Minutes of the Committee meeting held at 10.00am on Tuesday 1st July 2025 via Teams

Members present:
Kath Briscoe (KB – Boots – CCA)
Yogesh Patel (YP- Lawley Pharmay – IND)
Lucy Corner (LC – Rowlands Pharmacy – CCA)
Ravi Nagra (RN – MSN Lunts - Regional Multiple)
Alex Carrasco (AC - Day Lewis – IPA)
Sab Rooprai (SR – Conway Pharmacy – IND)
Mohammad Sohawon (MS – Muxton Pharmacy – IND)
In the Chair:
Kath Briscoe

In attendance:
Peter Prokopa (PP – Chief Officer)
Amanda Alamanos (AA – Service & Engagement Officer)
Jane Davies (JD Treasurer)
James Milner (JM - STW ICB – part)
Lynn Cawley (Healthwatch Shropshire – part)
Lindsey Fairbrother (CPE Regional rep – part)
Kirsten Atkinson (Priest & Co – part)

Agenda ref.	Details	Actions
725.1	**Welcome, Apologies for absence, Declarations of Interest** Apologies received from: Matt Birch, Andrew Wright, Arvi Sagar & Hatim Adamjee. Additionally, both AW and AS had tendered resignations, creating vacancies for one IPA and one CCA member. No new declarations of interest.	
725.2	**Healthwatch Shropshire Report on Pharmacy Services & Consultations Survey** Lynn introduced Healthwatch Shropshire's role in capturing public and professional experiences across health and social care. She highlighted growing pressures on community pharmacies and the need to understand both public use and pharmacy team perspectives, especially as more NHS responsibilities shift into community settings. A recent pharmacy services survey received 75 public responses and limited professional feedback due to volunteer constraints. Findings showed public appreciation for pharmacy services but concerns about staff capacity, waiting times, and awareness of services. Confidentiality in consultation rooms was generally viewed positively. Some concern was raised about perceived commercial bias in advice. Recommendations included improving messaging around pharmacy services, especially among young people; ensuring consistent GP referrals; and promoting collaboration to increase public confidence. Lynn encouraged ongoing partnership with Healthwatch and offered advocacy support to strengthen pharmacy's role in the local healthcare system. Questions from the committee: • **Regulatory Relationships:** *Question:* Does Healthwatch engage with the GPhC (General Pharmaceutical Council) as it does with the CQC? *Answer:* No, Healthwatch only has formal authority with CQC-regulated services. However, Lynn highlighted the value in building relationships with pharmacies to amplify public feedback and share system-level concerns. • **111 Referrals to Pharmacy:** *Question:* Has Healthwatch explored why some public	PP to share Lynn's presentation with members

	referrals from NHS 111 to pharmacies are not accepted or acted upon? *Answer:* Yes, work has been done around 111 and out-of-hours services. Lynn noted a cultural issue in the UK where trust tends to favour GPs. She emphasised the need for public education about the competencies of other healthcare professionals, including pharmacists, especially among young people. • **GP Referrals to Pharmacy First:** *Question:* Is Healthwatch aware of inconsistencies in GP referrals to the Pharmacy First service? *Answer:* Yes, Lynn acknowledged major variability across Shropshire and cited conflicting messages from GP practices as a challenge. She sees promise in the newly formed GP Board and suggested this is an ideal time to push for stronger, consistent collaboration. • **Contacting Healthwatch:** *Question:* Should pharmacy queries go to Healthwatch directly or via LPC officers? *Answer:* Lynn welcomed direct contact from pharmacies and offered to circulate contact information and promotional materials for display. • **Advocating Pharmacy Representation:** *Question:* Could Healthwatch help promote pharmacy presence at ICS-level boards and discussions? *Answer:* Lynn expressed strong support and confirmed Peter Prokopa is already involved in the Shropshire Integrated Place Partnership Board. She offered to advocate for further pharmacy representation on the ICB and other relevant boards.	
725.3	**Minutes from meeting held on 6th May 2025** The minutes from the meeting held on 11th March were reviewed. There were no amendments proposed. The minutes were accepted as a true and accurate record; Proposed: by MS; Seconded by SR.	PP to post to website.
725.4	**Matters arising** • Medicines Waste Campaign confirmed as one of the two ICB-led campaigns. • Shropshire PNA consultation expected to go live imminently. • Governance consultation analysis pending from independent reviewer.	PP to share PNA consultation with contractors when available.
725.5	**CPE Update – Lindsey Fairbrother** Lindsey reported on the recent CPE committee meetings (April and June), which covered standard subcommittee updates and included key national developments: • CPE Workshops: James Davis is leading interactive workshops on margin, funding models, and future strategy. Attendees are encouraged to join (e.g. Warwick, 16 July). • Workshop Attendance Challenges: Acknowledged geographic limitations and low engagement. CPE may move to webinars if in-person turnout remains low. • Settlement Implementation: Some elements (e.g. PQS clinical audit) are pending final sign-off from NHSE.	PP to share info on CPE regional engagement events PP to share link to draft PGDs with members PP to ensure all members have access to CPE LPC members' section.

