Community Pharmacy Devon
July 2026 Committee Meeting

Date: 14th July 2026

Venue: Partridge House, Kennford, Exeter.

Time: 9.00am – 4.30pm

Attendance

Committee member	Initials
Wilson Chua	WC
Rachel Fergie (Chair)	RF
Clare Ingram	CI
Lisa Jago	LJ
Andrew Jones	AJ
Ron Kirk (Treasurer)	RK
Jackie Lewis	JL
Ronak Maroo	RM Apologies
Ciaran McCaul	CM
Matthew Robinson (Vice Chair)	MR
Sian Retallick	SR

Team member	Initials
Sue Taylor	ST
David Bearman	DB Apologies
Kathryn Jones	KJ
Leah Wolf	LW

The meeting began at 9am with a closed session for LPC members only and finished at 10.30am – there are no minutes available.

1. Welcome and Introductions

RF welcomed Wilson Chua (WC) to the Committee as the recently appointed IPA member.

2. Good news stories;

RF asked committee members to share positive updates.

RF reported that a patient had been into her pharmacy at 5.35pm. BP was checked and found to be very high, escorted the patient to the surgery next door, where a GP was available and put the patient straight away on hypertensives.

CI informed the meeting that Boots at Barnstaple High Street had taken a patient's blood pressure which was OK, but intuitively the pharmacist felt something was not right with the patient, an ambulance was called and the patient was having a heart attack.

JL informed the meeting that having read the minutes, she noted that 35% of Pharmacy First referrals were in WEB PCN. She also reported that British Oncology Pharmacy Association had made her their first Pharmacist Fellow. Congratulations were passed on by the committee.

MR commented that the Meningitis B vaccine service is creating a lot of work related to the roll out. 85% sign up from pharmacy contractors nationally, which has taken the NHS by surprise. The service will provide the opportunity for pharmacies to see lots of different patients who would possibly not normally visit a community pharmacy. It was felt to be positive that the service is only being commissioned through community pharmacy. There could be a spike in bookings following the publication of the national A level results; pharmacy teams could also take the opportunity to contraception advice too.

MR asked the members who offered GCSE placements. Day Lewis and Hyde Park do; there does need to be strict governance in place. He felt workforce development should be part of Community Pharmacies role. There is a need to get younger people from Community Pharmacies to attend career fairs. Currently there is no system workforce lead at the ICB, and it is unclear whether there will be provision for this in the new structure.

3. Minutes of Previous meeting.

The minutes were approved for accuracy – all in favour

Actions:

Drugs pricing mechanisms **Ramipril** – discussed at CPE roadshow held last week. CPE are aware of the cash flow issues already. This has been recognised as an area of priority by CPE, and the drugs pricing mechanism will form part of the reform discussions.

Technicians contact form had been circulated by the Secretariat team; LJ already using to collate data.

ACTION: RK send Meeting Attendance Form to ST

Final annual Pharmacy First Performance data had been circulated to the PCN leads.

ACTION: ST to check if sent to LPC members. ICB has been contacted for monthly updates.

4. Finance Report

RK as Treasurer gave the Finance Report for June 2026.

5. Secretariat Report

ST provided an update on the Secretariat's strategic engagement activities across Devon and highlighted the growing influence of community pharmacy within system-wide healthcare planning.

Pharmacy First performance continues to improve, and community pharmacy is increasingly becoming recognised in Devon as a key partner in neighbourhood health initiatives. Representation across system forums has expanded, strengthening the sector's ability to influence decision-making and advocate for community pharmacy interests.

Members noted that strategic engagement is intended not only to maintain a presence at meetings but to ensure community pharmacy is represented in system planning, influences service design and commissioning decisions, protects network sustainability, and creates opportunities for future service development and funding.

The Secretariat reported that pharmacy representation has been secured across a range of Devon forums, including neighbourhood health, resilience, cardiovascular disease (CVD), and integrated care groups. In some local care partnerships community pharmacy is viewed as a core integrated neighbourhood team partner, with stronger engagement from Primary Care Network (PCN) leads and local stakeholders.

Several opportunities have been created through this engagement, including support for Independent Prescribing development, expanded blood-borne virus (BBV) testing programme, and increased visibility of community pharmacy within neighbourhood health planning. The Secretariat also highlighted the value of protecting pharmacy interests, noting that pharmacy representation was successfully secured in discussions in Plymouth and North Devon where the sector had initially been overlooked. Concerns regarding prescribing changes and network resilience have also been escalated with system partners and appropriate actions agreed.

ST highlighted that if there was no pharmacy representation at these strategic meetings there was the risk of lost opportunities for involvement in clinical service design, reduced influence on care pathways, and potential loss of commissioning and funding opportunities.

