

**Minutes of the Committee meeting held  
at 9.15am on Tuesday 5<sup>th</sup> May 2026  
at STW ICB Offices, Civic Offices, Larkin Way, Tan  
Bank, Wellington, Telford TF1 1LX**

**Members present:**

Kath Briscoe (KB – Boots – CCA)  
 Alex Carrasco (AC – Day Lewis – IPA)  
 Mohammad Sohawon (MS – Muxton Pharmacy – IND)  
 Lucy Corner (LC – Rowlands – CCA)  
 Steve Virdee (SV – Morrisons – CCA)  
 Helen Whitehouse (HW – MSN Pharmacy Group –  
 Regional Multiple)  
 Ravi Nagra (RN – MSN Pharmacy Group –  
 Regional Multiple – part – via Teams)

**In attendance:**

Peter Prokopa (PP)  
 Lindsey Fairbrother (LF)  
 Amanda Alamanos (AA)  
 Stephanie Green (SG)  
 Kirsten Atkinson (Priest & Co – part – via  
 Teams)  
 Minesh Parbat (MP – STW ICB – part)  
 Suki Taggar (ST – NHSE WTE – part – via  
 Teams)

**In the Chair:** Kath Briscoe

| Agenda ref. | Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Actions                                                                                                                                                                                                                           |
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| 526.1       | Welcome, Apologies for absence, Declarations of Interest<br>Apologies from Yogesh Patel, Sab Rooprai, Matt Birch and Hatim Adamjee<br>LF and HW were welcomed by KB and introduced to members.<br>There were no declarations of interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |
| 526.2       | <b>To approve the Minutes of February meeting</b><br>The minutes of the meeting held on Tuesday 24 <sup>th</sup> February 2026. (Doc 226.2) were approved unanimously. Proposed by <b>MS</b> , seconded by <b>LC</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LF to add to website.                                                                                                                                                                                                             |
| 526.3       | <b>Matters arising/actions not on the agenda</b><br>No matters arising. Actions still to complete noted. <ul style="list-style-type: none"> <li>Governance: Committee membership complete and governance arrangements have been confirmed.</li> <li>Staff Reviews: Completed at the end of April; follow-up discussions scheduled for next week.</li> <li>Workstation assessments required for all relevant staff.</li> <li>Document access: not available for members on a global basis, but shared when necessary.</li> <li>Self-Assessment – Item included in subcommittee reports for self-assessment process.</li> <li>Appeal on St Georges application – response submitted</li> <li>Substance Misuse Working Group for T&amp;W still to be convened, final draft SLA now received.</li> <li>Consider engagement with MPs, ideally before summer recess (early July timing suggested).</li> <li>All expense claims were submitted.</li> </ul> | Brought forward from Feb meeting: Staff to undertake workstation assessments (AA to coordinate where needed).<br>LF to convene substance misuse working group to consider a way forward with STaRS<br>Final budget to ICB and CPE |
| 526.4       | <b>Chief Officer Meetings Report (Doc 526.4)</b><br>Members were invited to raise any questions or seek clarification on the report. Discussions on:<br><b>New Acne Service Development</b> <ul style="list-style-type: none"> <li>Progress ongoing with a draft SLA; minor amendments required.</li> <li>PGDs already exist for some products (including examples from Wales and Scotland) – work underway to adapt these PGDs and draft new ones for other products</li> <li>LPN funding available to support initial rollout (expected to start at a small scale).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   |

