

Roundtable to Explore the Impact of the Delay in Hub and Spoke Legislation

Panelists:

Sadik Al-Hassan, Member of Parliament

Ashley Cohen, Owner, Pharm-Assist (Healthcare)

Thorrund Govind, Solicitor, Brabners, Former Chair of the Royal Pharmaceutical Society English Pharmacy

Gordon Hockey, Director, Legal, Community Pharmacy England

Richard Hough, Partner, Brabners

Ashley Kilgas, Chief Commercial Officer, Centred Solutions

Daniel Lee, Founder and CEO, HubRx

Dr Simon Opher, Member of Parliament

Paul Rees, Chief Executive Officer, NPA

Safraz Shafqat, Managing Director, Wellfield Healthcare

Peter Thnoia, Superintendent and Chief Product & Innovation Officer, PillTime

Moderator: James Halliwell, Editor-in-Chief, C+D

KEY TAKEAWAYS

- Pharmacy leaders envision a future where local pharmacies and pharmacists play a more significant role in delivering healthcare.
- Community pharmacies face an extremely challenging landscape with multiple pressures.
- Hub and spoke legislation provides community pharmacies with an important option.
- There is a sense of urgency to drive forward with hub and spoke legislation, which requires advocacy by community pharmacists.
- Three industry vendors shared their perspectives on hub and spoke.

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OVERVIEW

Community pharmacies play a critical role in providing medicines and clinical services to patients throughout the UK. However, pharmacies are under tremendous pressure as volumes and costs have increased, as has the expectation to deliver more services and consultations, while funding has lagged behind. This confluence of factors poses an existential crisis for community pharmacies.

Hub and spoke legislation would allow community pharmacies (the spoke) to send prescriptions to a central hub for dispensing. Under Model 1 of the reforms, the hub would fill the prescription and send it back to the community pharmacy to provide to the patient. This could lower pharmacies' costs, improve operational efficiency, but more importantly free up capacity for pharmacists to deliver other critical clinical services—expanding the role of the community pharmacist to provide a wide range of other healthcare services. Hub and spoke legislation has benefits for patients, pharmacies, GPs, the NHS and the entire country.

Yet, despite hub and spoke's many benefits, the legislation has been delayed. Among roundtable panellists, proceeding with Model 1 is seen as a 'no-brainer'. All parties must speak with their Members of Parliament, educate them about the importance of hub and spoke and push for the legislation to be implemented immediately.

CONTEXT

James Halliwell moderated this roundtable discussion featuring community pharmacists from both small and large groups of pharmacies, leaders from major pharmacy organisations, legal experts, Members of Parliament and industry vendors.

The roundtable participants shared their perspectives on the current landscape and pressures faced by community pharmacies, the importance and benefits of hub and spoke legislation, the impact of the delay in this legislation and why it is essential for the industry that this legislation becomes a reality.

KEY TAKEAWAYS

Pharmacy leaders envision a future where local pharmacies and pharmacists play a more significant role in delivering healthcare.

There was strong agreement among the panellists that community pharmacies and pharmacists have the skills, knowledge, capabilities and personal relationships with patients to play a far more important role in delivering a wider variety of healthcare services in the UK. This vision of what is possible for pharmacists includes providing far more clinical services, taking pressure off doctors and improving the provision of preventative care—all of which will benefit patients and the entire healthcare system.

‘Community pharmacy can accrue massive savings for the NHS, take pressure off GPs and help deliver on the prevention agenda.’

Paul Rees, NPA

The Pharmacy First initiative provides a good starting point. However, Pharmacy First in England currently only allows pharmacists to provide advice and treatment for seven conditions, such as sore throat, shingles and uncomplicated urinary tract infections. In contrast, Paul Rees, CEO of the NPA, pointed out that in Northern Ireland, Pharmacy First allows pharmacists to assist patients with 13 conditions; in Scotland, Pharmacy First encompasses 26 conditions; and in Wales there are 27 conditions that pharmacists can assist with.



