



Community Pharmacy Arden (CPA) – September 18th 2025 Minutes (open)

Holiday inn, Coventry 9.15am – 2.30pm

Approved at January Meeting 08/01/2026

CHAIR	Sam Griffiths (SG)
MEMBERS IN ATTENDANCE	Jas Heer (JH), Bal Heer (BH), Theresa Fryer (TF), Baljit Chaggar (BC), Sumeet Randhawa (SR), Caroline Harvey (CH)
IN ATTENDANCE	Fiona Lowe (FL); Eva Cardall (EC)
MEMBER APOLOGIES	Mike O’Donnell (attends for last 30 mins of meeting) Satyan Kotecha (SK) Faye Owen (FO),
Guests	ICB: Lisa Scullion - Lead Technician ICB – ICB Georgina Cady – ICB Primary Care Contracts and Assurance Manager, Sarah Johnson Head of Primary Care and Natasha Jacques Lead Pharmacist ICB LMC – Dr Andrew Warwner (AW)

9.15am

CPE Update item taken first

Regulatory changes - Pharmacy First gateway changes come in 1st October – make sure contractors know difference and claim appropriately

Trying for protected learning time

Market Entry - Hours changes – put in the right detail for the application form / route taking

CPE will have the constitution changes for committee sorted and implemented before Christmas. LPC constitution will wait until 2027 when next elections

NMS and EHC changes should come in 29th October – but IT dependent! So don’t stop local services before end Dec for leeway and claims



PNA – supp statements should not define gaps – just statement of fact and so can be ignored in any market entry queries. If a health or wellbeing board issues a supplementary statement between PNAs, with implication of a gap, decision makers should refuse to take this into account when deciding on market entry applications.

Discussion on private v NHS services. Private Services only thing keeping some afloat now – so timely to look at an event to cover off private service opportunities and how may align with NHS services

PEM discussion.

Some contractors are feeding back that they are getting more PFS referrals

Jenny Harris new CEO Chair announced

Professor Dame Jenny Harries

CPE new chair

Professor Dame Jenny Harries has been appointed as the new non-executive Chair of Community Pharmacy England (CPE). Her appointment, effective from 1st September 2025, marks a significant leadership shift for the pharmacy sector. Harries, a former Deputy Chief Medical Officer for England and founding Chief Executive of the UK Health Security Agency, brings extensive experience in public health and health service commissioning. She will lead the CPE Committee, supporting governance and strategic delivery, and engage with business owners and stakeholders to enhance the sector's role in national prevention and public health initiatives. Her appointment follows the outgoing Chair Sue Killen's term, which concluded at the end of August 2025. cpe.org.uk +3

Welcome, DOI, Minutes AOB, matters arising

Mins: Change to 'illegal supplies' of CD to 'inappropriate' in July mins. Also mark this section as closed.

Market Entry:

PSCE and OWM – market entry delays in documentation and errors / omissions – discussed the Excel with all recent activity.

CEO Report - FL



Coventry & Warwickshire

- Several COO and new DSP working way through
- New opening in August
- Other new one approved waiting on confirmation of opening date
- Several core hours changes gone through

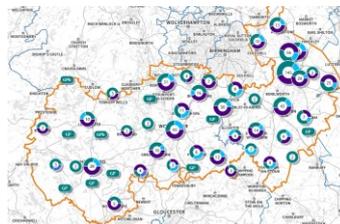
Team Update

Team

- Reviews underway
- Zoe on sabbatical Sept-end Jan
- Charan due to finish early December (FTC)
- Rich Probationary period

Recruitment

- Possible temporary admin support – teams call in early September awaiting CV
- To advertise for CEO role in October / November – advanced warning in comms etc. – one person expressed early interest
- LinkedIn to be used for CEO recruitment in first instance



Coventry, Warwickshire, Herefordshire and Worcestershire Cluster

- 1,735,000 Population
- 2 ICBs
- 6 PLACE
- 4 Community Care Collaboratives
- 8 District Collaboratives (TBC)
- 35 PCNs
- TBC Neighbourhoods / Localities
- 253 Surgeries
- 296 Pharmacies
- 5 Acute Trusts
- 2 Mental Health / Community Trusts
- 100+ health centres, walk-in, clinics etc
- 4 Health and Wellbeing Boards

Neighbourhood Health is central to the Government's ambition to shift care from hospitals to community, analogue to digital and delivering sustainable health and care services, moving from sickness to prevention.

