

## Minutes of the Committee meeting held at 10.00am on Tuesday 6<sup>th</sup> May 2025 in The Training Room, Boots, High Street, Bridgnorth

### Members present:

Kath Briscoe (KB – Boots – CCA)  
Lucy Corner (LC – Rowlands Pharmacy – CCA)  
Arvinder Sagar (AS – Morrisons – CCA – part)  
Ravi Nagra (RN – MSN Lunts – Regional Multiple)  
Alex Carrasco (AC – Day Lewis – IPA)  
Sab Rooprai (SR – Conway Pharmacy – IND)  
Mohammad Sohawon (MS – Muxton Pharmacy – IND)  
Hatim Adamjee (HA – Hollinswood Pharmacy – IND)

### In attendance:

Peter Prokopa (PP – Chief Officer)  
Amanda Alamanos (AA – Service & Engagement Officer)  
Stephanie Green  
James Milner (JM – STW ICB – part)  
Shadina Dodds, Anam Jivraj, Amy Potts (STW ICB – part)

### In the Chair:

Kath Briscoe

Agenda ref.	Details	Actions
525.1	<b>Welcome, Apologies for absence, Declarations of Interest</b> The Chair opened the meeting, welcoming all attendees and extended a warm welcome back to SG on her return. Apologies were received from Yogesh Patel, Matt Birch, Jane Davies, Lindsey Fairbrother, Steve Hughes. PP confirmed that the ICB has agreed to host future meetings at their Wellington office for the September and January sessions. Today's meeting was relocated to Boots venue due to prior bookings at Wellington. Thanks were extended to Boots for hosting.	
525.2	<b>Healthwatch Shropshire Report on Pharmacy Services &amp; Consultations Survey</b> – Lynn Cawley, Chief Officer was unable to attend; PP to confirm attendance at a future meeting	PP to agenda at future meeting
525.3	<b>Medicines Waste Project</b> Shadina Dodds, Anam Jivraj, Amy Potts – STW ICB A new campaign to reduce medicines waste and promote safe prescribing practices was introduced. <ul style="list-style-type: none"> <li>Key Campaign Facts: <ul style="list-style-type: none"> <li>£300 million NHS-wide medicine waste annually.</li> <li>£2.6 million locally in Shropshire, Telford and Wrekin.</li> <li>Targeting a 5–10% reduction, focusing on over-ordering and medicine stockpiling.</li> <li>Particular focus on patients aged 65+ and those on free repeat prescriptions.</li> </ul> </li> <li>Key Messages: <ul style="list-style-type: none"> <li>Stay well (medicines used as intended and in-date).</li> <li>Stay safe (reduce risks associated with unnecessary medication).</li> <li>Stay green (environmentally responsible disposal and usage).</li> <li>Only order what you need.</li> </ul> </li> <li>Support from Pharmacies Requested: <ul style="list-style-type: none"> <li>Display campaign posters and leaflets.</li> <li>Consider use of bag stickers to reinforce messages.</li> <li>Provide patient feedback and support engagement.</li> <li>Consider sharing campaign via social media or digital in-store screens.</li> </ul> </li> </ul>	

	<p>Materials Available: Stickers (credit card-sized), flyers, digital graphics, radio advertising. Discussion indicated stickers were preferable due to practicality.</p> <p>Concerns/Feedback Raised:</p> <ul style="list-style-type: none"> <li>• Pharmacies already managing promotional materials for services.</li> <li>• Need to balance new messaging with existing service promotions.</li> <li>• Timing of campaign implementation to consider pharmacy workload.</li> <li>• Importance of engaging GP surgeries and POD (Pharmacy Ordering Direct) as a significant source of repeat orders.</li> <li>• Consideration of rural dispensing practices.</li> <li>• Clarification requested around the expected level and method of feedback from pharmacies.</li> </ul> <p>Outcome: Members supportive in principle. Suggestion to provide feedback via a short survey around July/September committee meetings. James Milner to assist in linking ICB with the regional NHS primary care team for wider dissemination.</p>	
525.4	<p><b>Minutes from meeting held on 11th March 2025</b> The minutes from the meeting held on 11th March were reviewed. There were no amendments proposed. The minutes were accepted as a true and accurate record. Proposed: by RN; Seconded by MS.</p>	PP to post to website.
525.5	<p><b>Matters arising</b> None</p>	
525.6	<p><b>Chief Officer Meetings Report</b> A summary of meetings attended on behalf of the committee was shared. The report highlights only the relevant points of action or information for community pharmacy. Members were invited to raise any questions or request clarifications. No questions were raised at this time.</p>	
525.7	<p><b>Subcommittee Breakouts</b> Feedback as below in 525.8</p>	
525.8	<p><b>Subcommittee Feedback</b> <u>Services &amp; Communications:</u> Considered the impact of changes in Local Authority funding, with additional funds recently earmarked for drug &amp; alcohol services; Telford &amp; Wrekin issues currently with STaRS, potential opportunity to realign and consider change to service structure, or at least increase current fees. However, Shropshire in more serious financial situation, maybe consider use of health oversight &amp; scrutiny committee to push case for increasing fees for CP services, and utilise risk of withdrawal to ensure engagement. Brief discussion of MP visit to Church Stretton, seen as positive and MP was already well briefed on CP matters and supportive of services. Finally considered purchasing pull-up banners for all F2F events, including practice visits, external events etc.</p>	

