

Members present:

Yogesh Patel (YP- Lawley Pharmacy – IND)
 Ravi Nagra (RN – MSN Lunts – Regional Multiple)
 Alex Carrasco (AC – Day Lewis – IPA)
 Sab Roprai (SR – Conway Pharmacy – IND)
 Mohammad Sohawon (MS – Muxton Pharmacy – IND)
 Steve Virdee (SV – Morrisons – CCA)
 Matt Birch (MB – Superdrug – CCA)
 Hatim Adamjee (HA – Hollinswood Pharmacy – IND)

In the Chair: Yogesh Patel

In attendance:

Peter Prokopa (PP – Chief Officer)
 Claire Hand (CH – STW ICB – part)
 Andrew Riley (AR – STW ICB – part)
 Lindsey Fairbrother (CPE Regional rep – part)
 Kirsten Atkinson (Priest & Co – part)

Agenda ref.	Details	Actions
1125.1	<p>Welcome, Apologies for absence, Declarations of Interest Apologies from Kath Briscoe, Lucy Corner, Jane Davies, Amanada Alamanos, Stephanie Green, James Milner. No declarations of interest relevant to the agenda.</p>	
1125.2	<p>CPE Update – Lindsey Fairbrother</p> <p>1. Overview & Purpose</p> <ul style="list-style-type: none"> • Slides presented were an update from the previous month and set the agenda for the current meeting. • Main focus remains preparation for future contract negotiations—which have not yet formally opened—by influencing ministers, MPs and civil servants. <p>2. New Chair Appointment</p> <ul style="list-style-type: none"> • Dame Jenny Harries appointed as new Chair. • Strong background (former Deputy CMO during COVID), influential, proactive and supportive of pharmacy. • Noted the importance of her remaining within the Chair remit and not overlapping with the Chief Executive role. <p>3. Negotiation Readiness & Sector Pressures</p> <ul style="list-style-type: none"> • Current community pharmacy contract ends in April; negotiations across primary and secondary care appear delayed. • Sector must demonstrate capacity, cost-effectiveness and the value created by the upcoming cohort of highly skilled graduates. • Emphasis on sustained political engagement, including MPs and ministerial offices. <p>4. Regional Engagement & Contractor Feedback</p> <ul style="list-style-type: none"> • Regional meetings were well received, providing opportunities for two-way discussion. • Acknowledgement of limited funding and competing demands: IT infrastructure, workforce, margin, fees and services. • Committee composition updated; interviews underway for additional independent representative. <p>5. Service Development Updates</p> <ul style="list-style-type: none"> • High volume of work within the Service Development subcommittee. • Recent and upcoming service changes include: <ul style="list-style-type: none"> ○ Relaunch of contraceptive service ○ New emergency contraception service ○ NMS extension to depression ○ Childhood flu vaccinations 	

- Uptake steady; demonstrating sector capability and breadth of offer.

6. Vaccination Programme Issues

- Confusion caused by NHS communications prompting large numbers of ineligible patients to seek COVID vaccinations.
- Discussion on feasibility of compensation for additional workload; challenges with data capture were noted.
- Action: Proposal to explore NBS vs NYS/provider platform data to understand the scale of discrepancy.

7. Independent Prescribing (IP) Pathfinder Concerns

- Significant concern regarding cessation of Pathfinder funding from December.
- IP sites report strong GP support and high patient demand, especially during winter pressures.
- Contractors encouraged to:
 - Engage their GP partners
 - Request their ICB to provide interim funding
- Highlighted poor data collection processes; suggestions made to improve recording of clinical activity and prescriptions.

8. Funding & Contract Committee

- Meets weekly due to ongoing tariff changes, price concessions and economic modelling.
- Continued work to evidence the financial challenges and demonstrate the value of pharmacy.

9. Legal & Regulatory Committee Updates

- Ongoing work on:
 - Simplifying regulations (hours changes, ownership processes)
 - Pharmacist flexibility (RP rules, protected learning time)
 - Ability to amend prescriptions
 - OPD/original pack dispensing and automation considerations
- Contractors invited to submit further regulatory challenges or suggestions.

10. LPC Support & Contractor Engagement

- Encouragement to attend the upcoming LPC conference and engage directly with Dame Jenny.
- Communications and Public Affairs (CPA) work ongoing, including MP briefing materials and regional event planning.
- Continued push for openness about CPE activity to maintain contractor confidence.

11. Workforce Pressures & Media Engagement

- Request for real-world stories to support upcoming media interviews (e.g., workload, long hours, family impact).
- These narratives are considered impactful for public and political understanding of current pressures.

12. Economic & Financial Context

- Sector remains underfunded by an estimated £2bn.
- Work continues on economic evaluations, including branded generics and regional inequalities.
- Emphasis on pharmacy's proven role in vaccination and prescribing as evidence for future negotiations.

