

Community Pharmacy Devon

Committee Meeting

held on

4th December 2024

Present: Rachel Fergie, Chair (Day Lewis); Becky Duke (Boots); Kelly Holman (CPD); Lisa Jago (Boots); Andrew Jones (Well); Ron Kirk (Ind); Ciaran MacCaul (Boots); Ronak Maroo (Clarepharm); Robert Nsenga (Well); Fraser Perman (Poolearth); Matt Robinson (Boots); Rob Skornia (Pharmaderma); George Wickham (Luxtons)

In attendance: David Bearman (CPD); Kathryn Jones (CPD); Sascha Snowman (CPD); Sue Taylor (CPD); Leah Wolf (CPD)

Guest Speaker: Tom Kallis

Apologies: Jackie Lewis (Ind); Sian Retallick (Ind)

Rachel welcomed everyone to the meeting and asked if anyone had a good news story.

Gareth shared that he had recently received a visit from Jason Peett, Regional Community Pharmacy Integration Lead from NHS England who had arranged to visit his pharmacy alongside Leah. He said it was a very informative visit, and he was able to raise some of the concerns facing community pharmacy to Jason.

David reported that the recent MP meeting in London went well, 3 MPs attended and 1 parliamentary assistant. All three parties were represented, and it has been decided that a collective will be organised to further the case for Community Pharmacy. He added that Devon has the highest number of PTPT trainees in the region at 17.

Rachel had attended her Day Lewis Conference recently and been nominated for an award.

Ronak shared that he had created a points scheme within his pharmacies where points are allocated for NMS and hypertension. This has motivated his teams and created friendly competition between branches, it has also led to all 4 branches reaching their targets.

Sue stated that John Finn has approved utilising the legacy funding that the Devon LPC had been granted to run a dermatology service funding to run dermatology out of select pharmacies in South Devon. The money will be allocated for 25 patients across 6 pharmacies. She added that a considerable number of pharmacists applying to train as Independent Prescribers are choosing to offer dermatology.

Community Pharmacy Devon Development: Principles of Representation Series

Tom started his session by discussing how sharing emotionally with others can bridge gaps and create bonds. He shared a slide on screen depicting lots of figures displaying different emotions

and behaviours. He asked us to each state which figure we related to and why. Some members discussed various personal or work-related stresses they were having and others stated they were excited about what the day would bring as it usually brings about some informative discussion and useful collaboration.

Tom went on to discuss the principles and techniques of storytelling and how invoking these techniques can help to improve marketing strategies or with 'selling' your business model to others.

Please see the full transcript of Tom's session at the end of the next section.

Any other business

Following the conclusion of the learning and development session, there followed a discussion on the NHS Hypertension Case Finding Service.

Sue reported that the Devon Local Medical Committee had recently put forward a motion to their annual BMA conference for pharmacy blood pressure checks to be "terminated with immediate effect".

It is felt by general practice in Devon that pharmacy blood pressure checks generate more work for GP practices, caused in the main part by the low number of ABPM monitors taken up by patients when they have been identified as meeting the criteria for this element of the hypertension service. The motion was in fact voted for overwhelmingly by doctors at their conference and it will become official BMA policy.

The secretariat team at CPD had carried out some analysis of the local SHAPE data that is available and of the number of patients who would meet the criteria for having further checks by having high readings, only 25% had this further support. Sue also reported that a number of Devon GPs were complaining about the lack of communication generally from community pharmacies when they are offering the service and not sending over completed reports of their findings when referring patients back to their GPs for further checks. This latter issue being raised with the Devon LMC.

There was further discussion about this issue and concern expressed by the committee members that if this low level of uptake of ABPMs continued that the service would be decommissioned. Members also complained that some contractors were not meeting the requirements in the specification about having access to ABPM machines although there was some feedback that patients were often reluctant to take up the offer of the ABPM machine.

The secretariat team would continue to monitor activity via the data sources that were available and consideration given to putting on further training events for pharmacy teams.

Action: Matt Robinson to contact the CCA to obtain their view of CCA member contractors not having ABPM machines allocated to individual pharmacy premises thus leading to delays in patients being able to access the service or being referred to their GP.