‘The consequence of pharmacists undertaking those services is that it takes pressure off GPs. Sadly, from pharmacy’s perspective, that’s still the headline grabber.’

Richard Hough, Brabners

Several panellists commented that many community pharmacists in the UK want to be able to provide even more services for patients.

‘We’re highly skilled, highly trained clinicians, and we’re not being utilised effectively . . . teams are desperate to do more clinical services . . . if we were to give them the tools to do it properly.’

Daniel Lee, HubRx

However, today the vision of community pharmacies delivering more clinical services is simply not feasible. Among the primary barriers currently limiting community pharmacists in being able to fulfil this vision is their lack of capacity due to the immense amount of time spent filling prescriptions.

‘I do see an enhanced role for pharmacies but they’re not delivering at the moment because they’re just flat out.’

Dr Simon Opher, Member of Parliament

Community pharmacies face an extremely challenging landscape with multiple pressures.

When asked to reflect on the current landscape and pressures facing community pharmacy, the panellists shared a litany of challenges. Among them are:

- **Existential challenges.** This is a critical moment and an inflection point for community pharmacies. ‘Rome is burning’, said Rees. ‘It’s a very tough time for community pharmacies, the toughest in living memory . . . The sector is at risk of extinction.’

‘We face an existential threat to the whole of our profession, more so than any point in my career. We could see the extinction of pharmacy by 2039, and that is a terrifying thought, if we don’t do something about it today.’

Sadik Al-Hassan, Member of Parliament

‘As you know, in the sector, there have been many closures recently, more so now than ever before.’

Safraz Shafqat, Wellfield Healthcare

- **Environmental challenges.** Adding to pharmacies’ difficulties is an environment with changing consumer expectations. In an age with Amazon and Uber, patients expect similar rapid service everywhere, including from their community pharmacy. Patients are frustrated if they come into their community pharmacy and experience a long queue, which is often the case. Peter Thnoia, Superintendent and Chief Product & Innovation Officer, PillTime, observed that in this environment, ‘Patients are being turned down access to desperately needed medicine compliance aids like dosette boxes, because pharmacies simply don’t have the capacity to dispense them.’

However, at the same time that consumer expectations are rising, there have been medicine shortages and pharmacy closures, which adds to patients’ frustrations and hurts the viability of the pharmacy industry.

‘Patient expectations are changing. They expect slicker services from pharmacy . . . they can get Uber delivery services and have visibility of where things are happening. They expect the same service from pharmacy.’

Thorrin Govind, Solicitor, Brabners, Former Chair, Royal Pharmaceutical Society English Pharmacy Board

- **Operational challenges.** Community pharmacists and their teams are operating at full capacity, with significant time spent dispensing prescriptions. Teams are struggling to increase their capacity to be able to provide other clinical services and consultations. One result of operating at full capacity, with teams that are spread thin, is that errors are made in dispensing.

‘We need our teams freed and capacity to be released so that we can actually upskill our teams and staff to help with the NHS agenda.’

Ashley Cohen, Pharm-Assist (Healthcare)

‘When you’re a prescribing pharmacist, you’re so busy dealing with the volume of dispensing that your scope is so difficult to expand. All these future services we want to do, they’re not just something we can switch on . . . you have to build in time for people to be able to do those services.’

Peter Thnoia, Superintendent and Chief Product & Innovation Officer, PillTime

- **Financial challenges.** The funding provided for community pharmacies is far from adequate. Over the past several years, as volumes have increased and inflation has been significant, pharmacy funding has not increased. The current financial situation for community pharmacies is an unsustainable crisis, which the government must address.

‘There is a massive hole in the funding for community pharmacy. Ten years ago, the global sum for community pharmacy was 2.6 billion pounds. Today it’s 2.6 billion pounds. There’s been rampant inflation and utility bills going through the roof.’

Paul Rees, NPA

‘Our own dispensing volume has gone up by 80% in the last eight years for the same amount [of reimbursement].’

