Community Pharmacy Shropshire

Minutes of the Committee meeting held at 10.30am on Tuesday 2nd September 2025 At STW ICB Office, Tan Bank, Wellington TF1 1LX

Members present:
Kath Briscoe (KB – Boots – CCA)
Yogesh Patel (YP- Lawley Pharmacy – 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)
Steve Virdee (SV – Morrisons – CCA)
Matt Birch (MB – Superdrug – CCA – via Teams)
Hatim Adamjee (HA – Hollinswood 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)
Claire Hand (CH – STW ICB – part)
Amy Potts (AP – STW ICB – part)
Lindsey Fairbrother (CPE Regional rep – part)
Kirsten Atkinson (Priest & Co – part)

Agenda ref.	Details	Actions
925.1	**Welcome, Apologies for absence, Declarations of Interest** No apologies received; KB welcome Steve Virdee from Morrisons as the new CCA rep on the committee, replacing Arvi Sagar. KB asked whether the new IPA rep had been appointed? PP confirmed not yet, although there was a potential candidate who had been in touch. No new declarations of interest relevant to the agenda.	
925.2	**CPE Update – Lindsey Fairbrother** **1. General Updates** • Last formal CPE meeting was in June; summer break since then. • Regional meetings continue to rotate annually (previously Birmingham and Liverpool). LPCs invited to attend for transparency. **2. Political & Negotiation Update** • Pharmacy negotiations resuming; current deal ends in spring. • Strong lobbying efforts required to secure funding amidst competition with GPs, dentists, optometrists, and secondary care. • Parliamentary pharmacy event scheduled with ~40 MPs expected to attend. • October budget may significantly impact pharmacy businesses and NHS funding. • CPE continues direct engagement with Minister Stephen Kinnock. **3. Contract & Funding Challenges** • Ongoing discussion about future of the pharmacy contract—currently viewed as unfit for purpose. • PA Consulting engaged to model alternative funding scenarios. • Debate continues around reliance on margin vs. service-based income. • Concerns about inadequate preparation for newly qualified IP pharmacists—risk of losing them to GP/hospital sectors. • Price concessions remain problematic, often forcing pharmacies to dispense at a loss. **4. Service Development & Projects** • Discussions at regional events highlighted challenges in prioritising spending (dispensing vs. services). • Work on increasing pharmacist flexibility (e.g., switching prescriptions without GP involvement). • Ongoing issues with branded generics and ICBS short-term switches causing financial instability. **5. Sector Polling**	PP to include comms on relevant contractual changes (Ph 1st, NMS & PCS) due in October to September newsletter – esp to highlight PGD updates and key dates. Hub & Spoke – comms to contractors to remind 28 days' notice to ICB required to commence hub & spoke operations.

	- Active sector polling remains vital for political traction; contractors encouraged to participate. **6. Upcoming Service Expansions** **1 Oct:** New PGDs for Pharmacy First; flu & COVID vaccination start. **29 Oct:** NMS expansion to include depression; EHC & contraception service go national. - Contractors urged to prepare SOPs and ensure readiness for launch. **7. Operational Pressures** - Service delivery income still represents a small proportion of contractor revenue despite high workload. - Pharmacies must adapt: pharmacists focused on patient consultations while teams manage dispensing. - Concerns about caps, delayed reconciliations, and unrealistic ICB targets for Pharmacy First. Risk that community pharmacy could be perceived as failing despite structural barriers. **8. Subcommittees** **Service Development:** Pharmacy First changes confirmed from 1 Oct; focus on readiness. **Funding (Funcom):** Ongoing challenges with drug tariff and concession prices. **Legal & Regulatory:** Process improvements noted (e.g., supplementary hours changes). Members asked to feed back ongoing issues. **9. LPC & Contractor Support** - James returned from illness; Vicky has covered in his absence. - LPC Conference scheduled for 25 Nov. - Ongoing engagement with NPA, IPA, CCA. **10. Key Concerns Raised in Discussion** - Margin retention vs. central procurement: risk of under-recognition of pharmacy's value in procurement. - ICB targets for Pharmacy First: seen as unrealistic, risking failure optics if not met. - Lack of national support for local delivery and GP/111 referrals into pharmacy. - Service income too small relative to effort required; contractors increasingly moving towards private provision. **11. Key Dates** **1 Oct:** Flu/COVID vaccination, new PGDs for Pharmacy First. **29 Oct:** EHC, contraception national service, NMS expansion. **25 Nov:** LPC conference.	
925.3	**To approve Minutes from meeting held on 1st July 2025** The minutes from the meeting held on 11th March were reviewed. One amendment proposed – JD had not been included in list of attendees; PP to add to final version. The amended minutes were unanimously accepted as a true and accurate record - proposed by MS; Seconded by AC.	PP to post to website.
925.4	**Matters arising** None not already on the agenda	
925.5	**Chief Officer Meetings Report** Members were invited to raise any questions or request clarifications. **Re PNAs** - YP questioned whether the Telford & Wrekin PNA was progressing? PP confirmed that T&W are 6 months behind in the process, with meetings due to start soon. **Re Out of Hours Provider –** PP expanded on the current scenario. **Background:**	

