

Expanding the Role of Community Pharmacists in Lipid Management

Survey Results

May 2026



This research has been conducted by Healthcare Research Worldwide (HRW) and fully funded by MSD

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Background and Objectives

Community pharmacists have historically had **limited involvement** in care pathways, for example due to prescribing restrictions and fragmented collaboration.

However, part of the ambition of the **NHS-10 Year Plan** is to increase the role of community pharmacy in the management of long-term conditions, including the area of lipid management - creating opportunities to expand their current responsibilities.

To continue MSD's support of an integrated nationwide approach to lipid management, we sought to **understand the perceptions of this expansion**, identifying enablers and barriers to generate insights which could help support and inform policy, commissioning and integrated care models.

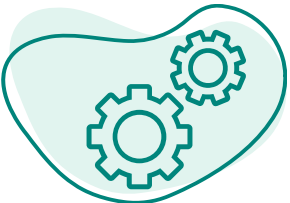
This **report** explores **key attitudes, drivers & barriers** to an expanded role of community pharmacists in lipid management.

This report contains **combined findings** from a quantitative online survey, and qualitative follow-up interviews

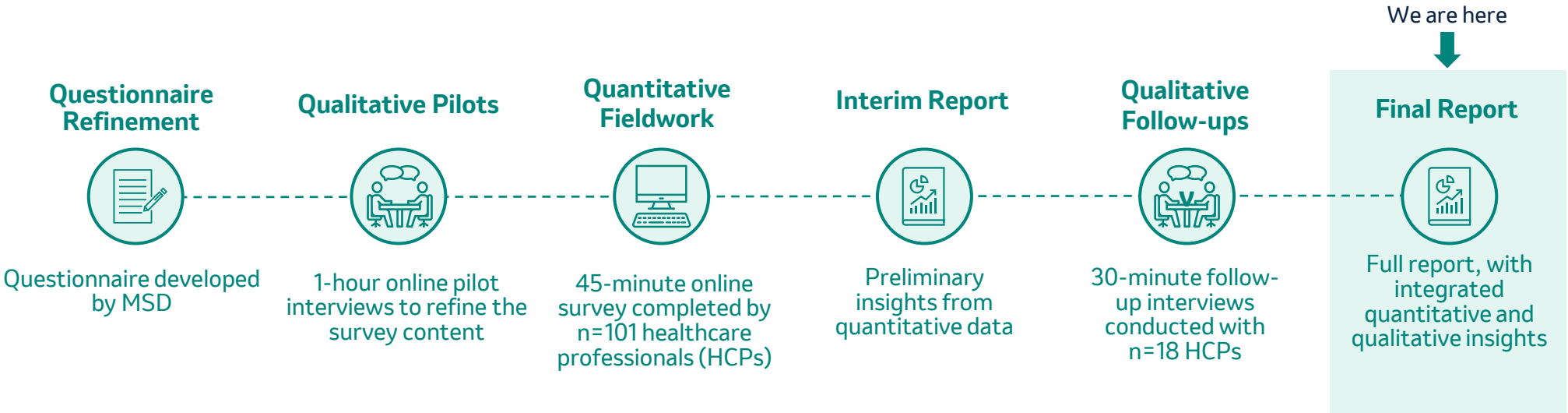
It includes:

- GP and pharmacist **sentiment** toward an expansion
- The experiences of pharmacists on the **pathfinder pilots**, and the early insights it provides into an expanded model
- The **key drivers and barriers** towards an expanded pharmacist role:
 - Training
 - Funding / workforce capacity
 - Communication
 - Policy and clarity of role
 - Patient experiences

Methodology and Sample



METHODOLOGY



SAMPLE

	Qualitative Pilot Interviews	Quantitative Survey	Qualitative follow ups
General Practitioners	2	30	9
Community Pharmacists	2	71	9
Total	4	101	18*

**To ensure a variety of opinions were represented, respondents for the follow-ups were selected based on their overall opinions on an expanded pharmacist role. Approximately an equal share of the sample were therefore a) strongly supportive of it b) more neutral on it c) slightly apprehensive towards it*

Navigating this report

Throughout this report, we have added a number of callouts which can be identified using the following visuals:

Directional Differences


The findings in this report are at an overall level, however in some cases group differences are seen. We have used the arrows below to show the direction of these group differences.

 Directionally higher

 Directionally lower

These arrows will be paired with the following icons, which represent the groups in which these differences occur.

1. Specialty

General Practitioner	
Pharmacist	

2. Time Practicing

3-5 years	3-5
6-12 years	6-12
13-20 years	13-20
21+ years	21+



3. Pathfinder Pilot Involvement

On Pathfinder	PP
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4. Practice Setting

Community Pharmacy only	
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5. Satisfaction with current hyperlipidaemia care