	<p><u>Governance:</u> Discussions on:</p> <ul style="list-style-type: none"> <li>• Effective and legitimate use of ring fenced funds alongside the finance sub-committee.</li> <li>• Updated contracts of employment were awaiting final review from LC</li> <li>• Brief review of the Employment Rights bill, and agreed awareness only at this stage as it is working its way through Parliament; likely to rely on CPE to communicate at the appropriate time.</li> </ul> <p><u>Finance:</u> Outcomes considered in 525.10 Finance</p>	
525.9	<p><b>Proposed Constitutional Changes – Seeking views from LPCs</b></p> <p>The group reviewed and discussed CPE’s proposed constitutional changes, prompted primarily by sector-wide changes such as the withdrawal of LloydsPharmacy and the evolving structure of pharmacy ownership.</p> <p>Key points of discussion included:</p> <p><u>Sector Representation:</u></p> <p>The changes aim to better reflect current ownership models by: Introducing a defined category of 10+ multiples (companies with 10 or more NHS contracts).</p> <p>Treating all other pharmacies (1–9 contracts), including IPA members, as independents.</p> <p>Removing direct reference to IPA at a national level while retaining flexibility locally.</p> <p><u>Election Process &amp; Categories:</u></p> <p>Future national and LPC elections will use the updated categories.</p> <p>A review of committee composition will be triggered mid-term if significant sector changes occur.</p> <p>Election eligibility will be based on the number of contracts, not organisational affiliation.</p> <p><u>Local Implications:</u></p> <p>Concern was raised over the practical challenge LPCs face in identifying contractor types—particularly when ownership spans multiple LPCs under different business names.</p> <p>Members called for a publicly accessible list of contractor classifications (1–9 vs 10+), to improve transparency and manage elections more effectively.</p> <p>Verification of contract ownership and oversight (particularly for split geographies) remains a challenge.</p> <p><u>Constitutional Changes:</u></p> <p>Updates will include replacing references to IPA with “10+ multiples.”</p> <p>The definition of 10+ status will include groups operating under multiple legal entities but under common control.</p> <p>The current model constitution term limits were discussed, and it was noted that a broader constitutional review is also underway.</p> <p><u>Consultation Response:</u></p>	PP to submit a formal response to CPE