	○ Current issue with new out-of-hours (OOH) provider, HealthHero, which lacks Home Office CD licence. ○ They are based in Cirencester, creating logistical challenges. • **Current Position:** ○ Tentative plans explored, including partnering with another group, but geographical distance remains a barrier. ○ Possibility raised of needing a **short-term (and potentially longer-term) OOH/on-call service** if licensing delays persist. • **Next Steps & Risks:** ○ Awaiting expedited Home Office decision on the provider's licence. ○ If approval is not granted soon, alternative solutions may need to be activated quickly. ○ Members may be contacted at short notice to contribute to contingency planning. • **Opportunities:** ○ Potential for a longer-term, more sustainable OOH solution depending on developments. ○ Existing services database contains one or two service models that could be mobilised rapidly if required. • **Timeline:** ○ Unlikely to see progress before **1 October**. ○ Any required changes may need rapid response immediately thereafter.	
925.6	**Subcommittee Breakouts - LPC Self-Assessment 2025**	
925.7	**Subcommittee Feedback** Governance and Services /Comms subcommittees considered relevant aspects of the LPC Self-assessment; Finance subcommittee started work on the updated LPC Finance Guide checklist; to be continued at the next meeting, with discussion on both documents with full committee once completed.	PP to include in November agenda
925.8	**Finance Update** JD noted that the finance update had been shared on 2nd August; no questions arising. PP noted that Stephanie Green had been undertaking some work on the Palliative Care/Just in Case service, which Andy Pickard agreed could be funded from LPN pot. PP noted that CCA had in the last few minutes sought increased detail on the LPC accounts; JD confirmed this was available in the document shared on 2nd April. PP to include an addendum of the detailed expenditure and share with contractors.	PP to include addendum of the detailed expenditure for 2024-25 accounts and share with contractors.
925.9	**ICB – Care Homes Guidance – Amy Potts (Meds Optimisation Technician, STW ICB)** AP shared the draft guidance on the screen and summarised each section. Members' comments included: • Were MARs required for acute scripts? Especially if not dispensed at the usual pharmacy/dispensary. • Are many homes using electronic MARs? What is the impact for ordering and medicines management especially for community pharmacy? • How do error processes work with homes? Especially where related to those appearing to have been made by contractors in dispensing. • Many care homes in Telford are served by distance selling pharmacies – may need to amend to reflect this, especially elements	AP to share draft guidance for comments.

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<td><li style="list-style:none">referring to cared home staff collecting medicines from the pharmacy.
AP agreed to share the draft guidance direct to members for comment before final approval at October IMOC.</td>
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<td>925.10</td>
<td>Regulations Report
<u>Market Entry:</u>
No decision had yet been received in relation to the St George’s application, nor the Donnington Relocation Application. Rowlands Consolidation in Wem response had been submitted, again with no decision as yet.
PP noted he had received a further Consolidation application, this time in Wellington (Chapel Lane & Wellington Pharmacies) and would draft response..
<u>Pharmacy access (rota) Xmas & New Year</u>
PP noted that requests for information on opening over Xmas and New Year holidays had been shared by OWM along with the EoI to volunteer for directed opening. Concerns expressed by members around:

1-hour opening – not enough, all reported having to work beyond the allotted time due to NHS111 referrals and walk-ins for Pharmacy First
Inconsistency in opening hours across different ICB areas – eg later opening (mid-afternoon, rather than mornings) would support improved access for patients
LC noted some areas were offering higher fees than the Midlands region

PP agreed to rise with regional team.
<u>Pharmaceutical Needs Assessments (PNA)</u>
Status Update:

Final amendments to the document are in progress.
Mark Trenfield will complete changes; to be shared with LPC & ICB prior to being submitted for HWBB approval

Key Issues Discussed:

Concerns raised in South Shropshire (Church Stretton area)—some comments regarding closure of one pharmacy repeated multiple times, issue was addressed in discussion.
High use of distance-selling pharmacies (DSPs) in Ludlow noted:

Seen as a historic trend but persists.
Usage levels remain higher than the national average.
Data lags by around 3 months.
Anticipated growth in DSP use could also be due to patient convenience.

