

Community Pharmacy Devon Committee Meeting

held on

15th July 2025

Present: Matt Robinson, Acting Chair; (CCA); (AIM); Andrew Jones (CCA); Jackie Lewis (Ind); Ronak Maroo (IPA); Ron Kirk (Ind); Sian Retallick (Ind)

In attendance: David Bearman (CPD); Kelly Holman (CPD); Kathryn Jones (CPD); Sue Taylor (CPD); Leah Wolf (CPD)

Speakers: Amy Griffiths (ICB); Melissa Redmayne (ICB); Sexual Health leads - Richard Foley (RDUH); Sue Smith (RDUH); Samantha Smith (RDUH).

Apologies: Rachel Fergie, Chair (AIM); Lisa Jago (CCA); Ciaran McCaul (CCA).

1. Welcome and introductions.

Matt welcomed everyone to the meeting. He opened the meeting and reminded all attendees of the importance of staying on agenda and avoiding extended discussion on topics outside the committee's sphere of influence.

It was agreed that all discussion should lead to tangible actions or outcomes.

Kathryn was designated to take minutes in Sascha's absence. MS Teams transcription was also enabled as a backup, though its accuracy was noted as limited.

Attendees were reminded to remain professional and avoid swearing due to the automatic transcription feature.

2. Rant and Rave Session

To open the meeting, members were invited to share a "rant" (challenge) and a "rave" (positive news):

Rants:

- Frustration over excessive bureaucracy and governance in healthcare, which takes time away from direct care delivery.
- Administrative burden (e.g., repeated messaging, reporting) is perceived to dominate workload.
- Concerns raised over inefficiency, with some estimating 80% of effort is spent avoiding scrutiny and only 20% on actual work.

Raves:

- Achievement of 350 patients enrolled in a private weight management program, driven by a pharmacist and pharmacy technician.
- Effective collaboration with online pharmacies and positive feedback from patients.
- Recognition that private services are helping sustain pharmacy operations, particularly in the face of NHS funding constraints.
- Andrew Jones praised Kelly Holman for the work she had done in the South Hams PCN building relationships with the surgeries and future planning for services.

Discussion: Role of Private Services

The group discussed the role of **private services** offered by contractors, such as:

- Weight management
- Travel clinics
- Private vaccinations
- Point-of-care testing.
- Clinical trials

Key Points:

- There is strong interest in sharing best practices and supporting contractors offering these services.
- However, LPC activity is funded through the **NHS levy**, which restricts direct support for private enterprise.
- It was noted that **public health services** can bridge the gap as they are commissioned and have both NHS and private implications.
- Members expressed a desire to create an **independent forum or working group** for collaboration on private service delivery.

Actions:

1. **Review LPC Constitution for flexibility around supporting private services (Governance Sub Committee)**
2. **Gather visibility on private services offered by Devon contractors (PCN Leads)**
3. **Explore inclusion of private services as a topic at future LPC events/conferences**
4. **Use private service data to inform conversations with NHS Commissioners (Committee members when in discussion with commissioners) to demonstrate effectiveness of services. An example would be successful weight loss clinics.**
5. **Investigate whether there is a possibility of having NHS App Champions in the pharmacies in the same way as in General Practice.**

3.0 Minutes of the Meeting held on 14th May 2025

The minutes of the meeting held on the 14th May 2025 had been circulated prior to the meeting. and were agreed to be an accurate reflection of the meeting.

4.0 Matters arising not on the agenda.

1. Leah will ensure PCN leads have access to information relating to current projects.

5.0 Finance Report

Ron Kirk updated the committee with the finance report for June 2025. Currently the committee is within £9,500 of budget.

6.0 Secretariat Report

There was some discussion about the usefulness of the current written secretariat report. It was felt that a brief executive summary for clarity or a summary of the top three points of discussion would be helpful to include, with a paragraph outlining key points, concerns, or actions from meetings. The consensus was that the existing format was useful but to add in an Executive summary of key points at the beginning of the report.

Rachel had submitted feedback from the recent CPE Chairs Forum. Main points noted included:

Discussion around the Provider Companies, particularly in relation to Neighbourhood Health Teams.

Importance of paying chairs for their time noted (already budgeted for and it is allocated in the CPD budget).

There was a recommendation that the committees should hold strategy reviews at each meeting instead of an annual review, i.e. on one section of the LPC strategic plan at a time.

