Minutes of the CPL Meeting held at 9.30am on Tuesday 19th May 2026 at Brampton Park Golf Club, PE28 4NF

Present: Anil Sharma (AS) Chair and CPE Regional Representative
Meb Datoo (MD) Vice Chair
Sean Gage (SG) Treasurer *left 10.30am*
Shabbir Damani (SD) *arrived 9.55am*
Banji Kelan (BK)
Claire Rigby (CR)
Christine Stafford (CS)
Adnan Waheed (AW)
Charan Kaushish (CK) Chief Officer
Karen Cox (KC) Support Officer

Apologies: Abbas Bhimani (AB)
Wojciech Cwiek (WC)
Parv Lali (PL)

In attendance: Pam Green (PG) Director of Neighbourhood: Health and Partnerships for Cambridgeshire and Peterborough *3pm – 4pm*

Item No	Details	Action (see action log)
1	**Welcome and Introduction**	
	AS welcomed everyone to the meeting.	
2	**Declarations of Interest**	
	An updated DOI form was received from SD.	
3.	**Acceptance of Minutes and Matters Arising**	
	MD proposed that the Minutes from the meeting held on 17th March 2026 were accepted as a true record of the meeting and this was seconded by SG. There were no matters arising from the Minutes.	
4.	**Finance and Audit Report**	
4.1	The following report prepared by SG was circulated to the committee prior to the meeting:	

	Yr End Balance at 31/3/2026 £ 243,749.46 Balance at 30/4/2026 £244,844.80 **Points to note.** 1. Attached is a draft copy of the financial position of the LPC at the end of Year 2025-26 – budget vs actual spend. You will see that we had budgeted for a YTD deficit compared to income of £25,937 to reduce our reserves. At end of Q4 our income vs expenditure was £20,625 in deficit, a variance to budget of £5,312. This is due to significant underspends against the budgets set for Management of Pharmacy Leads, Members Training Costs, and Capex. I will address any questions about the performance against budget at the next meeting of the full LPC committee. Please come prepared with any questions. 2. The budget for 2026-27 was approved at our LPC meeting in March, I have also attached a copy of the balance sheet at 30/4/26 After the 1st month of the new financial year we are running a surplus to budget of £2114, primarily led by a lack of any YTD spend on In Pharmacy Leads. 3. CPE has confirmed a 3% for our CPE Levy for 2026/27, after agreeing a 3% increase in the CPE budget. Our annual CPE Levy for the year 2026/27 is £67,605. 4.The committee will be asked to approve the purchase of a new Laptop for Charan, her existing laptop is approximately 6 years old and has suffered from performance issues impacting Charan when presenting to ICB.	
4.2	SG informed the committee that AS had been allowed by exception to submit claims outside of the three month period allowed by the expenses policy, but reminded members of the importance of submitting claims on time. MD asked if all members were claiming as this appeared to be the main cause of our significant underspend. KC said it can be difficult to keep track as members submit claims directly to the bookkeeper.	
4.3	New laptops – CKs laptop is often freezing during meetings. She has looked at the spec and believes this is because running MS 365 along with other apps is causing the device to slow down. KC is also having similar issues with her laptop. CK shared some laptops which would be suitable for our current needs. AW proposed a budget of £1000 per	

	laptop, this was seconded by MD and the committee voted in favour. SG suggested looking for a 36GB if this was available in the budget. BK noted that trade-in deals are often available, if not the old laptops will be donated to charity.	No 13 – CK & KC
5	**Governance Report**	
	No report was submitted.	
6	**Committee Matters**	
6.1	Re-appointment of officers. MD proposed that SG continue as Treasurer, this was seconded by AW and the committee voted in favour. AW proposed that MD continue as Vice Chair, this was seconded by SG and the committee voted in favour. MD proposed that AS continue as Chair, this was seconded by SG and the committee voted in favour.	
6.2	Contractor visits - KC asked each pair to make sure they had taken fridge magnets and domestic abuse posters to hand out during the visits.	No 45 (2025)(updated) - KC
6.3	Spring Conference – The feedback from attendees was good. There was some confusion with the NPA around the sponsorship and in the future CK will ensure agreements are documented. Holding the event on Sunday seemed popular, the September AGM could also potentially be changed. Topics could include any changes to the contract and the updated pharmacy regulations.	
6.4	MOU for federated working in Central East – The draft MOU was shared prior to the meeting. CK explained that although there is a clause on charge backs, the intention is that workload will be closely monitored throughout the year so that this is not necessary. Community Pharmacy Hertfordshire (CPH) held their meeting last week and would like an addition which states that if the collaboration can not reach a consensus on an issue it will be put to a contractor vote. The members would like to add to this that if a vote is necessary, each LPC should be able to explain it's position to their contractors and on these occasions, communications may not be aligned. SD said that we entered into this arrangement to be able to better deal with the larger ICB, but we also agreed to protect the interests of our contractors. A statement should be added to the MOU saying that the MOU document does not override the constitutional responsibilities of each individual LPC. SD	

