



Community Pharmacy England Minutes

Date: 26th June 2025

Start time: 9am

Location: Hard Days Night Hotel, Liverpool, L2 6RR

Members present: Sue Killen (Chair), David Broome, Phil Day, Marc Donovan, Lindsey Fairbrother, Sami Hanna, Jas Heer, Mike Hewitson, Tricia Kennerley, Clare Kerr, Ifti Khan, Fin McCaul, Prakash Patel, Jay Patel, Adrian Price, Sian Retallick, Anil Sharma, Ian Strachan, Stephen Thomas

Observers present: Has Modi

In attendance: Janet Morrison, Shiné Brownsell, Alastair Buxton, Jack Cresswell, Mike Dent, Gordon Hockey, Melinda Mabbutt, David Onuoha, Rosie Taylor, Rob Thomas, Suraj Shah, Gabriele Vickers, Sarah Welbourne

Apologies: Apologies for absence were received from Sukhi Basra, Peter Cattee, Niamh McMillan, Beran Patel, Mayank Patel, Faisal Tuddy and Gary Warner.

Papers for report: The information in the agenda was noted.

Conflicts or declaration of interest: Mike Hewitson informed the Committee that he had recently been appointed to the Liberal Democrat primary healthcare working group.

Minutes of the last meeting: The minutes of the meeting held on 1st May 2025 were approved by the Committee.

Matters arising: The Chair noted the action points from the last meeting.

Welcome from the Chair: The Chair welcomed everyone to the meeting.

The Chair passed on her thanks to Ian Cubbin and staff who helped arrange the dinner for the Committee at the Athenaeum the night before.

The Chair welcomed Mike Hewitson and Sukhi Basra to the Committee.

The Chair reflected on the agenda and how the Committee had moved on from a negotiating phase to planning for the future.



The Chair reported on the positive feedback that had been received from LPCs after inviting them to the subcommittee meetings and that they felt a stronger sense of involvement.

Item 1: Reports from Subcommittee Chairs

- 1.1 Key points of the discussion at the Audit and Risk (A&R) subcommittee were presented by David Broome.

David wanted to acknowledge that Romali Wickramasinghe, Head of Finance, provided detailed accounts and commentary, and encouraged the Committee to read the appendices.

Marc Donovan had noted the team's strong performance against the KPIs.

David asked the Committee to read the risk register to ensure they understood it and to let Gordon Hockey know if anything had been missed. It was noted that the risks were owned by the Committee and that it was important to manage those risks effectively.

- 1.2 Key points of the discussion at the Governance and People (G&P) subcommittee were presented by Adrian Price.

Adrian acknowledged that it was the Chair's last meeting and thanked her on behalf of the Committee for guiding Community Pharmacy England.

Adrian gave an update on the recruitment of the new Chair and confirmed that the recruitment panel had made a unanimous decision on who they wanted to offer the position to: Dame Jenny Harries.

Adrian commented that the candidate was very qualified, had complementary skills to those of the Committee and was very excited about the appointment. He detailed aspects of her CV including her role in the pandemic and her background in public health. Sami gave his feedback as a member of the appointment's panel. Adrian indicated that the CEO had had conversations with all three candidates invited for final interviews. Adrian sought approval from the Committee for the appointment and the Committee unanimously agreed. Adrian confirmed that a letter of appointment will be sent to the appointee, who, subject to approval within Government, will start on 1st September 2025.

Adrian confirmed that the next subcommittee meeting will be taking place on 9th July,

when the subcommittee will review the feedback from the LPCs and trade bodies on Committee composition; and determine final options to bring to the September Committee meeting for a substantive discussion. Adrian confirmed that Victoria Finney had been appointed to review and summarise the responses from LPCs and make recommendations to the Committee.

- 1.3 Key points of the discussion at the Service Development (SDS) subcommittee were presented by Fin McCaul. Fin reported that the subcommittee spent time looking at the revisions to service specifications. He confirmed that the revised patient group directions for Pharmacy First had been published in draft form on the NHSBSA website and that the links to these were available in the SDS minutes.

The following recommendation was approved by the Committee:

- Introduction of the proposed new 2–3-year-olds Flu Vaccination Advanced Service, whilst raising concern about the proposed fee for the service.

It was noted that a webinar was being held on 3rd July on Integrated Neighbourhood Teams.

- 1.4 Key points of the discussion at the Legislation and Regulatory subcommittee (LRS) were presented by Lindsey Fairbrother.