Actions:

1. Review and confirm budget allocation for chair payments, ensuring Rachel's time is appropriately covered. (Kathryn Jones and Ron Kirk)
2. Implement executive summaries in meeting reports to highlight key concerns and successes. (Secretariat Team)
3. Standardise report format to include top-line summaries and key points for easier review. (Secretariat team)
4. Encourage committee members to provide feedback and flag issues from meetings. (Committee members)
5. Ron to circulate the CPD Financial Risk Register for comment and feedback.
6. Leah and Kelly to review the model general practice contractor to understand where there are potential threats to community pharmacy.
7. Regulation update around Business continuity plans and closures to be shared with the Community Pharmacies Devon.

7.0 Restructuring and Clustering

No discussion has been held yet with Community Pharmacy Cornwall and Isles of Scilly about merging or re-structuring, due to different ICB relationships, ways of working and local politics. It was recognised that collaborative working arrangements would be helpful once the ICBs had re-structured and senior leadership team in place.

Having heard from David about the up-coming ICB structural changes, changes to commissioning, and the provider company issue, and the recent decline in pharmacy contractor numbers across both Devon and Cornwall, the members discussed how even though previous conversations about merging with Community Pharmacy Cornwall and Isles of Scilly (as a consequence of the Wright review) were met with barriers at that time and didn't progress. It was agreed in the meeting that now was a good time to re-approach Cornwall to explore again the benefits and risks of merging the committees in the light of the pending ICB structural changes.

Actions:

- 1. Continue engagement with Cornwall leadership to align approaches across ICBs (David Bearman and Sue Taylor)**
- 2. Explore provider company models to support neighbourhood health services. (David Bearman and Sue Taylor with Devon MPOD)**

8.0 MP Engagement

Strong **MP engagement in Devon** – multiple MP visits and positive interest.

Important data and reports are available from **CPE** to support future MP discussions; the Secretariat team can access these updates when required.

9.0 Community Pharmacy England update – Sian Retallick

Sian presented an update from the recent CPE committee meeting which had been held in Liverpool.

Topics covered had included economic projects, evaluations of funding and margin. This included implications of the funding settlement on the sector; evaluation of retained margin; and evaluation of contracting and funding models. The focus is on sustainable funding, regulatory changes and branded generics. The Single National Formulary may impact on branded generics.

Engagement with pharmacy owners and improving attendance at the regional workshop events. Regional workshops need better attendance; possible online alternatives discussed. National policy and negotiation strategies are being developed with a mixed team of representatives. Regional workshops and MP engagement events planned.

CPE wants to encourage LPC members to participate in polls and webinars.

10.0 Services Update:

Leah presented on the current situation regarding the national and locally commissioned services. Pharmacy First Clinical pathways increased slightly, but acceptance rates from 111 dropped below 50%. There's a need to analyse 111 call rejections to improve service use. Communication and public confidence are key barriers.

Contraception Service - Uptake is growing, with some surgeries now referring patients entirely to pharmacies for contraception. More work needed on awareness, demographic targeting, and digital integration.

IT delays are affecting service rollout and income. Concerns about slow software updates and project communication. Members are encouraged to escalate IT issues and share questions for upcoming regional meetings.

Leah updated on the use of the Joy App for GP-to-pharmacy referrals which is being tested in a number of PCNs around the County and so far, showing good outcomes.

There was some discussion on the role of the PCN leads and how this was progressing in Devon; the importance of the PCN leads in facilitating local engagement and service uptake between general practice and community pharmacy was recognised.

Actions:

- 1. Kelly to take back oversight of the PCN leads work.**
- 2. Secretariat Team to work with the PCN leads to understand how best to achieve the priorities around the use of the Joy App, NHS 10 Year plan in particular the Integrated Neighbourhood teams and local relationship building.**

11.0 Resilience in Action – Autumn Conference and Pharmacy Awards

Sue updated the committee on the progress of the Resilience in Action Conference. The uptake so far had been very low with a small number of people applying for places. The conference has been funded through NHS Devon as part of their commitment to supporting resilience in pharmacy. The agenda was almost complete; and a significant amount of promoting the event through the usual CPD channels had taken place. It would be appreciated if the members could help to promote to their own teams. More emphasis needs to be placed on the recognition of pharmacy technicians and that they would also find the content of the event useful.

12.0 Devon ICB Primary Care and POD Arrangements

Matt welcomed Melissa Redmayne and Amy Griffiths to the meeting and brief introductions to the members were made.

Melissa talked through the structure and ICB key team responsibilities for the current POD Team, and the role of the SW Collaborative Commissioning Hub team.

The ICB has received confirmation from the NHS England and government ministers that the new 'cluster' covering Devon, Cornwall and the Isles of Scilly has been formally approved. This means that although both ICBs will continue to exist they will work as one entity with a single Board, leadership team and staffing structure ahead of a formal merger expected from April 2026 or April 2027.

