

ANNUAL REVIEW OF COMMISSIONED COMMUNITY PHARMACY SERVICES IN NORTHERN IRELAND 2025/26



Department of
Health
www.health-ni.gov.uk

Executive Summary

Community pharmacies in Northern Ireland are one of the four pillars of primary care and provide vital services to local communities and neighbourhoods. These include the sale and supply of medicines, provision of expert professional advice and a range of accessible services to treat and prevent illness. The Department's Community Pharmacy Strategic Plan 2030 and three-year Commissioning Plan 2025-2028 seek to deliver more clinical services within the community pharmacy network and utilise the unique skills of pharmacy teams to offer safe, convenient and timely access to care in the heart of the community.

The purpose of the annual review is to examine access and delivery of commissioned community pharmacy services and related funding during 2025/26. This provides the Department of Health with assurance that commissioned community pharmacy services were available to the public and to support the Health and Social Care sector in that period.

The review concludes that:

- **NI was well provided in respect of access to community pharmacy services during this period.**
 - There were 506 community pharmacies in NI as of 31st March 2026, a reduction of 2 compared with 12 months previously.
 - There was good access to community pharmacies across NI, with 99.4% of the population living within 5 miles of a community pharmacy.
 - The number of community pharmacies per head of population in NI was 48% higher than in England, 22% higher than in Wales and 18% higher than in Scotland. However, it should be noted that dispensing doctor arrangements are more prominent in other parts of the UK. A range of other factors including socio-economic, rurality, greater health needs and legacy of the Troubles also contribute to greater healthcare need in NI.
- **Overall the delivery of community pharmacy services was in line with the 2025-2028 commissioning plan and contractual framework for core, additional and local services.**
- **The level of funding provided for the delivery of commissioned community pharmacy services during 2025/26 reached its highest level to date.**
 - The opening financial envelope for community pharmacy in NI was £158.7 million in 2025/26, an increase of £11.7m (8%) on the opening position in April 2024.

The different approaches to the funding of community pharmacy across the UK mean that care is required in comparing funding levels, although some broad comparisons can be made. For example, considering the opening allocations in terms of per head of population in each country for 2025/26.

- Per head of population, the opening level of funding for community pharmacy in NI in 2025/26 was 57% higher than England, 7.9% higher than Wales and 1.5% less than Scotland.

- The opening level of funding for community pharmacy in NI did not include DDRB uplift, which was included within the recurrent funding figures for Scotland and Wales. Payment of DDRB uplift for 2025/26 in NI was made in Q4.

Key Facts

There were **506** community pharmacies in NI as of 31st March 2026, a reduction of 2 **(0.4%)** compared with 12 months previously.

The opening government financial envelope for community pharmacy in NI was **£158.7** million in 2025/26.

Community Pharmacy in Northern Ireland



In addition to dispensing, in 2025/26 community pharmacies in NI offered a range of services including emergency supply, pharmacy first, smoking cessation, and flu/covid vaccinations.

99.4% of the NI population live within 5 miles of a community pharmacy.

NI community pharmacies dispensed **46.4 million** prescription items in 2025/26. The number of items dispensed has increased by **14%** over the 10-year period from 2015/16 to 2025/26.

Introduction

The Pharmaceutical Services Regulations (NI) 1997¹ regulate the terms on which pharmaceutical services are to be provided under the Health and Personal Social Services (Northern Ireland) Order 1972². The pharmaceutical services provided by community pharmacies are defined within the commissioning plan, agreed by the Department of Health, and this forms the contractual basis on which community pharmacies are funded.

The Department has a statutory obligation under Regulation 9 of the Pharmaceutical Services Regulations (NI) 1997, to compile and publish a statement known as the Northern Ireland Drug Tariff (NIDT). The NIDT sets out the dispensing or other fees payable in respect of the supply of drugs and appliances and of the provision of supplemental services and of additional professional services. The NIDT also details the reimbursement paid to community pharmacy contractors towards the actual cost of drugs and appliances supplied against health service prescriptions based on the English Drug Tariff. These prices should be reflective of the cost of the medicines dispensed. In addition, community pharmacists also receive part of their income in the form of a retained margin to provide a profit from the purchase of drugs and appliances. To ensure appropriate levels of retained margin within the community pharmacy system, both England and NI respectively undertake a “Margin Survey” each year.

It is important for the Department of Health (DoH) to be assured that commissioned community pharmacy services are available to the public and to support the Health and Social Care (HSC) sector.

The purpose of the annual review is to examine access and delivery of commissioned community pharmacy services in NI and related funding for the financial year 2025/26.

Background

The role of community pharmacy is to provide medicines and medical appliances to the public as well as other healthcare advice and services. It is one of the four pillars of primary healthcare in NI. Community pharmacy services are commissioned by DoH and delivered by independent community pharmacies and groups of community pharmacy contractors operating as private businesses. The ‘Vision for Neighbourhood Health and Wellbeing in Northern Ireland’³ envisages community pharmacies working together in formal partnership with other health and community providers through Integrated Neighbourhood Teams to provide integrated care for local communities.

A three-year commissioning plan for primary care community pharmacy services was published in 2022 as services were rebuilding and recovering following the COVID-19 pandemic. The Commissioning Plan⁴ covered the period between 1st April 2022 and 31st March 2025. A report⁵ has been produced setting out the achievements that have

¹ [Pharmaceutical Services Regulations \(NI\) 1997](#)

² [Health and Personal Social Services \(Northern Ireland\) Order 1972](#)

³ [Neighbourhood Model of Health and Wellbeing in Northern Ireland - Policy Framework - March 2026 - FINAL PDF.PDF](#)

⁴ [Community Pharmacy Commissioning Plan 2022-2025](#)

⁵ [Community Pharmacy 2022-25 Commissioning Plan – Delivery Report](#)

been delivered in that time. Furthermore, the Community Pharmacy Strategic Plan 2030⁶ sets out the vision for community pharmacy services to the end of this decade.

The Community Pharmacy Commissioning Plan 2025-28⁷ aims to provide clarity and confidence in how and what services will be commissioned and delivered in the years 2025 to 2028. It is based on the previously agreed community pharmacy contractual framework which is comprised of (1) Practice Quality System, (2) Core Services, (3) Additional Services and (4) Locally Required Services. The core service of community pharmacy is dispensing medicines while all community pharmacies provide adherence support to patients in accordance with the Disability Discrimination Act 1995 requirements (DDA).

Additional Services include Pharmacy First (e.g. Everyday Health Conditions and Emergency Hormonal Contraception) and the Stop Smoking Service. Locally Required Services include Needle/Syringe Exchange. Further details are provided in **Annex A**.

Table 1 below summarises the number of community pharmacies commissioned to provide each service, as of April 2025.