Community Pharmacy Devon Development: Principles of Representation Series

Storytelling and Narrative Arcs, 12/11/24 and 4/12/24

Storytelling

Stories can be used to inform, persuade, inspire and/or engage an audience. They are useful tools in making data accessible and in delivering key messages in a bespoke arrangement to target stakeholders. Stories help to guide the listener/reader through a series of events in a compelling way which communicates information in an effective way and highlights the meaning/significance of events. Literary use of cliff hangers, empathy and humour can help promote memory formation, focus and motivation. Storytelling can be viewed as enabling your evidence to tell its story and should seek to strike a balance between showcasing your facts, sharing your own opinion and leaving room for other interpretation.

As storytellers, we are the main tool used to develop our narratives. Therefore, our own lived experiences are important in terms of what unconscious biases and perceptions we bring to this process. Taking a step back and analysing 'what you bring to the party' through your lived experience is a process known as reflexivity. It can be defined as "the fact of someone being able to examine their own feelings, reactions, and motives/reasons for acting and how these influence what they do or think in a situation." Understanding this may give us insights into how we build stories and encourages us to take a collaborative approach in the development of narrative i.e. it highlights the value of getting someone with a different lived experience to review your work.

The Key Elements of a Story:

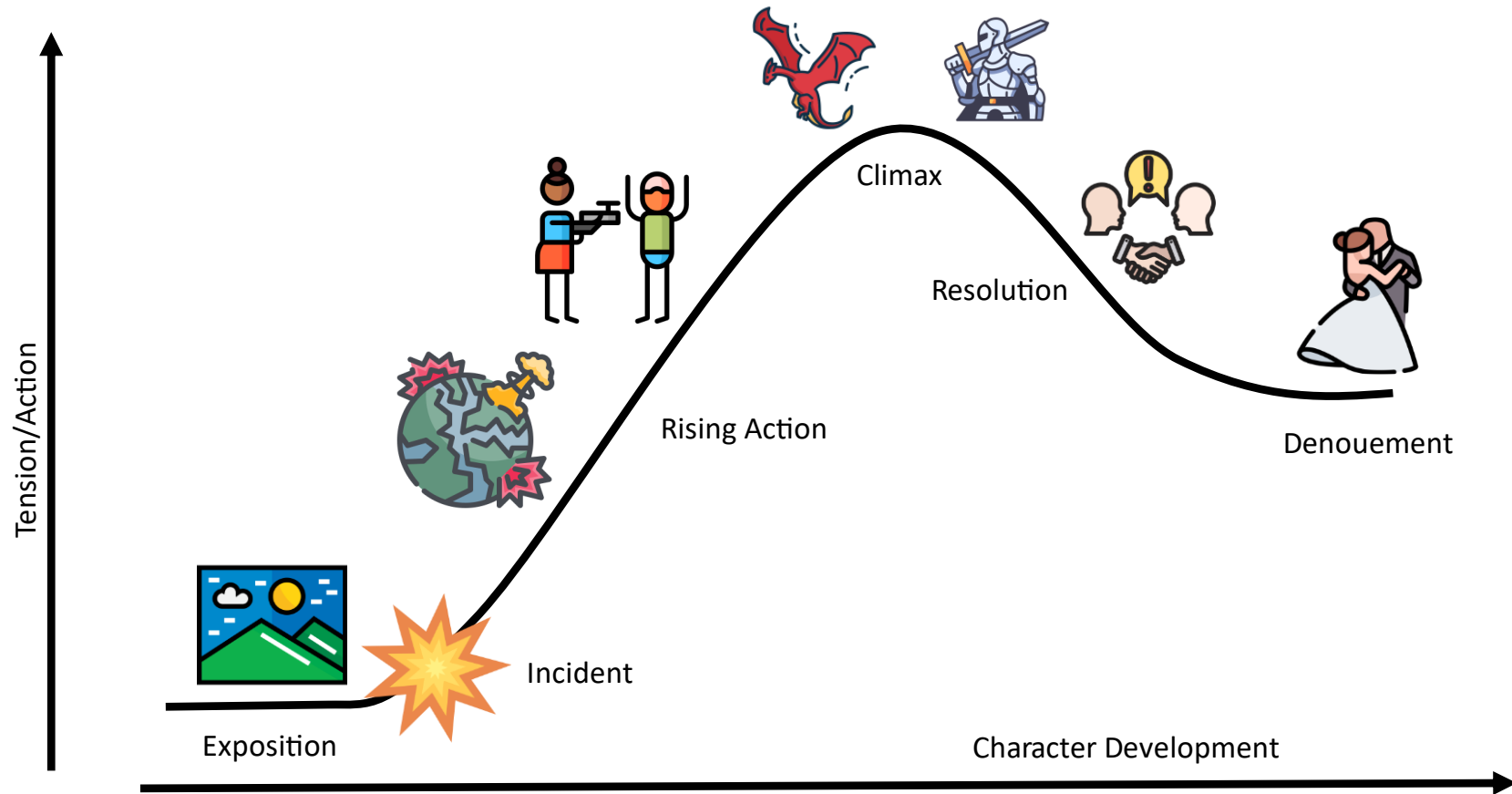
1. Characters: Base your story on a character they can empathise with
2. Detail: Tailor the level of detail you offer to the audience you seek to engage
3. Tension: Building tension in your story will draw the audience on and keep them engaged
4. Resolution: Where will you leave your reader? Offer some kind of ending