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|       | <p><b>Future Prescribing Services / IP (Independent Prescribing)</b></p> <ul style="list-style-type: none"> <li>Discussions ongoing regarding the future structure of prescribing services.</li> <li>Positive ambition noted, including continuation at selected sites</li> <li>Concerns raised about sustainability and availability of services for increasing numbers of IPs.</li> <li>Previous success of the IP Pathfinder programme noted, but disappointment at its discontinuation on a global basis</li> <li>Key issue: need for viable funding models to support contractor participation.</li> </ul> <p><b>Funding &amp; IT Model for IP sites</b></p> <ul style="list-style-type: none"> <li>Consideration of a “provider pays” model for IT.</li> <li>Agreement that any model must: <ul style="list-style-type: none"> <li>Be financially viable for contractors</li> <li>Provide value to commissioners</li> <li>Ensure fair funding structure</li> </ul> </li> </ul> <p><b>Cardiovascular / IP Service Development</b></p> <ul style="list-style-type: none"> <li>Work progressing on cardiovascular service elements.</li> <li>Contract and processes being developed (including testing/checking equipment).</li> <li>Funding already identified and being organised.</li> </ul> <p><b>Women’s Health</b></p> <ul style="list-style-type: none"> <li>Identified as a potential future growth area (e.g. contraception, menopause/IP services).</li> <li>Pharmacy involvement already established in some areas (e.g. PGDs).</li> <li>Further development opportunities acknowledged.</li> </ul> <p><b>Palliative Care Service</b></p> <ul style="list-style-type: none"> <li>Ongoing work to refine SLA (not fundamentally in question but requires practical adjustments).</li> <li>Potential reduction in contractor numbers to strengthen funding and maintain engagement.</li> <li>Work ongoing to streamline claims/reclaims process (e.g. expired stock), with aim to keep it simple and pragmatic.</li> </ul> <p>There were no further questions.</p> |                                                                                                                                                                                                                                                                                                                                                                       |
| 526.5 | <p><b>Subcommittee Breakouts</b></p> <p>Outcome summaries in 526.6 below.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                       |
| 526.6 | <p><b>Finance (JD)</b></p> <p><b>Year-End Position</b></p> <ul style="list-style-type: none"> <li>Financial year closed with a deficit of approximately £2,000, considered acceptable.</li> <li>Income lower than budgeted due to: <ul style="list-style-type: none"> <li>No increase in contractor levy</li> <li>Delays in income collection within expected timelines</li> </ul> </li> <li>Expenditure reduced through savings on staffing time and unused professional/legal fees.</li> </ul> <p><b>Financial Sustainability</b></p> <ul style="list-style-type: none"> <li>Overall position remains <b>stable and manageable</b>. Utilising ring-fenced funds for staffing costs as agreed</li> <li>Around <b>£70k+ in reserves</b>, providing an estimated <b>~2 years’ cover</b> if required.</li> </ul> <p><b>Ring-Fenced Funds</b></p> <ul style="list-style-type: none"> <li>Significant funds available across multiple pots, some with unclear or flexible usage (MOUs vague or missing).</li> <li>Agreed approach:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Send email re Business Case funding to JD</li> <li>• Follow up on outstanding funds with JM, MP and CH</li> <li>• Email Tympa contractors to invoice for initial funds</li> <li>• Agenda item on PF website in July</li> <li>• LPC annual report to progress</li> <li>Email members to confirm and/or update Dols</li> </ul> |

- Prioritise use of older/less-defined funds
- Avoid holding unused balances where possible.

### **Cash Flow & Funding**

- Additional funding expected from several sources (e.g. LPN, ENT, neighbourhood funding).; Some payments remain outstanding and require follow-up.
- £30k of core funds temporarily used for salaries pending confirmation of funding sources.

### **Contractor Payments (Ear Health Service)**

- Agreement that **contractors should not be delayed in payment**.
- Interim funding sources may be used to ensure timely payment.

### **Future Planning**

- Confirm and authorise funding allocations (including DMS and other pots).
- Clarify outstanding funding streams and ensure follow-up.
- Plan use of remaining funds (e.g. LMC/LPC joint funding, consumer funding).
- Final update expected following upcoming meeting with stakeholders.

### **Financial Management Improvements**

- Consider moving to **regular/direct debit payments** (e.g. for CPE invoices) to:
  - Avoid large periodic payments
  - Improve cash flow management
- Current approach retains funds longer to maximise interest, but steady payments may be preferable going forward.

### **Services & Communications (PP)**

- Discussion held on ongoing promotion and engagement work, particularly around Pharmacy First and self-care.
- Plan to increase targeted engagement with GP practices and pharmacies, focusing on areas with lower uptake and addressing access and health inequalities.
- Continued use of ICB-funded resources to support contractor engagement at neighbourhood level.

### **Engagement & Communications**

- Mixed effectiveness noted from engagement events; however, these remain valuable for raising awareness with both the public and stakeholders.
- Importance of supporting contractors locally and strengthening GP-pharmacy relationships emphasised.
- Joint LPC-LMC engagement work ongoing.

### **Webinar & Digital Promotion**

- Positive feedback received from recent webinar on social media and engagement.
- Peer-led examples (e.g. apps, Google Ads, local marketing) were particularly valued.
- Action: Further follow-up and sharing of best practice; newsletter content to highlight available support.

### **MP Engagement**

- Plans to re-engage MPs, targeting those not yet engaged, with potential visits and local advocacy activity.