Satisfied	
Neutral	
Dissatisfied	

6. Perceived pharmacist preparedness for expanded role

High preparedness	
Low preparedness	

7. Value seen in expanding pharmacist role

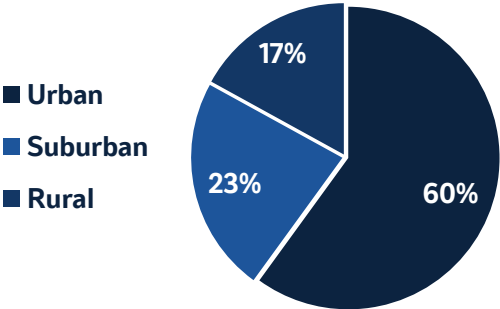
High value	
Low value	

GP Sample Demographics

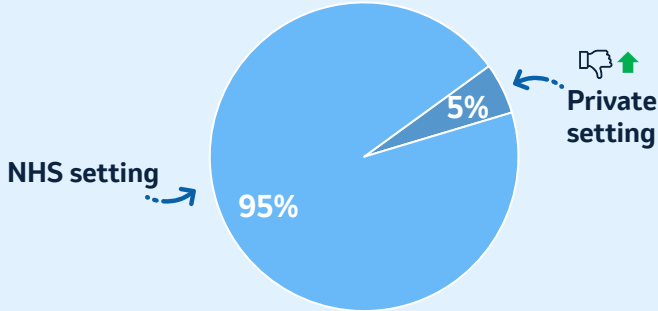
Key

- ↑ Directionally higher
- 🗨️ Lower perceived value in expanding role

Setting Primarily Work In



Primary Practice Setting



Years In Practice



Average # Of ASCVD Patients Currently Personally Seen



Pharmacist Sample Demographics

Key

↑ Directionally higher

↓ Directionally lower

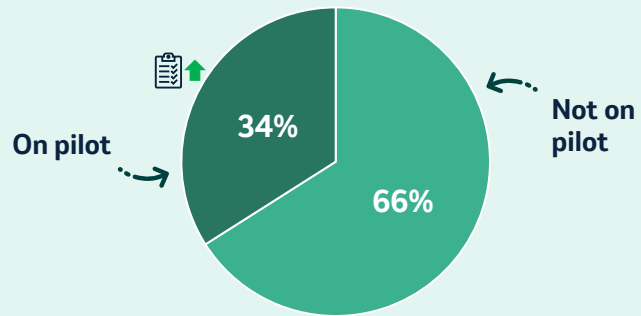
PP Pathfinder Pilots

🏠 Community pharmacy only

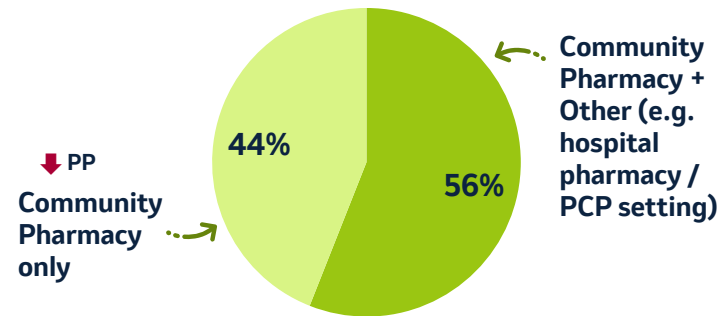
📋 High preparedness

📋 Low preparedness

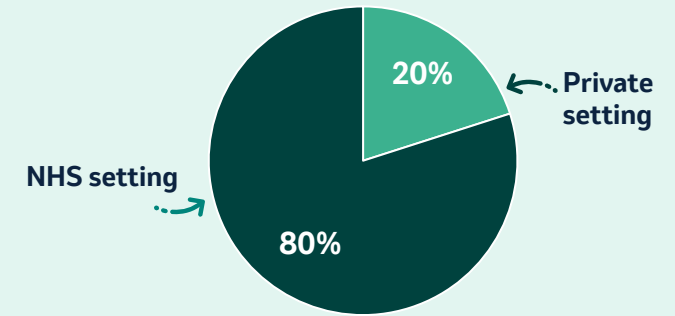
% Of Pharmacists On Pathfinder Pilots



Primary Practice Setting



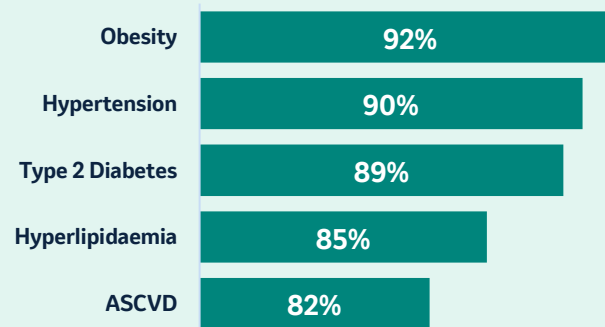
Average Proportion Of Time Spent In Practice Settings



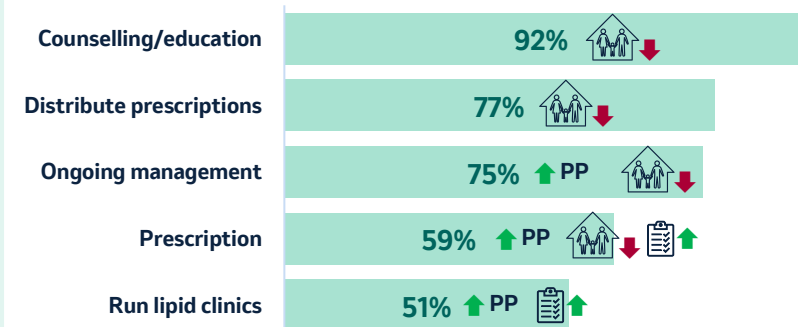
Years In Practice



Conditions Currently Managed



Responsibilities In Lipid Management

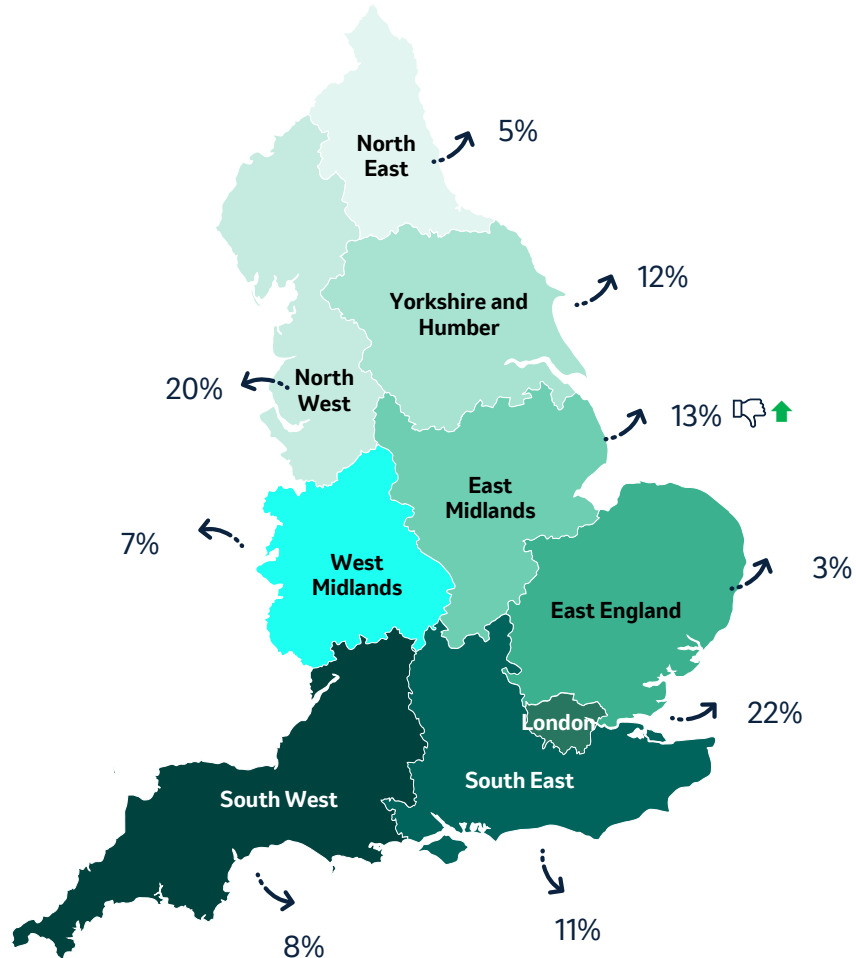


Population split

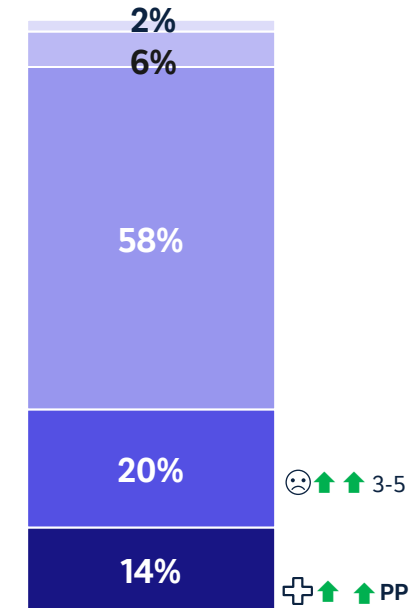
Key

- ↑ Directionally higher
- ☹ Low satisfaction with hyperlipidaemia care
- ⊕ Pharmacist
- 🗨 Value seen in expanding role
- PP Pathfinder Pilots
- 3-5 Years in practice

▶ Regions in England respondents work in



▶ Population demographics respondents primarily serve



- Well-resourced and affluent
- Relatively well-resourced and affluent
- Mixed needs
- Moderate social and economic challenges
- Significant social and economic challenges



Base: Total (n=101)

Breakdown of Pharmacists on NHS Pathfinder Pilots by geography: North-East n=5, Yorkshire & Humber n=12, North-West n=20, East Midlands n=13, West Midlands n=7, East England n=3, London n=22, South East n=11, South West n=8



Expanding the Role of Community Pharmacists in Cardiovascular Disease

This research has been conducted by Healthcare Research Worldwide (HRW) and fully funded by MSD.

We surveyed key attitudes, drivers and barriers to an expanded role for community pharmacists in lipid management through a combined qualitative and quantitative approach.

	45-minute Quantitative Survey	30-minute follow-up interview
Community Pharmacists	N=71	N=9
General Practitioners*	N=30	N=9
Total	N=101	N=18

Full details of the methodology and sample can be made available upon request

*Please note that N=24 GPs (80%) have a special interest in hyperlipidaemia/ASCVD, and therefore are not necessarily representative of GP opinion more broadly

Potential Expansion of Community Pharmacy Role



95%



80%

Strong support for expanding community pharmacy's role

95% of pharmacists and 80% of GPs rate the value of expanding their role as considerable to excellent, as it would:

- Leverage pharmacist expertise in medicine
- Improve patient access to healthcare
- Reduce GP workload pressures
- Support more efficient use of healthcare resources
- Enable improved patient support, leading to better cardiovascular health outcomes in patients

Current Community Pharmacy Role in Lipid Management



Community pharmacists support with medication adherence and patient education.



GPs lead on core responsibilities such as diagnosis, initiating therapies, and referring patients for specialist treatment

Looking ahead

Trusted to take on a wider clinical role in future CVD care

93% of GPs and 96% of pharmacists see a role for pharmacists beyond first line statin initiation.

“Where better than a healthcare professional who has the clinical expertise, and capability to further develop that expertise, to hold and run these services, than community pharmacy”

Pharmacist

Enablers of Community Pharmacy's Role Expansion

42% of pharmacists currently feel prepared to take on an expanded role, highlighting a need for additional support.