The following was agreed by the Committee:

- In principle, the draft PLPS amendments on hub and spoke dispensing, subject to three key issues still to be addressed:
 - The need for the option of immediate switching to an alternative suitable hub in the event of a problem with the existing hub, or where there is a notice, and for example, the spoke has done nothing wrong.
 - Notification of a new hub and spoke arrangement should involve providing minimal information to the ICB.
 - An appeal option for the contractor if a notice is issued and not withdrawn after discussions between the contractor and the ICB. It was agreed that LRS could finalise these.

- CPAF process to be agreed, with the aim of more time to complete the screening questions.

The subcommittee reviewed the regulatory asks for 2026/27 and is considering asking LPCs for their views.

The subcommittee agreed to continue the work on direction of services. A member commented that Community Pharmacy England should pursue the approach that Thames Valley LPC had used locally. Alastair Buxton said the office would explore developing a micro-website aimed at patients which also linked through to the pharmacy finder page on the NHS website. This would provide an alternative option for GP practices to use, which would not incur a direct cost for pharmacy owners and would support patient choice.

The CiPPPA initiatives – the blister take-back scheme – and the inhaler recycling had been noted, both voluntary schemes, but no funding was available for pharmacies.

The NMS Directions had been revised to include a definition of 'group'.

- 1.5 Key points of the discussion at the Funding and Contract (FunCon) subcommittee were presented by Anil Sharma.

Anil reported that the subcommittee approved Community Pharmacy England's draft position statements on the proposed Category C reimbursement reforms and emphasised the importance of patient safety being central to any decisions made by DHSC.

The subcommittee discussed special container proposals noting that the majority of the existing products and container types will retain their special container status. It is also expected that several new product categories and container types will be recognised as special containers based on DHSC's proposed criteria.

Rob presented a paper on cost reimbursement, which provoked a full discussion. A variety of views were expressed and this remains a work in progress.

Jack and Mike gave updates on the July DT discussions and progress with implementation of CPCF developments, including meetings with DHSC on the contractor

payment timetable.

- 1.6 Key points of the discussion at the LPC and Contractor Support (LCS) subcommittee were presented by Ifti Khan.

Ifti gave special thanks to Zoe Long, George Foote and Alastair Buxton for supporting the LCS subcommittee in the absence of James Wood.

The subcommittee discussed the regional events taking place in July. The format will include meeting with the LPCs in the region in the afternoon, followed by a workshop in the evenings for pharmacy owners. Consideration was given on how to encourage wider participation, to ensure more contractors attend.

Ifti reported on the Forum of LPC Chairs meeting which took place in Parliament earlier in June, which included a reception where Chairs could discuss with MPs the value that the sector brings to the community. The event was attended by 36 LPC Chairs, with 30 MPs attending the reception. The event received a lot of positive feedback and attendees expressed a desire to do this again.

- 1.7 Key points from the discussion at the Communications and Public Affairs (CPA) subcommittee were presented by Tricia Kennerley.

Tricia thanked the communications team for all their support and doing an excellent job on all the work that had taken place following the spending review announcement, engagement with MPs and patient groups, and the ongoing work to influence the 10 Year Plan.

Tricia also reported on the joint event with Asthma + Lung UK and confirmed that a Parliamentary roundtable event chaired by Steve Race MP, will take place in July, which will be attended by other sector bodies and think tanks.

Tricia agreed with the Chair's earlier point, that engagement with LPCs had improved and is appreciated by them.

Item 2: Pharmacy Owner Opinion Polling

- 2.1 Melinda Mabbutt presented the results of the polling of pharmacy owners on recent CCPF developments, opening hours, future security and their confidence in the Government's

support for the sector. The poll was open for 3 weeks and received responses from people representing 2600 pharmacy premises. It was clear from responses that funding was still a big issue for most pharmacies.

- 2.2 Melinda also presented the sector's responses on the commissioning of emergency contraception and regulatory developments. It was noted that there was strong support for these, as expected.
- 2.3 The next focus was on regulatory developments and there was very strong support to be able to rearrange core opening hours. On finance and future security, Melinda explained that responses were more negative as pharmacies are still reporting financial losses and that they are struggling.
- 2.4 One of the questions around the Government's commitment to a sustainable model, had a negative split. Half of those responding, did not know what that meant and the other half were concerned that it was just a promise that won't be delivered on.
- 2.5 Referring to the NHS 10 Year Plan, most chose shifting funding to primary care as their greatest priority.

