

Health and Adult Care Scrutiny Committee

Community Pharmacy Spotlight Review

20 January 2023

Contents

	Preface	3
1.	Recommendations	4
2.	Introduction	5
3.	Background / Context	6
4.	Key Issues	8
	<ul style="list-style-type: none">• System Pressure• Workforce Recruitment and Retention• Communication with the Public• Rural Pharmacies• General Practice• Repeat Prescriptions• Pharmacy Commissioning• NHS 111 System• Pharmaceutical Needs Assessment• Expanding Use of the NHS App	
5.	Conclusion	13
Appendix 1	Spotlight Review Activities	14
Appendix 2	Contributors / Representations to the Review	15
Appendix 3	Bibliography	15

This report can be downloaded from:

<http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=428&MId=2855&Ver=>

Preface



The Committee commissioned this review because of patients experiencing a disruption to the pharmacy services last summer in several parts of North and East Devon. There were unplanned closures, when collecting prescriptions, people experienced lengthy queues to be served and delays with repeat prescription being dispensed. Sadly, we have recently been told the situation for pharmacies has not improved and they are currently under extreme pressure. The Committee is anxious this drop in standards experienced over the past months is not a precursor to falling performance across the whole County in future. We understand the rural nature of the County presents a challenge to delivery health and care services particularly if it is exacerbated by staff shortages.

Devon needs more pharmacists and pharmaceutical technicians working in the County to support the increase in demand with the population growth. The demographic profile of the County is a result of the expanding population with people living longer. Statistically a quarter of the population have long term conditions, and a further quarter of those aged over 60 have two or more medical conditions. So, demand will continue to grow. Community pharmacies play a vital role embedded in our localities and are a valued and frequently first port of call when we need health care advice or medicines.

We did not have time in this review to consider the impact of medicine costs and NHS England's flat cash contract payment plan on the sustainability of pharmacy provision, particularly in rural areas, (but this may be an area for further consideration at a later date).

I am grateful to all those who gave of their time both officers and fellow members during the review, and I thank them for all their contribution. The Committee will continue to work with the Health and Care sector for the benefit of Devon's residents.

**Councillor Sara Randall Johnson, Chair, Community Pharmacy Spotlight Review,
Health and Adult Care Scrutiny Committee**

1. Recommendations

The Spotlight Review ask the Health and Adult Care Scrutiny Committee to consider this report and conclusion and make the following recommendations to the Health System. **The Committee ask for a report back on progress within 6 months.**

Recommendation 1

That a new Devon communication strategy and campaign is developed to improve public awareness and perception of community pharmacy, which signposts the appropriate pathway in terms of accessing community pharmacy, GP and acute care.

Recommendation 2

That commissioners work with the Practice Plus Group to improve both the level and the appropriateness of NHS 111 referrals to community pharmacy.

Recommendation 3

That all organisations work together to promote the establishment of a pharmacy school in the County to ensure that Devon and the far South West develops its own pharmacists and pharmacy technicians.

Recommendation 4

That long term investment is needed in training and progression opportunities for community pharmacy and across all areas of health and social care. That this includes use of bursaries, work experience and the delivery of regular health and social care careers days, which include a specific focus on community pharmacy.

Recommendation 5

That work is undertaken with NHS England and NHS Improvement to develop the NHS App to introduce notifications including SMS texts when a prescription is ready to be collected. Other alternative technologies should be encouraged to provide multi-choice IT interface routes for ordering repeat prescriptions. That those not using IT still have access to a paper based repeat prescription.