	• Draft updated PGDs for Pharmacy First have been circulated for review; gateway criteria modifications aim to simplify gateway access. CPE also pushed back on unfeasible requirements in HCF service (e.g. nighttime ABPM).
	• Direction to Specific Pharmacies: CPE is concerned about GP websites directing patients to specific pharmacies, which may undermine patient choice.
	• Regulatory Updates:
	  ○ *CPAF*: Delayed; CPE pushed for longer completion window.
	  ○ *Terms of Service Dashboard*: Concerns raised over transparency as contractors cannot view their data.
	  ○ *Hub and Spoke*: Contractors must notify ICBs by 1 October; guidance to follow.
	  ○ *Patient Leaflets*: Requirement may be removed in future, but no confirmed date yet.
	• Political Advocacy: CPE and LPCs are lobbying for a fair share of NHS funding following the £29B spending review. Emphasis on maintaining visibility in Parliament.
	• Pharmacy Polling: Reiterated the importance of local contractor polling. Requested LPC-level engagement data to encourage participation.
	• Contractor Engagement: Contractors urged to engage directly rather than solely via social media.
	• Projects:
	  ○ *Branded Generics*: National review underway to address inconsistencies and funding disparities.
	  ○ *Funding Models*: CPE balancing views on margin-based vs. service-based funding.
	Q&A Highlights
	• Pharmacy First Gateway Criteria: RN raised concerns about accessibility of the current criteria. LF confirmed PGDs have been modified to make criteria easier and reinforced that pharmacists should be paid for consultations.
	• Implementation Delays: Regulatory relaxations (e.g., leaflets) are pending DHSC and NHSE sign-off. Workforce reductions in NHSE are causing delays.
	• Communications: Contractors reminded that while changes are expected, existing requirements (e.g., having a visible complaints procedure) still apply until formal confirmation is received.	

725.6	**Chief Officer Meetings Report** Members were invited to raise any questions or request clarifications. Re CD LIN meeting: YP raised concerns about the volume of urgent medicine supplies processed under Pharmacy First, particularly those exceeding the five-day supply limit. Over 1,000 Schedule 4/5 supplies were reported in a year. PP confirmed NHSE is aware and investigating issues, including cases of misuse (e.g. a patient receiving multiple Oromorph supplies, leading to overdose).	