13. Committee Composition & New Team Members

- IPA/CCA proportionality adjustments completed; interviews underway for new independent representative.

	<ul style="list-style-type: none"> New staff: Dr James Davis (economic evaluation), Rebecca (engagement & conference support). Continued support from Vicki on neighbourhood and ICB engagement. <p>14. Closing Actions & Next Steps</p> <ul style="list-style-type: none"> Slides to be shared with attendees. Key action points include: <ul style="list-style-type: none"> Explore data feasibility re: vaccination compensation Contractors to submit hardship/pressure stories Ongoing advocacy with ICBs on IP Pathfinder funding Continued MP engagement and political influencing 	
1125.3	<p>COVID Treatment Pathway – Andy Riley Lead Pharmacist Provider Collaboration and Performance NHS STW ICB</p> <p>The closure of the hospital-based CMDU service has created the need for a new community-focused COVID antiviral pathway. High-risk patients (as defined by NICE) still require rapid access to treatment within five days of symptom onset. The North Staffordshire GP Federation has been asked to prescribe, but GPs cannot manage assessment of infectious COVID patients within practices, making collaboration with community pharmacy essential.</p> <p>Paxlovid remains the first-line antiviral but carries major drug–drug interaction risks—particularly with anticoagulants and antiarrhythmics—requiring pharmacies to complete final safety checks using the Liverpool Interactions Checker and a new IMOC-approved checklist. Molnupiravir remains the fallback option; Sotrovimab is expected to be phased out. Planning is underway for outbreak scenarios, which may require designated community pharmacies to hold stock, with full reimbursement and potential delivery payments for isolated patients. Further mapping work will identify suitable providers and ensure resilience across the winter period. Coordination, communication and clear escalation routes between pharmacies, GP Federation, and ICB remain key next steps.</p> <p>Questions raised re interactions with:</p> <p>Anticoagulants:</p> <ul style="list-style-type: none"> Applies to <i>both</i> DOACs and warfarin. DOACs: generally, avoid co-administration; consider withholding or switching to LMWH. Warfarin: requires INR monitoring but may be impractical for unwell COVID patients. <p>Statins:</p> <ul style="list-style-type: none"> Usually safe to withhold temporarily during Paxlovid treatment. 	PP Share info in presentation with members and contractors when approved by IMOC
1125.4	<p>To approve Minutes from meeting held on 4th September 2025</p> <p>The minutes from the meeting held on 4th September were reviewed and unanimously accepted as a true and accurate record – proposed by YP, seconded by MS.</p>	PP to post to website
1125.5	<p>Matters arising</p> <p>YP asked on any progress regarding Christmas & New Year rotas, as discussed in September?</p> <p>PP agreed to reference that in the Regulations agenda item.</p> <p>YP further sought information about apprenticeships, and a contact for Telford College?</p> <p>PP agreed to provide the information after the meeting.</p>	PP to share contact details for Telford college course lead
1125.6	<p>Chief Officer Meetings Report</p> <p>Members were invited to raise any questions or request clarifications.</p> <p>Re: Smart Respiratory Inhaler Optimisation</p> <p>YP sought further information on the <i>Smart Respiratory</i> inhaler optimisation initiative; PP provided an overview of the project, currently being explored</p>	

	<p>with sites in Hertfordshire and Leicestershire LPC. The technology involves a device attached to an inhaler, linked to a mobile app, which helps monitor actual inhaler use—particularly important for inhalers without built-in dose counters (e.g., standard salbutamol MDIs).</p> <p>PP highlighted evidence from the past decade showing a significant number of paediatric asthma admissions were associated with patients continuing to use inhalers beyond the 200-dose limit, where propellant remains but active ingredient does not. This issue is especially relevant for children and young people who cannot use dry-powder inhalers, which typically do have dose counters.</p> <p>The smart device offers a way to identify when inhalers are effectively empty and thereby reduce preventable asthma exacerbations and hospital admissions. Early work suggests potential for a <i>locally commissioned service</i> in areas with high asthma-related hospitalisation rates.</p> <p>No further questions.</p>	
1125.7	<p>LPC Self-Assessment 2025 Draft</p> <p>AA had the consolidated self-assessment document compiled from the previous meeting. Members were invited to review each section and provide final comments before formal adoption, ensuring the assessment accurately reflects current LPC performance and informs the forthcoming work plan.</p> <p>PP confirmed that no areas were rated as inadequate; all met at least an adequate standard, with several assessed as good or better. He provided a page-by-page overview covering governance, declarations of interest, contracts and chief officer responsibilities, agendas and minutes, policies and procedures, strategic planning, contingency arrangements, member capability, committee structure, collaboration, communications, external engagement (including MPs, councillors, Healthwatch, GP engagement, and wider healthcare partners), and local commissioning.</p> <p>Actions highlighted included:</p> <ul style="list-style-type: none"> • Circulation of a skills matrix for all members to complete, particularly relevant with new members joining. • Ensuring all members have or regain access to the LPC members' area on the website. • Continuing work to strengthen media relations, councillor engagement, and stakeholder mapping. <p>No significant concerns were raised by members. The committee agreed to formally approve the self-assessment, proposed by YP and seconded by AC, with all in favour. The document will form the basis for developing the LPC work plan for 2024/25–2026/27.</p>	<p>PP to share skills etc matrix with members – to be returned before end November</p> <p>PP to follow up with CPE on members needing LPC member site logins: MS, AC, MB, SR, YP</p>
1125.8	<p>Procedure for dealing with Complaints about Community Pharmacy Shropshire Committee members</p> <p>PP presented the national complaints procedure template produced by CPE, adapted with LPC-specific details. The policy sets out how complaints about committee members are managed, referencing the Constitution and relevant guidance.</p> <p>Key points discussed:</p> <ul style="list-style-type: none"> • The template reflects the LPC Constitution adopted two to three years ago; no significant changes were proposed. • LC had noted that a small number of complaints about individual members had arisen elsewhere and suggested adoption of the template by LPCS. • Separate procedures for complaints about LPC services could be developed and made available on the website, following examples such as Greater Manchester LPC. • Employee-related complaints are handled via the Staff Handbook. 	PP to add to website