### **Patient-Facing Website / Digital Tools**

- Ongoing review of patient-facing websites (Derbyshire/Notts data):
  - Strong growth in usage and search insights.

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|       | <ul style="list-style-type: none"> <li>○ Valuable data on patient search behaviour informing communications.</li> <li>• Benefits noted, but decision deferred pending further data and alignment with wider neighbourhood health work.</li> <li>• Action: Continue monitoring and revisit at a future meeting.</li> </ul> <p><b>Overall</b></p> <ul style="list-style-type: none"> <li>• Focus on scaling targeted engagement, improving awareness, and using data-driven approaches to support Pharmacy First and wider service uptake.</li> </ul> <p><b>Governance (LC)</b></p> <p><b>SharePoint Access</b></p> <ul style="list-style-type: none"> <li>• Ongoing issues noted with committee access to SharePoint due to members not being recognised as organisational users.</li> <li>• Access works reliably where members use a standard organisational email structure; mixed or changed email accounts can restrict access.</li> <li>• Current documents are held within a single governance folder, including a tracker, though some members cannot access all sub-folders.</li> <li>• OneDrive sharing has previously caused difficulties when members change organisations/email addresses.</li> <li>• <b>Action:</b> Review SharePoint permissions and confirm a practical access solution so all committee members can view required governance documents.</li> </ul> <p><b>Self-Assessment &amp; Governance Documents</b></p> <ul style="list-style-type: none"> <li>• Annual self-assessment document to be reviewed later in the meeting.</li> <li>• Declarations of Interest and Confidentiality statements are required <b>annually</b>.</li> <li>• Expense policy and related governance documents are due for annual review and are already listed on the governance tracker.</li> <li>• <b>Action:</b> Chair/Officer to email all members to confirm current declarations and request updates where required.</li> </ul> <p><b>AGM and Annual Report</b></p> <ul style="list-style-type: none"> <li>• Discussion held on format and timing of the AGM and annual report.</li> <li>• Options considered: <ul style="list-style-type: none"> <li>○ Holding the AGM alongside the September committee meeting, or</li> <li>○ Attaching the AGM to a <b>separate face-to-face contractor engagement event</b>.</li> </ul> </li> <li>• Preference expressed for linking the AGM to a contractor event to maximise engagement, as this approach has worked well previously.</li> <li>• A <b>Sunday event in late September</b> was identified as a potential option, with the AGM incorporated into a wider engagement or neighbourhood health workshop.</li> <li>• Statutory requirement noted to give <b>at least 28 days' notice</b>, including financial papers.</li> <li>• <b>Action:</b> Confirm preferred AGM format and date, then issue formal notice to contractors.</li> </ul> |                                                                                              |
| 526.7 | <p><b>Finance Update</b></p> <p>Much of Finance Update covered in Finance subcommittee feedback.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>JD to action and backdate salary uplift to 1st April</p> <p>Email sponsor re next LPC</p> |

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|       | <p>Proposal for uplift of Officer salaries for 2026–27 – after discussion in the absence of officers, members agreed to implement a 3% uplift in officer salaries with effect from 1<sup>st</sup> April 2026.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Link LF with relevant contacts for meetings etc<br/>Send levy letter to AA and expense policy</p> |
| 526.8 | <p><b>Regulations Update</b></p> <p><b>Rowlands Wem Consolidation</b></p> <ul style="list-style-type: none"> <li>• A consolidation was completed involving closure of a smaller town–centre branch and transfer of services to a larger site closer to the GP surgery.</li> <li>• The move took place the weekend before Easter, resulting in significant operational pressure.</li> <li>• Queues extended for up to 2.5 hours, with an estimated 250–500 nominations lost over a two-week period.</li> <li>• Approximately 30 constituent complaints were received post-Easter, including correspondence from Helen Morgan MP.</li> <li>• Situation has since stabilised: <ul style="list-style-type: none"> <li>◦ Queues have largely subsided.</li> <li>◦ Team has adapted to new operating model.</li> <li>◦ Premises tidied and workflow improved.</li> <li>◦ Internal audit feedback was more positive than anticipated.</li> </ul> </li> <li>• Local GP practice has been supportive, aiding stabilisation.</li> <li>• A new branch manager is in post and providing proactive leadership.</li> <li>• Overall view: disruption was anticipated and is now settling; ongoing monitoring agreed.</li> </ul> <p><b>Donnington Parade / Health Centre Relocation</b></p> <ul style="list-style-type: none"> <li>• Donnington Parade Pharmacy has relocated to the Health Centre.</li> <li>• Donnington Pharmacy closed.</li> <li>• Initial issue identified where opening hours submitted reflected old Parade hours rather than intended new hours.</li> <li>• Impact included loss of a late-opening/weekend pharmacy in Telford &amp; Wrekin.</li> <li>• This affected the Wellington consolidation application, which was refused and is now under appeal.</li> <li>• Health &amp; Wellbeing Board consultation did not respond at the time, adding complexity.</li> <li>• PNA was published based on existing hours.</li> <li>• Appeal is ongoing but is expected to be granted, pending confirmation.</li> </ul> <p><b>Wellington / Chapel Lane Consolidation</b></p> <ul style="list-style-type: none"> <li>• Proposed consolidation between Chapel Lane Pharmacy (40 hours) and Wellington (former 100-hour site).</li> <li>• Anticipation that consolidation may be approved as it would still retain late-opening and weekend provision.</li> <li>• Recognition that consolidations involving significant loss of extended hours are more likely to be refused.</li> <li>• If refused, relocation may become the preferred route, as seen in Donnington.</li> </ul> <p><b>Market Entry / Applications</b></p> <ul style="list-style-type: none"> <li>• Relocation at Admaston was ultimately approved following: <ul style="list-style-type: none"> <li>◦ Initial rejection of an application due to duplication of services.</li> <li>◦ Submission of a “no significant change” relocation.</li> </ul> </li> </ul> |                                                                                                      |