CPE INT Overview

10 Year Health Plan

- Development of a neighbourhood health service and neighbourhood health centres
- The share of expenditure on hospital care will fall, with proportionally greater investment in primary and community care
- Digital shift with Single Patient Record and NHS App developments a priority
- Single national formulary
- Pharmacy elements:
 - More clinical services integral to the Neighbourhood Health Service including LTC management, and providing treatment for obesity, hypertension and hyperlipidaemia
 - Independent prescribing
 - Vaccination expansion

NNHIP

- Large scale change programme to gather and share learning from 42 places to create exemplar sites and develop neighbourhood health
- Being overseen by a DHSC and NHS England taskforce with dedicated support
- Built on a series of guiding principles for Place, neighbourhood and target patient cohort (those with multiple long-term conditions and rising risk)
- Not about creating guidelines, or a steering group, targets or a performance management framework
- Phase one sites to be notified by 5th September

CPE INT Summary

Impact of developments

System-wide

- Neighbourhood size and structures?
- What happens to PCNs?
- Who holds the purse strings?
- How will funding flow within systems?
- What about neighbourhood development beyond NNHIP?
- GP & VCSE focus

Community pharmacy / LPC

- What are the opportunities?
- What should be our key focus?
- What are the risks?
- Who are our key stakeholders?
- Who will commission services locally?
- How do we resource engagement with neighbourhoods?

General practice

- Risks to the general practice partnership model
- Risks of IHOs, NHS Trusts and federation leadership of neighbourhoods
- Clarity around the future of the GP contract

C&W Integrated Neighbourhood Teams

Two PCNs starting on the journey

Apollo PCN

5 practices, 2 community pharmacies (and 6 further who have as second surgery) looking after 30,000 patients

Kenilworth & Warwick PCN

5 practices, 9 community pharmacies looking after 63,500 patients

Coventry & Warwickshire Care Collaboratives

- Decision makers on neighbourhoods based on PHM and geographically sensible localities
- Bring together place partnerships of providers and commissioners of health and care at a geographical footprint to shape commissioning decisions and initially oversee transformation for urgent care, NHS Continuing Healthcare, Better Care Fund and out of hospital services.
- Focus on the integrated health and care quadrant of the King's Fund population health and care framework adopted by the C & W ICS and take a population health approach to health and care commissioning.
- Create the conditions for decisions relating to the commissioning and delivery of care and support to happen closer to people, patients and communities.



Community Pharmacy (CP) Priorities and timeline

Short term	Medium term	Long term	Aspirational
Sustainable network Increase Pharmacy First Referrals and Uptake Promote Contraception Service DMS referrals drive UTC etc – PFI DPP Support Patient engagement Pharmacy Team and Contractor Engagement Work on Booking App options Stable workforce Collated signposting for all PC Refer 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 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 CFCF 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 major 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

Two C&W PCNs – on the road to INT?

