypertension Case Finding activity strengthened through targeted data analysis, focused communications, and practical training aimed at improving conversion from clinic checks to Ambulatory Blood Pressure Monitoring (ABPM) in line with NICE guidance. ABPM delivery increased significantly across both ICBs during 2025, rising by 125% in Norfolk & Waveney and 109% in Suffolk & North East Essex, with sustained growth following periods of targeted training and support. This demonstrated the value of using local data to direct intervention and improve clinical appropriateness.

The Pharmacy Contraception Service showed the strongest relative year on year growth (293% N&W, 224% SNEE). Following training, professional development events, and targeted digital promotion, activity increased substantially across both ICBs, exceeding regional and national growth rates. This provides strong evidence that confidence-building, visibility, and clear

positioning of community pharmacy services translate directly into patient uptake when services are framed as accessible and routine.

Discharge Medicines Service activity highlighted both the potential and fragility of hospital-to-community integration. Engagement with acute and mental health Trusts improved understanding, referral quality, and completion rates in some areas, particularly where technician-led models were embedded within Trust pathways. However, inconsistent data access and IT limitations significantly constrained the ability to monitor, target, and sustain improvement, underlining the importance of robust data-sharing agreements and system-wide digital alignment.

Across all workstreams, communications and training were critical enablers. Over 300 pharmacy professionals were supported through webinars, CPPE events, on-site visits, and digital resources, while social media promotion reached more than 50,000 local residents at low cost. Contractor feedback indicates a clear shift toward whole-team engagement, with growing demand for short, practical, and digitally delivered support.

In conclusion, the Community Pharmacy Integration Project has delivered measurable progress against its aims and provides a strong foundation for future commissioning and integration. It demonstrates that community pharmacy can contribute meaningfully to access, prevention, and system resilience when supported through coordinated leadership and partnership. Sustaining this progress will require continued joint working between ICBs and the LPC, clearer data-sharing arrangements, investment in workforce development, and a long-term strategic approach to embedding community pharmacy within integrated neighbourhood teams.

Introduction



The Community Pharmacy Integration Project (hereafter “The Project”) was jointly commissioned by NHS Norfolk and Waveney ICB and NHS Suffolk and North East Essex ICB, and delivered by Community Pharmacy Norfolk & Suffolk (CPNS), in close partnership with the Community Pharmacy teams at both ICBs, between 2024 and 2025. The project aimed to strengthen the integration of community pharmacy within local NHS systems, ensuring that pharmacies play a full and active role in delivering clinical services and supporting population health priorities.

The project was developed to accelerate alignment between community pharmacy and wider NHS primary care systems, building directly on the ambitions set out in the **NHS Long Term Plan (2019–2029)** and subsequent national strategies such as the **Delivery Plan for Recovering Access to Primary Care (PCARP, 2023)**. The Long Term Plan established the foundation for integrated neighbourhood care, focusing on dissolving boundaries between primary, community and hospital-based services, improving patient access, and empowering local health systems to deliver care closer to home. PCARP reaffirmed these aims in practical terms—identifying community pharmacy as a core partner in improving timely access, reducing GP workload, and tackling inequalities in primary care capacity.

Within this policy framework, the **Pharmacy Integration Programme** and the **Community Pharmacy Contractual Framework (CPCF)** serve as the operational levers for change. Both were designed to shift community pharmacy from a primarily supply-based function to a more clinically integrated model of patient care. Services such as **Pharmacy First**, the **Discharge Medicines Service (DMS)**, **Hypertension Case-Finding**, and the **Pharmacy Contraception Service** exemplify this evolution. Together, they represent the transition envisioned in the Long Term Plan—from episodic treatment to continuous, prevention-focused care embedded within local systems.

The project also responds to the **Fuller Stocktake Report (2022)**, which called for Integrated Neighbourhood Teams capable of addressing population health needs across traditional professional and organisational boundaries. That report, echoed by PCARP, positioned community pharmacy as a key enabler of equitable access—particularly for patients who find it difficult to engage through traditional GP routes. By embedding pharmacy services within local care pathways, the project sought to strengthen resilience across the systems while supporting the NHS goal of “right care, first time.”

Four national services formed the focus of the project:

1. Pharmacy First (PF)
2. The Hypertension Case-Finding Service (HCFS)
3. The Pharmacy Contraception Service (PCS)
4. The Discharge Medicines Service (DMS)

During the lifetime of the project, further significant developments were incorporated into the national Community Pharmacy Contractual Framework (CPAF), following national negotiations and agreement. These introduced additional requirements on service sign up and delivery. A key change which affected

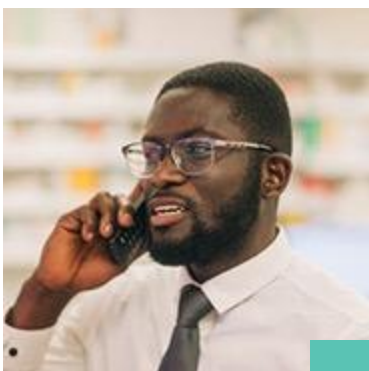
project work was the 'bundling' of the PCARP services (PF, HCFS and the PCS). This "bundling" incentivises pharmacies to be signed up to and delivering all 3 services, by making this a "gateway" requirement for the additional monthly payment previously dependent only on PF activity.

Accompanying CPCF updates to service specifications, pathways and regulations, were introduced, which developed and strengthened the delivery models, such as the scope and delivery of the New Medicines Service. Some fundamental changes were also introduced which impacted on how Distance Selling pharmacies (DSPs) are regulated and can delivery services.

The Government also published 'Fit for the Future: 10-Year Health Plan for England' (2025), which reinforced three national priorities:

- Sickness to prevention
- Analogue to digital
- Hospital to community

All of the above changes provided additional opportunities for contact with our pharmacies, but clearly the "ever-developing picture" also posed additional challenges which affected many aspects of project prioritisation, planning and execution, requiring the project team to be extremely nimble and adaptable to developments.



Planning and Methodology

The planning phase of the Community Pharmacy Integration Project took place during November and December 2024, following the contract award and establishment of the project team. This stage focused on confirming project priorities, developing communication plans, and stakeholder mapping across both Norfolk & Waveney and Suffolk & North East Essex Integrated Care Boards (ICBs), to shape the programme of work for early 2025.

A structured consultation process was undertaken with local pharmacy contractors, Primary Care Network (PCN) Pharmacy leads, ICB representatives, and Trust pharmacy teams. Feedback gathered through meetings, surveys, and online forms (as summarised in the [Winter 2024/25 Feedback Report](#)) highlighted several consistent themes:

- The need for clearer communication of service updates, particularly for Pharmacy First and the Pharmacy Contraception Service.
- Requests for more practical, locally relevant promotional materials that could be easily adapted by pharmacies for use in their communities.
- A desire for additional face-to-face and virtual training opportunities — both refresher sessions for existing staff and induction-level support for new pharmacy teams.
- Concerns about referral pathways and interoperability between Trust systems and community pharmacy platforms, particularly for DMS.
- Strong encouragement for joint working with GP practices, especially around referral prompts and signposting for Pharmacy First and Hypertension Case Finding.



This consultation period also informed the design of the social media advertising campaign and broader communication plan, launched later in 2024. The campaign strategy prioritised the three “walk-in” services; Pharmacy First, Hypertension Case Finding, and the Pharmacy Contraception Service. This aligned with feedback that highlighted the need to raise public awareness and reinforce the clinical role of community pharmacy.

