



Community Pharmacy England Minutes

Date: 25th June 2026

Start time: 9am

Location: Microsoft Teams

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, Ifti Khan, Fin McCaul, Beran Patel, Jay Patel, Mayank Patel, Prakash Patel, Adrian Price, Sian Retallick, Rahul Sharda, Anil Sharma, Ian Strachan, Stephen Thomas, Faisal Tuddy, Gary Warner

In attendance: Janet Morrison (Chief Executive), Shine Brownsell, Becky Butterworth, Alastair Buxton, James Davies, Mike Dent, Michael Digby, Katrina Embrey, Gordon Hockey, Zoe Long, Melinda Mabbutt, Vicki Roberts, Suraj Shah, Rob Thomas, Romali Wickramasinghe, James Wood

Apologies: Apologies for absence were received from Niamh McMillan and Has Modi. Marc Donovan was present for the opening of the meeting but left before the meeting concluded.

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

Conflicts or declaration of interest: The Chair informed the Committee that she had started consultancy work with CSL Seqirus, a UK vaccine manufacturer, largely to provide support on international emergency preparedness for pandemic flu and zoonotic disease outbreaks and would recuse herself from any decisions or discussions where an actual or perceived conflict of interest could arise.

Minutes of the last meeting: The minutes of the meeting held on 22nd to 23rd April were approved by the Committee.

The minutes of the meeting held on 14th May were approved by the Committee.

Matters arising: The information in the agenda was noted.

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

The Chair commented on discussions to date about the sector's future at this critical point and noted that the period immediately following negotiations was an important time to focus on



strategic direction.

The Chair commented on the importance of ensuring that appropriate constitutional changes are in place, and that further discussions on this topic would be taking place later in the agenda. Thanks were given to Committee members who had already contributed to these discussions.

Rahul Sharda was welcomed to the Committee as the new Regional Representative for East and North Midlands. Thanks were expressed to Rahul for putting himself forward for the role.

Item 1: Reports from Subcommittee Chairs

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

Referring to cashflow modelling, Peter confirmed that there had been discussions with the Department of Health and Social Care (DHSC), on the need for accurate payments relating to reimbursement following the recent increases in generic purchase prices, and the lagged nature of the remuneration system. It was noted that a discussion took place to support the work on this and to make stronger representation. The wider need for injection of cash was acknowledged.

An update on 'payment on day one' was requested as little progress had been made by Govt.

Peter noted that there was support for wider reform.

James Davies indicated that NHS England had been asked to communicate to all Integrated Care Boards (ICBs) the impact of prescribing branded generics. Peter noted that a letter was in development with NHS England and that a revised version could be expected in two weeks.

Peter referred to the discussion on low priced lines in Category M reimbursement. It was noted that the office will undertake further modelling.

Anger at long term price concessions was noted and the office is continuing to raise this with DHSC.

Due to time pressure, the subcommittee will consider services pricing approach and

services capping principles at a separate FunCon meeting.

The Chair noted useful input from observers, highlighting different priorities between LPCs and the Committee, and noted the opportunities to address interconnected issues through the reform discussion. It was suggested that comparing differing perceptions around pharmacy economics would be helpful to inform ongoing discussions.

The Chair noted that while financial support is important, business management considerations are also key, and that civil service processes may delay progress. It was clarified that the issue relates specifically to advance payments and improving the accuracy of calculations.

Concerns were raised that the FunCon subcommittee meeting was highly dense, and consideration should be given to holding a separate meeting dedicated to FunCon to allow more in-depth discussions.

A discussion took place regarding attendance at subcommittee meetings, with differing views on whether all members should attend or only subcommittee members, noting the impact on meeting length and effectiveness.

It was noted that the policy since the last governance review was that subcommittees should be attended only by subcommittee members, with observers joining exceptionally, by agreement of the subcommittee chair.

Some members emphasised the importance of attending funding discussions given their significance, while others noted the need to allow subcommittees to work effectively without excessive input from observers.

It was agreed that a more structured approach will be trialled at the next Committee meeting, with other members able to observe subcommittee meetings, but not participate in the discussions.

