Community Pharmacy Greater Manchester

Annual Report

2025 – 2026

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Our officers

Executive Chair: Janice Perkins FRCPharm

Vice Chair: Fin McCaul FRCPharm

Treasurer: Mohammed Anwar MPharm

'The Committee' shall be the "Greater Manchester Local Pharmaceutical Committee" (as required by the NHS Act 2006) and known as 'Community Pharmacy Greater Manchester' (CPGM).

Welcome

Welcome to my annual overview as Chair of Community Pharmacy Greater Manchester.

The challenges of 2024-25 continued into 2025-26 as funding and workforce pressures put additional strain on our pharmacy contractors and their teams. Despite these challenges, contractors continued to deliver the highest standards of patient care going above and beyond to support patients with medicines shortages and the delivery of new services with all the complexity and change that brings for pharmacy teams.

I'd like to say a big thankyou to all our contractors, pharmacy teams, the CPGM committee and my team for showing exceptional commitment to making change happen for patients and our colleagues in the wider NHS system.

Our focus during the last year has been to support you in delivering services, maximising your income and to help build communities of practice. We've done this by launching CPGM Connect, our umbrella brand, for all aspects of our communication and engagement strategy. We've listened to your feedback and have pulled together a programme of events, engagement touchpoints and our innovative contractor forums so that you can choose how you interact with the team.

Our remit is to represent you and provide value. Therefore once again we've challenged ourselves to do even more. Our starting point is always "what can we do to support our contractors?" I hope you recognise this in the work we've been doing and the guidance and tools we've been producing. A key challenge this year has been the nomination issues. The team have worked closely with the NHS Greater Manchester (GM) Primary Care team and Community Pharmacy England (CPE) to address this, resulting in changes to the regulations and the GP contract.

We continue to play an active role in the work of the wider Primary Care team and have been working hard to ensure Community Pharmacy has a voice and influence as the NHS Reforms start to impact. This enables our strategic voice to be heard at a national level as we share some of the innovative approaches to Primary Care being pioneered across GM. I was delighted to be appointed as Vice-Chair (VC) of the CPE Chairs' Forum working with other Local Pharmaceutical Committee (LPC) Chairs to share best practice and provide coaching support where appropriate.

We delivered against our ambitious workplan focused on funding, workforce and workload issues both nationally and locally. This year we're taking things to the next level and setting ourselves stretching goals including our aim to have all contraceptive services delivered by Community Pharmacy. Sharing data and insight with contractors is a priority so that you can make informed decisions about where to invest your time.

It's been a privilege to lead the committee and the CPGM team over the last 12 months and I'd like to thank them all for their ongoing support and commitment to making things happen.

I hope you find this Annual Report and the associated infographics a helpful summary of the work we've been doing and the progress we've made on your behalf.

If you'd like more detail or have any questions, feedback or suggestions please do get in touch: janice@cpgm.org.uk

