Community Pharmacy Devon Committee Meeting

held on

14th May 2025

Present: Rachel Fergie, Chair (AIM); Andrew Jones (CCA); Ciaran MacCaul (CCA); Jackie Lewis (Ind); Ronak Maroo (IPA); Robert Nsenga (CCA); Ron Kirk (Ind); Sian Retallick (Ind)

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

Speakers: Nicola Jones (ICB); Melissa Redmayne (ICB); Nick Kaye (Community Pharmacy Cornwall & IOS); Drew Creek (Community Pharmacy Cornwall & IOS).

Apologies: Kelly Holman (CPD); Lisa Jago (CCA); Matt Robinson (CCA).

Rachel welcomed everyone to the meeting and stated that as it was a full agenda there wouldn't be time for positive news stories to be shared around the room. She invited anyone who had a good news story to write it on the board throughout the day.

1. **Results of collective LPC self-assessment**

Sue explained that Community Pharmacy England have recently updated their LPC self-assessments which all members should have completed and sent back to CPD. These assessments provide a framework which each LPC should be working towards and help to identify gaps in the way the LPC operates for a given set of criteria. The feedback from these assessments will help to inform strategy and annual work plans. Sue stated that she has compiled all the responses received from members and given the LPC a RAG rating for each criterion based on this information. Members were asked to report back on whether they agreed with the RAG status for each section as a collective group.

The first section was LPC reporting which is currently assessed at amber level. To achieve green status, upcoming meetings need to be discussed in advance. A discussion followed around the usefulness of doing this with members agreeing that being able to contribute more fully towards the agenda would be valuable and worthwhile.

Under the section on Supporting delivery of local services Leah explained that she keeps the CPE Services Database up to date which Jackie wanted to know more about. Leah stated that this could be talked through at the next meeting.

The committee worked through the LPC self-assessment and amended appropriately. Some areas for improvement were identified and will be incorporated within the committee's 12 months' work plan.

Actions:

Add rolling agenda item on discussion of forthcoming meetings for all committee meeting agendas.

Agenda item to be added for next meeting for Leah to present on the CPE Services Database.

2. Service Update

Leah shared slides showing the combined data for Devon Contractor delivery of the seven clinical pathways. She stated that several pharmacies were not managing to meet their Pharmacy First thresholds which opened up a discussion around referrals. Ronak stated that referrals from GPs don't always happen and despite a big push from him, two of his pharmacies haven't managed to achieve their targets. Jackie emphasised the importance of locums being up to date with their knowledge of the Pharmacy First service.

David brought up the fact that a number of out-of-area referrals are currently happening that will be negatively impacting some pharmacies' ability to reach their targets. He explained that there is now a system approach where patients can access Pharmacy First appointments through their GP's web page, which then sends them to pharmacies operating remotely online. These pharmacies pay a fee to the third-party company that owns and manages the platforms. David flagged this as a potentially worrying sign for the future. Local discussions had been taking place with practices about the increasing use of the third-party platforms.

Leah continued her presentation discussing 111 referrals and her regular meetings with PPG, the 111 provider. She stated that Devon's referrals have remained at a consistent figure of around 52% for the last few months but that part of the discussion that takes place within the monthly meetings with PPG involves ways of improving this number. Members were surprised to learn that call handlers are rejecting pharmacy in nearly half of all calls where pharmacy is profiled as first and second choice on the system and a robust discussion followed with suggestions made for improvements on this. She suggested that we decide upon a plan of action including contacting Cornwall regarding some recent clinical work they had carried out and revisit this discussion in 6 months' time.

Leah reported that Emergency Hormonal contraception will continue as is and is a large part of pharmacy revenue. She added that 195 contractors across Devon are now signed up for the hypertension service and 24% of eligible patients have received an ABPM. Around 10% of all patients require one and Leah recommended that offering patients with high blood pressure an ABPM needs to be discussed as part of the treatment plan rather than a suggestion.