The current process and areas of improvement for temporary suspensions and closures of community pharmacies was highlighted. The members felt that the visibility of pharmacy closures and suspensions should be improved, timely reporting be encouraged and there should be more co-ordination with commissioning hubs to support affected pharmacies.

Key highlights for community pharmacy in Devon included Pharmacy First and the progress being made towards embedding the service more within the local system; the high number of all Devon

pharmacies signed up to deliver the contraceptive service; Devon being one of the top 3 performers in the region for the total number of consultations, and the work being done by the Community Pharmacy PCN engagement lead.

This was followed by a brief discussion on the NHS 10-year plan.

Matt thanked Melissa and Amy for attending.

13.0 The NHS 10-year plan; ICB Clustering arrangements and implications for community pharmacy in Devon and Cornwall and the Devon MPOD (David Bearman)

The key points to be aware of include:

Governance & NHS Structural Reform

- Formation of a **Joint Peninsula Committee** to oversee Devon and Cornwall ICBs.
- Operational integration underway; legal merger expected by **2027**.
- Strategic commissioning replacing transactional purchasing.

Community Pharmacy Services

- Expansion of **Pharmacy First**, contraception, hypertension, and digital referral tools.
- Emphasis on **outcome-based measurement** (e.g., strokes prevented via BP checks).
- Integration with **sexual health services**, including HIV and STI treatment.

Workforce Development

- Focus on **technician training**, **IP (Independent Prescribing)**, and **PTPT funding**.
- Use of **apprenticeship levy** and **CPPE resources**.
- Strategic goal to increase technician engagement and retention.

There are ongoing restructuring and clustering discussions with Cornwall and Devon. It is important to have alignment in approach across ICBs to avoid fragmented community pharmacy services. We are facing into challenges in arranging meetings and engaging leadership in Cornwall and the emphasis must be on protecting Cornwall's status quo while fostering collaboration.

14.0 Devon and Torbay Sexual Health provider local contract update

Matt welcomed the three guests from the Sexual Health Specialist Provider (RDUH).

After introductions they presented on the current situation regarding commissioning of sexual health services public health and sexual health integration; the new contract which includes EHC, STI kits and HIV services. An outreach service via Eddystone, safeguarding training and myth-busting materials; and the launch of a new sexual health website with triage and patient health record access.

The current locally commissioned EHC service from community pharmacy was not being included in the latest round of local authority commissioning in Devon and Torbay; it will be commissioned directly from the new Sexual Health provider. Discussions with the secretariat team were due to be held shortly, and these would include other options for community pharmacy services that offer support in sexual health services. The changes had come about because the EHC provision would be

included in the national oral contraception service and there would be no need for a local service although it is important to ensure that there is no gap caused by the transition to the national service.

The emphasis on the Devon sexual health service will be on self-management, digital triage, and system-wide coordination, while recognising the challenges around data interoperability, confidentiality, pharmacy system integration.

The team are very keen to engage with community pharmacy and to be having those discussions about the potential opportunities.

Matt thanked Richard, Sue and Sam for attending and commented that we looked forward to working with them in the future.

Actions:

1. Leah to ascertain if the Joy App could be used to support referral pathways from sexual health to community pharmacy.
2. RDUH has requested content for leaflets for community pharmacy to dispel some myths and misunderstanding about community pharmacy.

15.0 Community Pharmacy Devon Strategic Priorities and 12-month workplan

David outlined the strategic direction and planning for the committee.

Five strategic pillars identified which would inform the action plan.

1. Excellence in business-as-usual services
2. Engagement with future models (e.g. neighbourhood health)
3. Development of future services
4. Workforce training and development
5. Resilience and sustainability

The emphasis must be on **measurable outcomes**, **system impact**, and **adaptability** to NHS changes.

The IP Pathfinder initiative seen as key to reducing GP workload and demonstrating pharmacy value.

The remainder of the afternoon focused on the development of the 12-month workplan for the committee.

David presented an updated strategy document and outlined a proposed 12-month workplan for discussion and agreement on the next steps.

The committee then broke into two small working groups to agree the committee's targets and KPIs.

Action:

1. David to take away the outputs from the tabletop discussions and work up into a scorecard for the committee to sign off and work to. To return to the secretariat team by the end of July 2025.

16.0 Any other business

Sian presented on an update from CPPE.

Date of next meeting: WEDNESDAY 17TH SEPTEMBER 2025 AT THE KENN CENTRE, KENNFORD