

**Minutes of the Committee meeting held at
10.00am on Tuesday 6th January 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)
Steve Virdee (SV – Morrisons – CCA)
Matt Birch (MB – Superdrug – CCA)
Lucy Corner (LC – Rowlands – CCA)
Hatim Adamjee (HA – Hollinswood Pharmacy – IND)

In the Chair: Kath Briscoe

In attendance:

Peter Prokopa (PP)
Amanda Alamanos (AA)
James Milner (JM – STW ICB – part)
Lindsey Fairbrother (CPE Regional rep – part)
Kirsten Atkinson (Priest & Co)
Abhishek Gupta (AG – Wolverhampton School of Pharmacy – part)
Sarah Hughes (SH – Wolverhampton School of Pharmacy – part)

Agenda ref.	Details	Actions
126.1	<p>Welcome, Apologies for absence, Declarations of Interest Apologies from Yogesh Patel. PP advised members that Yogesh had sought a period away from LPC duties due to a close family bereavement; members shared their condolences and asked PP to pass these on to Yogesh. PP noted that Yogesh was the only other current signatory for the LPC bank account – members agreed that JD would apply to have KB added as a further signatory to ensure business continuity. MS declared an interest in the discussion on his company’s application noted under item 126.10.</p>	
126.2	<p>To approve the Minutes of meeting held on Tuesday 4th November 2025 (Doc 126.2) – approved unanimously. Proposed by RN, seconded by MS.</p>	PP to add to website.
126.3	<p>Matters arising/actions not on the agenda PP noted that the outcomes of the LPC self-assessment were due for consideration. However, due to other priorities, there has not yet been an opportunity to agree next steps. It was therefore proposed that this item be included on the March agenda. PP also noted that a number of members have yet to return their Skills Matrices, and that some member profiles have not yet been submitted to KA. All outstanding items are to be completed by the end of January.</p>	Relevant members & officers to complete skills matrices and profiles.
126.4	<p>Chief Officer Meetings Report (Doc 126.4) Members were invited to raise any questions or seek clarification on the report. LC asked whether the Telford & Wrekin Pharmaceutical Needs Assessment (PNA) had progressed. PP advised that Helen Onions from Telford & Wrekin Council was due to join the meeting at 12.30pm to present the draft PNA for consultation. He noted that there were no issues with the draft document. A small, identified gap in South Telford at weekends had been highlighted, but this was mitigated by the continued availability of services within the town centre. It was also acknowledged within the document that residents may need to travel further to access pharmaceutical services at weekends, as is the case for other health services such as urgent care. There were no further questions.</p>	
126.5	<p>Subcommittee Breakouts Outcome summaries in 126.7 below.</p>	

126.6

CPE Update – Lindsey Fairbrother

Committee composition

Committee membership has been adjusted to reflect recent ownership changes. Independent representation has been restored to a 50/50 balance, observers have been confirmed as full voting members, and an additional independent member has been appointed. These changes aim to create a stronger, more representative, and more engaged committee.

Services and commissioning

The national rollout of contraception and emergency contraception services is progressing well. Prescribing Pathfinder (IP) funding largely ends in December, with some ICB extensions only until March. There was strong consensus that IP services are effective, deliver NHS savings, and should be embedded as core services rather than short-term pilots. Ongoing frustration was expressed regarding piecemeal funding arrangements and uncertainty in workforce planning.

The childhood flu service was welcomed, although eligibility criteria were viewed as overly restrictive and potentially undermining delivery. Requirements for off-site vaccination approvals were also highlighted as a barrier and inconsistent with service objectives.

Funding, margin and reimbursement

Work continues on the impact of branded generics and wider reimbursement reform. Tensions remain between fee-based and margin-based funding models, reflecting differing contractor preferences. Late-December announcements on Category M changes and additional clawback caused concern, with limited national communication to date. The consistent message was reiterated that no new services should be introduced without new funding and appropriate indexation.

