



**The Role of Canadian & USA
Community Pharmacies as
Healthcare Hubs in
Underserved Communities**



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Research Question

Pharmacies are very often located in the heart of communities and can be an accessible source of public health, lifestyle, healthy living support, screening, long-term condition management and prevention advice to their local neighbourhoods and communities.

This Fellowship report explores the role of community pharmacies as healthcare hubs in underserved communities across the USA and Canada. The research centred on the following areas

- The types of clinical services provided by each community pharmacy
- The role of onsite automation and hub & spoke services
- The scope of practice of pharmacist independent prescribers
- The use of screening and diagnostic tools
- The remit of pharmacy technicians within community pharmacy services
- The provision of public health services.

Furthermore, relevant healthcare policy, health service funding, regulatory standards and legislative drivers influencing and enabling the delivery of community pharmacy services were identified within each of the countries visited.

Findings

Further expansion of GB community pharmacy services including vaccination, minor ailments, common clinical conditions, Pharmacy First, hypertension case finding, and independent prescribing could improve access to healthcare on high streets. Enabling factors might include the adoption of automation including hub and spoke, GB legislation, digital integration, electronic health records (eHRs), AI scribes, initial education and training, continuing professional development and collaboration with other neighbourhood primary care HCPs.

Glossary

Term	Meaning	Term	Meaning
A&E	Accident and Emergency	IM	Intramuscular
ACA	Affordable Care Act	IMD	Indices of Multiple Deprivation
ACPE	Accreditation Council for Pharmacy Education	INR	International Normalised Ratio
AI	Artificial Intelligence	IP	Independent Prescriber
CDS	Clinical Decision Support	IPP	Inclusive Pharmacy Practice
COPD	Chronic Obstructive Pulmonary Disease	LTC	Long Term Conditions
CPCF	Community Pharmacy Contractual Framework	MECC	Making Every Contact Count
CPD	Continuing Professional Development	MTM	Medication Therapy Management
CPPCC	Community Pharmacy Primary Care Clinic	NHSE	NHS England
CVD	Cardiovascular Disease	NMS	New Medicine Service
CYP	Children and Young People	OBR	Office of Budget Responsibility
DEA	Drug Enforcement Administration	PANS	Pharmacy Association of Nova Scotia
DMS	Discharge Medicines Service	PBM s	Pharmacy Benefit Managers
E&T	Education and Training	PEBC	Pharmacy Examining Board of Canada
ECAPS	Equitable Community Access to Pharmacist Services	PF	Pharmacy First
eHC	Emergency Hormonal Contraception	PG	Pharmacogenomic
FDA	Food and Drug Administration	PGD	Patient Group Directions
GB	Great Britain	PH	Public Health
GDP	Gross Domestic Product	PharmD	Doctor of Pharmacy
GP	General Practitioner	PoCT	Point-of-Care Test
HCP	Healthcare Professionals	PreP	Pre-Exposure Prophylaxis
eHR	Electronic Health Records	PT	Pharmacy Technician
HbA1c	Haemoglobin A1c Test	RSV	Respiratory Syncytial Virus
HIV	Human Immunodeficiency Virus	S/C	Subcutaneous
HPV	Human Papilloma Virus	SPR	Single Patient Record
HRT	Hormone Replacement Therapy	TDAP	Tetanus, Diphtheria, Pertussis Vaccine
ICB	Integrated Care Board	UK	United Kingdom
ICS	Integrated Care System	USA	United States of America
IE&T	Initial Education and Training	UTI	Urinary Tract Infection

Executive Summary

Great Britain (GB)

Community pharmacies are essential to the GB (GB will be used throughout this report as pharmacy regulation is aligned across England, Scotland, and Wales) healthcare system, offering accessible clinical services such as public health advice, minor ailments, common clinical conditions, pharmacist independent prescribing, health screening, vaccination, counselling, and medicines optimisation. Pharmacists and pharmacy technicians play key roles as the first point of contact and access in neighbourhood health teams, helping to relieve pressure on the wider health system.

As of 2023, research showed that **91.7% of people lived within a 20-minute walk** of a community pharmacy, showing a slight increase from 2014. Access is positively correlated to urbanity and underserved communities.

We know that 1 in 5 people in GB will live with a long-term health condition by 2040, up from < 1 in 6 in 2019. Nearly 1 in 5 children leave primary school with obesity therefore the expanding role of pharmacy teams in long-term condition management will be vital over the next ten years.

The **NHS Fit for the Future Plan** emphasises pharmacies as healthcare hubs, promoting their neighbourhood health service remit in managing long-term conditions and preventive public health services like vaccinations.



Key 10-year plan pharmacy initiatives include:

- Optimising pharmacist prescribing roles in the management of long-term conditions (LTCs), complex medication regimes, and treatment of obesity, high blood pressure and high cholesterol.
- Expanding prevention, vaccination and screening services.
- Integration with the Single Patient Record (SPR) for seamless care.
- Offering more clinical services as part of a Neighbourhood Health Service.
- Providing women's health services including emergency hormonal contraception (eHC) and contraception.

Historically, the **Community Pharmacy Contractual Framework (CPCF)** has focused on outcomes over service volume, enhancing pharmacies as first points of contact for public health advice, minor illnesses and common clinical conditions. The recent launch of the **Pharmacy First (PF)** service for minor ailments and urgent repeat prescriptions enables the expansion of community pharmacy in primary care.

Reforms in **pharmacist initial education and training (IE&T)** aim to empower pharmacists in independent prescribing and managing common clinical conditions and long-term conditions. A new 10-year **workforce plan** will consider future workforce needs in line with health reforms.

Scotland and Wales have successfully integrated independent prescribing services across the community pharmacy estate with the **Welsh Government estimating that by 2030** all community pharmacies in Wales will employ an independent prescriber. Pilot programmes are currently testing **independent prescribing (IP)**, chronic disease management, **point of care testing (PoCT)** and health screening services in England.

Recent changes to legislation and regulation will expand the scope, roles and responsibilities of the **pharmacy technician** profession and support enhanced use of **hub and spoke** automation.

Community pharmacies are pivotal in enhancing **public health** through diverse services, rigorous training, and evolving legislation. Their integration into the broader healthcare system is crucial for improving healthcare access and quality of care in local communities.

Canada

Community pharmacies are essential to Canada's healthcare system, offering accessible health services and medications. The **number of pharmacies** varies by province, with an average of 2.0 to 3.3 per 10,000 people. Quebec pharmacies operate a median of 75 hours weekly, while Manitoba pharmacies average 53 hours. Pharmacies are more prevalent in less affluent areas and in regions with a higher elderly population. Many Canadian commentators have suggested the Covid-19 pandemic highlighted pharmacists' capabilities in providing clinical services.

Canadian community pharmacy policies are governed by federal and provincial regulations. **Health Canada** oversees pharmaceutical safety and efficacy, while provinces set specific practice guidelines. Recent initiatives in **Ontario** and **Nova Scotia** aim to enhance pharmacists' **scopes** and roles, allowing them to prescribe medications and in Nova Scotia operate **community pharmacy primary care clinics (CPPCC)**. **Care Clinics** have recently been introduced in Ontario and other provinces providing greater access to specialist community pharmacy care for patients with LTCs such as diabetes.

Newly qualified pharmacists in Canada typically hold a **Doctor of Pharmacy (PharmD) degree** and must complete an internship and **national exam**. Continuous professional development is required to maintain competency. Ontario mandates a **Quality Assurance Program** to ensure healthcare professionals meet public care standards.

Canadian community pharmacies provide a range of clinical services, including:

- Medication Therapy Management (MTM)
- Minor ailment assessing and prescribing
- Vaccination services
- Chronic disease management (asthma, COPD, diabetes, mental health and CVD)
- Point-of-care testing and health screening
- Injection administration (IM and S/C).

Canadian pharmacy regulation is set at provincial level, with bodies like the **Ontario College of Pharmacists** overseeing practice standards, licensing, and compliance.

Key legislative frameworks include the **Food and Drugs Act** and the **Controlled Drugs and Substances Act**, which define pharmacy operations and the handling of pharmaceuticals. Recent changes in many provinces such as **Ontario** and **Nova Scotia** have expanded pharmacists' scopes and roles. The Pharmacy Association of Nova Scotia (PANS), in partnership with the Government of Nova Scotia and Nova Scotia Health, is piloting **new community pharmacy primary care clinics (CPPCC)** at select pharmacy locations. The pharmacist-led clinics provide an extended suite of pharmacy primary care services at no charge to people with a valid Nova Scotia Health Card. The services include assessment and prescribing for strep throat, urinary tract infections, chronic disease management (diabetes, asthma, COPD, CVD, mental health), and prescription renewals for all medications. Clinics are located in areas with the highest number of people without a family doctor.