Ashley Cohen, Pharm-Assist (Healthcare)

‘There isn’t adequate funding for core services, let alone for additional clinical services. It’s really important to shore up the core services; there is chronic underfunding.’

Gordon Hockey, Community Pharmacy England

As a result of these persistent financial challenges, from multiples to many independent community pharmacies, don’t have the capital to invest in new facilities or technologies, putting them at a disadvantage compared to large pharmacy organisations.

‘We are under a lot of pressure. We are not able to meet basic consultation [goals] . . . our teams can’t deliver the basic numbers.’

Safraz Shafqat, Wellfield Healthcare

- **Staffing challenges.** Morale among pharmacists and staff is low, and the pressures of the environment—along with the level of compensation—make it difficult to attract and retain good people. As a result, many community pharmacies are forced to rely on locums for staffing.
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‘Recruitment and retention in our sector has been problematic, however in our group we have noticed that upskilling our teams to provide more clinical services does lead to better job satisfaction and loyalty.’

Ashley Cohen, Pharm-Assist (Healthcare)

- **Bureaucratic challenges.** There is a great deal of bureaucracy in community pharmacy, requiring pharmacists and staff to spend considerable time filling out forms.

‘We want to practise as pharmacists. We want to be doing more services, and most of us certainly didn’t go into the profession to be checking prescriptions and staring, quite literally, at a piece of paper.’

Thorrin Govind, Brabners, Former Chair, Royal Pharmaceutical Society English Pharmacy Board

Hub and spoke legislation provides many community pharmacies with important options.

‘Hub and spoke legislation will enable multiple branches in the same group who have different legal entities to benefit from investment into hub technology for their own business to allow maximum efficiency savings...’

Ashley Kilgas, Centred Solutions

Hub and spoke legislation is a series of proposed changes to the law that would allow pharmacies (the hub) to work across their own business as different legal entities in order to gain the best possible output, or partner with and outsource to a central entity (the hub) that specialises in dispensing medicine.

Currently, hub and spoke arrangements are only allowed when the hub and spoke pharmacies are part of the same legal business entity. Under the legislation, the spoke and the hub can be different legal entities.

The goals include freeing up pharmacists and staff at spoke pharmacies to provide more clinical services and direct patient care, while the hubs invest in technology, such as automation, to improve the efficiency and safety of dispensing.

Hub and spoke includes two models:

- **Model 1:** The hub pharmacy assembles the medicine and sends it back to the spoke pharmacy for the patient to collect.
- **Model 2:** The hub pharmacy assembles and supplies the medicine directly to the patient.

The panellists see multiple benefits in and strongly support Model 1 of hub and spoke, but see risks in Model 2 with many not supporting it and others believing it needed much more detailed consideration before any decision could be reached. There were specific concerns with Model 2 around how the relationship between patient and the spoke pharmacy is maintained.



Benefits of hub and spoke Model 1 include:

- **Efficiency and capacity.** Community pharmacies will be able to outsource a great deal of dispensing to a partner that is able to invest in technology and robotics. For community pharmacies, this will improve their efficiency and capacity, allow them to provide more clinical services, and enable them to spend more time interacting with and caring for patients.

‘Our position is that hub and spoke doesn’t really offer financial savings to contractors but it does offer activity savings. So, it gives them more time to do other activities, and the activities we want are more clinical services provided.’

Gordon Hockey, Community Pharmacy England

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- **It levels the playing field.** Previously, only larger pharmacy organisations could utilise hub pharmacies. Now, smaller, independent community pharmacies will be able to do so, levelling the competitive playing field.

‘When we operate under 30 different companies, it’s a massive struggle to implement hub and spoke, whereas pharmacy multiples are quite easily able to do so. It’s quite important for us to be on that level playing field to at least give us that option.’

