

Community Pharmacy Arden (CPA) Minutes from LPC Meeting 3/7/2025 at HI, Coventry

09:30 – 14:00 (open mins)

PRESENT	Sam Griffiths (SG) Chair Members: Jas Heer (JH), Bal Heer (BH), Faye Owen (FO), Theresa Fryer (TF), Baljit Chaggar; (BC), Sumeet Randhawa (SR), Caroline Harvey (CH) Team: Fiona Lowe (FL) CEO, Eva Cardall (EC)
APOLOGIES	Mike O'Donnell (MD), Satyan Kotecha (SK)
GUESTS	No guests in attendance at this meeting due to diary clashes

1. Welcome, DOI, Minutes AOB, matters arising

Changes to minutes – to add in 'CCA feedback on constitution was discussed'. Some wording to be changed re: App Jas Heer, change 'can' to 'cannot'. These changes are made by EC during the meeting and the LPC approved the revised minutes as an accurate record.

FL – asks LPC for view on CPE core hour regulations changes. JH says he will get more info from Gordon next week. What are views on the Sunday hour change application for 100hr change application if allowed.

JH: main test is impact on patients.

Skills and capacity audit and confidentiality form completed and collated during the meeting. SK and MOD to follow at next meeting.

2. Market Entry & PNA & CO report

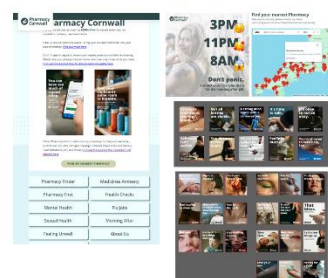
LPC is shown some options for marketing and for dashboard:



CPA and CPHW marketing and data dashboards

Marketing Proposals for Pharmacy First

- <https://pharmacycornwall.org.uk/>
- Pharmacy Cornwall represents all pharmacies across Cornwall and the Isles of Scilly.
- At its core, Pharmacy Cornwall champions, supports, protects and develops pharmacy services throughout the region.
- Pharmacy Cornwall is dedicated to enhancing people's lives by improving health outcomes and ensuring the wellbeing of the local population.
- *If you're looking for healthcare, you can find your nearest pharmacy here.*
- If you think you need medical help right now, dial NHS 111 who will help you.
- Are you a pharmacist? Contact us/ update your information at: admin@communitypharmacycornwall.org
- Reach 400,000 per month – targeted – Meta and Google



Marketing proposals for Pharmacy First presentation slides showing various marketing materials and a dashboard.

Marketing Proposal

Wordsmith Digital

- Website build and mapping pharmacies and information £2,500 HW; £3,250 CW or £5,000 joint
- Branding £1,000 per LPC or could be joint
- £400 pcm admin on website and reporting
- £400 pcm copy and social media posts development per LPC or as joint
- £500 pcm advertising budget 50:50 Meta and Google per LPC or as joint
- Test campaign – set up costs + £2,000 for 3 months testing of campaigns



CHS & Local Digital Marketing

- Have asked CHS and one other to quote for something similar

Dashboards - Data

- We get a very complicated version Midlands version from the NHS Regional Team, but it is free
- CCA are producing one – similar to the NHS one but it is national not just Midlands and will have some LPC comparators – in test have seen a demo – should be available within 2 months around £350 – £450 a year depending on how many licences
- CPE London CEO have an easier to use version – national and easier to drill down and get information – available now – £1,000 a year
- In all cases only uses NHSSA data which is freely available and 3 months behind and all suffer from the issue that old codes not always cleansed out and for some reason Kitsons (Worcester) appears in C&W data as NHSSA have it wrong



Marketing – LPC agrees this is a good option and approves the spend either as C&W alone or as joint venture with H&W. FL will confirm stance with HW LPC and progress it collectively or independently.

Database – LPC view to wait and see in September what CCA final version looks like first, although we could fund either and whichever most useful.

TF gives finance update and that all accounts are in order for end of year

LPC Members were reminded that anything else for Annual Report needs to come to FL asap (by 1st August) to be included.

3. CPE Update

JH provides updates on community pharmacy negotiations and LPC support initiatives in the West Midlands.

June meeting of Committee

- Full Committee met in Liverpool on June 25-26, 2025.
- Key topics included LPC feedback, political pressures, CPCF changes, and economic pressures.
- Focus on positioning for upcoming CPCF negotiations.

Negotiations preparation

- Lessons learned from previous negotiations were reviewed to inform future strategies.
- Key priorities include closing funding gaps and achieving sustainable funding models.
- Sector engagement planned for July to gather input from LPCs and pharmacy owners.

Economic & Dispensing Projects Update

- Community Pharmacy England commissioned economic work to assess funding needs, conducted by PA Consulting.

