



September 2025 Committee Meeting

Date: 17/09/2025

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

Time: 9.00am – 2.20pm

Attendance

Committee member	Initials
Asif Adam	AA
Mohammed Anwar	MoA
Saghir Ahmed	SA
Ali Dalal	Apologies (AD)
Wesley Jones	WJ
Ifti Khan	IK
Aneet Kapoor	AKa*
Abdenour Khalfaoui	AKh
Fin McCaul	FMc*
Mohamed Patel	MoP
Ian Strachan	Apologies (IS)
Elliott Patrick	EP

Joined virtually*

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



Welcome, introductions and apologies

Apologies received from IS and AD. AKa and FMc have joined the meeting virtually.

Set of minutes from June and July have been shared and approved.

No declarations of interest were reported.

Action Log Updates

The action log included actions from the Finance meeting, Strategy Day and the meeting with Manisha Kumar so committee members have these all in one place.

PNA Update

Update provided by LG.

Responses had been received from 9 out of 10 localities, with only Bury's submission still outstanding. Submissions are awaited from Oldham, Rochdale and Trafford.

Wigan had identified data gaps, and these have been appropriately challenged.

HCF/ABPM

Update provided by LG.

It was highlighted that NHSBSA clinic check data is now available by locality. This will be included regularly as an appendix in the board pack.

Clarification was provided around blood pressure checks not currently linked to ABPM provision, and the data reflecting only those GP referrals completed through PharmOutcomes.

The Committee discussed the increasing importance of services bundling. It was suggested that it would be beneficial to gain a GP perspective on the matter. It was agreed that the team should revisit previous spotlight on services work, and with changes anticipated in October, this could be aligned with upcoming communication.

A short 20 to 30-second video was suggested to communicate key information. Brief information will be collated to guide the video's content, with a possible toolkit to support contractors.

Contractor Question

The committee discussed a question submitted by the pharmacy owner linked to opportunities for DSPs to provide services. It was agreed this would be picked up during a scheduled pharmacy visit by MoP and EHG.

The pharmacy have also experienced some challenges with changes to nominations. The recent CPE guidance and the GM Handbook information has been shared recently with all contractors.

It was noted that some contractors may not have fully understood the implications of opening a DSP contract and the potential for the regulatory landscape to change.

JP stated that the CPGM Connect agenda item proposed some options to support DSPs going forward.

Market Entry Update

Update provided by AKu.

Summary of recent volume of applications throughout past three months. Due to the regulatory change since end of June, CPGM has encountered a high volume of applications, specifically DSPs.

The data was presented by volume of applications in each locality and it was noted that going forward, DSPs are likely to be around 11% of the contractor base if all applications are approved.

Queries and Complaints

An overview of the queries and complaints received by the CPGM team was shared.

Key themes are:

- relationships between pharmacies
- relationships with GP practices
- clinical queries about service provision
- record keeping
- non-compliance with service specifications

The Committee were briefed on the actions already taken including the “spotlight on services” documents. It was proposed that the committee explore facilitating locality-led GP and pharmacy meetings to improve mutual understanding. Case studies showcasing effective collaboration will also be developed. All locality leaders supported this proposal.

Committee members were asked to share case studies that demonstrate collaborative working. LK shared an example involving SMRs and Flu vaccination coordination, which she will share with LG and KV. Other members, MoP, AKh, IK and SA were encouraged to submit examples from their localities. A flu vaccination case study would be particularly valuable if submitted within the next few weeks.

Actions:

- LG and LK to scope the potential integration of the initiative into the CPGM Connect series.
- Committee members to contribute case studies from their localities that demonstrate collaborative working.
- LK to share an example study involving SMRs and Flu vaccination coordination with LG and KV.

Team Achievements

The team provided an overview of progress linked to the workplan. A new format of the report will be used for the next few meetings; rather than focusing on individual efforts, reporting was aligned to collective achievements under each workplan pillar.

LK stated that she has joined the weight management and obesity steering group following agreement at a previous meeting. There was a discussion about the importance of innovation, particularly in Manchester, and the need for ICB leadership in developing a strategy around weight management. The deadline for a funding bid is in November, and time is limited to make this successful.

LK will lead a strategy meeting to determine how to move this work forward, with support from LG. It was proposed that collaboration across multiple LPCs may enhance the impact of the initiative. EP, FMc and IK expressed interest in contributing to the bid. A half-day session will be scoped, potentially in a face-to-face or hybrid format, with all attendees expected to complete a pre-read. LK will take ownership of organising the session.

Actions:

- LK to lead a strategy meeting to determine how to move the funding bid work forward with support from LG.

Finance report

Update provided by MoA.

A summary of the accounts was provided, and expenditure highlighted, alongside updated balance figures. The finance slides will be consolidated for the next meeting.