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

Referring to clinical conditions for independent prescribing (IP) which would be added to the Pharmacy First service, Fin noted that Alastair Buxton, Mike Hewitson and David

Broome were representing CPE in the discussions that NHS England organised.

Fin commented that although five examples of clinical conditions were detailed in the Community Pharmacy Contractual Framework (CPCF) announcement, nine clinical conditions were considered at the meeting, which were listed in the SDS minutes.

Fin updated the Committee on the Delivery and Implementation Group meeting that took place the previous day between CPE, DHSC and NHS England. It was noted that NHS England were hoping to publish two of their IP-related governance documents shortly. Concerns were raised by Alastair Buxton and Gordon Hockey about the appropriateness and practicality for pharmacy owners of some elements of the professional assurance framework. It was noted that the latest version of the professional assurance framework had been shared by NHS England and was discussed at the Legislation and Regulation subcommittee meeting the day before.

Fin flagged Alastair Buxton's concerns on IT for prescribing. It was noted that pharmacy owners providing IP Pharmacy First and Pharmacy Contraception Service (PCS) consultations will need to use alternative IT modules, rather than the IT systems they currently use for Pharmacy First and PCS consultations.

Fin confirmed that the announcement of the Meningococcal B (MenB) vaccination service had been published. The Childhood Flu service specification had been finalised but not yet published at the time of the meeting.

Clarification was provided on the additional IP clinical pathways within Pharmacy First. Dependent on the final list of conditions, some services (e.g. chest infections) may require further training for IPs. As a result, some pharmacies/IPs may not provide all of the conditions.

Fin commented on the significant amount of work that is being undertaken by the services team on implementation following the CPCF announcement, whilst joining the roadshow events, which is placing considerable pressure on staff resources.

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

The absence of a Responsible Pharmacist had been discussed and the need for this to be

an option in the terms of service. The supervision changes would also be made to the terms of service.

The subcommittee discussed reform issues, with strong support for changes to market entry requirements. There was reference to this later in the slide deck being presented at the meeting.

The subcommittee discussed inducements, with a previous conversation held with NHS England in 2024 noted. There would be further discussions with NHS England.

The latest best practice guidance on medicines supply was reviewed; however, it would be supported only with further changes to the language to reduce the expectation on pharmacy owners, noting the terms of service requirement.

The MenB vaccination programme was discussed, including the administrative burden of approving Reg 91A PLPS Regs changes for each vaccine. It was proposed that approval of a vaccine service should be automatic if CPE approves the service. The Chair confirmed the Committee's support for the proposal, and this was formally recorded with no objections.

The Health Bill was noted, with three key priorities identified, with more work to be done on the Bill.

Pharmacy apps were discussed, with concerns raised that NHS England may be overreaching itself in its approach to non-NHS apps. The subcommittee agreed to push back on this.

The Service Governance Framework had been discussed briefly but time was running out at the meeting. While broadly supportive of the concepts, concerns remained in relation to the level of clinical oversight of the individual and the quasi-regulatory role suggested, neither of which should be carried out by an employer or pharmacy owner and which many would be unlikely to be able to do fully. Subcommittee members favoured a phased implementation rather than a "big bang" approach and this had already been communicated to DHSC and NHS England in the negotiations. There was a potential opportunity to try to soften the language in the document. The subcommittee had seen the Director Legal's suggested comments. Further comments were requested from the

Committee by the following Tuesday.

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

Ifti confirmed that the subcommittee approved the updated election guidance in principle, supporting the transition to new LPC committees from April 2027. Ifti noted that there was helpful feedback on clarifying eligibility definitions and forms, which will be incorporated before publication.

The subcommittee noted broad support across the LPC network for the changes that have been made. Positive progress had been seen in governance, engagement and national alignment. However, the subcommittee recognised uneven progress across some LPCs and an ongoing need to demonstrate impact and value. The subcommittee recommended that the findings are published. The Chair confirmed the Committee's support for the proposal and this was formally recorded with no objections.

