



HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Thursday 19 October 2023 at 2.00 pm in Third Floor, Southwater One, Southwater Square, Southwater Way, Telford, TF3 4JG

Present: Councillors D R W White (Chair), N A Dugmore,
S Handley, L Lewis, S Syrda and J Urey
Co-optees D Saunders and S Fogell

In Attendance: J Milner (ICS Community Pharmacy Clinical Lead), S
Hardwick (Lead Lawyer: Litigation & Regulatory) and S
Yarnall (Democracy Officer (Scrutiny))

Apologies: Councillor O Vickers, G L Offland and R Sahota
Co-optee H Knight

HAC-17 Declarations of Interest

None.

HAC-18 Minutes of the Previous Meeting

The Chair advised that due to the short turnaround that the minutes from 3 October 2023 and 11 October 2023 would be available at the next meeting.

HAC-19 Update from the Health & Wellbeing Board

The Democracy Officer (Scrutiny) informed Members that an update from each Health and Wellbeing Board meeting would be provided to the Committee.

HAC-20 Update from the Joint Health Overview & Scrutiny Committee

The Committee were informed that the next scheduled meeting of the Joint Health Overview and Scrutiny Committee on 24 October 2023 was scheduled to take place in Shropshire with a focus on Shrewsbury and Telford Hospital Trust Performance.

HAC-21 Pharmaceutical Services

Members received a presentation from the Integrated Care System Community Pharmacy Clinical Lead that provided an overview and summary of the work of Community Pharmacy. Members were informed that there was



a lack of awareness of the work done by Community Pharmacists and that it was seen as an underutilised resource both locally and nationally.

Members were informed that community pharmacy consisted of three main professions, these were; the pharmacists, the technicians and the support staff. Many pharmacists that were newly qualified would be qualified to Masters Level and as part of the National change would be social prescribers. It was quoted that 95% of people visited a pharmacy once a year and it was said that pharmacists had more contact with patients than any other healthcare profession.

The Integrated Care System Community Pharmacy Clinical Lead advised Members that the challenges faced was as a result of the lack of awareness of what community pharmacy can offer. Following this, a summary of the focus of community pharmacy was presented to Members. It was heard that community pharmacy had five main focuses. These were; the discharge of medicine services, to provide consultation, to provide hypertension case-finding service, to provide pharmacy contraception service and to provide extended care within the Midlands. Community pharmacy would be available across three areas of Shropshire and Telford and Wrekin.

Following the presentation, Members posed the following questions.

Were majority of the sites across Telford and Wrekin or Shropshire?

The majority of the Community Pharmacy sites were said to be across Shropshire.

Could more be done to bring similar services to more parts of Telford and Wrekin?

Members were informed that there had been some barriers for implementing the system in Telford and Wrekin. The first was due to a lack of engagement from existing pharmacists in the Borough and the other was that many of the current pharmacists did not meet the minimum threshold.

Could there be any schemes implemented that would support local pharmacists to express interest?

The implementation of schemes could be considered, Members were informed that this would be part of the national programme. It was discussed that the programmes presented to Members were currently in a pilot stage of testing before being rolled out more widely.



What could be done to support local pharmacies financially?

There were a number of support systems available to pharmacies and pharmacists. The current projects were in a trial stage but as they develop there would be further incentives and support offered to local pharmacists.

Had acute service providers used the service and referred patients to it?

There were figures being worked on by the Shrewsbury and Telford Hospital Trust (SaTH) on the number of referrals, however, Members were informed that this had not currently been extended to Urgent and Emergency Care and that referrals were more from community providers, GPs and the 111 service.

Were there referrals from the ambulance services?

At the time of the meeting there were no direct routes of referral from the ambulance service but there were routes from the 111 service in to community pharmacy.

Would community pharmacy be able to support the burden on Primary Care and doctors?

Community pharmacists were said to not replace doctors but to act as 'Maxi-pharmacists' where they would be able to offer more services.

Would community pharmacists be able to refer to hospitals?

Currently, community pharmacists were not able to refer to hospitals as it was generally done through GPs.

How would this programme be impacted by the larger more corporate pharmacies?

Members were informed that the larger pharmacies had difficulty with being more independent and were based on a service driven model, where the community pharmacy model was based more on the variety of services that they were able to provide.

How would community pharmacies meet the priorities of the ICB and address health inequalities?

The type of services provided would have brought further support to the local community and offer key services such as the detection of hypertension.



How would the service account for the shortage of staff in the industry?

They would work with local universities to provide work experience as well as to help recruit into the service as part of the NHS workforce plan.

Were there any foreseeable financial issues?

It was recognised that finances were a concern and that plans were in place to mitigate for both the service as well as the pharmacists going into the field.

What band would newly qualified pharmacists be as part of the system?

Members were informed that newly qualified pharmacists would enter as a band 5 but with further qualifications and experience they would progress to a band 6.

Members commented on their recognition that the service was financially challenged and there had been difficulties in possessing qualified pharmacists with the relevant experience to teach/train the future of the industry.

Following questions and discussions, Members discussed recommendations to the ICB regarding further support for the system as well as a need to expand the provision across Telford and Wrekin than just Shropshire. Members voted unanimously on the following recommendations to the ICB.

RECOMMENDED – that the Health and Adult Social Care Scrutiny Committee recommend to the Integrated Care Board:

a) that the Committee recognise the national move to ensure that local pharmaceutical services make a greater contribution to health care provision and recommend that the ICB do everything that it can to resolve the issue of shortage of local prescribing mentors to existing community pharmacists in the Borough of Telford & Wrekin and be reported back to the Committee;

b) that the Committee recommend the ICB encourages local pharmacists to engage with the programme;

that the Committee recommend the ICB to create greater public awareness of the services that are offered by pharmacists and community pharmacy; and

c) that the ICB compile a directory of pharmacists that members of the public could access detailing the services available.



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The Democracy Officer (Scrutiny) provided a summary of the Work Programme and there were no substantial changes from the previous update and any future updates would be communicated to the Committee.

HAC-23 Chair's Update

The Chair informed Members that the next scheduled meeting of the Committee was due to take place on 12 December 2023.

The meeting ended at 3.27 pm

Chairman:

Date: Tuesday 12 December 2023