Legal and regulatory matters

Auto-nomination was widely criticised as detrimental to patient experience and contractor relationships. Significant concern was raised regarding prolonged pharmacy closures by a large multiple, noting that regulations have not changed and such closures are not permissible, with issues exacerbated by delayed enforcement. Contractors were strongly encouraged to report breaches promptly to enable escalation. Concerns were also raised regarding rota and bank holiday cover, with the current one-hour directed opening in Shropshire and Telford & Wrekin considered unsafe and outdated compared with other regions, prompting calls for a consistent national approach. Ongoing PCSE issues were noted, with formal complaints now being escalated and contractors encouraged to log problems.

Supervision changes

From 7 January, bagged and checked medicines may be handed out by any suitably trained staff member, excluding controlled drugs, provided the pharmacist has signed in and authorised supply. Ongoing national confusion was noted, highlighting the need for clear local communications to mitigate risk.

Engagement and conferences

The LPC Conference was valued for networking opportunities, although workshops were considered too short with limited practical outcomes, and concerns were raised regarding venue cost and value for money. An upcoming MP drop-in event, hosted by Helen Morgan MP, was noted, with LPC engagement encouraged.

National outlook

No significant funding uplift is expected, with a generally pessimistic outlook across primary care. CPE priorities remain focused on closing the funding gap and resisting unfunded workload. Broad contractor support

LF Actions:

Escalate IPP funding concerns and press for long-term solution

Share clarity on supervision changes via LPC comms (including exclusions & risks)

Follow up rota & bank holiday opening policy nationally

Clarify LPC attendance at MP drop-in event (Helen Morgan MP)

Feed back conference venue, cost and workshop concerns to CPE

Share Cat M / clawback comms once clarified

	<p>continues for vaccination services, independent prescribing, protected learning time, and increased professional autonomy.</p>	
126.7	<p>Subcommittee Feedback</p> <p>Governance (KB & LC)</p> <p>The committee received formal notice of PP's resignation, effective at the end of May, in anticipation of his retirement. The committee formally recorded its thanks to Peter for his significant contribution and leadership.</p> <p>The Governance Subcommittee confirmed the need to recruit a replacement and agreed that the vacancy should be advertised promptly to allow for an adequate handover. It was agreed that the role would be replaced on a like-for-like basis, maintaining the same hours and salary, subject to no objections from the committee. LC and KB will lead on recruitment, advertising and interview arrangements, with progress updates to be provided. Holiday entitlement and handover arrangements will be managed ahead of PP's departure.</p> <p>It was agreed that a paper on contractor versus committee member proportionality would be brought to the March meeting. New HR, health and safety, and home-working templates issued by CP will be shared for staff governance purposes.</p> <p>Peter also provided updates on document management, confirming that a solution is in place to enable Teams files to be accessed via OneDrive, improving accessibility and continuity. Stakeholder mapping and key governance documents are being secured and shared to support effective handover.</p> <p>Communications & Services (PP & AA)</p> <p>Discussion noted increased media attention on winter A&E attendances for minor conditions. Contractor feedback highlighted strong demand for flu and COVID-19 services, with some success reported through targeted digital advertising.</p> <p>Feedback was shared on a successful off-site childhood flu campaign delivered in partnership with the ICB, local authority and family hubs, despite initial delays in securing approval. Opportunities were identified to further expand IMMS and vaccination activity beyond the winter period.</p> <p>The committee discussed behavioural trends, particularly among younger patients, who may opt to attend A&E rather than access GP or pharmacy services due to perceived convenience.</p> <p>Two contractor webinars were confirmed for February and March, focusing on gateways and threshold payments, and the use of social media and marketing. The sessions will be short, practical, and aimed particularly at contractors not currently meeting thresholds.</p> <p>HA confirmed support for the social media webinar, and KB agreed to support the gateways and thresholds session. Additional volunteers were invited to assist with content delivery and peer learning.</p> <p>Finance (JD)</p> <p>The subcommittee noted an improved financial position compared to earlier forecasts. Through effective use of ring-fenced funds, the LPC now expects to break even by year end without drawing on core reserves. It was noted that ring-fenced funds are held under Memoranda of Understanding and are not discretionary, requiring commissioner approval for specified uses. Core reserves currently stand at approximately £68k, equating to just over one year of cover depending on salary costs.</p>	<p>LC & KB to progress recruitment plan</p> <p>New HR & Health & Safety docs to be shared</p> <p>PP to share document management solution (One Drive/Teams)</p>

