



# November 2025 Committee Meeting

Date: 13/11/2025

Venue: Microsoft Teams

Time: 10.20am – 5.30pm

## Attendance

Committee member	Initials
Asif Adam	AA
Mohammed Anwar	MoA
Saghir Ahmed	SA
Ali Dalal	AD
Wesley Jones	WJ
Ifti Khan	Apologies (IK)
Aneet Kapoor	AKa
Abdenour Khalfaoui	Apologies (AKh)
Fin McCaul	FMc
Mohamed Patel	MoP
Ian Strachan	IS (until 2pm)
Elliott Patrick	EP

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 IK and AKh. Alison Scowcroft (AS) joined the meeting at 2.30pm for her session

The minutes from the September Committee Meeting and the NHS Plan Strategy Meeting were shared and approved.

No declarations of interest were reported.

## Action Log Updates

- Reminder provided about the new MS Form to submit meeting reports. AK will re-share the link on request. LK requires this information to measure integration and level of engagement at locality level
- A decision tab will be added to the action log to keep track of reported decisions at board meetings going forwards.
- LK will reshare the feedback link for action 107 regarding the Clinical Leadership Strategy. The deadline has been extended to 30<sup>th</sup> November

## PNA Update

Update and summary provided by LG.

Some late challenges with publication of PNA for Manchester.

Outstanding PNA publications still for Bury, Manchester, Oldham and Rochdale, which highlight no gaps.

Gaps identified and challenged in Stockport with a robust response.

Gaps have also been identified within Salford and Wigan, which have been challenged in the CPGM response but remain in the published PNA.

Issue highlighted within the Wigan PNA relating to the Steering group. Whilst CPGM chaired the meetings it was made clear at the time that this was not a substitute for full engagement with the appropriate locality leader and that each locality was responsible for the development of its own PNA.

LG is finalising notes of F2F PNA Steering Group that took place in CPGM Offices. Notes will highlight key learnings, outcomes and concerns that be addressed going forwards.

Caution was urged about the use of supplementary statements.

## Actions:

- Market Entry Subgroup to draft a suitable response to the Wigan PNA and share with committee for comments and approval.

## Contractor Levy

Update provided by AKu.

Overview provided by AKu upon CPGM Levy contractor numbers. Data focused on period of June 2024 – January 2025, and the fluctuation of contractor numbers between the data sets provided by NHS compared to actual Levy contractor paid.

AKu also provided a breakdown of the top levy paying contractors as well as lowest paying GM contractors.

Background work completed in reviewing any GM contractors not paying correct levy and no issues highlighted.

## Market Entry Update

Update provided by AKu.

Summary of just one new application received in Bury, AKu to share the application details with FMc and AD

Application decisions for various DSPs and Unforeseen Benefits applications provided. Majority of applications so far have been refused, and market entry subgroup in process of receiving appeals to these decisions.

Two pharmacy closures highlighted that have already taken place in Oldham and Manchester.

### Actions:

- Market Entry Subgroup to agree a set of principles when it would be justified to use legal advice on any applications.
- LG to follow up with Gordon Hockey at CPE.
- IS to share information around Healthcare Plus Consulting and their strategy on applications across numerous ICBs.

## Pharmacy Manifesto

Update provided by LK and the co-created draft manifesto was shared. Further information will be added when guidance on Neighbourhoods is released later this month.

### **Key considerations outlined:**

Manifesto must speak to the Live Well objectives, the social determinants of health and the prevention agenda. It need to be simple and easy to read outlining the clinical and social benefit of community pharmacy. GM will be a trailblazer for the prevention demonstrators.

No new funding streams. Major budget plans coming in November.

A bid of £7.2 million was submitted by ICB to region for GP BECCOR, which was rejected so there's unlikely to be any funding for a wider Primary Care scheme.

Strategy Day priorities have been included and some good engagement has taken places with the Population Health Management team including substance misuse and hypertension case finding.

