

Hub & BeSpoke

Welcome from Ashley Kilgas

Welcome to the latest edition of Hub and BeSpoke, the first of 2025. I wanted to start by introducing myself, having recently joined Centred Solutions as its Chief Commercial Officer. As I worked previously with the Centred Solutions team while I was Sales Director at Alliance Healthcare, I already have an in-depth knowledge of the business which has allowed me to hit the ground running.

Centred Solutions has a tremendous amount of opportunity in front of it. There is currently nobody in the market with the same knowledge, expertise or product offering around hub and spoke. While the company is still in its infancy, it is growing rapidly, and I am looking forward to working with the team to further strengthen and grow the business to support those working in pharmacy.

The company has already seen significant growth in terms of its UK customer base in the past 18 months with a range of key players in the pharmacy market adopting our hub and spoke solutions. This customer base is only set to grow once new legislation to expand hub and spoke is implemented. When that legislation is introduced however is another question altogether.

At the very end of last year, Shadow Minister for Business and Trade, Harriet Baldwin asked the Minister of State for Health and Social Care with responsibility for pharmacy the question on many people's lips: "Whether he plans to bring forward hub and spoke dispensing for pharmacies in 2025". In response Stephen Kinnock, MP, confirmed that the "Government was working towards introducing legislation to enable hub and spoke between different legal entities in 2025".

This positive news was somewhat short-lived when just a couple of weeks later Community Pharmacy England (CPE)

published a briefing that said while the new hub and spoke legislation was pending, the introduction was delayed and was now likely in "late 2025". That's almost 12 months after community pharmacy had originally been told the legislation would be introduced.

There can be absolutely no doubt that the top priority for community pharmacy has to be a new funding contract. The five-year flat rate funding contract, which has left many pharmacies at breaking point, expired almost 12 months ago and negotiations to agree a new contract have not been prioritised by the Government. This Labour Government has been vocal about its desire to fix the NHS by moving care closer to home and community pharmacy will play a key role in that. Yet their actions don't currently match their words. There is still no contract to remunerate pharmacy fairly and the tools that could help community pharmacy modernise and release capacity for patient services – such as hub and spoke and supervision – remain inaccessible to the majority of pharmacies.

In this update you will be able to read about the work we have been doing to encourage the Government to move ahead with model one of hub and spoke legislation and provide a clear timeline on when we can expect it to be introduced.

We hope you enjoy this latest issue of Hub and BeSpoke and as always we would welcome your feedback.



Ashley Kilgas
Chief Commercial Officer

We hope you find the issue useful. We would love to hear your feedback so we can ensure future issues remain relevant. You can contact us at enquiries@centredsolutions.co.uk

Where you can find us this year...

pharmacy shows.co.uk

Welsh Pharmacy Show, Cardiff
18th May 2025

→ [Tickets available here](#)

Scottish Pharmacy Show, Falkirk
17th September 2025

→ [Tickets available here](#)

+Pharmacy Show

12-13 October 2025 • NEC Birmingham

For all that pharmacy demands

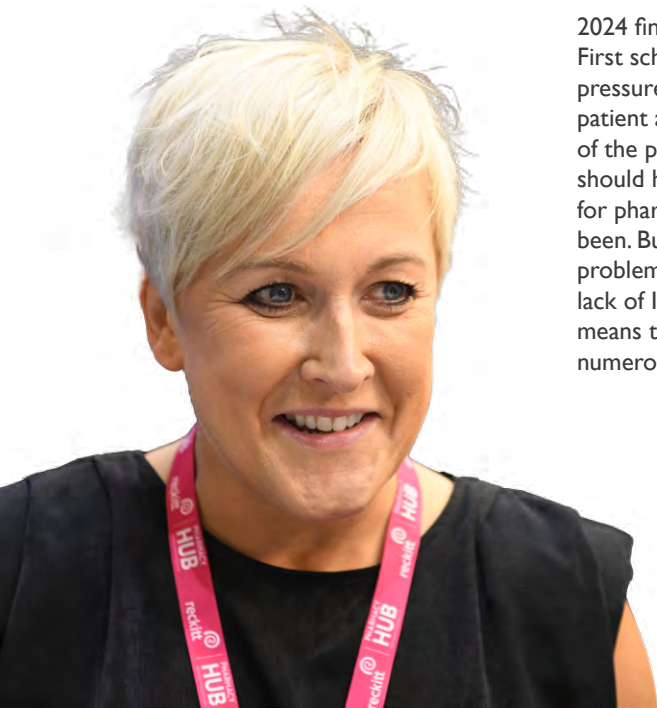
The Pharmacy Show, Birmingham
→ [Register your interest here](#)