The community pharmacy landscape in Canada is evolving, with pharmacists and pharmacy technicians increasingly recognised as vital healthcare team members. Future developments are expected to enhance pharmacy services, optimise professional scope and promote interdisciplinary collaboration to better meet public health needs.

United States of America (USA)

The United States has a **complex healthcare system** with a mix of public, private, nonprofit, and for-profit insurers, healthcare institutions and organisations, and providers. Community pharmacies are essential in providing medication dispensing, patient education, and health services like vaccination and health screening/testing. The **Community Pharmacy Enhanced Services Network (CPESN)** is a clinically integrated network of community pharmacies (mostly independent) providing core and enhanced pharmacy services.

Community pharmacies across the USA serve as key access points to primary care but face a significant threat, with some estimates indicating a **20%-30% closure rate** in 2025 according to surveys of pharmacy owners. **Nearly one in three retail pharmacies** in the USA closed between 2010 and 2021, driving an unprecedented decline in pharmacies. More recent estimates, between 2017 and 2025, suggest a 15% net loss of community pharmacies.

A majority of the US population **lives within a few miles** of a pharmacy, but 8.3% of counties have over 50% of residents more than 10 miles away, primarily in rural areas like Alaska and the Dakotas.

US community pharmacy policies are influenced by federal and state regulations, including **Drug Enforcement Agency (DEA) rules** and the **Affordable Care Act (ACA)**, which broaden access to healthcare services. The **Equitable Community Access to Pharmacist Services (ECAPS) Act** will, if passed, allow pharmacists to test and treat certain conditions, enhancing their role in patient care and enabling reimbursement for such services.

US pharmacists must earn a **Doctor of Pharmacy (PharmD) degree**, typically involving at least six years of education. **Continuing education** is required to maintain licensure and ensure up-to-date knowledge.

Community pharmacies in the **US now provide a range of services** beyond dispensing, including:

- Medication therapy management (MTM) and medicines adherence
- Vaccination
- Point of care testing and treatment for various illnesses
- Health screening and wellness classes
- Chronic disease management (diabetes)
- Compliance packaging and multi-dose packaging.

These services help improve patient outcomes and elevate the pharmacist's role across healthcare systems.

Pharmacies in the USA are regulated by their respective state boards of pharmacy which enforce their pharmacy practice acts. State boards of pharmacy in the USA are responsible for regulating pharmacy practice, licensing pharmacists and pharmacies, and ensuring public health and safety. The **Food and Drug Administration (FDA)** regulates the manufacture of medications and some compounding pharmacies.

Key recent legislation includes the **SUPPORT for Patients and Communities Act**, which addresses opioid prescribing and state laws regulating Pharmacy Benefit Managers (PBMs) to promote transparency in drug pricing and reimbursement, impacting community pharmacy operations.

Considerations for GB Pharmacy Practice

● Operational Delivery and Funding

The design and delivery of the Nova Scotia CPPCC long term condition (LTC) service model benefited from a multi-agency contracting approach between the pharmacy association, pharmacy regulator, educationalists, department of health and government departments. The **CPPCC service learnings and evaluation report** could inform future GB community pharmacy long term condition service models.

● Registered Healthcare Professionals

Changes in GB **pharmacist initial education and training (IE&T)** and **pharmacy technician Patient Group Direction (PGD) roles** will enable the workforce to provide a broader range of community pharmacy services. Optimisation of professional scope and roles driven by advances in technology, enhanced education and evolving service needs will see pharmacists and pharmacy technicians becoming more patient facing.

● Public Health

Community pharmacies in Canada and the USA offer vital **public health services**, including vaccinations, smoking cessation, weight management, and sexual health advice. **Recent changes in Ontario** will see further expansion of pharmacists' scope of practice to include 14 more minor ailments and the administration of a wider range of vaccinations. Similarly in GB, there is potential to expand community pharmacy **vaccination services**.

● Infrastructure and Accessibility

Community pharmacies across GB are typically located in accessible areas (**hyper-local**), allowing for easy public access to healthcare services. In Nova Scotia, CPPCC® clinics are located in communities with the highest number of people without a family doctor. When considering future GB LTC clinics, implementation plans could consider **indices of multiple deprivation (IMD)** and local neighbourhood or health system requirements.

● Workforce Development

Ongoing professional education, training and development by Canadian and US community pharmacy professionals was a prerequisite to ensuring the safe expansion of professional scopes and optimal long-term condition (**LTC**) service delivery. Providing access to **independent prescribing (IP)**, **LTC**, **PGD training** and ongoing training will guarantee the quality of service provision across the GB community pharmacy estate.

● Long-Term Condition Management

The NHS's "**Fit for the Future**" plan proposes the expansion of community pharmacist independent prescriber roles to manage LTCs. Canadian provinces have **proven the effectiveness** of such standalone LTC (asthma, COPD, CVD, mental health and diabetes) prescribing clinic models located within accessible high street community pharmacy premises demonstrating a similar approach could be adopted across GB.

● Making Every Contact Count

Canadian and US community pharmacists leveraged every patient interaction to promote and deliver pharmacy services, diagnostic screening, public health and prevention initiatives and in doing so **made every contact count (MECC)**. With the expansion of community pharmacy neighbourhood services, a similar approach could be adopted across GB.

● Primary Care

Community pharmacies can alleviate pressure on health systems by managing **minor ailments** and **common clinical conditions** and providing vaccinations without appointments. Expanding pharmacists roles to include **LTC management** clinics akin to the Nova Scotia CPPCC could enhance access to healthcare across local neighbourhoods.

● Population Health Data

System and neighbourhood **population health data** and **indices of multiple deprivation** could be used to identify health disparities, health inequalities and inform the design and development of culturally sensitive care pathways and community pharmacy service requirements.

● Diagnostics and Automation

Point-of-care (PoC) and **pharmacogenomic (PG) testing** assist in the delivery of Canadian and US preventive pharmacy services by identifying higher risk patient populations. Meanwhile the adoption of in-pharmacy automation and **central fill (hub and spoke)** has released time for patient-facing clinical services. **Hub and spoke (H&S) legislation** will enable off site dispensing across GB to allow community pharmacy teams to prioritise near patient pharmacy services.

● Health Inequalities and Underserved Communities

Canadian and American pharmacies play a crucial role in providing access to healthcare in underserved communities, particularly for “unattached” residents without GP access. Similar efforts to tackle **health inequalities** could be adopted by targeting **Core20Plus5** and **Core20Plus5CYP** priorities by community pharmacy teams within GB underserved communities.

● Neighbourhood Health Services

Recent NHSE neighbourhood plans advocate for **community pharmacy integration within neighbourhood health services**. Community pharmacy teams could support integrated pathways focusing on health promotion, public health, minor ailments, common clinical conditions, and **LCT management**.

● Digital Innovations

Ongoing advancements in GB digital technology will be crucial as community pharmacy services expand. Integrated electronic **single patient records (SPR)**, patient **medication/consultation records**, and an expanded use of **NHS App** functionalities will enhance care delivery and improve patient safety.

● Artificial Intelligence (AI)

Nova Scotia community pharmacy primary care clinic pharmacists indicated that **AI scribes** and clinical decision support (CDS) tools could reduce documentation burden, improve consultation efficiency and enhance clinical decision-making during long term condition community pharmacy consultations. Recent NHSE **guidance** offers high-level information to assist those adopting ambient scribing products that feature generative AI and **clinical decision support tools** for use across health and care settings.

● Hybrid Model

Canadian community pharmacies have adopted digital triage systems and landing pages to support interactions and communication with patients about their medicines and pharmacy services. GB community pharmacies are increasingly adopting **digital technologies** to enhance patient access, including remote consultations and **digital prescribing** thus providing rural populations, disabled and housebound patients greater access to healthcare services.

● Community Engagement

Pharmacy teams often **reflect the diversity of the populations they serve**, fostering trust and facilitating same-day care without appointments. The benefits of employing pharmacy staff from local communities enables effective communication and ensures the voice of the community is considered when designing and delivering new neighbourhood clinical services.

● New Legislation

Legislative changes across GB will broaden the range of services registered pharmacy technicians are able to provide by enabling them to **supply and administer medicines under a PGD**. Such changes will allow pharmacists to focus on patient-facing independent prescribing and LTC services. Furthermore, legislation to update the current rules on **pharmacy supervision** and delegation within a pharmacy or pharmacy service is due to take effect from January 2026 expanding the roles and responsibilities of pharmacy technicians further.