It was suggested that pillars could be used in the manifesto and that areas that community pharmacy could support could be aligned to these in a very visual way. LK to map the CP priorities to GMCA and the ICB to create a broader narrative and hopefully an opportunity for funding.

GM Live Well engagement –LK invited to ICB strategy meeting to give update to councillors who were happy with the overall approach however would like more specific information. CPGM doesn't yet know what all the opportunities are and we mustn't inadvertently close the door on anything.

There was a discussion about language, readability and avoiding the use of jargon. It was suggested that several versions are created to cater for different audiences so that all communication is meaningful and focussed e.g. contractors, patients and the public, system stakeholders and MPs.

There's an opportunity to leverage that community pharmacy is the only primary care discipline where there is immediate access.

The IP pathfinder and prescribing in general brings huge benefits. Benefits of IP and prescribing. LK highlighted difficulty of finding data for walk-in appointments. FMc to share available data with LK.

Whilst we know that 38 million GP appointments have been "saved" nationally by community pharmacy the GM data is harder to obtain. FMc to try and obtain any relevant data. These appointments have a value associated with them so it was suggested that if there is no new money a "share" of the money "saved" could be a future option.

There's interest from NHS England around the role of LPCs within neighbourhoods and the Pharmacy Minister has stated that community pharmacy is a fundamental part of any neighbourhood.

A committee member raised concerns about a potential skill gap at CPE within the work on neighbourhoods. The CPE representatives will pick this up outside of the CPGM meeting. It was also noted that the IPA have some research data which they will share.

### Actions:

- LK to provide slides content for the meeting with Manisha Kumar (28<sup>th</sup> November)
- JP to check whether this meeting is still going ahead
- LK to share update on full detail surrounding fees and budget for medicines to FMc.

- LK to incorporate feedback and work with KV upon making 3 separate comms versions of manifesto by mid December
- IS to share any IPA data and research information with LK

## Team Achievements

Team achievements were shared and key points to note included the great work done to identify key contacts for branches in GM as part of contractor database review, This will help build and maintain relationships with contractors. Committee members also highlighted the success of the CPGM Connect Conference in September.

### Actions:

- CPGM news roundup video will be shared alongside the draft of minutes to committee
- Team to consider engagement options for 2026 AGM to build on the conference success

## CPGM Connect Conference

An overview of the September Conference was provided. 108 attendees in total, great engagement and feedback received, with 100% of people recommending this event to others in their network.

The final expenses and costings of the event were shared with the committee along with the outcomes of the team's reflections on what went well and opportunities to learn and do differently for the future.

The committee approved a F2F conference event for 2026 and the team committed to re-exploring all date, time and venue options within the budget envelope available.

A summary of the DSP fact-finding webinar on 15<sup>th</sup> October was shared.

A "Maximising Your Income" F2F event was approved with a placeholder date of Sunday 1<sup>st</sup> February 2026. Support required from committee members with a sample FP34 and other paperwork required. This would be anonymised and confidential.

CPGM Connect events will be funded from project monies.

RS provided update on the CPGM Connect Forum that is to take place later this month. A summary will be provided to the committee after the event.

### Actions:

- CPGM team to scope February F2F event by early December
- JP to start looking for sponsorship

## Finance report

Update provided by MoA.

Contingency percentage discussed for specific projects going forwards, to be used when suitable.

Bolton Pfizer AF funding discussed. LK to work on a proposal with support of LG for January board meeting.

CPGM Offices contract up for renewal in November 2026. Negotiations on a contract extension will commence in December 2025

The forecast was reviewed and it is clear that as stated in the annual report that CPGM reserves will be fully utilised within the next 2 years. After this it's likely that an increase in the contractor levy will be required. The current levy has been held for 10 years.

A question was asked around how the CPGM contractor levy compares with other LPC areas.