Referring to the regional roadshows, Ifti noted that engagement activity is progressing well, with good attendance so far. Feedback from the events on the Community Pharmacy Contractual Framework (CPCF) settlement has been mixed. Ifti noted the workshop exercises have started sector engagement about the contractual reforms. Ifti thanked all the Committee members who have attended to date.

Ifti commented that progress is continuing with NHS England and policing leads on pharmacy staff safety and tackling violence and abuse by patients and the public. Ifti noted an emerging opportunity for a public campaign on respect for pharmacy teams.

Ifti confirmed that the revised LPC model constitution was reviewed and discussed following the composition discussions. No fundamental changes were proposed. The focus was on refinement and clarity following LPC and observer input.

Ifti confirmed that LPC composition, appointments and election processes remain unchanged.

Key updates included:

- Alignment with current practices

- Minor governance improvements
- Flexibility in committee size
- Adjustment to term limits to support continuity with Community Pharmacy England

The subcommittee recommended that it was approved in principle subject to final drafting amendments and issued to LPCs for adoption via AGMs/special meetings in September, in time for the next election cycle. The Chair confirmed the Committee's support for the proposal, and this was formally recorded with no objections.

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

The Committee reviewed the draft management accounts for FY 2025/26 as presented by the Head of Finance. David advised the Committee to review the papers as any queries raised were likely to be addressed within the supporting papers and accompanying commentary.

David noted that a valuation of Hosier Lane will be undertaken.

The reserves paper, based on the final accounts, was reviewed. It was agreed that the Committee expenses policy should be reviewed.

David confirmed that the subcommittee reviewed the updated risk register. Key updates included:

- Revised descriptions to reflect the risks specific to Community Pharmacy England
- Inclusion of a new risk relating to the medicines supply chain
- A revised risk relating to the NHS which now included risks associated with ICBs
- Consideration of risks that related to value protection

The subcommittee recommended approval of the updated risk register. The Chair confirmed the Committee's support for the proposal, and this was formally recorded with no objections.

A paper on the risk appetite framework for Community Pharmacy England was presented, outlining the level and types of risk the organisation is willing to accept. This forms part of

ongoing development aligned with the reform agenda. While approval was recommended, it was agreed that further discussion was required. A member requested additional time to review and discuss the framework, indicating it was a new concept for some members. It was agreed that this item would be considered later in the meeting.

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

Tricia reminded members that a revised meeting format has been introduced to support communication of key outcomes following Committee Meetings. This approach will continue for the current meeting with a full subcommittee meeting scheduled for 6th July to follow up on the main agenda.

Tricia noted that in April, the subcommittee reviewed the outcomes of the public affairs tender programme and agreed to continue with the communications review. As part of this work, feedback is being sought from LPCs and pharmacy owners on how communications are received. This is an ongoing process, with further updates expected.

Since the last Committee meeting, there had been a significant focus on communications relating to the settlement. A substantial volume of work has been undertaken by the team, including the development of resources, which are now supporting ongoing roadshows.

In addition, MPs have been briefed on the settlement, with data provided to support contributions to a Westminster Hall debate.

Tricia confirmed an LPC Chairs event was also held in Parliament on 15th June with Minister Kinnock speaking and a neighbourhood health reception, which was well attended.

Tricia noted that further activity was planned following the Committee meeting.

Tricia thanked all involved for their hard work and contributions.

1.7 Key points from the discussions at the last Governance and People Subcommittee (G&P) were presented by Adrian Price. The following points were noted:

Stephen Thomas was recommended as Chair of the Legislation and Regulatory Subcommittee.

Adrian welcomed Rahul Sharda to the Committee and recommended that Rahul become a member of the Legislation and Regulatory Subcommittee and the Communications and Public Affairs Subcommittee.

The Chair confirmed the Committee's support for the recommendations and this was formally recorded with no objections.

