

POSTER ABSTRACT

Scaling up Independent Prescribing across the community pharmacy workforce: Insights from an evaluation of new models of pharmacist-led patient care

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Background: Primary care in England has long focused on general practice, but with rapidly increasing demand for care that can support people with long-term conditions in the community, and a workforce crisis resulting in patients struggling to access services equitably – innovative models of integrated care are necessary. This presentation, based on a realist evaluation, examines the potential for implementing a radical transformation in care delivery, through making use of a changing community pharmacy workforce able to prescribe independently.

Approach: The two year evaluation analysed data from 101 in-depth interviews with local clinical leads and prescribing pharmacists, and 10 case studies that examined system-level changes and workforce-wide impacts through site observations, and interviews with pharmacy teams and stakeholders across primary care. Data were triangulated using a realist-informed approach to understand the contexts, mechanisms and outcomes behind the transformation of established practices, enabling learning about the factors that support successful implementation of integrated care.

Results: The Independent Prescribing Pathfinder programme was implemented widely across the English National Health Service (NHS) in 2024-25. Significantly, the programme's aims and funding were designed to incentivise the development of diverse care models, with flexibility to help match services to local population need and devise collaborative approaches that could address barriers to integration such as difficulties in sharing access to digital patient records, or the lack of ongoing support and professional development for the community pharmacy workforce.

The evaluation identified several themes underpinning successful implementation of new pathways for patients with long-term conditions and novel services for deprescribing and mental health, including: the importance of trust and relationship-building between community pharmacy

and general practice; ongoing support and supervision to facilitate the transfer of care into pharmacy settings; skill mix in community pharmacy so that pharmacists have the opportunity to utilise and grow their expertise; and frameworks for clinical governance that underpin patient safety while allowing for pharmacies to take a lead in developing models of care. The implementation challenges encountered by the programme reflect wider issues related to attempts to deploy workforce transformation as a tool to bring about integration in a resource-constrained environment – such as developing shared leadership across professional boundaries; investing sufficient resources and effort to grow new models of care that take time to show benefits; and changing professional and patient perceptions about where care is provided.

Implications: The evaluation highlights that while success can be achieved where there are existing strong relationships across primary care, and alignment between community pharmacy and general practice objectives – scaling up the approach will require a patient, gradual investment in developing clinical services in community pharmacy. In England, all newly qualified pharmacists will soon be independent prescribers, and this will require significant shifts in their support and professional development to allow primary care to reap the potential benefits of a more versatile workforce. Therefore, there are valuable insights for policy makers across different health systems, who are looking to workforce transformation and integration across professional boundaries as a way of improving access to care.