	<p>In terms of forward budget planning, core income and fixed expenditure are now considered predictable, with approximately £10k of discretionary headroom identified after fixed costs. Continued use of ring-fenced funds is expected to cover Amanda and Stephanie's roles, thereby avoiding a deficit. A separate proposal is being developed regarding future use of ring-fenced funds.</p> <p>Meetings and costs Discussion was held on meeting formats and associated costs. Sponsorship income typically generates £250–£300 per meeting, and there was a preference for free or low-cost venues where possible. Members agreed that decisions regarding the balance of virtual and face-to-face meetings should be determined by the full committee. There was no appetite to increase contractor levies in light of current financial pressures.</p> <p>Summary The financial position for both the current and next financial year was considered stable. The key strategic concern remains the potential loss of effective IP services due to reliance on short-term funding models. Decisions on future meeting formats and associated costs will be escalated to the full committee.</p>	
126.8	<p>Financial Update & Year-End Projection JD reported that the financial year is approximately three-quarters complete, with the committee projecting a break-even position or a minor variance, subject to final year-end expenses. The PSNC levy remains the main cost and has been paid. Use of ring-fenced funds to support officer costs has improved the overall financial projection. An estimated £10k surplus remains after fixed costs and salaries, with discussions ongoing regarding its allocation.</p> <p>Meeting costs and frequency Members discussed meeting formats and associated costs, including full-day face-to-face meetings (approximately £2k) and shorter virtual meetings via Teams (approximately £250–£300, with potential sponsorship). The previous format of eight meetings per year was amended due to cost pressures. A consensus was reached to hold six meetings per year, comprising three face-to-face and three virtual meetings, with flexibility to extend virtual meetings if required. A regular bimonthly schedule was preferred, with interim executive meetings to be convened as necessary.</p> <p>Ring-fenced funds Ring-fenced funds were noted to include Local Pharmacy Network funding (£68k) and Workforce funding (£150k). Members confirmed that use of these funds must remain within agreed limits and be fully documented to ensure transparency, auditability, and governance compliance. There was agreement in principle to continue using ring-fenced funds to support officer salaries and meeting costs, subject to appropriate approvals.</p> <p>Next steps and decisions JD will finalise the budget based on six meetings per year and planned use of ring-fenced funds. A formal proposal will be submitted to the ICB for approval. Members agreed the budget approach, noting the importance of efficient use of funds and robust governance.</p> <p>Decisions agreed:</p> <ol style="list-style-type: none"> 1. To continue with bimonthly meetings (three face-to-face and three virtual). 2. To submit a proposal to the ICB to utilise ring-fenced funds for officer support. 	<p>PP to book in meetings for 2026–27 on bi-monthly basis, alternate F2F & Teams.</p> <p>PP to forward proposal on ring-fenced funds to JM</p> <p>JD to finalise budget for 2026–27 for approval at March meeting.</p>