The project team responded proactively to stakeholder input by:

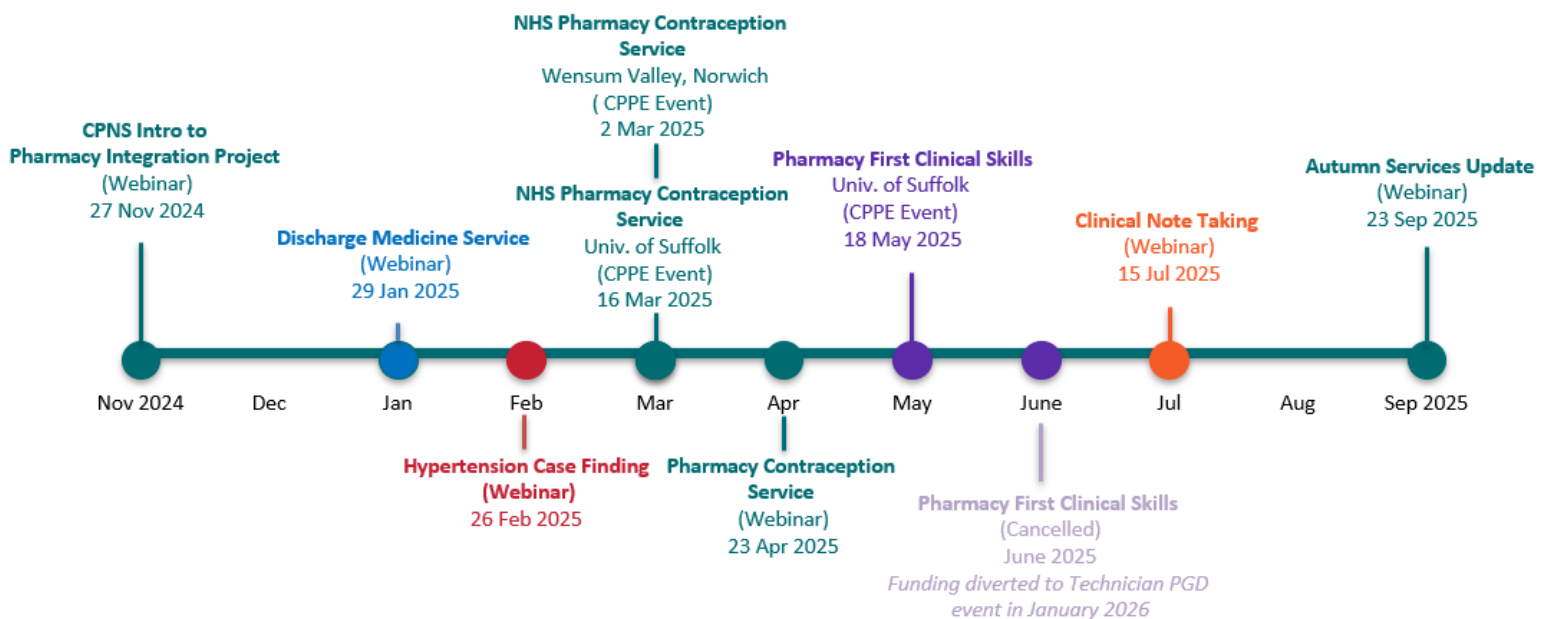
- **Developing a suite of free-to-access digital resources hosted on the CPNS website, including posters, service explainer videos, and downloadable promotional templates.**
- **Planning a series of webinars and virtual workshops for early 2025 to support confidence and consistency across all participating pharmacies.**
- **Coordinating with ICB communication leads to ensure campaign messaging was consistent with national NHS branding while reflecting local patient priorities.**

By the close of December 2024, the project had a clearly defined delivery plan, underpinned by strong stakeholder engagement and data-informed priorities. This collaborative approach ensured that implementation in 2025 was responsive, evidence-based, and aligned with both national NHS policy and local system needs.

Delivery & Outcomes

Training and Events

Across the project year, 169 attendees engaged with CPNS-hosted webinars, with a further 40+ accessing recordings of the sessions. Each service webinar included a guest speaker, blending guidance with case-based discussion and live Q&A, encouraging two-way engagement.



Attendance was strongest in early 2025 as service specific sessions aligned with pharmacy visits and promotion of specific services by the CPNS team. National announcements to changes in the Community Pharmacy Contractual Framework (see above) diverted attention for the remainder of the year to service sign up and delivery, but built on the knowledge base and resources already provided.

Engagement feedback (through surveys, phone calls and visits) indicated that participants valued the focused, practical nature of sessions and the mix of live and recorded access. Over time, these webinars established a digital learning model that complemented on-site visits, promotional materials and newsletters, embedding a more interactive, inclusive approach to communication across the community pharmacy network. Recordings and digital materials remain accessible on the CPNS website alongside links to national service guidance and CPD resources.

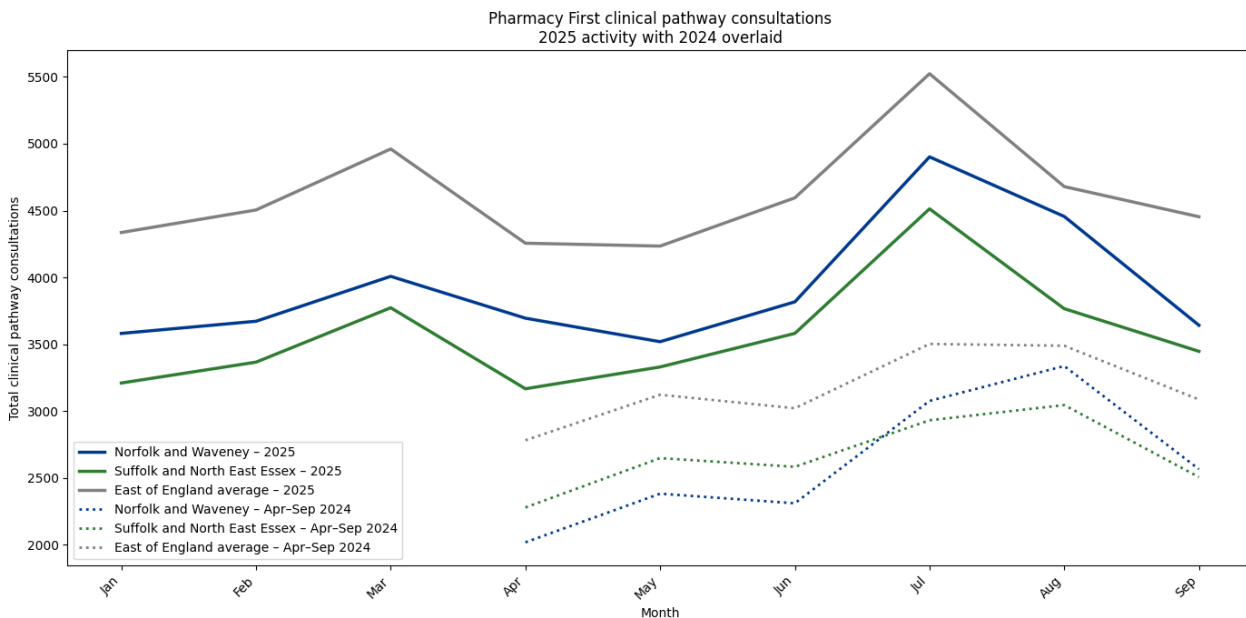
Combined with CPPE and partnership events, the programme of training directly supported more than 300 pharmacy professionals across Norfolk and Suffolk & North East Essex. Attendance patterns show consistent engagement across both ICB areas, with representation from independents, multiples, and supermarket-based pharmacies.