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|        | <ul style="list-style-type: none"> <li>○ ICB had issued notice of intention to remove pharmacy from the list, but agreed to await relocation outcome.</li> <li>○ Pharmacy is now operational.</li> <li>• St George's application remains unresolved, awaiting appeal outcome</li> <li>• No further new applications currently in the pipeline.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                           |
| 526.9  | <p><b>TAPR Review and feedback to CPE</b></p> <ul style="list-style-type: none"> <li>• CPE requested feedback on the outcomes of the Wright review (2018–2019) and subsequent TAPR programme, assessing the effectiveness, governance, value for money and resourcing of LPCs and national representation (PSNC/CPE).</li> <li>• Committee noted significant changes since implementation include LPC consolidations, increased standardisation of governance, and shifts in pharmacy ownership structures.</li> <li>• Committee agreed to complete and submit the TAPR survey as part of the meeting, reflecting on effectiveness to date and informing future governance and operational direction: <ul style="list-style-type: none"> <li>○ Governance improvements: Strong agreement that increased standardisation, national templates, and clearer governance from CPE have strengthened LPC governance and consistency.</li> <li>○ Representation &amp; negotiating effectiveness: General agreement that CPE is better resourced and more effective nationally, though outcomes remain dependent on wider NHS/DHSC structural changes.</li> <li>○ Levy and value for money: Noted that national levy changes have had limited direct impact locally, with LPCs absorbing costs for several years before modest increases</li> <li>○ Contractor engagement: Recognition that CP/CPE have expanded engagement methods (roadshows, webinars, surveys), though contractor participation remains variable and challenging.</li> <li>○ Reduced variation between LPCs: Agreement that consolidation and standardisation have improved efficiency, focus, and sharing of good practice.</li> <li>○ LPC size, shape and future alignment: Acknowledged that while local arrangements have not yet changed, future ICB and NHS structural changes may require further review.</li> <li>○ External system change: Loss of organisational memory and frequent NHS restructuring were highlighted as ongoing risks impacting effectiveness.</li> </ul> </li> </ul> |                                                                                                                                                                                                                                                                           |
| 526.10 | <p><b>Communications Update</b></p> <p>KA provided an update the following:</p> <ul style="list-style-type: none"> <li>• Social media engagement continues to grow, with LinkedIn remaining the primary platform; follower numbers, impressions and reactions have increased month-on-month.</li> <li>• Facebook presence remains small but is being maintained and gradually developed.</li> <li>• High engagement noted on posts relating to survey deadline extensions, CPE regional workshops, and operational deadline reminders (e.g. FP34C submissions).</li> <li>• Use of local and regional insight (e.g. seasonal conditions such as insect bites) has proven effective in preparing pharmacy teams and generating engagement.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>LF &amp; LC to take photos at CPE event and MP visit respectively</p> <p>LF &amp; KA to coordinate MP comms using BP checks email.</p> <p>Remind relevant members re profile questions &amp; pics</p> <p>Skills audit reminder to contractors along with Dols etc.</p> |