MoA was tasked with requesting the levy list from NHSBSA and comparing it to our records. It was also agreed that financial printouts should be available at the Sunday CPGM Connect event in case of contractor queries.

Actions:

- MoA to request a levy list from NHSBSA and then share with LG and AKu for it to be cross-checked with CPGM records.

AGM Arrangements

Preparations for the virtual AGM event are underway. IK will follow up with CCA Head Offices that have not yet cast their votes.

CPGM Connect

JP outlined the upcoming CPGM Connect events. A DSP fact-finding event is scheduled for late September or early October as a one-hour evening session. The goal is to identify contractor needs and collate appropriate resources based on feedback.

A future webinar on pharmacy finance is also planned, focusing on topics such as FP34 submissions and the Drug Tariff. This will be aimed at both new and existing contractors, to help prevent income loss and optimise funding opportunities. Committee members were reminded that their support is essential to the success of upcoming events.

Discussion around potentially combining the event themes, will require scoping and costing projections. Care will be taken not to duplicate material already provided by CPE.

The Pasta Game

The Committee participated in an interactive exercise to discuss the implications of decisions around funding distribution. The session gave insight into the challenges of the

current funding model, including the use of drug comparison sites and the disparity between large and small pharmacy contractors.

Issues discussed included the collapse of margins, the sustainability of clinical services, and the importance of SAF funding. The exercise explored the impact of moving monies between different funding pots highlighting the complexity and interdependence of funding decisions. Stability and equity were recurring themes throughout the discussion.

PCARP Services Progress

LG provided an update on pharmacy contraception service referrals for July 2025. It was noted that referral uptake was particularly low in Trafford compared to other localities. Data on rejected referrals was also presented, including reasons for rejection.

Committee members found the data valuable and agreed it may be useful to include in the appendix of future meeting packs. Further clarity was requested around the service specification and the impact of ongoing GP prescribing.

Medicines Shortages

LK introduced a proposal for Rapix Connect, an IT solution aimed at bridging the communication gap between pharmacies and GP practices around medicines shortages. The platform is web-based, free, and does not use patient identifiable data. It includes an EPS prescription number feature and connects with a national GP and pharmacy practice finder.

The tool is currently being piloted in Cheshire and Mersey as well as Lancashire. The board approved a small-scale pilot via PCB digital leads. Feedback from GP digital leads so far has been positive, with no anticipated issues. LK will ensure the platform meets data protection requirements and will engage relevant clinical leads. It was agreed that GP pharmacists would play a key role in ensuring successful engagement.

NHS Reform and Live Well

JP confirmed that additional time will be allocated to the October meeting to cover the Live Well initiative. LK has shared the neighbourhood model and confirmed that delivery would be coordinated through place-based partnerships.

LK will distribute the relevant paper to GM colleagues and requested that locality leaders monitor any developments. Committee members will be asked to complete the NHS 10-year plan survey, which will be reshared. There was discussion about how this work could be integrated into CPGM Connect to help bring it to life.

Actions:

- LK do distribute relevant paper to GM colleagues.
- Committee members to complete the NHS 10-year plan survey that will be re-shared by LK.

Programme Team Resource

The Committee reviewed the current and future resourcing of the programme team. A business case was presented, outlining the team's current structure, reporting lines, and achievements. The team is a collaboration between CPPB, CPGM and GM NHS, originally funded by CPPB MOU monies to support CPCF implementation.

It currently consists of a programme manager, and a project lead.

The programme team plays a critical role in supporting CPCF service deployment, liaising with Chief Pharmacists, and managing programme coordination.

Three funding options were shared to maintain access and support for PCARP services. It was agreed that LK would progress this with the people concerned.

It was also suggested that a Community Pharmacy manifesto would be beneficial. This will be drafted with input from IK, EP, LG and LK. LK will scope the content by end of September, with IK providing a 'straw man' version to support the process. The final manifesto is expected to be completed by the end of October.

Actions:

- A manifesto to be drafted by end of September and completed by end of October by LK, with input from IK, EP and LG.

LPC Conference Discussion

The Committee held a discussion regarding the upcoming LPC conference. Each LPC is asked to suggest one topic for national debate to the next Regional Meeting. One will then be chosen to be presented to the national conference. The Committee was encouraged to identify an issue that is relevant, and significant enough to present at the conference.

JP outlined there is no obligation to submit a topic however this is a good opportunity to get input from others.

Some topics suggested were; implications of control of entry and PNA gaps, as well as the ongoing support for foundation trainee pharmacists. Feedback from the upcoming Sunday CPGM Conference may also help shape the final topic suggestion.

All Committee members were asked to consider possible topics and feedback to JP by the 30th of September, so a final decision can be made in time for the Regional submission deadline.

Actions:

- Committee members to provide suggested topics to JP by 30th September.

Meeting closed at 2.20pm