Table 1: Services provided by NI Community Pharmacies

Title of service	Category of service	Number of pharmacies commissioned to provide service Total =506	Percentage (%) of pharmacies providing service
Dispensing	Core	506	100
Emergency Supply	Core	506	100
Pharmacy Collect (LFTs)	Additional	506	100
Pharmacy First Everyday Health Conditions	Additional	506	100
Living Well	Additional	504	99
Stop Smoking	Additional	462	91
Pharmacy First EHC	Additional	397	78
Flu Vaccination	Additional	373	74
Covid Vaccination	Additional	324	64
Care Home Support (Level 1)	Additional	126	25
Palliative Care	Locally Required	61	12
Palliative Care West & North On-Call:	Locally Required	20	4
Opiate Substitute Dispensing:	Locally Required	154	30

⁶ [Community Pharmacy Strategic Plan 2030](#)

⁷ [Community Pharmacy Commissioning Plan 2025-28](#)

Needle/ Syringe Exchange:	Locally Required	26	5
Pharmacy First UTI	Additional	458	91
Pharmacy First Sore Throat	Additional	414	82

Source: Department of Health

Table 2 below indicates pharmacy payments for selected services across community pharmacies and appliance contractors in Northern Ireland during 2025/26.

Table 2: Community Pharmacy payments for selected services in Northern Ireland 2025/26

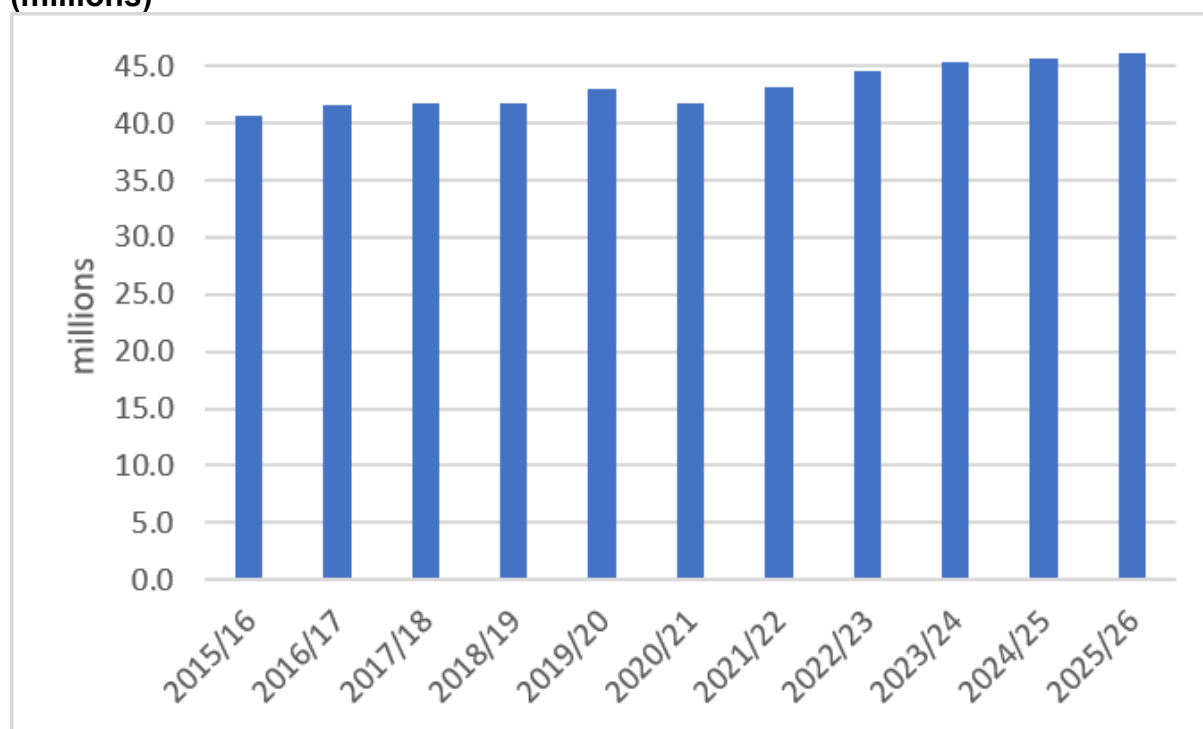
Title of service	(£000s)
Living Well Campaign	1,454.5
Pharmacy First - Everyday Healthcare Conditions	1,340.3
Emergency Supply	1,332.0
Covid Vaccination	840.3
Pharmacy First - Urinary Tract Infection	792.0
Pharmacy First - Emergency Hormonal Contraception	654.2
Care Home support	653.8
Flu Vaccination	601.1
Pharmacy First - Sore Throat	597.4
Target Antibiotic Check List	200.8
Stop Smoking	189.6
Palliative Care	96.9
Needle Exchange	89.9
Lateral Flow distribution	88.1
Pharmacy First - Shingles	23.7
Repeat Dispensing	17.1
Margin Survey Participation Payment	14.0

Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

Current Provision of services

Chart 1 below shows that NI community pharmacies dispensed 46.4 million prescription items in 2025/26, the highest on record. The number of items dispensed has increased by 14% over the 10-year period from 2015/16 to 2025/26.

Chart 1: Number of prescription items dispensed by NI community pharmacies (millions)



Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

Chart 2 shows that there were 506 community pharmacies in NI as of 31st March 2026, which is a reduction of 2 compared with the previous year and the lowest number of pharmacies in the past ten years.

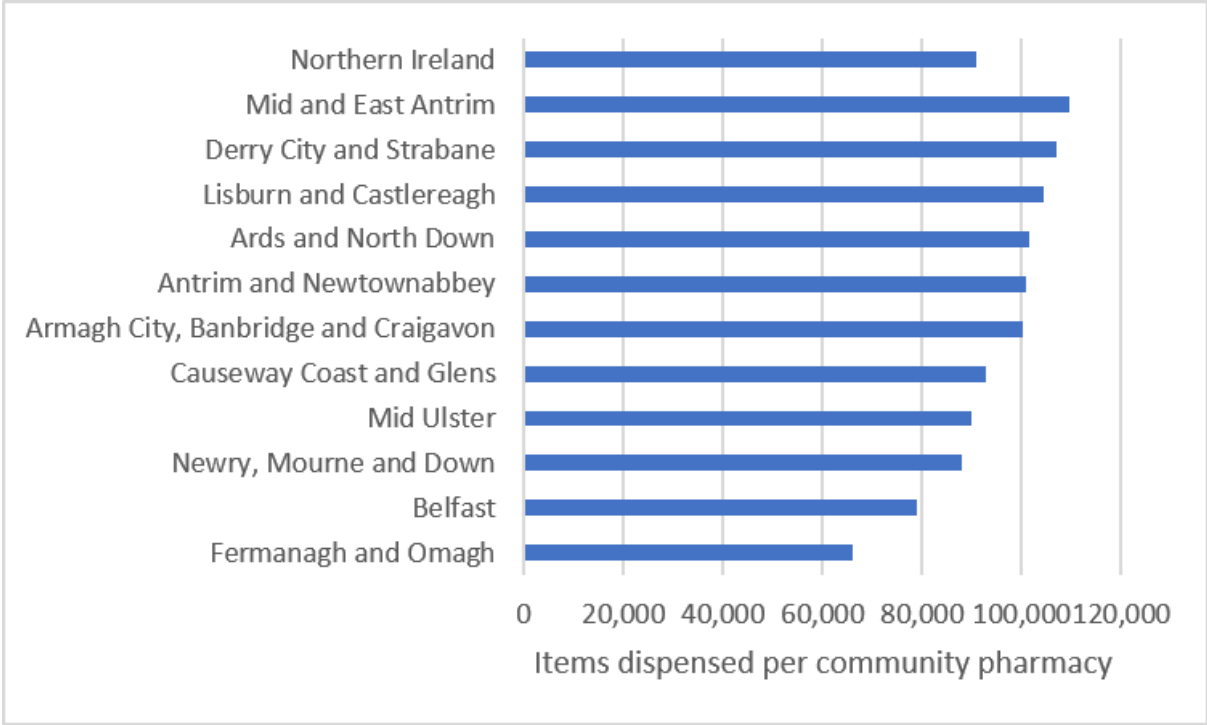
Chart 2: Number of community pharmacies in NI



Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

The increase in the number of items dispensed has meant that the number of items dispensed per community pharmacy increased by 2.1% on 2024/25 to a volume of 91,027 in 2025/26. Chart 3 indicates that there was variation across NI Local Government Districts (LGDs). Community pharmacies in Mid and East Antrim had the highest average dispensing volumes observed at 109,688 items, while those in Fermanagh and Omagh had the lowest average figure at 66,053 items.

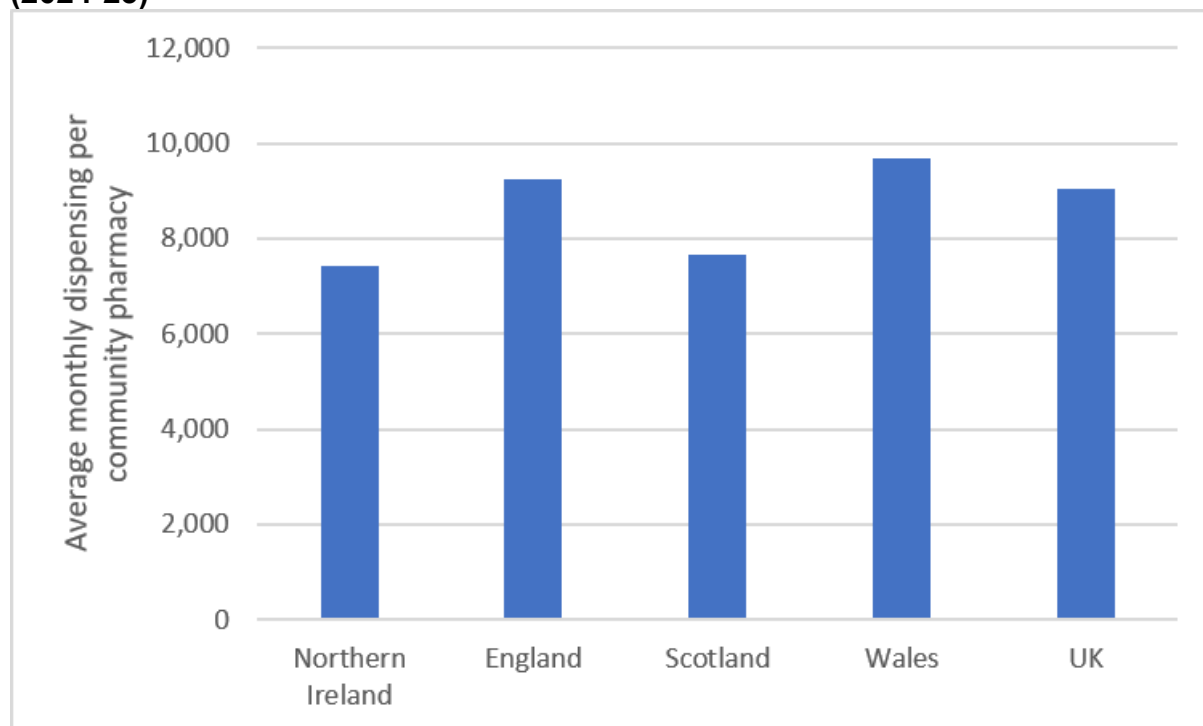
Chart 3: Average annual dispensing per community pharmacy by LGD 2025/26



Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

Despite the overall rising trend, Northern Ireland has the lowest average dispensing volumes per community pharmacy in the UK. Chart 4 illustrates that in 2024/25, the most recent year for which comparable statistics are available, the NI average was 7,429 items per community pharmacy per month. This is 17.9% lower than the UK average.

Chart 4: Average monthly dispensing per community pharmacy by UK nation (2024-25)



Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

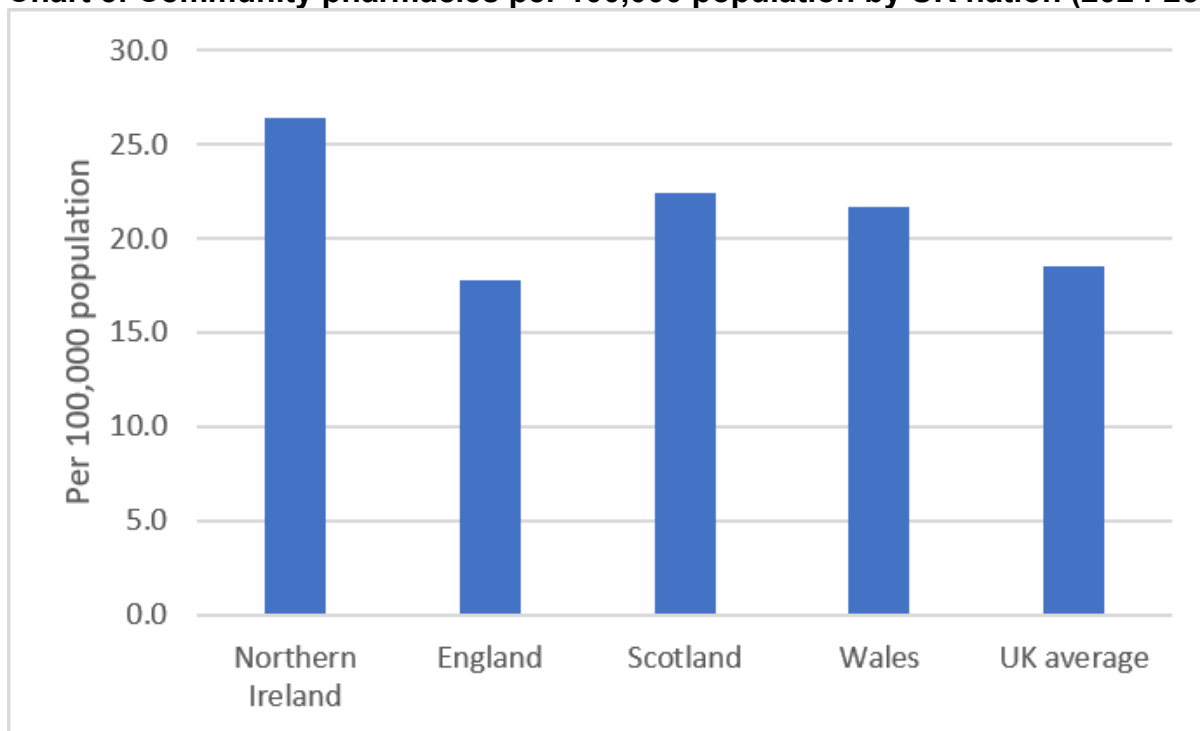
However, it should be noted that average dispensing numbers may not be directly comparable across the UK due to differences in prescribing practices. For example, in Northern Ireland and Scotland, GPs and other prescribers can instruct pharmacists to split single items and dispense them at set intervals in the interest of patient safety. In England and Wales, the practice can be to prescribe a reduced quantity of items at a greater frequency.

