



Community Pharmacy Arden (CPA) – Meeting 8th January 2026 OPEN Minutes held at the Holiday Inn Coventry

9.00am-2.30pm

CHAIR	Sam Griffiths (SG)
ATTENDANCE	Jas Heer (JH), Bal Heer (BH), Faye Owen (FO 9.30 arrival), Theresa Fryer (TF), Sam Griffiths (SG), Mike O'Donnell (MoD), Steve Brown (SB), Baljit Chaggar (BC), Sumeet Randhawa (SR 9.44 arrival), Satyan Kotecha (SK), Fiona Lowe (FL), Eva Cardall (EC)
Guests & Observers	ICB representatives Chloe Gill (CG), Natasha Jacques (NJ), Lisa Scullion (LS), LMC representatives Maggie Edwards (ME), Andrew Warner (AW) INT / PCN representatives – Mehwish Qureshi (MQ from Apollo) and Emily Marshall – (EM from KW PCN)

1. Welcome and Introductions

DOI and attendance sheet circulated. Minutes approved – matters arising EC to follow up on eyecare pathway for patients to share with pharmacies.

New member – Dr Steve Brown welcomed and introductions completed.

Dr Steve Brown – Revel Pharmacy – CPA New Member

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As a GP ran GP dispensing for many years, Clinically can advise on the medical conditions in the primary first/developing services. Runs a successful medicolegal service. Advisor to the GMC conduct tribunals, a GMC performance. Still GMC registered.
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After 25 years of GP dispensing our numbers made it increasingly stressful and on the edge of safety so we opened a Pharmacy. Works 10-15 hours per week as needed and provides some clinical mentoring during the training to develop new services.
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Has HR and admin experience, where legal experience is useful. Experience of obtaining grants for training and equipment. Part of the pharmacy's discussion and development to survive.

2. CEO update 9.20

Refer to Box for the full Report. A summary of the Joint Exec Meeting was provided from November as well as the financial position, CEO recruitment, Team Review Update, Market Entry and INT update.

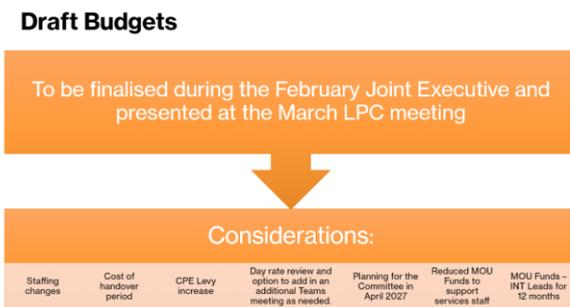
Teams reverting to original contract hours once ZA returned from sabbatical, CEO starts and MOU Funds reduction come into force. There followed a discussion in relation to successful recruitment of CEO and deputy, subject to references and contract. The CEO appointed on 30 hours a week and Deputy on 24 hours a week. Both will retain other roles for the remainder of working week. CEO to start in April and Deputy in June 2026.

Market Entry Update provided and summary shared on Box.

Joint Executive Meeting Feedback

- See summary report on Box
- Financials – C&W will have reduced balance by end March 2026 and H&W break even or slight surplus following levy increase
- CPE Levies will increase in April % tbc but even with 0% increase our LPCs will end up with 3% increase due to NHS income changes despite fewer pharmacies.
- INT Leads proposal using MOU Funds
 - support for training required
 - EOIs to go out in January – 12 months contracts - 9 days a month C&W and 7 days a month H&W

Draft Budgets for 2026-2027 were shared and will be signed off at Joint Executive in February and published on website ahead of end of February deadline. Current financial position discussed.



CPE Levies

	Illustrative 2026/27 Levy projections based on the latest 12 months available pharmacy owner income data and:					
	2025/26 Levy	As original	0% change in CPE budget	1% growth in CPE budget	2% growth in CPE budget	3% growth in CPE budget
	invoice	£ % change	£ % change	£ % change	£ % change	£ % change
Community Pharmacy Arden	80,030	£82,381 3%	£83,205 4%	£84,029 5%	£84,852 6%	£85,676 7%
Community Pharmacy Herefordshire and Worcestershire	107,190	£110,501 3%	£111,608 4%	£112,711 5%	£113,816 6%	£114,921 7%

C&W LPC Levy from Contractors (180) (1 large DSP >90k items) £216,400 (even at 0% inc. 38% of total goes to CPE) – balance for local = £134,019

H&W LPC Levy from Contractors (115) (55% paid by 1 Nutricia specialist DSP) £213,540 (even at 0% CPE inc. 52% of total goes to CPE) – balance for local = £103,039

Total from all the LPCs = £4,850,179, which is average of £97,004 per LPC (1.6% C&W and 2.3% H&W of CPE total)

Treasurer Update

TF provides update on positions – eating into our reserves, definitely no scope for levy holiday as it stands.