Pharmacy First

Pharmacy First became the project’s most visible and public-facing workstream. Engagement included a national awareness campaign, local promotion through newsletters and posters, and targeted social media boosting. Stakeholder support focused on encouraging GP, urgent care, and NHS 111 referrals; clarifying eligibility; and building public trust in the clinical role of Pharmacists.

Our support focused on upskilling staff, investigating and sharing best practice, embedding delivery into “business as usual models” and ensuring promotional materials were available and visible within the pharmacies and in some partner organisations, such as within the Norfolk County Council building, and Secondary Care sites.

Both Norfolk & Waveney and Suffolk & North East Essex showed a significant increase in overall Pharmacy First clinical pathway activity between April and September 2025 compared with the same period in 2024. N&W recorded the strongest growth, with a 53.2% uplift, exceeding the East of England average increase of 46.0%. SNEE also demonstrated clear growth over the period, delivering a 36.3% increase, in line with the regional pattern but at a more moderate rate. This indicates that while both systems benefited from a significant uplift in Pharmacy First delivery, N&W in particular outperformed the regional trend, suggesting more rapid embedding and scaling of the service during 2025 following a slower start in 2024.



Electronic Referrals from Other Healthcare Professionals

Efforts to increase electronic referrals into the Pharmacy First service from GP practices and other healthcare settings were met with mixed success. Despite strong engagement from both ICB colleagues,

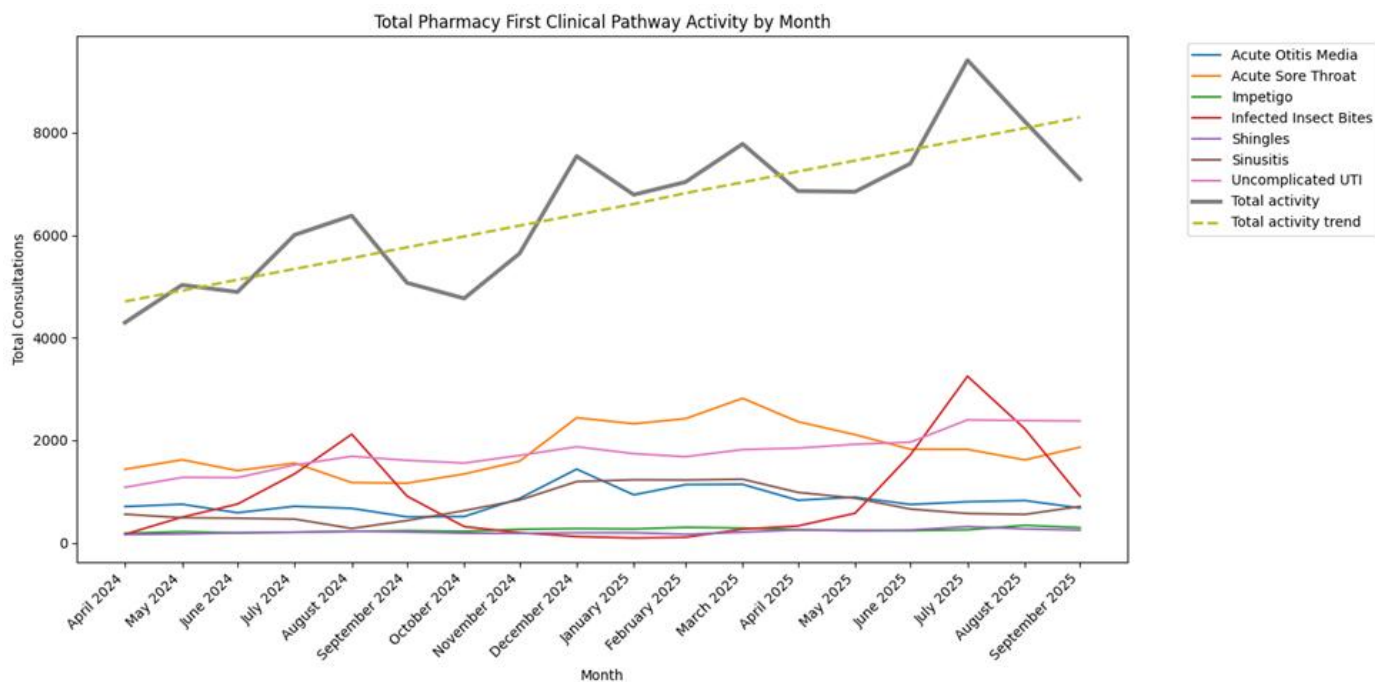
PCN Pharmacy leads and the CPNS team, progress was constrained by the relatively weaker interoperability (at the time) between the most commonly deployed primary care IT systems and pharmacy IT systems. In practice, this meant that referral processes were often manual, inconsistent, and dependent on individual staff confidence rather than embedded workflow.

GP practices reported limited confidence both in their own ability to make referrals efficiently and in pharmacies' capacity to consistently pick up and complete them, perhaps a reflection of the extreme workforce challenges which so badly affected pharmacies services here until quite recently. This perception was reinforced by differing local approaches and variable understanding of the Pharmacy First offer. Pockets of success were evident in Norfolk and Waveney, where proactive local engagement and practical referral toolkits supported better communication between practices and pharmacies. However, these remain isolated examples rather than a consistent regional pattern.

A focused collaboration between CPNS and SNEE ICB in Ipswich sought to test a Urgent and Emergency Care (UEC) referral pathway early in 2025. Despite significant time invested by ICB colleagues and the CPNS team, including staff shadowing and workflow analysis, the project failed to generate referrals. Barriers identified included parking and access issues for patients, perceived duplication of effort, and the availability of same-day GP appointments reducing the need to refer externally.

These experiences underline a core theme for future integration: that meaningful referral activity depends not only on awareness or willingness but on seamless digital pathways and mutual confidence in service capacity robustness and capabilities. Building that confidence and managing expectations will remain critical as Pharmacy First continues to embed, and signposting (rather than electronic referrals) remains focused on the seven clinical conditions which can be treated following walk-in patient requests.

Reported plans for IT system improvement may soon present new opportunities to support electronic referrals for self care and minor illness management, but will need to be balanced with wider workforce and capacity issues, particularly with seasonal patient and healthcare system challenges, such as vaccination demand, Winter pressures and the increased pressures from holiday tourism seen especially in our coastal areas. Demand for advice and treatment also fluctuated with clear demand for support for Insect bites peaking in the summer and winter illnesses increasing between November-March, as demonstrated in the chart below.

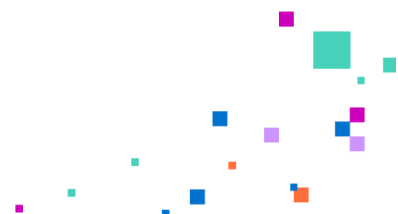


Support for Changing requirements

Another challenge to consistency of service was supporting Pharmacies to meet the required thresholds in order to access the underpinning funding for the Pharmacy First service. Pharmacies were reminded through newsletters, update webinars, and postal letters of the sign up requirements for inclusion of Contraception and Hypertension case finding in the Threshold payment requirements, alongside the addition of an intermediary monthly payment band in July 2025.