● Accident & Emergency (A&E) Prevention

Community pharmacies in Canada and the US were helping to manage minor ailments and injuries, **reducing unnecessary A&E visits** through effective triage. Triage of minor injuries and ailments to community pharmacies either through NHS 111, A&Es, or via GP surgeries are becoming more common place across neighbourhood health services. Eliminating these kinds of A&E attendances could help the UK Government meet current NHS **4-hour wait targets**.

● Social Prescribing

Community pharmacies have the potential to connect patients with a range of local social services and neighbourhood community groups by upskilling pharmacy teams in care co-ordination. Across **Canada** and **Australia** there is growing support for community pharmacy social prescribing services; additionally, in the USA, care co-ordination has recently been implemented by individual pharmacy teams.

Conclusion

The successful expansion of standalone **community pharmacy primary care long term condition clinics** in Canadian provinces like Nova Scotia demonstrate the importance of convenient and accessible community pharmacy healthcare hubs particularly in underserved neighbourhoods. Further expansion of GB community pharmacy services including vaccination, minor ailments, common clinical conditions, hypertension case finding, and independent prescribing could improve access to healthcare on highstreets. Enabling factors include the adoption of automation, GB legislation, digital integration, electronic health records (eHRs), AI scribes, initial education and training, continuing professional development and collaboration with other primary care HCPs.



British Community Pharmacy

Introduction

Community pharmacies play a crucial role across GB healthcare systems, providing accessible healthcare services, minor ailment advice, common clinical conditions services, pharmacist independent prescribing, health screening, medicines optimisation support and public health initiatives.

Recent [English community pharmacy geographical access](#) research identified that in 2014, 91.3% of people lived within a 20-minute walk of a community pharmacy and, in 2023, this number increased to 91.7%. There was a positive relationship between geographical community pharmacy access and deprivation.

The next section outlines the key aspects of community pharmacy service provision across GB, including current policies, educational requirements, service offerings, regulatory frameworks, and relevant legislation.

Policy Framework

The GB community pharmacy sector is guided by various policies aimed at improving public health and ensuring the delivery of high-quality healthcare services. The [NHS Fit for the Future: 10 Year Health Plan](#) emphasises the importance of community pharmacies as healthcare hubs, promoting the integration of pharmacy services within primary care. The plan encourages pharmacies to expand their roles in managing LTCs and delivering preventive services, such as vaccinations and health screening. It is thought that the NHS 10-Year Plan will significantly expand the [clinical responsibilities](#) of pharmacy professionals within primary care.

Key GB Guidelines, Programmes and Policies:



Community Pharmacy Integration Programme



Medium Term Planning Framework 2026/27 to 2028/29



2025/26 Priorities & Operational Planning Guidance



NHSE Neighbourhood Health Guidance



Fit for the future: 10 Year Health Plan for England

Fit for the Future: 10 Year Health Plan for England highlights the vital role for Pharmacy in Neighbourhood Health Services – bringing health to the heart of the high street and being referred to as “Healthy High Streets”. The plan points to Canada’s “Pharmacy Care Clinics” which provide services including support with minor ailments through to chronic disease management.

We know that **1 in 5 people in GB** will live with a long-term health condition by 2040, up from 1 in 16 in 2019. Nearly **1 in 5 children** leave primary school with obesity. In England **economic inactivity due to sickness has risen by half a million since 2020**. **The Office of Budget Responsibility (OBR) projects health spending will rise from around 8% GDP (2024 to 2025) to 14.5% of GDP (2073 to 2074)**. People in working class jobs, from ethnic minority backgrounds, or living in rural coastal areas or deindustrialised inner cities are more likely to experience worse NHS access and worse outcomes, and to die younger.

The plan states that over the next 5 years, community pharmacy will transition from being focused largely on dispensing medicines to becoming integral to the “Neighbourhood Health Service”, offering more clinical services.

Some of the pharmacy **services identified in the 10 year plan** include:

- Making pharmacies high street healthcare hubs where pharmacist independent prescribers will manage long-term conditions, complex medication regimens, obesity, high blood pressure, and high cholesterol treatment.
- Offering minor ailment support, vaccine delivery and screening for cardiovascular disease and diabetes.
- Delivering free emergency hormonal contraception by the end of 2025.
- Administering HPV vaccinations to women and young people who missed them in school from 2026.
- Being securely linked to the SPR to provide a seamless service – and give GPs sight of patient management and consultation notes.
- Enabling patient access to weight loss services and treatments, including GLP-1 medications.

The plan signposts to a modernisation of medicines dispensing by increased uptake of technology including dispensing robots, automation and hub and spoke dispensing models. **Digital transformation** and integrated neighbourhood services will be central to the expanding role of pharmacy teams in primary care.

The **NHSE Neighbourhood health guidelines 2025/26** aim to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care. This will be achieved by better connecting and optimising health and care resource through three key shifts at the core of the Government’s health mission:

- From hospital to community – providing better care close to or in people’s own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care
- From treatment to prevention – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health
- From analogue to digital – greater use of digital infrastructure and solutions to improve care

The **NHSE 2025/26 priorities** and operational planning guidance stresses the need for Integrated Care Systems (ICSs) to explicitly agree local ambitions and delivery plans for vaccination and screening services and services aimed at addressing the leading causes of morbidity and mortality such as cardiovascular disease and diabetes. Integrated Care Boards (ICBs) and provider trusts are expected to work together to reduce inequalities in line with the Core20PLUS5 approach and ensure plans reflect the needs of all age groups, including children and young people (CYP). The **NHSE Medium Term Planning Framework** outlines the optimisation of Pharmacy First service access, supply of emergency hormonal contraception (eHC), HPV vaccination, and the management of problematic polypharmacy.

Community pharmacies are one of the most accessible and trusted neighbourhood healthcare services. They are very often located in underserved communities or areas of greatest deprivation. Community pharmacies provide accessible and convenient vaccination, health screening, minor ailments and common clinical conditions services. **ICS pharmacist independent pathfinder prescribing pilots** are testing the delivery of long-term condition prescribing services in community pharmacy settings.

Historically the **Community Pharmacy Contractual Framework (CPCF)** was introduced to reform community pharmacy funding and service delivery, focusing on outcomes rather than volume. The Framework created a significant agreement outlining the services provided by community pharmacies in England. By expanding and transforming the role of community pharmacies it has made them the first point of contact for minor illnesses, common clinical conditions, and health advice. The CPCF covers essential services, advanced services, and clinical governance.

Recently, the addition of the England **Pharmacy First** service has built upon the **NHS Community Pharmacist Consultation Service**. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply. Launched in January 2024, the service adds to the existing consultation service and enables community pharmacies to complete episodes of care for seven common clinical conditions following defined clinical pathways.

The **advanced service** allows the management of common infections by community pharmacies through offering self-care, safety-netting advice, and supplying certain over-the-counter and prescription-only medicines via clinical protocol and patient group directions.

Furthermore, the **NHSE Pharmacy Integration Programme** aims to integrate pharmacy services within the broader health system, enhancing collaborative working with general practitioners and other healthcare providers. Recently, **NHS England** launched a **community pharmacist independent prescriber pathfinder programme** to explore how community pharmacist independent prescribers and their teams can deliver integrated clinical services by aligning prescribing activity with general practice and the population needs of local communities to enable innovative clinical services to be commissioned. The outcome of the programme will inform the design and delivery of future community pharmacy LTC prescribing services in England.

Community Pharmacies across **Scotland and Wales** have supported the development of pharmacist independent prescribing through the **Pharmacy First Plus** and the **Clinical Community Pharmacy Service**. **Pharmacy: Delivering a healthier Wales** had outlined plans for a formalised extended common ailments service for patients in every community pharmacy by 2030 ensuring there is at least one qualified Pharmacist Independent Prescriber (PIP) in every community pharmacy so that enhanced services can be consistently commissioned and universally delivered throughout Wales. The **Scottish Operational Improvement Plan** proposed to further expand the Pharmacy First Service, enabling community pharmacists to treat a greater number of clinical conditions and prevent the need for GP visits, with the first expansion occurring in November 2025. The **Community Pharmacy Scotland Manifesto** policy ambitions include a commissioned weight loss service, establishment of a national substance use service, diabetes and cardiovascular screening, women's health and further investment in NHS Pharmacy First Scotland. The Scottish Government **Health and Social Care Service Renewal Framework** focuses on four key priorities; people, prevention, quality services and access. Although the key elements are described at a

high level, it is anticipated each can include community pharmacy as a key part of the primary care landscape.

