



RESPONSE FROM
Community Pharmacy Northern Ireland (CPNI)

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Department of Health (NI) Call for Evidence
Development of a Northern Ireland Neighbourhood Model of Care

Community Pharmacy Northern Ireland (CPNI) as the representative body for the 507 community pharmacy contracts in NI, welcomes this opportunity to respond to the Department of Health's [call for evidence on the Neighbourhood Model of Care for Northern Ireland](#).

Community pharmacies dispense over 43 million prescriptions annually and serve as a first point of contact for more than 123,000 people daily. CPNI is supportive of the principles of integrated, person-centred care and we believe that community pharmacies, if adequately funded and supported, could be a critical and vital enabler for this essential transformation within our health service.

Community Pharmacy's Current Role in Neighbourhood Care.

Community pharmacies are already embedded within local communities and neighbourhoods across Northern Ireland, including rural and disadvantaged areas. Community pharmacy teams provide accessible healthcare, expert advice and signposting without appointment. The ***Community Pharmacy Three-year Commissioning Plan Delivery Report 2022-2025*** described the immense contribution community pharmacy teams made in the provision of statutory commissioned services in all local communities and neighbourhoods right across Northern Ireland. In addition to the vital role they play within the pharmacy, many community pharmacists also support local community and voluntary groups, and help deliver life-changing initiatives such as the [Building the Community Pharmacy Partnership \(BCPP\) projects](#). Community pharmacists play a vital role in raising awareness of public health priorities in NI, such as those highlighted by the [Living Well service](#). The Living Well campaign evaluations provide compelling evidence of way in which community pharmacies connect effectively with diverse and difficult to reach groups. This also demonstrates their vital role in reducing health inequalities, supporting Section 75 groups, and alleviating pressure on GPs and hospitals. If we truly want to transform our Health Service we must focus on prevention and early intervention, and Living Well is a prime example of how community pharmacy can work in this space. The opportunity exists to build on this further. As the recent CPNI community pharmacy [intervention survey](#) demonstrates, community pharmacies in NI are already seeing an expansion in the needs of those they serve, meaning that not only are they the first contact for general health concerns, but they are increasingly being called upon for more clinical, specialist and urgent care needs.

The accessibility of the community pharmacist during hours when other primary care providers are closed, means they are often the only readily available health professionals in their area. The ability of NI's community pharmacy teams to continue providing this essential neighbourhood support, treatment, signposting, advice and referral requires robust protection, strategic prioritization, and adequate investment.

Community Pharmacy – Opportunities for Integration:

Community pharmacies have the potential to deliver significant benefits to patients, the public and the health service, within the development of a Neighbourhood Care Model for Northern Ireland. As acknowledged in the [Community Pharmacy Strategic Plan 2030](#), key health service goals and strategic aims can be progressed through the development of enhanced funded community pharmacy services through to 2030. The **Three-Year Commissioning Plan – Consolidate, Develop and Deliver – Community Pharmacy Services 2025-2028** sets out the intended commissioning of statutory community pharmacy services within the current 3-year commissioning period and this can provide the immediate building blocks to further embed existing and innovative services within communities and neighbourhoods right across Northern Ireland. Examples might include a hospital discharge service to improve compliance and outcomes and reduce readmission for patients transitioning back to the community; a re-modelled service for smoking cessation to provide a wider range of treatments to both cigarette smokers and vapers (focusing on social deprivation and pathways for pregnant women); the development of specialist obesity and overweight management programmes; the expansion of existing Pharmacy First services to treat more acute conditions and the addition of chronic disease management services such as Hypertension detection and treatment; and the development of community pharmacy based prescribing services and Advanced Practice Pharmacist (APP) services to deliver autonomous care and medicines optimisation for more complex patients and conditions, at the heart of the community.