	<p>Members noted the consultation deadline (early June) and agreed a response should reflect:</p> <p>General support for improved fairness and transparency.</p> <p>Requests for greater clarity and support for LPCs on classification and elections.</p> <p>Feedback on regional representation and process challenges.</p> <p>Outcome:</p> <p>Members expressed broad support for the direction of CPE's proposals, with particular emphasis on the need for practical tools and clarity at LPC level. A formal response to the consultation will be submitted.</p>	
525.10	<p><b>Finance Update</b></p> <p>JD was unable to attend, and had provided the financial update via email:</p> <p><u>Draft Accounts 2024 to 2025</u></p> <p>End of financial year draft accounts are ready to take to the accountant.</p> <p><u>Income</u> including Interest £83,250 only £400 more than the previous year. I budgeted for £85000 in my initial excitement for an increased income due to Pharmacy First.</p> <p><u>Expenditure</u> £84,600 – less than my budgeted £97,700. We did not use £5000 contingency for Employers National Insurance, £5000 for AGM and Comms and not every member made locum claims.</p> <p>We ended the year with a <u>deficit</u> of £1432</p> <p>This has been covered by using reserves which leaves approx £79,000 in LPC Reserves.</p> <p><u>Ringfenced Funds</u></p> <p>We hold £255,943 in ringfenced funds up from £215,142 at the beginning of the year.</p> <p>The only funds that have been accessed this year are JPIP payments for Shropshire JPIP and Community Pharmacy Access Fund used to employ AA &amp; SG</p> <p><u>Draft Budget 2025 to 2026 (attached)</u></p> <p>Includes a proposed increase in contractor levy to £96,000 p/a or £8000 per month over 78 contractors. This would still result in a year end deficit of around £13000.</p> <p>We have already received April 25 payment at old rate £6,400 so to get to £96,000 subsequent months levy will be more than £8000.</p> <p>Max deficit of £13000 would reduce Reserves to £66,000</p> <p>Further forward budgeting exercise undertaken by JD suggested that without additional funding, or a reduction in costs, the committee might not be sustainable as an independent body in 2028.</p> <p>PP had sought further clarity on the MoU funds and discussion followed how those might be best utilised to benefit contractors, whilst supporting committee activities; this resulted in agreement that some funds could be repurposed, provided the original aims of each fund were broadly followed. KB proposed a dedicated meeting for all members to consider future financing options; PP to circulate a poll to identify the most appropriate date &amp; time in early June.</p>	<p>PP to organise meeting poll for future finance/budgeting discussion.</p> <p>JD to advise NHS BSA re updated contractor levy from July 2025.</p> <p>PP &amp; JD to identify optimising use of MoU funds</p>

	KB also proposed from the Chair that the monthly contractor levy be increased to £8000pcm at the earliest opportunity, likely to be July; this was agreed unanimously.	
525.11	<p><b>Regulations Report</b></p> <p><u>Pharmacy Applications &amp; Appeals:</u></p> <p>Two applications have been received in the last three weeks; no major concerns were raised.</p> <p>Several recent appeals related to core hour changes were noted.</p> <p><u>Shropshire PNA (Pharmaceutical Needs Assessment):</u></p> <p>A draft PNA has been reviewed with no major issues identified.</p> <p>Feedback highlighted that the draft focuses heavily on dispensing, overlooking wider pharmacy services.</p> <p>It was emphasized that assessing service adequacy requires consideration beyond supply and dispensing alone.</p> <p>The team has agreed to revisit service mapping and analysis in response to this feedback.</p> <p>There is growing recognition that access to pharmacy services in evenings and weekends may require patients to travel further, and 24/7 access at every location is not feasible.</p> <p><u>Service Uptake Observations:</u></p> <p>Uptake of some Advanced Services (e.g Pharmacy First) remains low in some areas.</p> <p>Discussion raised the question of whether this is due to access issues, patient demographics, or awareness levels; no definitive conclusion yet.</p> <p><u>Bank Holiday Updates:</u></p> <p>August Bank Holiday service information has been published online.</p> <p>Contractors were reminded to submit their opening information before the portal closes.</p>	PP to engage with contractors to provide updates during consultation phase
<p><b>Working lunch – debate on the Contract Settlement 2024-25-26</b></p> <p>The committee held an in-depth discussion on the community pharmacy contract settlement, exploring both national implications and local impacts in Shropshire. Below is a structured summary:</p> <p><u>1. General Consensus</u></p> <p>The settlement is broadly viewed as a positive first step but falls short of what is needed to ensure long-term sustainability or to drive significant development.</p> <p>While a 30% uplift in funding is the headline, the real-world impact is estimated at only 2–5% increase for most businesses—just enough to stabilise, not grow.</p> <p><u>2. Local Context and Opportunities</u></p> <p>Simplification of commissioning (e.g. Emergency Hormonal Contraception across two commissioners) was seen as a local positive.</p> <p>There is a need to protect local funding streams, especially in sexual health, to avoid erosion of pharmacy-provided services when responsibilities shift.</p> <p><u>3. Service Delivery Challenges</u></p> <p>Growth potential is limited: While services like Pharmacy First, blood pressure checks, and contraception consultations are welcome, delivery depends on GP referrals and system readiness—which is inconsistent.</p> <p>IT infrastructure and PGD development remain bottlenecks, especially for new services and technician-led provision.</p>		

Workforce strain is significant — pharmacies face growing demand without sufficient staff capacity, and services are increasingly time-consuming to deliver.

#### 4. Contractual and Structural Concerns

Despite being called a “negotiation,” many felt the process was one-sided, with CPE managing to secure limited wins under non-negotiable conditions.