Question asked about service gaps; none specifically identified.

 Next Steps:

Final version of the document to be published from 1 October, with potential for supplementary statements over winter if needed, particularly with outcome of Market Entry applications expected soon.
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<td>PP to share proposed response re consolidation in Wellington

PP to seek discussion at MAPCOG on proposals re 2/3 hours opening and review of fees in light of wage cost pressures (NLW, NI etc)</td>
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<td colspan="3">Working Lunch – Weight Management & Community Pharmacy

Programme Overview:

Design Accelerator runs 1 July–30 September as a precursor to the forthcoming Innovation Programme (launching October, £85m: £50m government, £35m from Lilly).
Aim: develop innovative, community-led approaches with strong involvement from community pharmacy.

Work Completed So Far:

Modelling session held with community voices and patient survey feedback.
Focus locality: likely in Telford, due to deprivation and related health inequalities.

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- Key themes:
  - Single place of access/triage.
  - Timing/location of face-to-face measurements.
  - Behavioural interventions and training needs.
  - Medicines available and the role of community pharmacy.
- **Pathway Development Considerations:**
  - **Patient cohorts:** obesity, chronic pain, PPD (noting interlink between weight and long-term medication use).
  - **Consultation length:** initial consultations expected to take **25–30 minutes minimum**; follow-ups shorter and possibly delivered by technicians.
  - **Consistency:** delivery must be standardised across sites (not 5 minutes in one pharmacy and 30 in another).
  - **NICE guidance/licensing:** some eligible patients under NICE may fall outside the initial national prescribing cohort.
- **Funding & Reimbursement:**
  - **Two streams of funding:**

1. **Standard programme** – NHS England to fund specified medications under a national prescribing policy (cohorted by BMI + comorbidities).
2. **Additional/capital funding** – for patients who are NICE-eligible but not included in the first national cohort; each system will have a defined allocation of patients it can treat.

  - Service likely to run under **PGD (Patient Group Direction)** with a clear **service specification**, allowing delegation beyond pharmacists (e.g., technicians) to protect pharmacist time.
  - Comparison with private provision: NHS model expected to generate lower margins than current private market but opens access to a much broader patient cohort, supporting equity and system sustainability.
  - Possibility of a **setup fee** to support pharmacies acquiring necessary equipment (e.g., for biologic medicines).
- **Opportunities for Community Pharmacy:**
  - Expand into weight management services where GP capacity is limited.
  - Deliver prevention-focused care, reducing long-term burden of diabetes, CVD, etc.
  - Increase patient access to new weight-loss medicines in community settings.
  - Potential for a high-profile, **flagship community-led service** if implemented well.
- **Next Steps:**
  - Further work on service design, including PGD drafting (templates may already exist).
  - Clarify scope of funding streams and patient eligibility.
  - Agree workforce model (pharmacist vs. technician delivery) and consultation structures.
  - Meeting scheduled to review service specification and practical implementation issues (e.g., PGDs, training, equipment).

925.11	**Registered Technician Training & Development – Claire Hand** **Context & Need** • Community pharmacy is moving toward more **clinical services** and prevention-focused care. • Newly qualified pharmacists will all be independent prescribers from next year, shifting workloads. • Legislation changes will expand the role of **pharmacy technicians** (PGDs, contraception, vaccination, supervision support). • Workforce pressures: pharmacy technician numbers have fallen **12% in the past year**; current community vacancy rate ~16%. • Recruitment and retention remain challenges, with technicians often moving to hospital/PCN roles due to better pay and opportunities. **Role of Technicians**	