Audience considerations

Doing your research on who will be listening/reading your story is important, as this will guide the language you use, the level of detail you include and what values you will appeal to when writing your story. Consider:

- Who are they?
- Demographics
- How will they react? What are their values and expectations
- How much do they know already about what you are going to tell them?
- How familiar are they with the concepts you will discuss? There are three broad categories: Familiar (Members of your team, relevant professionals etc), Less Familiar (different sectors, commissioners, third party healthcare providers) and Not Familiar (Media, politicians)
- Consider what tone your language will take (formal/informal), the level of detail you will provide and the terminology use

The Basic Narrative Arc Structure of a Story



A story can be viewed as a sequence of events (plot) that your character(s) move through. Characters develop as the plot progressed and whilst there is much debate about which takes precedence, both are important.

Building Your Story

Key steps to guide yourself through building your story:

1. Identify your key message or 'throughline.' This will be your framework to work around and what you want your audience to remember. It should be able to stand on its own two feet and will support you with focussing your story and staying on message. Your key message should align completely with your intended content. This should be a one sentence summary/title of your current work and should help you build your story.
2. Back up your key message. Longlist all the available evidence and shortlist to which evidence best exemplifies your key message. Your final list of evidence should consider how much evidence you want to use and how you will show it. Critically selecting your evidence is important.
3. There are multiple story structures available. We discussed in depth the structure shown on the previous page, but for further examples (some of which, including the hero's journey monomyth, we discussed on the day) there are two excellent articles [here](#) and [here](#).
4. Character building. The main character is the person or thing that will perform the action in the narrative. This can be yourself, a topic, people impacted or something abstract (such as a profession, an idea or concept). Multiple characters can be used to illustrate multiple methods/options and antagonists can be used to highlight real world obstacles which make the problem more difficult. Consider how your characters change over the course of your story and how will you resolve the storyline (i.e. where will you leave the audience at the end of your story).
5. Supporting the audience through your story. Throughout your story you will want to refer back to your key message to help both yourself and the audience. Pace yourself using transitions/headings as you move through your story to support your narrative structure (e.g. the use of sub-headings in a written piece or a transition statement in an oral story such as 'We've discussed the merits of x, but what about it's real world implications? Let's explore that now...'). Stay with your main character throughout the story to provide continuity.

Refining Your Story

Once you have developed your story, consider refining it further using feedback from others – the more people you can present to or have review your work, the better it will ultimately be. When editing your story consider:

- Is there anything you can leave out? (Less is more – don't try and cram too much into a small amount of time! Be ruthless in cutting back to an important core that you can deliver impactfully, as opposed to rushing through (and stressing yourself!) with a lot of content.
- Is there a clear message?
- What would make this story better?
- Is the level of detail and language used appropriate for your audience?
- WHY should the audience care? (ask yourself So What? Who Cares?)
- What is the value of your story?

