

## Community Pharmacy Arden (CPA) – Teams 8<sup>th</sup> May 2025

### Minutes Open Version for website

#### Attendees:

<b>CHAIR</b>	Sam Griffiths (SG)
<b>MEMBERS</b>	Jas Heer (JH), Bal Heer (BH), Faye Owen (FO), Theresa Fryer (TF), Baljit Chaggar (BC), Sumeet Randhawa (SR)
<b>IN ATTENDANCE</b>	Fiona Lowe (FL) Eva Cardall (EC)
<b>MEMBER APOLOGIES</b>	Mike O'Donnell (MD), SK leaves at 1pm
<b>Guests</b>	Amandeep Bhandal – ICB; Lisa Scullion – ICB; Jasmit Sagoo – ICB; Altaz Dhanani -Deputy Director of Medicines Optimisation; Georgina Cady – ICB Primary Care Contracts and Assurance Manager  Prof. Peter Seville JP Head of the School of Science and the Environment University of Worcester

#### Note: Subgroups met prior to main LPC meeting

#### Welcome, DOI, Minutes AOB, matters arising

- March meeting minutes were approved unanimously without alteration. Open minutes were put on the website. No changes to DOI raised.
- CEO report shared and is available on Box.
- Market Entry and PNA. Reminder for all re: allocated PNAs to review. Draft CW is out to public consultation.
- SK asks about use of tracked document for feedback on CW PNA. FL explains just need feedback from each member of committee and most of the changed requested pre public consultation have been addressed.

#### Market Entry & PNAs C&W

##### PNA

- Principles agreed and satisfactory
- Draft for review circulated for feedback by 7<sup>th</sup> April
- LPC services and pharmacy information shared for PNA

##### Market Entry

Core Hour change request not generally being accepted

- Market Entry – core hours changes requests are generally not being accepted. Excel in Box. Appeal on Box if interested to look at determinations.
- JH asks that we inform OWM when the regulations for hours change to make sure we close the loop.

- FL updates on Team situation
- FL discusses how Arran has left and number of people across the ICB are picking up his workstreams. To share in comms that Arran has left the ICB and there is no CPCL in post in CW.
- FL discusses meetings overview and potential changes in the future.
- FL updates group on Paxlovid, it has changed from foc to ~£900 per pack. In discussion with ICB around how they can ensure supply is available. Question on BB claim on pack of 30 when only ten dispensed. It will be a special container and so all 30 will be supplied against prescription for 10 as currently used.
- TF raises questions on shortages. When some medicines are in short supply, could they not switch to generic prescribing so pharmacies can give what is available. FL says they need to not be just reactive and forward plan with prescribing. A Group is in the process of being set up for this purpose and has met once. Request for JH to be added.
- SR raises point on use of time and cost of this time with prescribing alternatives, back and forth between pharmacy and GP. Discussion around communication form developed previously and approved by APC – to look at this again.

### Feedback from subgroups

**Governance Group** - FO: We went through the RAG rating. There are several things to change to green. EC to send this to FL. Governance group is satisfied that Treasurer is independent.

#### **Executive and Finance Group** -

FL shared the Proposed constitutional changes to CPE on box.

CCA feedback on constitution changes was also discussed

Members to share comments to be included in LPC response by 5pm 09/05/2025. The draft response was shared with LPC for approval prior to submission.

### Booking App

SK shows video for the

FL points to bear in mind: this would instead of the integrated Emis option. The disadvantage is that the EMIS option will be funded nationally and goes straight into PharmOutcomes and other Pharmacy Provider IT systems flow, this will not as it stands.

Manual entry will mean provider pays as with a walk-in

FL: Are we happy to go to pilot stage for this now?

JH raises question that he believes we cannot vote on going to pilot in the absence of the pilot proposal, criteria, scope, length.

It is agreed that the criteria, implementation plan, governance etc be brought to July meeting and decided at that meeting.

### Guests join 12pm

AB; LS; AD; JS; GC



## NHSE and ICB Updates

- JH asks question around supply chain and progress of this agenda.
- AD: LS will set up regular calls to manage the supply chain and switch issues
- LS mentions the Freestyle libre switch and comms etc. Group discusses the situation with move to Freestyle Libre 2 from 1 and how lack of planning and communication resulted in difficulties with stock holding.
- FL asks that we get any comms sent to surgeries. Shortages discussion with ICB will be added to next meeting's agenda.
- Paxlovid issue raised. Paxlovid is not commissioned for stockholding, but speedy supply is important for treatment.
- AD: Every contract commissioned by ICB is going through a review process.
- AB raises the issue of the Palliative Care gap in Kenilworth. She is sent the contact details for Kenilworth Pharmacy contact who is willing to sign up to service.
- GC discussed the POD & LMC on Primary Care Group meetings – the group will morph into the Primary Care Collaborative in due course instead of having two groups. Next one in July. Discussion on how ICBs are going to reconfigure.
- GC: hoping to know by end of May.
- AD: ICBs have to submit by end of May, then it will probably go to moderation for 2-3 weeks. Model blueprint for ICB came out last week. Mentions medicine optimisation and medicine management separately.
- Meds Management: direction of travel is overtime is movement to integrated neighbourhood teams.
- Meds Ops: direction to a provider lead model.
- All six Chief Executives from the West Midlands ICBs met to discuss clustering and mergers.
- CW + HW cluster is anticipated.

SG: £18.76 cost per head of population target, what is the current cost?

AD: Not known but a 34% reduction required for CW.

FL: Has any comms gone out to pharmacies re: Arran Konkon (CPCL)

AD is going to write a summary for our comms. EC to follow up on 14/05 if not received.

FL ask re: AI use surgeries. ICB have no information. FL will send along info so that AD can forward to digital team in ICB.

Guests leave 1pm

## CPE update

JH shared presentation which is on Box.

### **1.20pm Lunch – Sat leaves**

1.45pm -meeting reconvenes after lunch.

## Visits

FL: group to decide questions for visit forms for pharmacy visits after half term. Points discussed:

- Events to support them
- Views on contract
- Provide one pager on strategy
- Surgery relationships
- Badges + something to leave with them
- What have they stopped providing?
- Have they reduced their hours?
- Supply chain

- **University of Worcester – presentation on university course development.**

Peter Seville – University of Worcester – 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 3**

- foundation year
- 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 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

- 3 Initial presentation: strategic and regional case; impact; investment; infrastructure
- 2 Business case; key appointments; course philosophy; L&T strategy; assessment strategy; PPI, IPL; placements
- 1 Curriculum; mapping; development of strategies; PPI, IPL; placements; key appointments
- 1 First year of delivery: course delivery; staffing and resources
- 2 Second year of delivery: course delivery; staffing and resources
- 3 Third year of delivery: course delivery; staffing and resources
- 4 Fourth year of delivery: course delivery; presentation for full accreditation

Slide (Unverified)

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## MPharm Pharmacy Placement Proposal

Slide (Unverified)

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Slide (Unverified)

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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## 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

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FL asks the committee to look at: CPA LRC slides, there is a section on short term priorities, long term priorities. Look at short term priorities. Look at ones that are quick wins + ones that you might want to be involved in and feedback within 2 weeks.

Meeting closes at 3pm