Minutes of the Service Development Subcommittee meeting held on 22nd April 2026 at Hosier Lane

Present: Fin McCaul (Chair), Phil Day, Sami Hanna, Beran Patel, Jay Patel, Mayank Patel, Prakash Patel, Faisal Tuddy

In attendance: Alastair Buxton, David Onuoha, Vicki Roberts, Rosie Taylor, Janet Morrison, Sian Retallick, Becky Butterworth, James Wood

Item 1 – Welcome from Chair

1.1 The Chair opened the meeting and welcomed attendees.

Item 2 – Apologies for absence

2.1 There were no apologies for absence.

Item 3 – Conflicts or declarations of interest

3.1 No new conflicts or declarations of interest were raised.

Item 4 – Minutes of the previous meetings and matters arising

4.1 The minutes of the subcommittee meetings held on 4th February 2026, 9th March 2026 and 30th March 2026 were approved. A few minor typographical errors had been highlighted prior to the meeting which will be corrected.

Item 5 – Appointment of a Vice Chair

5.1 Fin McCaul proposed Phil Day as Vice Chair and this was seconded by Faisal Tuddy. The appointment was agreed by the subcommittee.

Item 6 – Review of progress against the 2026/27 Workplan

6.1 The subcommittee was content with the progress made against the workplan for 2026/27.

Item 7 – CPCF 2025/26 service changes

7.1 The subcommittee was briefed on confidential discussions ongoing with NHS England on service-related matters from the 2026/27 negotiations and provided feedback on the

documentation that NHS England had shared.

7.2 It was highlighted that some locally commissioned Stop Smoking services are being decommissioned and the question was asked about the prospect of the national Smoking Cessation Service (SCS) being expanded to include walk-ins or referrals from other organisations, as well as hospital trusts. Alastair advised that our policy is that we want an expanded walk-in SCS, which also includes people using vapes and the supply of varenicline and cytisinicline via PGD and IP; however, NHS England has no budget for such a service at this time.

Item 8 – Neighbourhood health

8.1 Vicki Roberts provided an overview of the Neighbourhood Health paper. The following points were noted:

- The long-awaited Neighbourhood Health Framework was published by DHSC on 17th March 2026.
- There are quite a few mentions of pharmacy in the Framework; however, it also states 'Over the next few years, we will look at how we can support other important services to effectively contribute to neighbourhoods, such as community pharmacy…' so quick progress appears unlikely.
- There appears to be a lot of uncertainty around the Framework, with the GP media also reporting that LMCs feel like they've been gated out.
- The Services Team has facilitated another neighbourhood health community of practice webinar for the network of LPCs. Community pharmacy neighbourhood health leads are now also invited as well as LPC staff and members.
- Further resources have been published to support LPCs and neighbourhood health leads with local engagement; these resources were handed out in the meeting for subcommittee members to view and provide feedback upon.
- The next planned resource is a generic PowerPoint presentation on neighbourhood health that LPCs can use to introduce this topic to pharmacy owners.
- A special CLOT meeting was held on 9th April for LPCs to share their opinions on the opportunities; the general consensus from participants was that there is still no clear and obvious opportunity for community pharmacy involvement in neighbourhoods at

this time, other than highlighting the value that national NHS pharmacy services can bring to neighbourhoods and local communities.

- A further neighbourhood health community of practice session is planned for 2nd June. Helen Buckingham, author of Prescription for Success and an NNHIP coach in West Hertfordshire, is attending to share some of her observations as a NNHIP coach and share an update on what is next for the NNHIP programme.

8.2 A discussion was had on how much time and effort LPCs should be spending on this, considering all the uncertainties, including the future political landscape. It was agreed that this must be an LPC decision based on the local circumstances.

8.3 The Chair asked what further actions could be taken or resources developed to further support LPCs working on neighbourhood health. Encouraging LPCs to continue to talk to each other about what is happening in their area through the planned webinars was noted, which may then provide examples for case studies which could be shared with all the LPCs. A suggestion of making short, 5-minute videos on some of the topics around neighbourhood health was also suggested as a bitesize way of learning about the topic. These could be available for LPC members and pharmacy owners, as and when they make progress in this area.

Item 9 – Workforce survey 2025 – feedback on data collection

9.1 This was mainly a matter of report, but Alastair highlighted several points regarding the submission of data.

Item 10 – Support for locally commissioned services

10.1 This was a matter of report; however, Vicki highlighted that LPC learning sessions have been successful, but she is now starting to run out of topics to cover. She currently has two further options for sessions; Inclisiran injections and IP management of migraine. She asked if anyone is aware of local innovative services to let her know so these could be considered for an LPC learning session.

Item 11 – Vaccination services

11.1 This was a matter of report. However, Alastair had two further matters to highlight following publication of the SDS papers:

- CPE has been consulted formally on new data directions by which the Secretary of State will provide a new legal basis for pharmacies and GP practices to provide patient identifiable data to the NHSBSA and NHS England. There is currently an existing legal route to allow this to happen, but this is a proposed replacement. Alastair has reviewed this and will also get Gordon Hockey to review the proposal.
- NHS England is undergoing a consultation process with current NHS-assured clinical services IT system suppliers, as well as new suppliers, around integrating their systems with the Record a Vaccination Service (RAVS). Further detail needs to be obtained on how this would work and Dan is seeking the view of IT suppliers on the proposals.

11.2 Concern was raised about the ability of RAVS to retain patient records and pharmacy owners having access to these records for the required length of time. A Committee member provided an example of where they had been using RAVS for a service and when this had finished, they couldn't access the historic patient records and had to request access for this. Concerns around this type of situation had previously been raised with the NHS England Vaccination Team when RAVS was first in development, so having a real example of this would be helpful to further raise concerns about the matter.

11.3 The lack of head office reporting on RAVS was also highlighted as a concern, with feedback being sought via the CPITG.

Item 12 – Miscellaneous matters of report

12.1 This was a matter of report.

Item 13 – Any other business

13.1 The Chair thanked the subcommittee and Services Team for their hard work over the last eight weeks and acknowledged that everyone has worked really hard in relation to the negotiations.