Safraz Shafqat, Wellfield Healthcare

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- **Safety.** Hubs—due to their volume, focus and technology, tend to be safer and have fewer dispensing errors than community pharmacies. Ashley Kilgas, chief commercial officer, Centred Solutions, noted that after his organisation had customers who had moved to a central hub whose dispensing errors were reduced to almost zero.
 - **Capacity.** Unforeseen pharmacy closures have seen community pharmacies have to dispense 1000s of additional items overnight.

‘Hubs have a safety profile that is often 10 times better than community pharmacy.’

Sadik Al-Hassan, Member of Parliament

‘Outsourcing MDS is actually much easier for community pharmacies. It reduces their workload and at the same time increases their capacity to take on more patients.’

Peter Thnoia, PillTime

Collectively, the panellists were in agreement about the benefits of hub and spoke Model 1. Patients benefit by getting faster, more efficient service. Pharmacies benefit from freeing up time by being able to outsource time-consuming tasks, improving their efficiency and capacity. This allows pharmacies to increase their focus on clinical services, leverage their medical expertise in focusing on compliance—not dispensing—and become a more valued provider of healthcare services.

‘We will benefit hugely in this Model 1.’

Safraz Shafqat, Wellfield Healthcare

‘To be honest, this is a no-brainer.’

Dr Simon Opher, Member of Parliament

Richard Hough, Partner, Brabners, a former pharmacist and lawyer who provides legal services for multiple pharmacy businesses, said his clients are cautiously supportive of the legislative change.

‘The restriction that prevents one legal entity from assembling medicines for another is totally outdated. The language used in the current legislation is vague and unsuited to modern pharmacy practice. The proposed change will bring greater clarity.’

Richard Hough, Brabners

Panellists noted that hub and spoke shouldn’t be mandated but should be an option available to community pharmacies.

There is a sense of urgency to drive forward with hub and spoke legislation, which requires advocacy by community pharmacists.

Daniel Lee, founder and CEO, HubRx, explained that ‘the statute has gone through primary legislation’. ‘We now need to press on immediately,’ he argued.

‘I’m not sure what the blockage is . . . this is a fundamentally needed piece of legislation . . . given the incredibly challenging economic climate in which pharmacies are operating, there is a greater necessity now for this to be viewed as an urgent legislative change.’

Richard Hough, Brabners

The panellists agreed that the industry faces two key issues: a deal to address the massive hole in funding, and making progress on Model 1 of hub and spoke legislation.

As a Member of Parliament, Sadik Al-Hassan encouraged participants—and the entire community pharmacy industry—to reach out to their local MP to make the case for pharmacy and for hub and spoke legislation.

‘One thing that is really important is community pharmacies need to reach out to their local MP to say that they want Model 1 . . . this is making sure that we in pharmacy speak with one voice, one echoing cry, that this is the time that pharmacy can make a difference, and we need the government to support it.’

Sadik Al-Hassan, Member of Parliament

Three industry vendors shared their perspectives on hub and spoke.

Representatives from Centred Solutions, PillTime and HubRx each described how their company views hub and spoke and provided anecdotes and data based on their experiences.



Centred Solutions

Centred Solutions is at the forefront of hub and spoke dispensing. The company works with over 20 pharmacy groups and has shown that hub and spoke is a viable dispensing model for the community pharmacy industry.

‘We have been able to demonstrate that hub and spoke is a viable dispensing model for pharmacy groups of all sizes.’

Ashley Kilgas, Centred Solutions

Some data from Centred Solutions’ experience includes:

- This model will take a minimum of 50% to 60% of an average pharmacy’s dispensing volume.
- For pharmacies, this model will free up 24 hours of pharmacist time per week and 48 hours of dispensers’ time.
- Removing this dispensing volume frees staff to deliver vital clinical services.
- Errors on these prescriptions are reduced to almost zero, decreasing the risk to patients.

‘Moving ahead with Model 1 of hub and spoke dispensing now would enable the creation of capacity in community pharmacy and release significant pressure across the NHS to deliver more services to patients. The current way of working for pharmacy, quite simply, is not sustainable . . . It’s crucial that the government makes hub and spoke available to all pharmacies to enable access and create a level playing field across the sector.’