To bridge this gap, 5 key drivers were identified for the successful expansion of community pharmacists' role in lipid management.

TRAINING



Nationally implemented and accredited, with flexibility for integrated care board (ICB)-level tailoring, and clear referral criteria and workflow clarity

FUNDING



Ensuring adequate workforce to prevent overburden, and sustainable funding incentives

CLARITY OF ROLE + CLEAR GOVERNANCE



Clear scopes of practice and escalation routes to avoid duplication or fragmentation

COMMUNICATION



Improved GP-Pharmacy integration; supported by shared IT and patient record access

EMPOWERED AND EDUCATED PATIENTS



Public awareness to support proper use of pharmacist-led services and continuity of care

Current treatment paradigm and overall sentiment for the expansion

While almost all GPs are involved across the full spectrum of lipid management, pharmacist involvement is more variable

► Responsibilities currently held in management of hyperlipidaemia

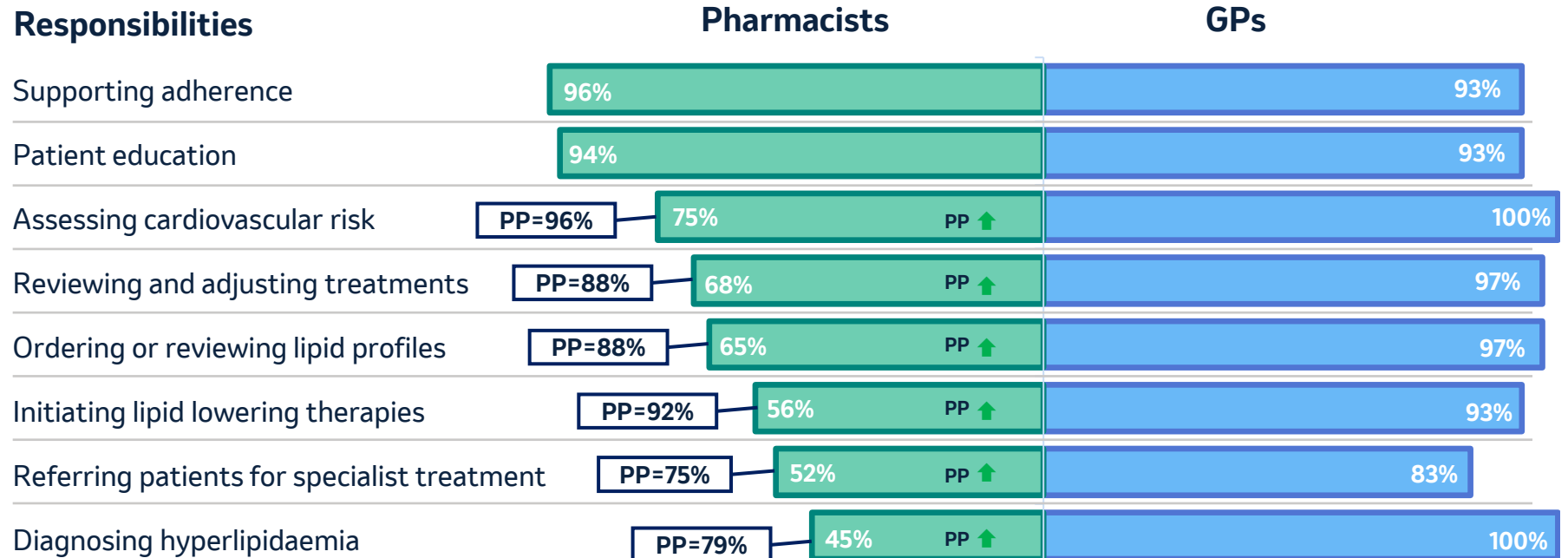
Pharmacist vs GP

- Pharmacists and GPs responsibilities overlap largely with supporting adherence and patient education.
- The biggest discrepancies are in diagnosing hyperlipidaemia, and referring for specialist treatment, with GPs more involved overall.

Pathfinder Differences

- Pathfinder Pilot respondents have taken on more across all areas except patient education and adherence support.
- The largest difference from non-pilot respondents is in initiating lipid lowering therapies, then diagnosing hyperlipidaemia.

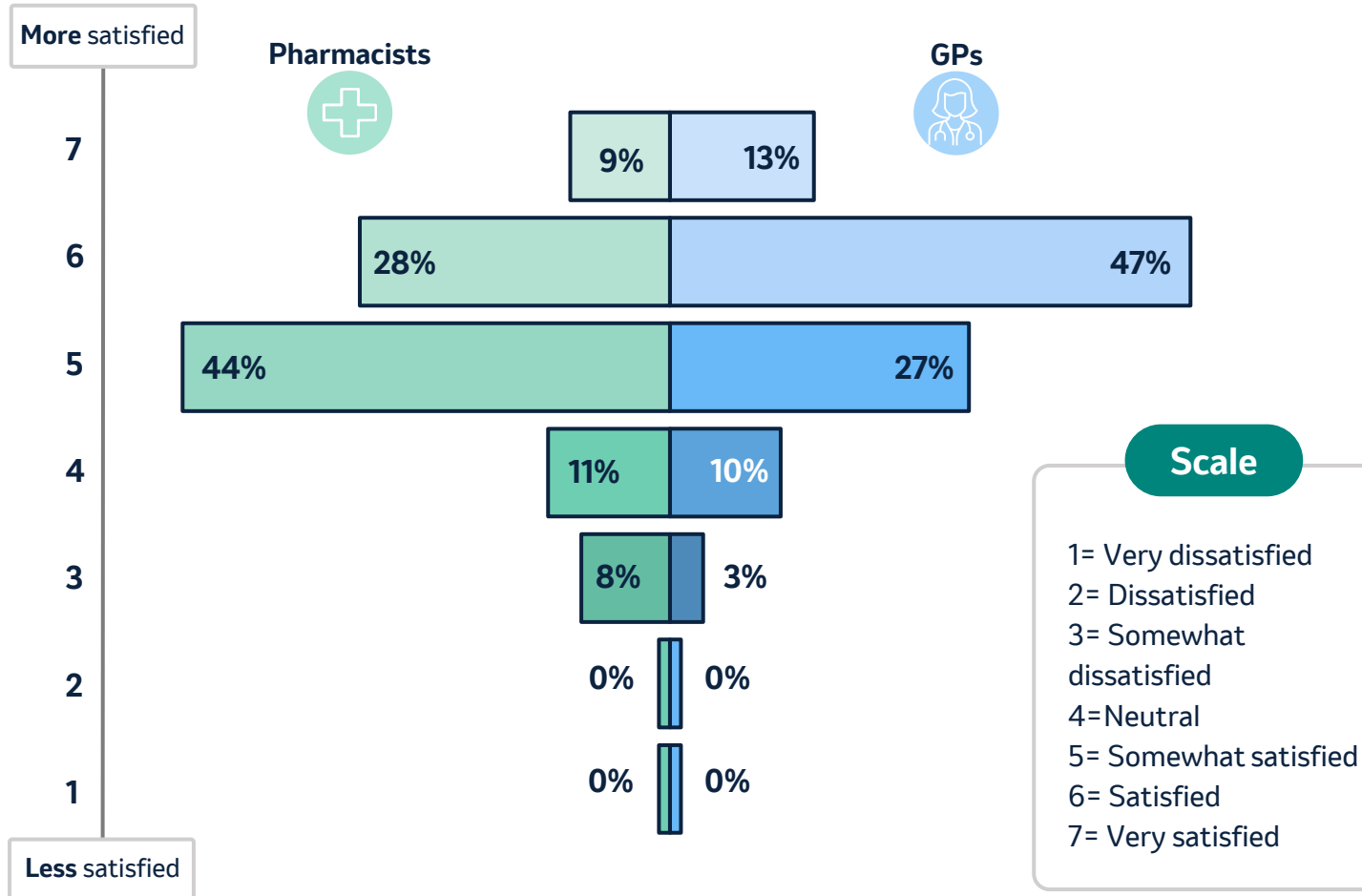
Responsibilities currently held in management of hyperlipidemia
Multi code response, % HCPs selecting



► Given the inconsistent coverage of many lipid management tasks among pharmacists, **targeted training** and **clearer role definition**, both in relation to GPs and within the broader expanded governance framework, will be essential.