Chart 5 shows that NI had 26.2 community pharmacies per 100,000 population in 2025/26, a reduction of 0.8% on the previous year. The latest available statistics, for 2024/25, show that NI continues to have the most community pharmacies per 100,000 population in the UK. The UK average was 18.5 community pharmacies per 100,000 people, with NI 42.7% higher. NI has 48% more community pharmacies per 100,000 population than England, 22% more than Wales and 18% more than in Scotland.

It should be noted that in other parts of the UK, there are dispensing doctor arrangements. There is a much smaller provision in NI (0.2% of total volume) compared with England where 7% of all prescription items are dispensed by doctors⁸. Furthermore, a range of socio-economic, rurality, greater health needs and legacy of the Troubles factors contribute to greater healthcare need in Northern Ireland compared to other parts of the UK.

⁸ [Dispensing Doctors' Association](#)

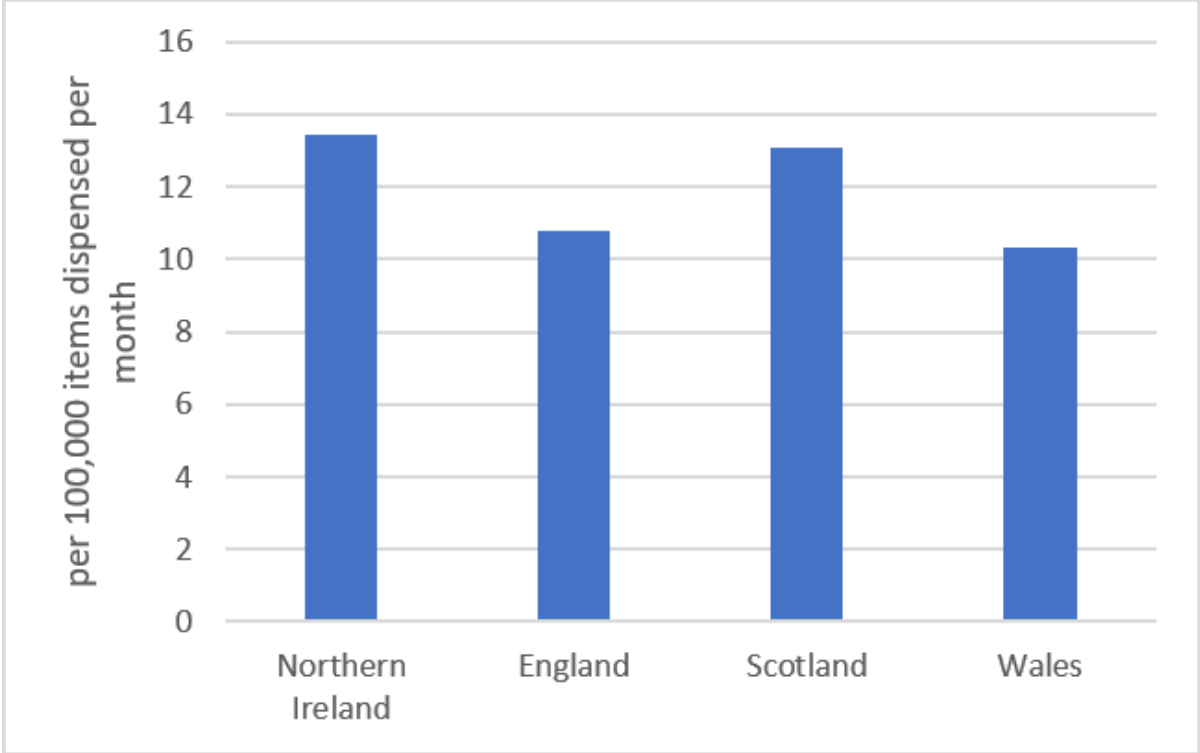
Chart 5: Community pharmacies per 100,000 population by UK nation (2024-25)



Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

Chart 6 shows that NI has 13 community pharmacies per 100,000 items dispensed per month. This indicates that NI has 25% more community pharmacies per item dispensed than England, 30% more than Wales and 3% more than in Scotland. However, as previously noted, average dispensing numbers may not be directly comparable across the UK due to differences in prescribing practices.

Chart 6: Community pharmacies per 100,000 items dispensed per month by UK nation (2024-25)

