



December 2025

# Briefing 028/25: Summary of November 2025 Committee Meeting

Community Pharmacy England met in London for a full Committee meeting on 19th and 20th November 2025. Committee discussions focused on the upcoming CPCF negotiations: financial pressures remain a very serious concern, with closing the funding gap still the Committee's top priority. The Committee also considered the additional pressures that winter is expected bring to the sector.

This was the first meeting for the <u>new interim independent representative</u>, <u>Dervis Gurol</u>, <u>along with Has Modi and Mayank Patel</u>, who following a period as Observers to the Committee, have been recently appointed as representatives of the Independent Pharmacies Association (IPA).

# Overview of the Committee Meeting

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

# Negotiations priorities, scenarios and choices

Community Pharmacy England is continuing to make the very compelling case for investment in community pharmacies, working to influence policy and spending decisions. Chief Executive Janet Morrison, accompanied by Negotiating Team Members, met Minister for Care, Stephen Kinnock MP, in October, and once again underlined the implications of the funding gap and the fragility of the network, as well as the case for investment in clinical services. Community Pharmacy England continues to advocate for the value of community pharmacy within the wider health system — emphasising our role as a first port of call for health in every community, reducing pressure on other frontline NHS services, and delivering wider economic gains by enabling people to stay working and active.

The Committee reviewed the principles and objectives for the upcoming CPCF negotiations, building on previous work and analysis, considering feedback from the sector, and discussing funding priorities. They also looked at pharmacy funding levels, delivery projections for 2025/26, projected service spends and possible future funding distribution.

## **Retained Margin**

The Committee reviewed the current position of margin earned by the sector as well as considering a





summary of research conducted about alternative options for the future.

# **Economic Project: possible future approaches**

PA Consulting delivered two sessions to the Committee. In the first session they gave an overview of their work on the value and investment case for pharmacies, looking at the current situation and future scenarios. The second session was a facilitated discussion on the possible consequences, choices and options for the sector. Committee members joined breakout groups to discuss what these might mean for pharmacies and for patients, and to consider potential ways forward.

## **Options for a Community Pharmacy Prescribing Service**

The Committee discussed feedback from pharmacy owners and pharmacists involved in NHS England's Independent Prescribing Pathfinder Programme. Alongside this, they received an update on several meetings held with DHSC and NHS England to explore options for prescribing services and associated governance arrangements which could be introduced into the CPCF in the future. The Committee offered views on preferred elements for a nationally commissioned prescribing service, recognising that affordability will also need to be considered in negotiations.

#### **Community Pharmacy in Canada**

The Committee received a presentation from Sandra Hanna, CEO of the Neighbourhood Pharmacy Association of Canada, which is a fellow member of the World Pharmacy Council. Sandra presented the Association's strategic model for the next four years and provided an overview of the pharmacy landscape in Canada. She outlined the Canadian pharmacy funding model, which varies across the provinces and territories, with 56% of prescription revenue being publicly funded.

Pharmacists' scope of practice in Canada continues to expand, although workforce shortages are a challenge. Pharmacies in Canada administer around 11.8 million immunisations annually (including COVID-19 and flu), deliver over 3 million assessments for minor ailments and respiratory or viral illnesses, and provide more than 5.5 million clinical medication reviews, care plans and associated services each year.

Sandra highlighted Nova Scotia as a trailblazer in extension of the scope of practice of pharmacy. Under Premier Tim Houston, the province has developed pharmacy-led primary care clinics with dedicated Government funding. These clinics have helped fill significant gaps in primary care in a province where many members of the population do not have access to a general practice.





## Janet Morrison, Chief Executive of Community Pharmacy England, said:

"The Committee met at a time when we are preparing for the next round of CPCF negotiations and the sector continues to face serious financial and operational pressures. Closing the funding gap remains our top priority, and we continue to work to influence funding decisions both in the public domain and in meetings and correspondence with Ministers.

"The Committee spent time reviewing the latest financial data, the impact of the Spending Review, and the additional pressures expected this winter. Feedback from pharmacy owners shows high ongoing concern about capacity, resourcing and the challenges the sector faces.