2. Introduction

- 2.1 The Spotlight Review was undertaken by the following members of the Health and Adult Care Scrutiny Committee:
- Councillor Sara Randall Johnson (Chair)
 - Councillor Carol Whitton (Vice Chair)
 - Councillor Tracy Adams
 - Councillor Jess Bailey
 - Councillor David Cox
 - Councillor Pru Maskell
 - Councillor Ron Peart
- 2.2 Members would like to place on record their gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.
- 2.3 On 28 September 2022 Health and Adult Care Scrutiny resolved to review pharmacy services across the County, their value in reducing pressures across the health and social care and the role of the Health and Wellbeing Board and NHS England as the commissioner; and issues faced by local members in helping ensure proper provision with new and expanding residential growth points in the County (notably Exeter/Teignbridge, Cranbrook, Sherford and North Devon). As a result of significant disruption to service levels in several communities over the summer period.
- 2.4 The terms of reference for the review were:
1. To bring together stakeholders of, and representatives from, community pharmacy to explore and highlight the challenging issues that are impacting on peoples experience and interaction with community pharmacy, and ultimately their health and wellbeing.
 2. To undertake this work to support the Devon Health and Care System and to ensure that the views of the communities it represents are heard.
 3. To explore the challenges being faced by community pharmacy and the impact of behaviours within communities.
 4. To understand where gaps in community pharmacy provision may be in the County and possible measures to address these.
 5. To report back to the Health and Adult Care Scrutiny Committee / local Health and Care System with recommendations from the findings of the spotlight review.
- 2.5 Members of the Spotlight Review ask the Health and Adult Care Scrutiny Committee, Cabinet and NHS One Devon Integrated Care System to endorse this report and consider the recommendations detailed above.

3. Background / Context

Community pharmacy makes up one of the four pillars of the primary care system in England, along with general practice, optical services and dentistry. It is arguably most well-known as a dispenser and retailer of medicines, but its role is in fact much broader and includes other NHS and publicly funded services. Community pharmacies are a fixture of many high streets and are also often available in large supermarkets. The traditional model is a retail outlet that also has qualified health care professionals providing some health care services. Its presence on many high streets, on a walk-in basis, makes community pharmacy easily accessible for patients and provides a ready source of advice and support around their medicines, for minor acute illnesses, or for ongoing long-term conditions. A small number operate as online or distance-selling pharmacies that do not typically provide face-to-face services but deliver their service obligations in other ways¹.

The community pharmacy contractual framework with the NHS outlines three types of services:

- **essential services** – these are the nationally set, mandatory services that community pharmacies must provide as part of their contract with the NHS if they are to operate providing NHS services. It includes the dispensing of medicines and medical appliances, the disposal of unwanted or spare medicines, advising patients on self-care, providing advice on healthy living and providing medicines support following a hospital discharge.
- **advanced services** – these are optional services that pharmacies can choose to provide. They are nationally set and specified, and the option to provide them is open to all community pharmacies, provided they meet certain minimum requirements. The advanced services currently commissioned through the contract framework include flu vaccination, the [New Medicine Service](#) (which aims to help patients understand and make best use of a newly prescribed medicine), and the [Community Pharmacist Consultation Service](#) (which allows certain other parts of the health system to refer patients to community pharmacy for some urgent care needs like emergency medicines supply and as well as for some minor illness needs)
- **enhanced services** – these are optional services such as anticoagulation services.

In addition to these nationally determined services, community pharmacies can also be contracted to provide **locally commissioned services** – like enhanced services, these are commissioned by public bodies, including Public Health, ICS clinical commissioning groups (CCGs) or local authorities, to meet the needs of particular local populations outside the nationally set and specified services. Examples of local commissioning from community pharmacies includes sexual health services, needle and syringe exchange services, or smoking cessation services.

Alongside services commissioned by the NHS and other public bodies they may also provide **private services** – services not commissioned by public bodies, e.g., travel health advice. In response to the Covid-19 pandemic, essential and advanced service requirements were amended to facilitate additional support of patients by community pharmacy, including the commissioning of a Pandemic Delivery Service.

Community pharmacies can be owned and operated by one of three groups:

- **sole traders** – individual pharmacists who both own and operate community pharmacies
- **partnerships** – business partnerships of two or more pharmacists that own and operate one or more community pharmacies. In this case, all members of the partnership have to be registered pharmacists by law

¹ [Community pharmacy explained | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/healthcare-reform/community-pharmacy-explained)

- **body corporate** – registered companies are able to own community pharmacies, but they must employ registered pharmacists to undertake the specific pharmacy responsibilities. Companies must also employ a superintendent pharmacist to oversee pharmacy activity across their entire business.