Education and Training

The **pharmacist initial education training (IE&T) reforms** including new **GPhC standards for initial education and training** for pharmacists will facilitate the “Fit for the Future” government mandate for greater use of community pharmacist independent prescribers managing common clinical conditions and LTCs. The new **IE&T standards** will support newly registered pharmacists to play a much greater role in providing clinical care to patients, including prescribing medicines and managing patients with LTCs.

The typical GB pharmacist training route includes:

1. **Undergraduate Degree:** a four-year Master of Pharmacy (MPharm) degree accredited by the General Pharmaceutical Council (GPhC).
2. **Foundation trainee training:** a minimum of 52 weeks of supervised practice in an approved setting. During this time, trainees must demonstrate that they meet all GPhC learning outcomes and participate in experiential learning.
3. **Registration Examination:** a requirement to successfully complete the GPhC registration exam to practice as a pharmacist.
4. **Post-graduate independent prescribing:** typically, a 6-month course and on completion pharmacists receive a practice certificate in independent prescribing for legacy pharmacists who have not completed the new IE&T courses.
5. **Continuing professional development (CPD)** is also mandatory, ensuring pharmacists stay updated with evolving practices and **revalidation and renewal** requirements.

Workforce Planning

In 2026, a new **10 Year Workforce Plan** will be published that is expected to take a different approach to the **previous workforce plan**. Instead of asking ‘how many staff will be needed to maintain the current care model over the next 10 years, it will consider professional roles and skills, the impact of the three shifts, and how the workforce plan will support the government growth and opportunity missions. The community pharmacy workforce will be central to the delivery of the 10-year Plan.

Services Offered

GB community pharmacies offer a diverse range of services beyond dispensing medications. Key services include:

- **New Medicines Service (NMS):** supports patients who have been newly prescribed a medication for an LTC.
- **Discharge Medicines Service (DMS/DMR):** optimises the use of medicines, reduce harm from medicines during transfers of care, improves patients' understanding of their medicines, and reduces hospital readmissions.
- **Medicines Care and Review Services:** Providing pharmaceutical care and support for those taking medication for long-term conditions.
- **Public Health Services:** including smoking cessation, hypertension case finding, health checks, sexual health and contraception services. In England, pharmacies can be classified as Healthy Living Pharmacies (HLF).
- **Minor Ailment Schemes:** allowing patients to receive treatment for common conditions without a prescription.
- **Pharmacy First Schemes:** enabling community pharmacies to complete episodes of care for common clinical conditions following defined clinical pathways.
- **Vaccination Services:** administering seasonal flu and Covid-19 vaccines plus other immunisations.
- **Health screening:** Some community pharmacies are piloting point-of-care lipid and diabetes HbA1c testing services.
- **Detection Services:** Atrial fibrillation detection services have been commissioned or piloted.
- **Independent prescribing services:** management of acute common clinical conditions and piloting chronic disease management.

Regulation

The regulation of community pharmacies across Great Britain is primarily overseen by the General Pharmaceutical Council (GPhC), which sets the standards for pharmacy education, training and practice. Regular inspections ensure that pharmacies comply with legal and professional standards, promoting patient safety and service quality.

Key Regulatory Aspects:

- **Professional Regulation:** the GPhC set standards for pharmacy professionals across GB. These standards apply to pharmacists and pharmacy technicians, whether they are responsible for a team or service, or are part of the pharmacy team.
- **Pharmacy Ownership Regulations:** the GPhC sets standards for registered pharmacies in GB to make sure that every pharmacy has the right environment for safe and effective care.
- **Education and Training:** the GPhC sets standards for the education and training of pharmacists, pharmacy technicians and the pharmacy team.
- **Fitness to Practice:** the GPhC investigates concerns and takes proportionate action to protect the public.

Legislation

Community pharmacies in GB operate under a comprehensive legal framework that governs their practice.

Key pieces of legislation include:

- The **Medicines Act 1968**: regulates the supply and administration of medicines in the UK.
- The **Pharmacists and Pharmacy Order 2007**: establishes the GPhC and outlines its role in regulating pharmacy practice.
- The **Health and Social Care Act 2012**: introduces reforms to the structure of the NHS, impacting how community pharmacy services are delivered.
- From **26th June 2024**, **registered pharmacy technicians** in England are able to supply and administer medicines under patient group directions (PGDs), following amendments made to the **Human Medicines Regulations 2012**. Registered pharmacy technicians in England have been given powers to supply and administer medicines under PGDs. This change in legislation will enable pharmacy technicians to expand their scope of practice with the relevant training and competency assessments.
- The **Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025** enables:
 - trained staff members to hand out prescriptions that have been checked and assembled without a pharmacist present
 - pharmacists to authorise pharmacy technicians to carry out the preparation, assembly, dispensing, sale and supply of medicines themselves and to supervise others doing so
 - pharmacy technicians to supervise the preparation, assembly and dispensing of medicines in hospital aseptic facilities.
- **Hub and spoke** is one of several important legislative and regulatory changes that will help to make community pharmacy dispensing more efficient and support capacity for the provision of patient-facing clinical services. The **legislation** came into force on 1st Oct 2025 and permits dispensing processes to be shared between different retail pharmacy businesses. The Government has laid amendments to the Human Medicines Regulations 2012 (HMR) in Parliament as the next step towards hub and spoke dispensing for community pharmacies. Currently only **Model 1: patient – spoke – hub – spoke – patient, will be permitted.**

Conclusion

The GB community pharmacy sector is a vital component of the healthcare landscape, characterised by evolving policies and legislation, rigorous education requirements, diverse service offerings, and a robust regulatory framework. Continued investment in community pharmacy services, pharmacist independent prescribing, digital integration, workforce development and automation will be essential for enhancing public health and improving access to healthcare in local communities.

Canadian Community Pharmacy

Introduction

Canada has a decentralised system of healthcare delivery and provincial insurance. Provinces and territories offer publicly funded programmes to help certain populations, such as seniors, children and those on social assistance, with the cost of prescription medication. In Ontario prescription medicines are funded through the provincial government health insurance plan. Many Canadians also rely on private insurance to cover additional services, particularly prescription medicines if the medicine is included in the **provincial drug benefit formulary**. Community pharmacies play a vital role in the Canadian healthcare system, providing accessible health services and medications to the public.

Research shows there are between 2.0 and 3.3 community pharmacies per 10,000 population in Canada, depending on the province. There are also provincial variations in the number of hours that pharmacies are open. Quebec pharmacies were open a median of 75 hours a week. In Manitoba, pharmacies were open a median of 53 hours a week. The per capita number of pharmacies and their total hours of operation at the Forward Sortation Area level tend to be higher in less affluent regions and in which the share of residents is aged 65 or older.

The **Covid-19 pandemic** revealed how knowledgeable and well-positioned pharmacists are in provision of clinical services to their local communities. Before and after the **Covid-19 pandemic** community pharmacy teams have managed the needs of physician “attached” and “unattached” Canadian patients. One study recommended additional services for “unattached” patients including mental health, addiction, lab testing and publicly funded immunisations. In Ontario pharmacists have now been given powers to **vaccinate, test and treat eligible patients for Covid-19**.

Although it varies by province, pharmacists in Canada have broad authority and **scope of practice**. Historically, **Alberta** was the first Canadian province to introduce a minor ailment service in 2007. Now in many provinces pharmacists can administer vaccines, prescribe minor ailment medications, provide smoking cessation services, administer injections, conduct health screening, order and interpret lab tests, and offer medication reviews. **Pharmacist prescribing** is but one strategy in a health care system where 1 in 5 patients does not have regular access to a family physician.

In Canada **minor ailments** are described as health conditions that can be managed with minimal treatment and/or self-care strategies. Additional criteria include:

- usually a short-term condition
- lab results aren’t usually required
- low risk of treatment masking underlying conditions
- no medication or medical history red flags that could suggest a more serious condition
- only minimal or short-term follow-up is required (allergies, cold sores or urinary tract infections).

Nova Scotia Department of Health and **Nova Scotia Health** have committed funding to support improvements to community pharmacy services. Community pharmacies in Nova Scotia are providing community **mental health care and addition services** as well as offering minor ailments, vaccination, smoking cessation and prescribing services for long term conditions. Standalone **CPPCCs** provide long term condition management services within community pharmacy premise footprints. Such community pharmacy primary care clinics have **demonstrated a range of benefits** including hyper-local access, positive experience, positive health outcomes, healthcare **affordability**, reduction in **emergency department attendance**, and have prioritised in underserved communities.

The **Ontario Pharmacists Association** believes that expanding the scope of practice for pharmacists is a positive step for healthcare in Ontario, by providing patients with improved access to healthcare services. Pharmacists have been allowed the opportunity to apply their skills and knowledge to help their patients and local communities.

