ROYAL PHARMACEUTICAL SOCIETY

Pharmacy Delivering a Healthier Wales Delivery Board
Thursday 29th January 2026 – 10.00am to 12pm

Welcome & apologies

Chris Martin, Chair of PDaHW welcomed members to the meeting.

Attendees present: Chris Martin, Geraldine McCaffrey, Alwyn Fortune, Anna Croston, Hayley Jones, Rhian Carta, Owain Brooks, Cath O'Brien, Michele Sehrawat, Elen Jones, Emyr Jones, Gareth Tyrrell, Stephanie Hough, Helen Dalrymple, Lia Popa, Kate Gardiner, Sam Fisher, Jonathan Simms, Louise Hughes, Adam Turner, Sudhir Sehrawat, Brian Moon, Emma Williams, Emily Guerin, Aled Roberts (deputising for Kayleigh Williams) and Sally Lewis (deputising for Amanda Powell).

Apologies were received from Natalie Proctor, Andrew Evans, Amanda Powell, Kayleigh Williams, Sarah Hiom and Verity Morris.

CM informed the group that there is a meeting between the PDaHW Chairs and the Chairs of the Directors of Pharmacy Delivery Assurance Groups planned for later that afternoon to try and create some alignment between the work being carried out by the groups.

CM informed the Delivery Board that Cath O'Brien will be retiring from April 2026. CM thanks COB for all her contributions toward the work of PDaHW and the wider profession. It was also noted that Ellen Lanham is also retiring from March 2026 and CM extended his thanks for all her contributions to the PDaHW Working Groups and Delivery Board. CM informed the group that he has a new role as Chair of the Assurance Board at Welsh Government for Health, Social Care and Early Years and will also sit on two additional groups at WG.

CM informed the group that there are some new members joining the Delivery Board:

- Verity Morris - Chief Pharmacy Technician Primary Care and Communities, CTMUHB
- Sunesh Mistry - Practice Pharmacist, CVUHB
- Angharad Morris – Pharmacy Technician and Area Operations Manager, Well Pharmacy
- Owain Brooks – Lead Renal Pharmacist, SBUHB
- Louise Hughes – Senior Lecturer, Cardiff University

Approval of notes from previous meeting 23.10.25

The group approved the notes from the previous meeting.

Approval of Terms of Reference

AC provided the Delivery Board with an overview of the working group membership refresh. All the Terms of Reference documents for the Working Groups and Delivery Board were circulated with the papers prior to the meeting. AC requested that all members check their job titles and if there are any changes, please let the Project Leads aware of this. AC informed the group that the Project Leads are continuing to work with HEIW, CPW and the HEIs to recruit to vacant posts.
Action *– Group members to inform Project Leads of any changes to their job titles.*

Review of Action Log

CM informed the group of the outstanding action is in relation to engagement with Llais Wales. CM informed the group that he and HJ had met with Alyson Thomas from Llais and expressed the desire for Llais representation on the Working Groups and Delivery Board.

Action *– Project Leads to continue to attempt to recruit Llais colleagues to join the Working Groups and Delivery Board.*

HJ informed the group of the refresh to the PDaHW webpages and explained that the link to the pages and the PDaHW Conference 2025 Trailblazer talks will be circulated to the Delivery Board once available. AF did explain that due to the transition to the Royal College of Pharmacy, that this may take slightly longer than possible.

Action *– Project Leads to find a definitive timeline on when the webpage refresh will be completed.*

CM informed the group that the goal relating to Strategic Clinical Networks is currently on hold while the NHS Performance and Improvement are potentially changing the networks. COP raised that it is important the pharmacy ensures that it is engaged in the Community by Design work. SF also noted that it is important that the Strategic Programmes are considered going forward and once the new networks are established the programmes also need mapping.

