



Pharmacy Delivering a Healthier Wales Delivery Board

Thursday 17th July 2025 – 10.00am to 12pm

Welcome & apologies

Chris Martin, Chair of PDaHW welcomed existing and new board members and staff to the meeting. It was noted that Michele Sehrawat has joined the Delivery Board representing HEIW and as Chair of the Developing the Pharmacy Workforce Working Group. It was also acknowledged that Emily Guerin is joining the meeting as an observer, shadowing Natalie Proctor, as part of her new role as Clinical Fellow at Welsh Government. A very warm welcome was given to Hayley Jones, attending her first meeting and best wishes shared as she works alongside Anna Croston in support of the Delivery Board's work plan.

Chris Martin informed the group that Elen Jones would be taking up the post of Pharmacy Dean at HEIW and offered her the best of luck in her new role along with our grateful thanks for all that she has done at the RPS.

Attendees present: Elen Jones, Alwyn Fortune, Anna Croston, Hayley Jones, Sudhir Sehrawat, Ellen Lanham, Geraldine McCaffrey, Rhian Carta, Brian Moon, Jonathan Simms, Kate Gardiner, Natalie Proctor, Kayleigh Williams, Stephanie Hough, Emily Guerin (observer), Adam Turner, Sam Fisher, Emyr Jones, Michele Sehrawat, Andrew Evans, Emyr Jones, Cath O'Brien.

Apologies were received from Sarah Hiom, Amanda Powell and Eryl Smeethe, Cher Thomas

Approval of notes from previous meeting 01.05.25 and review of actions

The group approved the notes from the previous meeting, and there were no specific actions to review.

Approval of the updated Terms of Reference for Delivery Board and Working Groups

AC noted the ToR for Delivery Board and Working groups had been amended to reflect the suggestions in the last meeting and will also need amending to reflect the 2028 Goals. The membership of each committee will be added to the Annex.

Action – AC to review wording of Terms of References and circulate to the Delivery Board (Action 70 on log)

Review of Action Log following 01 May 2025

The only outstanding action is in relation to engagement with Llais Wales. This will continue to be progressed.

Update on Gluten Free (GF) food supply from Community Pharmacy – Natalie Proctor

Over the past 12 months an evaluation of the pilot completed in HDUHB including the use of a subsidy card has been undertaken which included a pause and reflect exercise. Following this, the outcomes were provided to the Cabinet Secretary who has agreed to the adoption and roll out of this scheme across Wales. The GF Delivery Board is to be reformed.

A Welsh Health Circular was published 17^h July asking each HB to nominate a lead for this work and they will all be encouraged to adopt this new scheme. It was acknowledged that there may be variation in implementation across Wales and that this change will not take place overnight as each patient will need a review to check their allocation of units is correct. Pharmacies need not be concerned about running down stock at this stage. An ongoing review will continue to take place as requirements change throughout the lifetime of the scheme e.g. during pregnancy. It was noted that the scheme is not compulsory, and patient's may still have the option to receive their supply through pharmacy on FP10. The introduction of the card scheme is not considered to cause an increased financial burden on Health Boards. There was further assurance that standardised reporting will be set up with AWTC and that the GF Delivery Board can provide periodic updates to the PDaHW Delivery Board on progress.

An additional discussion was held around how Period of Treatment and removal of GF supply was intended to release capacity within community pharmacy. As this work has not progressed as anticipated the 2025 Goals should be RAG rated to reflect this.

Update on 2028 Goal Setting – Alwyn Fortune

Alwyn Fortune provided an update progress with the 2028 Goals. He explained that since the last Delivery Board meeting in May 2025 there has been a Steering Group set up by the Welsh Pharmaceutical Committee (WPhC) to refine and develop the goals. These were then taken to the WPhC meeting on 2nd July where the 2028 Goals received sign off.

Enhancing Patient Experience

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.*

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.

- *We will increase the number of community pharmacies participating in Public Health Wales' Greener Primary Care scheme.*
- *We will support community pharmacies to implement measures which reduce their carbon footprint.*
- *We will work with other prescribers in primary and secondary care to reduce the environmental impact of medicines and medical gases.*

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.

- *No additional measures*

We will increase the contribution pharmacists and pharmacy technicians in Wales make to demonstrating the benefits of pharmaceutical care and pharmacy services through participation in and dissemination of research, service evaluation and quality improvement activities, whilst continuing to build research capacity and capability in the workforce.