JANICE PERKINS

Executive Chair

Who we are

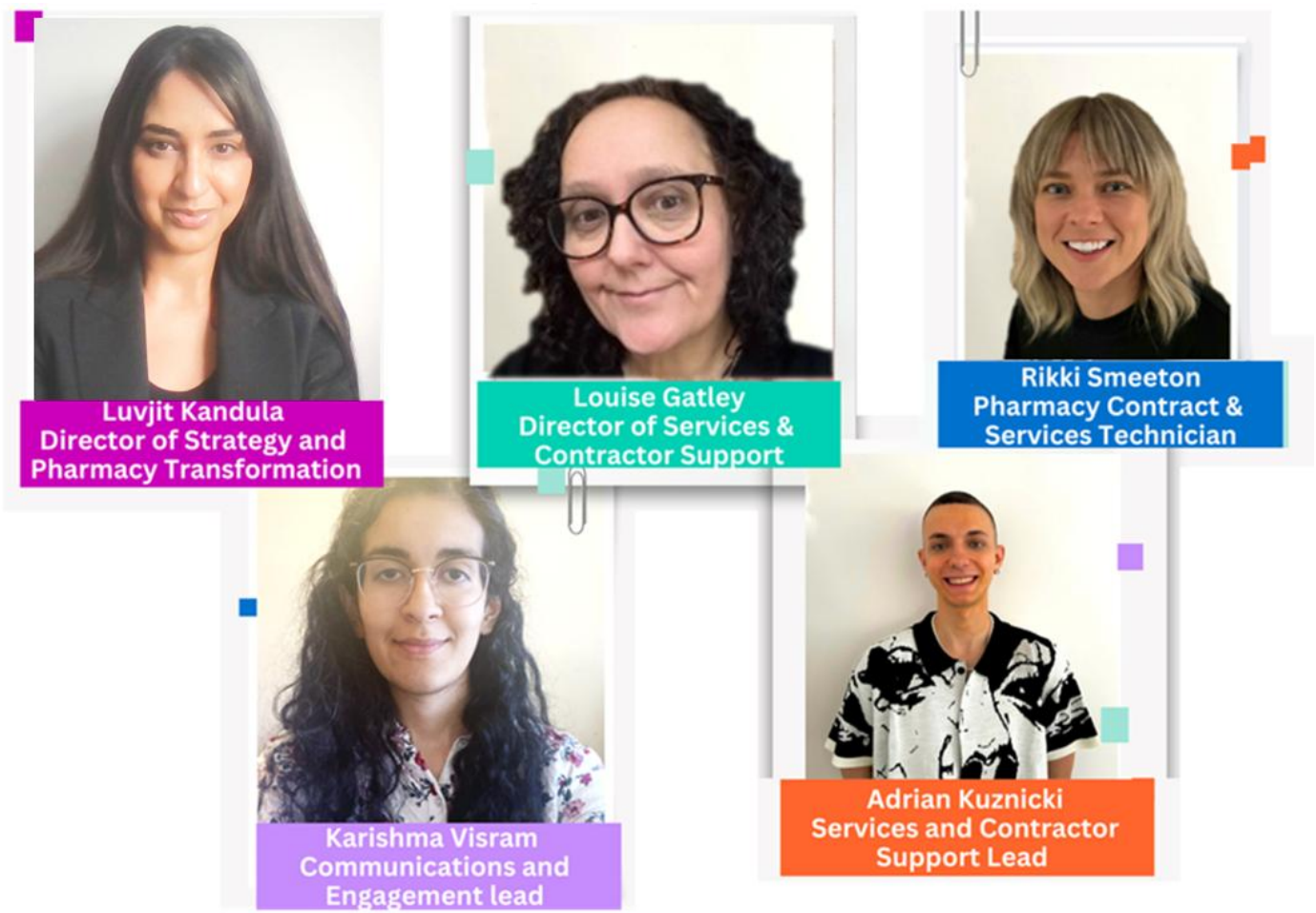
Our committee members

In the year ending 31st March 2026, our committee had 12 members who were nominated or elected to represent their sector:

- 6 independent contractors, elected by peers
- 3 members nominated by IPA (Independent Pharmacies Association - formerly AIMp)
- 3 members nominated by CCA (Company Chemists Association)

Visit our Meet the team website page to view the full list of current committee members.

Our team



What we do

Community Pharmacy Greater Manchester (formerly GMLPC) is the statutory body representing contractors who provide Community Pharmacy services in Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan.

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Our vision

To empower and enable Community Pharmacy to improve health in our local communities, now and in the future.

