

Community Pharmacy Expert Advisory Group Agenda
Monday 15th September 2025 (19.30 – 21.30) By teams
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Meeting ID: 340 439 337 897 0

Passcode: vg6GK3pC

1: Welcome, Apologies and welcome Led by Janice Perkins (5 min)

Description	To welcome and note apologies.
Outcomes	<p>To be agreed and completed at the meeting as a record</p> <p>In attendance</p> <p>Janice Perkins Diane Robertson Patricia Ojo Sarah Passmore Paul Jenks Gary Evans Anna Matthews Shilpa Shah Elizabeth Hallett Waqas Ahmad</p> <p>Apologies</p> <p>Jonathan Smith Amul Mistry Brendon Jiang Dina Thakker Fiona McElrea Jyoti Buxani Manpreet Dhanjal Mohammed Ibrahim Muhammad Sumair Ehsan</p> <p>Guests</p> <p>Wing Tang-Head of Professional Standards, RPS Kate Ryan – Patient Safety Manager, RPS Regina Ahmed – Guidance Manager, RPS Martin Sadrkazemi – Community Pharmacy Patient Safety Group</p>

2: RPS Prevention of future deaths reports and Medicine Shortages - Led by Alwyn Fortune/Kate Ryan (45 mins)

Description	<p>To gain the insights of CPEAG around a Regulation 28 Report to Prevent Future Deaths, that of the investigation into the death of Charlie Marriage, which can be found here.</p> <ul style="list-style-type: none"> • To discuss the case and the context of what should form the basis of an RPS response to the report • To discuss the Charlie Card initiative and how best to support from a healthcare professional perspective.
Purpose	To gain the insights from CPEAG to inform next steps.
Outcomes	<p>As part the agenda the group were shared the link of the coroner's report and the NHS response on the investigation into the death of Charlie Marriage.</p> <p>The matters of concern and factors in play were discussed by the group and CPEAG were very conscious of all the other interlinking factors at play in this tragic case.</p> <p>CPEAG held a very rich discussion and provided the following thoughts and comments with suggested routes for improvement to the process.</p> <ul style="list-style-type: none"> - The group felt that whilst there have been improvements with the NHS 111 service, it is still identified as a barrier and agreed that this needs a system change - In terms of the discussion around supply of emergency medications it was noted as an example there are emergency supply arrangements in Wales and Scotland which work well. Guidance from AWMMSG in Wales has also been issued recently, '<i>Urgent requests for repeat medication Guidance for healthcare professionals providing NHS 111 and out-of-hours primary care services</i>' awttc.nhs.wales/files/guidelines-and-pils/urgent-requests-for-repeat-medication-june-2025-pdf/ - In terms of checking stock availability, a live-stock checker at a pharmacy chain appears a very good tool, could this be implemented wider although the practicalities and difficulties of this were acknowledged across all pharmacies. In addition, it was excepted that the medication in question was not necessarily a commonly prescribed one and would have not been routinely available in all pharmacies. - It was identified that there is a need to help the patient find their way through the system and patients also need guidance and education and support on ordering critical medicines on time - The group agreed that documenting when you can't supply a medicine would be helpful, with consideration of where to record if

	<p>the patient was not a regular one and there was no patient record available.</p> <ul style="list-style-type: none"> - Can the NHS 111 system identify people at high risk, so the patient can be handled by a clinician rather than triage? - Shared learning is vital and RPS members have access to the existing RPS emergency supply guidance (needs login) It's a short piece of guidance and covers some of the themes discussed. <p>https://www.rpharms.com/resources/pharmacy-guides/emergency-supplying</p> <ul style="list-style-type: none"> - A discussion was held on the premise of Charlie's Card, "cliff edge conditions", the formal response from NHSE to the coroner, and how best the group could support the initiative - The group noted that a consultation from DHSC had been issued, seeking views on 'enabling pharmacist flexibilities' when dispensing medicines. The flexibilities being proposed would allow pharmacists working in a community pharmacy to supply a different strength or formulation (which may mean a different quantity) of the same medicine originally prescribed. The aim is to improve patient access to medicines, reduce the burden on healthcare systems and improve person-centred care. It was noted however that this would not have helped in this particular situation. - This may add weight to the argument for pharmacists having greater flexibility to amend Rxs. - The group noted that the national MSO webinar is great forum for sharing the learning from PFD reports and is a standing item on their monthly agendas - A risk was noted about the proliferation of warning cards and that medicines and their impact vary from person to person. It would be better to address the root cause rather than create complexity in the supply process and human intervention - Linking vital information into the NHS App was also suggested
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3: Pharmacy Supervision – 'Authorisation by pharmacists – handing out clinically checked and bagged prescription medicines in their absence' - led by Regina Ahmed (40 mins)

Description	To review and provide feedback on draft guidance for the "Authorisation by pharmacists – handing out clinically checked and bagged prescription medicines in their absence". This draft guidance has been shared previously with the group and will be shared again with this agenda.
Purpose	To gain the insights of CPEAG and to test the practical feasibility of the Guidance for use in practice. To update and amend as appropriate.
Outcomes	Regina thanked CPEAG for their feedback thus far and advised is in the process of collating the comments.

	<p>Regina asked that the CPEAG look at the topline issues, and identify gaps</p> <p>Discussion and suggested amendments and gaps considered by CPEAG</p> <ul style="list-style-type: none"> - The guidance is comprehensive and recognise the work that has gone into drafting - A discussion was held on the roles and responsibility section and CPEAG felt that the summary needs to be made more concise, consideration should be given to moving the risk assessments and SOPs to an appendix or adding a line that states “ make sure you’ve got a risk assessment in place” "For guidance on how to write a risk assessment, click here" - In the context of authorisation by the pharmacist CPEAG questioned if this was written or verbal (the choices are verbal or written/digital) - Discussion around the use of pharmacy vending machines highlighted issues ranging from the fact that vending machines are usually on a deregulated part of the premises, so how does that change things? The patient journey - they can collect meds from a vending machine in the middle of the night, so should be able to from a suitably authorised and trained member of staff. - The challenge will be legislative change and how it's perceived and implemented across the profession; this was noted in the consultation feedback, with some 'resistance' from pharmacists. It was noted, there was some resistance when accuracy checking pharmacy technicians began to become more widespread. It may be unfounded, but we should be aware of this as a possibility. - Patient engagement was highlighted as vital to this enabling legislation and the smooth running of pharmacies <p>Wing and Regina will present an updated iteration at a future meeting</p>
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4: AOB – led by Janice, 15 mins

Description	To discuss AOB, please inform chair prior to the meeting
Outcomes	To be agreed and completed at the meeting as a record