

**Minutes of the Committee meeting held
at 9.15am on Tuesday 24th February 2026
Via Teams**

Members present:

Kath Briscoe (KB – Boots – CCA)
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)
Lucy Corner (LC – Rowlands – CCA)
Hatim Adamjee (HA – Hollinswood Pharmacy – IND)

In the Chair: Kath Briscoe

In attendance:

Peter Prokopa (PP)
Amanda Alamanos (AA)
Stephanie Green (SG)
James Milner (JM – STW ICB – part)
Lindsey Fairbrother (CPE Regional rep – part)
Becky Butterworth (CPE LPC & Contractor Support – BB)
Kirsten Atkinson (Priest & Co – part)
Shadina Dodds & Amy Potts (STW ICB – part)

Agenda ref.	Details	Actions
226.1	<p>Welcome, Apologies for absence, Declarations of Interest Apologies from Yogesh Patel, Steve Virdee, Matt Birch. BB was introduced to members. MS declared an interest in the discussion on his company's application noted under item 226.11.</p>	
226.2	<p>To approve the Minutes of meeting held on Tuesday 6th January 2026. (Doc 226.2) – as amended to add attendance of AA. Approved unanimously. Proposed by RN, seconded by MS.</p>	PP to add to website.
226.3	<p>Matters arising/actions not on the agenda No matters arising.</p>	
226.4	<p>Chief Officer Meetings Report (Doc 126.4) Members were invited to raise any questions or seek clarification on the report. KB asked for clarity on the data sharing issues raised in the NNHIP meeting report? PP noted the implications of pharmacy notifications to GPs about commissioned service delivery (via GP Connect); however, this was a theoretical issue raised by BMA, and PP asked BB if there had been issues raised in other areas about this? BB was not aware but agreed to feed back if there was. There were no further questions.</p>	
226.5	<p>STW Waste Campaign Update SD and AP presented an overview of the 2024 Medicines Waste campaign outcomes and thanked Community Pharmacies for their strong engagement. The campaign aimed to reduce avoidable medicines waste and unnecessary repeat ordering through behaviour-change messaging and system-wide collaboration. Evaluation showed significant positive shifts in patient behaviour, with more people checking medicines before leaving the pharmacy, understanding how to return unused items, and avoiding stockpiling. Communications activity had a wide reach across social media, digital platforms and radio. Data from pharmacy tally charts recorded 653 items returned in two weeks, equating to £6,000 in savings, with a projected £73,000 saving over the full three-month campaign period. Medicines waste collection data also showed the lowest recorded levels in over a year, suggesting the campaign achieved measurable impact. Training delivered to GP practices resulted in 100% of attendees understanding key waste-reduction messages and actions.</p>	

