

Primary Care Pharmacy Expert Advisory Group Agenda
Tuesday 9 June 7-9pm

1: Welcome, introductions, apologies and matters arising Led by Chair (10 mins)

Previous meeting	
Description	1) Welcome and apologies 2) Actions and recommendations agreed at last meeting.
	Attendees: Alex Leng, Anne Thomson, Jen McCutcheon, Mohammed Rahman, Raj Bajwa, Rosie Furner, Shasta Chimhau, Stacey Middlemass (Chair), Tom Kallis, RCPharm Staff: Heidi Wright Apologies: Aiysha Raoof, Clair Huckerby, Nazir Hussain Absent: Afeera Aleem, Hadeel Mohammed, Previous notes from meetings can be found at https://www.rcpharm.org/information/primary-care-pharmacy-expert-advisory-group/

2: Value Based Health and Care/ Realistic Medicine – Anne Thomson (30 minutes)

Purpose	To understand and discuss Value-Based Health and Care (VBH&C) and Realistic Medicine which are complementary healthcare strategies aimed at personalising patient care, reducing waste, and focusing on outcomes that matter most to individuals. Rather than measuring success merely by the volume of services or treatments delivered, they prioritize what truly benefits the patient and ensures the long-term sustainability of the health system.
Outcome	AT shared Scotland's approach to Realistic Medicine and value-based health and care, highlighting the need to focus on: • Person-centred care and shared decision-making. • Reducing harm, waste and unwarranted variation. • Using prescribing data to identify low-value care. • Managing clinical risk more effectively. • Improving outcomes that matter to patients, including patient-reported outcomes and experience measures. A key theme was that "value" should not be understood only as cost, but also as value to the individual, the system, the population and wider society.

There was extensive discussion about the challenges of structured medication reviews, especially in relation to:

- Pharmacists' confidence in deprescribing.
- The tendency to feel more comfortable starting medicines than stopping them.
- The need to recognise that continuing a medicine is also an active clinical decision.
- Patients' concerns that medicines started by specialists should not be questioned.
- The importance of explaining that medicines may have been right at the time but may no longer be appropriate.

Examples were shared where multiple clinicians were involved before a medicine could be stopped, illustrating the uncertainty and confidence issues around deprescribing.

TK shared research on pharmacist-patient conversations during medication reviews. Key points included:

- Patients want clear information about risks and benefits, but not all want to share decision-making equally.
- Some patients prefer the clinician to make a clear recommendation.
- Pharmacists may become more uncertain when patients defer decisions back to them.
- This uncertainty can reduce the likelihood of deprescribing.
- More work is needed to understand how pharmacists manage uncertainty and risk in consultations.

There was also discussion about how consultation mode affects reviews, with face-to-face, video consultations and telephone-only reviews appearing to be equally effective.

The group discussed medicines waste, particularly medicines accumulating in patients' homes. Key points included:

- Waste reduction should not sit solely with pharmacy.
- Other professionals entering patients' homes, such as paramedics, nurses and carers, could help identify medicines waste or medicines-use concerns.
- Local examples included home visits by pharmacists or specialist pharmacy technicians to review medicines and identify unused supplies.
- A wider system approach is needed, involving general practice, community pharmacy, home care, community services and sustainability teams.

The group discussed variation in supervision for pharmacists in general practice. Points raised included:

- Supervision requirements exist but are not consistently defined or delivered.

	• Some pharmacists receive regular case-by-case debriefs, while others receive very limited support. • Informal learning and easy access to colleagues are important for developing confidence. • There is limited evidence on what “good” clinical supervision for pharmacists in primary care looks like. The Royal College of Pharmacy is beginning work on clinical supervision resources and will seek input from the group. There was agreement that clearer guidance and practical models for supervision would be useful.
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3: Neighbourhood Health Teams and role of pharmacy – All (30 mins)

Purpose	To understand what is currently happening in relation to neighbourhood health teams and explore how pharmacy is being involved.
Outcome	There was limited information from members about neighbourhood health teams, with most areas still at an early planning stage. Key points included: • Implementation appears to have been delayed in some areas. • Some places expect PCNs to map directly onto neighbourhoods. • Pharmacy involvement is not yet clear. • Members felt pharmacy must be involved in neighbourhood health teams, including both primary care and community pharmacy. The group agreed to keep this as a standing or recurring agenda item, with further discussion planned for September.

4. AOB

	RW raised concerns about medicines with teratogenic risk, particularly topiramate, and whether contraception and reproductive health services are being included in local discussions. Points included: • Topiramate may not be receiving the same level of attention as valproate. • There may be variation in how practices and ICBs are responding. • Sexual and reproductive health services are often not included in conversations about risk reduction. • Responsibility for counselling may be unclear across initiators, prescribers, suppliers and contraception providers.
	The group discussed concerns that experienced pharmacists may leave general practice due to limited career progression. Issues raised included:

	• Lack of clear pathways beyond senior pharmacist roles. • Limited opportunities unless moving into management, partnership or roles outside general practice. • Risk of losing experienced primary care pharmacists to hospital, community pharmacy prescribing roles or other specialist services. • The need for clearer career structures, examples of senior roles and potential lobbying around workforce and contractual constraints. HW agreed to raise this with the RCPHarm workforce leads.
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4: Summarising Key Actions led by Chair (5 Mins)

Purpose	To summarise key action points and identify agenda items for next meeting.
	• Neighbourhood health teams to return as a future/standing agenda item, starting with the September meeting. • RW to send wording for an email question about topiramate, teratogens and reproductive health service involvement; HW to circulate this to the group. • HW to update the group on RPS work around clinical supervision as it develops. • HW to ask internally about work on career progression and retention for experienced primary care pharmacists. • Members to send agenda suggestions to HW and / or SM before the next meeting. • Future agenda item may include the role of expert advisory groups in the new Royal College structure.

Dates of next meetings:

- 8 September 2026 7-9pm
- 5 December 2026 7-9pm