ROYAL PHARMACEUTICAL SOCIETY

Pharmacy Delivering a Healthier Wales Delivery Board
Thursday 23rd October 2025 – 10.00am to 12pm

Welcome & apologies

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

It was noted that Sam Fisher will be taking over from Jonathan Simms as Chair of the Welsh Pharmaceutical Committee. Chris Martin thanked Jonathan for his many years of leadership and enthusiastic support of Pharmacy Development across Wales and wished Sam the best of luck in her new role. Acknowledgement was made that Elen Jones has now commenced in the post of Pharmacy Dean at HEIW. Chris Martin also informed the group that Geraldine McCaffrey will be taking up the post of Director for Wales within the Royal Pharmaceutical Society. Both were congratulated and wished every success in their new roles.

As a result of the latter change, there will be a vacancy on the PDaHW Delivery Board for a pharmacist with current or recent experience of hospital pharmacy practice. The PDaHW Project Leads will recruit to this post prior to the next meeting.

Attendees present: Chris Martin, Alwyn Fortune, Anna Croston, Rhian Carta, Cath O'Brien, Geraldine McCaffrey, Michele Sehrawat, Elen Jones, Emyr Jones, Gareth Tyrrell, Stephanie Hough, Amanda Powell, Lia Popa, Sarah Hiom, Sam Fisher, Jonathan Simms, Kayleigh Williams, Adam Turner, Sudhir Sehrawat, Marc Donovan, Brian Moon, Ellen Lanham

Apologies were received from Hayley Jones, Natalie Proctor, Kate Gardiner and Helen Dalrymple.

Approval of notes from previous meeting 07.07.25

The group approved the notes from the previous meeting.

Working Group Membership Refresh

AC provided the Delivery Board with an overview of the working group membership refresh.

- Project Leads commenced a refresh of Working Group Membership over summer 2025.
- Number of retirements from each group.
- Project Leads have mapped membership with Terms of Reference to establish current vacancies on the groups.
- Recruitment process has commenced to fill the vacancies on the groups.
- Following recruitment, project leads will update the Terms of Reference documents for each group and circulate to the Delivery Board for approval at the January 2026 meeting.

AC noted that majority of the vacancies were from the student and early years populations for both pharmacists and pharmacy technicians and that PDaHW had received support from HEIW and Swansea University in the recruitment process.

AC informed the group that it had been suggested to attempt to recruit undergraduate pharmacists from each of the HEIs to each of the Working Groups to try and maximise attendance given their

timetable restraints. The Delivery Board agreed that this was a sensible idea and that Project Leads can commence this recruitment process.

Review of Action Log

AC informed the group that the updates to the Terms of Reference documents for the Delivery Board and Working Groups (reflecting the 2028 Goals and seat allocations noted in the Annex) will be completed following the recruitment process and the Delivery Board will be sent these prior to the January 2026 meeting for approval and sign off.

Action *– Project Leads to review wording and membership of the Terms of References and circulate to the Delivery Board prior to the January 2026 meeting.*

CM informed the group of the outstanding action is in relation to engagement with Llais Wales. BM, lay member of the group informed the Delivery Board that Llais had undergone staffing changes and no longer has links into the organisation.

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

Feedback from PDaHW Conference 2025

AF provided the Delivery Board with a summary of the PDaHW Conference 2025, held at the Park Gate Hotel in Cardiff on September 25th.

- The conference reached capacity and there was a waiting list in place.
- There was an increased number of Trailblazer Talks to showcase and celebrate the great work which is being undertaken across Wales.
- The keynote speaker was Sophie Pierce, a patient living with cystic fibrosis who made history as the first person with the condition to row across the Atlantic Ocean. She was joined by Mari Davies, Lead Cystic Fibrosis Pharmacist at Cardiff and Vale University Health Board to share how her team supported Sophie's care and helped her prepare for the challenge. It was noted that the speech was both emotional and inspirational.
- Jeremy Miles MS, Cabinet Secretary for Health and Social Care, also delivered a talk highlighting the fantastic work going on in pharmacy in Wales and announced the commissioning of the RPS to review the roles of pharmacy professionals in general practice in Wales.
- There were international sessions from Catherine Duggan from FIP and Charlotte Makanga, Charlotte Richards and Zoe Kennerley from the Malawi-Wales Antimicrobial Pharmacy Partnership.
- It was noted that there were less strategic talks this year to allow for more Trailblazer Talks.