The following section outlines the current landscape of community pharmacy in Canada, focusing on policy frameworks, educational requirements, service offerings, regulatory practices, and relevant legislation.

Policy Framework

The policy framework for community pharmacies in Canada is shaped by both federal and provincial guidelines. The federal government oversees pharmaceutical regulations through **Health Canada**, which ensures the safety, efficacy, and quality of medications. Provinces have the authority to establish specific policies governing pharmacy practice, including scope of practice, practice standards, and funding mechanisms for pharmacy services.

A recent Ontario **executive officer notice** outlined the enhanced role of pharmacists as healthcare providers, allowing them to prescribe minor ailment medications, administer vaccines, and conduct health assessments and medication reviews (**MedsCheck®**). More recently, the **government provided direction** to the Ontario College of Pharmacists to develop regulatory changes that would further expand pharmacists' scope of practice, enabling pharmacists to assess and prescribe for an additional 14 ailments.

In Nova Scotia, the **Pharmacy Association of Nova Scotia (PANS)**, alongside Nova Scotia Department of Health and the Government of Nova Scotia, have launched community pharmacy **primary care clinics** in 46 of the 318 pharmacies across the province. The clinics are located in communities with the highest number of individuals without a family doctor or nurse practitioner.

Education and Training

Pharmacy education in Canada typically requires a **Doctor of Pharmacy (PharmD) degree**, which is offered by several accredited universities across the country. The curriculum includes comprehensive training in pharmacology, patient care, and pharmacy practice. Following graduation, pharmacists must complete a structured internship, practical experience requirements of the province, and pass a national board exam administered by the **Pharmacy Examining Board of Canada (PEBC)**. Continuous professional development is mandated to ensure that pharmacists and pharmacy technicians remain current with the latest advancements in pharmaceuticals and healthcare practices.

In **Ontario**, the Regulated Health Professions Act requires all regulated health professions to have a **Quality Assurance (QA) Program**. The purpose of the QA Program is to assure the public that healthcare professionals are competent to provide patient care, and to contribute to individual and system-wide continuous quality improvement.

A **Learning Portfolio** is one component of the QA Program, requiring registrants to participate in and track their continuing professional development. Registrants are responsible for identifying their learning needs, choosing the activities to achieve their goals and applying those learnings to their practice.

A **chronic disease training programme** has been developed in Nova Scotia to support pharmacists in the provision of chronic disease management services. The programme covers cardiovascular disease, diabetes, asthma, COPD and smoking cessation.

Services Offered

Community pharmacies in Canada provide a wide range of services beyond dispensing medications.

Service costs have been compared across all Canadian provinces and tabulated on a **Service Chart**.

These services include:

- Medication Therapy Management (MTM): pharmacists conduct **MedsCheck®** reviews of patients' medications to optimise therapeutic outcomes.
- Minor Ailment Prescribing Services: pharmacists can **prescribe a range of minor ailments**, and **scope of practice** is determined at province level.
- Vaccination Services: **many pharmacies offer immunisations** for influenza, Covid, shingles, RSV, and other preventable diseases.
- Injections: **subcutaneous and intramuscular injections** from a specified list of injectable medicines can be provided by community pharmacies in Ontario province for patient education and administration purposes.
- Chronic Disease Management: **pharmacists in Nova Scotia** can assist in managing five chronic conditions such as diabetes, hypertension, COPD and asthma through medication management and patient education. **Community Pharmacy Care Clinics** also operate in Ontario and other provinces.
- Mental Health and Addictions: The **Bloom Program** is a community pharmacy initiative designed to increase and improve mental health and addictions care for Nova Scotians. Each patient is enrolled for six months if they meet the inclusion criteria.
- **Point-of-Care Testing** and Health Screening: many pharmacies provide diagnostic tests and screening for conditions like diabetes, **anticoagulation**, hypertension, sexual health and cardiovascular disease. One of the pharmacies visited was piloting **pharmacogenomic genotyping**.

Regulation

Regulation of community pharmacies is primarily managed at the provincial level. Each province has a regulatory body that governs pharmacy practice, ensuring compliance with standards of practice and ethics. These regulatory bodies, including the **Ontario College of Pharmacists and the Nova Scotia Pharmacy Regulator**, also handle the licensing of pharmacists and pharmacies, provide regulatory support for new pharmacy services, investigate complaints, and enforce disciplinary actions through fitness to practice when necessary. In recent years, there has been a shift towards more collaborative practices, allowing pharmacists to work closely with other healthcare providers to improve patient care.

Legislation

Canadian legislative frameworks governing community pharmacies include the **Food and Drugs Act**, which regulates the approval and sale of pharmaceutical products, and **the Controlled Drugs and Substances Act**, which oversees the handling of controlled substances. Provincial legislation further defines the scope of practice for pharmacists and establishes the legal parameters within which pharmacies operate. In **Ontario** and **Nova Scotia** recent legislative changes have aimed to expand pharmacists' roles and scope of practice, reflecting a growing recognition of their contributions to the wider healthcare system.

Conclusion

The landscape of community pharmacy in Canada is evolving, with ongoing developments in policy, education, services, regulation, and legislation. As the scope of pharmacists continues to expand, they are increasingly recognised as integral members of the primary care healthcare team, contributing to improved public health, patient outcomes and healthcare accessibility. Future initiatives will likely focus on enhancing pharmacy services, promoting interdisciplinary collaboration, and adapting to the changing needs of the population.



US Community Pharmacy

Introduction

The United States has a **complex healthcare system** with a mix of public, private, nonprofit, and for-profit insurers, healthcare institutions and organisations, and providers. **Community pharmacies** have a crucial role in the healthcare system of the United States, serving as accessible points for medication dispensing, patient education, and various health services including immunisation and point-of-care testing. They are a vital gateway to primary care and public health, offering face-to-face pharmacist expert care to assure safe and effective medication use. **However, they are disappearing** at a worrying rate, with 20%–30% of all community pharmacy locations projected to close, from contractor surveys, within the next year. **Nearly one in three retail pharmacies** in the USA closed between 2010 and 2021, with an estimated net loss of 15% between 2017 and 2025 driving an unprecedented decline in pharmacies, particularly in Black and Latino neighbourhoods.

Commentators suggest the pharmacy profession across the USA must **embrace community pharmacy teams' role** in patient care, champion opportunities to integrate community pharmacists, pharmacy technicians and their support staff as members of the wider healthcare team, and advocate for payment transparency and transformation.

The **Community Pharmacy Enhanced Services Network (CPESN)** is a clinically integrated network of community pharmacies (mostly independent) providing core services such as medication reconciliation, medication synchronisation, immunisations, comprehensive medication reviews, face-to-face access to a pharmacist, and creating comprehensive medication lists. Additional enhanced services provided by select pharmacies comprise: 24-hour emergency services, collection of vital signs, home delivery/home visits, smoking cessation programmes, durable medical equipment, point-of-care testing, long-acting injections, naloxone dispensing, nutritional counselling, and specialty medication compounding.

Across the overall US population, 48.1% of people live within 1 mile of any pharmacy, 73.1% within 2 miles, 88.9% within 5 miles, and 96.5% within 10 miles. Across the United States, 8.3% of counties had at least 50% of residents with a distance greater than 10 miles. These low-access counties were concentrated in Alaska, South Dakota, North Dakota, and Montana.

The following section provides an overview of the US policies, educational requirements, services offered, regulatory frameworks, and legislative developments impacting community pharmacies.

Policy Framework

USA community pharmacy policies are shaped by a combination of federal and state regulations. The primary federal law governing pharmacy practice is the **Drug Enforcement Administration (DEA) regulations**, which control the distribution of controlled substances. Additionally, the **Affordable Care Act (ACA)** has influenced pharmacy practices by expanding patient access to healthcare services, including medication management and preventive care initiatives such as vaccination. The **Equitable Community Access to Pharmacist Services (ECAPS) Act** will, if passed, allow pharmacists to be reimbursed for testing and treating eligible patients with Covid-19, flu, respiratory viruses, and strep throat as well as collaborating with a physician to deliver health care services within the scope of the pharmacist's professional expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines.

Education and Training

Pharmacists in the USA are required to obtain a **Doctor of Pharmacy (PharmD) degree**, which typically involves four years of professional education following a minimum of two years of undergraduate study. Accreditation is provided by the **Accreditation Council for Pharmacy Education (ACPE)**. Postgraduate training through **residency programmes** is also encouraged by the schools and colleges of pharmacy, enhancing pharmacists' clinical skills and enabling them to provide more comprehensive patient care. **Continuing education** is mandatory for pharmacists to maintain licensure, ensuring they stay current with evolving medical knowledge, pharmaceutical practices, and new legislation.