Ashley Kilgas, Centred Solutions

PillTime

PillTime is a tech-enabled pharmacy specialising in dispensing medications in pouches for both simple and complex medication regimes. PillTime uses advanced robotics to dispense prescriptions into pre-sorted pouches. This makes it easy for the patient to take the right medication at the right time.

‘Medication is the single biggest health intervention that’s been shown to improve health outcomes . . . Taking medication at the right time and as it was prescribed means the patient gets the best chance of making health improvement.’

Peter Thnoia, PillTime

In the hub and spoke model, the spoke (community pharmacy) looks after the patient and keeps the relationship with them. The spoke sends a request for pouch medication, which is as easy as ordering from any wholesaler. The spoke receives the made-up pouches with higher accuracy, better auditing, and lower staff input—all while increasing capacity to take on more patients. PillTime dispenses with 100% accuracy.

‘The C+D Hub & Spoke survey revealed that 71% of pharmacies were at capacity, unable to support new MDS requests.’

Peter Thnoia, PillTime

‘Now imagine if community pharmacies across the country were given the access to offer a service like medication pouching: we would have the potential to improve patients’ health and independence instantly. Imagine the wider benefits to social and primary care providers. This is a huge opportunity to help the NHS tackle their £930M medication non-adherence cost burden. We must prioritise the passing of Model 1 now.’

Peter Thnoia, PillTime

HubRx

Automated technology has existed for years to improve the efficiency and accuracy of pharmacy operations. However, while this technology has been adopted by larger pharmacy organisations, it has not by adopted by community pharmacies.

‘Twenty years later you go into an independent pharmacy and they are still tied to that dispensing bench . . . they don’t have adequate capacity and they can’t do Pharmacy First.’

Daniel Lee, HubRx

HubRx harnesses the power of technology and integrates with leading Patient Medication Record (PMR) systems. By using HubRx, pharmacies can seamlessly and automatically have dispensing done in a hub.

In addition to being a technology company, HubRx purchased 37 pharmacies in Yorkshire, which use HubRx. Currently the hub is being used for 60% to 80% of dispensing. Several important results include:

- **Pharmacists no longer doing all dispensing** and performing hours of clinical services.

‘Don’t outsource your clinical services. You should be concentrating on your clinical services and outsourcing your dispensing.’

Daniel Lee, HubRx

- **A change in the physical location.** Pharmacies have reduced the size of the dispensary and have increased cash flow by reducing inventory. At the same time, pharmacies have increased the footprint for consultation.

‘Our pharmacy sales have increased and our consultations have actually gone through the roof. Using Hub and Spoke, pharmacies have been able to remodel as health service providers, reducing the physical size of the dispensary, releasing cash by reducing retail and dispensary stock, and releasing space for better clinical consultation spaces.’

Daniel Lee, HubRx

The essential next step is to change the law to allow for different legal entities to use a hub.

CONCLUSION

Community pharmacies are already under tremendous pressure whilst awaiting for a new improved funding model under the framework. In addition consumer expectations are rising, along with dispensing volumes and the expectations that pharmacies will provide consultations and deliver clinical services. However, community pharmacies are already at full capacity and they lack the funding to invest in new technologies, or capabilities to increase their capacity and provide more services. The situation is a crisis and is not sustainable.

Hub and spoke legislation provides an important option that will allow community pharmacies to support more centralised dispensing, outsource their dispensing, retain the client relationship, increase capacity and shift to delivering more clinical services. This legislation could release Pharmacists time to support future model of community pharmacy.

The legislation has already been developed, yet it is still delayed. Community pharmacists need to speak with Members of Parliament to educate them about hub and spoke and make them aware of the need to urgently proceed with this legislation.

