

Community Pharmacy Devon Committee Meeting held on 20th January 2026

Present: Rachel Fergie, Chair (IPA); Andrew Jones (CCA); Jackie Lewis (Ind); Lisa Jago (CCA); Ron Kirk (Ind); Ronak Maroo (Ind); Sian Retallick (Ind); Ciaran McCaul (CCA);

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

Apologies: Matt Robinson (CCA);

Rachel welcomed everyone to the meeting and asked for good news stories.

Leah shared that she was negotiating terms for a new sign off for Varenicline. This will have a stand-alone specification to complement the locally commissioned smoking cessation service.

Rachel reported that great strides are being made with the Devon Primary Care Collaborative Board which is progressing at pace.

Jackie stated that she is working full-time on the Independent Prescribing Pathfinder service and seeing 6-8 people every half day. She added that she has been continuing her work with a few cancer projects and has recently completed a study with Australia that is set to be published soon.

A robust discussion followed around out-of-area referrals of the Pharmacy First service and also a local pilot that was taking place. Some members agreed that the service created unfair advantages for linked pharmacies.

Sue reported on an issue regarding funding for the Pathfinder service post March or April this year. She stated that as the national contract has not yet been negotiated by CPE local funding needs to be identified to keep the service going until it is known what the national picture will be. A final decision by the ICB will be made very soon.

Committee Business

The minutes were agreed as accurate. Sue had an action from the last meeting to report back on the local pharmacy resilience programme; she reported that Liam Stapleton who has been commissioned to provide the coaching and mentoring, has made contact with all 12 participants and will work through a 3-month programme with them. There may be funding for a second cohort, but this will be established after Easter.

1. Treasurer's report: Ron Kirk

Ron provided an overview of the finances.

2. Secretariat report: Sue Taylor

Sue reported that the SW CCH is reviewing all patients having medicines supplied by dispensing practices in Cornwall as an audit needs to be done annually by the NHS. All the Southwest LMCs will be attending a meeting about this as the plan is to implement the review in phases across the region. Educational events are being planned for dispensing practices to assist with understanding the rules for dispensing in rural localities. She added that there may be an increased volume of patients attending pharmacies as a consequence.

Sue advised that the ICB will be procuring the pharmaceutical waste contract from the 1st October 2026 for practices and pharmacies, she asked if any pharmacy technician or pharmacist would like to be involved and to let her know if so.

3. Proposed budget 2026-27

Ron proposed the budget, Andrew seconded it and everyone was in favour.

4. Devon Primary Care Collaborative Board (PCCB) update

David gave a presentation on the Devon PCCB and how it is progressing. He clarified that the aim of the Devon PCCB is to unify the four pillars of primary care and the Voluntary Care and Social Enterprises (VCSE) to create a single strategic entity able to drive patient outcomes. It will ultimately be able to commission, sub-contract and provide services if necessary and will create a modern, patient-centred, local model of care reducing health inequalities across Devon.

Sian wanted to know if establishing the Devon PCCB will lead to more local services. David confirmed that it should do as it will assist with left shift and a more cohesive neighbourhood approach. Ronak asked how the board will fit in with secondary care; David stated that the board will run alongside secondary care but will have a bigger budget and a stronger position. Andrew clarified that establishing a primary care board moves decision making rights into the hands of contractors and ensures they get the responsibility as well as funds.

David emphasised the benefit of setting up the Devon PCCB. For patients is improved outcomes, for primary care providers it gives parity of influence in the system, for the ICB it provides simplified engagement and enhanced commissioning. For contractors the benefits are increased current services referrals, having an impact on how services are delivered and how money is moved and how neighbourhoods develop. Other benefits will include workforce development and systems alignment to increase efficiency and effectiveness.

DB advised that a paper has been drafted that sets out the vision and £25,000 has been requested for this financial year to fund the set up costs. The next steps involve developing a project plan, securing resources, establishing core functions and responsibilities and making decisions regarding recruitment. From April 2026, £500,000 will be requested per financial year. He added that it has been decided that Andrew Mercer Chair of the Devon LMC will take on the role of deputy chair of the board, David has been nominated as the Chair. This will be for the first 12 months while the Board is operating in Shadow Form.

David stressed that the advantage that primary care has is its ability to engage with integrate into neighbourhoods.

5. CPD Provider Company

Andrew provided a brief overview of the responsibilities of the CPD provider company explaining that the main purpose is to act as a conduit for monies transferred through to contractors. It was explained that an attempt to join the Cornwall provider company was unsuccessful but that that Cornwall PCB are willing to share their relevant documentation, e.g. MOUs and other official templates, to enable the CPD provider company to replicate their business which would help support any further joint working.

Andrew clarified that Governance remains under the control of the statutory committee rather than the provider company. AJ proposed a vote to determine whether members were happy to proceed with the establishment of a provider company, Ron seconded and all were in favour.

A Community Pharmacy Devon Provider company steering group was formed, comprising of Ron Kirk, Andrew Jones, Rachel Fergie, David Bearman and Sue Taylor; it was agreed that a Teams meeting would be arranged for them to discuss next steps.

Action: Sascha to organise Teams meeting for the Community Pharmacy Devon Provider company steering group.

