

# Briefing 019/24: Summary of September 2024 Committee Meeting

Community Pharmacy England met in London for a full Committee Meeting on 11th and 12th September 2024. Committee discussions focused on the urgent challenges facing all community pharmacy owners, particularly the unrelenting financial pressures and the barriers to making the most of Pharmacy First. The Committee also reviewed early engagement with the new Government and the outlook for Community Pharmacy Contractual Framework (CPCF) negotiations for 2024/25.

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## Overview of the full Committee Meeting

The full Committee considered the following topics at the September meeting.

### PA Spending Review Project: update

A representative from PA Consulting talked through the economic project they have been undertaking on behalf of Community Pharmacy England, including analysing the value of the sector, and how community pharmacy can help meet Labour's health ambitions if the sector is funded properly.

The independent consultants – who have extensive experience across Government policy making and commissioning – identified a shortlist of potential options to put to Ministers and officials and the Committee discussed the practicalities of each. It was noted that the intended outcome of the economic appraisal will be to provide a tool for policymakers to understand the benefits of introducing such services.

### Independent Economic Review: update

An update was provided on this hugely important, very complex and time-consuming project commissioned by NHS England. Community Pharmacy England has been working to ensure the project coordinators Frontier Economics and IQVIA understand the realities and the background to community pharmacy costs and funding. Regular supportive and constructive feedback has been provided, whilst also laying down markers for our minimum expectations to avoid generating an incomplete picture. The Committee agreed to continue to participate in the project to try to ensure the outcome fairly represents actual sector costs. It was noted that data from this economic review is likely to be fed into the Government's Spending Reviews.

## Pharmacy First



Widespread concerns around Pharmacy First thresholds were considered, taking time to review DHSC data and the opinions of pharmacy owners gathered through polling undertaken in the lead up to the meeting (see below). A brief update was also provided on the upcoming public awareness campaign from NHS England (NHSE). The Committee recognised the importance of continuing to review the situation and pushing DHSC and NHSE on the need to review the thresholds as well as the lack of referrals into the service. It was also agreed that Community Pharmacy England should review the Pharmacy First service when it is due to end in March 2025. Improvements will be needed before its entrance to the core contract can be considered.

### **Commenting on Pharmacy First, Alastair Buxton, Director of NHS Services at Community Pharmacy England, said:**

“We have always believed the minor illness and urgent supply of medicines elements of the Pharmacy First service, and previously when they were the constituent parts of the CPCS, should be accessible by patients walking into pharmacies, rather than patients needing a referral from NHS 111, a general practice or other healthcare organisations. Such an approach would improve access to primary care services for patients and reduce burdens on other parts of the NHS. It would also address the challenges most pharmacies are currently experiencing where general practices informally refer patients to pharmacies, rather than making electronic referrals. We recently included the proposal for Pharmacy First to become a fully walk-in service in [our published service development priorities](#) which we are currently using in our influencing and public affairs work.”

### **Government relations and CPCF negotiations**

The 2024/25 CPCF negotiations with the previous Government were interrupted by the General Election. We expect negotiations to commence again in the coming weeks, and the Committee reconsidered the Negotiating Team’s top priorities ahead of that. The Committee re-emphasised the importance of getting additional money to pharmacy owners quickly, and the need to deliver as much of the Recovery Plan funding to the sector as possible.

The Chief Executive provided feedback on her [first meeting with the Pharmacy Minister Stephen Kinnock](#). Members also reflected on the building blocks that are being put in place to work towards the future of community pharmacy and improve the outlook for the sector. Work is already under way with PA Consulting on practical ways to develop the sector as part of the wider economic project (see above), and the Committee is also keen to give further consideration to matters such as



a plan for how to make best use of the newly-qualified pharmacist independent prescribers that will join the register from September 2026.

A significant amount of important data has been gathered in recent weeks and months to feed into Community Pharmacy England's campaigning and influencing work. The Committee heard how the office is making the most of this data, aligning media and Parliamentary efforts.

### **Commenting on negotiations, Janet Morrison, Chief Executive of Community Pharmacy England, said:**

"We recently met with Minister for Care Stephen Kinnock who has been briefed on community pharmacy over the summer. We underlined the critical pressures on pharmacies and the urgent need for a significant funding uplift to prevent the sector's collapse and we expect negotiations on the CPCF for 2024/25 to resume soon.

We made submissions – both individually and collectively with other professions – to the Darzi Review and Spending Review to further underline the critical need for a pharmacy funding uplift, and we will seek to make further input to the Department of Health's work on the NHS 10 Year plan.