	3. To prepare the final budget on a worst-case basis, assuming no sponsorship income.	
126.9	<p>Substance Misuse contracts – Telford STaRS (Docs 126.9)</p> <p>Members discussed substance misuse contracts, focusing on ongoing challenges with opioid substitution therapy (OST) and supervised consumption services, including reduced supervision, reliance on contractor goodwill, and increasing difficulty for patients accessing dispensing pharmacies. Recently issued contract updates were noted to be largely administrative, with no substantive changes to service specifications or fees, which remain minimal and unchanged. Members expressed concern that current arrangements are unsustainable and agreed that a more holistic contract review is required, including clearer expectations around non-attendance, patient behaviour, and contractor responsibilities. It was agreed to continue with the current contract for the remainder of the year only, seek a full review and fee renegotiation for the next period, consider broader workforce models if fees remain unchanged, and ensure correct reference to the LPC. A further meeting with commissioners is scheduled, with feedback to be reported back; separate discussions with Shropshire commissioners are ongoing and reported to be more positive.</p>	Remind STaRS on correct LPC title. Without fee increase suggest any trained staff member is able to supervise.
126.10	<p>Regulations Update</p> <p>Telford & Wrekin PNA update</p> <p>Helen Onions provided an update on the refresh of the Telford & Wrekin Pharmaceutical Needs Assessment (PNA), which expires in March 2026. The refresh, informed by resident and contractor surveys, has been overseen by a multi-agency steering group. Public consultation is due to commence imminently and will run until 10 March, with consideration by the Health and Wellbeing Board on 19 March and publication planned by 31 March.</p> <p>Progress against the 2023 PNA was noted, including strong engagement with Pharmacy First, good delivery of preventative services, and high uptake of contraception services. Overall pharmacy provision across the borough remains good, though South Telford continues to present challenges around deprivation and limited evening and Sunday access. Proposed recommendations focus on strengthening Pharmacy First, preventative services, immunisation, smoking cessation, contraception, and substance misuse support. Members welcomed the proposals and emphasised the importance of continued collaboration and targeted funding.</p> <p>Other Regulatory updates:</p> <p>An update was provided on ongoing market entry and regulatory issues, with members raising concerns about inconsistent and untimely communication on applications. While some notifications continue to be received, overall information quality was described as unreliable, and it was agreed that a formal complaint would be raised via Rebecca Woods. Members highlighted increasing problems with consultation processes, including contractors not being consulted when required, exclusion from appeal consultations despite earlier involvement, and inaccurate or misleading appeal summaries. These longstanding issues were noted to be worsening, with reduced capacity and experience within the West Midlands regulatory team identified as a contributing factor, compounded by reports that around three-quarters of the team have expressed interest in redundancy. A brief national update noted recent focus on supervision changes, with further regulatory developments expected later in the year.</p>	

	<p>No Significant Change Relocation Application – Admaston A specific case was discussed concerning an online pharmacy application in Admaston:</p> <ul style="list-style-type: none"> • An application was previously approved at an incorrect address. • A subsequent application was submitted without closing the original contract and was rejected, with the rejection upheld on appeal. • The contractor has not yet closed the original contract. • A “no significant change relocation” application has now been submitted, proposing a move from No. 4 (approved address) to No. 2 (original intended premises). <p>The Chair confirmed that there were no objections to the proposed relocation in principle. Actions agreed:</p> <ul style="list-style-type: none"> • The application papers and proposed LPC response will be shared with members for review. • Members will be given time to provide comments before the response is submitted ahead of the deadline. <p>No further questions were raised, and the update was noted.</p>	
126.11	<p>Wolverhampton School of Pharmacy – Community Pharmacy MPharm student Placements Sarah Hughes and Abhishek Gupta from the University attended to provide an update on MPharm student placement provision and to seek support from local community pharmacies to expand capacity in Shropshire. Placements are delivered across all MPharm years and settings, with community placements available from first year and flexibility for contractors regarding student numbers, year groups and dates. Placements are experiential and proportionate to student level, with mandatory pre-placement training completed and no additional supervisory qualifications currently required. Funding is available at the national tariff, subject to a service level agreement. Positive feedback was shared from contractors currently hosting students, highlighting engagement, workforce support and recruitment benefits. Members expressed support for the initiative, and the University will share further information and documentation with interested contractors, with the presentation to be circulated for wider awareness.</p>	Placements info to website & add to Newsletter
126.12	<p>ICB Community Pharmacy Update – James Milner An update was provided on Pharmacy First activity, noting recovery following the summer dip, with consultation volumes trending upwards overall and GP referrals increasing, though still below earlier peaks. Apparent declines in some data were clarified as reporting artefacts, with a largely stable to improving 12-month trend. Data quality issues were highlighted, particularly under-recording of GP referrals nationally, and contractors were reminded to record and claim all referrals regardless of outcome. Clarification was given that referrals received via alternative GP systems (e.g. NHSmail) remain claimable, with advice issued to mitigate the risk of missed referrals. Updates were also provided on other services, including stabilising hypertension case-finding activity, continued strong uptake of contraception (notably EHC), and ongoing Pathfinder delivery, with future commissioning beyond March remaining uncertain. Planned ICB public communications to promote Pharmacy First and contraception services were welcomed, with feedback provided to improve engagement and materials. Concerns were raised regarding dispensing pressures following POD withdrawal and the impact of 1-hour directed openings on bank holidays, with agreement to progress rota issues jointly through West Midlands stakeholder routes.</p>	Advise contractors to complete data in PharmOutcomes on referring practice ODS code Referrals to NHS.net emails from triage solutions – advise contractors they are valid for Pharmacy 1st.