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|        | <ul style="list-style-type: none"> <li>Committee members encouraged to share photographs from events, pharmacy visits and MP engagements to support visibility and neighbourhood health messaging.</li> <li>MP engagement highlighted as a priority, with pharmacy visits and services (e.g. blood pressure checks) identified as effective engagement opportunities.</li> <li>Ongoing focus agreed for Pharmacy First seasonal promotion (spring/summer conditions).</li> <li>Committee member profile features and a skills audit to be re-circulated to support engagement and governance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |
| 526.11 | <p><b>Funding for Community Pharmacy to support PTPT Training</b><br/>Suki Tagger, NHSE WTE</p> <ul style="list-style-type: none"> <li>NHS England presented an update on the Community Pharmacy Technician Apprenticeship Programme (Year 3), offering funding to support training, backfill and infrastructure costs.</li> <li>Increased recognition of the expanded role of pharmacy technicians was highlighted, including PGD activity, vaccinations and service delivery.</li> <li>Funding is available for a 24-month apprenticeship, with an expectation of a minimum 30 hours per week (exceptions considered case-by-case).</li> <li>Applications are simplified, largely tick-box based, with no requirement to nominate a training provider at application stage.</li> <li>Funding is capped at one post per registered pharmacy group to ensure equitable access, with some flexibility subject to regional demand.</li> <li>Allocation is based on ICS-level modelling, with Shropshire, Telford &amp; Wrekin expected to receive a proportion of available places.</li> <li>Application window closes 18 May, with outcomes expected week commencing 22 June and a target start date by 30 September.</li> <li>Committee agreed to promote the opportunity further to contractors to encourage applications.</li> </ul> | Share info with contractors asap as window closes 18th May |
| 526.12 | <p><b>ICB Community Pharmacy Update – Minesh Parbat</b><br/><b>Strategic Commissioning &amp; Medicines Update</b></p> <ul style="list-style-type: none"> <li>Update provided on strategic commissioning of medicines, setting out its system-wide, planned and data-driven approach across the ICB cluster.</li> <li>Significant workforce reductions within the medicines team noted, requiring new ways of working and closer collaboration with partners, including community pharmacy.</li> <li>Key clinical priority areas highlighted: cardiovascular/renal/metabolic health, mental health, children and young people, respiratory disease, medicines adherence and polypharmacy.</li> <li>Strong emphasis on prevention, population health, tackling inequalities, and designing end-to-end care pathways that include community pharmacy as a core partner.</li> <li>Commitment reiterated to expanding community pharmacy prescribing and clinical services, provided models are safe, equitable, evidence-based and financially sustainable.</li> </ul>                                                                                                                                                                                                                                                                     |                                                            |

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|        | <ul style="list-style-type: none"> <li>• Importance of data-led commissioning, digital interoperability, and reducing adverse drug reactions stressed.</li> <li>• Future direction outlined around neighbourhood health models, integrated care structures, and potential new commissioning arrangements, with opportunities and challenges noted around alignment with national contract</li> </ul> <p>Discussion points raised with MP:</p> <ul style="list-style-type: none"> <li>• Ongoing pressures highlighted around medicine pricing, supply and cost pressures, with significant impact on community pharmacy sustainability.</li> <li>• Importance of local intelligence and clear escalation routes emphasised to allow timely system response and feedback to contractors.</li> <li>• Strong message against continued “pilotitis”; agreed that where proof of concept is established and evaluated, services should be scaled and commissioned sustainably, rather than repeatedly piloted.</li> <li>• Strategic commissioning approach reinforced as evidence-based, evaluative and financially sustainable, with pilots used only to inform scalable models.</li> <li>• Concerns raised regarding capacity and regulatory oversight, particularly within PSRC and wider commissioning teams, with risks of delays, appeals and impact on businesses.</li> <li>• Need for cross-system working (ICB, primary care, community pharmacy) and adherence to regulatory timescales highlighted to avoid legal and operational challenges.</li> <li>• Commitment made to maintain dialogue, improve communication flows, and support a return to business-as-usual engagement and reporting.</li> <li>• Concerns around capacity, experience and knowledge with the OWM team with reduced resource – acknowledged but also statement that this will be the reality going forward.</li> </ul> |  |
| 526.13 | <p><b>Services Update – Amanda Alamanos</b></p> <p>AA provided an update prior to the meeting, discussion points on service activity, DMS &amp; pathways:</p> <ul style="list-style-type: none"> <li>• Committee discussed DMS performance and evaluation, noting clear improvement in completion rates, increased stability, and Shropshire now ranking among the top referring trusts in the Midlands.</li> <li>• Activity levels fluctuate month-to-month due to operational factors (e.g. staffing, IT, seasonal pressures), but overall trend is positive, particularly post-winter.</li> <li>• Urgent supply activity has reduced, indicating improved system access and more appropriate use of services.</li> <li>• Majority of Pharmacy First activity remains self-presenting patients; GP and NHS111 referrals remain low and inconsistent, with ongoing system barriers identified.</li> <li>• Concerns raised regarding quality and appropriateness of GP referrals, including incorrect patient selection leading to returns and reduced confidence in referral pathways.</li> <li>• Agreed that limited resources should be targeted at pharmacies and GP practices close to service thresholds, rather than those persistently disengaged.</li> <li>• Hypertension case-finding performance highlighted as strong, with good conversion rates; contraception initiation remains slower but continuation activity is increasing.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

