

## Minutes of the CPL Meeting held at 2pm on 16<sup>th</sup> September 2025 at Brampton Park Golf Club, PE28 4NF

**Present:**

Meb Dattoo (MD) Vice Chair  
 Abbas Bhimani (AB)  
 Wojciech Cwiek (WC) *left 5.10pm*  
 Shabbir Damani (SD) *arrived 2.45pm*  
 Sean Gage (SG)  
 Banji Kelan (BK)  
 Parv Lali (PL)  
 Claire Rigby (CR)  
 Christine Stafford (CS)  
 Adnan Waheed (AW) *arrived 2.25pm*  
 Rita Bali (RB) Executive Development Officer  
 Karen Cox (KC) Support Officer

**In attendance:**

Louise Jinks (LJ) ICS Head of Finance – Primary Care & Delegation *2pm – 2.30pm*  
 Brigitte McCormack (BM) Public Health Team Lead – Partnerships & Commissioning Behaviour Change, Cambridgeshire County Council *3pm – 3.30pm*  
 Emily Smith (ES) Consultant in Public Health, Peterborough City Council *3pm – 3.30pm*

**Apologies:**

Anil Sharma (AS) Chair

Item No	Details	Action (see action log)
1	<b>Welcome and Introduction</b>	
	MD welcomed everyone to the meeting and explained that he would be chairing the meeting as AS had sent apologies. Introductions were carried out for new member CR. CS was appointed as time keeper and facilitator for the meeting.	
2	<b>Declarations of Interest</b>	
	KC reminded SD that he needed to complete a DOI form.	

3	<b>ICB Finance Update</b>	
	<p>LJ gave an update on the ICB Funding. The CPCF contract settlement for 2025/26 has now been received plus some additional funding for Pharmacy First, Hypertension case-finding and Contraception services. The budget for community pharmacy is set using last year's spend with some increase for growth. SG asked if the changes to the Pharmacy First pathways, expected to increase the number of consultations meeting the gateway criteria, would require extra funding. LJ believes that NHSE will cover the full costs although she can't be completely certain. RB suggested that the extra funding line in the budget be used to extend the engagement lead role and used to fund DPPs. LJ said this will need to be worked through with the contracts team.</p> <p>BK asked LJ if she was aware of a request from SPS to validate details to access the new portal. He had tried to submit the details requested but they were being rejected. LJ was aware they were moving to a new portal, but not of this specific issue. KC has also received the email and had the same problem. It's not clear if access to the portal is required or is just a way to view the status of submitted invoices. There is a phone number on the email for support.</p>	<p>No 34 – RB</p> <p>No 35 – KC</p>
4	<b>Acceptance of Minutes and Matters Arising</b>	
	BK proposed that the Minutes from the meeting held on 15 <sup>th</sup> July 2025 were accepted as a true record of the meeting and this was seconded by SG. There were no matters arising from the Minutes.	
5	<b>Action Log</b>	
	The action log was discussed and updated. See log for more details.	
6	<b>Review of Proposed Smoking Cessation PGDs</b>	
	The service documents were shared with the committee prior to the meeting. The members discussed the LPC position before being joined by ES and BM. RB noted some errors with the flow chart and the service specification such as references to patients being issued with a prescription when the products will be supplied under a PGD.	
7	<b>Smoking Cessation PGDs</b>	
7.1	ES explained that both councils would commission the service separately, but with the same specification. The service would be introduced as a contract variation to the NRT service. ES explained they had seen an increase in requests for medication to support quit attempts and the smoking services do not have their own prescribers. The PGDs for	

	<p>varenicline and cytisine have been prepared by a CSU using the national templates and should be finalised soon. The patient would be assessed by a Healthy You advisor, who would then send an electronic referral to the patients preferred pharmacy to provide the medication. The committee questioned the further discussion that would be required for drug interactions, as they were unsure how this would be helpful if a patient was excluded under the PGD. ES said the intention was that this would apply to patients on drugs such as warfarin that would require extra monitoring. If the patients GP would agree to the extra monitoring the pharmacist could provide the medication. AW asked on a practical level how pharmacists would be able to contact GPs as we know this is challenging, and could lead to delays in the patient starting treatment. SD suggested that the cautions listed in the PGD should be exclusions which may improve the patient journey. AB asked about the role of the Healthy You advisor. They will provide the initial assessment, the explanation of available options and ongoing behavioural support. ES said the council did not have a proposed service fee but they have been benchmarking with other services across the country and there is a large range. They are considering a higher fee for the first supply and then a lower fee for subsequent supplies as there was less work involved. The committee disagreed with this as the PGD will need to be fully reviewed before each supply. The members said that the remuneration needs to be proportionate to the amount of work involved, suggesting that the national services fees were considered as those services had a much higher sign-up rate than the local services. KC explained that once the specification was finalised the committee would RAG rate the service and share this rating with the councils for any final considerations before sharing the rating with our pharmacies.</p>	
7.2	<p>MD asked if public health were responsible for hospital referrals to the advanced smoking cessation service as our pharmacies were not receiving any referrals. BM said they could feed this back, she is aware the trusts are referring the Healthy You so they will ask why there are no referrals to pharmacies.</p>	
7.3	<p>BM told the committee that in October the councils PharmOutcomes systems will be separated, the first-time pharmacies provide a service from the 1<sup>st</sup> November they will need to re-enrol.</p>	
		No 36 – RB

