Community Pharmacy England Minutes

Date: 20th November 2025

Start time: 9am

Location: 14 Hosier Lane, London, EC1A 9LQ

Members present: Jenny Harries (Chair), Sukhi Basra, David Broome, Peter Cattee, Phil Day, Marc Donovan, Dervis Gurol, Sami Hanna, Jas Heer, Mike Hewitson, Tricia Kennerley, Clare Kerr, Ifti Khan, Fin McCaul, Niamh McMillan, Has Modi, Beran Patel, Prakash Patel, Adrian Price, Anil Sharma, Ian Strachan, Stephen Thomas, Faisal Tuddy

In attendance: Janet Morrison (Chief Executive), Shine Brownsell, Rebecca Butterworth, Alastair Buxton, Jack Cresswell, James Davies, Mike Dent, Michael Digby, Gordon Hockey, Zoe Long, Melinda Mabbutt, David Onuoha, Vicki Roberts, Suraj Shah, Rosie Taylor, Rob Thomas, Adeola Wilson, Katrina Worthington

Apologies: Apologies for absence were received from Lindsey Fairbrother, Jay Patel, Mayank Patel, Sian Retallick and Gary Warner.

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

In the Governance pack, the Chair requested that page 9 be updated to specify that the Governance and People Subcommittee is responsible for investigating any non-compliance with the Code of Conduct.

Action: Add Governance and People Subcommittee in governance pack on page 9.

Conflicts or declaration of interest: None.

Minutes of the last meeting: The minutes of the meeting held on 25th September 2025 were approved by the Committee.

Matters arising: There were no follow-up actions from the September meeting.

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

The Chair shared her reflections since joining Community Pharmacy England in September. She

emphasised that her role was to fulfil the responsibilities of an independent Chair serving the Committee, which included raising topics that may sometimes be challenging. She clarified that any comments made were not directed at any individual or specific part of the sector but intended for the Committee as a whole.

The Chair expressed gratitude for the time members dedicated to introductory meetings and said she was humbled by the commitment shown to community pharmacy and patients. She noted the Committee's exceptional talent and deep knowledge, reaffirmed her passion for the work being done and strong belief that the sector should be recognised as a vital component of primary healthcare.

When addressing the agenda, the Chair encouraged the Committee to be aspirational about what community pharmacy could become. She reminded members that effective leadership requires collaboration and that this should be consistently demonstrated.

Day 1

Item 1: Retained Margin

1.1 Mike Dent provided a confidential presentation to the Committee on retained margin. This covered a business-as-usual decision required for the January Drug Tarriff and medium-term options for improving margin delivery.

1.2 Following the presentation, the Committee considered views on the analyses presented, issues that were identified and potential solutions.

1.3 The Chair thanked the Committee for their feedback and acknowledged that members would naturally reflect on their own experiences and the impact across different financial contexts.

Day 2

Item 1: Reports from Subcommittee Chairs

1.1 Key points of the discussion at the Governance and People (G&P) Subcommittee were presented by Adrian Price. The following points were noted:

The main item for discussion was the Committee composition, looking at how to define

and count 10+ non-CCA multiple pharmacy owners for representation. The recommendation was to adopt the NHS eDispensary data and parent ODS codes as a baseline. Gordon Hockey will refine the proposal using eDispensary data and will circulate an updated draft of the proposal document.

Adrian informed the Committee that a subcommittee performance review and Committee effectiveness review will be conducted, once the process had been finalised. These were accepted.

Adrian also informed the Committee that the Vice Chair appointment process had been agreed, and that a copy of the selection process will be circulated, for the Committee's agreement. [This was subsequently agreed.]

Adrian asked the Committee to contact Gordon Hockey, if anyone wanted to put a name forward to be a 10+ pharmacy owner to fill the vacancy on the G&P subcommittee.

A member referred to the structure of the 10+ groups and asked whether this could be explored further, to help understand what could happen in the future.

1.2 Key points of the discussion at the Audit and Risk (A&R) Subcommittee were presented by David Broome. The following points were noted:

There was a slight deficit in the Year End budget for FY 2025/26 due to consultancy fees.

It was noted that the subcommittee had an in-depth conversation about Community Pharmacy England's reserves.

The Subcommittee asked the Committee for their views on what the levy increase should be, to help give accurate figures to Local Pharmaceutical Committees (LPCs) to allow them to budget effectively.