	proposed that if our two additions are included the LPC should adopt the MOU and this was seconded by MD. The committee voted in favour.	
6.5	Vacant seat on Primary Care Board – An email has been sent to all contractors with instructions on how to nominate themselves. SD will express interest.	
6.6	Carers tick award – KC asked if the committee wanted to complete the award as an employer. The committee felt that for pharmacies there was little benefit.	
6.7	Elections – KC gave an overview of the process, the expected timelines and the current figures which show an increase in the independent seats, and a decrease for the CCA.	
7	**Action Log**	
	The action log was discussed and updated. See log for more details.	
8.	**Contracts Update**	
8.1	SD gave an update according to appendix b.	
8.2	Alconbury Weald applications – there are three separate applications for the area. They will all be considered together. Our responses have all been submitted. AS questioned if SD should have been involved in the discussions as one of pharmacies dispense a large number of prescriptions in the area. SD said that he had made a DOI even though his pharmacy had not been formally notified of the applications. KC had been unable to find any agreed policies in the LPC files which showed when a member should be excluded from discussions other than the general guidance in the members guide produced by CPE.	No 14 – KC & no 15 – Governance Group
8.3	Clayton Pharmacy closure – KC gave an update on the situation. CK has been in touch with the contractor and offered support. The patients have been supported as best as possible. KC suggested the members focus on the BCP question on the visit survey and ask contractors if they have considered the options if they are unable to access their premises.	
9	**Services, Relationships and Communications Report**	
9.1	CKs report was shared with the committee prior to the meeting. DMS – NWAFT have increased the number of referrals, but AW noted a delay in some of the referrals being received. He gave a recent example of a referral being received on a Friday, but a care co-ordinator from the practice had already called on the Wednesday and given the information. BK also gave an example from CUH where a patient was	

	discharged, but no referral or any information had been shared with the pharmacy.	No 16 – CK
9.2	Clinical Waste Service – The District Councils have agreed to an increased fee, CK has also asked for an electronic claiming system. PharmOutcomes is unlikely to be approved as each council would need it's own licence. CK has suggested using an MS form for both claiming and data collection.	
9.3	Be Part of Research – we had good engagement on this opportunity from our pharmacies. The NIHR team will now select two pharmacies to take part. BK raised an issue he is having; his pharmacy is taking part in a study but is not being paid.	No 17 - BK
9.4	Service proposals for Central East ICB – working in collaboration the LPCs have put forward three service proposals. These have been positively received by the ICB. Jan Thomas said that any commissioning must support the long-term sustainability of community pharmacy.	
9.5	Engagement Leads – The focus has moved to implementation, looking initially at increasing delivery of the contraception service.	
9.6	Teach and Treat – the programme is on track, but what next for the trained IPs and the legacy pharmacists?	
10	**CPE Update**	
	AS told the members that the focus of CPEs recent work has been the ongoing contract negotiations. As always, the details are confidential.	
11	**Pam Green - Director of Neighbourhood: Health and Partnerships for Cambridgeshire and Peterborough**	
	PG explained that her responsibilities include co-ordinating primary care for Cambridgeshire and Peterborough but also a strategic role across Central East. Neighbourhoods include everything that allow the shift to care closer to home to happen. The Primary Care team is starting to come together, and they are very keen to properly engage with community pharmacy. She gave an overview of some of the ICB structure. Health Delivery Committee – designed to give local governance to neighbourhood health. CK said she's part of the wider stakeholder group but doesn't have a seat on this committee. PG said this is being looked into. The GP provider collaborative have also been approached about expanding to include all primary care contractors.	

	Primary Care Commissioning Committee – this will have oversight of our contracts; PG is keen to ensure it retains decision making powers for Cambridgeshire and Peterborough so decisions can be taken quickly. The ICB has developed a commissioning strategy which describes models of working and care delivery. PG will share this with us. MD asked about timescales for developing any of the three proposals put forward by the LPCs. PG explained the restructure is still ongoing so although they were well received there are no firm details on which they would like to progress and no timescales. SD said that there are some practices making good use of referrals to community pharmacy services to support access for their patients, what is being done to roll out that good practice? The ICB is looking into use of AI systems for referral which will reduce the variation. Any system will obviously need to be reviewed to ensure it is asking the right questions and looks at capacity etc. The ICB would like this to be is use by April 2027. There is currently no decision on funding the engagement leads past the end of June.	
12	**Any Other Business**	
12.1 12.2 12.3 12.4	RSV Vaccinations – BK asked if they were available in pharmacy. There are some pilot sites, but not in our area. Areas were selected where provision from GP Practices was low. DPO – BK asked about any guidance available. KC said the DSP page on the CPE website included some information Guidance for trainee pharmacist tutors – BK asked for support as he was a tutor for the first time. AS offered to assist Date of next meeting – KC apologised for the error when sending the electronic meeting invites and it was confirmed the next meeting will be 14th July 2026.	
13	**Next Steps**	
	The Minutes and Action Log will be circulated.	
14	**Close of Meeting**	
	There being no further business the meeting closed at 4.25pm The next meeting will be held on 14th July 2026 at Brampton Park Golf Club.	