By the end of the project both Norfolk & Waveney and Suffolk & Norfolk East Essex based pharmacies show strong sign up figures compared to the England average.

Area	Pharmacy First	Hypertension Case-Finding	Pharmacy Contraception	Bundling requirements met
England average	89.7%	88.0%	88.0%	86.7%
Norfolk and Waveney ICB	98.3%	94.8%	94.2%	94.2%
Suffolk and North East Essex ICB	97.0%	95.2%	94.5%	93.9%



Hypertension Case Finding

This workstream was driven by close analysis of data to direct a variety of interventions, including direct mail, personalised email, phone calls and pharmacy visits by both the CPNS support officers and ICB colleagues. The main aim was to improve conversion of higher clinic checks into ABPM acceptance, to improve patient access to the most clinically appropriate diagnostic pathways prior to GP referral and potential treatment.

A training webinar, live and later available on demand, included a manufacturer-led session on best practice for ABPM was held to promote confidence and accuracy. The project team used up to date claims data to call visit and encourage those who were struggling with delivering ABPM. Targeted communications were also sent by post to advise each pharmacy on their performance against upcoming requirements for claiming threshold payments.

Hypertension Case Finding totals:

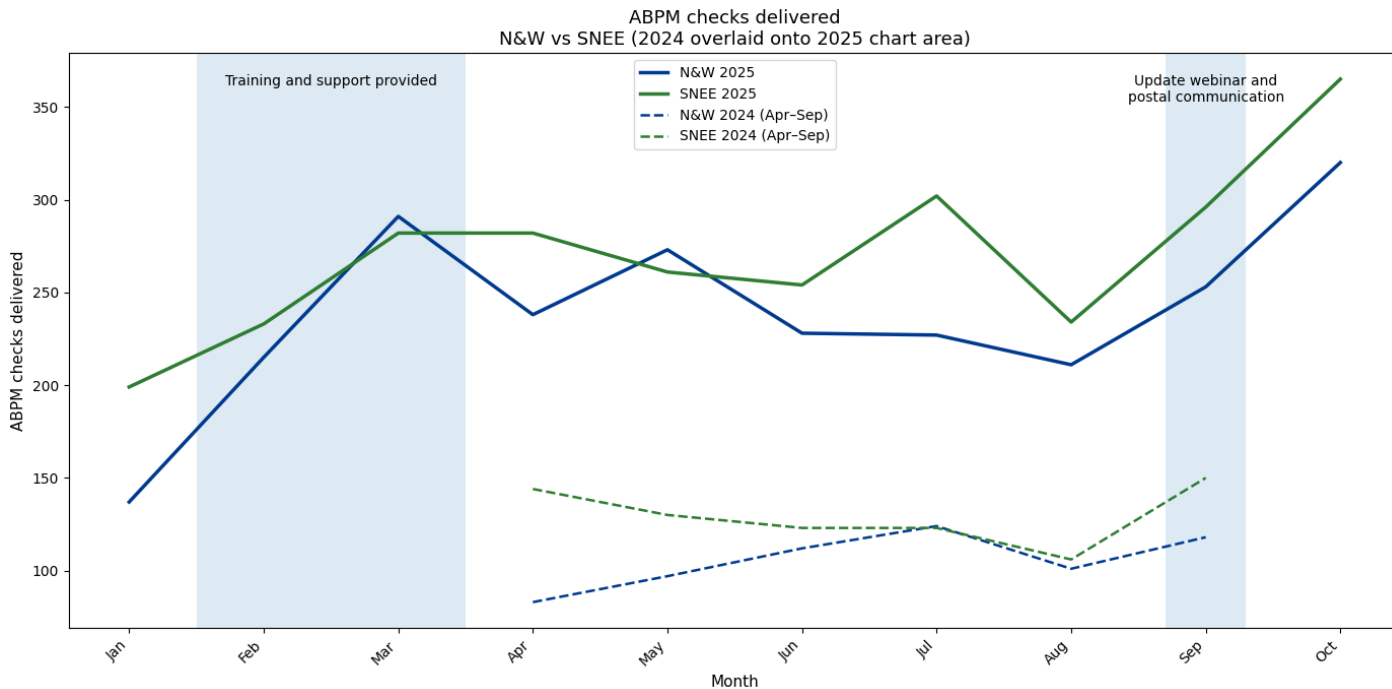
Area	Apr–Oct 2024	Apr–Oct 2025	Absolute Change	% Change
England	1,791,151	2,153,372	+362,221	+20.2%
East of England	163,747	206,933	+43,186	+26.4%
Norfolk & Waveney ICB	23,633	29,080	+5,447	+23.0%
Suffolk & North East Essex ICB	32,376	38,927	+6,551	+20.2%

Hypertension Case Finding ABPM figures:

Area	Apr–Oct 2024	Apr–Oct 2025	Absolute Change	% Change
England	114,806	183,990	+69,184	+60.3%
East of England	7,629	14,069	+6,440	+84.4%
Norfolk & Waveney ICB	782	1,761	+979	+125.2%
Suffolk & North East Essex ICB	954	1,994	+1,040	+109.0%

As shown in the figures above, total Hypertension Case finding checks delivered demonstrated similar growth to the national average, while conversion to ABPM achieved a significant uplift in provision for both ICB areas.

Clear correlation between project support activities and ABPM increases can also be seen in the chart below:



However, a number of barriers remain. Delivery is still uneven between pharmacies, indicating that capacity, workflow integration, and confidence with ABPM continue to vary locally. Seasonal dips and reliance on periods of focused support highlight that the service is not yet fully self-sustaining in all areas. Practical issues such as staff time, competing service pressures, access to equipment, and variable referral flows from general practice continue to limit consistency. Addressing these challenges will require continued system support, better integration with general practice pathways, and sustained reinforcement rather than one-off interventions, to ensure that Hypertension Case Finding becomes a routine and resilient part of primary care delivery rather than an intermittently high-performing service.

Pharmacy Contraception Service

This workstream expanded significantly following national rollout in 2024. CPNS supported pharmacies to initiate and continue oral contraception safely and confidently through promotion of CPD events and a follow up webinar.

Two in-person CPD events hosted by CPPE in Ipswich and Norwich, reached over 100 Pharmacists. These were supplemented by CPNS online follow-up webinars featuring local experienced Pharmacists who shared their knowledge and practical advice for providing the service. Branded materials and paid digital advertising in June 2025 reached up to 45,000 women aged 18–40 (Targeted to the Norfolk, Suffolk and Colchester areas).



Pharmacies across England recorded an increase from around 185,000 consultations in April–October 2024 to over 538,000 in the same period of 2025, an uplift of 191 percent.

Growth in the East of England region was even steeper, increasing from just under 16,000 consultations to over 53,000 (+233%). Pharmacies in Norfolk & Waveney delivered an increase of 293%, the strongest relative growth in the region. Suffolk & North East Essex increased by 234% in the same period, closely aligning with the wider regional pattern and substantially above the England average.

