

**Primary Care Pharmacy Expert Advisory Group Agenda and Notes
Tuesday 8 September 7-9pm**

To be held virtually via MS TEAMS

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.
	Apologies: Anne Thomson, Raj Bajwa, Shasta Parveen Chimhau

2: Introduction from RCP Pharm President – Tase Oputu

Purpose	To hear about the development of the Royal College of Pharmacy and the opportunity to ask questions Tase Oputu, President, joined the meeting to ask the group about their work in the PCEAG to inform the Senate in their planning for the new structure of the Royal College. The group were forthcoming with their information and views on the role of the EAGs. Tase thanked the EAG for their open discussion and said she would like to attend another meeting of the group in the future.
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3: Neighbourhood Health Contracts - All

Purpose	NHSE are consulting on proposed Multi-Neighbourhood Provider (MNP) and Single Neighbourhood Provider (SNP) contracting models to support neighbourhood health services. The consultation seeks views on two proposed contracting models: a Multi-Neighbourhood Provider (MNP) Contract and a Single Neighbourhood Provider (SNP) Contract. It explains the proposals and asks questions to help us understand the likely benefits, risks and practical implications, including how the contracts would interact with existing arrangements. We have drafted a response (draft shared with
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PCPEAG members confidentially) and would welcome any views at the meeting.

A wider discussion on Neighbourhood health will also form part of this agenda item. Please consider the following questions prior to the meeting:

- What does pharmacy representation within a NHT look like?
- How are other areas involving pharmacy in the design and governance of their neighbourhood health model?
- What role do PCN pharmacists/ pharmacy technicians see themselves having within neighbourhood teams?
- Are there examples of joined up models that are already working well?
- What did not work well? What lessons were learned with the INT pilots?
- What funding/commissioning mechanisms are being considered? Relying on existing capacity or new funding streams?
- What are the Practical workforce implications?
- What outcomes are neighbourhood teams going to be measured against?
- Will the outcomes measured replace the network DES?
- Is there anything we should be advocating for now to get ready for integration into a NHT?
- What opportunities/risks arise for pharmacists and pharmacy technicians during the formation of INTs?
- When are INTs anticipated to go live?
- Who will be responsible for commissioning the services of pharmacists for INTs? Will this be INTs, SNPs or MNPs?
- How many pharmacists/ pharmacy technicians will be recommended per INT?
- Will PCN's evolve into INTs or will PCNs have to join forces with other PCNs to form INTs?
- What specific reporting will be needed by commissioners and stakeholders to highlight the value pharmacists and pharmacy technicians are creating?
- Will there be an increased focus of pharmacists and pharmacy technicians working in INT sites delivering more patient facing care? If so, what sort of patient care will they be expected to deliver?
- What unmet needs need addressing? How can PCPEAG help?
- What can CP and PT expect to do that isn't already being done
- How will patient records be accessed ie. One clinical system or still using separate GP systems?

Heidi Wright informed the group that the consultation response was due to be submitted on Friday 11 September. A short life working group had been set up to help develop the response and a few

	members of the PCPEAG had joined that group. Alongside this short life working group, the English Pharmacy Advisory Council contributed towards the response. Any final comments should be with Heidi by latest midday on 9th September. Heidi highlighted that the response has a limited word count and said that there are plans to look at what else can be done to help support and amplify the response, such as blogs, case studies, thought leadership piece / briefing. This issue will be the subject of discussions with the English Pharmacy Advisory Council in their work planning session for the next year. There was much discussion on this topic with examples given of what is going on in local areas. It was suggested that case studies be submitted and possible showcased in the PJ depicting what is working well and what is not going well. Action: HW to develop a MS Teams form for submission of case studies on neighbourhood health teams. PCEAG members to complete and also circulate around their networks.
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4: the Centre of Excellence in Regulatory Science and Innovation in Pharmacogenomics Guidance for prescribing of Serotonin reuptake inhibitors

Purpose	To discuss the draft guidance and feedback any thoughts and comments to help inform the RCPharm response. Draft guidance has been shared with PCPEG members prior to the meeting, Action: HW to circulate the consultation asking for input. Email to state what is required in the title (eg "Read and Respond")
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5: Summarising Key Actions led by Chair (5 Mins)

Purpose	To summarise key action points and identify agenda items for next meeting. 1. Annual Conference 2026– questions were asked regarding the involvement in the Conference of the EAGs. Action: HW to follow up and report back 2. Recognition of pharmacists – there was some discussion on how the Royal College should identify and recognise the professional achievements of pharmacists. It was suggested that the Royal College should develop a role with responsibility for looking and promoting talent within its pharmacy workforce. 3. Having heard the College being referred to as RCP HW corrected and said that the College should be referred to as RCPharm (Royal College of Pharmacy) at all times to avoid confusion.
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Dates of next meetings:

- 1 December 2026 7-9pm