Item 2: Committee Composition

- 2.1 Gordon Hockey gave a short presentation on Community Pharmacy England's proposed composition changes, recognising the significant work undertaken by many people within Community Pharmacy England, alongside contributions from sector bodies.
- 2.2 Gordon provided a brief overview of the background to the concerns raised, explaining that two further issues that remained had led to a meeting of the sector bodies on 19th June, ahead of consideration of the proposal by the Committee.
- 2.3 Gordon highlighted the two main issues, as set out in the presentation. He indicated that the work had culminated in a sector bodies meeting on 19th June 2026.
- 2.4 Gordon reported that the National Pharmacy Association (NPA), Company Chemists' Association (CCA) and the regional representatives had agreed to the proposal being brought forward to the Committee. The Independent Pharmacies Association (IPA) neither supported nor opposed the proposal and requested a delay to the decision. Gordon said that it had been made clear before and at the meeting on 19th June that a decision on composition was intended to be made at this CPE meeting. Gordon outlined the reasons why a decision at the Committee meeting was important, as detailed in the presentation relating to the linked LPC Model constitution and LPC composition that had to be agreed today.
- 2.5 The Governance and People Subcommittee (G&P) recommended the proposal to the Committee and that there should be no delay as requested by IPA, also that G&P recommended proceeding with a vote at this meeting.
- 2.6 Gordon presented the proposal, noting that the recommendation was set out in the report – the outcome of the sector bodies meeting on 19th June. This was the proposal on which the Committee would be voting.



2.7 Gordon explained that, if approved, the composition from April 2027 would include:

Multiple side

- 2 nominated/appointed 10+Multiple or 2–9 IPA member
- 3 elected 10+ Multiples
- 8 appointed CCA

Independent side

- 10 regional representatives
- 2 appointed NPA
- 1 Community Pharmacy England appointed Independent who took part in the elections and was not elected.
- + Chair = 27 members

2.8 He said additional detail on the proposal was in the meeting report/outcome, for example the need for a shift of 10% in ownership for the mid-term election option. The Chair invited questions, comments and observations from members following the presentation.

2.9 Adrian Price thanked Gordon Hockey and all those involved in the process, recognising that the proposal was the result of several years of work and extensive engagement. It was acknowledged that the proposal represented the best compromise achievable following a range of differing views and discussions.

2.10 The Chair reflected that there had been a negative culture associated with composition discussions, which had weakened opportunities for the sector. Significant progress had now been made in resolving issues that had remained outstanding. The Chair noted that although the proposal was not a perfect solution, it represented a fair and balanced outcome and encouraged members to focus on new points rather than revisiting historic arguments.

2.11 While recognising the progress made, a member questioned whether sufficient emphasis had been placed on ensuring the right skills and expertise would be available for future reform discussions. Concern was also raised regarding pharmacy owner representation



and restrictions on eligibility for certain positions. In response, the Chair emphasised the importance of securing the right skills and experience on the Committee, whilst also acknowledging the considerable time taken to reach this stage.

- 2.12 A member supported the principle of strengthening skills through co-option for specific projects where additional expertise may be beneficial.
- 2.13 A member thanked those involved in developing the proposal and recognised that no solution would satisfy all parties. The member questioned whether the proposals fully reflected the national makeup of pharmacy owners. Gordon reassured members that the figures remained proportionate and had been scrutinised by the G&P subcommittee; and were in the report/outcome of the meeting on 19th June.
- 2.14 A member emphasised that the Committee's role was to reflect the realities of the sector and ensure fair and appropriate representation.
- 2.15 Discussion then focused on the future review arrangements, including the proposal to maintain the overall composition unless there was a significant change in sector representation. One member supported annual reviews rather than waiting up to four years, citing the potential impact of major market changes and legal considerations relating to proportionality. The member cautioned that significant shifts in sector representation could threaten the integrity of the arrangements if not reviewed regularly.
- 2.16 Gordon reassured members that the proposal had been assessed against the agreed principles and that the overall 50:50 balance remained intact. He said there was provision for only one mid-term review of composition. But noted that the Committee cannot fetter its discretion, i.e. cannot stop itself from making decisions in the future, so could revisit the arrangements if it wanted.
- 2.17 The Chair emphasised the need for stability to support the wider reform agenda whilst recognising that the sector continued to evolve. The importance of ensuring that all Committee members met fit and proper person requirements was also highlighted. Gordon confirmed that such provisions were standard governance practice and while they could be reviewed separately if required, this would be unusual.

