

Community Pharmacy Devon Committee Meeting held on 17th September 2025

**Present: Rachel Fergie, Chair (IPA); Andrew Jones (CCA); Lisa Jago (CCA); Ron Kirk (Ind); Ciaran McCaul (CCA); Ronak Maroo (Ind); Matt Robinson (CCA); Sian Retallick (Ind);
In attendance: Sue Taylor (CPD); Leah Wolf (CPD) Sascha Snowman (CPD); David Bearman (CPD)
Apologies: Jackie Lewis (Ind); Kelly Holman (CPD)**

Rachel welcomed everyone to the meeting and asked members to review the minutes of the last meeting. These were agreed to be accurate.

1. Actions arising

David noted that there were some concerns within the NHS about the expansion of private services within pharmacy and a discussion followed around this. Rachel stated that the new contract has forced many pharmacies to increase their range of private services in order to keep up with costs. David had concerns that private service will end up being built into the resilience package meaning less funding made available for the sector.

ST reported that a bid is being put in for Devon pharmacies to offer the weight loss management services and this is supported by the ICB.

ST confirmed that the secretariat report is being reduced in size and now includes a front page to highlight the highs and lows.

RK will be circulating the CPD financial risk register by end of next week (W/C 22/09/25.)

LW and KH are reviewing the model general practice contract, LW added that pharmacy could fit into the existing model well but isn't being utilised effectively.

ST noted that pharmacies are not checking their NHS mailboxes regularly. RK stated that a lot of junk emails are sent through and commented on the difficulty of setting up filters. RM added that it's also hard to get an NHS email address. ST responded that CPE or CCA need to look into specific issues, SR to coordinate. A conversation followed about different workarounds to avoid these issues, and the fact that contractors have to be responsible for reading messages. LW has written guidelines on setting up filters for NHS mail on the CPD website and will circulate these.

Actions:

SR to speak to CPE about the issues with NHS mailboxes.

LW to send out guidelines on setting up filters on NHS mailboxes.

2. Current position of NHS Devon and NHS Kernow and the clustering arrangements

DB gave an overview of the position of the re-structures happening locally within the NHS. He stated that clustering and merging announcements have happened but there will remain a distinct NHS Devon and NHS Cornwall until 2027 so both will still require audit, risk and remuneration commissioning to stay in place.

He discussed the new roles being created and how neighbourhood working will be facilitated stating that regions will transfer their responsibility for all commissioning (specialised services, vaccinations, screening and primary care services) to ICBs after April 2027. Neighbourhood health is a core part of the 10-Year Health Plan.

He went on to discuss the obstacles being faced in offering different healthcare approaches, including a lack of organisational cooperation and common objectives and no long-term funding approach being in place for initiatives where the benefits are observed over the longer term, e.g. prevention.

DB confirmed that the Cornwall system is more established and therefore further progressed on commissioning neighbourhoods, provider companies and pathway redesign, but conversations have started regarding stakeholder management and how we influence the emerging system. Over the next 18 months we need to start working more closely with Cornwall on communications and stakeholder management of the ICB.

DB noted that there have been talks about establishing a Devon provider company; the Kernow CIC was reluctant to join initially. The Greater Manchester model has been looked at and is a strong possibility as it reflects the three layers of engagement – system, locality and neighbourhood, and offers equitable representation of the different areas of primary care while also allowing some autonomy. The key priorities now are to build relationships with strategic commissioning, engage in pathway development, and influence the medical operations debate on how pharmacy teams can contribute.

3. Treasurer's report

RK provided an overview of the finances.

4. Secretariat report

ST reported that the recent conference had taken up a lot of time to organise but had been very well received with positive feedback.

The PCN lead vacancies are in the process of being filled, a meeting will be taking place with the leads to help assist better engagement.

LW has been working with Devon and Torbay on the public health contracts; the deadline has been extended twice but a new contract is expected to be published at the end of September. In the meantime, she noted that there are gaps in uptake of services, particularly smoking. LW is working with commissioners to ensure minimal impact on patients during the transition.

ST reported there was lots of media coverage during August focusing on pharmacy pressures and difficulties faced by rural pharmacies. 3

One-to-one resilience coaching and mentoring is relaunching soon; communications will be sent out over the following week.

There is a small amount of unallocated funds in the project account. KH has put together a proposal for pharmacy owners in Devon to access funds for Health Champion training and leadership training to help contractors meet the contractual requirements. Virtual Outcomes offer training, and 358 places could be covered by the unallocated funds. It was asked that there will be money in budget for protected time but this was too costly and would set a precedent. A few of the options available for training providers was courses was discussed but Virtual Outcomes was decided upon based on cost and accessibility. It was agreed that registered pharmacists and pharmacy technicians could access leadership training through the CPPE which was free at the point of delivery, so funding would not be offered to registered staff.

5. Annual Report

ST confirmed that there will be an AGM at 7.30pm on Tuesday 21st October.

A vote was proposed by AJ to accept the accounts, this was seconded by MR and accepted by RF.

