



On 22nd November Dr Leyla Hannbeck, CEO of AIMp attended the Health and Social Care Committee to give evidence to Members of the Parliament regarding community pharmacy matters.

The below are the key points that Dr Hannbeck raised at the Committee:

Pharmacy funding – In May 2023 AIMp presented data to the Treasury highlighting a shortfall of £1.2 Billion in community pharmacy core funding, and whatever the Govt say, unless they address this £1.2 billion shortfall in funding, our patients, your constituents, will be failed. You will see the widespread systematic shrinking of the sector to the detriment of our patients, your constituents. No amount of Govt/NHS positive spin can mask that reality.

Pharmacy First is a step in the right direction and Scotland, Northern Ireland and Wales where this service has been running for months and years have shown that it adds value to patient care. We have always maintained that if supported and funded appropriately the community pharmacy network can be a big solution to the NHS. We have already demonstrated during the Pandemic that valuable our services are to local communities. But the reality is that our local pharmacies are struggling immensely at the moment and having to raid into their pensions or personal funds to keep their pharmacy from closing.

I would also like to clarify the following as it can so easily be missed. I represent thousands of family-owned pharmacies across the country. We are not the big commercial retailers that can rely on the sales of beauty and lifestyle products to bolster their profits. Over 90% of the activities of our members are NHS activities, they are simply part of the NHS family. Our pharmacists and their teams tend to know our locals and are appreciated by their communities.

Hub and spoke – automation equipment are expensive to buy and expensive to reinvest in replacing them as they require maintenance, many cannot afford this. In addition, pharmacists are not trained in running high volume manufacturing processes – if you let a corporate organisation take over dispensing hubs then that is going to take prescriptions away from local pharmacies and many independent pharmacies that operate within their communities including in villages and in areas of deprivation will struggle to survive – that will be a social and health disaster.

At the moment you have a network of pharmacies that purchase medicines and competition keeps the medicines costs down for the NHS but if you have a few hubs operating medicines supply that would push the costs up and the taxpayer and the NHS will not be the winners here.

Workforce – There are significant cultural barriers within the NHS hierarchy when it comes to the way that the community pharmacy sector is viewed. For example, the NHS has spent £387 Million on ARRS scheme to put pharmacists into GP practices and Primary Care Networks (PCNs).

Most of the current pharmacists in PCNs and GP practices have come from community pharmacy and their title has been changed to 'clinical pharmacists'. This affected community pharmacy workforce immensely and yet our sector was not consulted with in any way by the NHS decision-makers when the ARRS was introduced. It was landed on us without any forewarning and created a



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big lack of level playing field for our sector. These cultural barriers within the NHS hierarchy must be addressed in order to be able to move forward and achieve change.

Medicines supply – Pharmacists and their teams spend many hours a day trying to source medicines for their patients. They see firsthand the stress that patients are under because of this issue (for

example shortage of antibiotics, ADHD, HRT medicines). In addition, medicines costs keep rising dramatically, often without any prior warning and it takes time for the Department of Health and Social Care to give concessions to address the deficit in the price. This leaves pharmacy owners out of pocket. No business can plan when you do not know how much out of pocket you are going to be from one day to another. This has made it very hard for independent family-owned pharmacies to continue keeping their heads above the water and has hit them hard financially.

It is fact that the community pharmacy contract is not fit for purpose. It must be scrapped and restarted from the scratch. Our Pharmacies are part of the very fabric of society and their communities and without the patient accessibility to care is significantly affected. That's why I am so grateful for the opportunity to give evidence to you today. I hope that I do a good enough job to persuade you to make that point to Government in your report. If that message doesn't get through, I fear for our sector, my members and most importantly for the millions of patients that we help daily.