### Actions:

- LK to draft a proposal of options and ideas for funding use of Bolton Pfizer money and bring to January board meeting for a decision
- FMc to review available data to ascertain the average contractor levy in other LPCs compared to CPGM

## Nomination Issues

Multiple reports of nomination issues across a number of GM pharmacies. Complaints have been submitted by other pharmacies, PCNs, General Practice and Place teams.

Summary of actions taken to date by CPGM with facilitating support to affected contractors. Advice has been issued to pharmacies as well as meetings held with NHS GM and a report submitted to GPhC.

There are 5 strands to the investigations:

- Patient Safety
- Smart Card Governance, Nomination Data and GDPR
- GPhC Standards
- NHS Contractual Compliance
- Patient Complaints via the NHS Complaints process

A robust discussion was held about the challenge of bringing this to a satisfactory conclusion and the lack of capacity with some of the parties involved in the follow up process. Due to the volume of outstanding issues it was suggested that a list of questions was sent to the Director of Primary Care at NHS GM.

### Actions:

- LG to compile a list of questions and share with the committee
- LG to continue to update the committee on a weekly basis

## Obesity Bid

A collaborative bid (obesity re-imagined) has been developed to include community pharmacy. The committee's feedback from the strategy follow up meeting has been incorporated into the bid. The CPE costing model has been used to provide estimated times and costs. The model is based on 3500 patients being supported in CP and the same number by GPs.

The risks associated with the cohort selection and also financial risk were. A number of pathways were shared as to how the service may operate noting that wrap-around care is now a requirement of the GPhC standards. Further financial modelling is being completed however there is no guarantee the GM bid will be accepted.

The proposal is based on provision via PGDs so that more contractors can be involved. This will need to be a new PGD commissioned by NHS GM. The PGDs used for private weight loss services cannot be used.

There are a number of outstanding points to be agreed including:

Identification of suitable patients (likely to be done by GPs or analysis of GM data)

Duration of initial consultation

Face to face or remote follow up

Frequency of ongoing monitoring

Scoping the exit plan for patients

There are additional costs e.g. developing a PharmOutcomes module and also funding a project lead to oversee implementation. This is not yet confirmed.

It was suggested that WJ and EP should help with this work.

### Actions:

- WJ and EP to support with bid development
- MoA to contact Abdullah Bhana at Allied Health Training to seek feedback from his Weight Management WhatsApp group

## CPE Report

Update provided by FMc who welcomed Dame Jenny Harries as the new chair. The subcommittee updates were shared along with the CPE priorities.

In September, committee agreed new interim arrangements that will come into effect from 1<sup>st</sup> November 2025 until elections are completed by April 2027.

The new CPE Committee agreed composition was outlined with the 50/50 split being maintained:

Total committee members = 26

- 10 Regional Reps plus 1 floating Regional Rep
- 2 Reps from NPA
- 5 Reps from IPA
- 8 Reps from CCA.

Work is ongoing in finding a better mechanism of contractor breakdown and representation. Key to this is an accurate definition of membership organisations so there is uniformity across the system. Accurate data is also essential as some contractors are unaware who represents them. Changes are likely to feed through to CPGM at the 2027 elections.

## Services Data & Bundling

Update provided by LG.

Work ongoing to provide consistent services data reporting in a standard format for the committee meetings.

NHSBSA data is being used which is usually 3 months in arrears. The data was presented to show total performance at an ICB level and also per 10,000 head of populations. This has also been repeated at locality level. It's the insight that matters and understanding what decisions contractors may or may not be making. It was also highlighted that different localities have different priorities leading to variation. Ultimately contractors need to make conscious decisions based on data to they can manage service delivery effectively to ensure the opportunities are maximised.

PCS initiation and PCS ongoing supplies were highlighted as below national average.

Proposal outlined the support needed from locality leads to work on services where an improvement opportunity has been identified. Data can be used to influence local delivery and prioritise support through pharmacy visits, calls, briefings etc

Office team have organised a one day-a month CPGM Connect Engagement Visits for targeted pharmacy visits by all team members.