	• A second registered professional in the pharmacy brings **professional accountability** and **frees pharmacist capacity** for advanced clinical services.
	• Expanding technician roles (clinical, supervisory, leadership) will make community pharmacy careers more attractive.
	• Pay differentials with hospital/PCNs remain a barrier but role expansion may justify salary growth in future.
	Telford College Apprenticeship Offer
	• Launch planned for **March/April 2025**.
	• **Level 3 Pharmacy Technician Apprenticeship** (2 years).
	• Training model:
	    o **1 day per week** at Telford College.
	    o **4 days in the workplace** (community pharmacy, PCN, hospital).
	    o Integrated with other healthcare apprenticeships for shared learning.
	• Facilities include:
	    o Simulation suite with ward/consultation setups, VR training, and clinical skills labs.
	    o College keen to model training rooms around consultation spaces, reflecting the future of pharmacy practice.
	• Tutors may include local **practising pharmacy technicians**.
	Funding
	• Apprenticeship cost: **£8,000**.
	• **Funding routes:**
	    o Levy-paying employers (>£3m payroll): fully funded.
	    o Non-levy employers: 5% contribution (can be offset via levy transfers arranged by the college).
	• NHS England CP funding (previously ~£15k per year for 2 years) supported technician training and may return in future.
	Benefits to Employers
	• Within months, apprentices can contribute to **dispensing, patient queries, and service support**.
	• Builds **resilient, future-proofed workforce** with skills aligned to new services.
	• Creates a pipeline of staff more likely to stay in community if supported and empowered.
	Next Steps
	• Telford College will contact contractors to gauge **interest and numbers** (minimum 12 trainees per year needed for viability).
	• Contractors encouraged to confirm interest so planning can progress.
	• Course will be supported by training resources, supervision guidance, and links with universities (e.g., Keele) where relevant.	

925.12	**ICB Update – James Milner** <u>Activity Trends</u> • Constipation pathway consultations per 100,000 remain in a good position vs. region. • Majority of consultations driven by walk-ins, not referrals. • Some decline in urgent medicine supply after initial increase. • GP referral activity fluctuating but showing stabilisation and growth in practices where engagement work has taken place. <u>GP Referrals & Triage Models</u> • Practices moving to total triage models (AI and clinician-led) affecting referral flow.	PP to include item in Newsletter about Local Services buttons in EMIS – likely to increase referrals for PCS and HCFS

	• Engagement needed with clinicians as well as reception teams under new models.
	• Positive: referral quality improved – very few rejected by pharmacies.
	<u>NHS 111 Referrals</u>
	• Patient acceptance rate ~66% (lower than desired).
	• Issues with call handler scripts and online system – some patients bypass referral but still present directly at pharmacy.
	• Ongoing discussions with NHS 111 to improve patient journey, but system changes take time.
	<u>Targets & Pressures</u>
	• NHSE has imposed a 55% increase in clinical pathway targets (based on population "fair share"), despite:
	  ○ Local demographics limiting eligibility (e.g., age-related pathways).
	  ○ Resource reduction (30% less team capacity).
	• LPC pushing back; will report on both original and revised targets.
	• National mitigations: pathway algorithm tweaks, TPP system integration (not relevant locally), and comms campaigns.
	<u>Service Performance</u>
	• Hypertension: positive trajectory but needs further growth (current ~7.5%, target 10.5%).
	• Contraception Service: performing well, rising as expected.
	• IP Pathfinder Clinics: live in some areas (e.g., Ludlow). Concerns raised about equity and perception where GP endorsement/public comms highlight one pharmacy over others.
	  ○ Agreed to review comms to ensure fair representation of all contractors.
	<u>Next Steps</u>
	• Focus on maximising clinical pathway uptake to contractor caps.
	• Continue local comms but ensure fair, sector-wide messaging.
	• Monitor GP referral patterns closely as triage models evolve.
	• Clarify social media messaging for IP pilots to avoid disadvantaging other pharmacies.	

925.13	**"Neighbourhood Health Service" & Community pharmacy** <u>Context & Opportunity</u> • National push to strengthen Community Pharmacy (CP) role in integrated neighbourhoods. • Applications submitted for first phase of implementation; outcome expected 5 September. • CP voice seen as essential alongside general practice and other providers to ensure equity and sustainability. <u>Key Points Raised</u> • Local systems at different stages of progress; Shropshire area well placed to engage. • Importance of CP being involved from the outset to avoid exclusion from decision-making. • Leadership and representation required at neighbourhood level (7 areas), but LPC team cannot cover all → need for local leaders/links. • Funding/resource required to secure guaranteed CP presence within structures. • Risks if CP not embedded: GP-centric models, inequitable share of referrals/volume, marginalisation of CP voice. • Examples from other systems (e.g. Sussex) show CP gaining equal footing with GPs on collaborative boards. <u>Strategic Considerations</u>	

	• Need to clarify role of CP within neighbourhood health models, incl. links to Pharmacy First, hypertension, contraception, and IP pilots. • Explore funding streams (e.g. CVS allocations) to support CP leadership roles. • Align with other primary care providers (dentistry, optometry) to strengthen influence. • Long-term aim: sustainable, self-supporting CP network within integrated care. <u>Next Steps</u> • Await outcome of implementation bids (5 Sept). • Identify potential local CP leaders/representatives for neighbourhoods. • Explore funding/resource options to secure consistent CP voice. • Ensure communications and engagement reflect parity with GPs and wider primary care.	