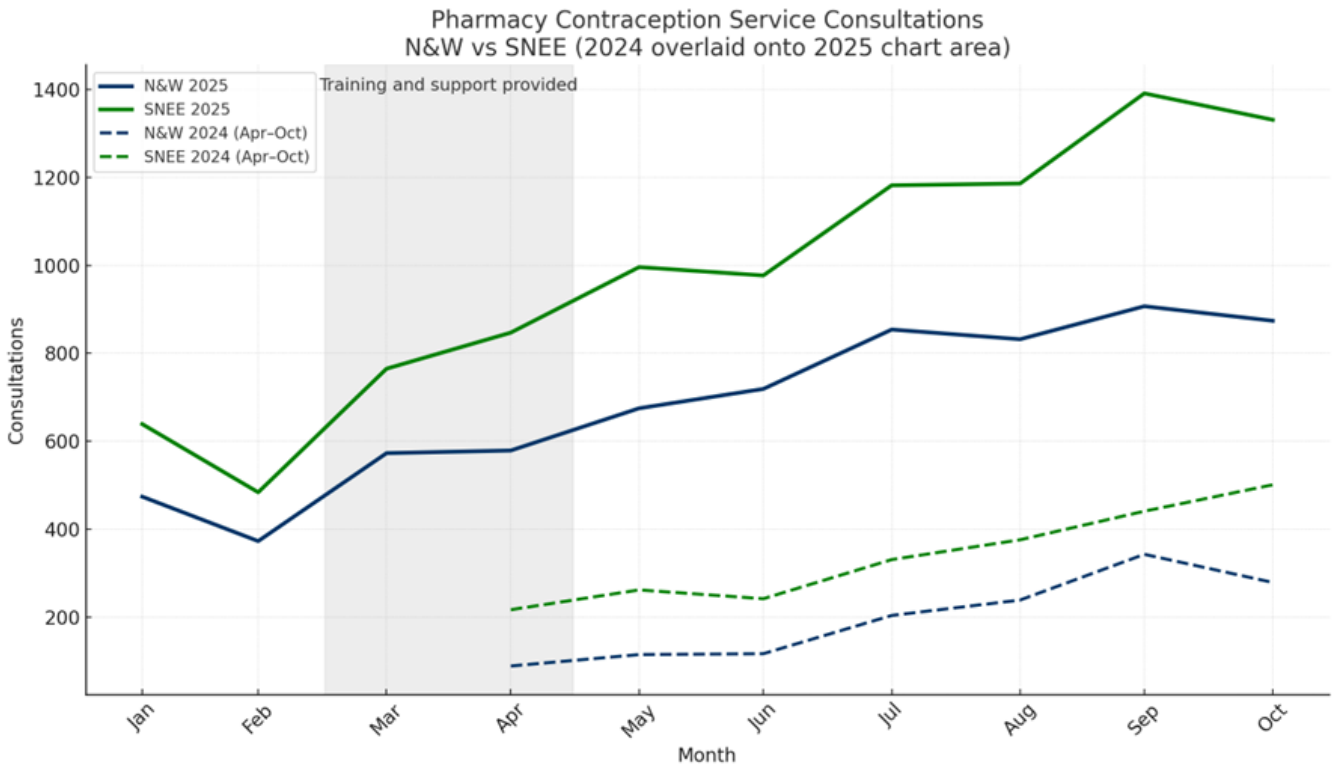
This pattern suggests that local training, confidence-building activity, and targeted promotion have translated into meaningful increases in service uptake, with particular growth N&W, which started from a lower baseline level than SNEE.

Area	Apr–Oct 2024	Apr–Oct 2025	Absolute Change	% Change
England	185,074	538,240	+353,166	+190.8%
East of England	15,960	53,132	+37,172	+232.9%
Norfolk & Waveney	1,386	5,440	+4,054	+292.5%
Suffolk & North East Essex	2,370	7,910	+5,540	+233.8%

The chart below illustrates a sustained increase in Pharmacy Contraception Service consultations across both Norfolk & Waveney and Suffolk & North East Essex during 2025, with activity consistently exceeding the equivalent months of 2024. The shaded period in mid-March to mid-May marks the window in which targeted training, CPPE events, and practical support were delivered to pharmacy teams, and the subsequent uplift in consultations aligns closely with this intervention. Both ICBs show steeper growth

curves after this training phase, suggesting that the focused support increased service confidence, consistency, and patient uptake.

The boosted social media promotion as well as an awareness raising of the “bundling” requirement for all three PCARP services may have also had an impact in June 2025.



Discharge Medicines Service (DMS)

The Discharge Medicines Service (DMS) continues to play a vital role in ensuring continuity of medicines use and patient safety during transfer from hospital to community settings. It is an Essential Service, meaning it is a mandatory part of the Community Pharmacy Contractual Framework. The publication of the NHS 10 year plan Cleary presents an opportunity linking to the key theme of Hospital to Community care.

Integrating safer transfers of care between hospital and community pharmacy

Across Norfolk, Suffolk, and North East Essex, this strand of the project focused on supporting Trusts to embed DMS referral processes, increase awareness among staff, and strengthen collaboration with community pharmacies.

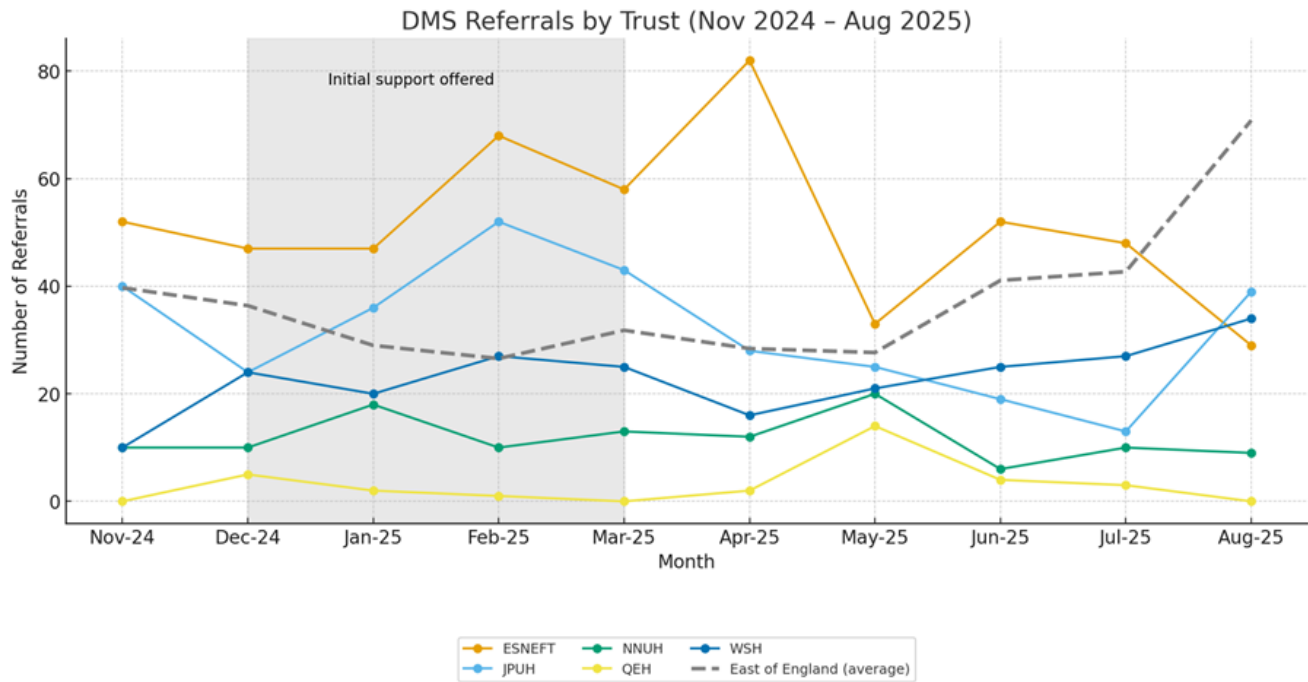
The DMS workstream built on previous success in SNEE, where a similar DMS project was delivered by Suffolk LPC in 2023/24, focused on increasing referrals from Trusts and uptake/completion by pharmacies.