- *We will provide opportunities for community pharmacy teams to support research and service evaluation which demonstrates the effectiveness of the expanding range of clinical services available from pharmacies.*
- *We will develop an evidence repository to collate and disseminate the findings of research, service evaluation and quality improvement activities undertaken by pharmacists and pharmacy technicians in Wales.*
- *We will increase the number of pharmacists and pharmacy technicians with research skills and capability.*

Developing the Pharmacy Workforce

Higher Education Institutions and employers in Wales, supported by Health Education and Improvement Wales, will offer attractive pharmacy careers which promote the recruitment and retention of pharmacy professionals with the skills patients and the NHS in Wales need, and who reflect the diversity and culture of the people of Wales.

- *We will increase the number of pharmacists and pharmacy technicians undertaking foundation training in Wales.*
- *We will reduce the proportion of unfilled pharmacist and pharmacy technician posts in all sectors of practice.*

- *We will increase the proportion of the pharmacy workforce that is able to understand and use familiar everyday expressions with patients and the public in Welsh.*
- *We will increase the number of school leavers in Wales pursuing careers in pharmacy*

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.

- *We will fully implement the national workforce reporting tool in community pharmacy and utilise the information it provides along with the information the reporting tool provides for pharmacists and pharmacy technicians working in primary care.*
- *We will carry out an annual assessment of the hospital pharmacy workforce against the baseline completed assessment carried out in 2025 aligned to the priorities in the [Review of clinical pharmacy services at NHS Hospitals in Wales | GOV.WALES](#).*

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 consult on, publish and implement an all-Wales post-registration career framework for every pharmacist providing NHS services in Wales.*
- *We will develop a post-registration career framework for pharmacy technicians*
- *We will provide more opportunities for pharmacy teams within hospitals to undertake continuing professional development which supports delivering the priorities described in the [Review of clinical pharmacy services at NHS Hospitals in Wales | GOV.WALES](#).*
- *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.*

We will fully implement the *Standards for Competency Assurance of Independent and Supplementary Prescribers* for all pharmacists in Wales and put in place processes which ensure the information gathered from implementing the standards is used to provide pharmacist prescribers with the support they need to optimise the use, safety and effectiveness of medicines through prescribing and deprescribing.

- *To add*

Seamless pharmaceutical care

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.

- *To add*

We will ensure all pharmacy professionals have access to digital information about people's care and the medicines they are prescribed, to improve outcomes and reduce the risk of medication related harm including when patients transfer between care settings.

- *We will provide community pharmacists with access to the Welsh Clinical Portal for ordering tests and reviewing medical histories*
- *We will make the national shared medicines record available in ePMA systems in every health board and NHS Trust in Wales*
- *We will increase the number of digital discharge summaries shared with community pharmacies*

We will promote value and sustainability within the NHS, ensuring pharmacy services across all settings which offer the greatest benefit to patients and the NHS are provided more consistently where patients and other healthcare professionals need them.

- *We will increase the number and proportion of community pharmacies offering the both the extended minor illness and the contraception elements of the national independent prescribing service.*
- *We will increase the number of pharmacists and pharmacy technicians in secondary care who are working in the priority clinical areas set out in the [Review of clinical pharmacy services at NHS Hospitals in Wales | GOV.WALES](#)*

We will centralise services to improve capacity, contingency and quality for innovative and life-saving medicines including cancer therapies, diagnostic agents, intravenous antibiotics and parenteral nutrition for patients in Wales.

- *To add*

Harnessing Innovation, Data and Technology

We will implement electronic prescribing across Wales to increase productivity, transform the role of pharmacy professionals and support the safe and efficient prescribing, dispensing and administration of medicines for patients.

- *Every community pharmacy in Wales will access prescriptions through the electronic prescribing service.*
- *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.*
- *Electronic Prescribing and Medicines Administration will be routinely used in every hospital in Wales.*

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.

- *No additional measures.*

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.

- *We will publish a national pharmacogenomics plan*
- *We will identify a pharmacogenomics lead in every health board and increase the number of pharmacists and pharmacy technicians who have completed training in pharmacogenomics*
- *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.*

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.

- *We will increase the number of community pharmacies that have implemented automated solutions (e.g. dispensing robots and prescription collection cabinets) to improve productivity*
- *We will utilise data available as a result of implementing ePMA in hospitals to introduce a needs-based approach to prioritisation and provision of pharmaceutical care for hospital inpatients.*
- *We will identify and implement opportunities to use artificial intelligence to improve efficiency and productivity in hospital pharmacies.*

CM and WPhC thanked AF and RPS for the work put into generating the 2028 goals.