Feedback from the Delivery Board:

- A sector breakdown would be beneficial to share with the Delivery Board and WPhC to continue to offering bursary support to colleagues from community pharmacy. It was noted that there felt like more community pharmacy presence this year, however, there is still disproportionate attendance across the sectors.
- The Trailblazer talks were recorded and will be hosted on the PDaHW webpages. It would be useful for these to be shared widely through different networks to share good practice.

- There was discussion around the PDaHW Chairs and the Directors of Pharmacy Delivery Assurance Group chairs collaborating next year to identify potential Trailblazer Talks and to support with spreading local innovation wider across Wales.
- The Delivery Board agreed that the day was invigorating and had a sense of celebration and family and the mix of Trailblazer topics was successful.
- It was suggested that having a session for discussion and questions following the Trailblazer Talks would be welcomed and could support with spread and scale of good practice.
- There was discussion around how to make the event "bigger and better" whilst trying to balance cost and that organisations could work together on how to achieve this so the risk does not solely fall on RPS. It was noted that often the speakers from the Trailblazer Talks are emerging individuals and the venue and size need to be carefully considered to ensure these individuals aren't intimidated by questioning from a large audience.
- The Delivery Board members welcomed RPS colleagues to test their thoughts for next year with them during the planning stages of the 2026 Conference.

***Action** – Project Leads to obtain sector breakdown of attendees at the PDaHW Conference 2025 and to share this with the Delivery Board and WPhC.*

***Action** – Project Leads to share the links to the recording of the Trailblazer talks once available with the Delivery Board, CPW (to feature in a newsletter) and include in a PDaHW Champion's Newsletter.*

Enhancing Patient Experience Working Group Feedback – Sam Fisher

- Meeting held Thursday 16th October.
- The group were asked to reflect on PDaHW Conference 2025.
- The group were provided an update on the Working Group membership refresh.
- The group began to discuss potential activities and 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.

- We will develop and consult with stakeholders on what prevention means in the context of community pharmacy.
- We will increase the proportion of community pharmacies offering priority health improvement and health protection services and increase health improvement and protection activity in pharmacies.
- We will increase the number of pharmacists, pharmacy technicians and pharmacy staff who are able to support people to make positive changes to their health and wellbeing.
    - Establish what the priorities are for health improvement and health protection.
    - Project leads to consider the use of logic models once priorities are established.

The Working Group asked the Delivery Board to clarify what the priorities are for health improvement and health protection. There was discussion around the supply of Ivermectin as part of health protection. It was discussed that there could be a need for a meeting to be set up between WG, CPW and SF to establish what is happening in this area. The Delivery Board decided that this needed escalating to the WPhC in November.

Action *– AF to raise Goal 1, relating to health improvement and health protection, to WPhC in Nov 25.*

Goal 2: Project Leads to work with Sian Evans to develop activities and measures.

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.

- We will ensure expert pharmaceutical advice is available to the NHS strategic clinical networks and that a named pharmacy professional is contributing to their work of every network in Wales.
- We will ensure aspiring leaders in pharmacy have access to a range of pharmacy, multidisciplinary and public sector wide opportunities for leadership development.
    - ▶ Is this goal referring only to Strategic Clinical Networks or do Strategic Programmes (e.g. Primary Care) need to be considered?

SF noted that this goal is specific and refers only to Strategic Clinical Networks, of which there are 12. SF informed the Delivery Board that the EPE Working Group did not intend to change the goal but were asking whether mapping should be extended to the Strategic Programmes. There was discussion around the need for the Strategic Clinical Network agendas to align to ensure positive outcomes for Wales. It was noted that currently there is no consistent way of tracking medicines issues or any digital enablement to support the Strategic Clinical Networks.

Action *– JS to link in with Lois Lloyd around the mapping work being undertaken around the Strategic Clinical Networks and to link with SF to share this information.*

The Delivery Board agreed that once this mapping information is obtained, the EPE Working Group can then add Strategic Programmes and review progress collectively.

Goal 4: Project Leads to work with Sarah Hiom and PRW to establish definition of "research".

- ▶ CPW will trial evaluation within the service development toolkit with the CPCLs.

Action *– Project Leads to set up a meeting with SH and SF in Nov 25 to discuss Goal 4.*

Developing the Workforce Working Group Feedback – Michele Sehrawat

- ▶ Meeting held Thursday 9th October.
- ▶ The group were asked to reflect on PDaHW Conference 2025.
- ▶ The group were provided an update on the Working Group membership refresh.
- ▶ The group began to discuss potential activities and measures for the 2028 Goals.
- ▶ Key points for escalation:

Goal 5: Discussion around whether EDI features sufficiently as a golden thread through PDaHW and the inclusion of the Welsh language specifically.