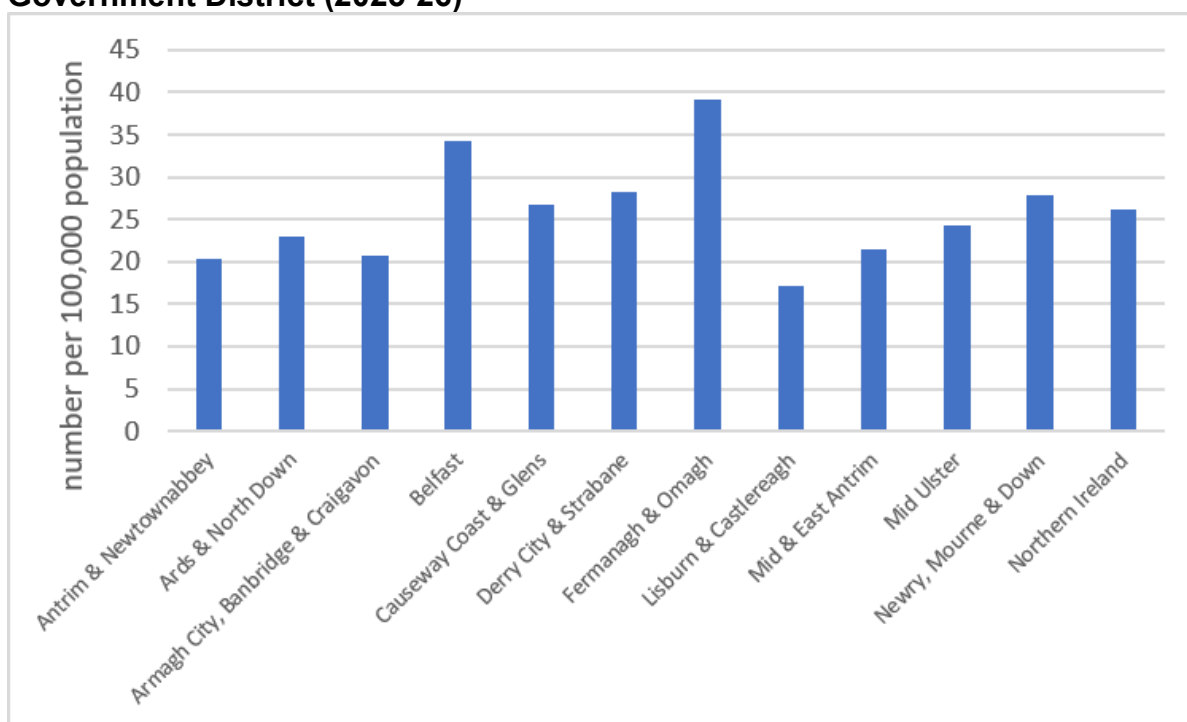


Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

Access to services

While NI overall appears to be well provided for in respect of community pharmacies it is also important to consider access in particular areas. Chart 7 shows that the number of community pharmacies per head of population is broadly similar across most NI Local Government Districts (LGDs). The main exceptions are the higher rates for the Belfast and Fermanagh & Omagh LGDs, with these LGDs home to 34.3 and 39.1 community pharmacies per 100,000 population respectively. The lowest rate is seen in the Lisburn & Castlereagh LGD, with 17.1 community pharmacies per 100,000 population. However, this lower rate does not necessarily mean reduced access to community pharmacy services, with proximity to community pharmacies also a factor.

Chart 7: Community pharmacies per 100,000 population by NI Local Government District (2025-26)



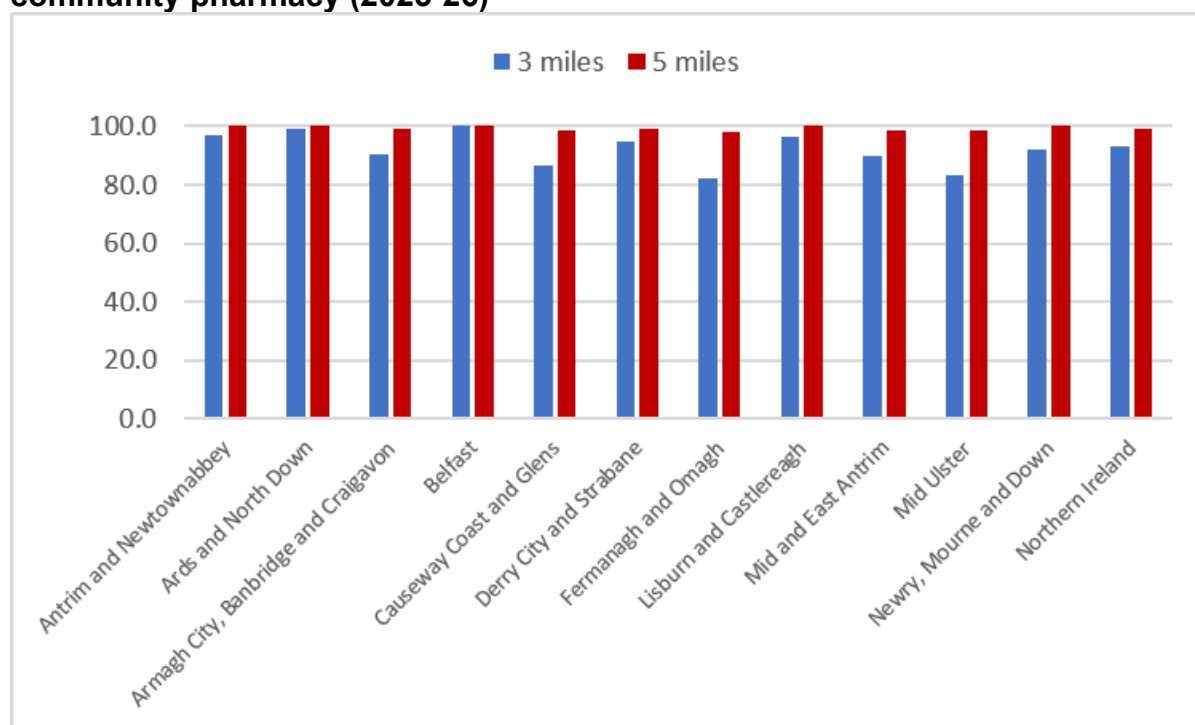
Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

In terms of access, the average person in NI lives within 0.9 miles of a community pharmacy with Chart 8 showing that 93% live within 3 miles and 99.4% within 5 miles of a community pharmacy⁹.

Belfast provides the highest level of proximity to community pharmacies, with 100% of the Belfast population living within 3 miles of a community pharmacy. Even within rural areas (where the population is more dispersed than in urban areas) access to community pharmacy services is high, such as in Fermanagh & Omagh LGD where 82% of the population lives within 3 miles and 97.9% of the population lives within 5 miles of a community pharmacy.

⁹ HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

Chart 8: Proportion of LGD population living within 3/5 miles of nearest community pharmacy (2025-26)



Source: HSC Business Services Organisation, Family Practitioner Pharmaceutical Statistics for Northern Ireland, 2025-26

Resources

Employment in community pharmacies

The most recent available data from the NI Business Register and Employment Survey (BRES) shows that in 2022, there were 5,950 employee jobs in the dispensing Chemists in a Specialised Store (Standard industrial Classification (SIC) 4773) sector in NI. This represents an increase of 6% on 2021's figure of 5,619¹⁰. In 2023 there were 94,700 employee jobs as dispensing Chemists in Specialised Stores in Great Britain¹¹. This equates to 141 per 100,000 of the GB population which is under half the rate for NI of 312 per 100,000 population.

Chart 9 indicates that there were 2,984 pharmacists registered with the Pharmaceutical Society of NI in May 2025. This equates to an increase of 64 from May 2024¹², and is up 29.6% over the past decade. In comparison, there were 55,597 pharmacists in England, 5,639 in Scotland and 2,795 in Wales on the General Pharmaceutical Council register in July 2025¹³. Using mid-2024 population data¹⁴, Northern Ireland has 154 pharmacists registered per 100,000 population, which compares positively to 95 for England, 102 for Scotland and 88 for Wales.

¹⁰ [NI Business Register and Employment Survey \(BRES\) 2022](#)