Mike Dent explained that the subcommittee looked at all the elements of the budget and had recommended a 3% levy increase. Mike asked the Committee whether that was acceptable.

Following a discussion, it was agreed to send a letter to the LPCs stating that the levy increase won't be more than 3%, to help LPCs with budgeting. A further discussion on this topic will take place in January at the Audit and Risk Subcommittee meeting and in

February at the Committee meeting.

1.3 Key points of the discussion at the Funding and Contract (FunCon) Subcommittee were presented by Peter Cattee. The following points were noted:

DHSC was aligned with Community Pharmacy England's proposal on accelerated payments, which was positive.

Concerns were raised on slower VAT repayments and the Committee were asked to provide feedback on their own experience. A question will also be considered in the next pre-Committee polling survey.

During the Subcommittee meeting, Jack reported on the financial impacts of branded generics and the subcommittee looked at alternative solutions.

1.4 Key points of the discussion at the Service Development (SDS) Subcommittee were presented by Fin McCaul. The following points were noted:

Feedback had been sought on the implementation of the new Pharmacy First clinical pathways and Patient Group Directions (PGDs), changes to the Pharmacy Contraception Service (PCS), including the expansion to include oral Emergency Contraception and the inclusion of antidepressants into the New Medicine Service (NMS).

It was noted that a response was still awaited from NHS England on changes to the wording in the Hypertension Case-Finding Service (HCFS) specification regarding Ambulatory Blood Pressure Monitoring.

Fin reported on the discussion around the development of a patient-facing microsite promoting Pharmacy First, the Pharmacy Contraception Service and HCFS. The Committee were asked to share any patient feedback they are gathering on Pharmacy First, with the Services Team.

Fin noted that the Subcommittee also spent time discussing vaccination services and that there were some positive stories on the childhood flu vaccination service.

1.5 Key points of the discussion at the Legislation and Regulatory Subcommittee (LRS) were presented by Stephen Thomas. The following points were noted:

The Subcommittee discussed issues around EPS auto-nomination and how to progress

this issue. There was broad agreement to the subcommittee's proposed approach. The Subcommittee also reviewed various regulatory changes, and it was noted that discussions on these are continuing.

Stephen reported that the subcommittee discussed the GPhC consultation of the training of pharmacy technicians and agreed the draft response shared by the Community Pharmacy Workforce Development Group would be used as the basis for the Community Pharmacy England submission.

The Subcommittee also had a discussion on 'patient choice of pharmacy' and agreed to work on a joint statement with the British Medical Association.

Stephen also commented that the Ministry of Defence (MoD) will start using FP10 prescription forms for all outsourced prescriptions, issued by MoD medical facilities.

1.6 Key points of the discussion at the LPC and Contractor Support (LCS) Subcommittee were presented by Ifti Khan. The following points were noted:

The Subcommittee talked through the final agenda and arrangements for the LPC Conference on 25th November, including the planned stakeholder reception. The reception will include the launch of Helen Buckingham's report 'A prescription for success – the role of community pharmacy in delivering the 10-Year Plan for Health'.

The submitted LPC-led topics were reviewed by the subcommittee, noting the Conference Working Group's steer on these. Topics had been received from 9 out of 10 regions and included items on independent prescribing, LPC business matters and CPCF/negotiations (further divided into margin and reimbursement, and funding and contractual incentives).

Ifti thanked the various Committee members who had confirmed attendance for the LPC Conference.

1.7 Key points from the discussions at the last Communications and Public Affairs (CPA) Subcommittee were presented by Tricia Kennerley. The following points were noted:

The annual report has been published since the Subcommittee last met.

Tricia reported on the party conference events and engagement, Pharmacy Show

presence and the published Pressures Survey reports.

Tricia referred to Helen Buckingham's upcoming policy paper which maps the vision for community pharmacy against the 10 Year Health Plan.

Due to apologies received from CPA Subcommittee members, it was agreed to postpone the meeting scheduled for later that afternoon. The meeting will instead be held online in the coming weeks.

Item 2: Guest presentation: Sandra Hanna

2.1 Sandra Hanna, Chief Executive of the Neighbourhood Pharmacy Association of Canada joined the Committee to give a presentation on the scope and outlook for community pharmacy in Canada.