All pharmacies need a [responsible pharmacist](#) on site at all times to meet safety, legal and other requirements. Where this is not an owner, it must be another suitably qualified registered pharmacist.

The Devon Local Pharmaceutical Committee represents all NHS community pharmacy contractors in Devon. There are 224 pharmacy contractors in Devon; 55 in the Plymouth footprint including two distance selling pharmacies. Many pharmacies are open during the evening and at weekends – times other parts of the system consider to be out of hours. Community pharmacies have aligned around Primary Care Networks (PCNs) and where possible have a nominated community pharmacy PCN lead. There are:

- An estimated 1.6 million visits / contacts with community pharmacies take place daily (avg. 137/pharmacy).
- Every week pharmacy teams provide advice to over 730,000 people (nearly 38 million people per year) seeking advice for symptoms.
- Every week pharmacy teams provide advice to over 263,000 people (13.6 million people per year) seeking advice about an existing medical condition.
- More than 58 million informal* healthcare consultations are provided by pharmacists and their teams every year, an average of 17 per pharmacy per day. (*A recent PSNC study showed Devon pharmacies provide an average of 19 per pharmacy per day).
- Informal consultations provided by pharmacists and their teams save more than 24 million GP appointments every year. If the community pharmacy had not been there, 50% of patients reported they would have visited their GP, resulting in an additional 74 appointments in each GP practice each week in England.
- Flat cash in the current contract (2019- 2024) with a requirement to deliver additional services. In practice this means real terms funding is reducing year on year as inflationary pressures are not taken into account
- Pharmacies are currently making significant efficiency savings (approximately 37% to 50%) in order to manage this funding squeeze; increase in demand for clinical services, the shrinking funding envelope, and general economic inflationary pressures.

Pharmaceutical Services Negotiating Committee (PSNC) Pharmacy Pressures Survey

- 91% of pharmacies are experiencing staff shortages
- Almost half of contractors are extremely concerned about their pharmacy's finances, with 80% reporting that the costs to run their pharmacies are significantly higher than this time last year
- Nine out of ten pharmacy teams have seen a significant increase in phone calls from patients about prescriptions, and 86% reported a rise in requests for healthcare advice
- 82% said that increased workplace pressures are negatively affecting their mental health and wellbeing
- On a scale of 1 – 10, where 1 is not coping at all and 10 is coping perfectly fine, 79% of respondents scored their team as 5 or below.

4. Key Issues

Key issues arising from the witness interviews are presented here. A semi structured open interview methodology was used, where conversations ranged over many topics.

System Pressure

Community pharmacy plays a vital role at the heart of the health and care system in Devon, but like many parts of this system currently, community pharmacies are experiencing significant challenges. Devon has a population which is increasing at an average rate of 3.5% a year over the last 5 years to 814,440 in 2021. The Devon health system like in all areas of the country, has been under huge pressure before the last two and a half years moving through the Covid-19 pandemic. Where conditions are right community pharmacies provide responsive and preventative services in a timely way, which are experienced in most parts of Devon. But there are several areas where staffing shortages make the provision of community pharmacy challenging, the impact is felt by local communities, individuals, and wider putting pressure across other parts of the local health and care system which is already struggling.

Community pharmacy is going through a period of transformation as a wider variety of health services are being offered at these settings. Community pharmacies were vital in supporting and caring for patients during the pandemic and the Community Pharmacy Contractual Framework has placed a greater onus on community pharmacies offering a wider range of services such as blood pressure testing and weight management services. Members expressed concern about the focus on growing community pharmacy provision and the range of services being offered in pharmacy settings, but that there appears to be inconsistencies in the ability to deliver core services. While it is likely that some pharmacies in the County are high performing and can provide additional services and expand their offer, in other areas members were hearing from service users hugely frustrated with problems accessing their medication.