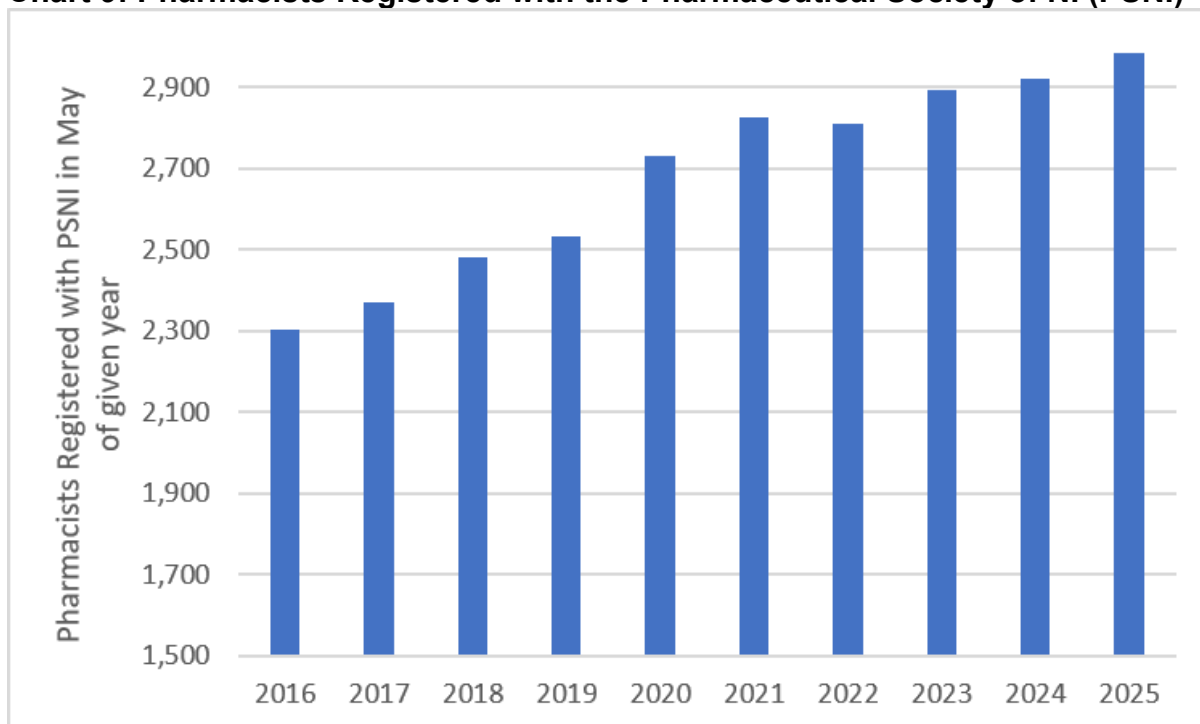
¹¹ [UK Business Register and Employment Survey \(BRES\): Table 2](#)

¹² [Pharmaceutical Society of Northern Ireland - Annual Report and Accounts 2024-25](#)

¹³ [GPhC registers data | General Pharmaceutical Council \(pharmacyregulation.org\)](#)

¹⁴ [Population estimates for the UK, England, Wales, Scotland and Northern Ireland - Office for National Statistics](#)

Chart 9: Pharmacists Registered with the Pharmaceutical Society of NI (PSNI)



Source: PSNI Annual Report and Accounts

In 2022, 52.0% of respondents to the Northern Ireland Pharmacist Workforce Survey¹⁵ indicated that they practice in community pharmacy, with 34.9% in hospital pharmacy and 15.6% in general practice¹⁶.

Industry structure

According to the Inter Departmental Business Register (IDBR) there were 215 VAT and/or PAYE registered businesses operating in NI in 2025 as dispensing Chemists in a Specialised Store, a decrease of 7% on 2013¹⁷. Table 3 shows that 7 larger companies with 10 or more branches account for 50% of all community pharmacy branches in NI.

Table 3: Industry structure of NI community pharmacy sector

	Companies	Branches
Independent contractors (≤3 branches)	164	202
Small chains (4-9 branches)	8	50
Multiples (≥10 branches)	7	251
Part of UK multiple	3	3
Total	182	506

Source: Business Services Organisation (BSO)

Note: The number of community pharmacies (506) relates to the opening position of 2025/26

¹⁵ [Northern Ireland Pharmacist Workforce Survey](#)

¹⁶ Survey respondents were able to select multiple options for this question.

¹⁷ [Historical Data Tables - IDBR](#)

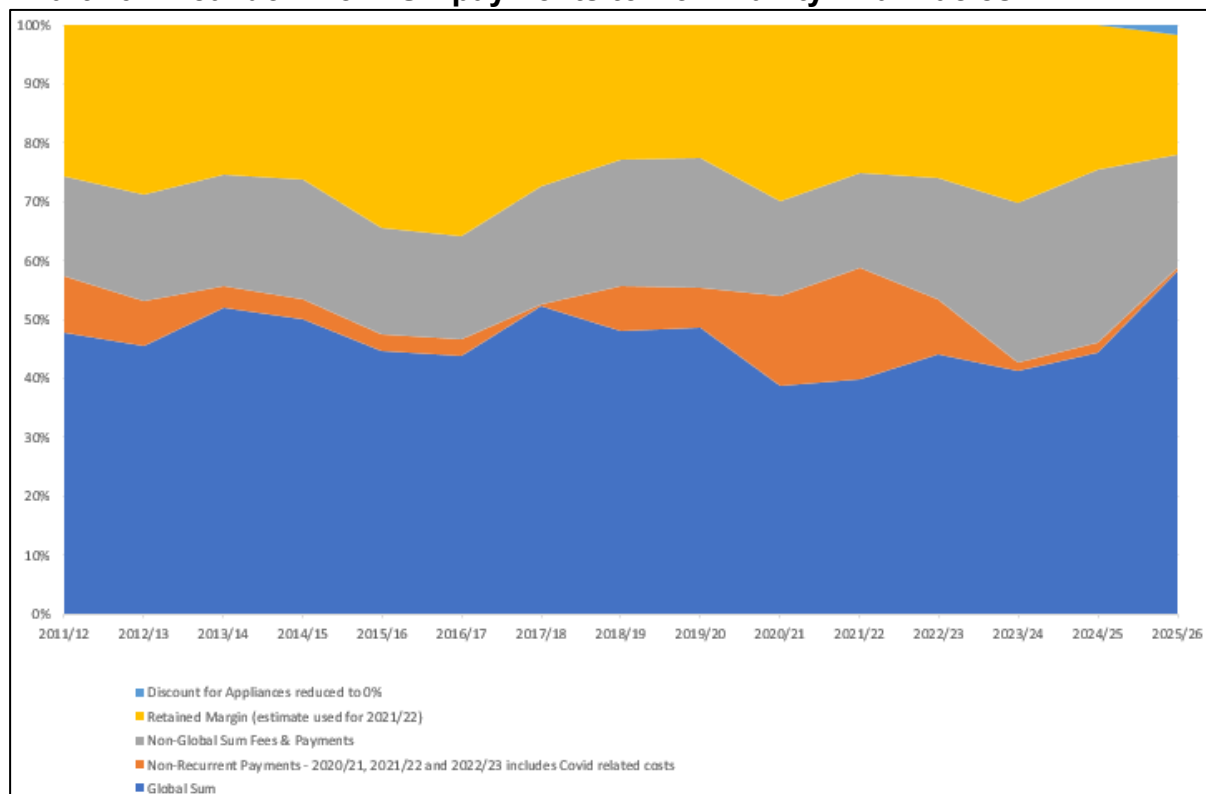
Government funding

The opening community pharmacy financial envelope for 2025/26 totalled £158.7 million. Community pharmacy funding comprises three key elements:

- Remuneration (£121.9m) – this is the fees and allowances paid to community pharmacies for the professional services they provide and comprises global sum and non-global sum fees. Global sum fees (£92.9m) include main dispensing fees and practice allowance, while non-global sum fees (£29m) include item of service payments for pharmaceutical services including medicines adherence support.
- Reimbursement (£34m minimum retained profit) – this reimburses community pharmacies for the cost of medicines that are supplied to patients, plus a level of ‘margin’, or retained purchase profit. The guaranteed level of minimum retained profit is at least £34m, however margin earned in excess of this is not recouped.
- Discount for Appliances reduced to 0% - upon completion of the transition to new discounting arrangements from 1st April 2025, the discount applied for Appliances changed from 10.39% to 0% (Zero Discount) for prescriptions dispensed from April 2025 prescriptions onwards. This resulted in an estimated additional £2.8m being retained by the community pharmacy network.