	<p>Future plans include continued system-wide engagement, exploring an NHS App pop-up, refreshing the campaign for next year, and maintaining DTOR work into 2026-27 (including focus on long-acting insulin quantities). A suggestion was raised to feature sharps waste disposal in future messaging.</p> <p>Overall, the campaign demonstrated clear behaviour change, financial benefit, and strong collaborative working across the system.</p>	
226.6	<p>Subcommittee Breakouts Outcome summaries in 126.7 below.</p>	
226.7	<p>Finance (JD) The subcommittee reviewed the current financial position and future funding risks. The LPC is expected to break even this year; however, approval is still awaited from JM to release ring-fenced funds, meaning AA's and SG's salaries are temporarily being covered from general income. The LPC is also awaiting £14,400 DMS funding, which James is actively chasing through the UEC budget.</p> <p>A revised business case has been resubmitted following JM's request for clearer KPIs and alignment to ICB priorities. Proposed indicators include increasing Pharmacy First threshold achievement from 50% to 75% in 12 months, supported by on-the-ground work from AA and SG. James was supportive of the PCN engagement approach, recognising LPC-led flexibility and reduced employment-law risk.</p> <p>Despite uncertainty, the ICB appears highly dependent on LPC capacity, particularly for neighbourhood work, Pharmacy First delivery, and new services such as the Ear Treatment Service, which is expected to bring £20K of additional funding. Significant workforce reductions within the ICB reinforce the likelihood of continued reliance on LPC support.</p> <p>Next year's draft budget is tight with limited surplus, though the LPC holds around £80K in reserves, providing up to two years' operating cover if required. A review of the reserves and wind-down calculation is needed to ensure good governance.</p> <p>The committee also discussed the potential £1,250+VAT investment in a new website/domain, with the decision dependent on evaluating the success of similar sites (e.g., Derbyshire, Nottinghamshire) and ensuring the resource commitment for content.</p> <p>Overall, while funding approvals remain pending, the LPC retains financial stability for the short term and strong indications of future ICB support, given their operational reliance on LPC delivery capacity.</p> <p>Services & Communications (PP) The subcommittee reviewed plans for the next webinar, scheduled for four weeks from now, which will focus on using social media effectively in community pharmacy. PP outlined the preparatory discussions held with HA and highlighted the intention to involve RN again due to his previous strong contribution and experience in pharmacy social media.</p> <p>The session will cover how contractors can use social media not only to promote Pharmacy First and other NHS services, but also to grow wider commercial opportunities such as vaccination services. HA will discuss how he has successfully monetised paid advertising, and the webinar will also address improving equity of access through digital reach.</p> <p>Planned content includes types of social media platforms, team engagement, content development, cost considerations, and a Q&A section. Early registrations look promising, with additional sign-ups received on the day of the meeting. Planning for future webinars will begin after this session is delivered.</p> <p>Governance (LC)</p>	<p>PP to share CO vacancy applicants with Governance sub-committee members</p> <p>Committee membership agreed – PP to advise IPA and MSN</p> <p>PP to organise end of year reviews for staff</p> <p>PP, AA & SG to undertake workstation assessments; PP to sign off as relevant</p> <p>PP to agenda LPC self-assessment item for May meeting</p>

	<p>The subcommittee reviewed progress on the Chief Officer recruitment, confirming that several applications have been received. PP will share relevant applications with the Governance Subcommittee for an initial paper sift, with the intention of interviewing and appointing a candidate in time to allow for a handover period. Budget considerations were noted, particularly regarding salary flexibility, though no increase beyond the advertised amount is planned.</p> <p>A significant update was provided on committee proportionality following contractor base changes, including MSN Lunts' acquisition of several Avicenna branches. The revised proportionality removes the vacancy for an IPA representative and reallocates it as a second regional multiple seat, in line with the LPC constitution. The committee agreed this change unanimously (proposed by LC, seconded by SR). PP will formally notify IPA that their window to nominate a replacement has passed and proportionality has shifted.</p> <p>The committee also confirmed that end-of-year staff reviews will proceed, with PP completing reviews for AA and SG, and KB completing PP's review. Outstanding governance tasks were revisited: the self-assessment exercise will now be scheduled for the May meeting, and SharePoint access for members remains to be checked.</p> <p>Finally, AA raised the need for required workstation (DSE) assessments for herself and Stephanie. They will complete the forms, have them reviewed and signed off by PP, and upload them to SharePoint.</p> <p>Overall, the meeting ensured continued progress on leadership recruitment, constitutional compliance, and staff governance requirements.</p>	
226.8	<p>Communications Update</p> <p>KA provided an update covering social media performance, recent campaign successes, and upcoming engagement activities. Over the past six weeks, both Facebook and LinkedIn have shown positive organic growth. Facebook has gained one new follower (total now 8), while LinkedIn has seen a significant increase of 27 new followers, reflecting strengthened engagement without any paid promotion. Recent LinkedIn activity generated nearly 4,000 impressions and around 200 reactions, demonstrating rising visibility and interaction with pharmacy-related content.</p> <p>Key campaign highlights included the Stroke Prevention Day post, which achieved ~1,400 impressions and strong public engagement, reinforcing the value of participating in awareness campaigns. Additional posts around local webinars, Pharmacy First achievements, and regional programme involvement also performed well, benefitting from reposts by committee members. Early media engagement on the 98,000 patients supported via Pharmacy First has also contributed positively.</p> <p>Stephanie's increased involvement in communications—sharing updates, photos and attending events—has been noted as a strong asset, with her posts receiving good traction. Her recent engagement with a Telford MP at a local event was highlighted as particularly valuable, and discussions reinforced the need to continue MP outreach to support sector lobbying efforts, with potential coordination alongside national CPE messaging.</p> <p>Upcoming work includes preparation for the social media webinar, for which Kirsten is finalising materials and coordinating with Hatim to contribute contractor insights. Member profile content continues to progress, with Mo reminded to provide responses.</p> <p>Overall, communications performance and engagement continue to improve, with growing reach, effective campaign participation, and ongoing support for wider advocacy priorities.</p>	PP to re-engage with MPs via email.