Action *– Project Leads to work with the Enhancing Patient Experience Working Group to map the Strategic Programmes.*

Enhancing Patient Experience Working Group Feedback – Sam Fisher

- Meeting held Thursday 15th January.
- The group were asked to review the ToR's and check their job titles have been updated, if required.
- Vacancies were reviewed.
- The group began to discuss/draft potential measures for the 2028 Goals.
- Key points for escalation:

- Goal 1: Community pharmacies will become community wellbeing hubs offering a range of health improvement and protection services, where all members of the pharmacy team are empowered to promote health and wellbeing through all their interactions with patients and the public.
    - Establish what the priorities are for health improvement and health protection.
        - SF informed the Delivery Board that this was raised at the WPhC meeting in November and Andrew Evans was going to take this away for consideration.

Action *– SF will contact AE and establish the Welsh Government priorities for health improvement and health protection in Community Pharmacy.*

- How can we track the number of pharmacies accessing the Premises Improvement Grant?

EW informed the Delivery Board that this data is held by Welsh Government and can be provided to the group.

COB informed the Delivery Board that this is also an ask from the Harnessing Innovation, Data and Technology Working Group in relation to advancements in automation.

EW explained that the funding was split into three criteria: automation, clinical service provision and commitment to net zero. It would, therefore, be possible to provide data specifically around automation.

Action *– Project Leads to request the required data from EW at Welsh Government.*

- There is an important role for Self-Care (which includes OTC/Private services). Are these to be tracked through PDaHW?
- Community pharmacy teams live and work with their communities and are a trusted source of knowledge and information – things like prevention, health literacy and coaching support are things which aren't measured.

SF asked the Delivery Board for guidance on where the Working Group draw the line on what is within their scope for tracking. Self-care is a continuum from Making Every contact Count all the way to the delivery of private services. ElJ acknowledged that private services have never really been considered and while PDaHW may have the ambition of driving forward NHS services, it is important to capture the breadth of what pharmacy teams are doing and private services could potentially support NHS services down the line. There was discussion around whether it is possible to measure private services given challenges around private contractors and competition regulation and maybe it is just that these services need acknowledging rather than measuring. COB questioned whether CPW, CPE or CCA may have some data relating to private service provision from community pharmacy.

COB noted that this aligns with the self-care agenda within the Community By Design workstream on health promotion and prevention. Regardless of how these services are funded, their delivery and promotion support this agenda and help reduce pressure on NHS services. GM informed the Delivery Board that during the working group meeting, Sian Evans from PHW suggested that focus should remain on what is within the sphere of influence of the group. There was discussion around the need for adequate funding to be incorporated into CPCF negotiations if there is expectation for additional service delivery.

Action *– Project Leads to find out whether CPW/CPE/CCA have any data regarding the delivery of private services from Community Pharmacy.*

- Goal 2: Pharmacy professionals will lead efforts to reduce the environmental impact of medicines and pharmacy services, with pharmacy teams actively engaged in reducing pharmacy's carbon footprint and improving value and environmental sustainability in the NHS.
    - Is there a Pan-Pharmacy-Wales discussion happening anywhere about what each of the HBs are doing? How can we best share best practice?

JS informed the group that discussions have commenced nationally within the Medical Gas Group under the Directors of Pharmacy Seamless Pharmaceutical Care Delivery Assurance Group. He also noted that within the new Strategic Decarbonisation Plan each Health Board will participate in an 'only order what you need' campaign. JS acknowledged that this piece of work is still in the early stage. EW also noted that this links with 'Your Medicines, Your Health' and how we can avoid unnecessary medicines waste. SF did inform the Delivery Board that the Greener Primary Care Toolkit is voluntary, but the Working Group have had conversations around how they can try and sell the benefits to contractors. SS did inform the group that there are compliance regulations around waste recycling and paper reduction.

Action *– Project Leads to ensure engagement with YMYH and the PDaHW EPE Working Group.*

- Goal 3: We will increase the number of pharmacists and pharmacy technicians providing leadership at a national level, improving medicines use and patient outcomes as active members of NHS Wales' strategic clinical networks, whilst continuing to build leadership capability in the workforce.
    - This is currently on hold as the group informed that the Strategic Clinical Networks are in review.

SF noted that this point of feedback was picked up earlier in the meeting.