Chart 10 shows that the Global sum accounts for around 60% of the funding for community pharmacies in 2025/26, with around 20% for non-global sum fees and around 20% for the allowed retained purchase profit (RPP). Non-recurrent funding peaked at 19% in 2021/22 and included funding for Covid-19 (which accounted for an additional £20 million each year in 20/21 and 21/22 with additional non-recurrent funding of £7 million from the Confidence & Supply Agreement in 2018-20), although this has reduced to 1% in 2025/26.

Chart 10: Breakdown of HSC payments to Community Pharmacies in NI



Source: DoH

DoH funding for community pharmacy is uplifted against global and non-global sum costs each year in line with the recommendations for pay from the Review Body on Doctors' and Dentists' Remuneration Body (DDRB) which recommended a 3% uplift in 2021¹⁸, 4.5% in 2022¹⁹, 6% in 2023²⁰, 6% in 2024²¹, and 4% in 2025²².

The overall opening funding envelope was £158.7 million for 2025-26. This opening figure did not include an uplift for DDRB, which was paid in Q4 of 2025/26 and which increased the total amount of guaranteed recurrent funding for community pharmacy in NI to £163.4m. Chart 11 shows that the opening funding envelope for community pharmacy in NI has increased in recent years, with 2025/26's opening figure (without DDRB) 53% higher than that seen in 2018-19, and 57% higher when DDRB payments are included.

¹⁸ [Review Body on Doctors' and Dentists' Remuneration – 49th Report 2021](#)

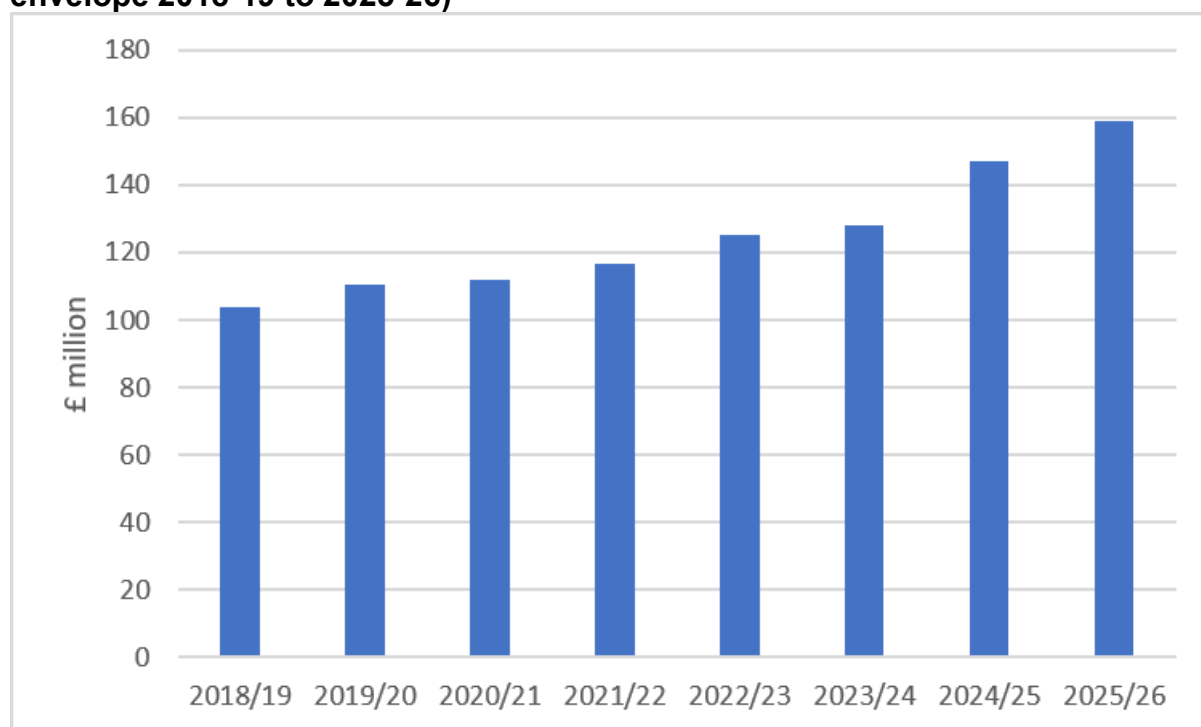
¹⁹ [Review Body on Doctors' and Dentists' Remuneration 50th Report 2022](#)

²⁰ [Review Body on Doctors' and Dentists' Remuneration – 51st Report 2025](#)

²¹ [CP 1118 – Review Body on Doctors' and Dentists' Remuneration – Fifty-Second Report 2024](#)

²² [Review Body on Doctors' and Dentists' Remuneration](#)

Chart 11: Government funding for community pharmacy in NI (opening financial envelope 2018-19 to 2025-26)



Source: DoH

Note: 2025/26 position excludes DDRB recurrent uplift of 4% to global and non-global sum which was paid in Q4 of 2025/26

The different approaches to the funding of community pharmacies across the UK mean that care is required in comparing funding levels, although some broad comparisons can be made. Unlike the increases experienced in NI the funding envelope for community pharmacy in England fell by 8% from £2.8 billion in 2015-16 to £2.6 billion in 2017-18²³. This figure remained at this level until 2023-24 under the terms of the five-year Community Pharmacy Contractual Framework²⁴, before rising to £2.698 billion in 2024/25 and to £3.073bn in 2025/26²⁵.

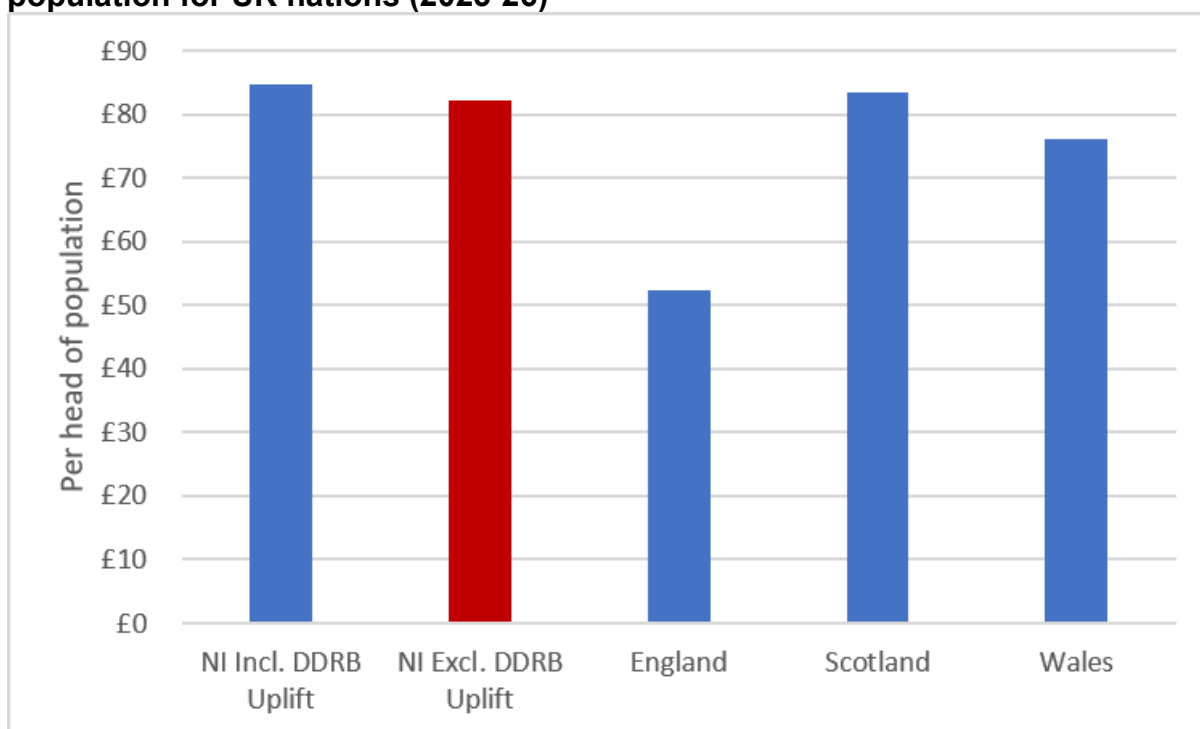
Chart 12 below shows that per head of population the core funding envelope for community pharmacy in NI (without DDRB) in 2025/26 was 57% higher than England, 7.9% higher than Wales and 1.5% less than Scotland. DDRB uplifts are included within the relevant UK comparisons and when this is included within the NI figure for recurrent funding this demonstrates that the level of guaranteed government funding for community pharmacy in NI was 62% higher than England, 11% higher than Wales and 1.5% higher than Scotland. However, it is worth acknowledging that Scotland suspended branded discount clawback in July 2025, providing additional in year funding of approximately £9m in 2025/26, pending further review through the margin survey.

²³ [PSNC-Briefing-003.22-Pharmacy-Funding-and-Capacity.pdf](#)

²⁴ [PSNC-Briefing-026.21-Community-Pharmacy-Funding-in-2021-22.pdf](#)

²⁵ [Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](#)

Chart 12: Government funding for community pharmacies per head of population for UK nations (2025-26)



Source: DoH

The operating costs of community pharmacies in NI may be lower than elsewhere in the UK. For example, the median gross weekly earnings of Pharmacists (Standard Occupational Classification (SOC) 2251) in NI in 2025 (£671.20)²⁶ was 35% lower than the UK median (£1,034)²⁷.

²⁶ [Employee earnings in NI 2025 | Northern Ireland Statistics and Research Agency](#)

²⁷ [Employee earnings in the UK: 2024 | Office for National Statistics](#)

SERVICES IN 2025-28 COMMISSIONING PLAN FOR NI COMMUNITY PHARMACY SERVICES

Practice Quality System

Practice Quality system component	Description	Outline 3-year Plan
Clinical Governance	A clinical governance and assurance framework to assure the consistent quality delivery of HSC services	Establish and implement the clinical governance framework
Infrastructure	IT and other infrastructure to support the delivery of HSC services (which may include transitional funding to support service development)	Subject to business case approval, implement ePharmacy to support the IT infrastructure. - Progress the GoPharmacyNI digital system for services, Extension of Encompass (through Epicare Link) to community pharmacy. - Review cybersecurity issues alongside other FPS providers. Ensure appropriate governance arrangements are in place for hub-and-spoke dispensing processes.
Access/Opening Hours	Extended opening and out of hours rota alongside core opening hours. Enhanced access funding in areas of deprivation / rural where there are access issues.	Review existing provision and ensure it meets the pharmaceutical needs of local populations.
Practice Level Services	- Pharmaceutical Waste - Sign Posting - Advised Self Care - Living well service	Develop, reform and deliver services responding to policy developments such as the Valuing Medicines Strategy, addressing health inequalities and public health priorities.

Core Services

Core Service	Description	Outline 3-year Plan
Dispensing	- Professional assessment, safe supply of quality assured medicines and structured advice to patients, carers and other health care professionals supporting concordance with medicines. - Instalment dispensing (for medicines liable for misuse/abuse). - Repeat dispensing (particularly in stable long-term conditions). - Comply with statutory requirements under the Disability Discrimination Act (DDA) 1995 with respect to medicines adherence.	Consolidate instalment dispensing model. Re-examine repeat dispensing service based on existing models. Prepare the foundations for electronic transmission of prescribing for roll out in the 2032-35 commissioning cycle.

Additional Services

Additional Services	Outline 3-year Plan
Pharmacy First (Everyday health conditions, UTI, Emergency Hormonal Contraception, Sore Throat Assess and Treat)	Commission expanded service incorporating independent prescribing and diagnostics where relevant linked to health need and in line with digital capability.
Stop Smoking Service	Maintain provision, review current service and explore areas for development e.g. inclusion of additional treatments to NRT.
Vaccination services: Flu and COVID-19	Develop the seasonal vaccination service in line with policy.
Other vaccinations	Explore use of community pharmacy for other vaccinations, e.g. immunisations, shingles, RSV, and other patient cohorts.
Care Home Service	Commission redesigned service with the establishment of Tier 2 service (medicines optimisation indicators).
Emergency Supply Service	Maintain and review service provision.
Hypertension Service	Review results of pilot service and consider options for roll out learning from existing models elsewhere in the UK.
Brief Intervention Service	Explore the potential to further develop brief intervention service models in line with Public Health priorities and available capacity.
Lateral Flow testing for COVID-19	It is likely that the current requirement for COVID-19 testing will be maintained in the short term but may be revised within the commissioning timeframe in line with changes to public health advice.

Additional services linked to workforce development – 1. Pharmacist Independent Prescribing and 2. Pharmacy Technicians	1. Undertake collaborative IP pathfinder, integrated with general practice, to explore legal and governance framework required for management of chronic conditions. 2. Explore expansion of roles for Pharmacy Technicians within existing services.
Discharge medicines service/New medicines service	Supporting patients returning home after a hospital stay with taking their medicines.
Cardiac rehabilitation	Supporting patients to return to as full a life as possible following a heart attack, heart surgery or a diagnosis such as heart failure. Community pharmacy can tailor support through lifestyle interventions, dietary support and support for taking medicines.
Weight management service	Consider advice, support and treatment roles for suitable patients.

Locally Required Services

Locally Required Services	Outline 3-year Plan
Palliative Care	Continue to refine and develop service. Consider recommendations from the DoH Review of Palliative Care.
Belfast On-call	Monitor existing service.
Opiate substitute dispensing	Implement redesigned service model and expand for further treatment options.
Needle/Syringe Exchange	Continue to develop provision including provision of naloxone.
Excluded patient service	Develop and commission service.