	PP also highlighted that some contractors may not be consistently checking Summary Care Records (SCRs) before supply. YP further questioned the effectiveness of NHS 111 referral algorithms, particularly involving high-risk medicines (e.g. opiates, sedatives). Patients often assume a referral guarantees supply, placing pressure on pharmacy teams. PP noted a rise in 111 Online referrals and reiterated the need for red-flagging sensitive medicines upstream. He also called for improved data sharing, particularly to identify GP practices with slow repeat turnaround times contributing to pharmacy pressure. The committee agreed on the importance of reinforcing guidance: supplies should cover only the minimum necessary until the patient can access a prescription, and pharmacies must avoid exceeding regulatory limits.	
725.7	**Subcommittee Breakouts** Breakouts were suspended as two subcommittees had low representation in the meeting.	
725.8	**Subcommittee Feedback** As per 725.8, there was no formal feedback from subcommittees, however the following points were noted: Governance: LC noted staff contracts had been reviewed and approved for sign-off since the previous meeting. AA noted that she had recently undertaken a review of LPC policies and procedures in Derbyshire, and was happy to the same in Shropshire; LC agreed this would be helpful. PP noted that there had been a late addition to the agenda to include a discussion on a communications proposal, as shared yesterday evening; Kirsten Atkinson would be joining later. Finally, feedback from the contractor training and support event had been largely positive, with good engagement of attendees on the day.	PP to share staff contracts as appropriate. AA to discuss policy & procedures review with PP
725.9	**Finance Update** KB summarised the discussions and outcomes from the additional meeting held on 3rd June 2025 to address the financial challenges of 2025-27. The committee reviewed the use of ring-fenced funds to support core roles (specifically AA and SG)), ensuring longer-term financial sustainability. KB confirmed that a business plan is being developed to formally allocate funds from relevant pots, with no objections raised at the 3rd June meeting. JD provided an update on income and budget: • The LPC now receives a regular contractor levy payment of £8,000 per month, improving financial predictability. • Despite a projected deficit of ~£13,000, accessing approximately £6,000 from ring-fenced funds will reduce this to around £8,000. • The LPC remains above its six-month reserves threshold for the current year. Additional ring-fenced funds identified for future use include: Winter pressures funding, CP/GP engagement projects, cardiovascular consumables for IP sites, LPN funding (still awaiting payment of 2025 funds from NHSE)	KB to shre relevant business plan on use of MoU funding when available. PP to follow up on delayed external payments.

	Members noted delays in receiving some external payments despite prompt invoicing from CP Shropshire. PP agreed to follow up with relevant contacts. Communications budget: £250/month already budgeted; a proposed increase to £350/month for enhanced communications support was noted for later discussion. Sponsorship and external funding: Additional sponsorship interest reported, contributing to event and premises cost coverage. A revised budget presentation format was introduced and received positive feedback.	
725.10	**Regulations Report** **1. Donnington Relocation Application** • PP submitted a draft LPC response ahead of the 27th June deadline regarding the proposed relocation of Donnington Pharmacy. • A key concern is the potential link between Donnington Pharmacy and the adjacent 100-hour pharmacy, and the lack of closure notice on the latter may affect approval. • Decision expected in September (confirmed via recent NHSE communication). • LC noted similar applications have been refused elsewhere due to concurrent operation of two pharmacies on the same site. • The concern: if approved, service hours could drop significantly from 72 to 40 hours. Members noted the public may lose valuable extended access (e.g., Sunday hours). • The application does not include a closure notice for the former 100-hour pharmacy, which has led to refusals in other regions. • YP raised the pharmacy's high Pharmacy First activity and its value to patients needing out-of-hours support. **2. Rowlands Consolidation (Wem)** • LC reported a proposed consolidation of two Rowlands branches in Wem, merging them into the surgery premises. • PP noted that he hadn't seen the application, but later confirmed receipt and would share proposed response. General Observations on Consolidations • Discussion acknowledged broader national trends of: o Ongoing consolidation due to financial and operational pressures. o Phasing out of 100-hour contracts and DSP exemptions. o Need for updated PNA (Pharmaceutical Needs Assessments) to reflect the evolving landscape. • Concern raised about potential future parallels with DSPs and network destabilisation. **3> Pharmaceutical Needs Assessment (PNA)** • Shropshire's PNA public consultation expected to go live imminently. • Telford & Wrekin's PNA is due **six months later**. • Donnington application may fall into the next PNA cycle, although noting the cycle being 6 months behind Shropshire may be reflected in the draft version.	PP to share proposed response re consolidation application in Wem. PP to check on PNA consultation and ensure contractors are informed via usual comms.

