OPEN Minutes for Community Pharmacy Arden Meeting held on the 5th of March 2026 held at Holiday Inn Coventry (9:30-14:50)

CEO	Fiona Lowe (FL)
MEMBERS ATTENDING	Jas Heer (JH); Bal Heer (BH); Faye Owen (FO); Theresa Fryer (TF); Mike O'Donnell (MO); Steve Brown (SB); Baljit Chaggar (BC); Sumeet Randhawa (SR);
IN ATTENDANCE	Zoe Ascott (ZA);

Apologies: Satyan Kotecha (SK); Sam Griffiths (SG);

JH missed some parts due to CPE call. SR delayed, hence FL chaired in SG and SR absence.

Guests for open session: Dr Andrew Warner (LMC); Altaz Dhanani (ICB); Georgina Cady (ICB)

Minutes & DOI:

January Minutes were approved by the committee. No matters arising, not already on the agenda. DOI and attendance sheet circulated.

Market Entry*:* Documents in Box. DSP applications are coming through, as applications were made before the June 2025 deadline.

Discussion in relation to nominations violations. Proposed that previous reminders were repeated in next communications to Contractors.

AOB

Virty App*:* App to support for private services such as 'wrap around support' for weight loss injections. Members to see documents in Box for reference.

For Note: Updates shared office agreement approved*:* It has been updated and signed by Theresa Fryer on behalf of CPA Executive and the Chair will sign for CPHW next week.

CEO Report – refer to Box for full report

Organisational update: CEO and deputy recruited with handover 1 April–30 June 2026 (increased combined hours). Staffing changes noted (Zoe returning on phased basis; Eva and Susan reverting to contract hours).

INT place-based leads recruited for 12 months using MOU funds (21 hours/month across 5 leads: North Warwickshire & Rugby; South Warwickshire; Coventry; Worcestershire; Herefordshire). Discussion included pharmacy footprint across INTs and expectations of further cluster/ICB changes (including potential INT/cluster consolidation and "left shift" funding referenced for Coventry).

Strategic/structural context: Update from February meeting with ICB Executive/PCC highlighted ICB restructure (fewer director posts; consultation on next layer roles; significant Med Opt voluntary redundancy). Emphasis on neighbourhood/Place-based collaboratives, ICB role as strategic commissioner/enabler, and potential for additional funding to support shifts in care delivery; NHSE "blueprint" awaited.

Discussion over writing bids and expertise within the LPCs and using the 'right' language for this particular one. Central Health Solutions (CHS) may be a useful partner.

Feedback from Joint Executive Meeting with CPE: Pressure in LPCs, Becky (CPE) discussion in February:

- Workload
- Financial
- Perceived lack of understanding at CPE that local implementation and ongoing support for national is large part of the work in LPCs but not counted in the value of LPC work – counted as national activity
- Local services are a very small part of the benefit of the LPC to Contractors
- INT and NHSE / ICB changes huge implications with budgets devolved to Collaboratives and Lead Providers

As part of the CEO report - background to financial discussions in relation to CPE Levy increase and impact on LPC.

CPE Levies

	2025/26 Levy	Illustrative 2026/27 Levy projections based on the latest 12 months available pharmacy owner income data and:							
	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
Community Pharmacy Arden	80,030	£82,381	3%	£83,205	4%	£84,029	5%	£84,852	6%
Community Pharmacy Herefordshire and Worcestershire	107,190	£110,501	3%	£111,606	4%	£112,711	5%	£113,816	6%

C&W LPC Levy from Contractors (179) (1 large DSP >90k items)	H&W LPC Levy for Contractors (114) (55% paid by 1 Nutricia specialist DSP)
£216,400 (At 3% inc. 39% of total goes to CPE) – **balance for local = £131,548**	£213,540 (At 3% CPE inc. 53% of total goes to CPE – **balance for local = £99,724**

Confirmed 3% CPE increase Levy (6% total) Our Levy/ CPE Levy = 2.55 for CPA and 1.88 for CPHW for 2026-27

CCA Feedback was that CPA (and CPHW) ratio of total levy / CPE levy proportion is low – average is > 2.5 from 24 -25 accounts information. CPA was at 1.8 and CPHW at 1.45. It has increased for 25-26 as there was a reduced opportunity for levy holiday due to increased costs.