	<p>The committee revisited the proposal for commissioning a local patient-facing Pharmacy First website, previously circulated with the meeting papers. With some surplus available within the upcoming year's budget, members considered whether to proceed now or defer to a later meeting.</p> <p>The proposed site mirrors the model used successfully in Nottinghamshire and Derbyshire, offering clear patient-focused information on Pharmacy First, contraception, and blood pressure services, with links directing users to Find a Pharmacy. It does <i>not</i> include referral or booking functionality, avoiding data protection risks associated with more complex digital platforms.</p> <p>Discussion highlighted the benefits of a localised presence, supporting searches for "Pharmacy First" and helping reduce the likelihood of patients being directed to out-of-area providers. Early analytics from the East Midlands examples were described as "phenomenal," demonstrating strong search activity, particularly following recent media coverage of contraception services.</p> <p>Committee members emphasised the importance of:</p> <ul style="list-style-type: none"> • Ongoing access to regular performance analytics to evidence value for money. • Ensuring consistent branding, with flexibility to create a local Pharmacy First Shropshire identity. • Recognition that linking back to the LPC website is unnecessary for patients and could cause confusion. <p>No objections were raised, but discussion paused to test whether the committee was ready to approve commissioning. with the option to defer a decision until later in the meeting.</p>	
226.9	<p>CPE Update – Lindsey Fairbrother</p> <p>Lindsey provided a comprehensive update from the recent CPE subcommittee meetings, highlighting ongoing pressures, policy developments, and national advocacy work. Service Development discussions focused heavily on vaccination challenges—including the narrow delivery window for 2–3-year-old flu vaccinations—and continued uncertainty and funding issues surrounding independent prescribing, which is causing many sites to pause activity beyond March.</p> <p>Funding and contract discussions covered the introduction of a reduced Category H list (11 items instead of the initially proposed 60) and continued concern over Category M margin recovery. Contractors were advised to review specific items, such as omeprazole dispersible, to avoid reimbursement losses. Legal and Regulatory updates covered the correct interpretation of the bagged and checked regulations, the impact of Jhoots-related closures and breach notices—particularly in the South West—and the need for clarity over the Sexual Safety Charter, which is not mandatory and has an October sign-up timeline, contrary to some ICB messaging.</p> <p>LPC and contractor support work continues, with regional events moved to June and ongoing reviews of potential LPC mergers in light of system changes. Communications and Public Affairs have appointed a new PR agency to strengthen national influence, particularly with ministers and MPs. Financially, contractors remain under severe strain: despite the uplift last year, rising costs and inflation have offset gains, and the sector continues to face a £2bn funding deficit. Pharmacies have reduced opening hours significantly—by an estimated 75,000 hours per week—to remain viable.</p> <p>Lindsey also highlighted concerning findings from a new survey on abuse in pharmacies, showing high levels of verbal and physical aggression. CPE</p>	