- MOU Funds allocated – INT Leads will be covered for 12 months once appointed – 3 days a month Coventry, 3 days South Warks and 3 days a month North Warks & Rugby INTs
- MOU Funds sufficient to continue to support some of service lead costs £16,000 for 2026-2027 possibly another 4-8K
- 45% cost of new CEO and 40% of all other staff will be crossed charged monthly to CPHW. As well as 40% office running costs.
- Anticipated that with increase in CPE Levy and other additional costs – expenditure will exceed income by £4,000 during 2026 -2027. This will include cost of handover – non - recurring cost, with expectation that then be a further overspend of £10-15K for 2027-2028 depending on whether any MOU Funds remain to support proportion of services lead costs.

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3. Booking App

Team from Kaenect booking app join the meeting remotely to discuss the app development and issues. Clint Schnick, Victor Crudu, David Hollick – founders and app developers. Issue raised and discussed include these below:



SB – does it allow use of the calendar for other things/services, ie can the counter assistant use it for OTC bookings they make. – **yes**

Does it have a triage tool to prevent incorrect referrals (ie pregnant woman with UTI)

SK: Next steps – we will discuss this as a committee and also with the ICB and then we will come back to you

Teams call is ended and committee discussion around app continues:

MOD asks why we are discussing this when it has been discussed and decided against twice in the last year. SK explains that the ICB had expressed interest and says they would revisit in the new year.

BH: I cannot see them using this app when they don't use the existing mechanisms.

FO: Have the ICB agreed to pay for this?

SG: Vote: Should we proceed with this idea and approach the ICB (SK in favour, rest of Committee not in favour).

Therefore, Committee confirms not supportive of proceeding with the Kaenect App.

SK & FL to inform the Kaenect team of the decision.

Break and Guests arrive – 10:45

4. LMC and ICB Updates

Introductions completed round the room.

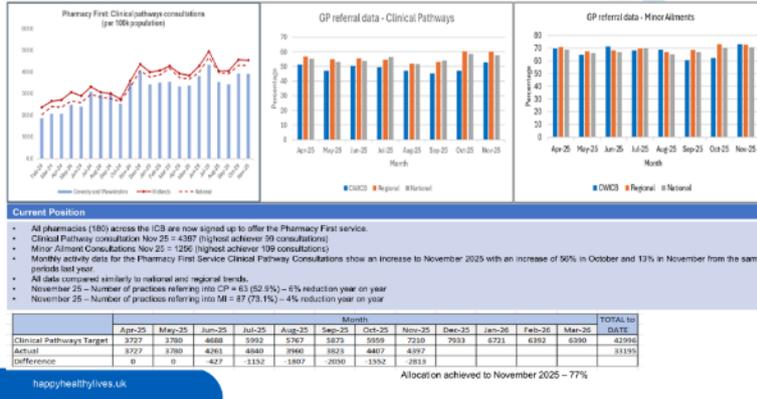
CG from ICB, discusses how she has been looking for some pharmacies to film in for good news stories around services. – three committee members are interested in this opportunity- JH, MOD and SR. All three have been linked in with CG via email.

NJ and LS provided and ICB Update with slides, which are available on Box.

- Waste Campaign based on the Dorset Model – discussion as to whether this would be one of the two local mandated campaigns with all materials provided directly to the pharmacies. It was pointed out that national PF campaign due in February and should not overlap. Waste campaign including GPs as well as pharmacies and patient facing materials would be an advantage.
SK raises issue of patient compliance and how this would be managed if patients communicated, they were no longer taking a prescribed medication.
Discussion on how this would be measured in CW. Pharmoutcomes would require licence. QR codes would be best way to get patients to reply . Again, mandatory campaign would be best way to ensure required feedback can be achieved.
AW asks about the Medicines Shortages and benefits of 28 day prescribing overall to both this and NHS spend.

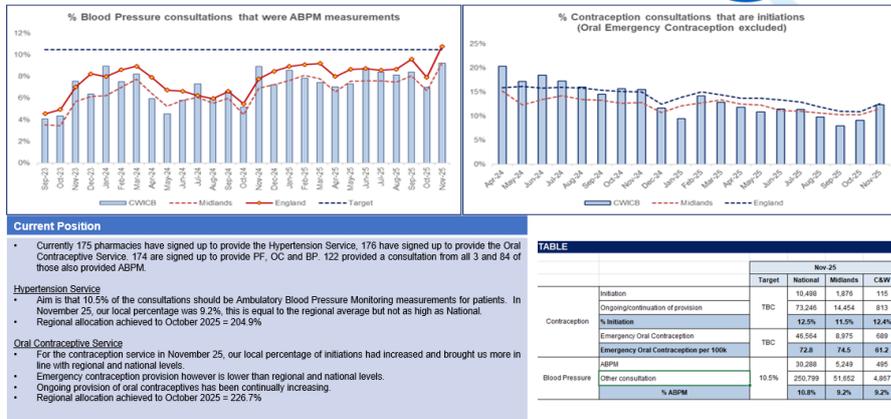
LS – PFS update

Pharmacy First (Clinical Pathway Consultations & Minor Illness) Urgent Medicine Supply & Clinical Pathways Consultations



Percentage in above slide refers to total number of practices referring and not the % of total completed. Majority >80% of pathways are completed without a formal referral.