The original **SNEE Pharmacy Integration Project Report (May 2024)** highlighted that while all three SNEE acute trusts were live for the DMS, referral numbers remained low and delivery across community pharmacies was somewhat inconsistent. The report demonstrated that locally coordinated support from the LPC significantly improved referral completion rates and patient outcomes, showing the importance of direct facilitation, clear communication between hospital and pharmacy teams, and access to robust data. It also identified several priorities for future work: increasing referral volumes through ongoing engagement with Trusts, improving data visibility via PharmOutcomes, using population health insights to target patient groups most likely to benefit, and embedding the service as a routine part of discharge care. These findings directly shaped the next phase of work; continuing focused support within SNEE while extending the approach into Norfolk and Waveney.

Commissioning Teams at both ICBs were integral to making introductions between Trust lead pharmacists and CPNS, providing constructive challenge, and reinforcing expectations with Trust Chief Pharmacists. Their involvement helped maintain momentum, unlock engagement, and ensure that DMS remained a shared system priority rather than community pharmacy teams alone.

Data and feedback continued to demonstrate a need for active engagement and liaison between Community Pharmacies and Trust in order to strengthen hospital-to-pharmacy referral pathways, improve acceptance and completion rates, and develop technician-led models. Engagement with five acute and mental health Trusts showed varying readiness but clear progress.

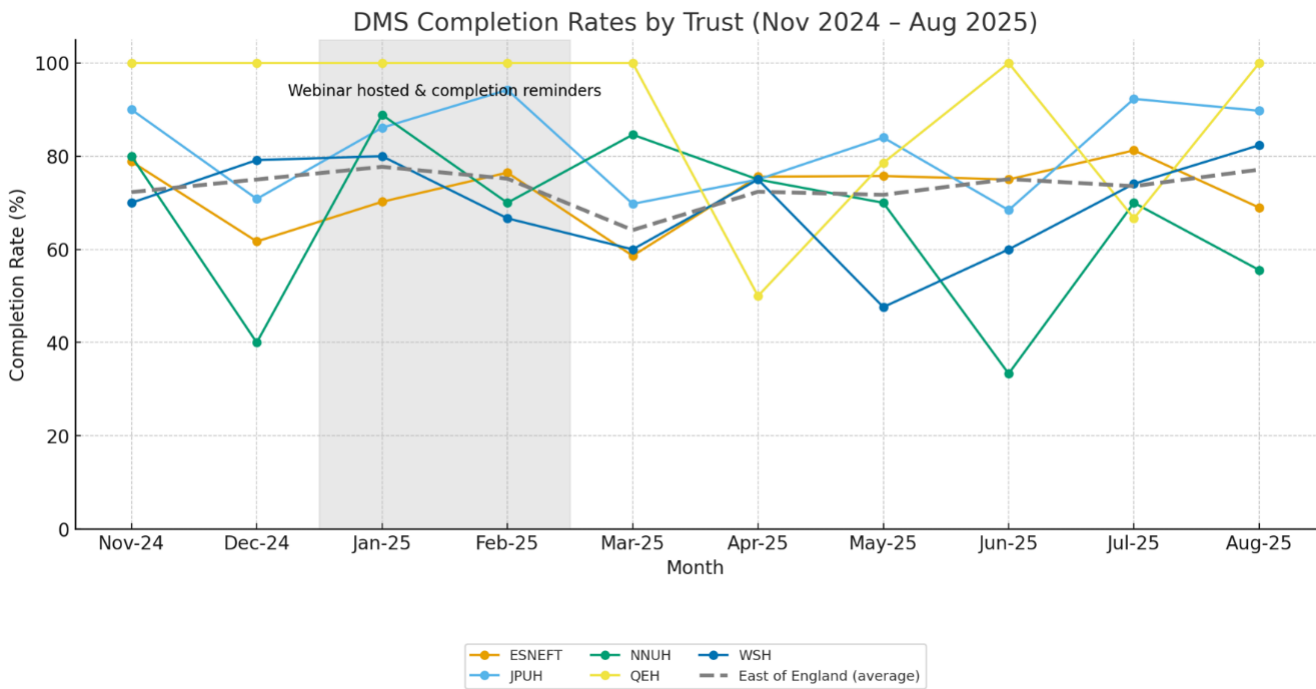


Recurring barriers surrounded access to data by the project team, workforce constraints at the trusts, and IT interoperability between Trust systems and the Pharmacy Referral system, meaning there was variance in the way referrals were sent, with some methods more time consuming. Pharmacies were not always aware of referrals, as many did not receive them often enough to be part of their routine business, nor did some understand if and how feedback on referrals were viewed at the Trusts.

Examples of positive impact from the discussions and support to the Trusts include: West Suffolk Foundation Trust retaining its PharmOutcomes license and expanding technician roles; ESNEFT refreshing SOPs and increasing referrals; EPUT integrating DMS into mental health teams; and JPUH maintaining a national best-practice technician-led model.

A webinar was hosted in January 2025, which was well attended and included Guest Speaker Kelly Pryke, from James Paget University hospital, who explained the service value from Trust, and patient safety perspectives, as well as covering the practicalities for pharmacies on how to complete referrals through all stages. Following this training and awareness session, where data on referrals was available, pharmacies were prompted to pick up and complete referrals. An improvement in completion level of the referrals was seen during this time (as shown on the chart below) but unfortunately access to data on referrals made was lost during spring 2025, meaning outcome data was not available, and further support to the pharmacies was thence limited.

The loss of access to data highlighted a fundamental issue around data sharing agreements and how ICBs and Trusts could improve digital access and monitoring.



As the chart above shows, Pharmacies showed an improved completion rate during the support period, however variability in number of referrals and regularity still remains a barrier to incorporating DMS referrals into day to day processes.

Outcome: Improved medicines reconciliation, fewer unaccepted referrals, and greater understanding by both Trust and Community Pharmacy teams of the value of DMS in safer transitions of care.



Service Promotion and Communications

A key goal of the project was to raise public and partner awareness of the services offered by community pharmacy.

A coordinated communications plan combined printed and digital promotion, event branding, social media advertising, and direct engagement through newsletters and webinars. This reflected contractor feedback emphasising the need for accessible communications and high-visibility materials.

Printed and Event Materials included A2 posters, A4 leaflets, counter cards, pull-up banners for CPPE and ICB events, and GP referral prompt cards. Visual branding was consistent across both ICBs.

Social Media Advertising

Between March and May 2025, CPNS ran six “boosted” Facebook campaigns promoting Pharmacy First, Hypertension, and Contraception services. Combined reach was 51,730 people, with 94,598 total views and cost-efficiency of £0.014 per person reached. The ‘All Conditions’ Pharmacy First advert was most successful, reaching 44,847 people. This provided some clear learnings on funded social media advertising which will help inform future promotion of pharmacy services.

