



## Community Pharmacy Herefordshire and Worcestershire (CPHW) Minutes (open)

ICB Offices, 22 Owen Street, HR1 2PL

15/05/2025 Draft 2

<b>IN ATTENDANCE</b>	Fiona Lowe (FL) Eva Cardall (EC) Anurag Hegde (AH) Harpal Bhandal (HB), Wayne Ryan (WR), Richard Williams (RW)
<b>MEMBER APOLOGIES</b>	Amarjit Tanday (AT) , Akwal Singh (AS), Sarah Freewin (SF), Paul Rowley (PR), Jeet Patel (JP)
<b>Guests &amp; Observers</b>	ICB: Siobhan Hemans (SH) remotely, Caroline Horton (CH) remotely and George Eldridge (GE) in person PCN: Yvonne Coates (YC) ; Su Suehr S&W PCN; David Poulton HMG PCN Worcester University: Professor Peter Seville (PS) ; Jas Heer (JH) – Regional CPE Rep

### 1. Welcome, DOI, Minutes, AOB, matters arising – 9.30am

No issues with mins from March but due to low committee member attendance the meeting is **not quorate** so moved to July to sign off

AH, WR and HB introduce themselves to RW.

### 2. Independent Vacancy

The independent vacancies have been reviewed. AT has been requested to cast his vote remotely.

- Agreement was reached and the successful new members are – Gareth Lam and Dhiran Vadhia

### 3. Market Entry, PNA

FL updated on all PNAs. CW one has come out and we are now just waiting HW to come out. Councillors and MPS are very vocal in this area around needing more pharmacies. This document is council-led, and all voices have been considered.

No gaps have been identified. The group discusses using a rota in remote areas instead of identifying gaps.

FL: When the assigned PNAs are released, the committee should review them, focusing on border influence and its impact on HW. It's also important to examine their criteria and conclusions for potential learnings.



#### **4. Finance update – Wayne Ryan**

WR updated on accounts completed early. Income for 2024–2025 is £185,000 plus £13,000 from the MOU account, compared to last year's £181,000 plus £5,000 from MOU. Levy increased in the last three months due to CPE Levy increases and SGM agreement. Discussion included using MOU funds for staff costs and covering the increase from CPE. We have spent more than we collected in levies, using both surplus and MOU funds. MOU funds set to last 2 years at current run rate. A levy increase of £10–15k was proposed but not quorate, decision to be moved to the next meeting.

#### **5. ICB Update**

##### **Guests join**

Amritpal Bhandal – Drugs2u Leominster.

David Poulton – HMG pharmacist

Sue Suer – S&W PCN representative.

Yvonne Coates – WVT and Ambassador and PCN Lead

SH, CH join meeting virtually. There is interference and their slides cannot be shared. Will be sent around after meeting. SH refers to the blueprint document that has come out for ICBs and what this may mean.

##### **IP Pathway**

SH: IP Update – moving slowly, consultation numbers have been very low. We have three sites. Issues with capacity and illness, low footfall and no IP pharmacist in one site. Meeting with these three pharmacies and PCN today to see what we can do to increase these numbers. There is one dormant site as it has no IP but hoping to recruit.

SH clarifies that there is no issue with IT.

March – 13 consultations

April -30 consultations

These consultations are all minor illness related. Fiona says that for these types of consultations referrals are not as important. SH clarifies that the quieter site does need referrals but the other two are not so dependent on this.

##### **Paxlovid**

SH: Just to keep one box held in each of the 9 pharmacies as cost of £829

FL: The pharmacies need to be paid for the stock holding before they will keep it in stock.

SH: This is being discussed at ICB

FL clarifies that pharmacies will not hold it without upfront payment.

### **Intervention scheme**

SH: Looking back to the decision to add spacer devices in children. Because of the addition of this to PQS we don't think that this addition will signed off by finance.

FL explains that the point of this was the supply of spacer. This remains an issue.

SH says she will feed this back when it is reviewed.

FL: we need to get the intervention service out to more pharmacies

SH: Only two pharmacies active – only one intervention made so far (Claremont)

SH asks why this is. The issue of having very few participants is discussed. This was due to the way ICB contracts and we want more pharmacies involved so it is an ICB action to increase the number of pharmacies involved – using CHS as an intermediary if needed.

Morrisons are not fully signed up. Only Hereford one at present due to the ICB contracting issue.

### **Hypertension service**

SH references some slides that we cannot see. She will send across. The graphs show poor delivery on ABPM in HW.

FL: Issue of rurality, driving and ABPM has still not been properly addressed.

Group discusses the need for GP- surgery working together to drive increase in ABPM.

Still awaiting the changes in BP national service, will limit who can have BP and ABPM in pharmacy.

JH: There should be some allowance for GPs to send patients to be measured.

JH: central piece of work being doing on why patients refuse ABPM. When that is signed off that will be made available to contractors.

DP asks if he should restrict who he sends. Group says he shouldn't send whoever needs it and when we have more information we will then decide next steps.

SH: hints and tips for OC, PFS and BP services being prepared so will be shared when we have those.

### **Oral Contraception**

SH: doing well on continuation but lower on initiation

FL asks if the sizes of the ICBs are taken into account when looking at higher and lower.