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THE LONG READ

Key community pharmacy challenges that must be addressed in 2025

2024 was a year of significant change for community pharmacy and also a year of many challenges. The last 12 months has seen pharmacies take on even greater responsibility for the delivery of clinical care but without the funding or support they need to deliver it. This has pushed many community pharmacies to breaking point. This year something has to give. Our Sales and Marketing Director, Louise Laban, takes a look at the three biggest challenges community pharmacy faces in 2025.



2024 finally saw the launch of a Pharmacy First scheme in England, aimed at reducing pressure on the wider NHS, improving patient access and making better use of the pharmacist's clinical skills. It should have been a seminal moment for pharmacy and to some extent it has been. But despite best efforts, ongoing problems with funding, a lack of capacity, a lack of IT systems and a lack of awareness means target thresholds were reduced on numerous occasions.

The scheme is up and running but the support tools to really make it a success have not been given to pharmacy. There is still no new pharmacy funding contract (although talks are now apparently underway), supervision changes are still needed to allow technicians to play a greater role in dispensing and hub and spoke is still only possible for a small section of the pharmacy market.

In 2025 something has to give!

If pharmacies spend another 12 months without the support they need, then many more high street pharmacies are at risk of closing their doors once and for all.

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THE LONG READ

Here are **three key issues** that are needed to support community pharmacy to thrive in 2025:

1



A new pharmacy funding contract

Without doubt, the biggest challenge facing community pharmacy right now is inadequate funding for the sector. A flat rate funding deal for five years has left community pharmacy with a black hole in excess of £1 billion pound. That funding deal ran out in April 2024 and, at the time of writing, there is still no new contract to replace it. To make matters worse the autumn budget further compounded funding challenges for pharmacy by increasing the national living wage and employee National Insurance contributions. The number one priority for community pharmacy in 2025 has to be a new pharmacy contract that is fit for purpose and ensures community pharmacy is properly funded for all the services they provide and are no longer dispensing at a loss.

2



Hub and Spoke Legislation

Community pharmacy also needs to be able to create capacity in store to deliver new services in line with the current NHS vision to shift more care into the community. One option is to move to hub and spoke which takes an average of 80% of original pack repeat dispensing volumes out of pharmacy stores. This can free up over four hours of pharmacist's time per day to deliver patient facing services. Currently hub and spoke is only an option for pharmacies within the same legal entity. Legislation to make hub and spoke accessible for all pharmacies was due to be rolled out in January 2025 but it has been delayed. We're calling for the Government to move ahead with model one of the hub and spoke legislation where medicines are returned from the hub to the pharmacy ready to be dispensed to the patient. More time, if required, can be taken to review the second model of hub and spoke, where the hub sends the medication directly to the patient. Model one legislation will level the playing field for smaller and independent pharmacies, allowing them to use a hub and spoke model of their choice now to create capacity for clinical services.

You can read more about the action we have been taking around identifying a timeline for hub and spoke in the next article.

3



Collaboration with GPs

In addition to capacity, one of the biggest challenges with Pharmacy First has been a lack of patient knowledge about the service. This is down in part to a sub-standard marketing campaign. But it also down to a lack of co-operation from some GP surgeries in some parts of the country who seem to be reluctant to refer or make patients aware of the service. It's not just Pharmacy First that has been impacted by a lack of GP collaboration. Just a couple of months ago some GP leaders in England called for the pharmacy hypertension service to be halted immediately after they claimed it had a negative impact on GP workloads. Clinical services in pharmacy will only alleviate the pressure on general practices if they refer appropriate patients to pharmacies. It is essential that in 2025 the NHS provides more support to general practices to improve collaboration and ensure Pharmacy First referrals are made.

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Working Towards New Hub and Spoke Legislation

After an extensive consultation process, as well as a lengthy wait for a consultation response, changes to allow hub and spoke legislation to take place between different legal entities were scheduled to be introduced at the start of this year. But following the election of a new Government, the decision was taken to delay the legislation changes and no new date was given in terms of when it would be introduced.

