

Minutes of the CPL Meeting held at 9.35am on 15th July 2025 at Brampton Park Golf Club, PE28 4NF

Present:

Anil Sharma (AS) Chair and CPE Regional Representative *left 3.36pm*
 Meb Dattoo (MD) Vice Chair
 Owen Munjeri (OM) Treasurer *arrived 9.52am, left 4.20pm*
 Sean Gage (SG)
 Banji Kelan (BK) *arrived 9.42am*
 Parv Lali (PL) *left 3.30pm*
 Sumaiya Patel (SP) *representing Shabbir Damani (SD)*
 Christine Stafford (CS)
 Adnan Waheed (AW) *arrived 10.06am*
 Rita Bali (RB) Executive Development Officer
 Karen Cox (KC) Support Officer

In attendance:

Dr Andrew Anderson (AA) Urgent Care Coordination Hub *2.00pm – 2.35pm*
 Dawn Jones (DJ) ICB Associate Director Primary Care Contracts & Enabling
2pm – 4.15pm
 Sati Ubhi (SU) ICB Chief Pharmacist *2pm – 4.15pm*
 Indira Pillay (IP) ICB Community Pharmacy Clinical Lead *2pm – 4.15pm*
 Alys Turner (AT) ICB Senior Primary Care IT Manager *2pm – 4.15pm*
 Justine Young (JY) ICB Primary Care Finance Manager *2pm – 4.15pm*

Apologies:

Abbas Bhimani (AB)
 Wojciech Cwiek (WC)

Item No	Details	Action (see action log)
1	Welcome and Introduction	
	AS welcomed everyone to the meeting and CS was appointed as time keeper.	
2	Declarations of Interest	
	A DOI for SP was noted for the NSCR in Stanground.	

3.	Acceptance of Minutes and Matters Arising	
	SG proposed that the Minutes from the meeting on 20 th May 2025 were accepted as a true record of the meeting and this was seconded by MD. 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	Replacement members – Due to a change in work circumstances OM will leave the committee at the end of July. The IPA have appointed Claire Rigby (CR) who will be joining Day Lewis this week as his replacement. OM said he had enjoyed his time on the committee and wished everyone well for the future. Katie Friend has returned from her maternity leave, but Cambridgeshire is no longer part of her area. She has also resigned from the committee. SG has been suggested as her permanent replacement but this has not yet been confirmed by the CCA.	No 24 – KC
5.2	The LPC/CPE conference is planned for the 25 th November. SD and PL will attend. As a new member CR will also be asked if she is available.	No 25 – KC
5.3	The HR documents are in progress.	No 4 – CS
5.4	Personal Accident insurance policy renewal – the renewal documents were shared prior to the meeting. AS proposed that this policy is renewed and this was seconded by BK. The committee voted unanimously in favour. It was noted that the policy referred to Cambridgeshire LPC.	(updated) No 26 – KC
5.5	Jury Service policy – KC has been selected for Jury Service. She left the room while the policy was discussed. The committee agreed a policy and this will be included within the HR documents.	
5.6	AGM – presentations this year will be on the new ICB structure, Robotics, Accrux and the usual awards. A chocolate hamper was suggested instead of a gift certificate. The committee confirmed that the CPE template for the annual report should be used.	No 27 – KC
5.7	Contractor visits – these will go ahead as usual in September. The visit form will be updated and reviewed	No 28 – KC & MD
5.8	ICB – following on the May meeting a letter was sent to the ICB outlining our concerns. There have been four follow up meetings, two in person and two online. The ICB have accepted that things have not been working as they should, the main issue is that JC Lewis, the Contract Manager for pharmacy has been on long term sick leave, and her responsibilities are	

	being covered by Lucy Winchester, the GP Contract Manager. They have committed to working with us in the future, but currently the ICB team do not know what the situation will be after the merger. Going forward they will have a slot on the agenda at all LPC meetings.	
6	Governance Report	
6.1	No report was presented.	
6.2	KC informed the committee that she had recently received a new online banking access card for the previous secretary. She has now removed her from the bank account, but this highlights the need to ensure processes are followed so that only the correct people have access.	
7	Finance and Audit Report	
7.1	New Treasurer – SG is potentially interested in the role assuming that the CCA select him as a permanent representative.	
7.2	MD thanked OM for his hard work as Treasurer and for taking on the role in difficult circumstances.	
7.3	KC shared the information that had been received from Manchester LPC on how they assure the independence of their treasurer.	
7.4	Annual accounts – Our accountants have prepared the accounts for 2024/25 and these were shared with the committee prior to the meeting. AS proposed that the accounts are accepted and this was seconded by MD. The committee voted unanimously in favour.	
8	Contracts Update	
	KC have an update according to appendix b. AS told the committee he was not informed that his Eddington application had been refused, he only found out when the meeting papers were shared. KC will contact PCSE as the correct procedure has not been followed.	No 29 – KC
9	Services, Relationships and Communications Report	
9.1	The report was shared with the committee prior to the meeting. Community Pharmacy Engagement Lead Role – The funding has been received in our bank account and the recruitment process has started. EOIs were received for all areas and interviews will be carried out this week. A face-to-face induction day has been arranged with a trainer from the ICB. This will cover the structure of the role including what the leads	