Leah discussed current projects stating that two volunteers are required to read service specifications for new contacts for Devon, Torbay and Plymouth. NSP improvement is being looked at, there is currently no service level agreement for Plymouth. Jackie asked if information about current projects could be sent to the PCN leads to send on to contractors.

Actions:

A collaborative plan to be created to improve 111 referral rates across Devon and shared at the 18th of November committee meeting.

LW to send information on current projects to PCN leads via WhatsApp.

3. NHS ICB and Primary Care Commissioning

Nicola Jones and Melissa Redmayne from NHS Devon were welcomed to the meeting.

Nicola reported that the **ICB's Annual** Plan is soon to be published, and that the NHS 10-year plan will also be released very soon. She then explained how the ICB's Joint Forward Plan will aim to support the uptake of services and help to create resilience within the pharmacy sector through integrated neighbourhood schemes. By 2026, the aim is for same day services to be developed to help avoid emergency submissions to hospitals. This will involve identifying people at high risk of admission, virtual wards, timely access to general practice and community pharmacy services, urgent community response and social care support. There will be processes in place to support resilience of pharmacy contractors, including increasing the supply of enhanced services from them by 40%. During 2026/27 work will be undertaken designed to build a formal resilience programme for community pharmacy.

By 2027/28 enhanced services will be commissioned from community pharmacy providers that are 100% above baseline. By 2028, pharmacy services will be maximised through increased service resilience and improved patient access, safety and quality of care.

Nicola proceeded to discuss the impacts on the ICB of significant financial challenges over the last few years. The Devon NHS system has consistently spent more money on health services than it has been given to meet the needs of the 1.2 million people it serves. This has contributed to Devon being placed in the highest segment of the NHS Oversight Framework (NOF4) by NHS England. This means that Devon gets intensive support from NHS England which includes additional reporting requirements and financial controls, all with the aim of improving its financial and operational performance.

No budget has been formally ringfenced for pharmacy services which means that all investment decisions need to go through appropriate governance arrangements. Investments need to be assessed against formal criteria which makes new investments very difficult to make. Requests for investments need to be supported by a business case to demonstrate that they will add more value than they will cost.

All ICBs had been asked to cut their running costs by 30% by March 2025, NHS Devon has recently completed this process over the last two years. There is now a requirement to make further reductions of of 33% of running costs by Q3 (December 2025). It is proposed that ICBs will form 'clusters' with neighbouring colleagues, so Devon and Cornwall ICB's may merge, but this has not been confirmed. This will be something that is discussed further with NHS England, who are supporting the process, and further discussions with stakeholders and a national approval process will also be considered.

Melissa discussed the role of the ICB POD Team who lead on strategic direction and decision making relating to pharmacy, optometry and dental services in Devon. She reported that key achievements of the POD Team include the development of 4 priority interventions to improve community pharmacy resilience, the creation of a more responsive Pharmaceutical Needs Assessment (PNA) for Devon, the implementation of a national IP programme pilot across Devon, the commission of a local Specialist Medicines Service, the increased uptake of national clinical pharmacy services, and the publication of a strategic framework for community pharmacy. Service development in the pipeline includes additional local PGD services.

Melissa continued by discussing the national pharmacy objectives and priorities for the upcoming year. As part of the national planning submission for 2025-26 ICBs were asked to report on the number of clinical pathway consultations for the pharmacy First Service, the number of blood

pressure checks/consultations for the Hypertension Case-finding Service and the number of oral contraceptive consultations for the Pharmacy Contraceptive Service.

This presentation was followed by questions from members. Andrew had suggestions around resilience including developing business processes that would support the uptake of national clinical pharmacy services, making pharmacies' processes more efficient and implementing peer support and networking so successful practice managers from one area could offer advice and support in other areas. He also wanted to know how we can work with pharmacies that are in an area identified by the PNA as having a gap in pharmacy provision as there is only a finite number of scripts and opening up new pharmacies nearby will negatively affect their business. David responded stating that work is being done in this area but that the PNA now needs updating as the pharmacy climate has changed.