Working in partnership with others

Primary Care Provider Board

Primary Care Provider Board (PCB) works jointly with wider Primary Care, GM system leaders and wider health and social care partners to represent Primary Care as a unified voice. Through this engagement we:

- Ensure all areas of Primary Care are linked at GM, locality and neighbourhood level
- Further understanding of what local services are needed
- Influence future commissioning arrangements
- Help prevent ill health
- Develop the role of Community Pharmacy via Community Pharmacy Provider Board (CPPB) in line with the ambitions set out in the NHS 10-Year Plan

Working together

We work with the GM Services Working Group—hosted via CPPB and CHL (CPGM Healthcare Ltd), GM Integrated Care Board (ICB), and the programme delivery team to support Community Pharmacy teams with the guidance they need to successfully deliver national services. We also collaborate with ICB leads to engage and use data analysis to track and monitor progress. **GM remains one of the top 3 performing ICBs in England for Pharmacy First—an achievement to be proud of.**

CHL

CHL is the provider company, set up with the support of CPGM, to hold and administer contracts for healthcare services.

GM Healthcare Academy

The Greater Manchester Healthcare Academy (GMHCA) was formed to ensure that pharmacies across GM could access cohesive, high quality training and development that supports and empowers them.

Governance

Meeting attendance

The table below lists all committee members who served in 2025/26 alongside senior staff members. Our committee meets on a regular basis. Meetings are held in public and contractors are welcome to attend the open part of the meeting, if they inform us in advance. If you would like to attend, please email our Chair: janice@cpgm.org.uk. You can find the dates for our future meetings on our website.

Name	Role/Status	Possible meeting attendance	Actual meeting attendance
Asif Adam	Independent	7	7
Saghir Ahmed	IPA	7	6
Mo Anwar	Treasurer/Independent	7	6
Ali Dalal	Independent	7	6
Wesley Jones	CCA	7	5
Aneet Kapoor	Independent	7	7
Abdenour Khalfoui	IPA	7	6
Ifti Khan	CCA	7	4
Fin McCaul	VC/Independent	7	6
Mo Patel	Independent	7	7
Elliott Patrick*	CCA	6	5.5**
Ian Strachan	IPA	7	6.5**
Louise Gatley	DSCS	7	7
Luvjit Kandula	DSPT	7	7
Janice Perkins	Chair	7	7

*Joined May 2025 **0.5 refers to half-day attendance

NHS GM's Assistant Director of Medicines & Pharmacy – Primary Care Integration, Alison Scowcroft attends regularly. Other guests this year have included GM PCB's Ben Galbraith, Helen Ibbott and Tracey Vell, Local Medical Committee (LMC) representative Alan Dow, CPE's James Wood and Hollowood Chemist's Jainil Patel.

Treasurer's report

Dear Pharmacy Contractors,

I have the pleasure of presenting the CPGM accounts for the financial year 2025/26 ending 31st March 2026.

I am responsible for overseeing the management of CPGM funds. I work closely with the CPGM Executive Team and committee members to ensure that levy funds are used as set out in the constitution for the benefit of all contractors.

At the end of the financial year our registered chartered accountant, Proud Goulbourn submits the accounts for auditing. The audited accounts must be approved at the Annual General Meeting and a copy sent to NHS England (NHSE) in line with the constitution.

A copy is also sent to Community Pharmacy England (CPE) for their records.

Summary of accounts 2025-26

Income derived from levies paid by contractors to the LPC was £660,000.

The total cost of running CPGM was £455,864 excluding the total sum of monies paid to CPE of £278,551.

LPC administrative and contractor support costs for 2025/26 totalled £386,256.

The closing balance as of 31st March 2025 was £673,959 including project money and around 3-months operating costs as per CPE guidance.
The opening balance for the current year starting 1st April 2026 was £728,959 with the difference in amount being due to the contractor levy being received on the 1st of every month.