	<ul style="list-style-type: none"> Support mechanisms for Chairs and Vice Chairs dealing with complaints were noted, including access to the Chairs' Association for additional guidance. <p>Members had no objections. The committee formally approved the complaints procedure, proposed by Yogesh and seconded by Map, with all in favour.</p>	
1125.9	<p>Finance Update</p> <p>In JD's absence, PP provided an update on finances, referencing information shared by Jane. Key points:</p> <ul style="list-style-type: none"> Funding has been received from the ICB via the winter pressures scheme to support increasing the completion rate of DMS referrals by contractors. Current completion rates are around 64%, previously reaching the 70s; the target is over 90% to help reduce hospital readmissions and bed pressures. AA will focus on data management and identifying areas needing support, while SG will provide direct support to contractors, tailored as required. A business case for utilising additional MOU funds is being drafted and will be presented at the January meeting to plan for winter 2026 and 2026/27. No questions or concerns were raised regarding the current financial position. 	
1125.10	<p>Regulations Update</p> <p>Market Entry:</p> <ul style="list-style-type: none"> Outstanding applications include Wellington consolidation (missed deadline) and St George's; no outcomes yet. Changes of ownership completed for STW branches of Avicenna transferring to Dragon Retail 501 Ltd, eventually moving to MSN Lunts Group, affecting contractor membership. Day Lewis core hours amendment application has been processed without issues. <p>Pharmaceutical Needs Assessments (PNAs):</p> <ul style="list-style-type: none"> Shropshire PNA published; link shared with contractors. Telford & Wrekin PNA work ongoing, with final public consultation in January–February and Health & Wellbeing Board approval expected in March. Minor corrections to Shropshire PNA, such as condom distribution scheme participation, may be included in a supplementary statement. <p>Contractor Intermittent Opening:</p> <ul style="list-style-type: none"> Guidance shared with contractors regarding temporary closures of a significant multiple and relevant patient comms materials for other contractors. Local impact minimal due to only one affected branch in the patch. <p>Mandatory Workforce Survey:</p> <ul style="list-style-type: none"> Update provided; small independents should complete before the November deadline; larger groups submit centrally. <p>MP Engagement:</p> <ul style="list-style-type: none"> MP for Telford contacted ICB regarding OST (opioid substitution therapy) provision, with some contractors refusing unsupervised supplies resulting in inequitable access for these individuals; ICB have sought comment from PP on actions & mitigations to ensure equitable access. LPC has again reminded contractors to provide essential service dispensing for unsupervised prescriptions. <p>Bank Holiday Rotas (Rotas/Christmas Coverage):</p>	