Developing the Workforce Working Group Feedback – Michele Sehrawat

- Meeting held Thursday 8th January.

- The group were asked to review the ToR's and check their job titles have been updated, if required.
- MS noted that the group are active and engaging.
- The group began to discuss/draft potential measures for the 2028 Goals.
- For Goals 5 and 6, the group were able to bring updates to the meeting which was positive.
    - Key points for escalation:
        - **Goal 7:**
        - We will begin to develop a post-registration career framework for pharmacy technicians.
            - HEIW have commissioned phase 1 of the framework development and will be taken forward by NHS England. The importance of regular updates coming into WPhC from NHS England were discussed.

ElJ raised that with phase 1, with there only being one Pharmacy Dean in Wales the Deans group had oversight on the work. With NHS England taking control of phase 2 and there being seven Pharmacy Deans in England there needs to be a collective drive on this. ElJ will take responsibility for driving this through the Deans Group. The ask is whether SF can support for updates through WPhC and JS can support for updates through the DoPs. EW noted that Andrew Evans is picking this work up from Welsh Government and SF asked if he can provide an update at the next WPhC meeting. ElJ noted that it is important that Wales and Scotland do not get left behind with developments in this area. KG will also take this back to APTUK Wales branch.

        - **Goal 8:**
        - All pharmacist prescribers will confirm their scope of prescribing practice annually and we will use this information to support employers and pharmacist prescribers to expand their scope of practice to meet the needs of the NHS and people in Wales.
            - It was noted that further work is needed to define individual versus professional scopes of practice, as interpretations currently vary.
            - Guidance was requested on the purpose and type of data required, as well as clarity on the objectives and deliverables of this work from the delivery board/WPhC.

MS informed the Delivery Board that the Working Group had discussion around multiple frameworks and portfolios creating disengagement. MS also informed the Board that Karen Brambles will be attending the next workforce meeting to provide and update on the work she is doing around competency standards.

AF informed the group that this activity originated from trying to improve equity of access to service across Wales increasing the consistency of PIPs service delivery from community pharmacy and reducing variability in what is offered from each pharmacy.

There was discussion around how scope of practice data is collected. SS informed the Delivery Board that community pharmacists send an annual declaration with NWSSP of their scope of practice. It was noted that this does not relate to other sectors and this has potentially been flagged as an area which needs strengthening in the Welsh Government commissioned review of General Practice. EW also informed the Delivery Board that Welsh Government are looking at how to support community pharmacists with their scope of practice in the future. OB informed the Delivery Board that within Health Boards, secondary care pharmacists must declare their scope of practice and prescribing areas. OB also raised that from 2026 pharmacists being annotated as a prescriber from the point of registration but will not have a scope of practice at this point. SS posed the question as to how we support these novice prescribers to develop a scope of practice during this foundation year. RC informed the Delivery Board that this has been raised within the Directors of Pharmacy Workforce Delivery Assurance Group. RC noted that there is a continuum with prescribing, from making amendments to commencing new medicines. There is a scope of prescribing document which clearly defines what would be expecting from novice prescribers within the managed sector. RC also noted that it is part of professional responsibility to ensure you work within scope of practice and it is not necessarily appropriate to declare a scope annually but just to ensure that you work within your competence. There was discussion around conflict and lack of consensus between the views of the Delivery Board and the goal. AF explained that again this was set to try and increase equity and consistency of access to the service and links back to the overarching goal around implementing the competency assurance standards.

Action *– Project Leads to circulate the scope of prescribing document from RC.*

Seamless Pharmaceutical Care Working Group Feedback – Jonathan Simms

- Meeting held Thursday 8th January.
- The group were asked to review the ToR's and check their job titles have been updated, if required.
- The group began to discuss/draft potential measures for the 2028 Goals.
    - Key points for escalation:
        - **Goal 9:** Pharmacy services will be further integrated into care pathways. Where pharmacy services are included in a pathway, to facilitate prompt access to care by pharmacy professionals, the pathway will include arrangements for the seamless navigation of patients to the most appropriate care provider when their needs cannot be met by a pharmacy professional.
            - Digital referral systems not currently being worked. Exploring Health Pathways and potential for the Welsh Medicines Advice Service to collate a directory of specialist pharmacists/pharmacy technicians by Health Board/Trust for others to refer to.