Concern was raised to members about inflation driving insolvency in a flat cash contract. And the risk to the financial sustainability of community pharmacy. Funding was reported to have been effectively cut nationally by £200 million and this is an issue for providers where they have pharmacies that are not financially viable. In England, the value of the NHS community pharmacy "contract sum" fell by 10% between 2015-2017. Since then it has been constant (excluding items like Covid-19 and flu vaccination payments) with no annual allowance for inflation. There has been a long-term attrition of 30% real term funding cuts over the past seven years which is leading to serious degradation of services to patients. Many pharmacies are now dispensing at a loss and face a serious cashflow crisis which could move towards permanent closures.

Workforce Recruitment and Retention

The community pharmacy sector is in the midst of a workforce crisis. The impact on staff in terms of stress and wellbeing through the pandemic was unrelenting. There were challenges already both in Devon and nationally prior to Covid -19 and the situation has worsened. Brexit was reported to have impacted workforce numbers and recruitment. The Pharmaceutical Services Negotiating Committee (PSNC) Pharmacy Pressures Survey 2022 revealed that 91% of pharmacy business owners/head office representatives and 82% of pharmacy team members said their pharmacies were experiencing staff shortages, with 23% of owners/head office representatives reporting that their pharmacy had been required to close temporarily because of these.

There is a shortage of pharmacists and technicians (400-500 pharmacist deficit in the South West with a 14% vacancy rate in community pharmacy compared to a rate of 8% nationally). To date, there has been no investment in a pharmacy undergraduate programme, and the impact on local pharmacist numbers that would create, in the far

South West. Devon does not have a pharmacy training school; the nearest is in Bath with reportedly the lowest application rate in the country (10% of the national average).

Careers in health and social care have historically not been well promoted, this is especially the case in terms of community pharmacy. There is a role for the County Council encouraging young people to work in healthcare and pharmacy. People need to see community pharmacy as a good career choice. There needs to be a push at various levels to get people into the industry in terms of sixth form, university as well as job fairs on health care. Community pharmacy practices need to recruit more technicians and grow their role within the sector. Devon needs to have a workforce model that focuses on attracting, developing, supporting and retaining local residents. Commissioners need to understand better why people work in community pharmacy to use their experiences in recruitment drives. Devon is an attractive place to live and people can be drawn to the area for the landscape and the plethora of recreational opportunities the County offers.

NHS England have been speaking with dental schools asking what it would take to get those dentists working for the NHS. They asked for variety, blended roles, a clear career pathway and opportunities to work in hospitals as well as in the community. There is generalised learning that NHSE can share to help the community pharmacy sector looking at a range of issues such as pay and conditions, training and development, as well as subsidised housing.

Members were advised that there is a need to look internationally in terms of recruitment. Following Brexit it is harder to employ people from Europe, while for those outside Europe it has always been difficult and involves further training as there is different legislation depending on where people have qualified. Members questioned whether the process can be streamlined to validate overseas pharmacists so they can practice here.

Communication with the Public

It is vital to improve communication with the public to develop greater understanding and tolerance about the current health system pressures. In some parts of the County, community pharmacy staff have had to contend with increasing levels of abuse, threats and aggression due to disaffection about the quality and timeliness of service provision. There have been instances where security guards have had to be deployed in pharmacies and staff have had to wear body cameras. This has not unsurprisingly further exacerbated difficulties in recruitment and retention of pharmacists and pharmacy staff.

The volume of feedback Healthwatch have received on community pharmacy related issues since the start of pandemic has risen exponentially. Healthwatch suggested there seemed to have been a lack of communication with the public around the move to the ICB and how services are being delivered, especially in terms of difficulties with staffing.

NHSE have created a patient's charter which should help to diffuse some of the negativity people are feeling towards community pharmacy. NHSE also advised that there are opportunities for them to work with the NHS Devon Communications Team to help both in signposting the public as to where they should go for services and promote a message of tolerance in terms of the current pressures on the wider health system, as well as emphasising the commitment to deliver an improved community pharmacy service.

In the [South Western Ambulance Service Spotlight Review Final Report](#), which was published in June 2022, members highlighted the need for a communication plan to help the public know what services are available and how they should be accessed. The report referenced the need for 'greater clarity to the public as to how they access both urgent and non-urgent medical support', and it was apparent to members that this need for clarity must be extended to the community pharmacy sector with immediate effect.