Clarification was given around the “we will” statements. The WPhC have agreed that the steering group can work on refining these statements. The document was shared with the steering group last week, which includes members of CPW, for comments and feedback. The deadline has been set for 28th July. It was noted that some of the goals are aspirational and will be difficult to achieve but the “we will” statements and the 2028 Goal document will highlight the underpinning infrastructure needed.

There was discussion around the need to consider the digital enablement for the plan as a whole and each of the Working Groups should give some thought to the digital aspects within their theme.

It was agreed that AE, CO and members of the Life Sciences Hub should meet to discuss the work of the AI commission.

Further discussion highlighted a potential gap around the prescribing competency standards, and it was suggested that AF may benefit from picking this up offline with MS and KB from HEIW.

AE acknowledged that overall, the goals are well framed, ambitious and stretching and suggested the “we will” statements will go some way to provide the extra detail needed. He stated that the profession shouldn’t be afraid of falling short of stretching and ambitious targets and recognised the

importance of being aspirational. AE further added that it is shaping up to be a powerful document which will land well as we go into 2026 with a potential new government.

EJ made a request for photos to be published within the document to support celebrating success of the progress made to date.

Enhancing Patient Experience Working Group Feedback – Sam Fisher

- ▶ Meeting held Thursday 10th July.
- ▶ Group received an update from Sian Evans (PHW) and Natalie Proctor (WG) around current and future Environmental Sustainability Initiatives.
- ▶ The group were given the opportunity to provide any updates to the 2025 Goals.
 - ▶ Goal 1: Capacity in Community Pharmacy remains a challenge (Period of Treatment, POT) for delivery of additional clinical services and MECC. This needs to remain as a focus.
 - ▶ Goal 1: Still issues around public awareness of pharmacy services.
 - ▶ Goal 3: Concern raised that now Mental Health First Aid (MHFA) is no longer in the CPCF, the skills of the community workforce will not be maintained.
 - ▶ Query around who can host resources (e.g. mental health) for community colleagues?
- ▶ The group were given an update on the 2028 Goals which had received WPhC sign off.
 - ▶ The group noted that the research goal was heavily focussed on community pharmacy and there is the need to ensure focus across all settings.
 - ▶ The group are going to this about potential measures to bring to the next meeting on Wednesday 1st October.

SF posed a question to the board about whether there are any timelines from AWTTC about progressing work around POT. JS noted that there had been an informal chat with AWTTC and AWMSG and that he will try to expedite the group being set up prior to the behavioural insights work being published. NP noted that she meets regularly with the research team who want to run an APPEASE workshop to try and implement some potential solutions. She agreed setting up the AWTTC group now and to get them involved in the workshop would be useful. There was further discussion around how there are local issues with the implementation of POT as all HBs have received the same national messages, yet some have progressed much further than others.

There was discussion following the point raised about MHFAs around whether progress on the 2022 and 2025 goals still needs to be tracked to ensure that when we reach 2030, all actions can be reported on.

Action – 5 chairs/AF/AC/HJ to meet offline for an hour to discuss ongoing tracking of the previous interim goals (action 71 on log).

Following SF's update on the 2028 interim goal around Research & Development it was considered that it may be beneficial for GM, CM and SF to meet offline.

Developing the Workforce Working Group Feedback – Michele Sehrawat

- ▶ Meeting held Thursday 3rd July.
- ▶ The group were given the opportunity to provide any updates to the 2025 Goals.
 - ▶ Goal 5: Discussion around how to make non-clinical training accessible to colleagues with learning disabilities and how to support employers with improving EDI.