Services Offered

US community pharmacies have **expanded their services** beyond traditional medication dispensing to include:

- Medication Therapy Management (MTM): comprehensive reviews of patients' medications to optimise therapeutic outcomes.
- Immunisations: providing vaccinations for preventable diseases, contributing to public health initiatives.
- Evaluation and management of individuals for testing or treatment for Covid-19, influenza, respiratory syncytial virus, or streptococcal pharyngitis.
- Health Screenings: offering screenings and point-of-care testing for conditions such as hypertension, diabetes, and cholesterol.
- Chronic Disease Management: supporting patients with chronic conditions (diabetes, hypertension) through counselling and monitoring.

These services enhance the US pharmacist's role as a healthcare provider and improve patient outcomes.

Regulation

Community pharmacies are regulated at both the federal and state levels. The **Food and Drug Administration (FDA)** oversees drug safety and efficacy, while state boards of pharmacy regulate pharmacy practice, licensing, and the conduct of pharmacists. These regulations ensure that pharmacies adhere to standards of quality and safety in medication dispensing and patient care.

Legislation

Recent legislation impacting community pharmacies includes:

- The **SUPPORT for Patients and Communities Act (2018)**: aimed at combating the opioid crisis, this law imposes stricter regulations on opioid prescribing and enhances prescription monitoring programs.
- **Pharmacy Benefit Managers (PBMs) Legislation**: several states have enacted laws to regulate PBMs, addressing issues such as transparency in drug pricing and reimbursement practices, which directly affect community pharmacy operations. A recent bill HR 4317, the PBM Reform Act is progressing through the House and Senate.

Case Studies

The next section will provide a series of case studies from some of the Canadian and US pharmacies visited. Each case study provides practical examples of the pharmacy services provided by each premise including minor ailments, point-of-care testing, health screening, vaccination, injections, care clinics, patient education and counselling, professional scope of practice, adoption of automation, care concierge, and care co-ordination/navigation.

Canadian Community Pharmacy Case Studies

Case Study 1

Ontario (Toronto) – Mississauga Large Chain Pharmacy (Shoppers Drug Mart®)	
Services	Minor Ailments Vaccination/Immunisation – Shingles, Covid, Influenza, Pneumococcal, Meningitis, HPV, Hepatitis A and Hepatitis B Medication Reviews (MedsCheck®) Travel Health Clinic – Yellow Fever Vaccination Chronic Conditions Management (hypertension, diabetes) Health Screening – Weight, BMI, BP checks Prescription Renewals Smoking Cessation Diabetes Education PoCT – HbA1c, Cholesterol, Strep A Injection Training and Administration – S/C and IM
Care Clinic	Yes, separate consultation space for care clinic consultation, health screening, PoCT and vaccination
Scope of Practice	Pharmacist can provide minor ailment prescribing service, vaccination, health and wellness assessments, and additionally one pharmacist had completed advanced diabetes training to support a diabetes point-of-care testing service.
Automation	Central fill (Hub & Spoke) offsite for LTC medicines and onsite top 75 fast movers
Enablers	Care concierge staff member Province-wide electronic health record (eHR) – read-only access Clinical viewer for lab results Staff members speak local languages



Case Study 2

Ontario (Toronto) – Danforth Large Chain Pharmacy (Shoppers Drug Mart)	
Services	Minor Ailments Vaccination – Flu, Covid and Yellow Fever etc Medication Reviews (MedsChecks®) Travel Health Clinic Methadone Dispensing Covid POCT and Treatment Smoking Cessation DNA Swab Sample - Pharmacogenomic genotyping panel – support codeine, statins, clopidogrel, and anti-depressant prescribing Health Screening – BP checks, BMI PoCT – HbA1c, Strep A, Covid, Lipid Diabetes Education Injection Administration & Training – S/C and IM Prescription Renewals Opioid Agonist Therapy
Care Clinic	Yes, separate consultation space for care clinic consultations and vaccination
Scope of Practice	Pharmacist can provide minor ailment prescribing service, health and wellness assessments, IM and S/C administration, and vaccination.
Automation	Central Fill (Hub & Spoke) offsite for LTC medicines
Enablers	Province-wide eHR – read-only access Clinical viewer for lab results. Staff members speak local languages



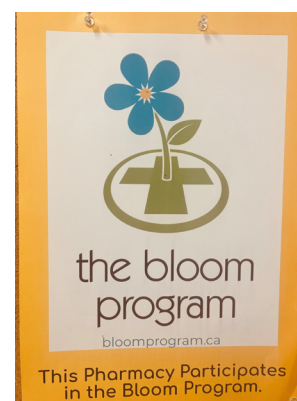
Case Study 3

Ontario (Toronto) – Mississauga Independent Community Pharmacy (Apple-Hills Medical)	
Services	Minor Ailments Diabetes Consultations Heart Health Assessments Compliance Packaging Vaccination – Covid PoCT – Covid-19, Diabetes HbA1c Travel Vaccination Prescription Refills Smoking Cessation Medication Reviews (MedsCheck®) Blood Pressure
Care Clinic	No
Scope of Practice	Minor ailments Diabetes management (additional qualification) Vaccination Health screening Travel vaccination
Automation	Central Fill (Hub & Spoke) offsite and onsite automation ScriptPro SP top 100 items.
Enablers	Province-wide eHR – read-only access. Pharmacy technician – accredited checking qualification. Collaborative Practice Agreement (CPA) with a physician to initiate, adjust, monitor, or discontinue diabetic medication under specific protocols.



Case Study 4

Nova Scotia (Bedford) – Independent Community Pharmacy (Brookline Pharmasave)	
Services	Community Pharmacy Primary Care Clinic (CPPCC) Chronic Disease Management and Contraception service Anticoagulant Management for Warfarin Patients Mental Health and Addiction Services Vaccination/Immunisation Service – Covid, Flu, RSV, Men B, Pneumococcal, Shingles, Injections IM, S/C – Vitamin B12 Contraception Mental Health – The Bloom Programme Ear Infection and Prescribing (Age 3+) Group A Strep and Sore Throat Assessment and Prescribing (Age 3+) Lyme Disease Prevention and Early Treatment INR Testing, Assessment, and Prescribing for Warfarin Patients Prescription Renewals and Basic, Advanced and Complex Medication Reviews Minor Ailments including UTIs PoCT – Strep A Smoking Cessation Travel Health
Care Clinic	Yes – Community Pharmacy Primary Care Clinic ®
Scope of Practice	The pharmacists had a broad scope of practice including long term condition management – mental health, contraception, COPD, asthma, CVD, diabetes and minor ailments. Additional training was provided for vaccination, S/C, IM and intradermal injections.
Automation	N/A
Enablers	Province-wide eHR – read-only access. Reception staff for community pharmacy primary care clinic. AI scribes to record consultations and future plans for clinical decision support. Multiple consultation rooms to allow flexibility of service provision to increase capacity for seasonal vaccination clinics.



Case Study 5

Nova Scotia (Halifax) – Independent Community Pharmacy (Boyd's Pharmasave)	
Services	Community Pharmacy Primary Care Clinic – Diabetes, CVD, COPD, Asthma, Mental Health and Contraception Lyme Disease Prevention and Treatment Shingles Treatment Long Term Condition Management and Contraception Minor Ailments and UTIs Step A Sore Throat – PoCT and Treatment Vaccination/Immunisation – Flu, Shingles, Pneumococcal, RSV, Covid Injections – Vitamin B12 Opioid – Agonist Maintenance Treatment Compliance/Blister Packs Compounding Gender-Affirming Hormone Therapy PreP – Assessment and Prescribing Pilot Hormone Replacement Therapy (HRT) Sexual Health Screening and Treatment Services – Hep C Testing Pilot Medication Reviews and Renewals
Care Clinic	Yes – Community Pharmacy Primary Care Clinic®
Scope of Practice	Long term condition management including mental health, COPD, asthma, CVD and diabetes plus minor ailments Transgender services – hormone therapy PrEP prescribing Sexual health screening and treatment HIV, Hep C and Syphilis PoCT – Approach Study
Automation	N/A
Enablers	Province wide access to lab test reports, medications dispensed and some reports Reception staff for community pharmacy primary care clinic AI scribes to record consultations Publicly funded services Ability to order lab tests relevant to medication therapy