Patient feedback

Patient feedback on Pharmacy First remains highly positive, both nationally and locally. The June 2025 Healthwatch England report, *One Year On – How Pharmacy First is Working for Patients*, found that around 86 percent of patients rated their experience positively, praising the speed, accessibility, and professionalism of pharmacists. However, awareness of the service was often low before patients attended, and about one in ten patients expressed concerns about privacy or lack of follow-up advice. Similar themes appear in Norfolk and Waveney, where limited Friends and Family Test responses reflect high satisfaction with pharmacist care.

Comments posted to the *Community Pharmacy Norfolk & Suffolk (CPNS) Facebook page* show strong public support for Pharmacy First, with many comments praising quick access and friendly, knowledgeable staff. A few noted uncertainty about which pharmacies were participating or what to do if their chosen site could not provide treatment.

Representative comments included:

- “I went into my local pharmacy for a sore throat and was seen within minutes – no GP appointment needed.” (*CPNS Facebook comment, March 2025*)
- “Great service – pharmacist was thorough and I got the medicine I needed straight away.” (*CPNS Facebook comment, April 2025*)

- “Didn’t know this service existed until I saw your post – really useful!” (CPNS Facebook comment, February 2025)

Overall sentiment expressed on social media seems to mirror national findings- patients value the accessibility and professionalism of Pharmacy First, while highlighting the need for clearer signposting and consistent service availability across all pharmacies.

The combination of national survey data, local qualitative feedback, and social media commentary has provided a more rounded understanding of patient experience. Together, these sources highlight both areas of strong performance—such as awareness and confidence in pharmacy services—and continuing challenges around privacy in consultation spaces and the consistency of safety-netting advice. The emerging picture shows that triangulating national and local data gives commissioners and CPNS a clearer view of equity of access and demonstrates the growing public confidence in pharmacy-led clinical care.

Stakeholder feedback

Feedback from GP practices and system partners shows increasing understanding and appreciation of Pharmacy First and other integrated pharmacy services. Practices with established relationships reported that referrals to community pharmacies have “*drastically reduced appointments, especially for UTIs,*” and found the service “*extremely beneficial*” when communication was good (feedback from West Norfolk PCNs). Where joint training sessions were held, practice staff were positive about the referral process and confident to implement it, though follow-up and feedback loops were often limited. Practices valued clear guidance on eligibility and referral criteria but identified barriers such as variable pharmacist availability, complex electronic referral systems, and uncertainty about which pharmacies were live.

PCN pharmacy leads, who attended meetings with the CPNS team, expressed strong support for the service’s aims, noting improved collaboration and growing confidence among independent prescribers. They also emphasised the importance of continuing to promote hypertension and contraception referrals, even though these PCN roles are no longer formally commissioned they acted as an important feedback source during the first half of the project.

Hospital pharmacy teams, particularly within the acute trusts, reported a better understanding and appreciation of DMS following targeted engagement sessions. They noted that relationships with community pharmacies had strengthened, with improved clarity on referral pathways and patient follow-up. ICB colleagues were supportive, recognising the service as aligning with PCARP ambitions and reducing pressure on urgent care, but emphasised the importance of continued workforce development and interoperability improvements to sustain growth.

Collectively, the feedback across the system shows a clear cultural shift toward shared ownership of pharmacy integration, balanced by recognition that administrative processes, awareness, and data connectivity still require coordinated local action.



Contractor Feedback

Contractor feedback was gathered via visits, calls and follow-up phone calls with pharmacies, targeted using activity data to ensure a wide range of views and service delivery models were explored. Over 50 pharmacies received visits or calls with later follow-up. These visits and calls provided valuable insight into how Pharmacy First and wider integration initiatives are working in practice. Most contractors reported growing confidence in delivering clinical services, particularly as familiarity with referral systems and pathways has improved.

Pharmacists and their teams consistently praised the accessibility of CPNS support and the clarity of training materials, noting that resources such as webinars and digital guides had made implementation smoother. Many emphasised the positive impact on patient relationships, with one pharmacist describing the service as “a chance to show what we’re capable of beyond dispensing.” However, recurring challenges were identified: time pressures, limited staffing, and the administrative workload associated with referrals remain the main barriers to further expansion.

Contractors concerns highlighted variation in referral quality and frequency from GP practices, resistance of patient to use ABPM monitors and issues with transferring data, with some expressing frustration that systems interoperability still prevents seamless collaboration.

Overall, feedback reflected a constructive and forward-looking attitude, with pharmacies keen to sustain and grow their clinical offer provided that support, communication, and operational stability continue to improve. Many barriers identified will require continued systemic change to operating models or national support (in particular around IT and service specifications) or were more fundamental, such as development of estates and workforce alongside long-term funding sustainability.

2024 vs. 2025 Contractor Survey

The 2025 Norfolk and Suffolk Pharmacy Team Survey received 53 responses, compared with 44 in 2024, representing 47 unique pharmacies this year against 37 last year—a 27% increase in reach. Responses came from a wider mix of providers, with a notable rise in independent and small-chain participation. Duplication from single branches reduced, showing broader geographical and organisational coverage of feedback across Norfolk and Suffolk.

The respondent profile also widened, with more non-pharmacist roles responding, particularly dispensers, checking technicians, and non-pharmacist managers, indicating that LPC communications and project activity are now reaching beyond the usual Pharmacist and contractor roles. This broader engagement reflects the increased visibility and accessibility of the LPC’s work during the past year thanks to the project funding, and the growing recognition of the support offer among all members of the pharmacy team.

Next Steps

CPNS has committed to supporting the following actions beyond the life of this project:

Discharge Medicines Service support

Continue to liaise with Secondary care Trusts on quality and consistency of Discharge Medicines referrals and pharmacy completion. This falls within the remit of our statutory duties as a representative body.

Patient awareness and communications

Continue to work alongside ICB comms teams to develop and support patient messaging and awareness of PCARP services, exploring which methods have most impact while providing value for money and time from our Committee resources.

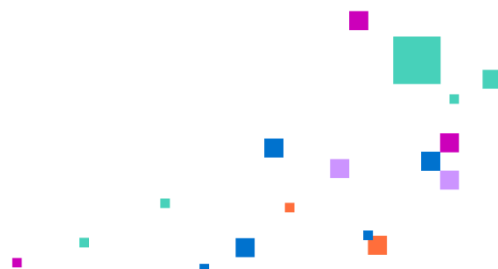
Alongside the 'Help us Help You' communications theme, we will increasingly provide Community Pharmacy Teams and key stakeholders with the resources, knowledge and encouragement to better promote their own services within their own communities and neighbourhoods.

Workforce – Technicians

Deliver a Pharmacy Technician CPD session in partnership with CPPE and the N&W Pharmacy commissioning team. Additional events are expected as a core CPPE offer in SNEE which will also be promoted. Both events represent and reinforce a CPNS aim to develop the Pharmacy Technician workforce and highlight future opportunities to develop the skill-mix of the whole pharmacy team.