Public Speaking Recommendations

In the same way you would use a key message/throughline for a story, use one for a piece of public speaking. Consider also where you want to leave the audience at the end of your talk and tailoring your content to them. I highly recommend practicing at home, recording yourself and watching/listening back. Here are some top tips:

Use of Notes

- You can either memorise your presentation fully (3 minutes will take roughly one hour to memorise) or understand the content of your presentation and ad lib around your notes. Memorising your presentations WILL result in better performance and less stress.
- Keep note pages to one page if possible. If using PowerPoint, number your slides on your notes for sequencing and condense notes down into single key word triggers.
- Use colour and clear, bold text on your notes.
- Practice WITH your notes. In the same way you would pilot your talk, pilot your notes.

Slides

- Use less where possible (they are not teaching slides!)
- Use full images for full impact. If you cannot fit a picture into a full slide, use a black background.
- Use visuals to reveal, explain and delight your audience.
- Control the reveal of information to your audience – wherever possible do not let them read ahead.
- Don't use bullet points in a PowerPoint. They are for NOTES (like this document!) and The Godfather, not for PowerPoint presentations.
- Check usage rights – use creative commons licensed images (use the 'Tools' section in google image search -> Usage rights -> Creative commons) and add the linking page non-conspicuously (at 90 degrees in the corner of the slide is a good shout). There are also free image website that are easily looked up on google. Remember to reference the license/webpage they come from.
- Use high contrast text. Black on white (and vice versa) is good.

Delivery

- Pace yourself, slow it down
- Speak conversationally
- Speak loudly and clearly
- Walk confidently into the presentation area and go in for it when you begin
- Add emphasis and pause around pertinent items
- Try to keep it lively and use your voice appropriately. Volume, pitch, tone, timbre, pace and prosody are all important in keeping the audience engaged – avoid monotone speaking!
- Use movements and big gestures to demonstrate confidence
- Stick to time!
- Avoid rushing off at the end of the presentation. End with a strong, concise summary (and summarise again afterwards if you take questions during the presentation)
- Be careful with humour. If done well it can be excellent, but ineffective humour is worse than none at all. Avoid at all costs sarcasm, puns, limericks, going on for too long or ANYTHING to do with gender identity, religion, politics or ethnicity.

Nerves

- Rehearse as much as possible
- Avoid negative internal thoughts (dialogical thinking) – be kind to yourself and keep your internal monologue in the same spirit as you would talk to another human being!
- Practice in the clothes you are going to wear on the day and dress smart if it makes you feel more confident (this will also increase your authority)
- Know what to expect – scope the audience, venue and technology in advance
- Avoid holding anything (including notes) in your hands

Questions

- Listen to questions and don't interrupt
- Anticipate questions and prepare answers in advance of presenting
- Remain calm, stay positive and pause before answering
- Answer succinctly – don't start presenting again
- Open your answer out to the audience and then return to the questioner when you finish your response
- Avoid taking back-to-back questions from one person
- For detailed questions, answer succinctly, elaborate, give an example and then summarise your answer
- End questions with a summary of your presentation

Influencing Stakeholders

The majority of the concepts discussed when stakeholder mapping and building stories for influence were based on the concepts above as well as the 'Multiple Streams Framework' by Kingdon 1995/2003. This framework suggests that there is a policy stream, problem stream and political stream which all need to align for a 'policy window' to form wherein policy can be influenced effectively. This article neatly summarises the seminal text: Knaggård, Å. (2015), The Multiple Streams Framework and the problem broker. Eur J Polit Res, 54: 450-465. <https://doi.org/10.1111/1475-6765.12097>

References

*Nature Masterclass: Narrative Tools for Researchers

<https://masterclasses.nature.com/narrative-tools/18487026>

*Anderson, Chris (2018) TED Talks: The Official TED Guide to Public Speaking

<https://www.amazon.co.uk/TED-Talks-official-public-speaking/dp/1472228065>

The Magical Science of Storytelling (TED) <https://www.youtube.com/watch?v=Nj-hdQMa3uA>

110 Techniques of communication and public speaking (TED)

https://www.ted.com/talks/david_jp_phillips_the_110_techniques_of_communication_and_public_speaking?subtitle=en

How to speak so that people want to listen (TED)

<https://www.youtube.com/watch?v=elho2S0Zahl>

Krzywinski, Martin, and Alberto Cairo. 'Storytelling'. *Nature Methods* 10, no. 8 (August 2013): 687–687. <https://doi.org/10.1038/nmeth.2571>.