US Community Pharmacy Case Studies

Case Study 6

New York Bronx Independent Community Pharmacy (Mt. Carmel Pharmacy)	
Services	<p>Vaccination – Flu, Pneumococcal, Shingles, TD, Tdap</p> <p>Long Term Care Pharmacy (LTCP) – Compliance Packaging</p> <p>Medication Adherence</p> <p>Multi-Dose Packaging</p> <p>Wellness Classes – Smoking Cessation Weight Loss, and Blood Pressure</p> <p>Covid-19 Testing</p> <p>Diabetes Specialist Care Centre</p> <p>PoCT – INR, HIV, Covid, Strep A, and HbA1c</p> <p>Health Screening – Weight, BMI, and Blood Pressure</p> <p>Care Co-ordination/Navigation</p> <p>Mobility Aids</p> <p>Nutritional Feeds</p>
Care Clinic	Wellness Centre being developed
Scope of Practice	<p>Vaccination</p> <p>Point-of-care testing</p> <p>Pharmacy technician care co-ordination training</p>
Automation	Onsite Parata Max top 75 items
Enablers	Multilingual speakers – Spanish and Italian



Case Study 7

Washington DC – Independent Community Pharmacy (Neighborhood Pharmacy – Del Ray)	
Services	Routine and Travel Vaccination Domiciliary Care Home Dispensing Medication Reviews Compounding Compliance Packaging Pet Medication Compounding
Care Clinic	No
Scope of Practice	Vaccination – Covid, Flu, Hepatitis A & B, HPV, Meningitis, Pneumonia, RSV, Shingles, TDAP, Typhoid, and Yellow Fever Travel Health Compounding Pet Compounding Compliance Packaging
Automation	No
Enablers	eHR read-only



Considerations for GB Pharmacy Practice



Community Pharmacy Primary Care Clinics - Prescribing, Asthma, COPD, Mental Health, Diabetes, CVD



Workforce - LTC, Minor Ailments, PGD training, Injection technique, legacy staff upskilling



Public Health - Vaccination, Smoking Cessation, Hypertension Case Finding, Wt, BMI & MECC



Minor Ailments, Common Clinical Conditions, IM & S/C injection - expansion of professional scope



Digital - NHS App, Interoperability, eHRs, SPR, AI and CDS



Point of Care Testing - Diabetes HbA1c, Lipid Panels, Strep A, Pharmacogenomics, HIV, INR



Automation - Hub & Spoke Enabling Legislation

● Long Term Condition Clinic Operational Delivery and Funding

The delivery of the **Nova Scotia CPPCC** service model benefited from a multi-agency approach, leading to **successful service delivery and patient outcomes**. Collaboration between the pharmacy association, pharmacy regulator, higher education institutions, department of health and government departments was crucial in ensuring an economically viable and accessible Nova Scotia community pharmacy primary care clinic service model. Future GB pharmacy service proposals could consider operational requirements (utilities, location, premise rental), digital integration, eHR access, screening and diagnostics, service outcome analysis, and the development of the legacy workforce to ensure an appropriately funded contractual agreement. Learnings and evaluation would benefit from exploring the impact on patient care and pharmacy teams, as well as IT and digital integration, clinical governance arrangements, effect on the wider healthcare system, financial considerations, service accessibility, impact on health inequalities in underserved communities and finally patient outcomes.

● Infrastructure and accessibility

Community pharmacies are situated on the high street of every neighbourhood putting them in a leading position to offer **hyper-local** accessible healthcare. In England, **80% of people live within a 20-minute walk of a pharmacy**, and community pharmacies serve around 1.6 million people every day – more than GP or dentistry teams. Being located near workplaces and in shopping centres makes community pharmacies one of the most geographically accessible healthcare providers. Over **85% of the population lives within one mile of a community pharmacy** and although we know **the number of community pharmacies has fallen** slightly over the past few years, they are still one of the most accessible neighbourhood healthcare services. A **recent study** found that there is high access to community pharmacies in England with access to a community pharmacy greatest in the most deprived areas, showing that the “positive pharmacy care law” remains. However, the research team found that the “positive pharmacy care law” is eroding as the availability of community pharmacies has reduced over time – particularly in deprived areas, with more people reliant on each community pharmacy. The launch of the **Pharmacy First, Pharmacy First Scotland and Common Ailments Services** in Wales have seen investment in the community pharmacy estate and expansion in the number of consultation rooms enabling community pharmacy teams to expand their provision of confidential and inclusive pharmaceutical care. Community pharmacies continue to support people **experiencing domestic abuse** through the **UK Says No More ‘Safe spaces’ scheme**. Moreover, anecdotal evidence suggests some safe spaces are also being accessed by people requiring **mental health support**. Community pharmacies are a place of trust and privacy; essential requirements to both break down barriers and speak about mental health without stigma.

● Registered Healthcare Professionals

With the changes to the **initial education and training of pharmacists** leading to independent prescribing status and the **legislative changes** expanding the roles of pharmacy technicians, the current and future community pharmacy workforce will possess the necessary prescribing skills and legislative approval to offer a broader range of pharmacy services to patients and the public. The future development of **neighbourhood** community pharmacy long-term condition clinics (LTC) will most likely necessitate workforce upskilling of legacy pharmacists and the sufficient supply of newly qualified independent prescribers to maintain a safe, effective, and consistent level of service delivery.

● Workforce development and planning

The community pharmacy workforce will require ongoing continuing professional development, upskilling, and supportive training and governance frameworks to assist them in practising safely and effectively. Alliances between universities, pharmacy associations, professional leadership bodies and the **Centre for Pharmacy Post Graduate Education (CPPE)** will be vital to support a range of training offers. Sufficient access to **independent prescribing training courses** will ensure the provision of uniform accessible services across the GB community pharmacy estate. Creating opportunities for pharmacists to **expand their scope of practice** will be crucial as novel long-term condition prescribing services develop and expand. Future pharmacy clinical service planning should ideally proceed in tandem with continuing professional development training offers for both pharmacists and pharmacy technicians. The development of the **2025 IE&T Standards for Pharmacy Technicians (PT)** will enable the profession to evolve in line with clinical practice and healthcare needs. The development of a pharmacy technician post registration **career pathway** will support a continuum of professional learning and development. Access to **advance practice frameworks**, **patient group direction training**, and **accuracy checking pharmacy technician training** will guarantee the profession evolves to meet the needs for future patient facing pharmacy services.

● Public Health

Community pharmacies provide a wide range of **public health services** notably vaccination, hypertension case finding, and contraception services. Future community pharmacy public health opportunities could continue to support the expansion of accessible proactive health services, such as health screening, health promotion, smoking cessation, weight management, hypertension case finding, chronic disease prevention, management of minor illnesses, extended vaccination, mental health support, contraception, and sexual health services.

● Long Term Condition Management

The NHS 10-year plan “Fit for the Future” cites the use of community pharmacist independent prescribers to support long term condition medicines management and optimisation. Over the past two years Canadian provinces such as Nova Scotia have demonstrated proof of concept, **safety and the benefits of such LTC CPPC clinics** which focus on cardiovascular disease, COPD, asthma, diabetes, CVD, contraception and mental health. Similar models could be introduced across GB with appropriate workforce upskilling, IT integration, access to electronic health records and contractual arrangements. There is **strong economic evidence** to support investment in extended pharmacist services, particularly those focussed on long-term chronic health conditions. **Research** shows that community pharmacist-led interventions in long term condition management demonstrate improvements in medication adherence and clinical outcomes.

● Making Every Contact Count

Community pharmacies could create opportunities to leverage every patient interaction to promote public health and prevention initiatives. Many of the Canadian and US community pharmacy teams were **making every contact count** by delivering multiple pharmacy services during one consultation including vaccination, BP checks, point-of-care testing, weight management, BMI, LTC management, smoking cessation, contraception and sexual health services. The Canadian **IM and S/C injectable medicines** counselling and administration service could complement other GB vaccination services and expand patient access to injectable medicines administration services.

● Health Inequalities in Underserved Communities

Pharmacies in underserved communities play a crucial role in providing access to healthcare, particularly for communities with limited GP access or for people not registered with a GP. In 2014, researchers at the University of Durham inverted Tudor-Hart's famous law, and first described the "**positive pharmacy care law**", meaning people living in deprived areas have greater access to pharmacy services compared with those living in more affluent parts of the country. Efforts could be made to include community pharmacy services within healthcare pathways (CVD, diabetes, MH, obesity) in order to tackle **health inequalities** for diverse populations and prioritise care line with the **NHSE Core20PLUS5** criteria. Expanding services to children and young people, particularly in light of rising **childhood obesity rates** and **mental health** conditions, could further address neighbourhood health inequalities and would align with the **CYP Core20PLUS5** NHSE priorities.