126.13	<p>Services Update – Amanda Alamanos</p> <p>An update was provided on targeted support for the Discharge Medicines Service (DMS), funded by the ICB for a six-month period from 1 November, using bi-weekly referral data to identify and address unactioned referrals. Progress was noted at South and RJAH, with a significant proportion of previously unactioned referrals now completed, and remaining issues largely linked to older or delayed discharges; all activity is being tracked for ICB assurance, with further data updates requested. Pharmacy First activity continues to show strong year-on-year growth, with threshold data indicating more contractors achieving full payments, though unpaid activity above the cap remains concentrated among a small number of high-volume sites. Updates were also provided on targeted public engagement to support uptake, continued improvement in the Hypertension Case-Finding Service (notably increased ABPM use), and strong growth in the Pharmacy Contraception Service, particularly emergency contraception, with agreement to seek local authority data to address potential incorrect claiming outside the national pathway. The committee recognised Shropshire, Telford and Wrekin as a regional exemplar for DMS uptake and invited requests for further data as required.</p>	<p>Follow up on EHC supplies made under LA services – advise contractors to claim on National service.</p> <p>Tympahealth service Eol to relevant contractors.</p>
126.14	<p>Communications Update – Kirsten Atkinson (Priest & Co)</p> <p>KA provided a communications update, thanking the committee for the opportunity to attend and noting the positive, proactive work underway across services. Strong performance across Pharmacy First and contraception services was highlighted, with data demonstrating progress that KA intends to promote externally. Social media engagement continues to grow, particularly on LinkedIn, with high engagement achieved despite winter workload pressures. Content relating to winter conditions, vaccinations, NHSmail transition, funding and reimbursement, community engagement, and patient abuse guidance performed particularly well. Planned communications will continue to focus on winter pressures and support MP engagement, including materials prepared for a parliamentary drop-in event. KA will also support the forthcoming webinar programme and wider member engagement activity. It was agreed that LPC and ICB communications teams should align messaging, with James to facilitate introductions.</p>	<p>Promote new Facebook page to contractors</p>
126.15	<p>CCA Questions Q4 2025</p> <p>LC provided an update on forthcoming CCA questions, noting that while the formal link is not yet live, draft questions have been received covering business planning and budgeting, support for Pharmacy First and other services, progress with Integrated Neighbourhood Teams (INTs), and workforce and representative development. Lucy confirmed she would draft the response using information from the meeting, share it with other CCA representatives, and seek further input from Amanda and Peter if required. Members noted limited recent progress on INTs, though further local and regional meetings are scheduled, with current intelligence suggesting a primary focus on frailty and variation in models across neighbourhoods. It was acknowledged that community pharmacy had initially been omitted from some rural discussions; this has been escalated, and assurances given that pharmacy will be included where appropriate. James confirmed ongoing ICB attendance at neighbourhood and rural alliance meetings to support pharmacy representation. The committee agreed that, while involvement may vary locally, community pharmacy has a role in all INT models, with further clarity expected following upcoming meetings.</p>	
126.16	AOB	

	<ul style="list-style-type: none">• JD asked for members to claim any outstanding expenses• MS asked if there had been any news on the St Georges application, or on the relocation of Parade Pharmacy? PP confirmed he had yet to hear on either, but had been chasing PCSE for more information.	
126.17	Meeting closed at 16.00 Next meeting – Tuesday 3 rd March 2026 9.15am-1pm via Teams	