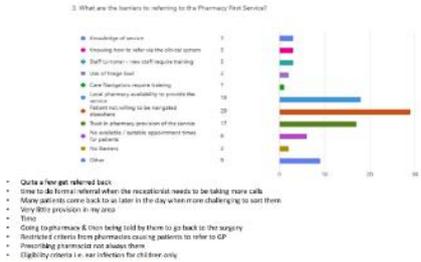
Pharmacy First – Hypertension Service and Contraceptive Service



A GP Practice Questionnaire results were shared in relation to barriers to referrals - only a small number of responses received.

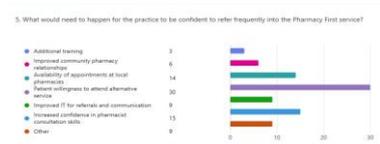


What are the barriers?



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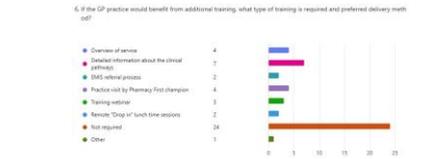
Confidence to refer



- Numerous patients come straight back - the pharmacies claim the fee and we manage the patients. It makes more sense to me to redirect the fee back to the surgery as we are doing much of the work. Pharmacies get paid more per consultation than the practice. This is simply not fair / equitable? justifiable?
- The fact that a patient can just pitch up without a referral
- Occasionally patients are bounced back to the GP for reasons that are not on the exclusion list
- Pharmacists willing to prescribe antibiotics
- Not being referred back
- Not user friendly
- Happy to signpost into this service - why does it need GP referral
- Pharmacies able to maintain workforce to enable enough consultations to be undertaken

happyhealthylives.co.uk

Training requirements



Updated information if new pharmacies join the scheme

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Group discusses that the survey is very one-sided as the views of pharmacies have not been sought. Group discusses how this might be possible. EC to pick up when meeting NJ and LS on 27/01/2026

Lunch with guests 12.30

Guest leave

5. CPE Update with JH

November 2025 slides were shown and discussed. These are available on Box. The forthcoming CCPF negotiations are yet to start – hoping for February / March 2026. Some policy work , new additions of Becky Butterworth and Vicki Roberts and road shows etc were shared. They also shared that the three new Committee Members: Has Modi and Mayank Patel for IPA and Gervais Gurol as Independent Representative had joined.

Meeting summary and main issues

- The full Committee met in London on 19th and 20th November 2025
- Committee discussions included further preparation for the upcoming CCPF negotiations and updates on economic and dispensing projects
- The Committee heard from the Neighbourhood Pharmacy Association of Canada
- The two days also covered other topics including:
 - Inputs from across the sector via opinion polling
 - The value and investment case for community pharmacy
 - Options for a Community Pharmacy Prescribing Service

Upcoming CCPF Negotiations on 26/27

It was made clear that the backdrop was stark and hard choices ahead. However they continue to make case for investment in the sector and how we can support the 10 year plan ambitions.

We continue to make a compelling case for investment

- Community pharmacy is accessible, with doors open on every high street
 - Highly valued and trusted by the public for dispensing, health advice, public health and clinical services
 - We are the most efficient and flexible part of the NHS and offer compelling value for money
 - We deliver clinical services that relieve pressure on other frontline NHS services, including GPs – and we could do more to support prevention and LTC management
 - We support keeping the workforce healthy and contribute to the wider economy
 - If enabled to act at the top of our clinical licence, we can enable other parts of the NHS to do so too – supporting the left shift from hospital into community
 - Clinical services are attractive and rewarding for current and future pharmacy professionals
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The CPE ask from LPCs was:

Next Steps and Input from LPCs

- **Neighbourhood health:** sign up to our next webinar
- **Engagement Strategy:** send ideas and feedback on our engagement with you and with pharmacy owners to: comms.team@cpe.org.uk
- **Prescription for Success:** read helen Buckingham's report and look out for further suggested actions coming soon
- **MPs:** continue to use resources to host visits and engage