● Primary Care

Community pharmacies could support primary care access by reducing GP attendance for minor ailments and common clinical conditions. A recent **pharmacy advice audit** found that pharmacies are saving the NHS 38 million GP appointments a year. Pharmacies provide patients with a "no appointment" choice for minor ailments and common clinical condition services. Referral to community pharmacy teams could be key elements of **GP surgery**, A&E and **NHS 111 Get help for your symptoms** triage services to ensure patients are managed by the most appropriate healthcare professional.

● Neighbourhood Health Services

Community pharmacy services have been identified as integral members of **neighbourhood health services**. Promotion and referral mechanisms to community pharmacy services could be explored across neighbourhoods to optimise uptake. The provision of community pharmacy services will enable health systems to tackle **local health inequalities** and relieve pressure on **primary care GP access** and **A&E 4-hour waiting times**. Community pharmacy teams are hyper-local and could be considered as the first port of call for accessible healthcare support across neighbourhoods.

● Population health data

Access to and utilisation of **population health datasets** and **indices of multiple deprivation** could support an integrated data-led approach to community pharmacy LTC medicines optimisation services. A population health management approach can help target health inequalities and population health needs in underserved neighbourhoods. Analysing health and social care data could identify neighbourhood and system-level population health needs. Such population health findings could inform the design and development of culturally sensitive care pathways leading to more inclusive community pharmacy-led services.

● Digital

Technology enabled care will be an ongoing priority for the pharmacy sector as the number and range of online and face-to-face community pharmacy services expand. Shifting care from hospitals to communities will require **medicines interoperability** and integrated **single patient electronic health records**. **Read and write access** will increasingly become a necessity and improve safety as community pharmacists deliver prescribing services and manage long term health conditions. Providing community pharmacies with **read-and-write access to a shared eHR** has been shown to be feasible and contributes to safer, more integrated patient care. Research findings have shown improved communication, clinical documentation, and task delegation between pharmacists and general practice staff representing a major shift in digital collaboration. The number of **NHS App applications** linked to medicines use are set to grow to enable patients to better manage their own health, access test results, and medicines information. In the past few months, we have seen the introduction of the **NHS App** prescription tracking service and the use of the **Patients Know Best®** platform to support patient health information transfer into the NHS App. Such advancements not only benefit patients, and the public but support further community pharmacy NHS and system integration.

● Diagnostics and Screening

The majority of North American services visited had adopted point-of-care testing. The uptake of **point of care** and **pharmacogenomic testing** will be instrumental in the delivery of long-term condition clinics and optimisation of community pharmacy prevention services. Additionally, **access** to laboratory tests and the enablement of pharmacists to request laboratory tests will support a safer and more holistic approach to patient care.

● Automation

Canadian and US community pharmacies optimised in-pharmacy automation and hub and spoke automation subsequently enhancing **patient safety and releasing time to provide patient-facing pharmacy services** and independent prescribing consultations. With changes to **legislation** from October 2025, hub and spoke service models could support the automation of a broader range of community pharmacy dispensing services.

● Artificial Intelligence (AI)

In pharmacy, AI has proven to be effective at streamlining operations, reducing errors and improving patient care. It can be used in prescription clinical verification, automated dispensing and predicting stock needs, as well as "chatbots" that provide customer care support. The safe and responsible adoption of AI scribes during community pharmacy consultations has the potential to reduce consultation documentation burden and optimise service delivery. AI clinical decision-making tools have the potential to support community pharmacy independent prescribing consultation services; however, the use of such tools must be tempered with AI guidance compliance and clinical safety. The Royal Pharmaceutical Society (RPS) AI policy statement emphasises the importance of awareness and informed decision-making among pharmacists to navigate the benefits and risks of AI deployment in pharmacy practice. Recently, the Welsh Government has also issued guidance for AI adoption in all clinical settings including community pharmacy practices.

● New legislation

A number of legislative changes in 2024/2025 will enable the delivery of a wider range of pharmacy services by pharmacy technicians. Patient Group Direction (PGD) legislation and the upcoming changes to the way pharmacists supervise pharmacy staff, particularly pharmacy technicians, will release pharmacist time for clinical services and expand the scope of pharmacy technician patient-facing roles. Legislation to update the current rules on pharmacy supervision came into force in Jan 2026. The reforms will enable trained community pharmacy staff members to hand out prescriptions that have been checked and assembled without a pharmacist present, enable pharmacists to authorise pharmacy technicians to carry out the preparation, assembly, dispensing, sale and supply of medicines themselves and to supervise others doing so.

● Hybrid Model

Community pharmacies are adopting digital technology to optimise patient access and consultation choice. Use of remote consultations, online triage, digital prescribing, and automation are enabling community pharmacy to adapt to patient demand and choice hence in turn providing rural populations, people with disabilities and housebound patients greater access to healthcare services.

● Accident & Emergency

In Canada community pharmacy teams were managing minor ailments, common clinical conditions, and injuries preventing A&E attendance. Community pharmacy teams are trained to manage minor ailments and injuries, reducing unnecessary A&E visits through effective triage. Neighbourhood pathway development teams could consider such local community pharmacy minor ailment and common clinical condition services as part of any neighbourhood healthcare redesign process focused on tackling NHS A&E 4-hour waiting targets.

● Community Relations

Community pharmacy teams are often **employed from the communities** they are located in. Many of the Canadian and US pharmacy team members spoke multiple languages (Spanish, Greek and Italian) reflecting the communities they were serving. Staff who speak local languages are trusted by their communities and evidence highlights that **trust** and continuity of healthcare professionals drives better outcomes. Employing pharmacy team members from local communities enables effective communication and such initiatives support connection and collaboration with local community organisations to ensure the voices of the local population are considered when designing and delivering new services.

● Social Prescribing, Care Navigation and Care Co-ordination

There is increasing global recognition that community pharmacy teams are in a unique position to care-navigate patients to local charities, community groups and social services. Across **Canada** and **Australia** there is growing support for community pharmacy social prescribing services. An example of a pharmacy care navigation role was noted in the Bronx NYC where a pharmacy technician had completed additional care navigation training to support the referral of patients to community resources and a range of social services in the local neighbourhood. The landmark report from the **WHO Commission on Social Connection** highlights that social isolation and loneliness are widespread, with serious but under-recognised impacts on health, well-being, and society. Pharmacy teams are in a unique position to identify people suffering from loneliness and/or LTCs in their neighbourhoods and signpost to relevant social and community groups to connect with others. NHSE **care navigation frameworks** are already available to support a coherent approach to care navigation across England.

● Behavioural Science

There are opportunities to apply **knowledge of human behaviour** to improve patient medicines adherence, healthy behaviour change, patient engagement, prescribing behaviours, and improving health outcomes by understanding and influencing patient and population factors like motivation, beliefs, and habits that may impact **medication adherence** and local healthcare service engagement. The **Behavioural Science and Public Health Network** is developing collaborative workstreams with the pharmacy professions and other allied healthcare professionals to explore future research areas of common interest.

● Legislation, Regulation and Policy

Learning from the advancements in legislation, regulation and policy between provinces, states, territories and other countries could influence GB professional responsibility, clinical practice, pharmacy research, education, and continuous development. Dependent on the subject matter, intelligence from other countries and territories could support future GB healthcare legislation, regulation, professional standards, and pharmacy practice.

Conclusion

The operational delivery and funding of community pharmacy services, particularly in the context of long-term condition management, highlight the critical role these pharmacies play in the healthcare landscape. The multi-agency collaboration seen in initiatives like the Canadian Nova Scotia CPPCC® service model exemplifies how co-design can enhance service delivery and improve patient outcomes. Community pharmacies stand out as accessible healthcare providers, particularly in underserved areas, where they fill essential gaps in care, addressing health inequalities and enhancing public health access.

As the roles of community pharmacists and pharmacy technicians continue to evolve with new legislation and digital integration, the focus must shift towards expanding services further beyond traditional dispensing to proactive health management, including screening, vaccination, and chronic disease support. The integration of advanced technologies, such as AI and automation, will further streamline operations, allowing pharmacy teams to dedicate more time to direct patient care.

Equipping the pharmacy workforce through ongoing professional development, particularly in independent prescribing, long term conditions, clinical services, public health, and care navigation, is vital for meeting the diverse needs of patients and the public. By leveraging their unique position within communities, pharmacies can effectively address social determinants of health and serve as vital links to broader health services.

Ultimately, the future of community pharmacy lies in its ability to adapt and expand its services to meet the changing healthcare landscape, ensuring that all populations, especially the most vulnerable and underserved, receive the care they need. The insights drawn from successful Canadian and US models and the emphasis on collaborative, data-driven approaches and the role of automation will be instrumental in shaping a resilient and responsive community pharmacy sector.