Fragmentation within pharmacy representation (CCA, IPA, NPA, etc.) weakens lobbying power and causes confusion.

Concern that “temporary uplifts” may become permanent expectations without further investment.

#### 5. Missed Opportunities

Several felt the settlement missed chances to:

Expand the clinical scope of services (e.g. independent prescribing, NHS contraception consultations).

Include support for business rate relief or national insurance exemptions.

Fund true innovation or long-term transformation of pharmacy services.

#### 6. Strategic Positioning in Health & Care

Pharmacies are being positioned as central to primary care and community-based health (e.g. “care closer to home”), but the funding and structure don’t yet align to support this.

Compared to the overall uplift in primary care funding, pharmacies are receiving a slice rather than a proportionate share.

There's a risk of being expected to do more without meaningful investment or influence in wider ICS funding decisions.

#### 7. Next Steps and Actions for LPC and Contractors

Advocacy and communication: Ensure contractors understand what they can claim for (e.g. increased MUR/NMS payment thresholds, MBVM fees).

Workforce planning: Prepare for technician involvement in service delivery and identify training needs.

Referral optimisation: Continue working with GPs to ensure effective referrals for funded services (e.g. contraception, hypertension).

Engagement with CPE and ICS: Stay active in upcoming negotiations to push for long-term structural support and realistic growth pathways.

#### Conclusion

The settlement is seen as a much-needed stabiliser but not a transformative investment. While it brings some clarity and short-term reassurance, the sector remains under pressure. Coordinated local action, sustained lobbying, and clear communication will be essential to maximise the value of what’s been agreed—and to shape what comes next.

525.12	<p><b>Offer to Community Pharmacy: Overview of the NHS England Quality Strategy and Framework – Suki Tagger, NHSE WTE</b></p> <ul style="list-style-type: none"><li>• ST discussed the Quality Framework and its role in supporting pharmacy education and training programmes, particularly regarding NHS England-funded apprenticeships.</li><li>• Context: Previous funding applications, especially for the Pharmacy Technician Apprenticeship, often failed due to poor understanding of the Quality Framework—particularly how quality is demonstrated beyond meeting GPhC standards.</li><li>• Quality Framework Overview:<ul style="list-style-type: none"><li>○ Underpins the Quality Strategy, which outlines principles and processes for improving education quality.</li></ul></li></ul>	<p>Highlight resources to contractors ahead of next funded training offer – website &amp; newsletter</p>
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	<ul style="list-style-type: none"> <li>○ Applies to all NHS England-funded programmes, not just pharmacy-specific ones.</li> <li>○ Comprised of six domains: <ol style="list-style-type: none"> <li>1. Learning Environment &amp; Culture</li> <li>2. Educational Governance</li> <li>3. Supporting Learners</li> <li>4. Supporting Educators</li> <li>5. Curriculum Delivery</li> <li>6. Workforce Sustainability</li> </ol> </li> <li>○ Framework includes descriptors to guide what quality looks like; not intended as a checklist but a tool for self-reflection and improvement.</li> <li>• Implementation Tools: <ul style="list-style-type: none"> <li>○ Safe Learning Environment Charter – promotes good practice and EDI across training environments.</li> <li>○ SLEC Maturity Matrix – a self-assessment tool to evaluate training quality and identify areas for development (currently in Excel format).</li> <li>○ PDSA (Plan-Do-Study-Act) – recommended as a model for continuous improvement.</li> </ul> </li> <li>• Monitoring &amp; Feedback: <ul style="list-style-type: none"> <li>○ NETS (National Education and Training Survey): Key feedback mechanism for NHS England to monitor training quality.</li> <li>○ Quality team uses survey data to identify risk, offer support, and evaluate compliance with the Education Funding Agreement.</li> </ul> </li> <li>• Discussion Highlights: <ul style="list-style-type: none"> <li>○ Attendees noted the framework is comprehensive but can be challenging to fully implement.</li> <li>○ Recognised value in better understanding the framework to support future funding applications.</li> <li>○ Interest in having a more interactive version of the maturity matrix for easier use by contractors and LPCs.</li> <li>○ Framework seen as a useful planning tool to help contractors succeed in meeting funding requirements.</li> </ul> </li> </ul> <p>Action Points:</p> <ul style="list-style-type: none"> <li>• Share slides and supporting notes to members</li> <li>• Circulate links to SLEC and self-assessment tools.</li> <li>• Consider developing or adapting an interactive version of the matrix for wider use.</li> <li>• Encourage contractors to engage with the Quality Framework early in the application process.</li> </ul>	
525.13	<p><b>ICB Update – James Milner</b></p> <p>Summary of the key points from the update:</p> <p><u>1. Service Delivery Progress</u></p> <p>National Ambitions: Positive progress reported on national targets:</p> <p>Pharmacy First consultations exceeded target by ~20%.</p> <p>Hypertension case-finding exceeded by 80%.</p> <p>Oral contraceptive consultations slightly under target (~2%), but expected to meet targets once validated data arrives.</p>	