Rural Pharmacies

Specific concerns were raised to members at Health and Adult Care Scrutiny Committee on 28 September 2022 relating to the paucity of pharmaceutical provision in North Devon.

Pharmacy services in North Devon were described by a member of the public as 'collapsing because of increasing need and a decreasing volume of space where pharmacy services are provided.' Concerns were also raised about larger pharmacies buying multiple smaller pharmacies in an area and closing branches down with Braunton and Woolacombe referenced. Officers advised that Woolacombe has not had a closure due to those reasons. The issue with Woolacombe could be that the workforce problems led to difficulties in recruitment of pharmacists resulting in sustainability issues. Larger pharmacies have not been acquiring smaller pharmacies for a considerable number of years, but what they have been doing is closing some of their branches, such as in Ilfracombe, because of high rental costs and a lack of return on investment.

Rural pharmacies are more vulnerable in terms of how they are supported and remain. It was reported to members at the Spotlight Review that it is difficult staffing some parts of the County, with North Devon harder to recruit staff for than anywhere else, which creates significant challenges delivering the requisite quality community pharmacy. Members were advised that there is logic to consolidation, where oversupply is taken out of the system, and workforce is freed up this can help to rationalise service delivery.

General Practice

Friction was reported at times between GP practices and pharmacies. Commissioning leaders need to be clear what GPs are doing and what is the responsibility of community pharmacy. Members highlighted the importance of collaborative working, as competition between GPs and pharmacists is not in the best interest of the health system and most importantly the patient. There is a need for coordination for instance with flu before the season starts, working out what each partner can most efficiently deliver. In almost all instances better outcomes can be achieved for partner and patient. There are substantial issues nationally in terms of medicine supplies where close working between the GP and community pharmacy is invaluable in terms of patient experience and outcomes. Through collaborative working with the GP solutions can be found.

Repeat Prescriptions

Pharmacies are trying to bring more automation into their business and increase the efficiency of medicine dispensing. Repeat dispensing can be provided and makes sense where a stable patient for 6 months can have a batch set up with a convenient pharmacy. This can help alleviate some pressure on both the GP and pharmacy.

While it is clearly advantageous that prescriptions are now entirely electronic, members described numerous accounts from local residents reporting difficulties with ordering repeat prescriptions. A lack of IT skills was a barrier for some people being able to order repeat prescriptions online and care needs to be given to alternative approaches for those individuals to avoid them being marginalised.

Members questioned whether it was better to have repeat prescriptions delivered to people directly to avoid some of the issues they had heard around unnecessary journeys where prescriptions were not then ready and the problems that was causing for the older and more vulnerable in particular. Officers advised medicine delivery by community pharmacies is not funded through the NHS and never has been. Internet pharmacy operates on a different working model and cost base to community pharmacy where contractors deliver medicine to people's homes free of charge. Members were advised that additional service offered by community pharmacy, that ability to talk to a local pharmacist about various issues and subsequent interventions, would disappear if bricks and mortar pharmacy provision went entirely online.

Pharmacy Commissioning

Integrated Care Boards (ICBs) will take on pharmacy commissioning from April 2023 alongside dentistry, and ophthalmology. NHS One Devon ICB are working with NHSE and also the LPC on this, with a regional hub being developed to draw on expertise. Members were advised that bringing pharmacy commissioning to NHS One Devon ICB

will help develop innovation at a local level. Some concern was raised to members about the adequacy of the resources NHS One Devon ICB have to do the commissioning. NHS One Devon ICB do not have staff currently in place, but the expectation is that they will be able to continue to use NHSE staff and expertise in some capacity moving forward.