- Workstreams include implications of funding settlements, evaluation of retained margins, and alternative funding models.
- Consultant James Davies is exploring pharmacist flexibility in dispensing to improve patient care and manage supply disruptions.

JH tells group that 94% of contractors said they would be applying to change core hours. 100hrs pharmacy rules still apply. JH to confirm.

4. Strategy Update (including INT v PCN, ICB potential clusters)

FL shares the CEO report, annual report and strategy summary slides with the LPC. The new make-up of clusters is still unclear and some discussion around how 'health neighbourhoods' might be organised is had.

Group discussion on App development work for PFS referrals is mixed with concern over the viability of the system and its cost if it was used more broadly. However, it is concluded that these concerns were covered off in May meeting and that the exploration of the benefits of the App development and collaborative working with GP practices would support the increase of PFS referrals which are desperately needed by our contractors.

Model ICB Blueprint

- PwC appraisal rated three clusters of two as the highest scoring option, with CV and HW clustered together, based on:
 - Deliverability / manageability
 - Ways of working and collaborative approach
 - Population size, make up and flow
- Clustering arrangement proposed with Coventry and Warwickshire, creating an indicative weighted population of 1.5m.
- Similarities across large parts of the cluster in terms of population demographic and profile – particularly with Warwickshire.
- Best option for patient benefits (alignment to Foundation Group structures) whilst balancing deliverability and flexibility to adapt.
- Not a merger, the two ICBs will remain as separate entities but the proposal is to share a common management structure and some functions.
- Clustering, rather than merging to recognise the uncertainties around Local Government Devolution, particularly the relation to the WMCA and local arrangements for Herefordshire and Worcestershire.
- All subject to approval and further work to finalise arrangements.
- Combined organisation staffing will reduce by approximately 35%.



Areas of focus for DHSC and ICBs

- The three shifts
 - Analogue to Digital
 - Treatment to Prevention
 - Hospital to Community
- ICBs and neighbourhoods will have close links between public health, primary and secondary care
- Keeping in budget!
- Reducing ED attendance
- Improve access to all areas primary care
- Improve mental health support
- Quality and Safety
- Build the provider led neighbourhood model
- Neighbourhoods may start as same footprint as PCNs or may become larger (somewhere between 30-80,000 population generally although could go bigger) – providers all need to work together alongside community groups and charities

What does it mean for pharmacy?

- Funding may move down to neighbourhood level
- Providers Collaboratives will control funding and process for award
- Understanding Population Health and Inequalities
- Work moving from hospitals to community
- Pharmacy First / OC and BP Services
- Building local relationships will be key
- Key that Community Pharmacy part of this
- We have an important role to play
- Well placed to support with community services – DMS will be very important
- Key focus on these services, which are likely to expand and as precursor to IP Services



Community Pharmacy (CP) Priorities and timeline

Short term	Medium term	Long term	Regulation
Sustainable network Increase Pharmacy First Referrals and Uptake Promote Contraception Service DMS referrals drive LTC etc – pHF DPP Support Patient engagement Pharmacy Team and Contractor Engagement Work on Booking App options Collated signposting for all PC Refers to PNA recommendations Local health campaigns Promote NHS App Supply chain stability Better closure management	Support integration of CP into Primary Care (PC) Understand ICB changes and implications Ensure enablers are in place and assumptions sound. Digital inclusion for pharmacy – connectivity and records & data access Technician Development Cross sector placements Local Services Review and expand to cover support and screening for LTC Plan for IP services – start with sick day rules and exclusions from current services eg age ranges	Build on the Advanced Services – adding additional conditions 10 year Plan – Left Shift Prevention – Primary and Secondary Better use Technology Link to Hubs Discharge dispensing – with uplift in CPCF to account for increased Rx within global sum – 26-27 Trusted integral part of PC Invest to save a reality Support frequent fliers Deprescribing	Financial support to increase consultation facilities and improve IT Workforce and PLT Private Services Good range of well funded IP services through CP Front Door for patients – for minor illness and minor injury LTC – routine support through CP Patient Lists – not just nominations Portfolio working AI utilisation Protected learning time Fully integrated part of the system



Lunch 12.30-1pm

5. Services Update

CDLin – EC updates group on CDLin feedback on some emergency supplies of CDs via urgent supply, reminder of what can legally be supplied has been sent to pharmacies



CGL feedback on payment issues

Verbal summary on current key areas given. Need for focus on ABPM delivery (from October 1 per month will be needed) and on the thresholds for the PFS monthly payment. Discussion on numbers of not hitting the thresholds each month, estimated at 50%.

6. AOB

Supply chain – LPC discusses HRT issues of 12 months and impact and the best approach. Agreed should be raised as a supply chain issue primarily to the ICB working group. Meeting closed

14:00 Members do pharmacy visits in pairs from 2pm