We do not know yet precisely when negotiations will re-start nor how quickly they will reach conclusion, but we will issue further information as soon as we have it. We agree with the new Government's assessment that the NHS is broken: community pharmacy has much to contribute to support their ambitions to improve public health and fix the problems, but only if pharmacies can afford to stay open and have confidence in a secure future.

We are also continuing to talk to DHSC and NHS England about Pharmacy First, emphasising that the time and effort pharmacy teams have put into the service, desperately needs to be matched by NHS England through more effective advertising and encouraging use of the electronic referrals process."

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### **Engaging with Pharmacy Owners**

Ahead of the September Committee Meeting, sector polling asked pharmacy owners about the Pharmacy First service, the effects of the GP collection active on pharmacies, and the intensity of the various financial and operational pressures. More than 4,500 pharmacy premises were represented in the poll results.

- **Pharmacy First service:** Worryingly, more than 60% of the community pharmacies reported that they are 'not at all confident' about meeting the Pharmacy First thresholds in September and October. Low numbers of GP referrals as well as insufficient advertising and therefore low public awareness of Pharmacy First are considered to be the main causes for not being able to reach the thresholds.
- **Effects of GP collective action:** Almost half of pharmacies report they have seen a reduction in Pharmacy First referrals and an increase in patients voicing frustration with GP services. Delays in issuing repeat prescriptions and resolving prescription queries were also reported.
- **Pressures Tracker:** Unpredictable revenue stream continues to be the most intense pressure on pharmacy businesses.

Key findings are reported in [Briefing O18/24: What pharmacy owners told us in September 2024](#).

The full polling results were considered by Committee Members and, as always, fed into discussions on priorities – particularly the plenary session on Government relations and negotiations. The Committee drew on this valuable information, augmented with feedback from the Regional Representatives, at various stages throughout the meeting. The findings were also considered in terms of our campaigning and influencing work at the Communications and Public Affairs Subcommittee, who felt the pressures tracker in particular is of considerable value and should be continued.

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## Discussions from Governance Subcommittees

### Audit and Risk (A&R) Subcommittee

The subcommittee approved management accounts for the period to July and recommended the financial statements for 2023/24 be approved by the full Committee, which they subsequently were. The latest information on levy collection, committee expenses and the organisation's KPIs were noted. Community Pharmacy England's reserves and investment policies were discussed.

### Governance and People (G&P) Subcommittee

The subcommittee reported back on detailed work on sector ownership data and committee composition, recognising that there had been significant change in ownership since the last election, which has left a gap in representation of the non-CCA multiples with 10+ premises. A recommendation was made to address this, beginning the necessary constitutional changes. In the meantime, and to move forward quickly, it was agreed to appoint two observers to the committee, both will be for community pharmacy owners with 10 or more NHS pharmacy premises in England.



This would give pharmacy owners from this part of the sector direct input into committee discussions. The selection process will be outlined over the coming weeks.

## Discussions from Advisory and Policy Subcommittees

### Service Development Subcommittee (SDS)

SDS spent time reviewing progress with the rollout of the Pharmacy First service, including the ongoing issues with the monthly payment thresholds. A detailed review of the clinical pathways was undertaken, including considering the positioning of the Gateway points, to feed into a review that NHS England is conducting. If pharmacists have any feedback on the detail of the seven clinical pathways, they can email that to [services.team@cpe.org.uk](mailto:services.team@cpe.org.uk).

Vaccination services, including flu and the new RSV vaccination programme were also discussed. The subcommittee considered Community Pharmacy England's policy on how pharmacy technicians could use patient group directions (PGDs) in CPCF services and concluded the same approach to assessment of competence to provide a service should apply to pharmacy technicians, as currently applies to pharmacists. The decision on whether a pharmacy technician assessed as being competent to provide a service should actually be involved in the provision of the CPCF service should be a matter for individual pharmacy owners to make a decision upon.

The subcommittee also reviewed the progress with implementation of the Pharmacy Contraception Service and the provision of the Discharge Medicines Service.

### Legislation and Regulatory Subcommittee (LRS)

LRS considered the latest developments on hub and spoke dispensing, specifically concerns around the safety of DHSC's proposed model 2 option (patient – spoke – hub – patient) and concerns that hub pharmacies without NHS contracts could act as pseudo-contract pharmacies. There was also discussion about the complexity of applications to change the times of core opening hours, and the apparent inflexibility to grant changes in some cases, even when there is very little patient demand.

The subcommittee also discussed the Cass Review and the emergency order to restrict the prescribing and supply of puberty-suppressing hormones, considering the guidance provided and the safety of both patients and pharmacy teams.