Community Pharmacy – Barriers and Enablers:

One of the key enablers to stabilizing the current service model and providing a platform to maximise the expanding role of community pharmacies in the proposed Neighbourhood care model is funding and resource. Proactively addressing the chronic underfunding of the community pharmacy sector, the continued application of clawback to the reimbursement of medicines dispensed, prolonged workforce shortages, and the lack of equitable professional development opportunities and supports for community pharmacists will help remove current barriers faced by the sector and enable a dynamic community pharmacy sector to fully integrate and contribute to the proposed Neighbourhood Model of Care in NI. Addressing infrastructure gaps such as lack of IT integration (read/write access to NIECR, EPIC care link, and Encompass), providing digital solutions for pharmacy service delivery, reimbursement and remuneration claim management, and referral pathways, currently hinder true integration and collaboration. Investment in training for Independent Prescribers and Enhanced and Advanced pharmacist credentialing, such as has been provided in [Scotland](#), [England](#) and [Wales](#), is essential to unlock pharmacy's full potential.

Community Pharmacists have extensively contributed to previous and similar iterations to that being put forward in the Neighbourhood Model of Care. Following numerous health service

reviews alliances of stakeholders have come together in structures that included LHSCG's, ICP's, LCG's and currently with AIPB's. For various reasons LHSCG's, ICP's and LCG's have either not been taken forward or been stood down or failed for various reasons.

CPNI Recommendations to Optimise Community Pharmacy Contribution to Neighbourhood Care:

- Provision of fair, reasonable and stable core funding for community pharmacy to enable development within the Neighbourhood Care Model
- Commissioning of enhanced community pharmacy services such as Pharmacy First, Hospital Discharge, Obesity, Repeat Dispensing leading to long-term condition management and Re-modelled Pharmacy Smoking Cessation
- Dedicated investment in community pharmacy workforce development including the development of specific community pharmacy pathways for IP training, Enhanced and Advanced practice, and support for Community Pharmacy Technician development
- Full IT integration with read/write access to patient records and expedition of a fit-for-purpose community pharmacy integrated digital platform for service delivery, payment and communication
- Recognition of community pharmacy as a strategic partner in primary care transformation

CPNI Recommendations on the wider requirements to support the delivery of an effective Neighbourhood Model of Healthcare:

- Confirmation of long-term commitment and resource by DoH and SPPG to support stakeholders delivering the Neighbourhood Model of Healthcare that will span a minimum 5–10-year period.
- Development of a true alliance between the stakeholders responsible for 'local neighbourhoods' and avoiding uni-professional or uni-stakeholder dominance/control.
- Recognition that current primary and community care health service activity and productivity is already at unprecedented levels and essentially at capacity.
- Secondary care reform, with derived efficiencies being re-allocated to primary and community care & 'neighbourhoods' to stabilize existing healthcare provision and then enable additional service provision to meet locally identified need through the new model.
- Autonomy from the ground-up as opposed to any potential Trust-down control/influence.
- Neighbourhood boundaries should be defined with terminology that is understood by the public and other external stakeholders e.g. use of the old council/ICP boundary terminology rather than sectoral terminology such as federation boundaries etc. This will engender true alliance of the stakeholders and help public understanding of the model and the public's role within that.
- Addressing scepticism and fatigue of stakeholders and stakeholder sectors that may be disillusioned following the standing up and then standing down of previous similar models such as LHSCG's, ICP, LCG's etc.
- Publication of a comprehensive 'Model for Neighbourhood Healthcare' 'white paper' type document in Q1 2026 with details of the model, the implementation plan, programme timelines, costings, budgetary and resource allocation etc.

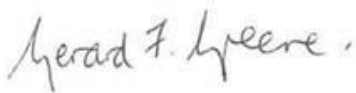
Conclusion:

CPNI on behalf of the community pharmacy sector, will continue to collaborate with the Department of Health to help deliver an Integrated Neighbourhood Care model in NI. However, immediate action is required to demonstrate that this collaboration will be supported by appropriate investment, engagement and planning, and taking into account and addressing sectoral concerns and the wider recommendations also outlined in this response. Community pharmacy requires a clear plan, backed up by the necessary commitment and resource from the Department and SPPG to fully support the development of our services, workforce, skills and opportunities.

With the correct partnership and investment, CPNI considers that community pharmacy can become a blueprint for other sectors, demonstrating how effective and efficient health and social care can be delivered in the very heart of communities at a local level, leading to better health outcomes.

We therefore urge the Department to prioritise investment and partnership with community pharmacy as a cornerstone of this transformation.

Yours sincerely



GERARD F GREENE *FPS*
Chief Executive