MS informed the Delivery Board that it was raised at the Developing the Pharmacy Workforce Working Group meeting that EDI is not featured within a specific goal and that it is not transparent

enough as a golden thread across the themes. There was also concern raised that the only language clearly noted within the goals in the Welsh language and that although it was acknowledged that the Vision relates to pharmacy practice in Wales, there are a number of other languages spoken within the communities of Wales.

It was noted that within the main PDaHW 2028 Goal Document, there is a section relating to Inclusion, Diversity and Wellbeing. Additionally, "More than just words" is the Welsh Government strategy for embedding Welsh language in the healthcare network and has been consistent throughout the vision. There is also a legislative basis in Wales for giving Welsh equal status to English within bodies, including the NHS, so that remains a driver behind its inclusion. There was further discussion around the Welsh-Language Pharmacy Network launch on 22nd October in Swansea and how in the future this will also include pharmacy technicians. Members of the Delivery Board were encouraged to support this expansion across the professions.

Goal 6: We will improve our understanding of the shape and size of the pharmacy workforce in Wales, utilising data to develop a workforce that meets people's need for pharmaceutical care and pharmacy services.

- ▶ Clarification is needed on whether pharmacy workforce data should include sectors like prison services, and what specifically the group is expected to focus on.

There was discussion around whether HB data would include the prison workforce, but it was established that the clinical hospital pharmacy services review would primarily focus on hospitals and some intermediary services. It was agreed that the Developing the Pharmacy Workforce Working Group should focus primarily on the hospital, community and general practice sectors when reviewing progress of Goal 6.

Goal 7: We will agree all-Wales post registration career pathways for all pharmacy professionals in clinical roles covering all sectors of pharmacy practice, and provide a range of opportunities for the wider members of pharmacy teams to improve their capability, expand their practice, and take on new roles.

- We will complete a ten year forward view of the competency requirements of the community pharmacy workforce and use this to define the education, training and career development needs of pharmacists, pharmacy technicians and the wider community pharmacy workforce.
    - ▶ Clarity is needed on how to strategically approach this piece of work.

MS noted that this is a substantial piece of work to be undertaken and asked if it was currently on a workplan within any of the organisations present. ElJ highlighted that this work would probably require collaboration between multiple organisations e.g HEIW and CPW. Delivery Board members did question whether it is possible to progress this goal given that there is currently no Community Pharmacy Contractual Framework for 2025/26. It was decided that understanding of the sustainability of the community pharmacy network was required before there could be an aspirational plan developed.

Action *– AF to raise Goal 7, relating to a ten year forward plan for community pharmacy, to WPhC in Nov 25.*

Seamless Pharmaceutical Care Working Group Feedback – Jonathan Simms

- Meeting held Thursday 2nd October.
- The group were asked to reflect on PDaHW Conference 2025.
- The group were provided an update on the Working Group membership refresh.
- The group wished to escalate the process for deputising for working group member attendance at meetings and whether this needed to be formalised or could be conducted on an ad hoc basis.

There was discussion around whether there needed to be a formalised process for deputies for the Working Group Members. The Delivery Board decided that this would not be necessary, however, they would encourage Working Group Members to send someone in their place to attend a meeting if they were unable to attend.

Action *– Project Leads to send out guidance to all Working Group members for consistency.*

- The group were provided an update from Lois Gwyn and Melanie Healy on the Undergraduate Student project focussed on GP practice pharmacist prescribing roles. JS informed the Delivery Board that the poster from this project will be displayed at the RPS Annual Conference in London in November 2025.
- The group began to discuss potential activities and 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.**

- Are there plans in the pipeline for digital referral systems into and out of pharmacy services across sector?

CO informed the group that a digital referral system is not currently on a workplan, however, it could possibly be done as part of multidisciplinary work around the Electronic Health Record.

Action *– AF to raise Goal 9, relating to digital referral systems, to WPhC in Nov 25.*

Goal 10:

- We will provide community pharmacists with access to the Welsh Clinical Portal for ordering tests and reviewing medical histories.
    - Are there plans in place to enable this to be possible?

CO informed the group that there are currently some technological constraints preventing access to Welsh Clinical Portal to community pharmacists. DHCW are starting to develop a need user case to demonstrate the benefit of access and allow these challenges to be worked through step by step. CO will provide the Delivery Board a future update. DHCW are escalating this with colleagues at WG. It was reassuring to the SPC Chair that work is ongoing to enable this to happen.

Goal 11:

- 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 struggle with access to in depth information regarding individual scopes of practice across Wales.
    - ▶ May need the measure looking at medicines prescribed rather than scopes of practice.