The team's priorities for the next three months are aligned to CPD KPIs. These include securing pharmacy's position withing neighbourhood health models, improving referral pathways and increasing Discharge Medicines Service (DMS) utilization, progressing local commissioning opportunities (including PGDs, sexual health, respiratory and harm reduction services), developing Independent Prescribing opportunities, and supporting network sustainability and resilience.

The presentation concluded with the key strategic question: how the sector can convert its growing influence withing the health system into sustainable commissioned services, increased funding, and improved outcomes for patients.

Action: Add key strategic questions to September agenda for discussion.

CI particularly liked the format of the Slide Presentation given and would be using the format herself for use in Cornwall.

6. AGM Planning

The Committee received an update on the governance requirements that the members need to consider relating to the circulation and adoption of the annual accounts, the AGM, and pharmacy owners of the new Model Constitution. Members noted the requirement to circulate annual report and account to pharmacy owners within six months of the financial year end and to hold the AMG within the same timeframe, providing at least 30 days' notice. It was also noted that a special meeting must be held before the start of the 2026 elections process to consider and pharmacy owners to have the opportunity

to vote on the updated Model Constitution (prior to 31st October 2026). To minimize burden on pharmacy owners and streamline administration, combining the AGM and special meeting was recommended. Members discussed both face-to-face and virtual meeting options and agreed that AGM and special meeting dates would be scheduled accordingly.

Action: Date of AGM and Special meeting: Tuesday 6th October 2026. This to be virtual and held on MS Teams. Start time 7.15pm

7. CPE Report and updates

SR gave an update on the work undergoing at CPE. A slide presentation is available.
Action: ST to circulate CPE regional reps presentation to members.

CPEs Chairs forum was held on 16th June in London hosted by Sadik Al-Hussain MP (SH) Chair of the All Party. The keynote speech was by Stephen Kinnock. The MPs meeting had been poorly attended,
Action: There is a need to re-engage with local MPs. Also Sadik to be approached to find out if dates for future meetings can be set well in advance for attendance purposes.

It was noted that George Foote, Public Affairs CPE, is missed as he has now left CPE
Action: SR to feed this back to CPE

The CPE roadshow had been interesting, but there was low attendance, 20 pharmacy owners and their representatives attended the evening Roadshow. It was agreed that CPE provided content on the work they had done, but need to 'sell' what they have achieved. An evaluation form after the event would have been helpful.
Action: SR to provide feedback to CPE that the members felt the Q&A session had been cut short; the importance of evaluating the session and noting that Janet from CPE not attending was unacceptable regardless of numbers.

8. Services Update and Operational Report

LW spoke to her presentation. Community Pharmacy continues to strengthen its role as an essential part of the primary care system across Devon, with increasing integration into PCNs, neighbourhood health developments and wider healthcare partnerships. Recent activity has focused on improving patient access to care, strengthening referral pathways and ensuring community pharmacy is recognised as a key clinical provider within local healthcare systems.

Pharmacy First has become increasingly embedded across the county, with continued work to raise awareness amongst healthcare professionals and patients, improve referral routes from general practice and support pharmacies to deliver high-quality clinical care closer to home. Alongside this, the Pharmacy Contraception Service continues to expand providing patients with accessible and convenient routes to contraception while supporting the wider shift of appropriate care from general practice into community pharmacy.

Community pharmacies are also making a significant contribution to prevention and population health through the Hypertension Case Finding Service. This work supports earlier identification of people at risk of cardiovascular disease, improves access to preventative healthcare and strengthens the role of pharmacy in helping to reduce future health inequalities and long-term demand on NHS services.

The work of Community Pharmacy PCN Integration Leads has provided a strong foundation for collaboration between pharmacy, GP practices, PCNs and other healthcare organisations. Through engagement with stakeholders, support for local service development and participation in

neighbourhood discussions, Integration Leads have helped improve understanding of community pharmacy services and create stronger, more productive working relationships across the system. Alongside the delivery of national services, significant progress is being made on several strategic priorities, including the development of new Patient Group Directions, the implementation of Varenicline services, expansion of sexual health provision, cardiovascular disease initiatives and projects aimed at supporting long-term condition management withing community pharmacy. These developments demonstrate a continued commitment to expanding the clinical contribution of pharmacy and improving outcomes for local populations.

Stakeholder engagement remains a major focus, with ongoing collaboration between community pharmacy, NHS Devon, Public Health teams, GP practices and PCNs helping to drive service awareness, improve pathways and ensure community pharmacy is represented within future healthcare planning. Work is also progressing to enable greater access to the Devon and Cornwall Care Record, creating opportunities for better information sharing, improved patient safety and more integrated care across organizational boundaries.

Actions:.

Continue to work on the eRD integration process

Share details with contractors around Devon and Cornwall care record for them to make an informed choice around if they would find it beneficial

Continue work around prescription quantities.