GPs are generally more satisfied than pharmacists with current provision of hyperlipidaemia care, but both see scope for further improvement

► Satisfaction with current provision of hyperlipidaemia care in local area



GPs

Key reasons for **higher satisfaction** include:

- Clear guidelines for hyperlipidaemia care
- Broad range of treatment options

Key reasons for **lower satisfaction** include:

- Long waiting lists
- Funding constraints

Pharmacists

Key reasons for **higher satisfaction** include:

- Improved risk management through earlier screening
- Effective treatment options

Key reasons for **lower satisfaction** include:

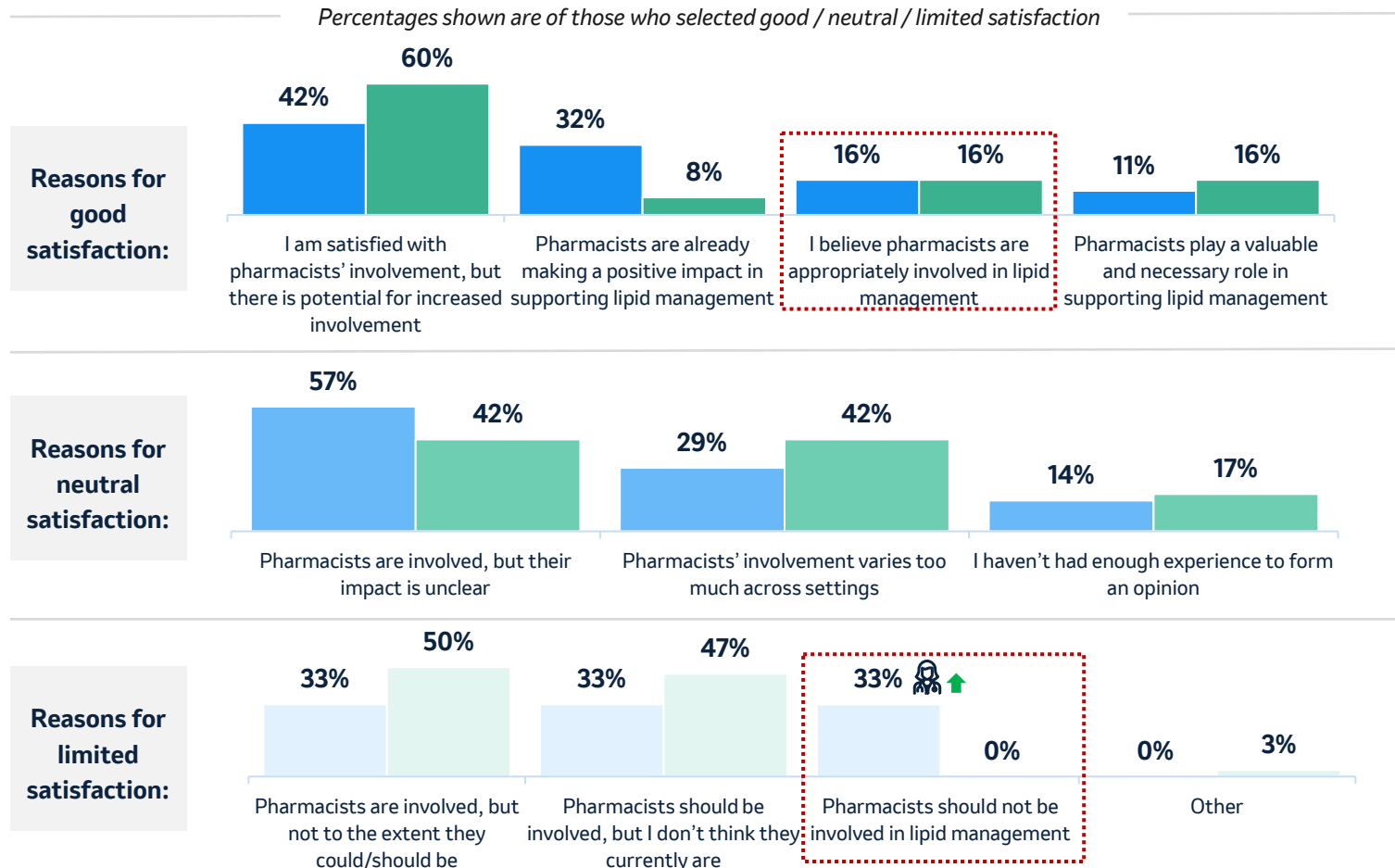
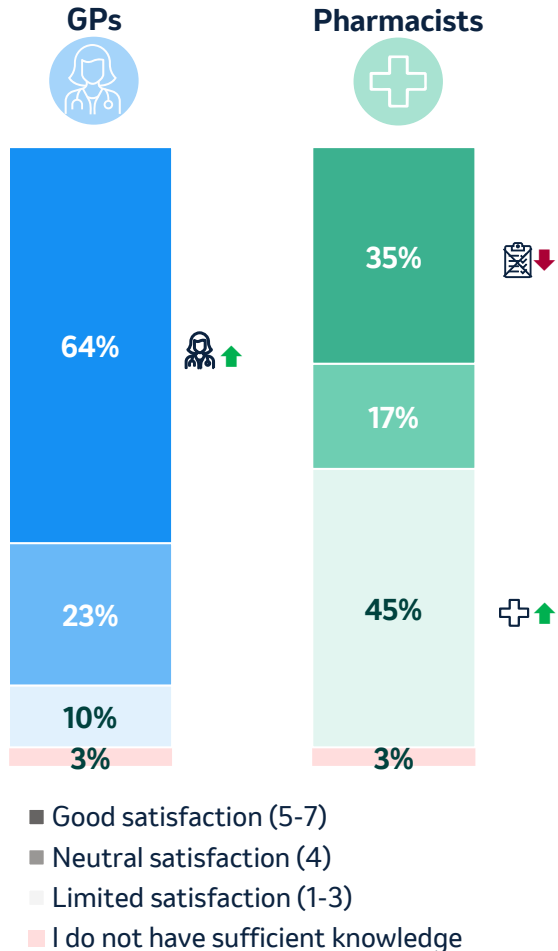
- Feeling that community pharmacists could play an increased role in lipid management
- Lack of emphasis on adherence and lifestyle interventions in current system

GPs are more satisfied with pharmacists' current involvement in lipid management, but both see clear room for growth

Key

- GP
- Pharmacist
- Pharmacist preparedness

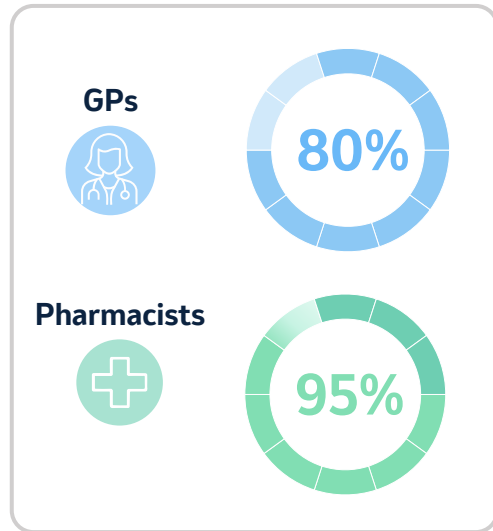
► Satisfaction with current pharmacist involvement in lipid management & rationale







Both GPs and pharmacists see strong value in expanding the role of community pharmacists in lipid management

► Perceived value in expanding the role of community pharmacists in lipid management


% of sample who see considerable to excellent value in expanding the role of community pharmacists



Reasons for **high** value

-  **Pharmacists are experts in medicines** – protocol driven and skilled in treatment optimisation
-  **Highly accessible to patients** – frequent contact enables early identification, follow-up and adherence support.
-  **Reduces GP workload** – pharmacists can safely handle high-volume, formulaic lipid optimization.
-  **Efficient use of resources** – pharmacists already manage similar clinical pathways in other areas.