The Government has since said it is working towards hub and spoke for 2025 but there is no clear timeline and no real detail. Like many others working in the sector, we believe that this lack of clarity and visibility simply isn't good enough.

So we decided to do something about it. For the last three months we have been campaigning for the Government to provide a clear timeline and to commit to moving ahead with model one of the proposed hub and spoke legislation. More time can then be spent reviewing model two of hub and spoke.



MP Drop in Session

Our first step in the campaign was to hold a drop-in session at Westminster which was open to all MPs who wanted to find out more. Alongside other providers, we spoke to around 30 MPs in total.

There was a lot of interest and support from the MPs that attended and a number of them signed a letter to the Minister of State for Health and Social Care, Stephen Kinnock. The letter explained that hub and spoke was needed now as an option for all community pharmacies to enable them to deliver more clinical services for patients and to relieve pressure elsewhere in the NHS.

The event was kindly organised by Sadik Al-Hassan, MP for North Somerset and Officer for the Pharmacy All Party Parliamentary Group. A pharmacist himself, he has been vocal about the need for hub and spoke. Speaking at a Parliamentary debate on Government investment and support for community pharmacy he said: "The worst thing the previous Government did for our industry

The Two Propose Models for Hub and Spoke

Model One: The patient presents a prescription to the spoke. The spoke then sends the relevant information on to the hub so that they can carry out their agreed dispensing actions. The hub then sends these dispensed medicines back to the spoke who provides them to the patient.

Model Two: The patient presents a prescription to the spoke, which then sends the relevant information to the hub. The hub then assembles and prepares the medicine before supplying the completed order directly to the patient.

was freeze the funding settlement for 10 years, resulting in a 40% reduction in real terms" and "we must stabilise the sector today with a fair funding settlement". He asked the Government to expand pharmacy capacity by expanding Pharmacy First and said: "this can only be done by finally implementing the hub and spoke legislation, which was inexplicably shelved in September without warning or explanation". He went on to say: "The hub and spoke model would allow smaller, independent community pharmacies to finally take advantage of the technologies larger chains have been utilising for decades, greatly increasing their efficiency and freeing up time previously spent on dispensing towards delivering clinical services to patients under an expanded Pharmacy First scheme."

Westminster Roundtable

Following a successful MP drop in session we went on to take part in a Roundtable debate held in Westminster. Our Chief Commercial Officer, Ashley Kilgas, joined pharmacy owners and representatives



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from pharmacy policy bodies, as well as Labour MP Sadik Al-Hassan, to raise concerns about the delays in legislation. The event was moderated by Chemist + Druggist who have now [published a report that](#) summarises the debate.

During the debate Ashley pointed out how hub and spoke would enable multiple branches in the same group, who have different legal entities, to benefit from hub technology for their own business to allow maximum efficiency savings.

Ashley Cohen from Pharm-Assist Healthcare explained that more needed to be done to support community pharmacy in creating capacity: "We need our teams freed and capacity to be released so that we can actually upskill our teams and staff to help with the NHS agenda."

And Richard Hough from Brabners said: "The restriction that prevents one legal entity from assembling medicines for another is totally outdated. The language used in the current legislation is vague and unsuited to modern pharmacy practice. The proposed change will bring greater clarity."

All panellists agreed that moving ahead with model one of hub and spoke legislation was a no-brainer.

To read the full summary of the roundtable discussion [click here](#).

Panelists at the event included:

Sadik Al-Hassan, Member of Parliament

Thorrun Govind, Solicitor, Brabners, Former Chair of the Royal Pharmaceutical Society English Pharmacy

Gordon Hockey, Director, Legal, Community Pharmacy England

Richard Hough, Partner, Brabners

Ashley Kilgas, Chief Commercial Officer, Centred Solutions

Ashley Cohen, Owner, Pharm-Assist (Healthcare)

Dr Simon Opher, Member of Parliament

Paul Rees, Chief Executive Officer, NPA

Safraz Shafqat, Managing Director, Wellfield Healthcare

Peter Thnoia, Superintendent and Chief Product & Innovation Officer, PillTime

Daniel Lee, Founder and CEO, HubRx

The moderator was **James Halliwell**, Editor-in-Chief, C+D.

The roundtable discussion took place at the Houses of Parliament on 4th December 2024.



MPs Questions

We're now in the process of working with community pharmacies who want to introduce hub and spoke but who are unable to do so because of legislation. We have been supporting these pharmacies to write to their local MP with the request that they ask questions of the Department of Health relating to a clear timeline for hub and spoke legislation.