	<ul style="list-style-type: none"> • Discussion on Christmas Day coverage for Market Drayton. • Emphasis on two-hour rotas as more practical for Pharmacy First, contraceptive services, and workflow management. • LPC to follow up with Commissioners to review bank holiday rota arrangements. 	
1125.11	<p>ICB Update – Claire Hand</p> <p>Performance and Service Update: CH presented the latest service activity data, noting a dip in August across Pharmacy First, contraception, and blood pressure services, consistent with national trends. Minor illness and clinical pathway activity decreased, while urgent medication supply increased, partly due to the phased closure of local pods. September data shows contraception and BP services recovering, though Pharmacy First remains slightly down. Discussion included supporting patients with the NHS app and repeat dispensing during pod decommissioning.</p> <p>Operational Planning: Current submissions are above original targets, but below new NHS England stretch targets. Pathfinder programme activity increased from March 2025, with the service scheduled to close in December; interim measures will run January–March 2026, pending future NHS England/Community Pharmacy England consultations.</p> <p>Weight Management Project: Phase two of the project was outlined, focusing on the pharmacy component of a wider integrated service. Initial consultations are expected to last 30–45 minutes (£50 per session), with monthly follow-ups (£25/session), totalling £350 per patient in year one. A three-year funding bid closes on 19 November, with potential start by 1 May. MDT support and referral pathways will manage complex patient cases, including those requiring bariatric surgery or additional interventions. Members supported the plan and agreed to back the ICB bid.</p> <p>Emergency Hormonal Contraception (EHC): National EHC service launched, but local communication will be held until clarity is obtained regarding the decommissioning of the Telford & Wrekin element at the end of January, and the situation in Shropshire is clarified.</p>	PP to circulate comms re POD decommissioning via newsletter; also to check on NHS App support, links to support with IT within councils etc
1125.12	<p>NNIHP update – Shropshire Place</p> <p>PP provided an update on the NNIHP programme, noting that the initiative is still in early stages. AA attended the initial regional meeting, and further regional events are planned over the coming months. Challenges identified include securing paid backfill for local pharmacists to engage effectively in neighbourhood-based working, as some areas had expected pro bono involvement. Members agreed that proper local engagement is essential for success.</p> <p>CH's data highlighted that lower GP engagement correlates with dips in Pharmacy First activity, emphasizing the importance of maintaining active referral and communication pathways. Members were advised to review Amanda's circulated report and raise any questions at the next meeting or directly via email if urgent.</p>	
1125.13	<p>Services Update – Amanda Alamanos</p> <p>In AA's absence, PP had emailed her report to members and noted that the most recent data on pharmacy services had just been received and PP would share any further update when AA had chance to process this; otherwise the data presented by CH was reflected in AA's report..</p>	
1125.14	<p>Communications Update – Kirsten Atkinson (Priest & Co)</p> <ul style="list-style-type: none"> • KA acknowledged committee members for engagement with professional social media profiles; highlighted positive reach and kudos for contributions. 	Reminder re profiles – PP MS HA YP

	<ul style="list-style-type: none"> • Facebook page launched with limited followers; caution noted as it is primarily a B2C platform. • LinkedIn presence growing, now 101 followers with high post impressions; content includes reactive and scheduled posts. • Key campaigns highlighted: <ul style="list-style-type: none"> ○ Pharmacy First winter conditions (earache, sore throat, sinusitis) ○ NMS expansion including depression ○ Winter vaccinations, EC, and contraception awareness ○ “Know Your Numbers” week and Freshers’ week outreach ○ Pharmacy Business Awards recognition and Pharmacist Day promotions • Discussed potential MP engagement to raise awareness of community pharmacy services; recommended a two-pronged approach with both contractor and chief officer outreach using provided templates. • Committee advised to maintain ongoing communication with MPs to build awareness and support for proper sector funding. • WhatsApp group expansion and engagement strategies to be reviewed. • Next steps include supporting MP visits, promoting services and campaigns, and ongoing social media content management. • KA will be away from 12–19 November but has scheduled posts to maintain activity. 	<p>MB SV SR – plus photo</p> <p>FB promote page via any means</p> <p>Pharmacy first comms & resources – share by all means</p> <p>Members to write to MPs with KA's template</p>
1125.15	<p>CCA Questions Q4 2025 MB to liaise with CCA colleagues and contact PP for any clarifications required.</p>	
1125.16	<p>AOB</p> <p>Regional Conference – Lincolnshire Topic</p> <ul style="list-style-type: none"> • Focus: Ensuring LPCs maintain activities that provide tangible benefits to contractors. • Strategic objectives discussed: • Increase patient use of pharmacy services • Direct support for contractors • Relationship building with commissioners • Advocacy via MPs, local government consultations, national lobbying, and collaboration with other bodies • The approach may be adapted for Shropshire LPC • Proposal submitted to CPE for discussion at the upcoming conference. <p>National Advertising Campaign – Flu Vaccinations</p> <ul style="list-style-type: none"> • Proposal: CPE to fund a national campaign promoting pharmacy flu vaccinations using existing resources. • Considerations raised: • Potential high cost versus benefit of a national approach • Local/regional campaigns may be more targeted and cost-effective • Focus could be on areas with lower service uptake (e.g., Pharmacy First) • Need to consider variations in promotion by national pharmacy chains versus independent contractors • General agreement that awareness campaigns are useful but resources and approach require careful planning. 	
1125.17	<p>Meeting closed at 13.00</p> <p>Next meeting – Tuesday 6th January 2026 10.00–16.00 – in person at STW ICB offices, Civic Centre, Tan Bank, Wellington TF1 1LX.</p>	