6. Stakeholder engagement challenges

Sue reported that several changes of ownership have occurred across the County following the move into administration of Jhoots. This means that the majority of those sites are now re-opened or due to re-open shortly under Allied Pharmacies or other contractors. Rachel Gilmour, MP for Tiverton and Minehead, has been highlighting the difficulties that community pharmacies are experiencing and has been particularly pro-active in bringing issues to the attention of Parliament

She highlighted that an application had been received for Bideford Pharmacy to consolidate with the Well Pharmacy in Bideford. Other changes of ownership are happening in Paignton and Plymouth but that she has had to raise concerns with the PCSE that CPD are not always informed of change of ownerships and consolidations.

7. Service Update

Leah talked through slides detailing information relating to the Pharmacy First service. She highlighted that more pharmacies are achieving targets and that there is an increase of 160% of contractors being above target for the contraception service making Devon one of the highest regionally. She shared that there is a 77% conversion rate to ABPMs for hypertension.

Leah provided detail on the current projects which include procurement of pharmacy sexual health services, local Pharmacy First, Plymouth needle provision, weight loss injections, resilience, training plan 26/27, dermatology audit and Know Your Numbers. She added that she is on the Devon Sexual Health Board. She is expecting that from February decisions will be made on new services in pharmacies.

A discussion followed around out-of-area referrals for both Pharmacy First and EPS nominations. Sian asked whether CPE had been informed about them happening. Sue stated that data and graphs have been sent to the Devon ICB and CPD are awaiting a response.

A further discussion was held around 56-day prescriptions and the problems that can arise from practices switching to 56-day prescriptions from 28 days. Andrew clarified that NHS have guidelines on this and there should be penalties for contravening them. David added

that it is essential that consistent operation happens across all providers otherwise business can be affected. Nicola Jones, ICB, has been notified as the practice will undermine any resilience work the ICB has funded. So far approaches have been made to two practices concerned in the Torbay area but they are going ahead with the decision to increase prescribing intervals. The Secretariat team will continue to lobby against this move.

Leah discussed the possibility of paying contractors to participate in a dermatology audit which will be built around current trends of patients with conditions such as eczema and psoriasis. The audit would involve a data collection tally form taken over 4 weeks to demonstrate how community pharmacy can support the wider system and obtain funding. This supports left shift of secondary care into community pharmacy.

She reported on a recent survey carried out by the Hep C trust in Devon of patients on methadone. Many of these patients were unhappy with the service levels they received in pharmacies across Devon citing reasons such as a lack of confidentiality and respect in some cases. There was some discussion on this and a request that the team feedback to the commissioners about behaviours of service users in some cases. It was agreed that it is important to feedback two ways about local issues.

Sue advised that there is a low uptake of the free training modules available through Virtual Outcomes and asked members for their thoughts on whether to continue with the service or try a different option. Members were in favour of building up a portfolio of training sessions and adding them to the CPE website. The option of Tom Kallis conducting the training was discussed. The committee requested that the Secretariat Team go back to Virtual Outcomes to try and negotiate a discounted fee because of the low uptake.

Sue reported that The CCA have developed a local data dashboard based on claims data from contractor performance across the country to supporting benchmarking against other LPCs. There is a cost of a single user of £350 p/a. The dashboard would be very useful; however, CPE has just launched a very similar dashboard which although updated quarterly does not carry a charge. Members agreed to stay with the CPE model that had no additional charge.

8. Pharmacy technician support and training

David gave a presentation on the role of pharmacy technicians within community pharmacies. He stated that pharmacies are not deploying technicians effectively within the workforce mix and that there are a significant number of services emerging allowing for pharmacy technicians' involvement in reducing delivery costs.

He emphasised the importance of identifying the learning requirements of technicians in Devon and ensuring contractors are aware of the opportunities available for utilising technicians. He added that providing opportunities for growth in the role will be key in reducing pharmacy technician attrition.

Members wanted to know where the additional money would come from to cover the cost of having a pharmacy technician. David responded that there is an assumption that more services will be introduced in line with the 10-year plan. A discussion followed around getting better engagement from pharmacy owners. It was suggested that evening sessions need to be held to help engage contractors, area managers and store managers.

Actions:

David to amend table to include cost analysis and expansion of tasks.

David to organise evening sessions for contractors to enable engagement with whole workforce.

David to discuss neighbourhoods at next committee meeting, secretariat to add to agenda.

9. CPPE Update

Sian checked with members whether they are looking at the CPE slides she has sent out and asked that members provide feedback on them. ST noted that the question most people had was around when negotiations on the contract might start. Kathryn added that the CPE budget is not being set until the first week of February which is late for LPCs to be able to set their own budgets against. David stated that, due to the current climate of changes within the ICB and healthcare system in general, it is not worthwhile setting out a road map until after the next 3-10 years. He emphasised the importance of being involved in neighbourhood contracts. Sian confirmed that a series of webinars are being prepared by CPE that committee members will be able to watch via the website. She added that some CPPE events focusing on training for pharmacy technicians are also in the pipeline.

10. Independent prescribing and Teach and Treat

David discussed the fact that more funding needs to be secured for Teach and Treat. He confirmed that Kelly Holman would be doing management and oversight as a link between prospective learners and DPPs and added that a meeting is taking place to discuss the Expression of Interest (EOI) in the next few days. He stated that there is a drive to ensure as many as possible commit to becoming a DPP.

11. AOB

No further business

Date of next meeting:

18^h March 2026 to be held at Partridge House.