	<p>is pursuing national action, including engagement with Police & Crime Commissioners, to improve support and protections for pharmacy teams. Overall, the subcommittees continue to push for stability, fair funding, and improved national recognition of the pressures facing community pharmacy, as the sector remains at a critical point. Members addressed several key questions relating to national issues, service development, and future LPC structures.</p> <p>1. Medicines Supply Concerns</p> <p>PP asked for national updates following the House of Lords report on medicine shortages. Lindsey confirmed no new national guidance or outcomes have yet been communicated but agreed to seek clarification. She noted this issue directly contributes to increased patient frustration and abuse in pharmacies.</p> <p>2. GP Bonuses for Weight-Loss Medication</p> <p>RN queried the announcement of GP bonuses for prescribing weight-loss medication and asked whether Community Pharmacy would be included. Lindsey confirmed:</p> <ul style="list-style-type: none"> • Weight management is already one of CPE’s top service asks. • It is repeatedly raised in negotiations due to Pharmacy’s proven capability and private delivery experience. • She will follow up urgently given the new GP incentive and unclear NHS criteria. <p>PP added that the local ICB had attempted to secure national obesity funding including Pharmacy, but the bid was unsuccessful.</p> <p>3. LPC Support Regarding ICB Mergers</p> <p>PP asked if LPCs would receive structured support when assessing merger options in response to ICB restructuring. Rebecca confirmed:</p> <ul style="list-style-type: none"> • CPE is already running national support sessions, with the next on 17 March. • Areas such as Greater Manchester and Norfolk & Suffolk will share insights. • Many LPCs are choosing to wait until ICB arrangements become clearer. • She will ensure an invite is shared with Peter. <p>Lucy queried inclusion of North Mersey LPC; Rebecca confirmed all affected LPCs have been invited.</p>	
226.10	<p>Financial Update & Year-End Projection</p> <p>JD had already reported much of the update in the subcommittee feedback; the remaining task being the formal approval of the 2026–27 budget, following updates made by JD. After brief clarification from MS regarding insights from the recent CPE Finance event—specifically around timelines, VAT, and balance issues already resolved by James Wood—the draft budget was proposed (MS) seconded (AC) and unanimously approved.</p> <p>The group then moved to review the Website Proposal. Significant discussion centred on the cost–benefit case, value to contractors, and comparison with existing alternatives such as the CPE website and more expensive CSU options. Governance and Finance expressed concern about the clarity of the deliverables and whether the NHS might help fund the project.</p> <p>AA outlined the rationale for the recommended approach, drawing on positive experiences in Derbyshire and Nottingham, particularly the navigation-focused, patient-facing design aligned with real search behaviour (notably “Pharmacy First”, not “Community Pharmacy”). The Derbyshire site’s usage data—such as 416 click-throughs in a single month—suggests measurable impact, though members agreed more</p>	<p>PP budget to be shared with ICB and CPE</p>

	<p>evidence is needed to assess contractor benefit and potential contribution to KPI achievement.</p> <p>Given the need for additional analytics and context—particularly around contractor outcomes and cost justification—the committee agreed to defer the decision to the May meeting. Further data will be gathered before a final determination is made.</p>	
226.11	<p>Regulations Update PP provided the following update:</p> <p>St George’s Market Entry Appeal The LPC has been attempting to obtain confirmation of the initial decision on the St George’s application. Although the formal notification was not seen, it is now clear that the application was refused and has subsequently gone to appeal.</p> <p>The basis of the appeal appears to challenge whether patient access to pharmacies outside the immediate area was properly considered. Given that the LPC’s original response already addressed key issues—such as car ownership, deprivation levels, and transport links—there is no new information prompting further LPC comment at this time. The agreed position is to submit no additional representation.</p> <p>Admaston – Consideration of Removal Following a relocation application, the ICB issued a notification of possible removal for non-provision of services. After consulting CPE, the LPC asked the ICB to pause its consideration until the outcome of the no-significant-change relocation is known. The ICB has agreed to this approach, and a hearing is expected shortly.</p> <p>Drug Tariff Category H Changes Members were updated on the Department of Health’s decision to introduce Category H for a selection of products. This decision was imposed despite concerns raised by CPE regarding clinical risks, including the potential for supplying brands with differing licensed indications. Implementation is being phased, starting with 11 items this month and updated quarterly. LPC will highlight the importance of reviewing this in the contractor newsletter, and the on-demand CPE webinar is recommended for further detail.</p> <p>GPhC Consultation – Draft Rules for RPs and Superintendents The new consultation reflects future changes linked to supervision reform, including the potential for pharmacy technicians to take on expanded supervisory responsibilities.</p> <p>Members agreed that:</p> <ul style="list-style-type: none"> • Large organisations and CPE will already be responding. • There is unlikely to be additional value in an LPC-level response unless individual members have specific points to raise. Instead, the LPC will promote the consultation to contractors so they can respond directly if they wish. <p>Telford & Wrekin PNA The draft PNA presented last month appears robust. LPC feedback will focus on:</p> <ul style="list-style-type: none"> • Recognition of realistic expectations for weekend/evening access. • Ensuring consultation rooms are suitable for future clinical services, especially as national prescribing services develop. • Transport issues raised locally—such as those relating to Sutton Hill—were clarified, with evidence of adequate bus services. Members were satisfied that the PNA appropriately reflects local access realities. <p>Nomination & Auto-Nomination Issues</p>	<p>PP TO INCLUDE Newsletter items on Category H webinar, GPhC consultation and auto-nominations guidance</p> <p>PP to respond to St Georges appeal – no further comment unless anything significant in appeal details.</p>