NHS 111 System

NHS Community Pharmacist Consultation Service (CPCS) offers patients same day minor illness consultations with a community pharmacist. The CPCS allows patients the option of having a face-to-face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor, and following a successful pilot, was extended to include referrals from general practice. Members were advised that NHS 111 referral element of the CPCS is not as integrated in the health system in Devon, nor working as well as in other parts of the South West. The GP CPCS is also not as integrated in the local health system as in other parts of the South West. In effect CPCS in general needs to maximise the opportunities offered by the service irrespective of the source of the referral. There is an opportunity for commissioners to work with the new provider the Practice Plus Group to improve 111 referrals to community pharmacy.

Pharmaceutical Needs Assessment

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population. Health and Wellbeing Boards have a legal duty to produce, consult and publish a PNA for their area. The Devon PNA (2022-2025) was approved in September 2022. NHS England and NHS Improvement (NHSE/I) uses the PNA, along with other information to:

- Inform decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Devon.
- Determine whether new or additional pharmaceutical services are required.
- Inform decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services.
- Inform the commissioning of Local Enhanced Services from pharmacies.

Gap analysis concluded that there was no perceived gap 'in current pharmaceutical

GAP ANALYSIS: CURRENT AND FUTURE PROVISION

Current Gap Analysis

Devon considered the following parameters when reviewing current gaps -

- Geographical gaps in the location of premises
- Geographical gaps in the provision of services
- Gaps in the times at which, or days on which, services are provided.

Current Gap Analysis Conclusion

We conclude, that we do not perceive there to be a gap in current pharmaceutical services provision in North Devon.

Future Gap Analysis

Devon considered the following when reviewing future gaps in Pharmacy Provision -

- Housing development data in all Districts from local authorities in Devon between 22/23 and 24/25
- Consideration given to communications received by the HWB around Pharmacy Provision
- Qualitative Analysis of Pharmacy Provision undertaken by Healthwatch
- Consideration of current gap analysis

Current Gap Analysis Conclusion

The PNA has outlined the planned increases in housing provision across Devon over the next three years. It is not anticipated that the increase in housing will significantly impact on the provision of, or access to, the existing pharmaceutical services and it is concluded that there is no requirement for further provision within the time frame of this PNA. However, the situation will be reviewed on a regular basis and supplementary statements published if necessary. Any identified change in the situation may be addressed by NHS England commissioning or directing existing pharmacies to open for additional hours without the need for a new community pharmacy. If the trajectory of planned housing development escalates in any of the localities and in particular North Devon, there may be a future need for additional pharmaceutical services.

Search by Area

North Devon



Map showing locations of planned developments (red bubbles) and pharmacy provision (blue bubbles) for 2022-2025

services provision in North Devon'. Members raised questions about the formulation of the PNA and some of the assumptions it contains in terms of the adequacy of pharmacy provision in Devon, particular in relation to the complexities inherent in North Devon.

Members were also advised that performance aspects of a pharmacy do not form part of the PNA. Any issues around the following need to be communicated directly with NHSE/I or with the specific pharmacy:

- Staffing
- Overtime working
- Configuration of pharmacy space
- Waiting times
- Prescription delays

Expanding Use of the NHS App

It was evident that there is an issue where a GP advises that a prescription is ready to be collected and people turn at their pharmacy to find this not the case. NHS England offered to explore this issue following the Spotlight Review meeting through their Digital Team and the LPC. Members suggested using the NHS app to notify people when their prescription is ready, and it could be tailored to give updates in the way that parcel services do. The ability to track progress and send progress notifications would reassure patients and provide more understanding of the process and reduce calls to pharmacies and GP practices.

5. Conclusion

Community pharmacy played an invaluable role during the Covid-19 pandemic delivering vaccines and continuing to provide medication for patients. However, there have in some areas been significant issues with service delivery, especially around prescribing/repeat prescribing where timelines appear not to have been met, and short notice closures have exacerbated public frustrations. Members provided reports of their residents being bewildered by the problems they were encountering accessing their prescriptions and a sense in some areas that it was a postcode lottery in terms of pharmacy provision.