JS informed the Delivery Board that SPC group intend to draw up all of the conversations that came out of the meeting to try and make progress on setting some activities and measures prior to the next meeting in January. CM noted that it is important to get these activities and measures right and not to rush them, so if it takes longer than the January meeting then this is appropriate.

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

- ▶ Meeting held Thursday 9th October.
- ▶ The group were asked to reflect on PDaHW Conference 2025.
- ▶ The group were provided an update on the Working Group membership refresh.
- ▶ The group began to discuss potential activities and measures for the 2028 Goals.
- ▶ Key points for escalation:

Goal 13:

- Every community pharmacy in Wales will access prescriptions through the electronic prescribing service.
    - ▶ Is there an existing or planned functionality to highlight which prescriptions are repeats and which are acutes to prevent urgent prescriptions being missed? (particularly relevant on a Friday afternoon).

CO informed the group that the deadline for community pharmacies using EPS is 30/11/2026. The issue around acute/repeat flags has been raised with the pharmacy team at DHCW.

- Every GP practice in Wales will send prescriptions using the electronic prescription service with patients able to choose the most appropriate or convenient pharmacy for them each time they have their prescription dispensed.
    - ▶ The wording of this statement currently implies that patients would need to choose a pharmacy each time a prescription is dispensed. Can a footnote be added to clarify that this is for "one off" prescriptions?

CO informed the group that the deadline for this is also 30/11/2026. Self-nominate on the NHS App will launch in December 2025 and "one off" nomination will launch in 2026.
AF noted that at this stage it is not possible to change the goal as there would be a huge financial implication due to the documents already being printed following WPhC sign off. It was, therefore, decided that within the Harnessing Innovation, Data & Technology Working Group a footnote could be added for clarity. There was discussion around the guidance for the issuing of acute prescription

via EPS, including palliative care medications. KW informed the group that CPW had received guidance from Jenny Pugh-Jones at DHCW which could be shared onwards.
***Action** – KW to share guidance on issuing acute Rx via EPS with Project Leads.*

***Action** – Project Leads to circulate this guidance to the Delivery Board, Working Groups and Champion's Network.*

CO also informed the Delivery Board that the GMS and pharmacy elements within EPS are just the start of the process and that work around ePMA issuing prescriptions via EPS has begun.

Goal 14: We will develop a national digital system to facilitate and share learning from medication related incidents, to reduce medicines related harm and improve patient safety.

- Need to establish where a repository of information can be collated and utilised to improve patient safety. The group requests further information about the position of AWTTC.

It was raised that it is essential that care homes do not get forgotten when considering how to collate medication related incidents as they do not have access to Datix Cymru.

There was discussion around potential duplication of work between the Directors of Pharmacy Delivery Assurance Groups and the PDaHW Working Groups. It was decided that there needs to be coordination between these groups. It was suggested that the PDaHW Project Leads could be invited to the Delivery Assurance Groups and the Chairs of the Delivery Assurance Groups could be invited to the PDaHW Working Groups to encourage complementary workplans. It was acknowledged that there is a need to understand what work is being undertaken across all of the pharmacy ecosystem and how it links and supports each other, along with timescales.

***Action** – Coordination between PDaHW and Delivery Assurance Groups to be raised at the Directors of Pharmacy meeting 24/10/25 and picked up offline between JS and SF.*

***Action** – Project Leads to set up a meeting with CM, RPS, PDaHW Chairs to establish how the mapping work will be undertaken.*

Goal 15:

- We will develop a plan for improving the facilities and infrastructure available to make advanced therapy medicinal products more readily available in every part of Wales.
    - Can WG provide an update on commissioned work?

Goal 16: We will more effectively use automation, technology, data, and artificial intelligence to improve productivity and release time for pharmacy professionals to deliver direct patient care to those who need it most.

- NHS Wales App could support with ordering of repeat prescriptions and the capacity challenges faced in community pharmacy – are there plans for a national communication strategy around the NHS Wales App to be implemented?

CO will provide an update on work going on around the NHS Wales App at the next meeting.

Engagement plan and Champion's network

AC 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. AC also requested Delivery Board members to share resources for the Project Leads to include in the quarterly newsletter which may be beneficial for dissemination throughout the profession.

AC 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. CM encouraged members of the Delivery Board to get involved with the engagement and attend visits where possible.

AOB and Close

Dates of future meetings:

- 29th January 2026 10-12pm
- 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. AC informed the group that Project Leads will not chase individuals if there is already a Bio on the website but if any members have changed roles and would like an update making to send them over to AC or HJ.

Action *– AC to circulate 2026 meeting links to Delivery Board members.*