Noted some contractors are moving away from PharmOutcomes, the reports are not as good as they used to be and there is a need for flaws to be removed.

Action: LW reach out to PharmOutcomes regarding reported problems.

Devon & Cornwall Care Records

Use depends on which pharmacy a patient is registered with.

There is no cost, but to use it needs a static IP address and MFA is required. LW asked if members thought it would be beneficial to have full patient care record which covers social care as well.

LW was thanked for her work on this.

Action: LW take this back and share awareness of the availability of access with contractors.

Send details to Cornwall (Drew Creek)

Article in newsletter for signup.

9. Model Constitution Signoff

Members considered the proposed changes to the model constitution and agreed the adoption. Proposed: Rachel Fergie; Seconded: Ron Kirk, All in favour, not abstentions.

10: Pharmacy Technician Support and workplan

LJ reported that she had contacted Linda at APTUK, who acknowledged that pharmacy technicians are currently underrepresented within the Association and is working to raise its profile. Lisa is awaiting additional pharmacy technician details from PCNs.

Action: A Microsoft Form has been developed and distributed via the newsletter and PCN leads, with information returned to LJ.

ST requested that PCN leads brief their networks regarding this action.

Two breakout discussions took place (Appendix 1). RF moved two agenda items to the next meeting; Integrated Neighbourhood Teams and Pharmacy First Referral Systems.

There was no other business and the meeting closed at 3.45 pm.

Date of next meeting: 16th September 2026 9.00 am – 4.30 pm Partridge House, Kennford.

Workshop Breakouts

Proposed Actions Arising from Workshop Feedback

1. Strengthen Business Sustainability Support

Actions

- Share examples of successful service delivery models from local pharmacies.
- Continue to work with contractors to identify ways to maximise opportunities from:
    - Independent Prescribing (IP).
    - Pharmacy First.
    - Hypertension Case Finding.
    - Contraception services.
- Monitor contractor concerns and feed intelligence back to Community Pharmacy England and system partners.

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2. Increase Contractor Awareness of Deadlines and Requirements

Contractors struggle to keep track of multiple requirements in relation to deadlines
The current deadline tracker produced by the team was deemed to be excellent. Action to continue to feedback to commissioners etc of the need to co-ordinate deadlines and not have them spread out during a month.

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3. Support Workforce Development and Independent Prescribing

Actions

- Produce an Independent Prescribing information pack covering:
    - Eligibility.
    - Training routes.
    - Education supervisors.
    - Funding/support available.
- Promote CPPE development programmes and post-graduate opportunities.
- Map local IP training opportunities and share with contractors.
- Further consider role of LPC in workforce development

Rationale

There is clear interest in IP development, but teams need greater awareness of available support and what becoming an IP involves.

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4. Facilitate Service Training Opportunities

Actions

- Curate and signpost training opportunities (when appropriate) relating to:
    - Pharmacy First.
    - Flu vaccinations.
    - DMS
    - MenB programme.
    - Contraception service.
    - Hypertension Case Finding.
- Maintain a central training directory rather than directly delivering all training.
- Work with commissioners to identify funded training opportunities for pharmacy teams and locums.

Rationale

The group identified a need for service-specific training, particularly for locums and wider pharmacy teams.

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5. Improve Communication and Engagement

Actions

- Review LPC communication channels and reach.
- Increase use of:
  - LinkedIn.
  - Social media.
  - Contractor newsletters
  - Whats App
- Consider creating targeted communications for:
  - Pharmacy owners.
  - Pharmacy managers.
  - Pharmacists.
  - Pharmacy technicians.
  - Locums
- Promote professional development opportunities more actively.

Rationale

Feedback noted relatively low engagement via existing social media channels and a need for better awareness of opportunities.

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6. Build Relationships with System Partners

Actions

- Continue strengthening relationships with:
  - ICB
  - Primary Care Networks (PCNs).
  - General Practice.
  - Public health teams
  - Integrated Neighbourhood Teams
- Continue to promote the value of community pharmacy services to wider stakeholders.
- Identify opportunities to improve public awareness of services available through pharmacies.

Rationale

Feedback highlighted the importance of local relationship building and improving public perception of pharmacy services.

Suggested Priority Actions for the LPC Workplan

High Priority (Next 3–6 months)

1. Deadline tracker
2. Independent Prescribing awareness campaign.
3. Training and development resource/signposting.
4. Public awareness and communications campaign. Working with commissioners.
5. Review newsletter to make the content more appealing
6. Set up Whats App Community group to improve engagement; QR code to encourage locums to sign up to the group.

Medium Priority (6–12 months)

1. Enhanced stakeholder relationship programme.
2. Increase efficiencies of commissioned services