	<p><u>2. Independent Prescribing (IP) Pathfinder Programme</u></p> <p>Now live across all three pilot sites.</p> <p>Positive early impact:</p> <p>Strong engagement with practices.</p> <p>Increased confidence and scope among prescribers.</p> <p>Many consultations involve patients not previously managed by community pharmacy.</p> <p>Challenges noted: complex admin, digital systems, and resource burden.</p> <p><u>3. New Module Development</u></p> <p>Cardiovascular Disease Prevention Module in development, initially focused on hypertension.</p> <p>Co-designed with local partners to ensure alignment with confidence and competence of IPs.</p> <p>Trial with early adopters planned before broader rollout.</p> <p><u>4. Evaluation and Commissioning</u></p> <p>National evaluation focusing on implementation and integration rather than clinical outcomes.</p> <p>Local evaluation will track impact on CVD benchmark indicators.</p> <p>September–December 2025 will be a transition period—not all elements will continue nationally.</p> <p>Local commissioners must prepare for decisions on service continuation or local commissioning beyond March 2026.</p> <p><u>5. System Restructuring &amp; Funding Risks</u></p> <p>NHS organisational changes may lead to 50–70% reductions in local delivery/operational budgets.</p> <p>Need to maintain focus and protect recent progress amid uncertainty.</p> <p>Planning submissions due by end of May; implementation by September–December.</p> <p><u>6. Use of Allocated Funds</u></p> <p>Discussion on how to effectively use existing budgets before expiry in April 2026.</p> <p>Encouragement for ideas from local IPs to shape investment.</p> <p><u>7. UEC (Urgent and Emergency Care) Referrals to Pharmacy</u></p> <p>Still facing barriers to implementation, primarily due to lack of local ownership and resource constraints.</p> <p>Suggested continued pressure from both local and regional leads to progress this area.</p> <p>Noted that minor conditions continue to burden A&amp;E unnecessarily, reinforcing need for pharmacy diversion routes.</p> <p><u>8. Other Updates</u></p> <p>Locally commissioned services in progress for IPs and GPs.</p> <p>Acknowledgment of delays but positive feedback on collaborative groundwork enabling eventual success.</p>	
525.14	<p><b>Services Update – Amanda Alamanos</b></p> <p>Contractor Numbers &amp; Strategy:</p> <ul style="list-style-type: none"> <li>No changes in contractor numbers since last report.</li> </ul>	PP to confirm frequency of Pharmacy First



