

Minutes of the CPL Meeting held at 9.30am on 20th May 2025 at Brampton Park Golf Club, PE28 4NF

Present: Anil Sharma (AS) Chair and CPE Regional Representative *arrived 9.40am*
 Meb Dattoo (MD) Vice Chair
 Abbas Bhimani (AB) *arrived 2pm*
 Wojciech Cwiek (WC) *left 4.30pm*
 Shabbir Damani (SD) *arrived 9.53am*
 Sean Gage (SG)
 Banji Kelan (BK) *left 4.30pm*
 Christine Stafford (CS)
 Adnan Waheed (AW)
 Rita Bali (RB) Executive Development Officer
 Karen Cox (KC) Support Officer

In attendance: Pippa Scrimshaw (PS) Specialist Pharmacy Technician/ Team Manager
 Domiciliary Medicines Management, CPFT *2pm – 2.30pm*
 Indira Pillay (IP) Community Pharmacy Clinical Lead, Cambridgeshire and
 Peterborough ICB *2pm – 5pm*
 Olivia Bough (OB) Operations team, Accurx *3pm – 3.35pm via teams*

Apologies: Owen Munjeri (OM) Treasurer

Absent: Parv Lali (PL)

| Item No | Details | Action (see action log) |
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| 1 | Welcome and Introduction | |
| | MD welcomed everyone to the meeting and CS was appointed as time keeper. | |
| 2 | Declarations of Interest | |
| | DOIs were noted for SD for the temporary relocation of Halls The Chemist, Farcet and for the reduction in supplementary hours at Thomas Walker Pharmacy. | |

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| 3. | Acceptance of Minutes and Matters Arising | |
| | SG proposed that the minutes of the meeting held on 18 th March 2025 were accepted as a true record of the meeting and this was seconded by BK. There were no matters arising from the Minutes. | |
| 4. | Action Log | |
| | The action log was discussed and updated. See log for more details. | |
| 5 | Committee Matters | |
| 5.1 | Annual re-appointment of officers – MD proposed AS continue as Chair and this was seconded by AW. AS proposed MD continue as Vice Chair and this was seconded by CS. BK proposed that OM continue as Treasurer and this was seconded by CS. | |
| 5.2 | Potential merger – AS explained that he had been informally approached by Hertfordshire LPC about a potential merger. The Finance and Audit group have met to discuss the potential financial implications; they reviewed both our own budget and position as well as the budget and accounts published on Hertfordshire’s website. The reserves currently in our account will allow us to continue operating as we are. The committee will discuss the matter further once the outcome of the ICB mergers is known. | |
| 5.3 | LPC Self-Assessment – MD, SG, RB and KC recently met to review the document provided by CPE. The draft was shared with the committee prior to the meeting. The members approved the suggested action plan and additionally decided that we should start to proactively send out press releases. | No 16 – KC No 17 – RB &KC |
| 5.4 | CPE Governance Changes – AS explained the background to the proposed changes. The composition of the contractor base has changed, largely due to sale of the former Lloyds Pharmacy branches. CPE currently has no framework to adjust their membership, unlike LPCs where the composition is reviewed prior to each election and can also be reviewed mid-cycle. KC questioned how LPCs would be able find out which companies have more than ten branches nationally as this will impact operationally on running the LPC elections. In general, the committee agreed with the proposals, but the detail of how this is actually implemented will be important. | No 18 – RB |
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| 6 | Contracts Update | |
| | KC gave an update according to appendix B. There were no questions from the committee. | |
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| 7 | Finance and Audit Update | |
| 7.1 | Terms of Reference (ToR) – The draft ToR were circulated prior to the meeting. MD proposed that the ToR were adopted and this was seconded by AW. The committee voted unanimously in favour. | |
| 7.2 | Vodafone Contract Update – Due to the ongoing problems with transferring the Vodafone account into KCs name, the Finance and Audit committee made the decision that we should move to another provider and, as our usage is low a business account was not required. KC has now set up one month rolling contracts with Lebrara. The number previously used for the Communications Officer phone has been cancelled, and the other accounts with Vodafone will close once we have received the final bill. | |
| 7.3 | The up-to-date management accounts were shared prior to the meeting, along with the final set of management accounts for the year ending 31 st March 2024. The annual accounts will now be prepared by our accountants and should be presented for sign off by the committee at the July meeting. KC also notified the committee that there had been a small error in her salary on the budget for 2025/26. This has now been corrected and will make minimal difference to the figures. There were no questions from the committee. | |
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| 8 | Services, Relationships and Communications Report. | |
| 8.1 | The report was circulated to the committee prior to the meeting. RAG Rating of Local Services – the committee approved the ratings that had been given to each service. Ideally the process should be that the LPC reviews the service specification and offers feedback to the commissioner prior to any information being shared with contractors. | No 19 – RB |
| 8.2 | CS raised that the Boots services team have several issues with the recent Peterborough contracts and have asked if the LPC had been involved. RB confirmed that she had not been involved in reviewing the service specifications or the contract and that KC had requested copies for our website and the council had refused to supply them on the | No 20 – KC |