SH confirms they are not. FL says the buses advertising are starting soon and will hopefully drive an increase in OC consultations

## **PFS**

SH: we saw an increase in the number of PFS in March which is unusual.

FL asks if we have had the referral % of CP PFS consultations. SH says we have not.

SS asks about how pharmacies are paid for these consultations.

FL mentions how important getting referrals.

RW and AH both speak to the value of training for care navigators

HB discusses the use of AccuRx for communicating with surgeries and patients. BC LPC have really pushed this. FL says we haven't because lots of different apps are used. We will reconsider and add to training on 22<sup>nd</sup> June and 6<sup>th</sup> July. All surgeries use AccuRx. SH does not know any more detail on AccuRx funding. Pharmacies not currently paying for AccuRx. LPC will contact them and see if they can come to our event. We will aim to get the PCN leads involved and drive up referrals and work with Lisa S.

## **DMS**

End point user testing for Worcester Acute DMS referrals so need to find some willing pharmacies to feedback.

Also need feedback for WYT on their DMS referrals from pharmacies

YC says an issue with the new system is that the whole discharge summary is sometimes not now sent.

## **Weight loss jab funding**

Funding now and also available later in summer. Review options for community pharmacy

## **6. CPE Regional Rep Update - Jas Heer**

20% increase in SAF payments in April and also going forwards advance payments will include payment for OC and BP services. Core Hour changes coming through in June.

DSPs – JH comments he has had lots of questions about why the regulatory changes have been made for DSPs. He explains that there were issues with there not being true DSPs.

NMS – no subcontracting allowed.

Constitution changes – need to feedback, which Committee has via WhatsApp Group

HB feeds back that the only group who are guaranteed a % representation is the CCA.

Break for Lunch

## 7. Professor Peter Seville – University of Worcester

He is developing a school of pharmacy.

Discussion on work behind setting up a pharmacy, training sites and relationship building.

### Proposal to develop MPharm Pharmacy at University of Worcester

Prof. Peter Seville JP BPharm PhD LLM FHEA FRPharmS  
Head of the School of Science and the Environment

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### Purpose of presentation

- Assess level of support from potential practice partners for an MPharm at University of Worcester
- Consider co-creation opportunities with practice partners
- Investigate feasibility of proposals for placement provision

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### Becoming a pharmacist

- Collaborative education and training
  - four-year integrated Master's degree
  - foundation training year
- Learning outcomes cover the full five years
  - knowledge, skills, understanding and professional behaviour
- Accredited by the General Pharmaceutical Council (GPhC)

Standards for the initial education and training of pharmacists

January 2021

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### Routes to registration as a pharmacist

#### Route 1

- years 1-4 of an MPharm
- foundation training year
- registration assessment

#### Route 2

- two-year, part-time foundation degree (MPharm Year 1 + work experience)
- years 2-4 of an MPharm
- foundation training year
- registration assessment

#### Route 3

- foundation year
- years 1-4 of an MPharm
- foundation training year
- registration assessment

#### Route 4

- five-year MPharm degree including blocks of the foundation training year
- registration assessment

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### Standards

- Learning outcomes for students/trainees
  - person-centred care and collaboration
  - professional practice
  - leadership and management
  - education and research
- Standards for organisations
  - requirements for anyone providing initial education and training
  - all components must be delivered collaboratively

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### Example learning outcomes

Learning outcome	MPharm degree	Foundation training year
1. Demonstrate empathy and keep the person at the centre of their approach to care at all times	Does	Does
22. Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices	Shows how	Knows how
47. Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines	Knows how	Does
53. Reflect upon, identify, and proactively address their learning needs	Does	Does

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## Accreditation: new schools of pharmacy



oville (Unverified)

## Proposal for UW

	Community	Hospital	GP Surgery	Simulations	FY Provider
Year 1	2 weeks	2 weeks		2 weeks	
Year 2	2 weeks	2 weeks		2 weeks	
Year 3	2 weeks	2 weeks		2 weeks	
Year 4	2 weeks	2 weeks	2 weeks	2 weeks	2 weeks

Total of 20 weeks' placement (~800 hours or 0.7 of a year)

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## Employability

- NHS Long Term Plan
  - Pharmacists have an essential role to play in delivering the Long Term Plan. The funding for the new primary care networks will be used to substantially expand the number of clinical pharmacists
- NHS Long Term Workforce Plan (2023)
  - Increase pharmacist training places by around half overall to almost 5,000 by 2031/32.
- Community pharmacy shortages
  - Scores of local pharmacies closing across England
  - 16% vacancies and 13% reduction in pharmacist FTE in 2022 survey

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## Purpose of presentation

- Assess level of support from practice partners for an MPharm at University of Worcester
  - what additional information would you like or need?
- Consider co-creation opportunities with practice partners
  - who are the best people to be talking to?
- Investigate feasibility of proposals for placement provision
  - is the proposal achievable?
  - how would it impact on placements offered to students at other SoP?
  - what should students be doing whilst on placement?

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## 8. George Aldridge update on Flu and covid vaccinations

Cohort the same as before. No information on central procurement for Flu vaccines unlikely to be before 2026

Guests leave

Group discusses the constitution feedback and Fiona says she will get views from team via email and WhatsApp. HB says he will also feedback himself directly.

It was noted that the poor attendance was not acceptable.

Meeting closes at 2.30pm