	• PP to share details of Shropshire consultation on draft PNA and encourage contractor participation. **4. CD LIN (Local Intelligence Network) Update** Peter summarised key points from the CD LIN meeting: • Communications to be issued to reinforce **5-day supply limits** for Schedule 4/5 CDs under Pharmacy First. • Reports of inappropriate supplies (e.g., gabapentinoids) and incomplete entries on PharmOutcomes were flagged. • Pharmacists reminded to **check SCRs** and document supplies accurately. • **West Mercia Police** provided intelligence on increasing use of synthetic opioids and risks associated with adulterated drugs. • GPhC continuing work on diversion and enhanced inspection of high-risk pharmacies. • Naloxone awareness: pharmacies supplying naloxone should be aware of increasing dosage requirements due to high potency of illicit substances (nitazines, synthetic opioids) • Most common CD incidents include methadone dose errors and lost prescriptions, particularly during supervised consumption.	
725.11	**ICB Update – James Milner** **1. Pharmacy First Performance** • **Consultations increasing** steadily across services, with seasonality influencing trends. • Slight decline in **minor illness referrals**, particularly from GP and 111. • **Data lag** noted: most recent month reflects approx. 85% of actual consultations. • **19% of total consultations** attributed to a single contractor (recently changed ownership), highlighting **system risk** due to over-reliance. **2. 111 and GP Referrals** • **111 acceptance rates** in the Midlands remain **low**, despite STW performing better than regional average. • Challenges primarily due to **non-clinical call handler behaviours** and **patient preference**. • James to explore potential collaboration with **Healthwatch** following Peter's suggestion. **3. Hypertension Case-Finding** • **ABPM uptake increasing**, with STW outperforming other Midland ICBs. • Now approaching **7% conversion rate** from clinic BP to ABPM. • Noted: A few pharmacies are still **not delivering ABPM**, which remains a concern. **4. Oral Contraception** • Slight drop in **initiations**, but **ongoing supplies are increasing**. • New ICB targets for 2024/25 combine BP, Pharmacy First, and contraception into a **single performance measure**. **5. GP Engagement Strategy**	Advise contractors re mandatory health campaign on waste; info to follow.

	• ICB is targeting the **middle-performing 50%** of GP practices to improve collaboration. • Initial engagement has shown **early signs of increased referrals**. • Practices not initially targeted are now **proactively reaching out** for support—seen as a positive development. **6. Discharge Medicines Service (DMS)** • **Significant growth** in referrals, particularly from **Robert Jones Hospital**. • Year-end figures show **1.8% increase** across the region. • Proposal for expanded DMS as part of **winter pressures support** has received positive feedback and is progressing through ICB governance. **7. Independent Prescribing Pathfinder** • **Approx. 180 consultations completed** (mostly Pharmacy First Plus). • Only **34% resulted in prescriptions**—rest provided reassurance/advice. • Strong evidence that **87% of consultations avoided escalation** to GP or hospital. • Notable case highlighted where a **pharmacist's intervention led to timely A&E admission** for pyelonephritis. **8. Local Campaign – "Think Twice, Order Right"** • Confirmed to run as **mandated ICB campaign** from **9 July 2025**. • Materials to be **displayed for 3 months**, with media (radio/social) campaign running for 8 weeks. • **Data collection** over a **4-week window**, with pharmacies selecting **2 weeks to record**: o Number of public conversations. o Number of prescription items not taken. o Number of campaign labels used. **Terminology Change:** • "Medicines returned that can be reused" reworded to **"medicines not required at point of collection"** for clarity. **9. Weight Management Accelerator** • ICB has **secured £50k Innovate UK funding** for a **3-month design programme** (July–September 2025). • Aim: Develop a **neighbourhood-based, scalable weight management pathway** involving pharmacy, GP, local businesses, and leisure centres. • LPC to circulate invitations for **pharmacy involvement**, with **funding available** for contributors.	
725.12	**Services Update – Amanda Alamanos** **1. Overview of Pathway Activity** • Amanda presented a 3-month summary of service activity, now broken down by clinical condition to identify seasonal trends (e.g. insect bites and UTIs increase during warmer months). • Clinical pathway consultations have increased overall, while minor illness consultations have dropped—likely due to seasonality and reduced referrals from general practice.	PP to confirm frequency of Pharmacy First caps being updated Highlight to contractors about making MYS submissions

