



# March 2025 Committee Meeting

Date: 12/03/2025

Venue: Suite 6, Barlow House, Minshull Street, Manchester, M1 3DZ

Time: 9.45am – 4.30pm

## Attendance

Committee member	Initials
Ifti Khan	Apologies
Peter Marks	PM
Mohammed Anwar	MoA
Aneet Kapoor	AKa
Elliott Patrick	EP
Jennie Watson	JW
Ali Dalal	AD
Fin McCaul	FMc
Mohamed Patel	MoP
Helen Smith	Apologies
Wesley Jones	WJ
Abdenour Khalfoui	AKh

Team member	Initials
Janice Perkins (Exec Chair)	JP
Adrian Kuznicki	AKu
Louise Gatley	LG
Luvjit Kandula	LK
Rikki Smeeton	RS
Karishma Visram	KV

## Welcome, introductions and apologies

JP welcomed everyone and announced apologies from IK and HS.

## Declaration of interest

None made.

## Approval of minutes

January minutes approved.

As this was a closed meeting JP will create a summarised version for publication on the website.

## Action Log

MoA to send the updated financial numbers to JP.

JP to circulate the financial narrative document to the committee.

## Action Log Update

### PNA Update

- Steering group meeting taking place and LG will produce a report of findings after.
- PNA Public Survey will close on 21<sup>st</sup> March, with AKu supporting with the data sharing with the local authorities.

### Cervical Cancer Screening Pilot

- EHG supporting with the work, meeting with Andrew who's leading the pilot.
- Intention of pilot going live in April, awaiting final details about launch dates and funding and patient numbers.

### PLO Update

- Good engagement on the dedicated CPGM drop- in session. All issues raised have been flagged.
- List of go-live dates are being collated.

- ICB guidance created and to be linked whenever any issues are highlighted.
- Oversight of governance and individual task and finish group.
- Encouraged use of PLO MS Form for any issues raised.
- Transition period implemented where needed.
- CPGM team to support where specific engagement issues are highlighted e.g. AKA pharmacy

### MAS Update

- Discussion of fees and benchmarking. Potential uplift agreed though not confirmed yet.
- Positive strategic engagement with the ICB.

### PCN Support Roles

- Introductory visits taking place, in process of introductions between pharmacy colleagues and PCNs.
- PCN team to update on progress at future committee meeting

## Market Entry

Update provided by AKu.

Overview of volume of applications and historical view of applications from 2021 onwards.

### Actions:

- AKu to provide snapshot status of applications amongst the update reports going forwards including open, closed, opened, not opened.

## Finance Report

Finance update provided by MoA.

Budget overview provided.

Handover costs to support induction of new committee members is included in the budget.

FMc provided CPE finance update followed by a robust discussion about the levy calculation letter and how the additional funds provided to CPE are being spent to support contractors.

Support provided amongst LPC transformation aspect; LPC mergers, ongoing support around HR, finances and commissioning.

Budget approved for 2025 – 2026.

The expenses policy was reviewed and approved with no changes.

### Actions:

- MoA to include a 3% annual increase for CPE levy as contingency.

## Risk Register

Risk register presented.

- Risk no.12 to be closed.
- Risk no.14 to be reviewed once new committee members join.
- Risk no.16 still needs action though risk will continue to increase with time. JP happy to support any work associated with CHL to mitigate the risk.

### Actions:

- CHL directors to meet and agree an action plan.
- Risk status to be updated once actions identified.

## Workplan 25/26

Agreement on new structure and new job titles alongside contracts of employment and employee handbook. Governance subcommittee to review and sign-off.

Priorities outlined for 2025/26, involving 5 key workstreams.

Workplan updated to simplify the message to contractors and the ICB.

The 5 key workstreams will be underpinned by 3 enabling pillars; communications and engagement, community pharmacy and CPGM support and governance.

CPGM Workplan visual infographic outlined. Glossary to be provided for any abbreviations used.

Discussions around defining what success looks like in 12 months' time. Definitions needed around goals being measurable against the outcomes. Ideally need a target for each project initiative and what % of money should be spent by when.

Sharing engagement summaries on a quarterly basis with the committee and contractors, with AGM reporting continuing annually. 90-second bitesize recap shorts of all key news, events stories for social media channels to elevate reporting to contractors. Increase uptake of social media.

National services and toolkits to sit within CPCF, and services within the 'services' workstream in the infographic to be re-worded to local services delivery to simplify.

LG will pick this up with WJ.

New GM services to be located within the CP Innovation and Transformation workstream.

### Actions:

- Amend measures to goals in enablers section (JP)
- Discuss targets with CPGM team members
- Produce glossary of abbreviations (KV)
- Amend wording in the infographic to reflect committee feedback (LG/WJ)
- Action all comms and engagement suggestions from April onwards (KV/LG)
- Quarterly engagement summary at committee meeting (KV)

## Pharmacy Excellence

Aim and challenges outlined for the programme alongside early findings which were provided within the supportive appendix.

Engagement overview of number of training modules completed and website metrics. Driving engagement outlined with recommended next steps highlighted.