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|        | <ul style="list-style-type: none"> <li>Ongoing challenges noted around digital interoperability, referral pathways, and accountability across primary care, with a need for stronger system-led messaging and coordination.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 526.14 | <p><b>CPE Update – Lindsey Fairbrother</b></p> <p>LF updated members from the latest CPE slide deck – discussion included:</p> <ul style="list-style-type: none"> <li>Update provided on ongoing national negotiations; no agreements have yet been concluded following recent national communications.</li> <li>Key negotiation priorities remain unchanged: <ul style="list-style-type: none"> <li>Greater use of pharmacy technicians and increased professional freedoms for pharmacists.</li> <li>Protected learning time.</li> <li>Concerns around Independent Prescribing (IP) implementation, particularly affordability, workforce readiness, indemnity costs, governance, and clinical risk.</li> </ul> </li> <li>Committee discussed balancing support for IP-qualified pharmacists with the need to prioritise the wider contractor base, as only a minority are currently able to deliver IP services.</li> <li>Concerns raised regarding lack of additional funding for new or expanded pharmacy services, with continued resistance to service expansion without appropriate investment.</li> <li>Significant concern noted around declining female representation on national committees, with efforts underway to encourage more female independent contractors to engage in future elections.</li> <li>Funding pressures remain severe, including: <ul style="list-style-type: none"> <li>Ongoing discussions around margin write-offs and concessionary pricing.</li> <li>Recognition of a continuing national funding gap and pharmacy closures.</li> <li>Calls for a long-term roadmap and reduction in regulatory burden.</li> </ul> </li> <li>Discussions held on inequities within current funding and prescribing arrangements, including the impact of place-based funding variations.</li> <li>Concerns raised regarding NHS shared service capacity, particularly around pharmacy regulatory processes and application handling, following organisational restructuring.</li> <li>Public affairs support arrangements updated, with a new external company appointed to strengthen MP and political engagement.</li> <li>Members highlighted increasing pressures from abuse and violence toward pharmacy teams and ongoing attempts to engage police and crime commissioners for support.</li> <li>Updates provided on regional representation changes, upcoming election timelines, LPC learning sessions, and member engagement opportunities.</li> </ul> <p>Overall mood reflected continued uncertainty pending the outcome of national negotiations and funding discussions.</p> |  |
| 526.15 | <p><b>CCA Questions Q2 2026</b></p> <p>KB led discussion on CCA questions for Q2:</p> <ul style="list-style-type: none"> <li>Engagement with GP surgeries on electronic referrals discussed; progress varies by area.</li> <li>LPC access to the CCA dashboard raised; some regions rely on PharmOutcomes instead.</li> <li>Interest in future direction of Peacock data.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

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|        | <ul style="list-style-type: none"><li>• Self-assessment toolkit to be reviewed; only a few amber items. Action plan to be created and added to the website.</li><li>• Neighbourhood engagement ongoing, including events, website updates, and recruitment of neighbourhood champions. NHSE support winding down.</li><li>• Concern about LPC attending too many local meetings; emphasis on focusing involvement at ICB level.</li><li>• CP documents shared with neighbourhood leads and relevant partners.</li></ul> <p>All questions addressed; no further items to consider.</p> |  |
| 526.16 | <b>AOB</b> <ul style="list-style-type: none"><li>• KB thanked PP for his service and wished him well in retirement, presenting a card and gift from members.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 526.17 | Meeting closed at 16.00<br><b>Next meeting</b> – Tuesday 7 <sup>th</sup> July 2026 9.15am-1pm via Teams                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |