Community Pharmacy Leicestershire and Rutland and Pfizer Ltd Collaborative Working Project Evaluation Document

Executive Summary

This evaluation reviews the outcomes of the collaborative working project between Community Pharmacy Leicestershire and Rutland and Pfizer, aimed at reducing the burden on primary care by optimising the use of community pharmacies. The initiative, running from December 2023 to September 2025, sought to improve patient access, enhance system efficiency, and support NHS recovery efforts.

By integrating GP and community pharmacy systems, this project enabled GP practices to seamlessly direct referrals to community pharmacies for both minor ailments and long-term condition support. This approach freed up valuable GP capacity while enhancing the overall patient experience.

Preliminary findings suggest increased access to same-day care, improved patient outcomes, and enhanced utilisation of pharmacist expertise. The project demonstrates a successful model of collaborative working that aligns with NHS priorities and showcases Pfizer's commitment to shared value partnerships.

Project Overview

Project Title: Optimising the Use of Community Pharmacy to Reduce Burden on Primary Care by integrating systems to enable practices to refer and book patients for consultation with pharmacy

Project Duration: 1 December 2023 – 30 September 2025

Evaluation Team: Rajshri Owen, Paul Gilbert & Michelle Richardson

Evaluation Timeline: Project completion by September 2025, Publication by November 2025

Evaluation Objectives

To assess the impact of integrating GP systems with community pharmacy systems to:

- Improve patient access to healthcare services
- Reduce pressure on primary care and A&E
- Enhance the role and reputation of community pharmacies
- Increase utilisation of community pharmacist capacity
- Support NHS recovery and long-term condition management

Key Evaluation Metrics

Access & Capacity:

- Number of new primary care appointments created
  - **1,713 appointments booked with 1,397 appointments completed, delivering an 82% completion rate**
- Ease of use for patients and GP surgeries
  - **100% of patients would use the service again** *(based on 67 patient questionnaires)*
  - **Positive GP surgery feedback**
    - *'Utilising the booking platform to book pharmacy first appointments has been revolutionary in making the process as seamless as possible.'*
    - *'Being able to view live appointments and give patients the reassurance of a booked appointment has helped us to direct more patients to pharmacy first.'*
    - *'It has helped us to continue to build our relationships with community pharmacies positively.'*
    - *'I can also now see all of my referral data in one place and our referral numbers have significantly increased.'*

Patient Outcomes:

- Patient satisfaction (via surveys)
  - **100% of patients would use the service again** *(based on 67 patient questionnaires)*
- Support for patients in deprived and rural areas

System Efficiency:

- Time freed for GPs to manage higher acuity cases
  - **1713 appointments have been booked from GP practice into pharmacy to date. This has freed up 257 hours or 32.1 days of GP time and saved over £71,946 in FTE costs** *(based on a GP FTE of 8 hours/day and an average GP consult lasting 9 minutes at a cost of £42)* (Ref 1)
  - **1397 appointments that have been referred from GP practice have been completed in pharmacy to date. This has freed up 210 hours or 26.3 days of GP time and saved over £58,674 in FTE costs** *(based on a GP FTE of 8 hours/day and an average GP consult lasting 9 minutes at a cost of £42)* (Ref 1)
- Integration success between GP and community pharmacy systems
  - **With an average of 20 appointments per week being referred to community pharmacy, a practice could provide around 1000 more appointments per year.** (this average was found from the pilot)
  - **Based on this pilot, an average PCN could provide their patients with approximately 5200 extra appoints per year.** *(based on an average PCN being 5- practices in size (Ref 2) and each practice referring 20 appts/week (which is based on the average no of appoints delivered per week across the pilot)*

Pharmacy Impact:

- Improved utilisation of pharmacist skills and support for NHS initiatives
  - **Through completing 1397 appointments and driving uptake of NHS initiatives, patients were provided appointments more quickly and easily through pharmacists, while also supporting income of £23,749 to pharmacies through the NHS Pharmacy First Initiative** *(based on £17/completed appointment as per the Pharmacy First Initiative,* Ref 3*)*

Evaluation Methodology

Quantitative Data Collection:
Appointment & referral tracking
System usage analytics

Qualitative Feedback:
Patient surveys
Staff feedback (GPs and pharmacists)
Documenting outcomes and lessons learned

Benefits Summary

For Patients:

- Easier, same day access to appointments
- Timely & more convenient treatment
- Better support in underserved areas

For NHS:

- Increased Health Care Professional availability across GP practices
- Enhanced service delivery and utilisation of community pharmacy services
- Increased system integration and cross sector working

For Pharmacy:

- Improved workflow management
- Increased referrals and additional income as per Pharmacy First Initiative *(ref 3)*
- Closer working with GP practices

For Pfizer:

- Demonstration of shared value partnership
- Contribution to improved patient care

Stakeholder Feedback

Overview:
Stakeholder feedback was collected throughout the project to ensure the initiative remained aligned with the needs of patients, healthcare professionals, and system partners.

General Practitioners (GPs):

- Positive impact on workload
- Improved patient acceptance of pharmacy as a health care provider
- System integration was intuitive
- Strengthened collaboration with pharmacies

Community Pharmacists:

- Better utilisation of clinical skills and services available
- Increased use of community pharmacists & services
- Operational challenges during peak times

- Improved patient trust

Patients:

- Appreciated expedited care closer to home
- High satisfaction levels
- Offering patients a specific appointment time increased the perception of better coordinated care
- Need for increased awareness of collaborative approach between practices and pharmacies

Integrated Care System Partners:

- Supported NHS priorities e.g. same day access
- Interest in scalability across local system
- A valuable test of innovation

Feedback Summary:
Overall positive feedback with constructive insights that informed mid-project adjustments.

Risk Management

Overview:
Effective risk management was integral to the success of the project. Risks were identified, monitored, and mitigated throughout the project lifecycle.

Key Risks and Mitigation Strategies:

- System Integration Delays: Early IT engagement and phased rollout
- Low Patient Awareness: Targeted communications and education
- Increased Pharmacy Workload: Staffing support and workload monitoring
- Data Privacy Concerns: General Data Protection Regulation (GDPR) compliance and staff training
- Stakeholder Misalignment: Regular meetings and shared objectives
- Limited GP Participation: System level influence and peer engagement

Governance and Oversight:

- Monthly risk reviews by steering group.
- Adherence to ABPI Code of Practice for the Pharmaceutical Industry and NHS standards

Exit Criteria:

- No measurable patient benefit
- Governance or ethical breaches
- Safety concerns

Enhancements for future projects.

Here we are sharing key learning points to support other systems should they wish to replicate the project; we recommend that they take note of these points to accelerate the pace of implementation.

1. Early engagement is critical (this includes data governance & internal governance compliance)
2. Clear communication drives adoption
3. Flexibility enhances success
4. Technology must be user-friendly
5. Continuous feedback improves outcomes
6. Governance & compliance agreements – critical, limiting factors to project launch

References

1. *NHS England — East of England » Quarter of a million more seen by GPs in the East of England during October as costs of "no-shows" revealed*
2. *The changing shape of English general practice: a retrospective longitudinal study using national datasets describing trends in organisational structure, workforce and recorded appointments | BMJ Open*
3. *NHS England » Primary care networks (PCNs)*