Workforce – Independent Prescribing

Although Independent prescribing (IP) has not so far been utilised in the services included in the project, it would be remiss not to mention the future opportunities that IPs may present for future nationally and locally commissioned pharmacy services. The growing proportion of pharmacists with an IP qualification and the prospect of newly qualified pharmacists graduating with prescribing capabilities offers a major opportunity to expand clinical care capacity across primary care networks. However, realising this potential depends on system-level coordination. Local workforce plans led by the ICB pharmacy and workforce teams will need to align commissioning opportunities with structured supervision and mentorship arrangements, ensuring an adequate supply of Designated Prescribing Practitioners (DPPs) across both community and primary care settings. In parallel, there remains an interdependency with the upskilling of the existing workforce, supporting experienced pharmacists to gain prescribing qualifications and to practice safely within new service frameworks. Embedding IP capability within community pharmacy contracts will require careful planning but offers transformative benefits for patients, enabling timely access to clinical decision-making and more seamless continuity of care within integrated neighbourhood teams.



Conclusions

The Community Pharmacy Integration Project has demonstrated both the appetite and the capacity for community pharmacy teams to play a central contribution to the delivery of the ambitions of the NHS Long Term Plan and the Primary Care Access Recovery Plan.

Across Norfolk, Suffolk and North East Essex, partnerships have strengthened, digital pathways have begun to take shape, and Contractors are increasingly confident in their clinical delivery. The project has also underlined that true integration depends on continued collaboration, interoperability of IT, shared data, and sustained investment in workforce development, both within commissioning teams and in embedding the skills of pharmacy teams in service delivery. Digital interoperability in particular remains a national as well as a local challenge, and continues to sit firmly at the forefront of system planning.

Service readiness and participation were strong. By the end of the project, 94% of pharmacies locally were signed up to all required PCARP services, exceeding the England average of 87%, indicating that pharmacy participation was not a limiting factor to delivery.

Pharmacy First clinical pathway activity increased significantly year on year. Between April and September 2025, activity increased by 53.2% in Norfolk and Waveney and 36.3% in Suffolk and North East Essex compared with the same period in 2024. This compared favourably with the East of England average increase of 46.0%, with Norfolk and Waveney in particular outperforming the regional trend.

Hypertension Case Finding delivery support focused on conversion of clinic checks to Ambulatory Blood Pressure Monitoring (ABPM). During 2025, BP clinic checks maintained a stable growth pattern (20-23%) while ABPM activity increased by 125% in Norfolk & Waveney and 109% in Suffolk & North East Essex, following targeted training and data-led support, supporting more clinically appropriate diagnostic pathways.

The Pharmacy Contraception Service demonstrated the strongest relative growth of all workstreams. Nationally, consultations increased by 191% between April–October 2024 and the same period in 2025. Growth in the East of England reached 233%, while Norfolk and Waveney recorded a 293% increase and Suffolk and North East Essex a 234% increase, placing both systems well above the England average.

Discharge Medicines Service activity showed more variable quantitative progress, reflecting system constraints. Where data was available, referral completion rates improved during periods of focused Trust engagement and training, particularly within technician-led models. However, inconsistent referral volumes and loss of data access during 2025 limited sustained measurement of outcomes.

The feedback provided from ICB stakeholders, General Practice, Pharmacy teams and patient feedback provide a strong foundation for supporting the development and future commissioning of clinical services in a Community pharmacy setting. Time and support will be needed to facilitate the continued evolution of community pharmacy from a supply function into a fully integrated Primary Care partner within the NHS. Maintaining this momentum will be essential to ensuring that pharmacy continues to deliver accessible, preventative, and high-quality care for the communities it serves.

Over the project year, more than 300 pharmacy professionals were supported through webinars, CPPE events, on-site visits, and digital resources, with increasing engagement from non-pharmacist roles, indicating a shift toward whole-team service delivery.

Public awareness activity achieved a high reach at relatively low cost. Targeted social media campaigns promoting Pharmacy First, Hypertension, and Contraception services reached over 51,700 local residents, generating 94,598 views at a cost of approximately £0.014 per person reached, demonstrating value for money in population-level promotion.





Recommendations

As the Community Pharmacy Integration Project draws to a close, it is clear that the progress made this year must not mark the end of collaborative pharmacy integration efforts. The project has shown what can be achieved when local leadership, consistent communication, and shared ambition align. However, the work of embedding community pharmacy fully within integrated care pathways remains ongoing. Sustained progress will require an ongoing commitment, underpinned by strong leadership, from both Integrated Care Boards (ICBs) and the Local Pharmaceutical Committee (LPC) to maintain and expand upon the progress built through this project.

Without ongoing coordination, there is a risk that momentum will dissipate, particularly in areas such as data alignment, technician workforce development, and cross-sector communication, all of which are vital to achieving the ambitions of the NHS 10-Year Plan.

The opportunities and challenges presented by moving to an Integrated Neighbourhood Team model inevitably includes questions around consistency and deliverability of services.

Priorities for Future Delivery

The priorities set out below are intended to support a pragmatic, phased approach to future commissioning of community pharmacy services. They reflect learning from delivery over the past year, emerging system pressures, and the need for consistency as Integrated Neighbourhood models develop. Collectively, they highlight where commissioning levers, provider engagement, and representative insight can most effectively align to sustain momentum, reduce variation, and embed community pharmacy as a routine part of integrated care pathways.

Short-term priorities (0–6 months)

- Maintain targeted training and data-led contractor support across priority services, focusing on Pharmacy First, Hypertension Case Finding, and Contraception.
Risk if not implemented: Recent gains in delivery may plateau or regress, particularly in services that remain confidence- or workflow-dependent.
- Continue structured engagement with GP practices and urgent care settings to clarify referral expectations and capacity assumptions.
Risk if not implemented: Community pharmacy capacity will remain underutilised, and inconsistent referral behaviour will continue to limit investment as well as system impact.
- Develop and implement a joint community pharmacy communications strategy with the LPC, aligning patient-facing promotion, professional messaging, and system communications across priority services.
Risk if not implemented: Messaging will remain fragmented, reducing the impact of future service launches and limiting public and professional understanding of community pharmacy's clinical role.

Medium-term priorities (6–18 months)

- Embed routine, interoperable digital referral pathways across Pharmacy First and Discharge Medicines Service workflows.
Risk if not implemented: Manual workarounds will increase variation of activity, constraining scale, increasing administrative burden, and undermining confidence in pharmacy responsiveness.
- Establish and maintain regular joint system forums to review community pharmacy service delivery data, share outcomes, and identify new opportunities for integration across primary and secondary care.
Risk if not implemented: Learning will remain siloed, opportunities for scaling successful models will be missed, and integration activity will continue to rely on informal relationships rather than system-wide mechanisms.
- Encourage DMS technician-led and team-based delivery models, within hospital referral pathways.
Risk if not implemented: Workforce capacity constraints will continue to limit DMS expansion and resilience.

Long-term priorities (18+ months)

- Secure robust data-sharing arrangements and system-wide reporting visibility for community pharmacy services.
Risk if not implemented: Commissioning decisions will continue to be made with partial insight, limiting the ability to target investment, evaluate impact, or sustain improvement.
- Align future commissioning with a long-term strategy for embedding community pharmacy within integrated neighbourhood teams.
Risk if not implemented: Community pharmacy will remain positioned as an adjunct rather than a core primary care partner, limiting its contribution to prevention, access, and system resilience.



Next steps and enquiries

The LPC welcomes further discussion on the findings of this report and their application to future commissioning and service development. Enquiries can be directed to:

Norfolk & Suffolk Local Pharmaceutical Committee

Email: info@CPNS.org.uk