The following information is provided for further clarification:

Budgeting and Levy payments

- A "Zero-base budgeting" approach is used to ensure the best value for contractors. This enables us to scrutinise each cost and reduce our administrative expenses
- Contractors' statutory levy in Greater Manchester has been maintained at the same level for ten years from 2016/17

LPC Levy

- Statutory levies collected from contractors was £660,000 between 2025-2026
- Income of £6,620 of which £5,000 was transferred back to CPGM Healthcare Ltd (our provider company CHL) for project cover. The rest was a disbursement cost for work carried out by CPGM employees to support the Community Pharmacy Provider Board (CPPB)

Operating costs

- Salary expenditure increased by 3.0% reflecting a pay increase for employees as well as some cost for external consultancy support to assist with CPGM work
- Expenditure on computer costs and equipment returned to the normal level of £2,425 in 2025/26 following a one-off increase in costs during 2024/25
- Software costs were £4,352 in 2024/25, this increased to £5,564 in 2025/26 due to one our software packages increasing their costs by 100%. This has been reviewed and the contract cancelled from October 2026
- Printing and stationery costs returned to normal levels of £1,567 in 2025/26 following a one-off increase to support the printing of materials for training and engagement events based on contractor feedback
- Travel expenses rose from £1,804 in 2024/25 to £2,140 in 2025/26. This reflects the additional visits being undertaken by the CPGM Team to support contractors, attendance at CPE conferences in London, professional development events and conference speaking engagements

CPE Levy

Levies paid to CPE on behalf of contractors totalled £278,551 an increase of £1,362 on the previous financial year 2024/25. This is in line with the Review Steering Group (Wright Review) proposals to rebalance the share of Community Pharmacy representation funding towards the higher value national contract negotiation.

Project costs/other

- £20,952, was used for contactor events under the CPGM Connect branding including
  - Thriving Through Change Conference (Sept)
  - Contractor Forum (Nov)
  - Maximising Your Income Event (Feb)
- Team training and development included utilising free training events on topics such as AI tools, Resilience and Wellbeing Support. The skills of team members have been used to share knowledge and best practice. All team members attended the Negotiation Training and Media Skills Training events organised by CPE. Quarterly planning and development days have been facilitated by the Chair.

Forecast for 2026/2027

The CPE levy is recalibrated annually based on each LPC's share of national contractor income, total drug and appliance reimbursement plus fees and service income from contractors. The 2026/27 levy will be £283,504 an increase of £4,953 from the previous year.

Our accounts show for the year 2025/26 we are £62,305 over budget, an increase of £44,302 from 2024/25. This pattern will repeat over the coming years as reserves are used to fund our expenditure. The forecast for 2026/27 shows a predicted £143,000 deficit versus our budget.

The committee will continue to monitor our forecast and budgets at every committee meeting as we continue to utilise our reserves to support contractors.

This is the tenth successive year where we have not increased our contractor levy which is testament to effective budgeting and prudent forward thinking by the committee.

Information about the levy increase can be found on the CPE website.

Reserves

CPE updated their reserves guidance in April 2024.

The committee reviewed the new guidance and have undertaken a detailed review of all CPGM liabilities.

The level of reserves was reviewed again at the June 2024 committee meeting where it was agreed to reduce the reserves from 6 months to 3 months in line with CPE best practice and to ensure that more money could be made available for contractor support activities.

CPGM currently holds financial reserves, the level of which reflects our status as the largest LPC in the country and the substantial liabilities we manage as a result.

How we got here:

- GMLPC (now CPGM) formed in 2016
- Built up a year-on-year surplus through prudent use of funds and utilisation of non-contractor monies
- Increasing number of contractors
- Recruitment and retention challenges have created an underspend on salary costs leading to sub-optimal staffing levels
- Bolton LPC joined CPGM on 1st April 2023
- The CPGM team has now been stabilised and a new structure implemented led by an employed chair
- LPC levy has been **held for 10 consecutive years** despite an increase in CPE levy and core costs
- Extra costs have been absorbed using the surplus

Over the last 12 months, the committee has undertaken detailed discussions to consider how best to deploy these reserves in a way that delivers value to contractors while ensuring financial sustainability. A five-year financial projection was completed to assess the expected impact on our reserves and inform future planning.