Apollo

Leads
<ul style="list-style-type: none"> Dr Mehwish Qureshi (CD) Alistair Lynch
Focus Areas
<ul style="list-style-type: none"> Frailty and Falls Prevention Mental Health Chronic Disease (diabetes and respiratory)
Projects with Community Pharmacy (in-progress)
<ul style="list-style-type: none"> Pharmacy First Referral Service Booking App High Intensity Users & DMS – Admission prevention

Kenilworth & Warwick

Leads
<ul style="list-style-type: none"> Dr Nick Yeats (CD) Ryan Smith
Focus Areas
<ul style="list-style-type: none"> Early Cancer Diagnosis Proactive Frailty Vaccinations & Immunisations NHS Health Checks Myton Hospice Enhanced Access Service

Community Pharmacy Priorities C&W

- Equip pharmacy teams with the knowledge and skills to be actively involved with local health priorities
- Improve local pharmacies and GPs relationships and understanding – cementing ambition to be equal partners in patients' health
- Gain representation for CP on Collaboratives at neighbourhood, district and place
- Engage and educate the public in where to access support and the services available through pharmacies
- Increase utilisation of the NHSApp and digital inclusion
- Support the sickness to prevention, analogue to digital and hospital to community shifts in the NHS Plan
- Establish CP as the first point of access for minor illness, relevant services and medication advice

Marketing Update

- Following on from last meeting and agreement to go ahead with marketing proposal
- Discussed with Wordsmith and CHS to compare offer and costs
- Plan is website plus back to school / uni campaign – Pharmacy First, Vaccinations and OC in October – November. Details just being finalised.
- Wordsmith have a lot more experience

Guests arrive 10:30

LMC Update – AW 10.40

AW shares that focus currently is on the clustering and restructuring. Should know by end of December about ICB roles.

Discussion around lack of provision for emergency eye care in Warwickshire. CUES been decommissioned by ICB – LOC asked for our support. LPC and LMC support it continuing – ICB indicated that financial appraisal that all services have gone through showed that more expensive than ED attendance. Noted only 1 eye ED and that was UHCW.

Supply chain meeting discussed and work towards supporting 28 days prescribed and fewer branded generics

Neighbourhoods – GPs still be working with PCNs and waiting on what neighbourhoods will look like – ICB / Collaboratives dictating geographies

PFS Referral: QR code appeals if lot quicker and patients do themselves – they still have the mad am rush and referrals take too long.

ICB update 11am – guests join

Services: LS shows a slide summarising the Services July data.



LS mentions UTC lack of referrals due to confidence in pharmacy service. FL notes that there is only one UTC with software to make referrals. EC confirms since Lisa spoke to the Cov UTC the LPC have been in and done system training to restart referrals.

PEM issue noted – Lisa was unaware that all pregnancy recordings made by pharmacy were being checked, not just were clearly wrongly recorded by pharmacy (ie pregnancy recorded with OC supply)

AW: Two barriers I see – during mad rush the extra time spent on referral form is a barrier. Second barrier is that practices operate in different ways and depending on the day they if they have capacity or not. When they are busy, they don't have time to make referrals.

FL discusses patient facing advertising to promote PFS, the app to increase referrals.

Pathfinder slide

Pathfinder finishes end of December. IP Pathfinder will not continue after December even though only 2 (Earlsdon and Vantage) of the 4 sites have started and not until July! Been an expensive process with little output in C&W. LTC doesn't seem to be in NHSE mind hence not one of the ones continuing until end March. During October – December will be handover back to GPs. The other 2 sites could not get GP engagement and so could not progress. MI and lipids are two areas going ahead.

Supply chain

CH raises issue of menopause product prescribing and NJ says that this has been raised and guidance is being issued

Neighbourhood teams

Sarah Johnson gives brief update on Neighbourhood teams

Lots going on but nothing concrete yet.