JS informed the group that the PDaHW Project Leads are meeting with the GP Lead for National Health Pathways in February and will hopefully have an additional update at the next meeting.

- **Goal 11.1:** We will increase the number and proportion of community pharmacies offering both the extended minor illness and the contraception elements of the national independent prescribing service.
    - May need to separate out this activity into pharmacies registered, pharmacist scopes of practice, number of PIPs consultations delivered.

JS asked for input from the Delivery Board about separating out this activity. EW informed the Delivery Board that Welsh Government could look at how to find the data for the measure as it was originally as they are looking to support community pharmacies with the PIPs service more robustly going forward. EW suggested picking this up offline with JS. COB raised that should we be lobbying for chronic condition management through community pharmacy through the Community By Design programme to address the goal more broadly. AR informed the group that with the new Choose Pharmacy platform there may be more visibility about the conditions which are seen through the PIPs service which could support measuring this goal going forward. AR also raised that current funding structures may not allow for achievement of these goals, which was echoed by SS who stressed that resources are so stretched at the moment and reinforced the need to support novice prescribers who will commence practice on their own and expected to deliver the extended minor illness and contraception elements. ElJ informed the Delivery Board of the Post-registration foundation programme which runs over an 18-month period and agreed that it is important that there is a collective approach to supporting these newly qualified community pharmacists who will be working in isolation. It was raised in the chat that consideration needs to be given to whether there is demand for contraception provision through PIPs rather than just focussing on the availability of service.

- **Goal 11.3:**
    - We will ensure that patients who require a medication review or medicines support or optimisation have access to a general practice pharmacy team.
        - This activity was developed in collaboration with VA as this goal lacked an activity relating to general practice. Escalate to Delivery Board for approval.

JS asked the Delivery Board for approval of the additional activities. No concerns were raised and the activity was approved.

Harnessing Innovation, Data & Technology Working Group Feedback – Cath O'Brien

- Meeting held Thursday 22nd January.

- The group were asked to review the ToR's and check their job titles have been updated, if required.
- The group began to discuss/draft potential measures for the 2028 Goals.
- COB advised of her retirement in April and Patrick Singh will stand as interim chair.
- Key points for escalation:
    - **Goal 13:**
        - Every community pharmacy in Wales will access prescriptions through the electronic prescribing service.
            - Goal referring to prescribing and not dispensing – we don't know how many prescribers are using EPS – currently pharmacists, district nurses, WAST don't have access to digital prescribing capability.

COB wanted to highlight to the Delivery Board that within the wider context of the goal there are some significant gaps within who can prescribe through EPS. It was noted that this is on the Digital Medicines Blueprint but at the moment there is no plan or workstream for this to become a priority. COB suggested that WPhC and the Working Group may want to return to this in the future.

        - Electronic Prescribing and Medicines Administration will be routinely used in every hospital in Wales.
            - Data available in some systems to understand where pharmacists are prescribing but gaps exist where different systems are in use.

COB wanted to highlight that ePMA will be being routinely used but there is nuance in that it will not be universally used across all areas within tertiary and secondary care. COB also suggested that when accessing the data from these ePMA systems around how pharmacists are prescribing, this could influence in workforce planning. ElJ noted that this has been raised within the Directors of Pharmacy Workforce Delivery Assurance Group and a risk has been identified in that electronic prescribing solutions can save time and this does not want to translate to a reduction in pharmacist and pharmacy technician posts. OB informed the Delivery Board around the bespoke electronic prescribing system for renal prescribing in outpatients and that data of the impact of this can be shared.

            - How do we capture progress with medicines administration?

COB informed the Delivery Board that the working group identified that the goal also related to medicines administration. Capturing this data would have to be done through the national programme.