925.14	**Services Update – Amanda Alamanos**
	Pharmacy First overview
	• **1,000 consultations** completed – positive achievement.
	• Some pharmacies recorded **zero claims** (likely late submissions rather than non-delivery).
	• A few pharmacies consistently show **low claims**; these are being targeted for follow-up.
	• Certain providers significantly over cap – being managed via direct conversations.
	Claims Patterns
	• Activity maps broadly reflect **population density**, though analysis needs weighting by local population size.
	• Majority of activity appears to be **walk-ins rather than referrals** (low GP referral engagement).
	• Concerns raised about some pharmacies **not offering the service in spirit**, flagged to NHS.
	Hypertension Case-Finding
	• Activity dipped in July but fluctuates month to month.
	• **Top 10% of pharmacies** deliver **39% of total claims**.
	• **ABPMs (ambulatory BP monitoring)**: 70% delivered by a small cluster of pharmacies. Desirable service but risk of imbalance.
	• Conversion from BP check → diagnosis/treatment remains below aspiration (currently ~7%, goal 10–10.5%).
	GP & ICB Engagement
	• Data compared with **CVD prevention/treatment indicators**:
	  ○ Some GP practices underperforming on BP checks and treatment are also not engaging with pharmacy services.
	  ○ Opportunity to encourage practices to refer patients to community pharmacy for checks, supporting national priorities and improving their own outcomes/payments.
	• Plan: Target interventions at underperforming practices, with ICB support.
	Service Updates
	• **NMS (New Medicine Service):** new regulations coming in from 1st October, with restrictions on third-party involvement from 29th October (including depression element).
	• **Childhood Flu Vaccination:**
	  ○ 24 contractors signed up (expected to increase, esp. once Boots confirm).
	  ○ CP England had expected only ~20 per ICB – current uptake is strong.	

	◦ Commissioning sits with NHS regional teams; ICBs may gain more flexibility in future for local commissioning (e.g. RSV, mop-ups).	
925.15	**Communications Update – Kirsten Atkinson (Priest & Co)** LinkedIn Progress • Followers increased from 67 → 91 (quality, relevant audience). • Posting ~4 times per week; good engagement. • August results: ◦ 3,792 impressions (+137% vs July). ◦ 162 reactions (+74%). • Member profiles proving popular: ◦ Lucy's profile: 1,367 impressions. ◦ Ravi's profile: 1,227 impressions. ◦ Kath's profile next; incentive suggested (prize for most impressions by year-end). • Photos of committee members and pharmacy teams generate the most positive engagement. New Channels • Agreed to set up a Community Pharmacy Shropshire Facebook page (consumer-led platform, more reach after working hours). Content Highlights • High traction from posts on: ◦ NHS portal changes. ◦ Technician survey. ◦ Training sessions (Lisa Clift's post). ◦ Think Twice / Antibiotics campaign. ◦ UTIs, insect bites, stings, holiday health. • Newsletter content being repurposed for social media. Upcoming Campaigns • Know Your Numbers Week (BP UK): heavy activity planned; encourage MPs to take part in pharmacy BP checks for visibility. • Sexual Health Week (15–21 Sept): focus on Community Pharmacy Contraception Service; showcase LPC presence at freshers' fairs. • CPE Parliamentary Drop-In (next Monday): Shropshire MPs (e.g., Stuart Anderson) expected; posts planned to tag local MPs. Other Notes • June–December comms plan in place (golden thread for activity). • Polls on LinkedIn may become viable as follower base grows. • Steve (Morrisons CCA rep) welcomed; will be added to comms activity, including a member profile.	Remaining members to complete answers to KA's questions for social media content.
925.16	**CCA Questions Q3 2025** LC noted that questions had largely been addressed at the previous meeting, however would contact PP and/or AA for any updates.	
925.17	**AOB** PP sought nomination of two committee representatives for the National Meeting of LPCs on Tuesday 25th November 2025, in London. PP & KB were confirmed as nominees.	PP to book both him & KB for the event.
925.18	Meeting closed at 16.00 **Next meeting** – Tuesday 4th November 2025 9.15 – 13.00 via Teams. Following meetings bi-monthly on the first Tuesday, alternating between virtual (v) and in person (p): • 6/1/2026 10.00-16.00 (p) • 3/3/2026 9.30-13.00(v)	