

Paper 1: Minutes, Healthwatch Rutland (HWR) Board Meeting in Public

2 March 2026

Present: Janet Underwood (Chair)(JU), Alan Walters, Jane MacDonald

In attendance: Tracey Allan-Jones (TA-J), Paul Gilbert (PG), Dane Bull (DB)

Apologies: Samantha Fraser

		Action
1	<p>Welcome</p> <p>Janet Underwood opened the meeting and invited presenters Paul Gilbert, Community Pharmacy Clinical Lead, and Dane Bull, Integration Transformation Manager for primary Care, from the NHS Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB), to deliver their presentation on Pharmacy First.</p>	
2	<p>Pharmacy First</p> <p>2.1 Paul Gilbert outlined the purpose of Pharmacy First as a national service enabling community pharmacists to manage low-acuity minor illnesses. He explained the three pillars:</p> <ol style="list-style-type: none"> 1. Clinical Pathways – seven conditions where pharmacists can supply NHS-funded medicines, including some antimicrobials where appropriate and antibiotics when clinically justified. He highlighted strong local follow-up with pharmacies whose antibiotic supply appears high. 2. Urgent Repeat Medicines – available via NHS 111 and urgent treatment centres (not GP practices). 3. Minor Illness Referrals – advice-only consultations for a wider range of conditions when referred by another service. This may result in the patient purchasing over-the-counter treatments. <p>He emphasised that all pharmacies signed up must offer all elements whenever open, and that all Rutland pharmacies are participating.</p> <p>2.2 Referrals should be electronic to ensure ‘audit trail’ of the consultation and follow up. It was stressed that referrals drive self-referrals where patients choose Pharmacy First the next time.</p> <p>2.3 DB reported that LLR is ranked 1st nationally for Pharmacy First</p>	

	<p>growth (Dec 2025) with over 2900 GP sessions saved.</p> <p>Data for Pharmacy First utilisation across LLR showed that Rutland practice referrals are very modest in comparison to other areas.</p> <p>Questions</p> <p>JM asked whether pharmacists send patients back to GPs when needed. PG confirmed this happens, is expected and healthy - a reasonable return rate is 5–12%.</p> <p>JM also raised concerns about pharmacy capacity. PG acknowledged that there can be workforce pressures but that pharmacies value the income stream and flex staff accordingly.</p> <p>TA-J queried whether Rutland practices were using electronic referral mechanisms or utilising the ICB ‘gold standard’ support package on offer to practices to aid implementation of Pharmacy First. PG confirmed that as yet, Rutland practices had not joined the programme. DB commented that work is underway to build relationships in this area.</p> <p>TA-J raised concerns about patients being charged unexpectedly for treatments, not realising that they were outside the seven clinical pathways. PG was aware of some incidents in Rutland where a pharmacy had moved patients into private prescribing without clear explanation. He stated he had intervened directing the pharmacy to clearly explain the patient’s options.</p> <p>JU highlighted that children with conjunctivitis receive free prescriptions from GPs but must pay if seen under Pharmacy First. Paul agreed this is a known disparity and reflects national self-care policy.</p> <p>JU thanked the presenters for both their presentation and the thoughtful discussion that followed.</p>	
3	<p>Declarations of interest</p> <p>None were declared</p>	
4	<p>Minutes of the previous meeting</p> <p>The minutes from the December board meeting in public were agreed as a true record.</p> <p>Matters arising:</p> <p>TA-J advised that she had drafted the letter to the Joint Health</p>	

	Overview and Scrutiny Committee regarding the dismantling of Healthwatch. Comments from Leicester and Leicestershire Healthwatch are awaited.	
5	<p>Election of Vice Chair</p> <p>Alan Walters was nominated and unanimously elected Vice Chair. JU welcomed AW to the role and suggested meeting up.</p> <p>Action JU</p>	JU
6	<p>Updates</p> <p>4.1 HW representation in ICB committees</p> <p>JU updated on the new Healthwatch representation arrangements:</p> <ul style="list-style-type: none"> • Harsha Kotecha (HW Leicester/shire – HWLL) appointed as Healthwatch representative on the bi-monthly ICB board meetings • Gabriella van Beek (Healthwatch West Northants) appointed deputy • JU appointed to the Commissioning Strategy Committee - deputy for this committee still to be resolved • No expressions of interest yet for the Quality & Safety Committee <p>4.2 Refocusing Healthwatch Work</p> <p>TA-J summarised the focus of work for the final year of the contract:</p> <ul style="list-style-type: none"> • Priority projects: Pharmacy First and Defibrillators • Pharmacy First project group being convened • Defibrillator project to begin shortly • A third project will be considered time permitting - Enter and View looking at discharge from acute hospitals and step-down to community ward at RMH • Women’s Health engagement ongoing to the end of March (>90 Rutland responses) 	

	<p>4.3 Community Engagement update</p> <p>TA-J reported good engagement on women’s health with themes emerging around mental health support gaps, thyroid care concerns and young women feeling unheard. 90+ surveys have been completed.</p> <p>Community dementia engagement through the lived experience group is ongoing with the next ‘on the road’ meetings and drop-ins scheduled for Greetham and Ketton. A Rutland dementia fair is planned for 23 May at Oakham Castle to coincide with Dementia Action Week.</p> <p>Action: TA-J to circulate details to see if any volunteers would like to attend the fair to help with the HWR stand.</p>	<p>TA-J</p>
<p>7</p>	<p>HWR Manager report</p> <p>The paper was taken as read, with TA-J highlighting that to support the new Minor Illness and Injury service commencement on 1 April, on there had been an early quiet launch of an additional day (Monday) of X-ray service at Rutland Memorial Hospital. It was expected that this would be communicated to the public by the ICB when the new service is properly launched.</p>	
<p>8</p>	<p>Questions from the public</p> <p>No questions were received.</p>	
<p>9</p>	<p>AOB</p> <p>JU raised concern that she felt “neighbourhoods” are increasingly being used as a vague justification for service changes, despite care in Rutland moving further away from home and without clear public explanation of what neighbourhoods will deliver. TA-J noted that national guidance on neighbourhoods had still not been issued. As yet there was no tangible information that HWR could communicate and agreed that Healthwatch should continue to challenge unclear references by asking: What will this look like in practice? Who funds it? What outcomes are expected? How will things feel different for people and patients?</p>	
<p>10</p>	<p>Next meeting</p> <p>Possible 2026 Advisory Board meeting dates to be circulated</p> <p>Action TA-J</p>	<p>TA-J</p>