	<p>can and importantly what the role does not cover such as agreeing to any new services, the practicalities of the role and also skills such as stakeholder management and relationship building. AS noted it was positive that EOs had been received for all areas unlike the previous PQS scheme.</p>	
9.2	Communications Plan – This was approved by the committee.	
9.3	Health Campaigns – The East LPCs have asked if the two ICB campaigns could be decided at a regional level, but each ICB will decide. Our ICB have suggested that the Integrated Neighbourhood Teams (INTs) could be consulted. The committee suggested some possible campaigns including vaccinations, obesity and know your numbers	
9.4	Pharmacy Contraception Service – When emergency contraception (EC) is added to the national service our local EHC service will be decommissioned. Our service includes the provision of chlamydia testing kits but this is not part of the national specification. RB has suggested to the councils that this provision could continue to be commissioned but they have said it is not currently in their plans.	No 30 – RB
9.5	GP Practice back door numbers – the committee confirmed there was still value in having access to these numbers.	
10	CPE update	
	AS updated the committee on the work of CPE.	
10.1	Newmarket meeting – The regional LPCs met in the morning, followed by an afternoon session with Alistair Buxton and Mike Dent. Both parties found it useful to have this open and frank meeting. There was a contractor event in the evening and our area was well represented by contractors. CPE gave a brief presentation followed by workshops to demonstrate the difficult decisions that have to be made. SP commented that she would have preferred to have had more details from CPE rather than the workshop, AS explained CPE were trying to take a different approach on trying to get more insight into contractors' current priorities. Other contractors did share SPs view, so AS will feed this back to CPE.	
10.2	The composition of the CPE committee is being discussed, this is a large piece of work.	

11	Urgent Care Coordination Hub (UCCH)	
	<p>AA explained the proposed purpose of the hub was to be a single point of access for community response and other similar services in order to treat as many people at home as possible to lessen the burden on secondary care. It would be a source of guidance for professionals including community pharmacists. For example, a pharmacist could call for some immediate advice before signposting a patient to A&E. They are currently engaging with as many stakeholders as possible before designing the new service. The committee asked what community pharmacy could offer. AA explained when the hub refers a patient it must be a consistent offer, so it's important that they are confident all pharmacies are delivering services according to the specification. It will also be important that the hub team understand the services that are available. AA agreed with this, but did point out that there will also be limitations with a telephone-based triage service. Local services could be designed in the future for pharmacists to carry out further clinical assessments e.g. listening to the patient's chest or taking oxygen measurements. AA said that if pharmacists were offered the right support, it would reduce the number of referrals back to GPs or 111.</p>	No 31 – KC
12	Cambridgeshire and Peterborough ICB	
12.1	<p>DJ thanked the committee for the invite and started with an apology that previous communication has not been as expected. She explained this was mainly due to the contracts manager for pharmacy being absent for a long period due to sickness. Regular meetings have now been set up between the ICB, AS and RB, and going forward the ICB will have a standing invite to each committee meeting.</p>	
12.2	<p>IP outlined the main responsibilities of her role as Community Pharmacy Clinical Lead (CPCL) for the committee. SU explained the background to the CPCL role and said she was currently working with the Herts and West Essex team on where these roles will sit in the future as the ICB role changes. There will still be a contracting function at the ICB which will need clinical input, but this will be more strategic commissioning of the most appropriate providers, with the providers taking more responsibility for improvement etc.</p>	
12.3	<p>Interoperability of GP practices and community pharmacies – AT gave an update on the key IT changes.</p>	

12.4	<p>GP Connect Update Record must be switched on by October 2025. Currently it is switched off in the majority of practices as part of the collective action. SP asked how the ICB will be assured that this has been implemented? AT believes there is a national tool, but locally their relationship with surgeries is good. The Booking and Referral Standard (BaRS) provides a standard pathway for referrals and bookings between GPs practices and community pharmacies. It is part of future developments to the NHS app. It was noted there was still no requirement for GPs to send an electronic referral, they can continue to use NHSMail.</p> <p>IT Integration Report – This has now been located by the ICB and was shared with the committee prior to the meeting. The report is now out of date and does not consider the new national developments. The cost of the SystmOne units has now increased because TPP has developed a specific module for community pharmacy. The units used during the pilot would not allow sharing of data between all practices and pharmacies. Any solution implemented must work for both sets of contractors and be fit for the future. AS said that in his national role he is not aware of any developments that which have improved communications, the SystmOne pilot has created a two-tier system so what are the national solutions? AT suggested for communications AccuRx is the best solution and it has a specific function for contacting GPs.</p> <p>AS left the meeting and MD took the Chair.</p>	No 32 – All
12.5	<p>Funding – JY shared the current ICB financial position relating to community pharmacy. The ICB is currently in a difficult financial position and they need to mitigate the risks, they are reviewing all current spending. Details of this year’s allocation for community pharmacy have not yet been received. RB pointed out that community pharmacy funding has been used to offset the prescribing fees, but pharmacies have no control over the prescription volume. DJ explained that the overall primary care funding received is inadequate. The ICB has pushed back to the national team about the formula used to allocate funding. Any new services which are commissioned must lead to savings and current services will need to be decommissioned first. RP noted the main issue is that pharmacy is paid by activity but other providers have block contracts.</p>	
12.6	<p>Invoice process – JY explained some of the issues with payment of invoices and suggested a process of collecting the required information</p>	No 33 – KC

	from contractors to ensure prompt payment. If the correct process is followed the ICB terms are payment in 30 days.	
	Any Other Business	
	There was no further business	
	Next Steps	
	The Minutes and Action Log will be circulated.	
	Close of Meeting	
	There being no further business the meeting closed at 4.23pm The next meeting will be held at 2pm on 16 th September 2025 at Brampton Park Golf Club.	