If you are a community pharmacy that is impacted by the delay and you would like to get your MP on board, then please let us know as we would be happy to provide you with a template letter that you can forward on to your own MP. You should contact us at enquiries@centredsolutions.co.uk

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Our urgent need for Hub and Spoke

Safraz Shafqat and Qammar Nazir are Managing Directors at the Ascent Wellfield Group of pharmacies. The group successfully purchased a vast quantity of ex-Lloyds Pharmacy branches when they were sold in 2023.

They now find themselves in the position of being a large pharmacy group with branches that have a range of different legal entities. They strongly believe they would benefit from a hub and spoke model of dispensing but they are currently unable to take that route due to the delays in new legislation. Here they explain why new legislation needs to be implemented urgently.

“As a pharmacy group that has successfully acquired over 45 companies within the past 16 months, we are committed to delivering efficient, high-quality pharmaceutical services to our patients. We believe that implementing a hub and spoke model of dispensing would allow us to create much needed capacity in our stores. It would mean we could locate dispensing offsite in one central location, so that staff in each of our branches can focus their time on providing patient facing services such as Pharmacy First, contraception services and blood pressure checks. This would have benefits not just for our pharmacies and their patients, but for the wider NHS which is under significant pressure.

Under current legislation, implementing a hub and spoke model across our network has proven to be impossible. Our group acquired the third highest

number of ex-Lloyds pharmacy branches in the country. As a result, and due to terms of the sale, the vast majority of our branches have different legal entities. We operate under 30 different companies so it's a massive struggle to implement hub and spoke, whereas traditional pharmacy multiples are quite easily able to do so. Under current legislation, hub and spoke dispensing can only take place between pharmacy branches with the same legal entity. Following a detailed consultation process in 2023, secondary legislation to allow hub and spoke dispensing between pharmacies with different legal entities was supposed to be introduced this month (January 2025) but it was inexplicably put on hold last year.

The Government has since confirmed it plans to introduce the new legislation this year but information from Community Pharmacy England suggests it could be the end of 2025 before pharmacies like ours are able to take advantage of it. This simply isn't good enough.

Hub and spoke isn't a new concept. It's a proven way of working that is already available to those pharmacies who are lucky enough to have branches in the same legal entity. Groups like ours are being prevented from putting in place this

model of dispensing because of nothing more than a technicality. As a result, we don't have the same opportunities as other pharmacy groups and we are being disadvantaged. This two-tier system must be brought to an end sooner rather than later. It's important for all pharmacy groups to be on a level playing field and have the same access to new ways of working.

The hub and spoke model is a transformative approach that allows for centralised dispensing while maintaining personalised patient care at local pharmacy sites. We have seen it working elsewhere so we know that this model has the potential to streamline our operations, improve cost efficiency, and ensure consistent standards of care across the sector. The existing regulatory frameworks are creating significant barriers to realising these benefits at scale across the whole of the community pharmacy sector – a sector that is already struggling due to a funding contract that has been inadequate for five years and has now expired. Community pharmacy is under a lot of pressure, many of us are not able to meet basic consultation goals or deliver the basic numbers. Hub and spoke is one tool that could help free up time in store so we are better able to meet these targets.



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We feel strongly about this issue due to the impact that the delay in legislation is having on our business in terms of preparing for the future. In light of these challenges we have been working closely with other key stakeholders, including MPs, to emphasise the urgency of legislative change.

We strongly advocate for the approval of the model one concept for hub and spoke operations, which would allow all pharmacies regardless of ownership structure to collaborate and leverage this model effectively. Model one would allow the hub pharmacy to assemble the medicine and send it back to the spoke pharmacy for the patient to collect – even if the hub and the spoke pharmacies have different legal entities. We know we would benefit hugely from this model, and we are not alone. There are many more pharmacies just like us who are being prevented from taking advantage of this opportunity.

The approval of this legislative reform is not merely an operational necessity; it is a pivotal step in modernising the pharmacy sector, ensuring sustainability, and enhancing the quality of care delivered to patients. We urge policymakers to prioritise this issue and act decisively to support the future of pharmacy services.”



Want to know more?

If you are interested in learning more about Centred Solutions hub and spoke and tote-to-spoke offerings then visit www.centredsolutions.co.uk or enquiries@centredsolutions.co.uk or call us on 0333 335 5023

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