- ▶ Goal 5: Flagged that there is still no Core Advanced Credentialled Pharmacist from Wales.
- ▶ Goal 7: Link to refreshed HEIW Careers webpages shared. [Pharmacy team - HEIW](#)
- ▶ Goal 7: Discussion around core skills training (e.g. communication/confidence) being offered for all pharmacy professionals rather than restricted to one professional group.
- ▶ Goal 7: Link to the gameplay video for the Virtual Reality piece, Pharma-See! Shared with the group. <https://vimeo.com/1099642062/4c05fdb9d9?share=copy>
- ▶ Goal 8: 2nd Consultant Pharmacist Credentialing Community of Practice has taken place and there are several individuals intending to submit portfolios in the next submission window.
- ▶ The group were given an update on the 2028 Goals which had received WPhC sign off.
 - ▶ Goal 5: Discussion around whether there is sufficient EDI focus in the “We will” statements.
 - ▶ Goal 6: Flagged the mention of community and hospital but absence of other sectors.
 - ▶ Goal 7: Some confusion around the terminology “pathway” and “framework”.
 - ▶ Goal 8: Information shared on [HEIW Standards for Competency Assurance of Independent and Supplementary Prescribers in Wales](#)

Action – AF to meet MS around inclusivity wording (action 72 on log).

MS informed the Delivery Board that HEIW and Cardiff University have agreed that foundation trainees can use one of their protected learning days to attend the PDaHW conference.

Seamless Pharmaceutical Care Working Group Feedback – Jonathan Simms

- ▶ Meeting held Thursday 3rd July.
- ▶ The group were given the opportunity to provide any updates to the 2025 Goals.
 - ▶ Goal 10: Hopeful to have an update from the Acute Services Review for October meeting. Benchmarking is complete and a project manager has been appointed by AWTC.
 - ▶ Goal 10: Discussion around the potential to link NHS App functionality to the work of “Your Medicines, Your Health” to support with the wider digital medicines’ services and medicines adherence work.
 - ▶ Goal 11: Social Prescribing Research – 2nd stage submission to HCRW for funding to undertake this research has occurred. Awaiting outcome.
- ▶ The group were given an update on the 2028 Goals which had received WPhC sign off.
 - ▶ It was noted that domiciliary and care home patients must be considered in the Digital Medicines work with DHCW.
 - ▶ There was discussion around the importance of ensuring digital platforms are updated in line with pharmacy professional progression e.g. pharmacogenomic testing.
 - ▶ Also flagged that widening access to digital systems already accessible e.g. WGPR outside of the provision of a clinical service would also be beneficial.
 - ▶ Discussion around ensuring innovation is not thwarted whilst trying to achieve equity of access to services.

JS informed the Delivery Board that WPhC will again provide some funding to allow conference attendance. There will be support for those travelling over 100 miles and there may be some potential other ways to support those otherwise unable to attend.

Innovation and Technology Working Group Feedback – Cath O'Brien

- ▶ Meeting held Thursday 26th June.
- ▶ The group were given an update on the draft 2028 Goals to be taken to WPhC on Wednesday 2nd July.
- ▶ Cath O'Brien provided an update on Digital Medicines.
 - ▶ DSPP Programme Board and NHS Wales App Digital Medicines Project Board.
 - ▶ There are currently several workstreams:
 - ▶ Service Transformation Workstream
 - ▶ Technical Workstream
 - ▶ User experience and the NHS Wales App
 - ▶ Concerns around the risk of EPS one off nominations.
- ▶ The group were given the opportunity to provide any updates to the 2025 Goals.
 - ▶ Goal 14: The group noted this patient safety goal is being carried forward into the 2028 Goals.
 - ▶ Goal 15: The group would like guaranteed escalation to WPhC of GF food supply through CP.
 - ▶ Goal 16: The group noted pharmacogenomics and advanced therapies are being carried forward into the 2028 Goals.
 - ▶ There was some concern that aspects of the 2025 Goals (e.g. POT, capacity building) have not been achieved and that this cannot be dismissed as we move to the 2028 Goals.

COB informed the group that EPS implementation is continuing to roll out, however, due to funding constraints one off nominations will not be within the next 12-month funding plan. SF informed the Delivery Board that there has been a national communication about issuing a paper-based script as a work around, however, this is a very manual process which is not ideal but will be necessary until the sustainable solution is concluded. AE noted that allocating money to this may mean divesting elsewhere.

Moving forward this theme/working group of PDaHW will be named Harnessing Innovation, Data and Technology. This is to reflect that data is everywhere and consideration on its use must be acknowledged.

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.

The board members were encouraged to sign up to attend the PDaHW Conference will take place on Thursday 25th September 2025 at the Park Gate Hotel in Cardiff. The conference is free to attend for RPS and APTUK members.

AOB and Close

Dates of future meetings:

Thursday 23rd October 2025 10-12pm

It was flagged to the Delivery Board that the Project Leads will be reviewing Working Group membership over the summer to ensure alignment to the Terms of Reference.

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