Reasons for **moderate** value

 **Value depends on enablers:** pharmacists need access to records, training and clear protocols to deliver consistently.

Reasons for **low** value

 **Communication** barriers between pharmacists and GP create apprehension to expansion's success.



This is our bread and butter. A lot of the time there might be GPs doing this when they could be seeing far more complex patients so we can take this off their caseload

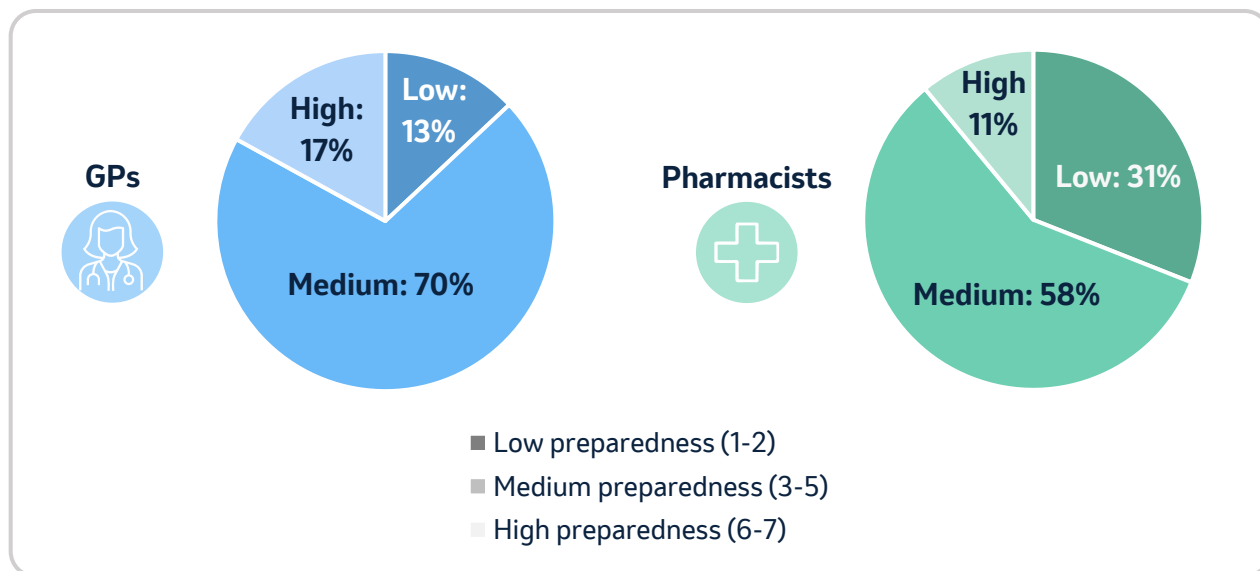
- **Pharmacist**



► While Pharmacists place slightly **higher value** than GPs on expanding the pharmacist role, with a greater proportion rating it as 'excellent value' (selecting a score 7/7), GPs do also display very positive sentiment, further reinforcing **strong appetite** for an expanded role

Most feel systems and policies are moderately prepared for an expanded pharmacist role, a view shared within pharmacy

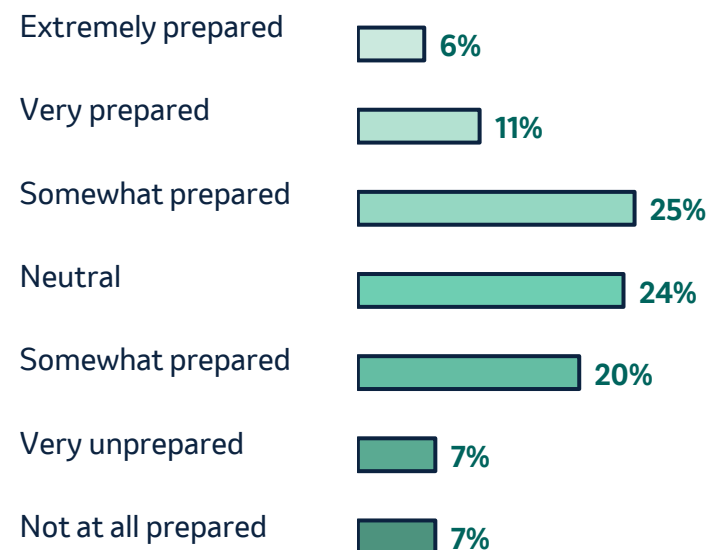
▶ Perceived preparedness of systems, policies and resources for an expanded pharmacist role



Broadly, both GPs and Pharmacists **feel systems are moderately prepared** for an expanded role of community pharmacists.

Though, pharmacists are **more likely** to feel the systems are **unprepared than GPs**

▶ Perceived level of preparedness within pharmacy for expanded pharmacist role within 3 years 1-7 scale, % Pharmacists only



Similarly, most pharmacists view their pharmacy as having moderate preparedness for an expanded role.

▶ Perceptions of preparedness are modest amongst GPs and pharmacists. See the [Drivers section](#) of the report to better understand the core themes that can drive preparedness and a successful expansion.

There is a good degree of openness for pharmacists to have a holistic involvement in lipid management, including access to pathology services

► Areas of lipid management where pharmacists could play a greater role



- There is **openness** to pharmacists taking on a more **holistic role** in lipid management, moving beyond lifestyle advice and medication adherence
- Additionally, many felt that pharmacists should be involved in **broader cardiovascular risk assessment and management** vs. involved only in isolated lipid management activities, given the close interconnectivity with other cardiovascular risk factors
- Several GPs who were initially hesitant of a holistic input from the quantitative survey **reassessed their position** on this *upon reflection* during qualitative interviews



What a more holistic role could look like



Strong agreement among both GPs and pharmacists that pharmacists could **support both patient management and prescribing** of lipid therapies, rather than being limited to management alone



Access to pathology services, including blood tests, is also broadly seen as something that would enable pharmacists to **add more value** within the pathway

Restrictions on pathology access is anticipated to be a **key barrier** to effective pharmacist involvement:

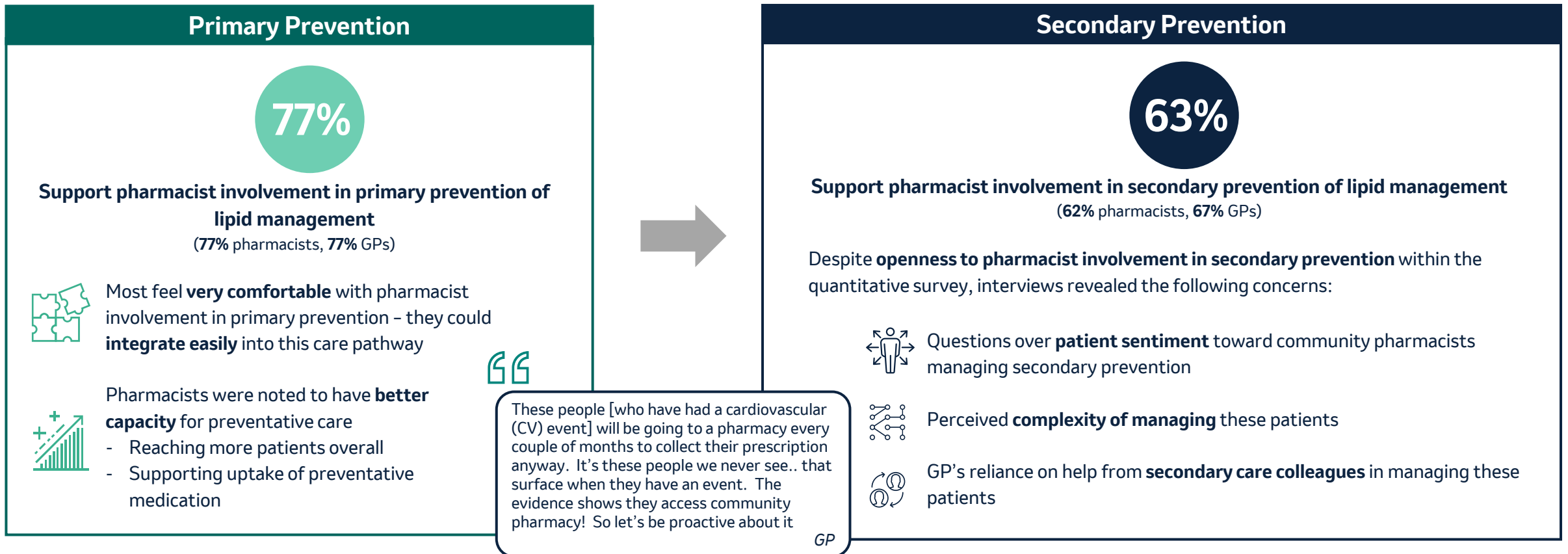
2nd greatest perceived barrier for **pharmacists**

4th greatest perceived barrier for **GPs**

► Despite openness, some reservations remain, particularly among GPs, about pharmacists contributing across these areas. Concerns focus on sufficient **training** for holistic care and pathology oversight, **clear role boundaries**, and the risk of adding to already **stretched workloads**. Appropriability of broader pharmacist involvement will depend on addressing these issues (see [Drivers section](#)).