BIOGRAPHIES



Sadik Al-Hassan
Member of Parliament

Sadik Al-Hassan is the Member of Parliament for North Somerset Constituency in the South West and an award-winning pharmacist having worked in pharmacy for almost two decades with a broad range of experience in the health sector. In his previous role, he served as Superintendent of online pharmacy PillTime which was the 4th largest pharmacy in the UK incorporating AI and technology to solve some of the problems faced in communities. Since coming to Westminster, Sadik has been a staunch advocate of pharmacy taking up Vice-Chair roles on the Pharmacy, Life Sciences and Assistive Technology APPGs.



Ashley Cohen
Owner, Pharm-Assist (Healthcare)

Ashley Cohen is an independent pharmacy owner with pharmacy branches in Leeds & York. His branches are very high-volume dispensing pharmacies and offer many of the “traditional” NHS additional services like Vaccination (COVID, Flu, Travel), NMS, Hypertension and Pharmacy First. Ashley has many external contract services with a number of organisations including four Intermediate Care units across the city of Leeds, Alcohol rehabilitation units, seven Hospices across North, West & South Yorkshire and Prison services, alongside over 50 care homes across the region. Driving dispensing efficiencies is key to his operation to free up his staffing resource to support additional NHS and private work opportunities and revenue streams.

Ashley is Chair of Community Pharmacy West Yorkshire, one of the largest LPCs in the country and also an NPA board member.



Thorrun Govind
Solicitor, Brabners, Former Chair,
Royal Pharmaceutical Society
English Pharmacy Board

Thorrun Govind is a solicitor at Brabners, a pharmacist and a TV health expert. A practising pharmacist and former chair of the English Pharmacy Board of the Royal Pharmaceutical Society, Thorrun is a recognised and trusted figure in the pharmaceutical sector with first-hand experience of operating in a challenging environment while striving to provide excellent care to patients.

Her deep insights into the practical challenges and pressures that regulated professionals face provide expertise in fitness to practise matters, registration and restoration applications and appeals on behalf of a wide range of healthcare professionals.

A trusted national commentator on health issues, Thorrun regularly appears on the BBC, Sky, ITV, Talk TV and Times Radio, as well as in print. She regularly provides healthcare expertise on BBC Breakfast offering advice to viewers and commenting on healthcare trends. brabners.com



Gordon Hockey
Director, Legal, Community
Pharmacy England

Gordon Hockey works for Community Pharmacy England as Director, Legal. His policy remit includes, for example, the pharmacy market entry regulations, pharmacy owners’ NHS terms of service and general pharmacy-related legislation such as hub and spoke dispensing. Gordon practised as a community pharmacist before working for the Royal Pharmaceutical Society of Great Britain in various roles, including secretary to the statutory (disciplinary) committee. He is qualified as a barrister and for almost 17 years he worked for the Royal College of Veterinary Surgeons - first as Assistant Registrar, in charge of standards and fitness to practise for veterinary surgeons and nurses, and later as Registrar of the College.



Richard Hough

Partner, Head of Healthcare, Brabners

Richard Hough is a partner and head of healthcare at Brabners LLP and a former pharmacist. A commercial and healthcare regulatory lawyer, Richard advises clients on a broad range of commercial issues including terms of business, purchasing, supply, manufacturing, outsourcing, distribution, agency, franchising and joint venture agreements. He also provides broader business advice on issues such as data protection and e-commerce.

In his role as sector leader, Richard sets healthcare strategy, leads on solutions to the issues faced by Brabners’ clients and develops the sector talent pool. brabners.com



Ashley Kilgas

Chief Commercial Officer, Centred Solutions

Ashley Kilgas is Chief Commercial Officer at Centred Solutions. He has more than 30 years’ experience of working in healthcare. He is well known in the community pharmacy sector having worked at Alliance Healthcare for over 16 years, most recently as Sales Director. Ashley is known for establishing strong client relationships and for his strategic commercial vision. He is passionate about delivering value for pharmacy and fostering collaborative, results-driven cultures. Ashley joined Centred Solutions earlier this year and, having worked closely with the company on previous projects, he already has an in-depth knowledge of the business and hub and spoke.