Melissa confirmed that the PNA has the ability to respond to changing circumstances so in the case of a gap being identified, a formal process still needs to be followed which includes going out to consultation and a review. Nicola added that the voice of the contractor is taken into consideration too.

Sue asked about the reductions in hours of pharmacies which has been substantial and how this was being dealt with by the SW CCH. Melissa stated that time has been spent linking up with 111 and out of hours with regards to this. Feedback has been provided from patients that pharmacy services are mainly required during the day rather than evenings or weekends.

There was a discussion regarding the increase in numbers of out of areas referrals to pharmacy taking place for a number of nationally commissioned services. Discussions with general practice were ongoing. Nicola discussed Neighbourhood Working describing it as a national NHS move that involves close working and strong allegiances between sectors such as pharmacy and GPs in every area across the country. There will be a focus on the cohort of the population with the most complexity.

She reported that work is being done by the ICB around demand management aiming to reduce the number of people going into emergency departments within hospitals. They are looking at general practice initiatives and population data and a raft of new measures have been introduced. Nicola emphasised that the more people who are aware of the situation, the more solutions are created. Andrew noted that A&E is overloaded with patients who could have been treated in a pharmacy or GP practice but are unable to get a GP appointment as GPs are not referring patients to pharmacies in all cases where they could and are consequently too busy.

Action: Add PNA to July agenda

4. Finance Report

Ron and Kathryn gave a brief overview of the accounts. A vote on the Expenses Policy was proposed by Ron and seconded by Jackie. All were in favour of its implementation.

Ronak wanted to know what would happen with the Number 2 account if a merger were to happen, he suggested that there should be more clarity as to where monies are held. Kathryn assured him that this information is available to view, and all required and formalised processes are adhered to. Ron explained that there is a risk register that covers eventualities in differing circumstances and the risks involved, he will send this out to all members.

Actions:
Expenses policy to be circulated to all members and updated on the website.
Ron to send copy of risk register out to all members.

5. Cornwall Health Provider Company

Nick Kaye and Drew Creek discussed the Cornwall provider company and how it operates alongside the LPC. They explained how LPCs are not providers of NHS services and are unable to represent or advise contractors and assure the quality or delivery of services. LPCs can use levy income in accordance with the NHS Act 2006 and PSNC model constitution, including a start-up loan. They can also develop new services (PSNC guidance) and support contractors to meet service specifications (e.g. CPCS and PQS). Drew stated that they started the provider company as commissioners may want to use a single point provider to save on administrative costs and to avoid having to liaise with every contractor. A brief question and answer session followed with the main questions being about what is involved in setting up a provider company, the initial start-up costs, whether it had been profitable and how it continued to operate in collaboration with the LPC.

The committee was very interested in hearing about the local services that are commissioned in Cornwall both through the ICB and local authorities.

6. Strategic Plan

David reported on the vision of the Community Pharmacy Devon Strategy which is for pharmacy to be fully integrated within the Devon Health and Social Care system. The strategy aims to support pharmacies to deliver the community pharmacy contractual framework, assist them with being fully integrated with local primary care networks (PCNs), develop and seamlessly deliver integrated pharmacy-driven services and to highlight the value of community pharmacy to help address inequalities in localities. The mission of the strategy is for community pharmacy to become the first place in the community that people seek out for their health and wellbeing needs.

David explained that the key drivers of these changes had been a new contract, collective action and retrenchment of general practice, an increased scope of practice with independent prescribing, emergence of the neighbourhood agenda, changes to the ICB including the merger, and the Darzi review and forward plan that had indicated “three pivots” of care: -

- Acute to community
- Analogue to digital
- Treatment to prevention

David discussed what contractors could do to deliver on the strategy. This included delivering existing services consistently, creating opportunities for new areas of provision, supporting workforce change into new areas of delivery through training, maximising the opportunities from changes that are occurring at a local and national level and ensuring that the unique selling points of pharmacy are maintained in areas such as access and positive care law in terms of inequality.