"We were pleased to welcome our new interim independent representative and IPA appointed representatives to the Committee. We also heard about positive developments in Canada, such as pharmacy-led clinics in parts of the country, which highlight what targeted investment and Government support can achieve. It was a useful reminder of what is possible with the right backing.

"Over the two days, the Committee thoroughly examined our negotiation principles, explored future scenarios for the sector, and debated options for new services, including prescribing. This evidence-driven work ensures we enter negotiations with authority, and it enables us to continue making a strong and compelling case for the urgent investment and support that community pharmacy needs."

# **Engaging with Pharmacy Owners**

Ahead of the November Committee Meeting, pharmacy owners took part in an opinion poll on key issues. The poll asked about their concerns for the winter period, experiences with COVID-19 vaccination services and the impact of ineligible bookings, interest in hub-and-spoke dispensing and the financial pressures pharmacies are facing.

## Key findings were:

- 82% pharmacy owners say they are concerned for their pharmacy business going into this winter,
  with very mixed views about their readiness for winter.
- Of those pharmacies that are not already using hub and spoke, roughly half believe that a hub and spoke model won't be right for them.
- Responses to a request for further feedback to the Committee matched what Community
  Pharmacy England has been telling policymakers in recent months the funding model is still



broken; service delivery and system design aren't aligned; workforce, wellbeing and capacity are under sustained strain.

 Unpredictable revenue stream and workforce costs are still the highest reported pressures for pharmacy owners.

## A fuller summary of the findings is available here.

The analysis of the results was considered by Committee members, who as pharmacy owners themselves, are fully aware of the challenges being highlighted by the survey results. The Committee considered some of the issues associated with funding disparities raised in the survey within the Funding and Contract subcommittee (see below).

# Subcommittee Meetings

## Discussions from Governance Subcommittees

## Audit and Risk Subcommittee (ARS)

The subcommittee last met on 10th November 2025. The main topics discussed were Community Pharmacy England's draft budget for next year and the implications for LPC levies and Community Pharmacy England's reserves policy. The budget for 2026/27 will be finalised at the February Committee meeting, but in the meantime, we will write to LPCs with indicative levies to support their financial planning. Members also considered the Hosier Lane office, member expenses and levy collections.

## Governance and People (G&P) Subcommittee

The subcommittee last met on 4th November 2025. At the meeting, it discussed several items including the implementation of the Committee composition changes from November. The subcommittee also proposed a repeat of the Committee effectiveness review, updates to various governance documents, and the appointment process for the vice-chair of Community Pharmacy England, which were agreed by the Committee.

# Updates from Advisory and Policy Subcommittees

#### Service Development Subcommittee (SDS)

The subcommittee reviewed progress on the recently introduced changes to several CPCF services (the changes to the Pharmacy First clinical pathways, changes to the Pharmacy Contraception Service





and the addition of antidepressants to the New Medicine Service), with discussions on feedback around how rollout was being felt on the ground. Members also considered a patient-facing website developed to help promote pharmacy services and emphasise that patients' have a choice of which pharmacy to use, linking to NHS website pharmacy service finder tools.

SDS also received an update on discussions with NHS England on vaccination services and discussed pharmacy owners' early feedback on the rollout of the Childhood Flu Vaccination Service.

SDS considered the response from NHS England to our claim for compensation for pharmacy owners for the time they had to spend managing ineligible patients at the start of the autumn/winter COVID-19 vaccination season. In responding that further funding was not available, NHS England cited the considerable work they had done to improve communications on this matter following Community Pharmacy England's representations. The response on funding is very disappointing, and we will be highlighting this and all other pressures affecting pharmacies in the upcoming CPCF negotiations, as well as in our work to secure uplifts to vaccination fees for future years. We have asked NHS England to review the design of the national booking service so that it will help screen out patients who are not eligible for a vaccination they are seeking to book.