There is support for involvement in primary and secondary prevention, although with some concerns regarding secondary prevention

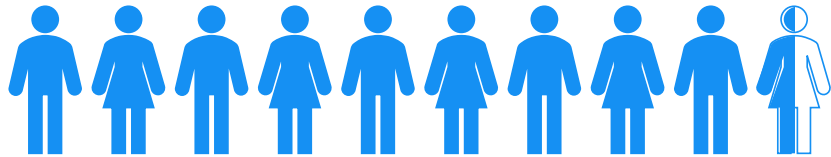
► Areas of lipid management where pharmacists could play a greater role



► Quantitative surveys showed moderate support for pharmacist involvement in secondary prevention, but in qualitative interviews, some concerns were raised. While still open to secondary prevention involvement, discussions largely focused on how involvement could strengthen preventative care, therefore alleviating the burden of secondary prevention through earlier intervention.

Both GPs and pharmacists see a role for pharmacists in secondary prevention, although this is dependent on strong training and role clarity






► Pharmacist involvement in patients who remain uncontrolled after first-line statin therapy



95%

Feel that community pharmacists should have some involvement beyond first-line statin therapy
(96% pharmacists, 93% GPs)



Responsibilities beyond 1L statin initiation		
Appropriate roles for pharmacists <u>beyond first-line statin initiation</u> :		
	GPs 	Pharmacists 
 Support with lifestyle interventions ONLY	20%	11%
 Actively signpost and refer patients	27%	46%
 Lead management/treatment decisions	27%	35%

► Although pharmacists express slightly stronger support, GPs are also open to pharmacists signposting or prescribing for second line+ therapies. However, again, discussions from qualitative interviews make it clear that this would only be appropriate if pharmacists received **extensive training**, and if **clear guidance** were established on how GPs and pharmacists would work together. This need for clarity applies across all lines of therapy, but becomes **increasingly important** beyond 1L.

NHS Pathfinder Pilots: Early insights into a future model

Experiences of Pathfinder Pilot pharmacists in their own words...

“ _____

The scheme had some glitches in administration but medically it seemed to work well

_____ ””

“ _____

My key learning from the pilot scheme is that pharmacy is a key gateway and allows easy access for patients to receive the care they require

_____ ””

“ _____

It takes a while to build up consultation and clinical skills but it is very worth it for all involved. Patients love it, GPs love it, and it is professionally rewarding

_____ ””

“ _____

Our training for the pathfinder pilot was a blended format- you could tailor it according to needs which is key

_____ ””

Pathfinder Pilots provided an opportunity to trial new responsibilities and are viewed positively, however there is potential for improvement

▶ Learnings from the Pathfinder Pilots

What are the Pathfinder Pilots?

The NHS Community Pharmacy Independent Prescribing Pathfinder Programme comprises NHS England test sites, established to trial pharmacists prescribing and managing clinical care directly, including long-term conditions such as lipid management.

Our sample included: n=23 respondents who participated in this Pathfinder Programme, n=3 of which completed a follow up qualitative interview.



The service has been beneficial at identifying and treating patients at a local level, this could be expanded to a national level

-Pathfinder Pilot Pharmacist



New Responsibilities



Prescribing and managing care for at risk patients



Proactively identifying and targeting **at-risk patients**



Conducting structured **patient reviews**



Using shared clinical systems

What went well



Overall experience has been **positive, with areas for growth**



Skill development through clinical practice



Opportunistic screening of at-risk patients, preventing harm



Patient engagement and access-enabling more patients to be seen

What was learned?



A **patient-centred approach** strengthens care



Importance of **following protocols and step-up algorithms**



Communication and collaboration with GPs is critical



Continuous **feedback improves processes**

Pathfinder challenges, and needs for a future expanded role of community pharmacists, can be distilled into 5 key drivers for success

► How the Pathfinder Pilots can inform a successful future model

Pathfinder Pilot Challenges



Limited access to full pathology results and patient records, making decision making less efficient



Restricted test-ordering capabilities, requiring escalation to GPs for more comprehensive lipid panels



Workflow and clarity issues, as teams navigated new model and defined responsibilities

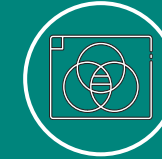


Variation in training, resources and available time, affecting pharmacists' ability to deliver in-depth care

Building a Future Model - Needs and Success Drivers



Training & Education for Pharmacists



Clarity of role & clear governance



Funding & adequate workforce capacity



Improved patient access and engagement



Communication and collaboration between providers and IT systems



Driving factors for an expanded community pharmacist role

Across the quantitative data, a range of **drivers and barriers emerged** regarding the expansion of community pharmacists' role in lipid management

Qualitative interviews clarified the underlying rationale for these factors, which ultimately aligned with the quantitative findings, enabling us to categorise **five core themes that are essential driving factors for an expansion**



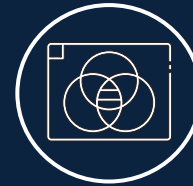
Training



Funding & Workforce
Capacity



Communication



Clarity of Role
and Clear
Governance



Patient access, adherence
and preventative care

Click on each driver to find out more...

This section brings together the qualitative and quantitative findings to explore why each theme acts as an enabler of successful expansion and to identify the key considerations required for effective implementation

Training

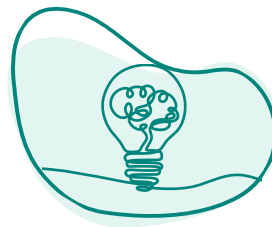
“In a community pharmacy setting you might have a patient looking to talk with a pharmacist and the pharmacist may not have the time or the resources. A lot of it comes down to the community pharmacy being adequately supported ”

- *Pharmacist*



Training is a central factor for shaping confidence in, and the effective execution of an expanded role of community pharmacists in lipid management.

According to GPs and community pharmacists, standardised, formal training would ensure consistent, auditable competence that supports safe clinical judgement in a complex therapy area.



Potential impact on expansion

- Training is a **critical driver** of a successful expansion, and a **key concern if not implemented adequately**.
- Its importance is tied to addressing the '**trust gap**'- ensuring GPs have **confidence in pharmacists' ability** to apply safe clinical judgement in a complex therapy area.

Key considerations

Training must account for:

- Variability in existing pharmacist **training** and **skill level**
- The **breadth of skills** required in lipid management

Implementation needs

For an effective offering, the training will need to:

- **Nationally driven** while aligned to **local guidance**
- Incorporate **supervision** and **practical elements**
- Outline **clear escalation criteria** to manage risk in complex cases
- Include **audit** and **feedback** to ensure consistency at scale
- Be **formally accredited** to ensure competency

Training is viewed as a critical enabler of an expanded role for community pharmacists, and a key concern if not provided to a sufficient standard

► Training as both a driver and potential concern of the expanded pharmacist role



If they don't have the sufficient training or knowledge, it's not going to work. Let's be honest!

Pathfinder Pilot Pharmacist



► Therefore, **implementing robust training** represents a key opportunity to support the successful expansion of community pharmacists' role in lipid management.

Education, training and development are viewed as core areas where pharma companies can support the expansion of pharmacists' roles

► Scope for industry support in education, training and development

53%

Of respondents spontaneously recalled training, education and professional development as ways in which the industry (pharmaceutical companies) can work with the public health sector to help support the expanded role.



Ideas for such training included:

- 45% Patient-friendly product materials
- 45% Training and educational resources for pharmacists
- 12% Webinars, workshops and educational events



Develop and fund accredited certification courses for pharmacists in lipidology, cardiovascular risk assessment, and treatment initiation/titration, recognized by health authorities and professional colleges

Pharmacist



Industry can play a big role by funding good quality training for pharmacists. This would help us feel more confident when managing more complex lipid cases.