	<p>While no local problems have been reported, increasing regional and national concerns were noted. NHS England is engaging with system suppliers due to reports of inappropriate auto-nominations elsewhere. This remains an emerging issue to monitor.</p>	
226.12	<p>ICB Community Pharmacy Update – James Milner JM provided a detailed overview of current Pharmacy First activity, service trends, and strategic developments across Shropshire, Telford and Wrekin. While recent months show a slight reduction in overall Pharmacy First consultations—largely influenced by the expected seasonal drop following December peaks—year-on-year figures demonstrate significant positive growth across clinical pathways, contraception, and blood pressure services.</p> <p>Clinical pathway activity has remained broadly stable with a gradual upward trend over the past six months. Minor illness referrals continue to decline, which aligns with national patterns. Notably, GP referral data remains difficult to interpret due to inconsistencies between BSA data and PharmOutcomes submissions, though there is clear evidence of a general downward trend in referrals originating from general practice. Acceptance of NHS 111 referrals continues to rise, reflecting improvement in telephony routing.</p> <p>Hypertension case-finding shows a reduction in the number of basic checks but a proportionate increase in ABPM, indicating a shift towards higher-value diagnostic activity. The oral contraception service continues to grow strongly, primarily driven by EHC consultations leading to follow-up initiations.</p> <p>JM also highlighted the ICB’s strategic commitment to long-term commissioning of independent prescribing within Community Pharmacy. With the national Pathfinder programme concluding its delivery phase, the ICB has secured a three-month extension (April–June) to gather further data and develop a robust business case, with the intention of establishing an ongoing locally commissioned prescribing service aligned with neighbourhood health and CVD priorities.</p> <p>During the discussion, members raised the recent national announcement of GP payments linked to weight-loss medication prescribing. While not previously aware of the reported bonus, James outlined that current local delivery of tirzepatide is limited to a small, clinically complex cohort managed through general practice. He noted there is clear long-term potential for Community Pharmacy involvement in future weight-management cohorts, especially as prescribing capability expands.</p> <p>Finally, the ICB confirmed plans for a targeted funded communications campaign promoting Pharmacy First in areas with lower uptake. This will include leaflet drops, bus advertising, large-format posters, and town-centre engagement, alongside refreshed materials for pharmacies and GP practices.</p> <p>Finally, JM confirmed that its senior leadership restructure remains in consultation. The process is currently underway, with consultation due to close in the coming days. A final leadership structure for the newly clustered ICBs is expected to be published in the coming weeks. An updated briefing will be provided at the next meeting once details are confirmed.</p>	
226.13	<p>Services Update – Amanda Alamanos AA provided data update with members prior to the meeting – there were no questions on this.</p> <p>Telford Stars – Pharmacy Capacity & Service Delivery Context</p>	<p>PP to convene substance misuse working group to consider a</p>