    - **Goal 15:**
        - We will ensure pharmacy professionals have the knowledge, expertise and facilities they need to lead and participate in the deployment of pharmacogenomic testing and advanced therapies

- SH working on an implementation approach for the launch of The Pharmacogenomics Delivery Plan for Wales which will run for 3 years.

COB explained that there is a broad spectrum of activity within the Pharmacogenomics Delivery Plan and that this needs to be tracked through the Working Group. COB also raised that there is interplay with other workstreams, for example Workforce training. ElJ informed the Delivery Board that SH is working with HEIW and RPS to ensure that work is not duplicated and ensure that training is aligned with the competency standards. COB raised the challenge around the advanced decision support around panel tests as well as individual gene tests and how it fits alongside the prescribing systems. GM informed the Delivery Board that she will be leading genomics work on behalf of RPS and will be part of stakeholder discussions with Genomics England who will be setting up a translational research study looking at how to implement pharmacogenomics into routine practice and there should be good learning which will translate to Wales. GM will provide future updates to the Delivery Board.

- **Goal 16:**
  - We will increase the number of community pharmacies that have implemented automated solutions (e.g. dispensing robots and prescription collection cabinets) to improve productivity.
    - Discussion had on Premises Improvement Grant. Who is tracking application and use of this funding?
    - How do we capture those implementing automated solutions who are not accessing funding? (self-funding by private contractors)

COB asked whether CPW can support with establishing a baseline for current automation status. AR informed the Delivery Board that there is some automation funded by grants but personal investment into automation by contractors would not be tracked by CPW. CM summarised that this is a commercial decision and is a significant investment so appreciation that data relating to this may not be available to CPW.

COB informed the Delivery Board that her post at DHCW should be going out for advertisement imminently so if any colleagues may be interested to flag the opportunity.

CM summarised the discussion and informed the Delivery Board that there is still visibility on work going on relating to the 2025 Goals. CM also informed the Delivery Board that going forward when key points are escalated to WPhC, an update on progress will be provided back to the Delivery Board.

PDaHW Conference 2026

GM thanked all members of the Delivery Board with their ongoing support of the PDaHW Conferences.

A summary on attendees from 2025 was provided:

- Attended – 180
- No show – 26
- Waitlist – 3
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- Aptuk member – 11
- Non member -5
- RPS members – 141
- Guests (list from Iwan) – 27
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- Career stage:
- Student – 5
- Foundation Pharmacist – 3
- Qualified – 120
- Retired – 5
- Non applicable or non-disclosed - the rest of delegates (this will fall under staff, guests, exhibitors)

Academia / Edu Body	20	10%
Community	20	10%
Government	3	1%
GP	3	1%
Hospital	65	31%
Industry	9	4%
Media / Publishing	1	0%
Primary Care	16	8%
Other	22	11%
Not Applicable	10	5%

GM discussed the plans for 2026. A similar format to previous years will be followed with a series of Trailblazer talks with additional strategic talks. GM asked the Delivery Board members to consider proposals for areas to cover during the strategic talks and suggestions for keynote speakers within a reasonable budget.

Looking forward to 2027 GM was keen to work with Delivery Board members for how to shape future format and opportunities for collaboration.

Engagement plan and Champion's network

HJ gave an update on progress with the Champion's network and PDaHW engagement to date. She reminded board members to sign up to the network if they haven't already done so and to share the links through their workplaces. HJ informed the Delivery Board that the newsletter gives us opportunity to share resources and good practice examples so can Delivery Board members please share the sign-up information through their teams.

HJ informed the Delivery Board than the Project Leads are commencing an engagement plan for 2026 and will be reaching out to hospital sites, general practices and CPCLs to arrange visits commencing February 2026.

AOB and Close

CM thanked members for their attendance and contributions to the meeting.

Dates of future meetings:

- 30th April 2026 10-12pm
- 16th July 2026 10-12pm
- 22nd October 2026 10-12pm

CM reminded the group to send Declaration of Interest forms and bios for the PDaHW webpages to the Project Leads.