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| 8.3 | grounds that the legal team thought there may be some confusion over who had issued the tender. Raring to Go advert – the committee were not aware of any anecdotal evidence. RB is aware that one contractor has confirmed seeing the advert. KC said that at recent events she has attended there was an increase in other stakeholders saying they had seen some information on Pharmacy First from their schools. | |
| 8.4 | Bundling of services – As of March 2025, there are 22 pharmacies not signed up to all three PCARP services. | No 21 – KC |
| 8.5 | LMC Update – RB and KC recently met with Alice Benton, Interim Chief Operating Officer. They had shared details on the new funding agreement and will keep the LMC informed of any updates. | |
| 8.6 | MP – a local MP has asked for feedback from contractors on the new agreement and a meeting has been arranged at a local pharmacy. Other contractors will be invited to join. | |
| 8.7 | RB has been contacted by a GSK rep to ask if our pharmacies would be interested in some non-promotional COPD training. The committee thought there would be little uptake at this time. | |
| 8.8 | CPPE – our local tutor would like to visit pharmacies where there is a trainee or recently qualified pharmacist or technician. She finds that they are then more likely to attend CPPE events. | No 22 – ALL |
| 8.9 | KC highlighted the new queries report, which will make it easier to include data in our annual report. | |
| 8.10 | AW is receiving lots of queries about weight loss injections; the other members were finding the same. RB has already highlighted to the ICB that pharmacies have lots of experience with offering lifestyle and vaccination services. | |
| 9 | CPE Update | |
| 9.1 | AS updated the committee on the work of CPE. The recent focus has been implementation of the new contractual framework, gathering sector feedback. A new implementation group comprised of CPE, DHSC and NHSE representatives has been formed. There are also strategic projects including influencing the economic analysis and branded generics. | |
| 9.2 | Margin – there have been lots of queries since the funding announcement so a new margin explainer has been produced. | |

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| 9.3 | PQS – Lots of guidance has already been produced, information on the audit will follow prior to the start date. | |
| 9.4 | Regulatory Updates – there are multiple workstreams underway with various implementation dates. At the May CPE meeting the committee considered practical guidance. | |
| 9.5 | Feedback on new funding arrangements – there has been little change, there are still concerns around the future and confidence for contractors to invest in their businesses is still low. | |
| 9.6 | Branded generics – CPE is of the view that pharmacists should be able to amend a branded generic prescription to allow them to dispense any generic in the case of stock shortages. This is not currently a priority for DHSC. Locally the situation is much improved and the use of branded generics is not advised in the prescribing policy. | |
| 9.7 | AS will be attending the Chairs event in June. | |
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| 10 | Young Carers Cards – Pippa Scrimshaw | |
| | PS has been approached by Caring Together about the difficulties young carers experience when collecting prescriptions. A young carers group has proposed that a card is produced to act as a form of ID. PS shared some examples from other areas. Caring Together have some funding to produce the cards but need to understand what would be helpful. AS asked about the definition of a young carer, there is no formal definition but Wales uses ages 10–25. The committee is not aware of any legal age limit for collecting medication. SD commented that it is important both the pharmacist and the carer is protected. The card will be issued by Caring Together so this will provide some reassurance that the young carer is accessing support, and promoting these cards to our pharmacies is an opportunity to share signposting information. SG said the even if the young carer has a card the decision to supply remains the professional decision of the pharmacist. The committee discussed what should be included on the card and agreed; a photo, date of birth, the person being cared for, a contact number, the NHS logo if possible and a statement to the effect that the final decision to supply will be made by the pharmacist. PS will produce a draft and share this with the committee for further comment. | |