2.2 Sandra provided an overview on the Strategic Plan for the association.

2.3 Further key points included an overview of the sector in Canada, outlining sector priorities and systematic trends impacting pharmacies. Sandra provided insight on the partnership between the Government of Nova Scotia and the Pharmacy Association of Nova Scotia aimed at improving access to care. Sandra also shared the impact of this initiative and lessons learned. The Committee was also informed about other clinical models implemented across Canada.

2.4 Sandra discussed current challenges facing pharmacies. However, data indicated that more Canadians are choosing pharmacies, with a belief that service expansion could help alleviate pressure on the broader healthcare system.

2.5 Following questions, the Chair thanked Sandra for joining the Committee meeting.

Item 3: Political update

3.1 The Chief Executive reported that Community Pharmacy England was continuing to make a compelling case on why the Government should invest in the sector.

3.2 Referring to the 10 Year Health Plan, the Chief Executive commented on the emergent themes from DHSC and NHS England and noted that there was a strong focus on modernisation and exploring better models of care from which community pharmacy

would be unlikely to be immune.

3.3 The 10 Year Health Plan conversations included the opportunities and inherent skills for community pharmacy to work together to contribute to joined up neighbourhood health service working.

3.4 The Chief Executive reminded the Committee of the negotiating principles that had been agreed at the Committee meeting in June. It was noted that the most important priority was to close the funding gap to secure sustainability, ensure quality of service for patients and stop closures and collapse of the sector.

3.5 The Chief Executive presented summarised feedback from the September Committee meeting and the Committee reviewed other funding priorities.

3.6 Mike Dent presented on the funding delivery projections for 2025/26, the projected growth and service spend for 2026/27, including the growth challenges for 2026/27.

3.7 In groups, the Committee considered what their preference would be for distribution for a variety of funding offers.

Item 4: PA Consulting work on future scenarios

4.1 Community Pharmacy England had commissioned major studies into the current value of pharmacy and the investment case for service expansion, which formed the basis of submissions to DHSC in advance of the Darzi review, 2024 budget, 10 Year Health Plan and the comprehensive spending review.

4.2 PA Consulting presented their analysis which supported negotiations last year, considering alternative strategies to close the funding deficit to enhance the overall sustainability of the sector. It was noted that community pharmacies deliver value for money and through investment could do more.

4.3 PA Consulting had carried out additional work on hub and spoke and tested their assumptions with five industry experts already implementing these models; however, even with an optimistic estimate, it was insufficient to solve the funding deficit.

4.4 PA Consulting noted that while private services can mitigate some financial pressures, it is anticipated that pharmacies were already pursuing this revenue stream and it would not be a major new way of closing the funding gap.

4.5 The Chair explained that these models were not proposals. The analysis was carried out in order to challenge any assumptions from DHSC and NHS England that these are alternative ways to solve the funding deficit. It was also noted that this work helped to understand the scope of the challenges. Mike Dent went on to explain that the Independent Economic Review suggested a significant funding gap and Community Pharmacy England had to consider what else could be done to close it. One of the areas not considered at that time was hub and spoke, and so PA Consulting investigated whether the sector could grow its way out of the funding deficit. However, none of the options considered would close the gap. The expectation is that the Government would need to fund the gap as there are no meaningful alternatives.

4.6 PA Consulting's conclusion was that there was a strong investment case for community pharmacy.

4.7 In the final part of the session, the Committee discussed in groups the consequences for the sector and patients and what further options could be considered.

4.8 The Chair thanked PA Consulting for joining the Committee meeting.

Item 5: Options for a Community Pharmacy Prescribing Service

5.1 In this session, Alastair Buxton presented the feedback that had been shared by pharmacy owners and pharmacists on the NHS England Independent Prescribing Pathfinder Programme, common themes across the interviews and actionable recommendations.

5.2 Alastair explained that NHS England were developing local commissioning guidance for ICBs and that Community Pharmacy England would have sight of the draft guidance soon.

5.3 Alastair updated the Committee on informal discussion taking place with DHSC and NHS England on prescribing services and associated governance arrangements.

5.4 Alastair talked through various options to consider for a prescribing service in 2026/27.

5.5 In groups, the Committee discussed their thoughts on the governance proposals, whether they were acceptable and if there were other elements that should be part of the governance arrangements. The Committee also considered what their preferred elements of a nationally commissioned prescribing service would be in 2026/27, if there were no funding constraints.

Item 6: Any Other Business

6.1 Adrian Price thanked the Committee and the team for all their input.

6.2 The dates of the next meeting are 4th and 5th February 2026.