

#Community Pharmacy Expert Advisory Group Agenda

Monday 23rd March 2026 19.30 – 21.30 By teams

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1: Welcome, Apologies and welcome Led by Janice 10 mins

Description	To welcome and note apologies. Attendees Janice Perkins (Chair) Gary Evans Waqas Ahmed Dina Thakker Patricia Ojo Jonathan Smith Sarah Passmore Fiona McElrea Alwyn Fortune (RPS staff) Vicky Chaplin (external) Apologies Amul Mistry Shilpa Shah
Outcomes	To be agreed and completed at the meeting as a record

2: Royal College of Pharmacy updates – led by Alwyn Fortune 10 mins

Description	To update CPEAG on recent activity as the RPS will transition to a Royal College, together with immediate next steps
Purpose	To provide a summary of recently communicated updates on the transition to a Royal College

Outcomes	AF provided an update to the group around recent Royal College activity and the changes that will happen within the organisation as it transitions to a Royal College. The Privy Council have ratified the change to a Royal College and now implementing the structural changes necessary to operate as a Charity under the new structure. Planned transition date is April 15 th , and that remains on track.
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3: Genomics and the role of Pharmacy – led by Victoria Chaplin, Senior Clinical Lead for the Genomics Unit, NHSE and Sophie Harding, Consultant Pharmacist for Genomics & Pharmacogenomics in Wales – 60 mins

Description	<p>Genomics will become an integral element of mainstream care - as highlighted by the NHSE 10 Year Plan - and the role of pharmacy is central to enabling genomics informed medicines optimisation.</p> <ul style="list-style-type: none"> ▪ The strategic approach to upskilling the pharmacy workforce in genomics was set out in 2024: NHS England » Pharmacy genomics workforce, education and training strategic framework ▪ A huge amount of work and engagement has happened over the last couple of years and key resources and highlights can be found here: Genomics in Pharmacy - Genomics Education Programme ▪ Colleagues in the NHSE Genomics Pharmacy Workforce Group and NHS Genomic Medicine Service are keen to ensure we reach all members of the pharmacy workforce in readiness for future service developments. We are keen to have active engagement and feedback on what may be required to support colleagues to prepare to support patients in genomics informed medicines optimisation. <p>The aim of the item will be to provide an overview of the NHS Genomic Medicine Service and the delivery of genomics informed medicines optimisation now and in the future, with a focus on the role of pharmacy professionals.</p> <p>We would welcome a discussion on roles and requirements for pharmacy professionals - particularly in terms of workforce, training and education support that is likely to be required and reflections on how best to engage and support all colleagues. A helpful tool for these discussions may be these personas we developed for different sectors: Pharmacy personas to support genomics-informed medicines optimisation - Genomics Education Programme</p>
Purpose	To facilitate a discussion within the group and feedback on the points highlighted above
Outcomes	<p>A presentation was provided around the plans for Genomics in the prism of the NHS 10-year plan, topics covered included</p> <ul style="list-style-type: none"> • Optimising the use of medicines through genomics • Pharmacogenomic (PGx) testing currently available through the NHS that can - <ul style="list-style-type: none"> ○ Predict risk of ADRs ○ Predict treatment effectiveness ○ Guide medicines dosing <p>The role and activity of the NHS Genomic Network of Excellence Key components that need to be in place to delivered</p> <ul style="list-style-type: none"> • Workforce

- Testing and laboratory infrastructure
- Patient access and point of service delivery – how does it integrate into current patient pathways – must not be a ‘separate service’
- Use of decision support tools
- Data and digital infrastructure
- Cost -effectiveness and affordability assessment
- Guidelines development

How Genomics supports the three shifts in the 10-year plan

- Hospital to Community
- Analogue to Digital
- Sickness to Prevention

Discussing PGx with patients

Position statement around Direct-to-consumer Genomic Testing (BSGM, RPS, RCGP) highlighted to the group – useful resource for community pharmacists to help navigate if patients come in with the results of such a test

Four strategic aims of the Genomics strategic workforce plan

- Awareness
- Build and join networks
- Identify the needs of the workforce
- Educate and develop the workforce

Awareness of the Genomics education and training resources

- Resources highlighted available for the pharmacy workforce

Overview provided of work In Wales and Scotland

Discussion

- There is a need for examples of practical, real-world delivery of genomic services through community pharmacies, to help people see how this could apply in their practice
- Need to know when services will become more mainstream through community pharmacies, for people to understand when they need to be ready to deliver
- Funding – how will the funding flow to deliver these services and to realise the delivery on the ground?
- What are the things on the horizon to have an impact on community pharmacies against a backdrop of financial pressures and underdeveloped digital infrastructure
- Challenge of engaging pharmacists on a wider scale to understand and appreciate the advances in pharmacogenomics
- With the backdrop of pressures in community pharmacy – what are the key things that community pharmacists must know?
- How would community pharmacies know a test will have happened? – and if a test has happened, the test should have been actioned before a medicine gets to a community pharmacy for dispensing
- In terms of prescribing – services are at a real infancy, seems unrealistic that this will be impacting prescribing services in community pharmacy in the near future.

ROYAL PHARMACEUTICAL SOCIETY

	<ul style="list-style-type: none"> • Importance of working across the system with other healthcare professionals – will be counterproductive to start referring patients back to a GP for genomic testing, increasing workload and risking interprofessional relationships • Accountability if something goes wrong – if a patient has a genome test and patients results have been missed • Is the testing whole genomic mapping or targeted testing <ul style="list-style-type: none"> ○ Currently targeted variant testing ○ Future may look different with wider genomic mapping • Ethical considerations with genomic mapping • Long term vision for patient safety – correct medicine is chosen at the point of prescribing, based on efficacy and potential for ADRs • Ideally needs to be something to support what community pharmacy is delivering, not adding additional workload against a challenging financial background • Community pharmacy is contracted to provide services on behalf of the NHS and a feeling that they are not part of the NHS, so feel isolated at times, which makes integration, engagement and input to shaping such services, which is imperative, difficult. <p>JP thanked Vicky Chaplin for her engagement with the group, conversations will be taken back to the NHS Genomics team to help shape the next steps for community pharmacy engagement.</p>

4: AOB – led by Janice, 5 mins

Description	To discuss AOB, please inform chair prior to the meeting
Outcomes	Upcoming GPhC virtual listening event highlighted to the group