'Storytelling in Research'. *Nature Biomedical Engineering* 2, no. 2 (6 February 2018): 53–53. <https://doi.org/10.1038/s41551-018-0202-5>.

ElShafie, Sara J. 'Making Science Meaningful for Broad Audiences through Stories'. *Integrative and Comparative Biology* 58, no. 6 (1 December 2018): 1213–23. <https://doi.org/10.1093/icb/icy103>.

Howard, J. (2019). *Cognitive Errors and Diagnostic Mistakes : A Case-Based Guide to Critical Thinking in Medicine* (1st ed). Springer International Publishing. <https://doi.org/10.1007/978-3-319-93224-8>

*Note these resources formed the basis for a significant proportion of the content delivered on these days and should be considered essential reading if further detail is desired.

CPDevon Workshop Outputs

Community Pharmacy Devon Key Messages

CPDevon's key messages for the community pharmacy profession were:

Open door to quality healthcare

Taking ownership for continuous patient centred care in the community

CP provides a welfare service for (vulnerable) patients

Community pharmacy is a force for good in the community

Use (community pharmacy) it or lose it (pharmacies will close)

The current community pharmacy funding arrangements are driving community pharmacies to close

Community pharmacy needs to deliver (services) or die

Community pharmacy is integral to primary care

Community pharmacy contract is not fit for purpose

Community pharmacy is highly trusted

Community pharmacy is highly accessible

Clinical skill (mix) is enhancing in community pharmacy

Community pharmacies in Devon and primary care partners are stronger together

Community pharmacy is primary care and is NHS

Community pharmacy represents value for money

(Our time is now)

Community pharmacy can improve cardiovascular outcomes (by increasing delivery of ABPMs)

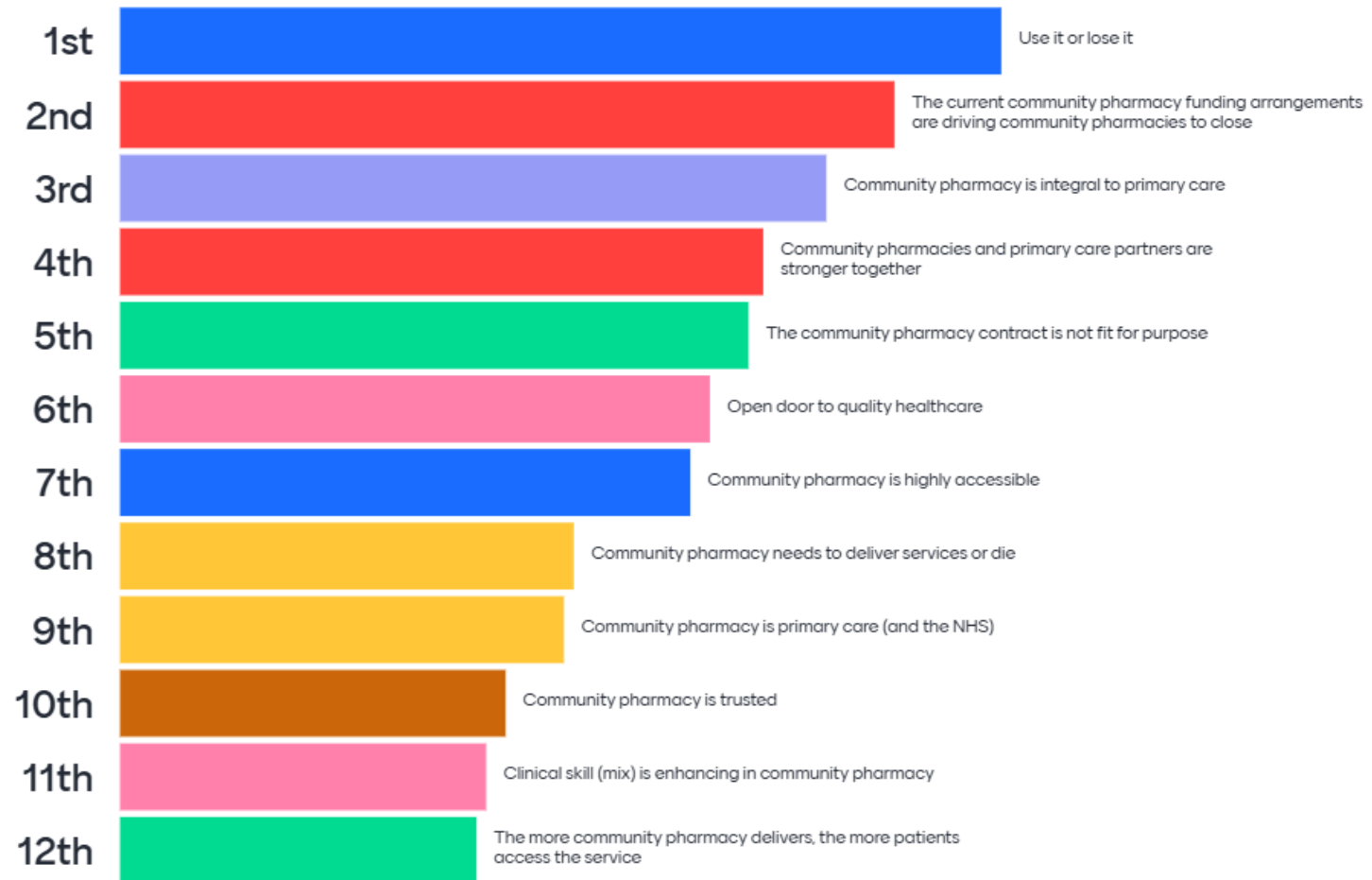
Patients are enjoying the role of expanded CPs

If it's not working, it's about the process

A thriving community pharmacy sector is required to deliver the Darzi recommendations

The more community pharmacy delivers, the more patients access the service

When asked to rank the messages in order of priority:



We discussed long-term messaging and what our broader narrative arcs should be over the next year (short term), 3 years (mid term) and 5 years (long term). It was felt that long term messaging was harder to develop and more time might be needed on future development days to fully build these:

1 year

Primary care needs a resilient thriving pharmacy network

Pharmacies are currently closing at the fastest rate

Use it or lose it – community pharmacy requires improved funding to avoid primary care falling over

Pharmacy needs to be sustainably funded to avoid more closures

3 year

Collaborative working across primary care improves outcomes for all

If sector is properly funded, then longevity leads to open door and clinical skill mix improvement

5 year

Community pharmacy needs to part of an expanded digitally integrated service provision

Stakeholder mapping for influencers, decision makers and implementers of policy decisions for community pharmacy in Devon		
Influencers	Decision Makers	Implementers
Think Tanks	Local Authority	Business owners
GP practices	HWB Board	Community pharmacies
Media	Health Secretary	CP Devon
CPE	ICB (POD, Meds Op, SW hub)	Acute trusts (Discharges)
NPA	Government	GP practices (referrals)
CCA	Public Health (teams)	111 (referrals)
IPA	NHSE	Specialist service providers
Community Pharmacy	Treasury	Service users
MPs	Workforce development	Training providers
Health Watch	Secondary care providers (UHP, RDUH, SD&Torbay, DPT, Livewell)	Area managers/regional managers
Clinical Directors	Local Care Partnerships	Locums
Practice Managers		PCN Leads
RPS		
PALS		
Devon MPOD		
Devon Collaborative Board		
Patients		
Indemnity providers		
BMA		
PCN Leads		
PCN Managers		
LMC		
Academia		
DAT teams		
Voluntary sector/third parties		
Clinical systems providers		