Coventry Collaborative – Alison Cartwright and Simon Doble

Warwickshire Collaborative – Laura Neilson supported by Tim Sacks

Tim Sacks organising the PC collaborative meetings involving the four sectors

Coventry – soon

Warwickshire - after

Representation on Warwickshire Collaborative Steering Group and then rep on ICB Collaborative – Sam (Terry reserve); Coventry Collaborative Steering Group and rep on ICB one – Sumeet (Jas reserve). Fiona and Sat on ICB Collaborative (and can attend W / C as needed)

Other points discussed with ICB

Simon Tricket (Cluster CEO) has met with senior ICB team and says will be selecting the best people across the two organisations. Senior team by end October and other staff April 2026 at earliest

Translation service in place : <https://arden.communitypharmacy.org.uk/our-news/word360-interpreting-and-translation-service/>

CUES: FL asked ICB team the reason behind this service being decommissioned. CUES – independent senior leadership team review determined not cost effective – same process as all the ICB services under review. SJ



says she wasn't part of this but knows that a review was done, and it was found to be ineffective cost wise. Comms will be sent to practices, and SJ will send to pharmacies too with details of new pathways.

7 antiviral sites confirmed

POD Collaborative – October 22nd in Rugby (Fiona, Sat and Sam). Join with GP Collaborative as a full Primary care Collaborative from January 2026

PhF – QR code App – to discuss pilot implementation and timing. EOI model.

Discussed waste issue and sent photo example after meetings as the service is being recommissioned at regional level.

Guests left the meeting.

AGM opened at 1pm – votes received from Bal C (2), Jas H (4), Sumeet (1) and Terry (7) approving alongside 27 postal votes in favour received.

EC on call 1-2pm

Discussions:

Financial

TF gives brief update -Levy and in / out in line with expectation – keep as is as there will be extra expense in recruitment and handover period costs

AOB

Discussion re value of meetings

Overall view was that needed to attend but keep under review – it is frustrating all the constant change and then rebuilding relationships, but we cannot afford to not be involved until we know how will impact pharmacy.

App

App some concerns were discussed and timing / costs. ICB were keen due to apparent quick win and hence pilot still being worked on. Following meeting concern was expressed to ICB due to delays and timing and possible distraction now that gateway changing and a digital EMIS tool now available. Awaiting decision from LPC but likely will be paused until 2026 or possibly pulled unless huge enthusiasm shown and implementation could be in place by mid-October.

NPA and Private Services

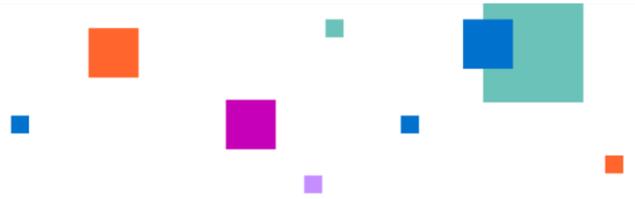
NPA and private services – been in touch with NPA to support with some of their master classes around business and private services. 16th November at Abbey Hotel Redditch – 5 sponsors – may need to allow to speak – prefer networking option with sponsor tables. Some NHS part – ENT and BP and ABPM. 9-1 . Want several service ideas and an end to end example – weight management – cover planning, SOPs, resources, kit, costs, training, marketing etc

OPIP – Obesity pathway

Brief overview – still more to understand for CW and HW – other areas doing 15-30 age group and SMI groups – 'innovation'. Public health team have taken the lead although ICB has to submit – where pharmacy fits? Not about the job as ICBs would have to fund any medication outside of any award.

AGM Closed at 2pm – total votes all approving = 41

Visits and 121s followed.



CCA Qs on Box

AOB - SOAP BOX IDEAS from CPA for LPC Conference – forwarded to Region for selection process

- Minor Illness – walk in option (already part of negotiations ongoing)
- Extend Pathways (adult ear, bacterial eye <2s, infected eczema, chest infection, oral thrush) (negotiations)
- Extend NMS to include weight loss meds (as long as outside global sum)
- DMS – self referral option through NHSApp or QR code (as long as outside global sum)
- Increase in EPS in secondary care --- new Rxs --- OPD and discharge becoming more common. Where not replacing paper FP10HPs and reflects new work / items --- would be unfunded additional work --- global sum impact (raised at CLOT and with Mike Dent)

For Note: Following LPC – Vote on VirtualOutcomes Licence – decision not to renew.