Recent regulatory changes introducing [new Original Pack Dispensing \(OPD\) rules](#), a change to market entry fitness information requirements (from 1st October 2024 references are no longer required, for new and most existing applications) and other changes were also noted.



### **Funding and Contract (FunCon) Subcommittee**

FunCon considered a number of important reimbursement and remuneration issues. In particular, members spent time considering reimbursement reform proposals from DHSC: non-Part VIII products, inclusion of non-medicines in Part VIII A, and specials, all topics DHSC has consulted publicly on previously. The subcommittee felt a need to proceed with caution as pharmacy owners are struggling with their finances already and any changes could have unintended consequences. Community Pharmacy England's reimbursement working group has been wrangling with these for some time and the subcommittee recommended seeking to reframe DHSC's proposals in the wider context.

The subcommittee also discussed the findings of an analysis of pharmacy ancillary items by the Funding Team, conducted as part of a review into Part IV (consumables and container allowance) of the Drug Tariff. Members approved the case outlined in the agenda papers.

### **LPC and Contractor Support (LCS) Subcommittee**

LCS considered the recent regional LPC meetings and pharmacy owner roadshows and discussed the positive feedback and main themes from pharmacy owners. The future of regional events was discussed, including thinking about the pros and cons of spacing them through the year vs ensuring everyone gets the same messaging at around the same time, and also the possibility of further communications activity through the year.

The subcommittee discussed the plans for the Conference of LPC Representatives 2024, due to take place on Thursday 7th November 2024 as fully in-person event, in London. Invitees include Stephen Kinnock MP, the Minister of State for Care, Department of Health and Social Care, and David Webb, Chief Pharmaceutical Officer for England. New for this year will be an end of day 'pause for thought' reception for LPC delegates and a range of other stakeholders, with a theme of the session being one year on since The King's Fund and Nuffield Trust published their Vision for community pharmacy.

Finally, the subcommittee reviewed the approach so far to inviting LPC leaders (Chairs and Chief Officers) to observe some of the work of the committee to improve transparency and allow contractors to see into Community Pharmacy England meetings. It was agreed to continue with the approach so that we cover all 10 Community England regions during the 2023/2024 - 2026/2027 term of office, using the format that we have now established. The next observers from the East of England region are due to join the November 2024 meeting.



## Communications and Public Affairs (CPA) Subcommittee

CPA met at the end of the Committee meeting and focussed on the important communications and public affairs activity that is due to take place in and around the busy political conference season, and also on the wealth of data gathered in recent months. It was recognised that our key messages are starting to cut through and the subcommittee noted the very positive level of interest in the sector already seen across the new Parliament.

The subcommittee agreed with LCS that the recent regional pharmacy owner events had been worthwhile. A number of suggestions for minor improvement were made around venues and timing, and it was recommended that more Committee Members attend these events next time.

CPA members also reviewed a final draft of Community Pharmacy England's 2023/24 Annual Report before its publication later this month and considered the possibility of attaining some external marketing expertise to help promote pharmacy services to the public.

Agendas and minutes of previous meetings are published on our website: [cpe.org.uk/meetings](https://cpe.org.uk/meetings)

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## Next Steps

Following an initial meeting with the Minister for Care, we hope CPCF negotiations will recommence in the coming weeks. Whilst we are unable to second guess when they may conclude, the Committee is fully aware of the need for an urgent resolution and updates will be shared as soon as possible. [Learn more about the negotiating process here.](#)

The recommendations on Committee composition from our new Governance and People Subcommittee will also be taken forward to help address a gap in representation of the non-CCA multiples with 10+ pharmacy premises in England. To move forward quickly, two observers from this part of the sector will be appointed to the Committee. Please look out for more information about the selection process on the [Community Pharmacy England website](#) in the coming weeks.

### Commenting on the Committee meeting, Janet Morrison, Chief Executive of Community Pharmacy England, said:

"September's Committee Meeting is always a chance for the Committee to reaffirm ambitions and reassess tactics ahead of the busy autumn political season. This has never been more important as the financial crisis engulfing pharmacy businesses continues, and as we await the re-start of negotiations on the CPCF for 2024/25.

Analysis of our pharmacy owner polling shows little change in the situation since the Committee last met: a sector in crisis, and a critical healthcare asset at risk. We are working hard to fully brief Ministers on this picture and to stress the urgent need for investment and support. This has included making submissions – both individually and collectively with other professions – to the Darzi Review and Spending Review; continuing our economic work; meeting with Minister Kinnock; and wide engagement with MPs across the new Parliament.”

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If you have any questions or require more information, please contact: [comms.team@cpe.org.uk](mailto:comms.team@cpe.org.uk)