He discussed the “Five Pillars of Success” which include Excellence in Business, delivering services consistently well, engaging in the future, training and development and resilience. Excellence in

Business involved communicating with local media to promote messages encouraging patients to access pharmacy services through public facing messaging. Understanding contractors' needs through annual feedback surveys and acting on the outcome and increasing engagement with contractors through an annual conference were also highlighted as important measures.

The strategy will aim to continue to grow the delivery of services across all pharmacies with 75% ultimately achieving threshold payments. This growth will happen through engagement with contractors and providing support for both hypertension and contraceptive services. PharmOutcomes data will be analysed to identify trends in performance and enable targeted support for contractors, structured support will be provided for PCN leads and quarterly meetings will be held with area managers to facilitate delivery of services.

Future plans include supporting the development of the Pathfinder Project and facilitating shared learning across contractors to enable development. Work will be done with MPOD to support the left shift through the ICB to increase funding into primary care. Additional PGDs will be developed with the ICB to expand service uptake, and work will be done to ensure that finances accrued through the loss of PGDs from Pharmcy First expansion are retained. Training and development for foundation students, technicians and placements will be provided and cross-sector learning will be implemented.

Work will be done around resilience and futureproofing of pharmacies through empowering businesses to understand their future needs and mentoring will be offered. Revenue opportunities from commissioned services will be maximised and assistance with understanding of revenue opportunities outside commissioned services and new technologies will be provided. David added that the money held in the number 2 account can be used for delivering services such as a performance support programme including CS transfer, supporting the Healthy Living pharmacy agenda and championing development. Work needs to be done to ensure that we align with Cornwall and the way they run their services.

David reported that there will be a 30% increase in prescribers, and the aim is to have them delivering Pharmacy First services from December 2025.

Action: David to amend the priorities and workplan to be agreed at the July meeting along with assigning committee member responsibilities.

7. CPE Proposed Constitutional Changes

Sian reported that the decision had been made within CPE that changes would be made to the CPE constitution and rules from April 2027. The proposed changes are in response to external events as the pharmacy sector has markedly changed over the last few years. CPE has identified key areas that are in need of evaluation and one of these was the under-representation of contractors who, due to change in ownership, now own 10 or more pharmacies. These pharmacy owners do not fall within the category of being a multiple, but they also do not fit the criteria of an independent. This means they remain unrepresented currently and CPE realised that needed to be addressed.

Sian reported that historically, only multiples were eligible for IPA membership, but a recent change in constitution meant that even contractors with one pharmacy were able to become members. A significant number of pharmacies fall into that category, so expressions of interest were sent out to eligible contractors to become observers at CPE meetings and enable them to express their views. Sian stated that this was an interim proposal and that these observers will become formalised after

the next election. The revised constitution also allowed for mid-term recalibration allowing more regular opportunities to vote for new committee members to attend these meetings and thereby ensuring that the contractor landscape is always accurately represented.

Ronak noted that at CPE the election process means that there are 12 independents, 9 CCA members and 3 voted members of non-CCA multiples. He emphasised that there shouldn't be an NPA members at CPE who hadn't been voted in and that the voting system should be more democratic. Sian stated that she would address this with Gordon Hockey from CPE. Ron asked why the current representation isn't more representative as around half of the sector is independent so CCA members should hold less seats than non-CCA members. Sian confirmed that this feedback should be entered onto the CPE survey that will be handed out at the end of the session.

A discussion followed around the split between multiples and independents and what would constitute fair representation for all. David suggested that the interim proposals were not necessarily in the best interests for everyone.

Sue asked everyone to collectively respond to the questions on the survey. The first question was whether members agreed with the proposed changes. It was a very split vote with 3 members unsure, 5 members in agreeance and 1 against. In response to the question regarding concerns or areas which could cause challenges, it was felt that the biggest concern was that the current representation does not reflect the contractor split.

Action: Sue to submit the CPD response to the survey. Members to submit their own individual responses as appropriate.

Date of next meeting: 15th July 2025, 9.00am-4.30pm