

Community Pharmacy Devon

Committee Meeting

held on

13th February 2025

Present: Rachel Fergie, Chair (AIMp); Andrew Jones (CCA); Jackie Lewis (Ind); Ciaran MacCaul (CCA); Ronak Maroo (AIMp); Robert Nsenga (CCA); Matt Robinson (CCA);

In attendance: David Bearman (CPD); Kelly Holman (CPD); Sascha Snowman (CPD); Sue Taylor (CPD); Leah Wolf (CPD);

PCN Leads in attendance for the morning session: Fraser Perman; Will Pike.

Guest Speakers: Tom Kallis

Apologies: Lisa Jago (Boots); Ron Kirk (Ind); Sian Retallick (Ind)

Rachel welcomed everyone to the meeting and asked for some good news and positive feedback from the community pharmacy.

Fraser noted that he had recently had some success with blood pressure checks he had undertaken in the community. Jackie shared that within her PCN area 80% of pharmacies had exceeded their Pharmacy First thresholds over the last few months. Will and Fraser had recently held a PCN led meeting which had been a big success and Will had also separately held an event at Buckfast Abbey for newly qualified Devon-based GPs which 26 people attended. Ronak had offered hypertension checks at a local rugby event where he had taken 20-25 readings, 80% of which were high so he had been able to give advice on what steps these individuals should take next. Sue shared that we had been heavily engaging with the MPs over the last few months, and this had led to some MPs sending a letter on behalf of Primary Care to Wes Streeting. We also have 4 MPs coming to visit local pharmacies.

The morning session included the final workshop on the principles of representation facilitated by Tom Kallis. The PCN leads left the meeting at lunchtime.

Afternoon Session

Reflections on morning workshop

A discussion followed around the conflicts of interest that can occur when an individual is representing lots of different organisations. Also, on how to handle passive aggressive behaviour in meetings which a few committee members reported experiencing. Both Leah and Ronak shared stories of difficult meetings where their opinions had been dismissed.

Nicky emphasised that it was important to be mindful of the fact that one person in a meeting can't speak on behalf of a whole organisation and even if that person holds certain views, these may not

be in line with the views of the organisation in general. Andrew stated that it was for this reason that we need to decide on a formal message that we all convey. Matt also suggested that an agreed viewpoint and stance for Community Pharmacy needed to be formalised to avoid having to discuss it again. He stated that it should be voted on. It was agreed that Community Pharmacy Devon needs to agree on an over-arching, well aligned message that all pharmacists can relay in meetings to ensure that we speak as one voice.

Action: Add item to agenda for next meeting – Decide on over-arching message to be conveyed in meetings by all representatives of community pharmacy in Devon.

Jackie stated that the story-telling and narrative arc sections had been useful when presenting and that the consistent messages and toolkit were all positives to have too. This was echoed by lots of members. Matt stated that we are only hearing about various PCN Lead-led events once they've happened and suggested that there should be a formal process in place for PCN leads to inform CPD what the purpose of the event is, who is attending, whether there are any political issues to take into consideration and for a post-event write-up to be completed. Ronak agreed that this would help avoid duplication. A vote was proposed by Rachel for a stakeholder checklist to be formally created and completed before any event takes place. This was unanimously voted in favour of and seconded by Jackie.

Action: A new checklist to be created for the purpose of completing before an event and to detail information on what the purpose of the event is and who will be attending.

Committee Business

Minutes of meeting held on 4th December 2024

The minutes were all agreed as accurate.

Finance Report – Sue Taylor

Sue provided this in Ron's absence. She reported that additional daytime meetings have increased expenses, and this combined with other costs, including changing IT provider, the move to a new CRM platform and migration to the cloud, has meant we are above budget. Kathryn has secured sponsorship that will cover various upcoming training events.

Devon MPOD and MP Engagement

David reported that the MPOD team had been heavily involved in MP engagement over the last few months, which culminated in a meeting in London with MPs on the 20th November 2024. Following on from that meeting, several Liberal democrat MPs sent a joint letter to Wes Streeting on behalf of primary care and outlining the healthcare crisis currently happening within Devon.

Community Pharmacy Services Update

Leah shared a series of slides displaying information on local pharmacies and how they were operating with regard to nationally commissioned services. She stated that 194 pharmacies across Devon have signed up for the Pharmacy First service and only 1 pharmacy has never met the threshold in that time. She displayed a slide that showed which areas were performing best and noted that, in general, the areas that were performing best were those that had seen less instability, i.e. closures and consolidations. IP prescribing also had a positive impact on being able to meet the targets. Leah reported that 184 pharmacies have signed up to the contraception service so far and that has also helped those pharmacies achieve targets.

She shared some information on the 111 service and stated that there is still a lot of distrust amongst patients about going to a pharmacy which is affecting referrals. Patients often ask to see a doctor and don't have confidence that pharmacists can help them.

Leah reported that 195 pharmacies were signed up to the Hypertension Case Finding Service across Devon. A discussion followed around the use of ABPMs. Andrew stated that it is Well policy that only 1 ABPM machine is required per every 2 pharmacies. Matt noted that if a patient isn't getting use of an ABPM machine for at least 24 hours then the readings aren't comprehensive enough and he has received reports that GPs aren't happy with this as it means they are having to do the readings again with that patient. It was noted that there is a nationally produced service specification on Hypertension, but it is interpreted differently by different pharmacies.

She confirmed that 184 pharmacies across Devon are signed up to the contraception service currently.

She concluded by reporting that there are several contracts to be negotiated which expire in September 2025. These are:

- STI Improvement Programme
- Naloxone Devon and Plymouth
- Blood Borne Virus Spot Testing
- Hub Locations for OST
- Sexual Health Additional Training
- NSP Improvement Plan Plymouth
- Contract Reviews for Local Authority

Presentation Toolkit - Progress Report - Kelly Holman

Kelly reported back on the progress of the Development Group so far stating that there is a much clearer vision of what is trying to be achieved following the two previous sessions and with additional input from David. The slides now need to be created and signed off.

NHS Devon and CPD Pharmacy Resilience Programme – David Bearman

David discussed the aims of the Primary care Collaborative Board which are to give a stronger voice in the ICB and to work collaboratively towards the pivots outlined in the Darzi report. He emphasised that there has been very little funding from the ICB for primary care for a considerable time and this is due to the fact that they are under NOF4. The ICB currently has 130 measures, but none around pharmacy, they are hoping to be out of NOF4 by early summer 2025.

David talked about the Oriel application deadline and the upcoming workshops being held on the 21st and 26th February to help attendees fill in their Oriel application. He confirmed that 17 Pre-registration pharmacy technician places had been awarded to community pharmacy which is the largest number of places within the Southwest.

He went on to discuss placements stating that they are an extensive part of the undergraduate programme and that there is no limit to the number of trainees that can be supervised by a pharmacist, but that their progress needs to be assured. He stated that QI placements are critical to developing the research pillar and can be used to improve practice. He emphasised that supporting placements is a key part of gaining foundation places and a large enough pharmacy cohort. This is an area of risk as failure to deliver will impact the undergraduate programme.

David reported that designated prescribing practitioner numbers are better in Devon than in most areas but still create some restrictions. He noted that the quality of the applicants of the Teach and Treat programme was high but some concerns that were emerging included the level of support for prescribing practice, particularly in early years, the need to notify GPs of what has been prescribed and the performance management process.

Training and Development for Pharmacy Teams – David Bearman and Sue Taylor

Sue discussed some of the upcoming training events happening this year and wanted to have feedback from committee members about what other training would be beneficial for us to provide. Rachel suggested more training on note taking and cardiovascular disease would be helpful. Jackie requested training on diabetes and dermatological conditions.

Sue reported that the contract for Virtual Outcomes was up for renewal but informed members that there had been a steady decline in users of the service over the past year. She asked for feedback on whether the committee wanted to continue the subscription Virtual Outcomes which would be funded from non-levy income. A vote was proposed by Rachel Fergie on retaining the licence service for another year. This was seconded by Matt Robinson, five members voted in favour. The committee asked that we put in a review period for the use, and emphasized the importance of advertising its' availability.

Action: Include regular updates on Virtual Outcomes in the Weekly Bulletin.

Reforming Early Career Pharmacy Education - David Bearman

David emphasised that the role of Community Pharmacy England WTE is changing. It used to be about commissioning and is now more about training and oversight. Current ECP pathways have been criticized for not linking to clear career progression and also not offering adequate supervision and support. He reported that advanced practitioners will become more commonplace within pharmacies in the near future and that all Southwest pharmacies had filled all of their placements.

He emphasised that there are four pillars of practice, these are clinical, leadership, education and research and that this has thinking has led to the creation of a new toolkit for new contractors with codes and information to assist with easy start up.

Pharmacy Resilience Programme

NHS Devon has made available a small sum of money to support a pharmacy resilience coaching and mentoring programme for pharmacy owners in Devon. There are also plans being put in place for local workshops and/or webinars. He also discussed the possibility of a Devon wide pharmacy conference on resilience that will be held on a Sunday over the summer. He wanted to gauge whether there would be enough interest in this and what possible topics could be discussed there. It would be aimed at all community pharmacies around development and resilience support.

Members suggested the following topics to be considered:-

- Pharmacy Support
- Registered technicians
- Behaviours and change management
- Drug tariff
- PGDs – what technicians can do within their legal scope.
- Products and services (travel and weight management?)

- Diabetes
- Women's health
- Extending minor ailments
- Mole screening
- Making every contact count
- Vaccinations
- What can be claimed for to maximise income
- DMR semi-automation operations
- AI and technology
- Education and research opportunities
- IP session
- Regulations
- GPHC

AOB

No further business.

Date of next meeting: 24 March 2025 7.30pm-9pm

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Meeting ID: 367 500 260 194

Passcode: kS36Bo2D