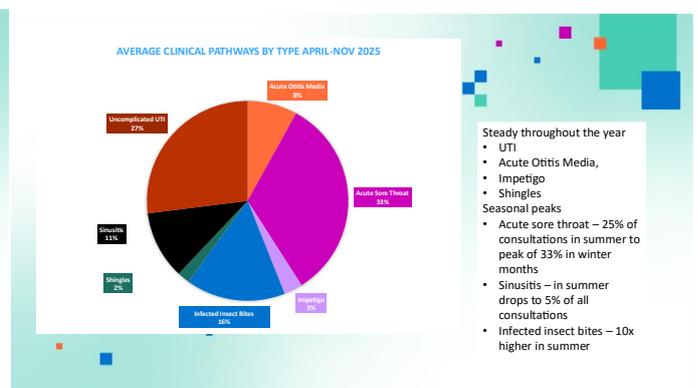
Next Steps and Input from LPCs

- **Talk to us about LPC support in 2026/27:** Becky Butterworth is setting up introductory conversations with LPC Chief Officers and Chairs
- **LPC Finance Briefings:** Registration open for Treasurers and others, see <https://cpe.org.uk/our-work/updates-events/our-events/>
- **Conference of LPC Representatives:** Share updates with your committee from the day and a full conference report will follow



6. Services Data and discussion – cut short due to weather

Firstly, the committee looked at the fixed monthly payment received across all contractors. Discussion on the reasons behind the 40% of contractors not getting neither the £500 nor the £1000. Many of them only provide very low numbers (ie not close to the 20). Group discussion leads to the conclusion that we focus efforts on the 20% getting the £500 and those who are only just getting the £1000 each month. The slide deck is available on Box.



Steady throughout the year

- UTI
- Acute Otitis Media,
- Impetigo
- Shingles

Seasonal peaks

- Acute sore throat – 25% of consultations in summer to peak of 33% in winter months
- Sinusitis – in summer drops to 5% of all consultations
- Infected insect bites – 10x higher in summer

We considered these in relation to the gateway changes and that the numbers delivered haven't increased in line with the expanded gateways that should have, in theory, enabled higher numbers. Discussion around focusing on one of the seven conditions at a time and communicating very clearly via WhatsApp, one page pictures, top tips for gateway etc.

Changes to gateway

In 2025, significant changes were made to the Pharmacy First (PF) gateway in England to better align with the new GP-led model. These updates, which are in force from October 1, 2025, introduced several new 'gateway' conditions – key specific steps in a consultation in which a pharmacist becomes eligible to deliver a consultation for PF. The new gateway conditions for the second clinical pathway are as follows:

- New Exclusion Gateway:** An additional gateway as it was added to allow clinical pathways. This recognises the workload involved in managing patients who require urgent care and to offer services, even if no medication is supplied.
- Shared Topics for New Pathways:** For the following conditions, the gateway point now occurs earlier in the consultation process to account for complex advice that must be given before the consultation.

Acute Care:

- Acute Care
- Acute Care
- Acute Care

Acute Care (Threat to Life/Extremities):

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Uncomplicated Urinary Tract Infection (UTI): The gateway was broadened so that any eligible patient presenting with a UTI who does not need onward referral now meets the criteria for a pharmacist consultation, regardless of the number of common pathway consultations.

2024

Month	BP	ABPM	% conversion
April	3740	236	6.3
May	4434	207	4.6
June	3581	227	7.7
July	3298	226	6.9
August	4559	294	6.5
September	4372	314	5.5
October	6426	355	5.5
November	4479	455	10.2

2025

Month	BP	ABPM	% conversion
April	5254	399	7.6
May	4944	390	7.8
June	4845	465	9.6
July	5136	472	9.2
August	4329	383	8.8
September	4936	453	9.2
October	8202	616	7.5
November	4867	495	10

Committee reviews BP conversation rate, average improved since last year.

The switch to national from local EHC service as part of the Advanced OC service has not been without issue (contractors getting confused between forms on PhO and continuing to fill in local service one rather than national one). These issues have now been resolved.

2024

Month	Initiation	Continuation	Total
August	67	394	461
Sep	64	375	439
Oct	82	438	520
Nov	68	369	437

2025

Month	Initiation	Continuation	EHC	Total
August	79	728	-	807
Sep	76	883	-	959
Oct	93	926	50	1069
Nov	115	813	689	1617

Services Actions Agreed:

1. Continue to work on increasing referral numbers – BAU EC
2. Short videos /messages to support with understanding of gateway for one CP at a time, start with sore throat. See CHS videos
3. Patient facing information video – CH from ICB to meet with EC to discuss this (meeting date set for 27/01)

Meeting closes early due to the storm.

CCA Qs and responses on Box.

Minutes approved 5th March 2026