	• Urgent medicine supply showed a short-term national increase in April but is now declining. **2. Pharmacy First Cap Monitoring (May 2025 Data)** • Several pharmacies are operating within 20% of their cap and will be reviewed for upward cap adjustment. • **Exceeding Cap**: o Pharmacies exceeding cap include: *Rowlands Broseley, Oakengates, Hadley, and Donnington*. o Donnington shows "N/A" for cap on NHSBSA data despite being allocated to Band 1 in April—this anomaly is due to recent ownership change. **3. Pharmacies with Low Clinical Pathway Activity** • PharmOutcomes scheduling data showed no activity in the last 3 months for several pharmacies. • Rowlands Marden flagged as having no scheduled clinical pathway activity. IT does not appear to be a factor. • Contractors reminded to ensure consistent scheduling and submission of claims, especially under new rules. **4. Hypertension Case-Finding** • Slight dip in activity from April to May, but overall 7% conversion to ABPM (ambulatory monitoring), which is considered good performance in STW. • Some pharmacies flagged as performing BP checks but not submitting any ABPM claims, which is a concern in light of new service criteria. **5. Pharmacy Contraception Service** • Initiation numbers dropped slightly; ongoing supply numbers increased. • List shared of pharmacies not performing any initiations in the past 3 months. AA and SG will follow up. **Actions & Follow-ups** • LPC will continue to engage with flagged contractors. • LPC newsletters and contractor contacts will reinforce: o Timely claim submissions. o Scheduling on PharmOutcomes. o ABPM monitoring requirements. o Pharmacy First and service delivery best practices.	1-2 days after month end PQS Palliative Care domain and local JIC service – review and seek alignment to enable improved access
725.13	**Communications Proposal – Kirsten Atkinson (Priest & Co)** KA introduced herself as a experienced PR and communications professional with 30 years' experience, with a strong background in community pharmacy communications, having worked with Community Pharmacy Nottinghamshire and Derbyshire. **Proposal Overview:** Objective: To enhance Community Pharmacy Shropshire's communications strategy, raise its profile with contractors and stakeholders, and drive public awareness and engagement. Approach: • Build a regular and visible presence on LinkedIn using scheduled posts covering events, service updates, key campaign messages, and seasonal health information (e.g. UTIs, insect bites). • Potential creation of a Facebook page to engage more broadly, particularly with pharmacy staff as consumers. • Showcase LPC/committee members via short profiles and photos to humanise the LPC and boost engagement.	Members to complete answers to KA's questions for social media content.

	• Encourage local MP engagement using CPE-provided templates and structured outreach to promote contractor support and raise awareness politically. Key Communication Audiences Identified: • Ambassadors: Actively engaged contractors. • Potential Engagers: Aware but less involved pharmacies, targeted for greater involvement. • Key Stakeholders: Including ICB members, Healthwatch, and partner organisations. Benefits: • Aligns with LPC self-assessment goals on comms and engagement. • Supports Pharmacy First, contraception, BP checks, and other service uptake. • Builds long-term sustainability and visibility for Community Pharmacy Shropshire. Start Timeline: • KA confirmed she could start immediately if approved, using existing templates and approaches from other LPCs with minimal setup time. Decision: • Following discussion and confirmation of alignment with budget plans, the committee unanimously agreed to proceed with KA's proposal. • KA will begin work immediately, with AA and PP to meet with her to finalise the communications planner and coordinate activities.	
725.14	**CCA Questions Q3 2025** LC noted that the final version of the questions for Q3 was yet to be shared – to be forwarded to PP when published.	LC to share LPC self-assessment document
725.15	**AOB** None	
725.16	Meeting closed at 16.00 **Next meeting** – Tuesday 2nd September 2025 10.30 – 16.00 at STW ICB Office in Wellington Following meetings bi-monthly on the first Tuesday, alternating between virtual (v) and in person (p): • 4/11/2025 9.15-13.00 (v) • 6/1/2026 9.30-16.00 (p) • 3/3/2026 9.15-13.00(v)	