- 2.18 A member commented that discussions had become overly focused on numbers and representation, rather than the quality, skills and commitment of those serving on the Committee. It was recognised that no composition model would ever be perfect, but members should remain focused on acting in the interests of the whole sector.
- 2.19 Members sought clarification on the proposed trigger for reviewing composition arrangements. There were discussions and various views put forward. Gordon said that the meeting report stated a shift on the scale of the LloydsPharmacy sales, and since this had been approximately 1,000 pharmacies, approximately a tenth of the sector this was what was meant, not as he had originally suggested.
- 2.20 There was broad agreement that the issue should now be considered concluded to provide certainty and enable the Committee to focus on wider reform priorities. Members stressed the importance of presenting a unified position once a decision had been made and avoiding reopening the debate. It was noted that a consistent and collective position would strengthen the sector's credibility and effectiveness in future negotiations.
- 2.21 The Committee approved the composition proposal as recommended by the G&P subcommittee with no formal objections. The Chair encouraged all members to support the agreed position and focus on progressing the wider reform agenda.

Item 3: Reform Agenda

- 3.1 The Chief Executive presented an update on discussions with DHSC and NHS England regarding future funding and contract reform.
- 3.2 It was noted that, during negotiations, a number of demands and proposals for changes to the contract were submitted by Community Pharmacy England; however, those requests could not be fully considered during the negotiation timeframe. As a result, securing a ministerial commitment to continue working in partnership on future reforms had been an important outcome to help inform longer term plans for the sector.
- 3.3 DHSC proposed a number of themes as areas for review. Community Pharmacy England has discussed priorities for reform at regional meetings and with sector bodies, seeking input to help shape future discussions. Members were advised that work was still at an

early stage and that discussions would need to be collaborative, with a clear framework established before substantive reform discussions commenced.

- 3.4 The Committee was reminded that the overarching objective remained the development of a sustainable operating and funding model for community pharmacy. Future discussions would also consider efficiency opportunities, some of which were already being explored through subcommittee work.
- 3.5 DHSC and NHS England had identified five initial reform themes to form the basis of future discussions. These were viewed as starting points for further exploration and Community Pharmacy England was seeking to better understand how these themes aligned with our own priorities.
- 3.6 James Davies outlined the early discussions relating to dispensing and medicines optimisation, as outlined in the presentation.
- 3.7 The Chief Executive emphasised the importance of taking a strategic approach to reform, rather than focusing solely on reducing expenditure. She noted that Community Pharmacy England's emphasis was on developing a sustainable model.
- 3.8 Members welcomed the update and discussed opportunities to build on learning from medicines optimisation initiatives. It was suggested that community pharmacy could play a greater role in medicines management and deprescribing activity.
- 3.8 A member noted the absence of discussion around the impact of secondary care on healthcare budgets. The Chief Executive responded that the focus should remain on identifying the most effective way to deliver outcomes for patients and the wider NHS.
- 3.10 A member commented on the increasing number of patients being supported through virtual wards to keep them out of hospitals, and suggested looking at opportunities for community pharmacy to contribute further to medicines optimisation, particularly for frail patients.
- 3.11 A member commented on pharmacist flexibilities and the growing number of IPs entering the profession.
- 3.12 A member observed that the reform agenda was broad and complex. It was emphasised

that successful reform would depend on stronger working relationships with GPs, secondary care and other NHS partners, rather than focusing solely on changes within pharmacy.