Next-year webinar series recommended, in preparation for major changes due April 2025 onwards.

Buddy programme mentioned, 'pay it forward' through a CPGM buddy programme. The ReviveRx diagnostic tool can effectively pair pharmacies with similar profiles.

Discussions around collating feedback from 11 pharmacies that have completed the programme and drive the engagement with testimonials.

Subgroup to be set up to support – LK, JP, LG, JW, FMc

### Actions:

- Set up subgroup meeting with Lynette (LK)
- Produce video to explain what PE is and the benefits (LK)
- Review end to end engagement plan (subgroup)

## Project Monies

Project proposal options outlined in slides. Not in any priority order.

Project monies = £113k. Additional monies for PE remaining from PCB investment for this year and also potential opportunity for additional funds in 2025– 26 subject to ICB financial position.

Pharmacy First services media campaign – patient facing campaign with global to promote the service via radio, audio, social media, buses, trams.

CPGM Contractor forum discussed, full day F2F event to gain contractor input on key topics and workplan priorities. EOI to be sought. Clinical time to be funded.

Leadership development for contractors.

Discussions around what impact the 2020 flu media campaign had on the flu provisions data, before and afterwards. It was felt it was unlikely to be good value for money and hard to measure impact with so many variables.

Question around whether we should focus on services that require referral e.g. Pharmacy First or services that patients and we can drive e.g. Hypertension

#### Actions:

- Scope a combined PE and Leadership Development Programme
- Scope Contractor Forum events
- Share estimated costs with Finance/Audit/People subgroup

## CPE Update

Update provided by FMc.

Current position outlined, negotiations have begun. Contract is only agreed when all elements are agreed. Will be a 2year deal for 2024–25 and 2025–26. The issues under discussion are allocation of monies, fees and caps and Pharmacy First. Important that regulatory changes happen to create the opportunity for contractors to work differently. This is enabling and not mandatory.

Ministerial clearance for the contract will come via No.10.

CPE draft work-plans provided for 2025–26 – see CPE website.

Key areas of focus are Spending Review and the NHS 10year Plan. MP relationships are critical to success.

Work underway on amending the CPE constitution which will also impact the LPC constitution. CPE and LPC elections are now aligned for 2years time.

#### Actions:

- Increase PF comms to schools, nurseries and businesses (KV/LG)

## IP Pathfinder

Update provided by AS.

Monthly update summary outlined; finances finalised and signed off.

All sites are to go live by March 2025; three sites left to go live and are awaiting CLEO implementation.

Ongoing governance work with IPs and for Hypertension clinical model, but on track to be finalised. Patient pathway has been finalised.

Drop-in sessions for IPs changed to fortnightly, alternating between daytime and evening to allow better attendance.

CPGM confirmed as being included in evaluation process. LK to follow up.

7 sites are now live, three currently outstanding. Activity shown count of patient consultations for the live sites.

Feedback collated received so far and data upon how patient accesses the service.

CHL has been commissioned to provide some data dashboards and report on the IP Pathfinder programme.

### Actions:

- AS to update at June meeting
- AS to clarify the difference between walk-ins and PF referral pathway data

## Ways of Working 2025-26

JP thanked the departing committee members Peter, Elliott and Helen for their significant contribution to the success of CPGM over the years.

### LPC Self-Assessment

Version completed by the team was shared and reviewed and discussed by the committee. Final version will be published on the website and reviewed annually.

JP will email all committee members with policies and documents to sign-off for the coming term of office with a deadline of 28<sup>th</sup> March 2025. Question to be added about media training.

DOIs to be published on the website from April 2025 onwards.

CPGM structure is different to that of other LPCs and therefore JP had amended the self-assessment template to reflect this and the different job titles. Committee agreed that this is acceptable and does not impact the grading.

Potential open-virtual committee meetings for any contractors to join.

## Appointments and Subgroups

CHL appointment discussions will take place at June board meeting once new committee members have settled in.

JP highlighted gaps in the subgroup membership and locality leaders following the departure of three board members. This will be addressed at the April meeting.

Locality Leaders/PCN subgroup to be dissolved.

New patient safety subgroup to be setup given the number of recent challenges.

### Actions:

- Add media training question to sign off sheet (JP)
- Update subgroup list (JP)

## Team Achievements/Workplan Update

Updates provided by the CPGM team, no questions asked or issues raised.

## April and June Meetings

April board meeting will be introducing the new members to the rest of the board. CPGM Office team will catchup with the new members in the morning followed by the board meeting happening in the afternoon. It was agreed everyone would complete the 16 personalities assessment as a fun way of getting to know each other better.

Planned induction, appointment of officers.

June proposed agenda items;

- Alan Dow attending from LMC
- Meds Optimisation Update – KL, LS, and HT attending
- IP Pathfinder Update
- LPC member director appointment to CHL
- Social Media metrics
- Discussion of CPPB/CPGM ways of working

## Review of meeting/actions

Positive feedback around questions only preferred for action log updates going forwards.

## Meeting close

