

Community Pharmacy Devon Committee Meeting held on 18th November 2025

Present: Rachel Fergie, Chair (IPA); Andrew Jones (CCA); Jackie Lewis (Ind); Lisa Jago (CCA); Ron Kirk (Ind); Ronak Maroo (Ind); Sian Retallick (Ind) (joined remotely for the discussion on provider companies); Matt Robinson (CCA);

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

Apologies: Ciaran McCaul (CCA); Kelly Holman (CPD)

Guest Speaker: Chris Morley, Plymouth Locality Director and SRO Integrated Neighbourhood Health (NHS Devon)

Rachel welcomed everyone to the meeting and introductions were made to Chris Morley.

1. Positive News Stories

Two examples were given of where the community pharmacy profile has grown.

- **Rebecca Duke PCN Lead for Beacon PCN has become a member of the Plymouth Collaborative Board**
- **Leah Wolf has been offered a place on the Devon Sexual Health Board to represent community pharmacy**

2. NHS Devon Integrated Neighbourhood Health Strategy and Update on Current Position

Chris Morley provided a comprehensive overview of the current situation within Devon and described how Integrated Neighbourhoods will fit within this landscape. He discussed funding opportunities that are available, for example the Better Care Fund. He stated that if money can be freed up then this could be filtered down to support community pharmacy within the new model of neighbourhood working.

David commented that there is a general lack of understanding about the potential power of neighbourhood working and that needs to be changed. Jackie agreed and added that representatives from community pharmacy need to be working alongside NHS Devon to inform this process and ensure that the final structure offers the maximum benefits to pharmacy. She also stated that she would happily welcome NHS representatives into her pharmacy to see how she operates daily.

Rachel noted that, in some areas, like Plymouth, PCNs are not working together cohesively in terms of geography. Chris emphasised that communication is key. He added that neighbourhoods will be structured in a way that makes sense on a community level but work still needs to be done on how neighbourhoods will be defined. He highlighted that LCPs need to have the right representation and input from pharmacies will help inform core specification. Once this has been set, a procurement process will take place in 2026. Contracts are being issued in the next few weeks.

David put the case that pharmacy is best placed to deliver on the NHS 10-year plan as prevention and left shift are already at its core.

Rachel queried whether any of the funding discussed earlier should have been bid for by community pharmacy historically. Chris confirmed that these funds are statutory driven and pooled between primary care. The focus of the fund is on prevention, and The Health and Wellbeing board sign off the funding to commission services.

Actions:

- **Leah and Kelly to work on document and visionary statement and personalise to Devon.**
- **Jackie to work on case studies and mapping to be completed by Friday 21st November.**

3. Greater Manchester Primary Care Board Model: Luvjit Kandala presenting virtually

Luvjit provided an overview of the structure of the Greater Manchester Primary Care Provider Board and talked about the successes it has had since being established. She stated that each separate primary care committee has its own provider company distinct from the LOC, LMC, LPC and LDC, and their NHS statutory function is to engage with the system and provide representation at meetings on behalf of each other. The primary goal of the provider company is to support population health and prevention and the development of new models of care through collaboration with the NHS.

Andrew asked how the GMPCB had prevented GP practices being the key representative. Luvjit stated that this has been done through diplomacy and offering options for collaborative working.

David asked if there is anything that the GMPCB would not consider taking on from the ICB. Luvjit said that nothing is out of scope, but the reduced funding in the future will affect future decisions. David had further questions relating to how the success of the board is measured. Luvjit stated that regular detailed reports are created and progress is benchmarked against other ICBs.

Jackie asked how quality of care is ensured across all pharmacies. Luvjit stated that regular training needs analyses are put in place and NHS, PharmOutcomes, KPIs and consultation data are all reviewed regularly.

Luvjit emphasised that having a primary care board has allowed investment into the care record and enables a united response to left shift. She added that system leaders, such as Public Health and Live Well, enter discussions with the care board foremost and that GMPCB's MOU has brought in substantial funding for primary care.

Andrew queried how a provider board is held to account by contractors. Luvjit confirmed that transparency is important and establishing good working relationships with contractors.

4. Provider Company and Collaborative Approach across Primary Care: Andrew Jones

Andrew talked further on the role of a provider company explaining that commissioners have contracts with individual contractors which is very expensive for commissioners. Provider companies insert themselves between the contractor and commissioner and are responsible for the administrative burdens of paying and holding to account. Contractors pay for the provider company to make it easier for commissioners meaning that money can potentially be freed up and filtered into primary care.

He emphasised that LPCs are not a legal entity so are therefore unable to enter negotiations for contracts and cannot operate as a business legally. Provider companies sit adjacent to LPCs and are under the direction of LPCs. An independent provider company has a board made up of 4 members of each area of primary care. These members have the right to remove an elected person if not acting in the best interests of all parties.

Andrew highlighted the strength of the existing relationship with Cornwall which could facilitate a future merger.

A robust discussion followed with members highlighting both positives and negatives of the different approaches. It was agreed in principle that the LPC will need to have a provider company as the commissioning landscape is changing considerably; the preferred option being to approach Cornwall to ascertain if it would be possible for Devon to join their existing company. The alternative would be to set up a Devon provider company. Once the discussion with Cornwall had taken place and we knew where we stood an event meeting would be arranged with the committee to decide next steps. It was proposed by Rachel and seconded by Ron that this approach be adopted.

Sue asked that all members send any questions by email to her so an FAQ can be produced.

Action: Secretariat team to produce an FAQ of all questions raised by members about the establishment of a provider company.

5. Actions arising

David reported that he will have a presentation ready for the January committee meeting regarding the pharmacy technician programme.

Sian stated that she had not yet heard back from CPE regarding their position on the out-of-area referrals.

Action: An update on the pharmacy technician programme to be reported by David Bearman at the January meeting

6. Treasurer's report: Ron Kirk

RK provided an overview of the finances.

7. Secretariat report: Sue Taylor

ST reported that the ICB have ongoing staffing capacity issues and until these have been resolved there will be no PD updates.

The resilience coaching and mentoring programme has received 13 expressions of interest which have been sent to Liam Stapleton of Metaphor Development, who has agreed to work with the full cohort of pharmacy owners.

8. Service Update: Leah Wolf

Leah shared slides showing that 78 contractors achieved the £1,000 mark for Pharmacy First consultations in August, 70 in September and 66 in October.

The number of contractors signed up to the EHC service has increased to 187.

There has been a step up in the hypertension case finding service and the level of ABPMs increased. Leah noted that the conversion rate has dropped likely due to time pressures caused by flu and Covid vaccination programmes.

Leah listed current projects being worked on:

- Independent prescribers,
- DPPs
- Plymouth needle provision
- Weight loss injections
- Pharmacy Resilience Programme
- Procurement of pharmacy sexual health services
- Local Pharmacy First.

Any Other business:

There being no other business to discuss the meeting closed at 4.00 pm.

Date of next meeting:

20th January 2026 to be held at Partridge House.