- 3.13 Finally, concerns were raised regarding medicines waste. One member described receiving significant quantities of unused medicines and suggested that community pharmacies should play a greater role in deprescribing activity, supported by appropriate remuneration arrangements.
- 3.14 Alastair Buxton outlined the discussions with DHSC relating to Clinical Services as outlined in the presentation.
- 3.15 Gordon Hockey outlined the discussions with DHSC relating to Access and Market Shape as outlined in the presentation, indicating that he was holding the pen on this, but other directors would be involved.
- 3.16 A member expressed concern that some of the themes being discussed appeared regressive for the sector and argued that community pharmacy needed to establish clear red lines in future discussions. The member stressed the importance of making a positive case for supporting and strengthening the community pharmacy network.
- 3.17 The Chief Executive clarified that none of the themes discussed has been agreed. The Chief Executive emphasised that Community Pharmacy England should focus on developing a future strategy based on the full potential of community pharmacy.
- 3.18 A member recognised the need to engage constructively but stressed that any significant changes would need to be carefully planned and implemented over a realistic timeframe, given the impact of market forces and the challenges of rapid change.
- 3.19 A member argued to push for better legislation around core hours, particularly during evenings and weekends.
- 3.20 The Chief Executive noted a clear message from members to get what is needed and that any more radical reforms should be approached cautiously.
- 3.21 Mike Dent outlined the discussions with DHSC relating to Margin and Medicines Supply as outlined in the presentation.

- 3.22 The Chief Executive noted the Minister's concern about margin and whether the current system is operating effectively. It was noted there may be scope to improve margin further and that all options should be explored for the future.
- 3.23 A member commented that the discussion had focused on procurement, but emphasised the need to also consider the risks being carried by the sector.
- 3.24 Gordon Hockey outlined the discussions with DHSC relating to Efficiency and Regulatory Reform as outlined in the presentation.
- 3.25 A member supported including considerations around supervision and workforce skill mix, noting that a strong case had been made for both.
- 3.26 Concerns were raised regarding the Manage Your Service (MYS) claiming process, particularly the complexity of needing to access individual pages. Suggestions included a single-page claiming process and greater flexibility to submit claims after the standard claiming window.
- 3.27 The Chief Executive discussed the need to ensure the long-term sustainability and stability of the community pharmacy network, including consideration of the funding envelope, workforce implications, medicines supply, national versus local commissioning, and patient understanding of what the network would like with that variation.
- 3.28 Discussion highlighted opportunities under clinical services, NHS versus private and having the ability to charge more fees, and explore key parts of the sector's models. It was noted that it was not just about identifying problems but to move into solutions focus.
- 3.29 Members emphasised the importance of defining what sustainability meant, ensuring alignment across the sector, and avoiding issues down the line.
- 3.30 In the presentation, the Chief Executive outlined a spectrum of possible approaches, ranging from realistic to more radical redesign of market scope and access. Considerations included AI, automation, differential contracts and the need to attract further investment into clinical services.
- 3.31 Members highlighted opportunities to secure greater investment by demonstrating how community pharmacy can support the wider health system, including pushing for

movement on secondary care budgets, improving medicines optimisation and addressing delays caused by discharge medicines processes.

- 3.32 There was agreement that community pharmacy should focus on demonstrating its broader social and clinical value.
- 3.33 A member suggested that remote supervision might remain part of the discussion, even if ultimately ruled out, to ensure a clear sector position is established and to increase flexibility.
- 3.34 A member suggested a need for a comprehensive review of funding mechanisms, rather than looking solely at fee structures, ensuring that funding arrangements support desired patient outcomes and sector sustainability.
- 3.35 A member raised the need for stronger national leadership to fully integrate community pharmacy into neighbourhood healthcare models.
- 3.36 A member noted that caps should be applied fairly across the sector, with consideration given to the impact of prescription volumes by period of treatment.
- 3.37 The Chair concluded that it is important to recognise the wider system context while continuing to demonstrate the value of community pharmacy and its ability to contribute more significantly.
- 3.38 In groups, the Committee considered what was missing, what the priorities were for reform, which presented the most risks and the approach Community Pharmacy England should take with the Minister.

Item 4: Vision – Horizon Scanning and Scenarios

- 4.1 James Davies presented on the wider strategic context and approach, reviewing economic, demographic and healthcare trends likely to impact the sector.
- 4.2 James noted that government finances remain constrained, with national debt levels increasing, weak economic growth and wider structural economic challenges affecting the resources available for public spending.
- 4.3 Members reviewed trends in public spending on health and noted recent government

investment in the NHS, while recognising ongoing pressures and competing demands on public finances.