Principles of our approach for the next 2 years:

- Minimise impact on contractors
- Create financial certainty around contractor levy costs for the next 2 years
- Utilise funds to support contractors as we enter a period of change linked to the new contract
- Explore opportunities to invest in a higher interest rate savings account(s)
- Surplus will naturally decrease over the next 2 years due to ongoing inflationary costs and the increasing complexity of operating in the wider GM system
- Continue to monitor and review at every committee meeting

At the June 2025 committee meeting, it was formally agreed to utilise a portion of the reserves to defer an increase in the contractor levy.

Reserves, levy and overall funding were discussed again at the March 2026 meeting and the committee agreed to invest a proportion of our funds into a higher interest rate savings account. This should generate additional income and help defer an increase in contractor levy in the short term while maintaining our operational commitments. An increase in levy may be required in future years to meet our ongoing budgetary and service delivery obligations for contractors.

The committee will continue to review our financial position monthly, considering the forecasted rise in the CPE levy and the potential funding required to support contractor training for new services. A formal update will be presented at the September 2027 AGM.

LPC Governance

Committee members are required to attend meetings on a regular basis. They also attend other meetings on behalf of the LPC and contractors. The committee operates under and complies with The Nolan Principles and sign an annual declaration.

Members carrying out duties on behalf of pharmacy contractors should not be out of pocket and therefore the LPC operates a robust accountability and governance framework that is regularly monitored. Our expenses policy is routinely reviewed and updated by the Finance & People subgroup. Our current policy can be found here: Our Policies – Community Pharmacy Greater Manchester

MOHAMMED ANWAR

Treasurer

COMMUNITY PHARMACY

GREATER MANCHESTER

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31st MARCH 2026

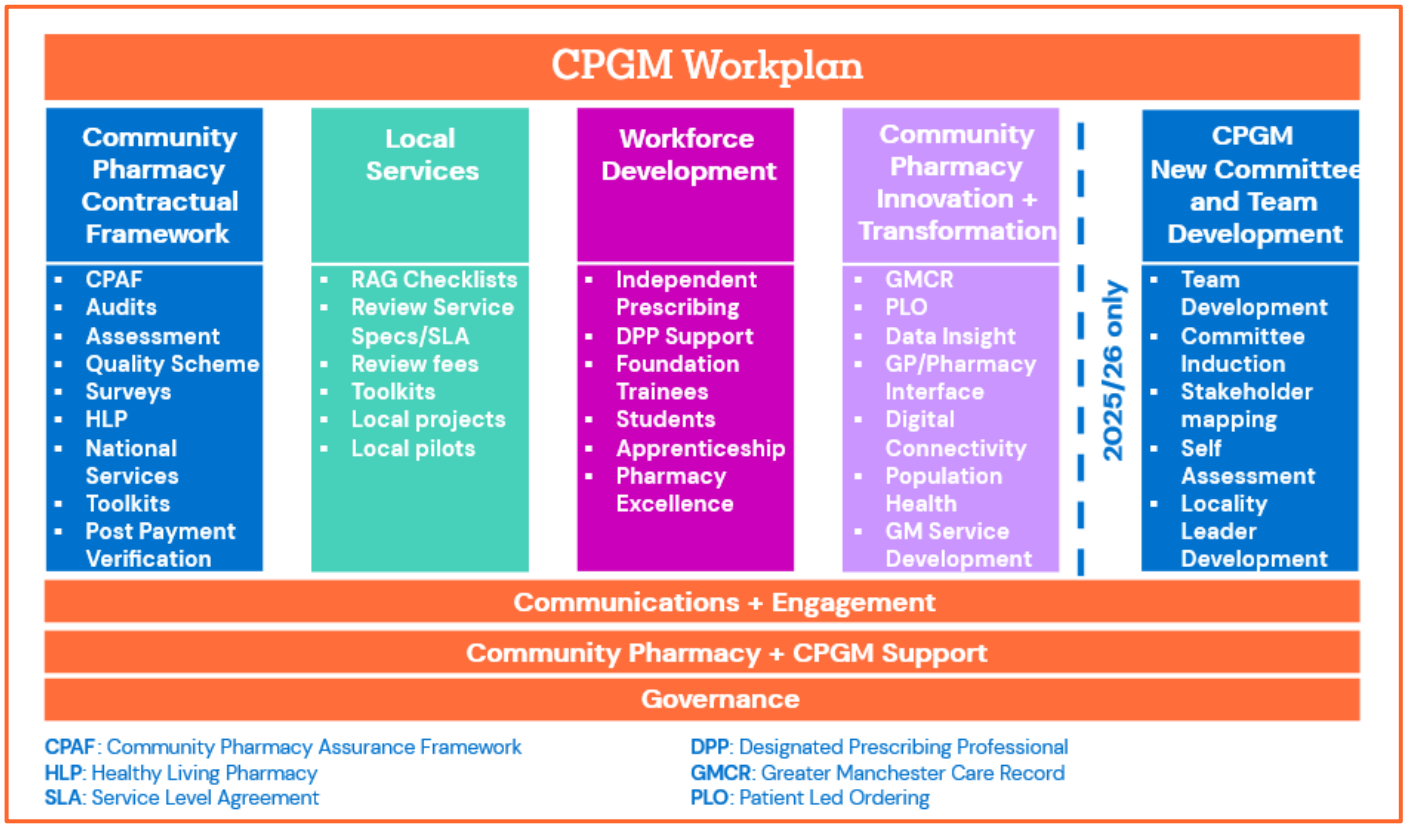
See separate report from Proud Goulbourn