Stakeholder	Purpose	Objectives	Values
ICB	Local population outcomes	Comms and Functionality of local healthcare services	Cost-saving
LMC	Local representation of GP Practices	To ensure financial stability of practices Reduce risk to practices	GP driven Protective role
Secondary Care Providers	Provision of secondary care to a budget		Financial viability of secondary care centres Patient outcomes
Media	Keep public informed	Report news, not make news	Raising awareness Free speech
Think Tanks	Gather information about a topic	Provide insights and recommendations	Inclusivity, impartiality
GPs	Provide healthcare for local community	Preventative care	Run efficient care focussed services
CPE	Represent the interest of pharmacy contractors and negotiate for community pharmacy	Negotiate pharmacy contract	Committed to finding solutions and always seeking the best outcome for community pharmacy
NPA	Support independent pharmacies to succeed	To represent their members	Not for profit organisation
CCA	Represent interest of large pharmacy contractors	Represented on CPA + statutory bodies. For everyone to benefit from pharmacy services in their local communities	
IPA	Represent interest of pharmacies of small multiples		
Community Pharmacy	Provides a ready source of advice around meds, minor illness and long term disease + supply function	To provide these services in the most cost effective manner	Community at the heart of every decision
MPs	To represent constituents in parliament	To remain in power and deliver on manifesto	Value everyone equally. Everyone has a voice.
Healthwatch	Advocate for people who use health and social care	Information about local services. Engage communities, share knowledge.	Accountability to local people. Empowerment, equality, diversity and inclusion.
111	Treat, signpost, navigate	Throughput (out of hospital)	Lowest cost
Training Providers	Sector appropriate or recognised training	Build knowledge in the sector	Academic
Community Pharmacy Owners	Efficiency. Resilient, profitable pharmacy	Centre of community and diverse offer	Patients
Acute Trusts	Rescue urgent emergency crisis	Treat	Patient Care
Local Authority	Allocating funds	Local outcomes. To be re-elected	None
HWBoard	Promote greater integration and partnership	Produce JSNAs	
Health Secretary	Treasury funding and set policy for health	Increase budget for health and get re-elected	To be seen to have values

Government	Allocate funding, set policy direction	To be re-elected	
Treasury	Allocate central government funding	Spend as little as possible for best possible outcome	None
CDs/PCN Lead	Facilitate integration. Practices financial resilience.	Effective local primary care services. Maximise population health	System working. Pooled resource. Shared best practice
RPS	Steer future direction of profession	Infrastructure for best practice. Education standards and guidance.	
BMA	Represent doctors' interests	To get best outcomes for doctors in all sectors	
Patients	To access effective healthcare		
PCN Managers	Ensure smooth running of PCN	Financial balance, efficiency savings, collaborative working	System driven, financially focussed
LMC	Local representation of practices	To ensure financial stability of practice. Reduce risk to practices	GP drive, protective role
Academia	Provide robust evidence for improving health outcomes	Provide evidence for change. Evaluation of existing practice	Quality driven, impartial
Practice Managers	Represent interests of individual practice	Driving efficiency/effectiveness/profit of individual practice.	Finance driven, internal focus
MPOD	Represent all primary care contractors	Maximising workforce	

Stakeholder mapping against orders of their relative ability to influence policy and relative

<p>Low interest, High influence (keep happy) 1</p> <p>GPs Collaborative Board Academia LA Health/Pharmacy Secretary ICB Government Public Health NHSE Treasury Workforce Development Secondary Care Providers</p>	<p>High interest, High influence (partner with) 2</p> <p>Media CPE Community Pharmacy MPs CDs LMC MPOD BMA Pharmacy Owners Pharmacy Teams</p>
<p>Low interest, Low influence (keep informed) 3</p> <p>Health watch Practice Managers HWB Board Acute Trusts</p>	<p>High interest, Low influence (keep involved) 4</p> <p>Think tank NPA, CCA, IPA PCN Managers RPS 111 Training Providers</p>

interest in community pharmacy interest in community pharmacy

Date of next meeting: 13th February 2025 9am – 4.30pm Exeter Court Hotel, Kennford