Improving patient outcomes is essential. There is however a workforce crisis currently in community pharmacy. There have been worsening recruitment and retention issues due to a combination of community pharmacy role expansion along with difficulties relating to public perception and behaviours. Where there are 'hot spots' of pharmacy difficulties these can create a negative view of pharmacy across the whole County. Members recognise the enormous pressure that staff have been working under due to the pandemic and how essential it is that these staff across the Devon system are looked after and valued. This will only be achieved when there is an improvement in the recruitment and retention of community pharmacy staff. Training and developing pharmacists and technicians in the County must be a long-term priority, as is the shorter-term marketing Devon further afield as a place to live and work.

It was apparent that there are some tensions between GPs and community pharmacy and the need for a more integrated approach in the future ensuring that everyone understands the opportunities and challenges. Blood pressure for instance was cited as an area that community pharmacies should now be undertaking, while there was scope for improved collaboration and local communication in terms of vaccine delivery. Members recognised that there remains an opportunity in Devon for systems to be more effective to deal with demand. There is a need for a diverse set of services and a more creative approach to take some of the pressure off community pharmacy and the wider health system

Concerns were expressed to members that the health system is moving too fast on community pharmacy change without yet having the building blocks in place to deliver given the difficulties it is faced with. It is a significant challenge for community pharmacy to transform against backdrop of workforce shortages but members were reassured that the sector is working extremely hard to try to get to that point. There is a need for system wide support to community pharmacies so that they can deliver on the service work the NHS is asking them to do.

APPENDIX 1

Spotlight Review Activities

- A1.1 On **17 October 2022** the Spotlight Review took place virtually on Teams (the list of witnesses who attended the session are detailed below in Appendix 2).
- A1.2 On **5 January 2023** members met to discuss their draft findings and recommendations.

APPENDIX 2

Contributors / Representations to the Review

Witnesses to the review in the order that they appeared at the spotlight review:

Witness	Position	Organisation
David Bearman	Director of Strategy	Devon Local Pharmaceutical Committee
Sue Taylor	Chief Officer	Devon Local Pharmaceutical Committee
Mike Charlton	Regional Pharmacy Manager, South West Region	Boots
Nick Mahony	Regional Manager	Lloyds Pharmacy
Andrew Howitt	Chair / Senior HR Business Partner for Div 3 and 4	Devon Local Pharmaceutical Committee / Lloyds Pharmacy
Dr Lou Farbus	Head of Stakeholder Engagement, Direct Commissioning	NHS England South West
Donna Lockett	Senior Information Analyst, Public Health	Devon County Council
Maria Moloney-Lucey	Public Health Specialist, Public Health	Devon County Council
Jo Turl	Director of Commissioning for Primary, Community and Mental Health Care	NHS Devon
Tony Gravett MBE	Manager Healthwatch Plymouth / Communications, Systems & Intelligence Lead	Healthwatch Devon, Plymouth & Torbay
Cllr James McInnes	Cabinet Member for Integrated Adult Social Care & Health	Devon County Council
Cllr Roger Croad	Cabinet Member for Public Health, Communities and Equality	Devon County Council
Sam Cush	Communications and Corporate Affairs Manager	NHS Devon
Dr James Boorer	GP	Pathfields Medical Group
Margaret Wilcox	Specialist Advisor	Devon County Council

APPENDIX 3**Bibliography**

[People at the Heart of Care: Adult Social Reform Paper](#) (Department of Health and Social Care, December 2021)

[Devon Joint Strategic Needs Assessment](#)

[Annual Report for Adult Social Care in Devon for 2021](#) (Devon County Council, 2022)

[Engaging the Health and Adult Care Scrutiny Committee in the Long-Term Plan for Devon Report](#) (NHS Devon CCG, 2021)

[Patient Experience – Pharmacy Services 1st April 2021 – 31st March 2022 \(Healthwatch in Devon, Plymouth and Torbay, 2022\)](#)

[Devon Pharmaceutical Needs Assessment 2022-2025](#)

[Community Pharmacy Explained \(The King's Fund, 2020\)](#)

[PSNC Briefing 013/22: Summary of the results of PSNC's 2022 Pharmacy Pressures Survey](#)

[South Western Ambulance Service NHS Foundation Trust Spotlight Review Final Report – Health and Adult Care Scrutiny](#) (Devon County Council, 2022)