Pharmacist



Equip pharmacists with the knowledge, tools and business-case proof needed to effectively and sustainably manage complex patients with hyperlipidemia

GP



Formal, accredited training should prioritise clinical scope, complex care and medication optimization in a range of formats

► What a successful training model could look like for an expanded pharmacist role

Clinical Scope

- **Clear referral criteria**, when and where to escalate.
- **Risk and compliance**: factors affecting adherence, plus guidance into managing side effects.
- **Work flow clarity**: clarify what the end-to-end pathway looks like.



Naturally I think the thing with the training is that it's understanding it does also have its limitations and knowing when to refer and when to ask questions is just as important.

Pathfinder Pilot Pharmacist



Complex Competence

- **Guideline-based decision making**: including insight into borderline results and when not to treat.
- **Test interpretation** refreshers: bloods, ranges needed, how often to monitor.
- **Counselling and holistic management**: lifestyle and emotional factors related to CV risk management.



What will challenge the pharmacist is thinking flexibly in complicated cases.

GP



Medication Optimisation

- **Therapeutic optimisation**: which combinations deliver the greatest benefit, and when to use them.
- **Safety and interactions**: side effect profiles, interactions and protocol-driven prescribing.
- **Keep current**: updates on medicines, incorporate refreshers- modules can be updated on an ongoing basis



Starting people on lipid lowering medicine is just the start of the journey.

Pharmacist

Delivery Format

- **Mixed format and access**: Should include case discussions, workshops with Q and As, and practical elements. Option to deliver online & in-person
- **Accreditation**: formal, tested components or qualification to prove competency, standardised nationwide.
- **Delivered by a mix**, including GPs, Independent Prescribers, local integrated care boards (ICBs) and NHS teams.



Make sure you have the right training because if you don't you're just going to overwhelm everybody in their jobs.

GP



Funding and adequate workforce capacity

“Funding, clinical scope and return on investment matter the most, because without this nothing really happens”

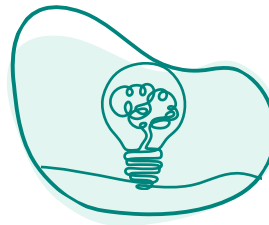
– *Pathfinder Pilot Pharmacist*



Funding uncertainties, misaligned incentives, and limited workforce capacity are major perceived barriers to expanding pharmacists' roles.

To support expansion, funding models must be sustainable, outcome-aligned, and enable investment in staffing and training.

Effective, well-structured funding is ultimately essential to unlock capacity, motivate pharmacists, and support a scalable, high-quality service model.



Potential impact on expansion

- GPs and pharmacists agree that **misaligned incentives** and **unclear NHS funding structures** are creating gaps in lipid management & are a major **perceived barrier** to expanding pharmacists' responsibilities in lipid management
- Limited funding **restricts hiring** and drives **workload pressures**, contributing to a self-reinforcing cycle of workforce strain
- These challenges highlight the **need for sustainable, well-designed funding models** to support the growth of pharmacists' role

Key considerations

Key principles for designing or assessing funding models:

- **Sustainable** and predictable funding streams
- **Incentives** that align with **desired outcomes**
- Clear **service design** with well-defined roles

Implementation needs

To enable successful expansion, funding should aim to:

- Stabilise services through **predictable, protected** revenue
- Expand capacity by enabling **staffing growth** and preventing overload
- **Support workforce** and reward pharmacists
- Enable consistent, **high-quality service** delivery

Funding for pharmacist involvement is a key concern for an expanded role, largely driven by concerns about workforce and incentive limitations

► Concerns for workforce capacity and misaligned fundings/incentives

1st

Uncertainty about funding and reimbursement is the top selected concern for an expanded pharmacist role
(55% pharmacists, 47% GPs)

Why?



Misaligned incentives

Current barrier:

Two thirds agreed that misaligned incentives and/or funding structures currently contribute to gaps in lipid management. An effective lipid management service needs to resolve this



Pharmacist overburden

Key concerns:

The majority of pharmacists are concerned about potential overburden if their role is expanded in lipid management, underscoring the need for funding to ensure sufficient staffing to deliver this service effectively

Insufficient funding and staff overload create a **reinforcing cycle** - limited resources prevent hiring, leading to overburdened teams whose reduced capacity weakens service delivery and makes it harder to secure further funding.
► **Funding and workforce capacity are critical concerns** for an expanded model, and providers will need clear reassurance on both to view the initiative as **viable rather than additional work with limited benefit**

Sustainable funding and incentives are key to enabling pharmacists' expanded role in lipid management

► Key funding drivers and incentives needed to support pharmacists' expanded role

Overall funding for the service

Pathfinder pilot respondents state that **secure and adequate funding** is essential for an effective service model; **sustained revenue** is critical to the success of any long-term service.

GPs and Pharmacists therefore:



Require **reassurance that funding and revenue streams** will be in place, including for **increased workforce** to cover additional responsibilities



Need **confidence that the model will be financially viable and sustainable** over the long term



Want **clear guidance on the service and how the funding structure will operate** in practice

Personal incentives and needs

Pharmacists express the need for **formal recognition and well-designed incentive structures** to support their engagement, and readiness for an expanded role.

They identify several **funding and incentive structures** as key to enabling their involvement:

21%

Outcome-based or value-based incentives

21%

Enhanced payment for clinical services, including fee-for-service or consultation fees

14%

A **fixed fee** per patient

13%

Higher pay or improved remuneration

Communication

“The two systems [pharmacies and GP practices] don’t talk to each other. I think it could be a little bit messy given the lack of digital advancement”

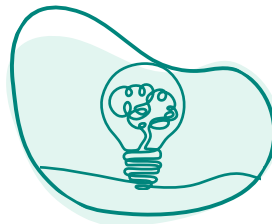
-Pharmacist



GPs and pharmacists feel current communication works but remains fragmented, signalling room for improvement.

Stronger collaboration and better IT systems are essential to support more efficient lipid management.

To enable successful expansion, the system must prioritise improved GP-pharmacy coordination and enhanced digital infrastructure with active ICB oversight.



Potential impact on expansion

- GPs and pharmacists report that current communication is generally adequate, but they also highlight **fragmentation, unclear responsibilities, and limited alignment**
- Stronger **collaboration** between GPs and pharmacists is seen as a **major advantage** of role expansion, enabling more coordinated decisions and shared care of patients

Key considerations

While GP-pharmacy communication requires strengthening:

- IT limitations risk slowing progress, with **interoperability issues** and **restricted data access** frequently cited as barriers
- Consistent and **active ICB involvement** is seen to be crucial for ensuring coherent pathways

Implementation needs

To enable successful expansion, two priorities must be addressed:

1. Strengthen collaboration

- More regular GP-pharmacy interactions
- Clearer role definitions across the pathway
- Greater ICB engagement and oversight

2. Enhance digital and operational infrastructure

- Interoperable IT systems
- Broader access to patient records
- Upgrading outdated systems

Communication between GPs, pharmacists and ICBs is functional, but gaps across teams and IT systems limit fully integrated lipid management

► Challenges with current communication and data interoperability between GPs, pharmacists and ICBs



Gaps in communication between GPs, Pharmacists, and ICBs

Lack of current ICB involvement

47%



DO NOT FEEL that their **local ICB is actively involved** with their GP practice or pharmacy regarding lipid management

Lack of GP-Pharmacy communication

26% of pharms



agree, or strongly agree that there is **regular communication** between their **pharmacy and GP practices** regarding lipid management



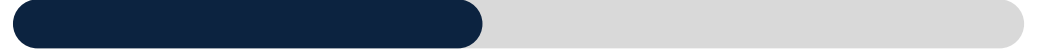
Both **ICB engagement with clinicians and GP-pharmacist communication are inconsistent**, contributing to **fragmentation and limiting effective alignment** and oversight of current lipid management pathways



Concerns around IT systems (within and between organisations)

Issues with current NHS systems

43%



feel that current NHS systems **do not integrate well enough to support effective lipid management** and **data access issues** are frequently cited as a key barrier to expanding the pharmacist role



IT limitations and poor system interoperability are creating **inefficiencies, slowing down workflows**, and ultimately restricting clinicians' ability to **optimise lipid management**

Improving digital systems and operational infrastructure can help to ease workload, improve patient access, and reduce fragmentation

► The need to strengthen interoperability of services for a successful expanded role



Seamless data sharing between GP and pharmacy systems is viewed as essential for a successful expansion of the service, and **enhancements to digital systems and operational infrastructure** are seen as critical to enabling more effective lipid management

Solutions could look like...