Levies / CPE: LPC had a robust discussion on CPE levy uplift and options (including potential constitutional change to allow withholding). Committee did **not** support increasing levy to contractors. Later clarification indicated CCA would not support withholding levy; final position recorded as **no increase to contractor levy** and the constitutional-withholding action **not approved**. However, the committee acknowledge that this can be revisited.

Financials - Treasurer: Budgets approved and shared (expected overspend without intervention). Accounts preparation planned April–May, with July sign-off ahead of AGM. Interim treasurer arrangements proposed across both LPCs during transition and agreed (FL to takeover during Summer, following handing over CEO role at the end of June, for a period of 12-18 months); accounting package review planned to simplify processes. If CPE Levy increases year on year at the same rate the LPC would soon be in severe financial difficulty. It was agreed that backfill levels for LPC Members would not be increased for 26-27 and remain at £300 per full day, £150 half day and £30 per hour for adhoc meetings.

OPEN SESSION – guests welcomed and introductions completed

ICB open session update: ICB medicines and primary care teams described substantial workforce reduction and transition toward commissioning GP practices/PCNs (HW model from July; new structure expected by September). Members emphasised keeping pharmacy visible in system forums and seeking earlier involvement in decisions. LMC perspective aligned on need for broader "primary care" collaboration beyond general practice.

Medicine Optimisation: AD – prescribing budget – makes assumptions – what NHSE have done is that they have worked out the windfall saving for each ICB, any potential to switch, they have included. Forced with a figure that takes into account the windfall and switching. Normally would not do the potential from switching.

Discussion over switches and whether the pharmacy should accept losing money on them. Pharmacy can be put in a difficult position. Branded generic discussion. This is being picked up at CPHW for the Cluster.

Discussed whether should restart discussions with other representative committees LOC and LDC as well as LMC. Some pushback while negotiations in progress and see outputs and position pharmacy.

FL – Community Pharmacy Strategy – we have an outline (on website), needs formatting and tidying up and language updated to align with new world. Important that this then becomes linked to the Primary Care Strategy – which is largely GP focussed. AD – Thinks that there will be one strategy across the whole cluster moving forward, not separate CW and HW. FL – medicines safety groups – HW have a wider membership, should be GPs as well.

All agree there is a lot of work to be done and harmonized across the geography. A plan of working together between GP and Pharmacy would be beneficial.

TD and GC leave meeting at lunch

Break for Lunch

Joint working with LMC (opportunities): Agreement in principle to develop simple, practical referral/triage approaches that direct appropriate patients to Pharmacy First while still counting as referrals (e.g., EMIS workflow options; limiting added reception workload). Contraception and hypertension pathways discussed as potential areas (noting hypertension specification changes). (MOD, AW, JH, SB, CP).

Referrals – when patient go to book appointment, adding step which says 'if you have any of these conditions (pharmacy First) then get a link to complete referral form – FL - wouldn't count though if patient completed. MO/SB – more about something integrated into the system. FL – Integrated Emis system there are two options, can triage or bypass. There needs to be a referral that counts towards Pharmacy First fee. SB – GPs see anything that adds work for the receptionists it is seen as a negative. JH – could spend time in AW surgery to see how it works. SB will speak with his local GP surgery as well.

Governance/self-assessment: Policies uploaded to website (moving relevant self-assessment area toward Green). Merger discussions with CPHW continue as ICB cluster work progresses; stakeholder mapping noted as subject to change with forthcoming restructure.

RSG Follow Up Survey – completed and available on Box

LPC Intelligence-Gathering Survey [MS Forms] on ICB Changes, Impact on LPCs and Pharmacy Owners – questions reviewed and discussed. Agree to answer the same as CPHW.

CCA questions on Box.

Main Meeting closed 14:50

Member Pharmacy Visits – all to complete set visit and update google form to collate outputs.

N.B – SG and SK could not complete there visits as absent from meeting.

.....

Minutes approved on 7th May 2026 by CPA Committee.