	<p>Concerns have escalated between community pharmacies and Telford Stars regarding access to supervised and unsupervised methadone services in Telford & Wrekin.</p> <p>The issue originated from complaints received by NHS Shropshire, Telford and Wrekin ICB, leading to multi-party discussions. Recent communications have increased tensions, with pharmacies reporting feeling pressured and mischaracterised.</p> <p>Core Issue</p> <p>Pharmacies cite structural capacity and safety limitations, including:</p> <ul style="list-style-type: none"> • Controlled Drug (CD) cabinet space • Staffing and workflow pressures • Physical infrastructure constraints • Increased operational burden of unsupervised supply <p>Telford Stars' position suggests:</p> <ul style="list-style-type: none"> • Refusals may breach essential service requirements • Patterns could indicate discrimination <p>Pharmacies strongly reject discrimination allegations and maintain that decisions are safety-based.</p> <p>Key Contributing Factors</p> <ol style="list-style-type: none"> 1. Shift to Unsupervised Model <ul style="list-style-type: none"> ○ Approx. 80% of prescriptions now unsupervised. ○ Expectation remains for high levels of patient engagement. ○ No corresponding increase in funding or wraparound support. 2. Financial Tension <ul style="list-style-type: none"> ○ Commissioners reluctant to increase fees. ○ Alternative models in other regions show enhanced funding linked to harm reduction. 3. Capacity Framing Problem <ul style="list-style-type: none"> ○ Debate currently framed as "refusing methadone patients." ○ Emerging view: reframe around <i>liquid CD handling capacity</i> and structural safety limits. ○ Caution required to avoid rigid capacity commitments that create contractual risk. 4. Escalation Risk <ul style="list-style-type: none"> ○ Language around "complaints" and potential breach notices has heightened defensiveness. ○ Risk of relationship breakdown between pharmacy contractors and public health. <p>Emerging Themes</p> <ul style="list-style-type: none"> • Capacity varies day-to-day; fixed numbers may be misleading. • Some geographic clustering of pressures (South Telford). • Concern that cooperative pharmacies may be disproportionately burdened. • Perception gap between commissioners and pharmacy operational realities. <p>Agreed Immediate Approach</p> <ul style="list-style-type: none"> • Pause and de-escalate • Avoid formal breach processes at this stage • Allow time before responding to recent emails • Gather structured input from Telford contractors • Develop safety-based capacity framework • Explore shared learning from comparable services <p>Strategic Risks</p> <ul style="list-style-type: none"> • Escalation into formal contractual dispute 	<p>way forward with STaRS</p>
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	<ul style="list-style-type: none"> • Reputational harm via discrimination narrative • Destabilisation of local pharmacy engagement • Wider damage to collaborative commissioning relationships <p>Overall Position The issue is not refusal of care, but safe service delivery within structural limits. A managed, collaborative reset is required to protect patient access while maintaining pharmacy sustainability and system relationships.</p>	
226.14	<p>AOB</p> <ul style="list-style-type: none"> • PP thanked JM for confirming he had secured the Meeting Room at the ICB Wellington office for May, September and January meetings 2026-27. • JD asked for members to claim any outstanding expenses • BB highlighted an upcoming wellbeing and resilience workshop taking place on Thursday, delivered in partnership with Pharmacy Support. This represents the first in-person workshop jointly run with Pharmacy Support and forms part of actions taken following contractor polling around wellbeing needs. • BB also noted that the CPE website has been updated with a new wellbeing page, signposting support services and outlining the work of Pharmacy Support. Committee members were encouraged to attend the session and promote it to colleagues. • Finally BB thanked the committee for the opportunity to join the meeting, acknowledging the useful insights gained and confirming follow-up discussions would take place with PP where required. 	PP to remind members re expense claims
226.15	<p>Meeting closed at 13.00</p> <p>Next meeting – Tuesday 5th May 2026 9.30am-4pm at STW ICB Offices, Civic Offices, Larkin Way, Tan Bank, Wellington, Telford TF1 1LX</p>	