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| 11 | Accurx for Community Pharmacy | |
| | <p>OB shared a presentation with details of the free tools that are available from Accurx to community pharmacy. It is a web-based platform and pharmacy staff can register using their NHSmail accounts. The personal accounts can be linked to a pharmacy so all staff can see any interaction between the patient and any member of the pharmacy team. Staff can also be linked to multiple pharmacies. There is a suite of free tools around GP and patient communications and batch messaging is available for a fee. Common uses for patient communications are sending post service information such as links to nhs.uk. GP communications use the patients NHS number to identify the correct surgery and shows when messages have been read giving a clear audit trail. There were questions for OB.</p> <p>AW – if this is being offered free to community pharmacies how is the company generating income? The premium version of Accurx is in 98% of GP practices and is being funded either by ICBs or privately by the practice.</p> <p>AB – how much is the premium? It ranges from £50 – £70 per month per site, which includes unlimited use of all premium features.</p> <p>IP – Is it possible to set reminders for the future e.g. to send a reminder message when contraception is due to run out? Yes this is possible but each message would need to be manually scheduled for the future.</p> <p>KC – How many of our local practices are using Accurx on a regular basis. All of the practices have used in the previous month. OB left the meeting</p> <p>IP asked if this could work for communication between surgeries and pharmacies. SG said that there is lots of functionality some of which is already available to some contractors via other systems, they can choose to use this or not. AS uses Accurx for communications to surgeries from his pharmacies and in his experience, they do read the messages.</p> | |
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| 12 | Indira Pillay, Community Pharmacy Clinical Lead | |
| | <p>IP shared a presentation with a review of the PCARP services.:</p> <ul style="list-style-type: none"> ▪ In February 1865 hours of GP appointments were released. ▪ Overall we are performing well against the targets set for ICBs by NHSE. ▪ 75% of clinical pathway consultations are self-referrals. The ICB is working to shift signposting to digital referrals. 69% of practices | |

made referrals in February 2025. KC commented that this did not match with the anecdotal data we have from pharmacies.

- We are the top performing area in the region for AMS
- ABPMs locally account for 11.2% of all checks. This is higher than the national average and the ICB hopes that it will continue to grow, now the funded ABPMs are in pharmacies. IP apologised for the delay that pharmacies experienced in receiving the funding but believes that all invoices have now been paid. The ICB is working on a pathway to refer ABPMs from general practice to community pharmacy.
- 9.7% of blood pressure checks indicated high or very high readings, this is 4211 previously unidentified patients.
- Contraception service – all pharmacies not signed up have been contacted by the team. They are working with ICash to increase referrals and also working with the Local Authorities around the inclusion of emergency contraception in the national service.
- IP Pathfinder should go live in June. IP said the delay is due to Cleo only being made live in our area in March, this was a national decision over which the ICB had no control.
- DPPs – we will be part of a very small regional pilot of the treat and teach scheme, and the ICB are also working on some local initiatives within neighbourhoods.

The committee thanked IP for the update but said they were already aware of most of those figures. AS said that we are very frustrated with the ICB and the committee laid out their concerns.

- The community pharmacy leads are still not in place, despite the ICB receiving the funding in the previous financial year. Other areas have had their leads in place for some time, what is the delay for us. IP said that we had previously had two leads in place locally as part of the regional pilot. The Contracts and Enablement team are responsible for transferring the funds to the LPC.
- When the ICB sets deadlines, which are often very tight, we and contractors go out of our way to meet them, but it seems like there are always delays from the ICB.
- Many of the problems seem to stem from poor communication and the committee are aware of many occasions when contractor emails are unanswered by the ICB.

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| | <ul style="list-style-type: none"> ▪ Funding was agreed and set aside for IT integration and a report was commissioned by the ICB. The LPC supported the author of the report but, despite making multiple requests, we have never seen a copy of the final report or received any of the funding. ▪ In summary the LPC feels that there is little or no accountability at the ICB, the decision-making process is too slow and community pharmacy is not getting the funding and support that it needs. We do of course recognise that many of the funding issues are national. MD commented that the ICB is losing credibility and being seen as incompetent which is not conducive to a good working relationship. <p>SD said that he had been contacted by contractors suffering from financial difficulties and putting their own personal finances at risk. If pharmacies do close this reduces patients access to NHS services and the ICB is responsible for maintain that access.</p> <p>IP said that she even though she met with RB on a regular basis she had perhaps not understood the depth of the frustrations and while she can find lots of reasons why things haven't worked many of the issues raised do no sit within her role which is mainly clinical. The committee felt that it might be helpful to put their concerns directly to Dawn Jones, Lucy Winchester and Sati Ubhi. It was agreed that the LPC would raise the issues in writing and then a face-to-face meeting could be arranged to discuss and find a way to work going forward.</p> <p>The committee thanked IP for listening to the concerns raised and she thanked the members for their honesty.</p> | No 23 - RB |
| 13 | Any Other Business | |
| 13.1 | KC asked if there was any data from previous PQS relating to the respiratory criteria. Several pharmacies have recently told her they feel it is a waste of time having it included again as they are not finding any patients to refer. | |
| 13.2 | SD thanked RB for her support with the recent problems at his pharmacy, which enabled him to keep providing services at all times. | |
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| | Next Steps | |
| | The Minutes and Action Log will be circulated. | |

| | Close of Meeting | |
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| | There being no further business the meeting closed at 5pm The next meeting will be held on 15 th July 2025 at Brampton Park Golf Club. | |