Daniel Lee

Founder and CEO, HubRx

Daniel Lee is a qualified pharmacist, entrepreneur and the founder and CEO of HubRx, the UK’s first large-scale automated dispensing facility that’s been designed for independent pharmacies.

Daniel began his career working in his family’s independent pharmacy business in Leeds, before dedicating the next 25 years to transforming community pharmacy - putting technology and advances in automation at its heart.

In 1999, he pioneered the UK online pharmacy industry with the founding of Pharmacy2U which was instrumental in the development of the electronic prescription system. In 2019, Daniel returned to his roots in independent community pharmacy to create HubRx, a £15m state-of-the-art automated pharmacy hub capable of automating dispensing for up to 12m prescription items per year.

In 2023, Daniel became CEO of Pharmacy+Health, a newly created chain of 37 pharmacies using the latest technology—including HubRx—to transform the dispensing journey and release more time for the delivery of on-demand clinical services for patients.



Dr Simon Opher

Member of Parliament

Dr Simon Opher has dedicated over 30 years to serving as a local GP and currently chairs the Stroud Locality NHS. A pioneer in social prescribing, he developed the groundbreaking Artlift programme, which uses creative arts to improve mental health and wellbeing. As a GP, Dr Opher has witnessed how income disparities deeply affect people’s lives. In Stroud, the wealthiest residents live, on average, over nine years longer than the poorest. He believes the solution to this inequality isn’t solely medical—it’s political. Driven by this conviction, he stood for Parliament and was elected as the MP for Stroud in July 2024. He now serves as Chair of the Health APPG.



Paul Rees
Chief Executive Officer, NPA

Paul Rees MBE is the Chief Executive of the NPA, having joined the organisation in November last year. Before joining the NPA, he was Chief Executive of the Royal College of Psychiatrists and Director of Policy and Engagement at the Royal College of GPs.

While at the NPA, Paul has helped lead the NPA's Save Our Pharmacies campaign—which has put the issue of the funding crisis in community pharmacy centre stage.

After an amazing year at the NPA, Paul announced that he will be moving on to be Chief Executive and Registrar at the Nursing and Midwifery Council, where he has been asked to help eliminate racism and bullying from within the organisation, embed a positive and inclusive culture, and improve patient care.



Safraz Shafqat
Managing Director, Wellfield Healthcare

Managing Director of Wellfield Healthcare Ltd & Ascent Wellfield Group, with a history of creating value and growing clinical services. A healthcare professional with an exceptional understanding of operations and considerable experience in developing new operational and customer facing best practices. A qualified pharmacist, with a strong understanding of the importance of patient care and significant experience of working with healthcare professionals.



Peter Thnoia
Superintendent and Chief Product & Innovation Officer, PillTime

Peter Thnoia is a seasoned Prescribing Pharmacist and the Superintendent and Chief Product & Innovation Officer at PillTime. With over 25 years of experience as a registered pharmacist, Peter has dedicated his career to integrating new technologies that enhance patient safety and optimise medication management. His extensive expertise lies in bridging the gap between innovative healthcare solutions and practical patient care, particularly within the NHS framework.

Peter is not only a pioneer in pharmaceutical advancements but also a passionate patient advocate. He possesses a profound understanding of the challenges patients face, from initial diagnosis to long-term medication management. His commitment to improving patient outcomes is evident through his efforts to leverage technology to support both clinicians and patients. Peter believes that informed patients and empowered healthcare providers are essential for effective healthcare delivery.

Throughout his career, Peter has been instrumental in developing and implementing technological solutions that facilitate better communication, adherence and overall management of medication regimens. His work continues to make a significant impact on the healthcare industry, ensuring that patients receive the best possible care in an ever-evolving medical landscape. [Pilltime.co.uk/Hub-and-Spoke](https://pilltime.co.uk/Hub-and-Spoke)



James Halliwell
Editor-in-Chief, C+D (Moderator)

James Halliwell is editor-in-chief at C+D, and is loving covering the social, economic and political twists and turns the sector takes as it diversifies and evolves.