Community pharmacies are one of the strongest performers when it comes to vaccinations, particularly in helping to reach deprived communities, but progress needs to be made by both Government and NHS England in commissioning an economically sustainable service from community pharmacies

The subcommittee were also briefed on options for the future commissioning of independent prescribing within the CPCF, including feedback sought from pharmacy owners and pharmacists who participated in NHS England's Independent Prescribing Pathfinder Programme. This topic was discussed further in the plenary meeting of the full Committee the following day (see above).

#### Funding and Contract (FunCon) Subcommittee

The subcommittee received an update on recent meetings with the NHS Business Services Authority (NHSBSA) on the introduction of accelerated payments for pharmacy owners.

Members also considered analysis of prescribing of branded generics and its impact on both pharmacies and the NHS, including looking at ICB level data. Members considered a range of possible solutions to address these issues.

The subcommittee considered the distribution of margin via Category M and the prevalence of lines





with low reimbursement. This discussion continued in the plenary discussion on retained margin with the full Committee (see above).

Finally, FunCon members received an update on reimbursement reforms, including the status of various Drug Tariff proposals currently being worked through with DHSC, steered by the joint working group.

Matters of report included fee delivery, concessions and other reimbursement matters.

# Legislation and Regulatory Subcommittee (LRS)

The subcommittee discussed the problem of auto-nomination for EPS and its impact, with some PMR systems now introducing the functionality to prevent patients from changing their nomination to another pharmacy despite the patient wanting to do so. The subcommittee considered that there was no place for auto-nomination: the NHS pharmaceutical regulations are clear that changing a patient's nomination requires the consent of the patient. The subcommittee also considered that NHS England should take steps to ensure that this functionality is not available to pharmacy owners.

Regulatory asks to raise in the forthcoming negotiations were also considered, including the feasibility of limited pre-agreed pharmacy closures for staff training and development, and changes around late or corrected and discretionary payments. There was also consideration of the changes around supervision likely in early 2026 to enable pharmacy staff authorised by the pharmacist to hand out dispensed and bagged medicines in the absence of the pharmacist, and whether changes to the NHS pharmaceutical regulations were required to facilitate this for NHS community pharmacies.

The General Pharmaceutical Council (GPhC) consultation on Pharmacy Technicians and a draft response by the Community Pharmacy Workforce Development Group (for which CCA provides the secretariat) were considered, and the subcommittee indicated its support for the Group's response.

# LPC and Contractor Support (LCS) Subcommittee

Janice Perkins, Chair of Community Pharmacy Greater Manchester and Vice-Chair of the LPC Chairs Forum, joined the meeting, alongside Rebecca Butterworth, who attended her first LCS meeting since becoming Community Pharmacy England's new LPC Engagement and Support Manager. Janice will attend all future meetings of the subcommittee in her role as the Vice-Chair of the LPC Chairs Forum, to aid two-way dialogue between the LPC network and Community Pharmacy England.

The subcommittee discussed final plans for the upcoming Conference of LPC Representatives. The agenda has now been agreed, with speakers including the Director of Primary and Community Care at





NHS England, Dr Amanda Doyle, our CEO Janet Morrison and Chair Dame Jenny Harries, and others. LPCs from nine out of the ten regions submitted discussion topics for the Conference, and these will be reflected across the conference in different formats to ensure the issues are fully represented. The subcommittee reviewed the topics each region submitted during the meeting and were impressed with this type of engagement and the wealth of information and input from the regions. The subcommittee also agreed that it is important for attendees to provide feedback at the end of the event, so they can share further views and inform future conferences.

The subcommittee heard that a stakeholder reception will follow the conference in the evening, which will be the launch event for a policy report written by Helen Buckingham, titled 'A Prescription for Success'. Key stakeholders, including Think Tanks, charities and primary care collaborators, will attend the reception.

## Communications and Public Affairs (CPA) Subcommittee

CPA will meet in the coming weeks, with the subcommittee due to discuss upcoming plans for public affairs and influencing work, as well as how to make the most out of the Pressures Survey in 2026. The subcommittee will also review progress on delivering the Committee's Engagement Strategy, reflecting on how we can further strengthen our engagement with pharmacy owners and LPCs in the future.

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