	<ul style="list-style-type: none"> <li>Ongoing efforts to follow up on updates, especially concerning the West Midlands initiative expected to start in April, which remains unconfirmed.</li> </ul> <p>Vaccination Campaigns:</p> <ul style="list-style-type: none"> <li>Flu vaccination data (as of 4 April): 55% coverage</li> <li>Spring/Summer COVID campaign runs until 17 June; many community pharmacies involved.</li> </ul> <p>PCARP Services:</p> <ul style="list-style-type: none"> <li>Ongoing increases in PCS referrals</li> <li>Data remains unverified and fluctuates; system delays (e.g. address verification and F-code issues) cause backlogs.</li> </ul> <p>Threshold Challenges &amp; Service Uptake:</p> <ul style="list-style-type: none"> <li>New service thresholds and caps from 1 April pose challenges.</li> <li>Only one pharmacy affected by the higher Band 6 cap so far.</li> <li>Many pharmacies (48+) have failed to meet thresholds over the last three months, with some just missing targets.</li> </ul> <p>GP Referrals &amp; Practice Engagement:</p> <ul style="list-style-type: none"> <li>Referral volumes remain stable; variation in practice engagement.</li> <li>Targeted support planned for practices with potential for improvement.</li> <li>Some practices reluctant to engage due to fears of losing prescriptions to community pharmacies.</li> </ul> <p>Pharmacy Performance Monitoring:</p> <ul style="list-style-type: none"> <li>Top and bottom performing pharmacies identified (7 clinical conditions).</li> <li>Aim is to share good practice and support lower performers.</li> <li>Changes in ownership and management are affecting some performance levels.</li> </ul> <p>Communications &amp; Public Awareness:</p> <ul style="list-style-type: none"> <li>Campaigns planned to increase service awareness among public and professionals.</li> <li>Limited progress due to capacity issues in the comms team.</li> <li>Need to better understand public attitudes towards pharmacy services.</li> </ul> <p>Data Quality &amp; Verification:</p> <ul style="list-style-type: none"> <li>Data delays and errors affect service recording and payments.</li> <li>Recommendations to avoid submitting data on the first of the month due to system lags.</li> <li>Persistent issues with untracked referrals and discrepancies in national vs. local data.</li> </ul> <p>DMS Performance:</p> <ul style="list-style-type: none"> <li>Mixed performance on DMS completions.</li> <li>High variation among pharmacies; some showing consistent underperformance.</li> </ul> <p>Future Actions:</p> <ul style="list-style-type: none"> <li>Continued review and support for underperforming pharmacies.</li> </ul>	<p>caps being updated</p> <p>Highlight to contractors about making MYS submissions 1-2 days after month end</p> <p>PQS Palliative Care domain and local JIC service – review and seek alignment to enable improved access</p>
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	<ul style="list-style-type: none"> <li>• Emphasis on improving data systems, practice engagement, and public campaigns.</li> </ul> <p>Further discussion on services</p> <ul style="list-style-type: none"> <li>• Strategic Planning: Work plan in development to include follow-up visits and 3-month impact assessments; Derbyshire example showed 98% improvement post-intervention.</li> <li>• Service Uptake: 100% Pharmacy First sign-up achieved; PCS initiation uptake remains low; confidence-building is a focus.</li> <li>• Communication &amp; Training: Newsletter to include all service updates, including info on training and change-focused event scheduled for 15 June (especially PCS)</li> <li>• GP Engagement: Prioritised GP visits to target low-engagement practices, and LPC support addressing myths and improving collaboration.</li> <li>• National Alignment: PCN DES rota alignment with PQS discussed.</li> <li>• Proposal to map contractor participation by domain to manage service demand.</li> <li>• Funding &amp; Gaps: Funding limitations hindering service expansion. Identified service delivery and geographic coverage gaps.</li> <li>• Vaccination Services: Vaccination commissioning to shift to ICBs by 2027. Opportunity to shape local strategies, pending capacity.</li> <li>• New Local Initiatives: Telford &amp; Wrekin Council to adopt Shropshire-style NRT service. Contractor interest confirmed; delivery via PharmOutcomes planned.</li> </ul>	
525.15	<p><b>CCA Questions Q2 2025</b> LC noted the following from CCA questions:</p> <p><b>LPC Self-Assessment:</b> The LPC self-assessment has been published and is now available; some LPCs are using Teams Forms to gather input before group discussions. The assessment uses a RAG (Red-Amber-Green) rating system for various governance and operational processes. Completing it will help identify gaps and areas for improvement. Once complete, results need to be uploaded to the LPC website.</p> <p><b>Governance documents:</b> PP noted declarations of interest and other governance documents are being collected; one is still outstanding. Clarification needed on where certain governance documents are stored. Discussion noted the importance of ensuring all documentation is organized and accessible.</p> <p><b>Skills Audit:</b> A skills audit will also be required as part of the process. There may have been a version of a skills audit form used previously, but it's unclear if it's still available.</p> <p><b>Strategy Update:</b> Updated deliverables for the LPC strategy have been completed and will be circulated.</p>	LC to share LPC self-assessment document
525.16	<p><b>AOB</b> None</p>	
525.17	Meeting closed at 16.00	

<p><b>Next meeting</b> – Tuesday 1<sup>st</sup> July 2025 9.15 – 13.00 (Teams)</p> <p>Following meetings bi-monthly on the first Tuesday, alternating between virtual (v) and in person (p):</p> <ul style="list-style-type: none"><li>• 2/9/2025 9.30-16.00 (p)</li><li>• 4/11/2025 9.15-13.00 (v)</li><li>• 6/1/2026 9.30-16.00 (p)</li><li>• 3/3/2026 9.15-13.00(v)</li></ul>	
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