Support provided will be documented so this can be tracked in the data. The data will be shared with locality leaders.

Summary of bundling data provided and the percentage of pharmacies achieving the minimum thresholds.

### Actions:

- LG to provide NMS capping data to January board meeting.

## IP Pathfinder & Lipid POCT

Update provided by AS.

Approval received for programme extension to 31<sup>st</sup> March 2026 rather than the original date of 31<sup>st</sup> December 2025. Access to CLEO will be funded by NHS England until the same date.

The number of sessions which will be funded from January onwards is under review to ensure the service can be extended. Currently sites can claim for 24 sessions a month plus and additional 16 sessions if hypertension is part of the clinical model.

Current activity levels are being assessed to determine what appropriate levels might look like. AS is assuming all sites wish to continue unless they tell her differently.

The evaluation and narrative to support the pathfinder project is being worked on along with an assessment of the impact on patients and GPs of this stopping on 31<sup>st</sup> March

Work is also ongoing for a project wrap-up event for MPs. Pharmacists will be able to use their session time to fund attendance. AS will share details of the event and agenda once details are finalised.

The risk of not knowing what's happening nationally was outlined as was the potential opportunity to have some bridging of funds though this would require a significant amount of funds and is unlikely to be feasible nationally or locally.

The benefits of capturing feedback and best practice from sites that are delivering consistently was highlighted along with gathering feedback from local surgeries.

The pathfinder evaluation is being undertaken by University of Manchester and a private third-party company to support the national team with their decision making. A first draft has been shared with senior leaders.

Point of care testing – work progressed with all sites submitted and 8 out of 10 sites approved and accepted. Some delays highlighted with governance elements. Progress and some training already delivered at the approved sites.

### Actions:

- AS to provide details of the stakeholder event

## Neighbourhoods & GM Live Well

Update provided by LK.

The demonstrator is acting as a vehicle for bringing the fundamentals together of the GM system.

Live Well now has a board that reports to ICB, with LK on it.

Key principles outlined. GM Live Well provides the framework. The proposals will need to show how we shift resources towards neighbourhood provision. Agree prevention outcomes supported by a reprofiling of funding away from dealing with the cost of late interventions to more sustainable upstream and proactive support.

The aim is to ensure the stability of health, care and voluntary services whilst reducing the need for hospital admissions and with the goal of increasing the number of people who are living healthy lives and are economically active in GM.

LK provided an update on the NNHIP programme. Stockport and Rochdale accepted as phase 1 sites. Data/outcomes evidence/impact is key. The delivery group convened for Rochdale includes LK. Stockport delivery group membership still to be confirmed. Further details are to follow regarding deliverables and approach.

Discussion around the role CP has in GM Live Well locally. The role is dependent on funding and what is needed at locality level. We need to be prepared for what community pharmacy can do in different scenarios to move towards prevention rather than intervention.

Focus is on national direct – trying to influence funding. Need to figure out a model, how to discuss this at PCN level and deliver at locality level.

### Actions:

- LK to learn models of Stockport and Rochdale with support of AKh and come back with suggestions how to incorporate engagement across GM.

## NIHR Bid

LK outlines the purpose and strategy of the bid for 14 new NIHR PC commercial research delivery centres across the country.

### Actions:

- LK to find out what is already available to support “research ready practice”
- KV to draft and share comms for pharmacies near to the successful GP practices

## Future Meetings

Proposed agenda items for upcoming January board meeting outlined.

Suggested future guests:

Ben Squires



Kenny Li

Dame Jenny Harries

Representatives from the trade bodies

**Actions:**

- JP to collate some meeting dates for December extra meeting with LK and circulate a doodle poll.
- Committee members to feedback on what they'd like to get from the PCB session at the January meeting including future plans for the next 2-3 years

**Meeting closed at 5.30pm**