Enhancing interoperability between systems



Ensuring shared platforms are fully viewable and accessible



Enabling comprehensive access to health records, including the ability to directly update patient information

Better communication between GP-Pharmacy could...



Ease GP Workload



Improve patient access across care settings



Strengthen GP - pharmacist relationships



Reduce duplication of efforts

Learnings from Pathfinder Pilots



Participants appreciated the **regular meetings** and **increased visibility** provided through digital systems, such as the ability to view **simplified patient records**.



Improving digital systems and communication were still recognized as **areas for further improvement & growth**

Clarity of role and clear governance

“The bloods, who reviews them? Is it the GP that reviews them and marks it? And then is it the pharmacist who has access to it where they can see them and call the patient? It’s a little unclear how it would work.”

- GP

Clear roles and strong governance are essential to enabling community pharmacists to take on an expanded role in lipid management.

Guidelines must clearly define the responsibilities of both GPs and pharmacists, providing clarity, reassurance, and consistent standards of care for everyone involved



Potential impact on expansion

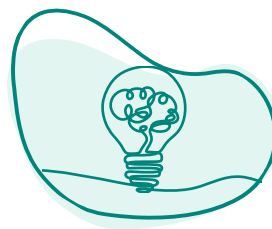
- GPs and pharmacists agree that **clear role definitions**, supported by strong **policy and commissioning guidance**, are essential for the success of an expanded lipid-management model involving community pharmacists



Key considerations

The strong perceived need for this is based on some key concerns:

- **Fragmentation** and lack of standardisation
 - Across professions and across the country
- **Duplication** of care
- Unclear **liability** and the need for clearly defined boundaries



Implementation needs


For an effective offering, guidelines will need to:


- Define treatment **pathways** and **responsibilities**
- Be **legally** binding
- Take into account **early learnings** from Pathfinder Pilots
- Be nationally consistent, but allow for **local flexibility** between ICBs

For a successful expansion of the pharmacist role, there needs to be good clarity of roles, backed by clear policy frameworks

► Role clarity and clear policy as drivers for a potential expansion

Two essential requirements for an expanded pharmacist role are:

 **Clarity of the GP vs pharmacist role**
(ranked highest for GPs, and in top 3 for pharmacists)

 **Clear policy guidance or commissioning frameworks**
(ranked highest for GPs, and in top 3 for pharmacists)

Why?



Potential fragmentation & duplication of care

Key concerns (esp. for GPs); expanded pharmacist roles may fragment the system, causing delays, continuity issues, and duplication when patients return to GPs after seeing a pharmacist



Concerns around liability

A key concern: Confidence in pharmacists adopting a more holistic role depends on clear boundaries, including who conducts tests and delivers results



There's always a risk of losing that whole holistic role...through new things that are meant to drive innovation. It can end up not being as efficient overall because you're fragmenting things, you're creating more work

GP



Regional inconsistencies in service delivery

Concern that expansion will be **access driven**, working well in some ICBs while more rural areas are left behind, leading to **inconsistent standards** - though local flexibility remains important

The development of clear, evidence-based guidelines will be critical for a successful expansion of the pharmacist role

► Success factors for role clarity and clear policy guidance



CLARITY OF ROLE AND SCOPE OF PRACTICE

- **Outline** pharmacist vs. GP roles to ensure **consistency and standardisation**
- Define **treatment pathways**:
 - Who **initiates, counsels,** and **follows up** (including for pathology services)
 - Clear **escalation** routes
 - Criteria for patients **suitable for pharmacist care**



The limits of the program. When to escalate, when to refer back
- GP



FORMAL ROLE GUIDELINES

- Role-clarity must be **formally established** to safeguard **clinical liability** of pharmacists & GPs
- Guidelines should be **evidence-based**, ensuring credibility and consistency
- **Industry** could play a role in supporting their development



It's not something you can plug and play. You need to have quite a close eye on it from start to finish
- Pathfinder Pilot Pharmacist



LEARN FROM SUCCESS STORIES

- Pathfinder Pilot participants valued **learning from ICBs/pharmacies** already delivering these services, as their **evidence-based experience** carries strong credibility
- **Early -stage optimisation** is essential to refine scope of practice and ensure guidelines are set up correctly from the start



NATIONAL CONSISTENCY, LOCAL FLEXIBILITY

- Guidelines will need to be **broadly consistent** and **communicated nationally**, but allowing for local ICB variability and **alignment with local guidelines**



Having a one size fits all approach at a national level would be quite difficult
- Pathfinder Pilot Pharmacist

Patient access, adherence and preventative care

“The biggest challenge to addressing uncontrolled high cholesterol is adherence, and poor patient education on the cardiovascular risk associated with a high lipid profile”

- *Pharmacist*

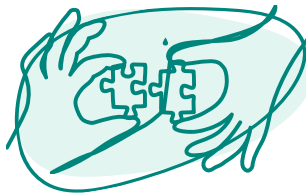
At present, the biggest challenges to addressing uncontrolled high cholesterol, mirror the additional responsibilities respondents hope pharmacists can take on.

In order for these benefits to be actualised, the public must be aware of the additional services that pharmacists can offer.



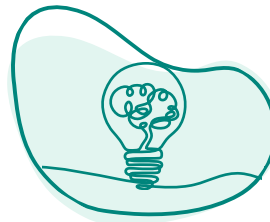
Key challenges

- Patient education
- Medication and programme adherence
- Access to services
- Lack of capacity for counselling, follow-ups and monitoring



Where an expanded role of pharmacists' fits

- Increased capacity for patient education, counselling, adherence support, follow up and monitoring
- A focus on preventative, and individualised care



Implementation needs

An effective offering will need to:

- Ensure these key benefits hoped for, are implemented.
- Increase public awareness of these services, so that their benefits are actualized.
- Pharmaceutical companies can support this through advertising campaigns, and providing educational resources for patients.

The key challenges currently faced with addressing uncontrolled high cholesterol mirror with hopes for an expanded pharmacist role

► Current unmet patient needs in lipid management and how pharmacy can support

Unmet needs

The key challenges in addressing uncontrolled high cholesterol in those currently taking statins were identified as:

- 1st Patient engagement**, including adherence
- 2nd Patient health literacy**, knowledge and beliefs
- 3rd Access and capacity**, including inadequate follow-ups, preventative care and other practice-related capacity constraints


How an expanded model could address these challenges

Patient engagement

Better patient support for medication adherence was the 2nd most hoped for benefit of an expanded role, selected by **85%** of pharmacists and **60%** of GPs.

Health literacy

86% of pharmacists and **83%** of GPs feel that pharmacists could play a greater role in supporting lifestyle interventions.

Access and capacity

Improved follow-ups and personalized care were recognised as key potential benefits. Qual insights highlighted how the accessibility of community pharmacy can allow for a preventative model, with hopes this could lead to improved outcomes.

► There are current challenges with lipid management that community pharmacists can easily support with. Respondents have strong hopes for the expansion; that an expanded role may lead to **earlier intervention**, better **escalation**, and **improved patient care overall**

Pharmaceutical companies can support the expansion of pharmacists' role by raising awareness of pharmacists' increased responsibilities

► Importance of public awareness

Addressing these unmet needs can lead to better outcomes within hyperlipidaemia patients. To ensure an expanded pharmacist role is able to meet these needs, patients ultimately need to know about the service:

Public awareness of expanded pharmacy services

81% Of Pharmacists, and **77%** of GPs ranked this as an important driving factor for the successful expansion of pharmacist' role.



Industry can help by raising awareness to the public that pharmacists are qualified to offer advice on managing cholesterol. This may encourage more consumers to seek pharmacy assistance.

- *Pharmacist*



Industry's role



Raising public awareness

Including public health campaigns, relating to pharmacists' expanded role in lipid management was seen as a core way that industry can support expansion.



Supporting patient education

Provide patient-friendly materials and education regarding lipid management, with a focus on lifestyle, treatments and risk

Thank you