Item 3: James Davies Dispensing Projects Update

- 3.1 James Davies gave an overview of the work undertaken on pharmacist flexibilities. This would be to give pharmacists authority to make changes to what is prescribed, facilitating the prompt provision of medicines "in accordance with a prescription" where the precise strength / formulation / brand was not available.
- 3.2 There are different levels of flexibility, with heightened political interest and a potential willingness to allow flexibilities due to recent Coroners' cases. Restrictions that prevent pharmacists from issuing any alternative strengths of medicines, even when the medicine can be provided to enable the same dose to be administered, have been highlighted in some cases.
- 3.3 Flexibilities are already seen for pharmacists in English hospitals and in community pharmacies in Scotland, as well as internationally.
- 3.4 The range of flexibilities was highlighted, with generic substitution receiving strong

opposition when consulted on by DHSC back in 2010. This was particularly the case for medicines used to treat epilepsy.

- 3.5 It was noted that EPS forced rigidity in terms of what was prescribed and dispensed and made claiming for SSPs difficult. Flexibilities in Scotland are facilitated by their IT system (and arguably their continued use of paper prescriptions); hospital prescribing often includes drug, dose and duration, but does not stipulate form or strength of the medicines to achieve this.
- 3.6 The Scottish model of flexibilities was described to the Committee.
- 3.7 On the first question, it was widely agreed within the Committee that these flexibilities were something pharmacists could and should do, and that it would relieve pressure on the system and save time (with patients otherwise redirected back to GPs to then re-present with a rewritten prescription). It was felt it was ridiculous that this was not something that pharmacy was already able to do, especially given the potential patient harm of not being able to make small changes to prescriptions.
- 3.8 A point on conflicts of interest was noted, but this was felt to be a red herring as this was primarily about protecting patients and recognising the difficulty in accessing GPs to promptly re-write scripts.
- 3.9 On the second question, the consensus was to seek as many flexibilities as possible from the beginning (on the principle of it being well within pharmacists' capabilities). Ministers are looking for reform so there is an opportunity for this. We should recognise upfront there will be some challenges and be clear that some limitations in flexibilities would be reasonable to head these off (e.g. not amending any CD items, not undertaking switches on epilepsy medicines). It was noted that how they are implemented within the English system is a separate issue and the IT to support changes (with a view to the future with IPs) is vital for the success of flexibilities and the IT changes will take some time.

Item 4: PA Consulting Economic Projects

- 4.1 Mike Dent introduced Michael Carver, Ruby Powell and Anne Christine Nierhoff to the

Committee, who gave an overview of the three work packages that they are working on.

4.2 A discussion on the points in the presentation followed.

Item 5: Lessons learned from 2024/25 and 2025/26 CPCF Negotiations

5.1 The Chief Executive reported on the negotiating team and PA Consulting's thoughts and comments on the recent negotiations, on what lessons could be learned from them and what could be done differently next time.

5.2 A discussion on this topic followed.

Item 6: Political Update and Negotiations Preparation

6.1 The Chief Executive presented the headlines from the spending review and reported on data from the Institute for Fiscal Studies on DHSC's budget growth and capital spending. The Committee also reviewed the key challenges the NHS and Government are facing.

6.2 The Chief Executive presented on the emerging content of the NHS 10 Year Plan. The Chief Executive commented that the NHS needed investment, waste to be driven out and that productivity needed to be improved. It was also noted that decisions are moving closer to communities which allows local flexibility but raises questions about national commissioning and reform.

6.3 The Committee reviewed the issues and reflections relating to integrated neighbourhood teams. The Chief Executive commented that resourcing was a big question and that continuity of care was a key point. It was agreed to follow this matter closely in terms of how the policy will be developed over the coming months, and to think about capacity and scope for the sector to take part in it.

6.4 The Chief Executive talked about the sector's tone and content of messages to Government and what Community Pharmacy England's key asks were.

6.5 The Committee reviewed what Community Pharmacy England's strategy and ambition for 2026/27 and 2028/29. The Committee reviewed the key considerations for its negotiating strategy and what objectives should be considered.

6.6 On tables, the Committee discussed the negotiation priorities and messaging for the

forthcoming meeting with the Minister.

- 6.7 The Chief Executive confirmed that the NT will have further discussions on this during the month ahead. The Chief Executive will let the Committee know whether an online meeting will be necessary in July to support further planning for the forthcoming negotiations.

ACTION:

- Committee members to send the Chief Executive any further thoughts they may have on objectives for the next negotiations and messages for the Minister.

Item 7: Any other business

- 7.1 The Chair thanked the team and the Committee for their hard work.