6. Community Pharmacy Devon Strategic Priorities

DB shared a slide detailing the areas of pharmacy that can be audited and measured and asked members to review and make recommendations where needed. It was agreed that the 'Engaging in the future' metric needed to be changed from 'Pharmacy featured in key development areas – neighbourhoods, Left Shift policy, Primary care team development.' to 'Community pharmacy representation in neighbourhood...'

DB talked through some slides that detailed how Greater Manchester's Provider Company had been established and had evolved to be in the strong position they are currently. He emphasised that implementing their model will help us to facilitate left shift of investment and neighbourhood working which will improve population health outcomes and increase access to care by reducing waiting lists.

DB discussed the steps that need to be undertaken to set up a provider company including the preparation of a paper for the ICB and legal documentation. He estimated the process will take a minimum of 18 months and require much collaborative working between the four primary care sectors.

The timeline for the establishment of neighbourhoods is more difficult to know as there are currently many views on what neighbourhoods will look like and how they will operate, but DB emphasised the importance of creating a relationship with key stakeholders in the meantime. A discussion followed around how a Devon-based provider company would operate and the work that needs to be done to facilitate it. Members also wanted to know more about the Greater Manchester Provider Company model. It was suggested that Luvjit Kandula (Community Pharmacy Greater Manchester) could present more about the model at a future meeting.

There were also questions around what MPOD is and their function. DB and RF were able to answer all questions.

DB shared a slide on the timeline for certain actions to be taken over the course of 2025-2027. It was suggested that quarterly area manager meetings be removed rather than deferred but agreed that it would be important to continue with the planned meeting the following week as a considerable amount of work had gone into planning the agenda. It was also agreed that 'measurements align with ICB and Jim McKay' under the 'Developing future services' metric be re-implemented rather than deferred.

DB shared a slide on out of area referrals and discussed the problems that are arising from the system for local pharmacies. He asked whether members wanted to get the ICB involved. AJ asked if the system could be mandated to ensure that calls were only allowed to be referred within the same PCN area. DB stated that he can ask the ICB to discuss this with their practices.

SR noted that the ICB need to develop their own system and ensure this option is on GPs' websites as surgeries have to offer a 24-hour service. DB added that CPE also need to be looking into this. SR stated she will discuss this with CPE, but the issue should also be on the ICB risk register.

AJ noted that the system effectively skews the statistics on the Pharmacy First service as it may look like the uptake is high in certain areas where it isn't.

DB discussed postcode sweeping and the impact this has on community pharmacy. He stated that there is the potential to increase is revenue locally, but it also may reduce referrals and local service revenue. RF stated that the larger issues have been identified and that SR has been asked to take this to CPE in her role as regional representative.

MR wanted to know if electronic scripts will be issued in areas whether are they are not currently., LW responded that there is a move being made towards EPS scripts by the end of the year. DB discussed the role of pharmacy technicians. He stated that as part of the 10-Year Plan pharmacies would be expected to offer more clinical services and play an integral role in the management of both long-term conditions and prevention. He stated that in order to create capacity technicians must be utilised more effectively through policy changes that will allow them to deliver services. DB emphasised the importance of ensuring that technicians are offered all training and development opportunities. RM added that lots more responsibility needs to be put on technicians for pharmacies to survive and that their role must change to incorporate leadership and supervision responsibilities. LJ agreed that technicians are an untapped resource but added that lots of technicians feel nervous about changes to their role.

LW suggested that some more joint working education pieces are offered and asked whether CPE could facilitate some training in Devon for pharmacy technicians. DB stated that he will look at designated supervisor training and LJ agreed to assist with this. DB will provide further information on this in the November committee meeting.

Actions: ST to contact Luvjit Kandula regarding presenting on the Greater Manchester Provider Company at a future committee meeting.

DB to talk to the ICB about out of area referrals and the issues they are creating with pharmacies meeting their thresholds.

SR to add the issue of out of area referrals to CPE's risk register.

Secretariat to add a vote to next committee meeting agenda on how to proceed with the issue of out of area referrals.

DB to update members on technician supervisor training programme.

7. IP Pathfinder and Teach and Treat proposals

ST gave an overview of the current situation regarding pathfinder sites and the provision of funding for them coming to an end in 2026. She stated that there is an intention to keep sites running until March 2026 at which point there might be a hard stop for some sites.

A request has been sent out stating that funding is available for Independent Prescribing and that CPD will be coordinating. 100k of funding has been made available for the region and we will bid for the entire amount. KH will be the lead on this.

8. AOB

SR asked if more flyers and business cards could be printed for pharmacy teams, this was agreed.

SR wanted to know if everyone has login details for the members' area of CPE. Members had questions relating to where they get these details from and this was explained.

LW wanted to emphasise that if any members attend meetings where any information provided or received may pertain to CPD, then this needs to be relayed back to CPD formally.

Date of next meeting: 18th November 2025, 9am-4.30pm, Kenn Centre, Kennford, Exeter