8	Committee Matters	
8.1	<p>Topics for discussion at the CPE conference – Each region can suggest one topic. The committee discussed potential ideas including:</p> <ul style="list-style-type: none"> <li>▪ Pharmacies are being advised to stop certain service such as CGL core mat to focus on other services</li> <li>▪ Security measures to protect staff</li> <li>▪ Funded/ protected training time</li> <li>▪ What would contractors be prepared to stop doing to give CPE leverage in the upcoming negotiations</li> <li>▪ Performance related pay for CPE.</li> </ul>	No 37 – RB
8.2	<p>IT/ Computer insurance – our policy was recently due for renewal at the same price as last year, when the documents were received AS thought the excess seemed high and on further discussion with MD and KC it was decided that the policy should be allowed to lapse and discussion held with the full committee before progressing. KC explained that the hardware being covered by the policy was minimal and in the unlikely event it all needed replacing at once the outlay wouldn't be prohibitively expensive. The policy also covers the cost of losing data. The LPC holds a lot of data, but there would be no real cost associated with losing it. KC currently backs up the data once a week using an external drive which is stored in the office. SG asked if the staff had been provided with any training on data security. There has been no specific training other than some general guidance form CPE after an incident at another LPC. SD proposed that we purchase an additional back up drive and investigate options for cloud storage and then review the need for the IT policy. This was seconded by MD and the committee voted unanimously in favour.</p>	No 38 –KC  No 39 – KC
8.3	<p>AGM – The AGM is fully booked for this evening. MD will Chair the event in AS's absence. Two CCA contractors have raised concerns about the level of the LPC reserves. The Finance and Audit Group were consulted and KC responded to explain we are funding the management of the engagement leads and also considering if any additional training will be required for contractors after the new contract is agreed.</p>	
8.4	<p>The proposed meeting dates for next year are 20<sup>th</sup> January, 17<sup>th</sup> March, 19<sup>th</sup> May, 21<sup>st</sup> July, 15<sup>th</sup> September and 17<sup>th</sup> November. It was suggested that the July meeting is moved forward by one week to avoid the school holidays.</p>	No 40 – KC

9	<b>Governance Report</b>	
	No report was presented.	
10	<b>Finance and Audit Report</b>	
10.1	Election of new Treasurer. AW proposed SG as the Treasurer and this was seconded by PL. The committee voted unanimously in favour	No 41 – KC
10.2	KC said that the honorariums were due to be paid and the committee confirmed that as they are paid in arrears that previous Treasurer, Owen Munjeri, should receive this payment.	
10.3	The budgeting process for next year will begin in November. The initial draft will be prepared by the Finance and Audit group but all members can propose items to be considered in the budget.	No 42 – ALL
10.4	SD questioned the increase in the levy we pay to CPE. MD explained that James Wood had attended the March committee meeting, that the members had robustly challenged him but ultimately been satisfied with the explanation provided.	No 43 – KC
11	<b>Contracts Update</b>	
11.1	BK asked for clarification on the DOI process. SD explained how DOIs were used to ensure the correct procedure was followed when dealing with applications.	No 44 – KC
11.2	SD gave an update according to appendix B. A new DOI was noted for BK relating to the NSCR application in Cherry Hinton.	
11.3	A contracts group meeting will be arranged on 19 <sup>th</sup> September 2025 to discuss the Unforeseen Benefits application in Eddington.	No 45 – KC
11.4	The draft response for the DSP application in over was approved by the committee	No 46 – KC
12	<b>Services, Relationships and Communications Report</b>	
12.1	The report was shared with the committee prior to the meeting. The pharmacy engagement leads have been recruited and they have had two training sessions with Laura Porro from the ICB. A third session is planned for November. The leads have started to make contact with the pharmacies and the neighbourhood teams.	
12.2	The draft Pharmaceutical Needs Assessment (PNA) for Cambridgeshire and Peterborough is out for consultation. RB will consult with SD before submitting our response.	No 47 – RB &SD
12.3	Sequiris offer – RB has been approached about a possible discount for our pharmacies to purchase flu vaccinations for next season. The	

12.4	<p>committee could see the benefits of the offer but were unsure if this was within the LPC remit.</p> <p>Offsite flu vaccinations – KC asked the committee if they thought all contractors were aware of the change requiring contractors to request permission for all off-site flu vaccinations. The members thought that contractors should be reminded again.</p>	<p>No 48 – RB</p> <p>No 49 – KC</p>
13	<b>Any Other Business</b>	
13.1	MD told the committee that AS had met with the Chairs of Hertfordshire and BLMK and Northamptonshire LPCs to discuss how we might work together in the future given the merger of our ICBs to form the Central East ICBs. AS has the information so as we are unable to discuss fully now an additional meeting will be arranged. SG asked that any documentation be shared prior to the meeting.	No 50 – AS, RB & KC
13.2	RB informed the committee that she is planning to retire at the end of March 2026. This timeframe can be amended if necessary to accommodate her replacement. A process for recruitment will need to be agreed. SD thanked her for her commitment to the LPC and for informing the committee with time to ensure the process can be managed correctly.	
	<b>Next Steps</b>	
	The Minutes and Action Log will be circulated.	
	<b>Close of Meeting</b>	
	<p>There being no further business the meeting closed at 5.55pm</p> <p>The next meeting will be held on 18<sup>th</sup> November 2025 at Brampton Park Golf Club.</p>	