- 4.4 James highlighted declining public satisfaction with the NHS, demographic changes resulting from an ageing population, a shrinking proportion of working-age people, and the increasing demand this placed on health and care services.
- 4.5 Members considered trends in healthy life expectancy and the growing burden of non-communicable diseases, including an increase in mental health challenges, particularly among young people.
- 4.6 James highlighted the range of policy options available to government in responding to these challenges, and also noted the increasing NHS activity and growing use of digital services and the NHS App.
- 4.7 Members also noted increasing uptake of private healthcare, driven in part by concerns over access to NHS services.
- 4.8 A member noted the importance of addressing these interconnected challenges in a coordinated and strategic way.
- 4.9 As part of the reform agenda, James discussed the need to consider a range of future options, risks and opportunities. A scenario-planning approach based on futurology principles was presented, focusing on exploring multiple plausible futures rather than attempting to predict a single outcome. Three future scenarios had been developed as strategic planning tools to help test assumptions, understand uncertainty and support better decision-making. James commented that the scenarios were not forecasts but were intended to help identify emerging trends and guide future responses.
- 4.10 In groups, the Committee considered the elements that they liked, disliked and that were a cause for concern.

Areas of Risk

- 4.11 James explained that the purpose of the session was to focus on understanding the risk to the network and the wider Committee views on two key areas: differential contracts and market shape and scope.

- 4.12 James noted that the main contractual framework for pharmacies had remained consistent in its design across all pharmacies and highlighted the Committee's concerns about those elements of the contract that created a separation between pharmacy owners.
- 4.13 The Committee reviewed the potential for contractual differences in more detail.
- 4.14 A member questioned the pace of any potential reform, noting differing levels of comfort with short-term versus longer-term change. It was recognised that while the overall reform programme is likely to span 5 to 10 years, some elements could progress more quickly.
- 4.15 The second discussion focused on the potential future shape of the pharmacy market, including factors such as consumer behaviour, technological innovation, market entry, regulation around control of entry, business rates and location dynamics.
- 4.16 The Committee was invited to consider in groups how far it would be willing to engage in discussions on market shaping, the potential use of policy levers to influence the market, and how any future changes could balance patient access, network sustainability and sector development.

Item 5: Risk Register and Risk Appetite

- 5.1 Gordon Hockey confirmed that the Risk Register had already been signed off earlier in the meeting.
- 5.2 He said the Committee had received a proposed Risk Appetite statement, required as part of the new governance arrangements and recommended by the Audit and Risk subcommittee (A&R). The statement is intended to define the level of risk Community Pharmacy England is willing to accept and provide a framework for decision-making and escalation of risks.
- 5.3 Gordon explained that primarily the statement would be used to support the preparation and consideration of Committee papers, with issues requiring particular attention only where they fall outside the agreed risk appetite. The document is intended to promote consistency and alignment across the organisation and remains under development, with further content on reform to be incorporated.

- 5.4 Members were invited to consider whether to adopt the approach on a trial basis, with the understanding that it can be reviewed and amended if it does not prove useful in practice. Feedback was sought on members views and appetite for implementing the framework.
- 5.5 While there were some reservations, the consensus was that it would be worthwhile to trial the approach and assess its effectiveness in practice. It was emphasised that the framework was not expected to have any significant effect on day-to-day operations.
- 5.6 Members agreed that the statement should be used as an enabling tool to support informed decision making and exploration of risk, rather than as a mechanism for preventing activity solely because it falls outside a defined risk appetite. It was noted that the framework could help facilitate discussion of risks that might not otherwise be fully considered.
- 5.7 No objections were raised and the Committee agreed to approve the Risk Appetite statement on a trial basis, subject to future review by ARS initially.

Item 6: Any Other Business

- 6.1 The Chair thanked the Committee and the team for all their input.
- 6.2 The dates for the next meeting are 16th – 17th September 2026.