Summary of our year

Our workplan

Towards the end of last year, we reviewed our workplan and workstreams to make it easier to communicate our areas of focus with our contractors.

These were shared with contractors earlier this year.



CPGM Connect

CPGM has continued to focus on strengthening engagement and building meaningful connections with our Community Pharmacy contractors and their teams.

Informed by your feedback, we introduced and created CPGM Connect, bringing together all communication and engagement activities under one banner. Our aim is to provide a clear and structured approach to our engagement, improving visibility of opportunities to connect with us and ensuring you can access the support you need, when you need it.

We developed and maintained strong engagement with pharmacy teams through:

- **CPGM Connect Training Events –** September Conference and Maximising Your NHS Income
- **CPGM Connect Forums –** Held our first forum gathering 10 local Community Pharmacy representatives to discuss relevant topics. The aim of this session was to gather feedback from people with on the ground knowledge, to use as a sounding board and to help shape our ongoing support offer

- **Monthly pharmacy visits –** Our team visited over 200 pharmacies and will be increasing our schedule of visits for the 2026-27 period
- **Weekly drop-in sessions –** Hosted over 50 sessions, providing you an opportunity to raise your questions and concerns. This included topic-specific sessions on the Community Pharmacy Contractual Framework (CPCF), Pharmacy Quality Scheme (PQS), Greater Manchester Care Record (GMCR) and dedicated sessions for Distance Selling Pharmacies (DSP) and Pharmacy Technicians
- **Weekly "temperature check" calls –** targeted messages and support

- **Interactive WhatsApp polls to gather information –** to help inform and shape our support
- **1:1 tailored contractor support –** based on service activity data and direct feedback
- **Ask the committee –** MS Form created so you can ask questions or raise concerns directly with the CPGM committee

Team development

As part of our commitment to ongoing development of the team, this year we took part in training on Negotiations and Media Relations organised by CPE.

The Negotiations training equipped us with practical techniques to secure the best possible outcomes for contractors, which we have since applied when negotiating local service fees. The Media training session provided valuable insight into handling interviews with professionalism and delivering clear, consistent messages. Together, these skills have strengthened our ability to represent pharmacy teams in local media and will continue to support our engagement with external stakeholders.

Our enablers

Governance

We maintained strong governance structures and offered ongoing leadership to our established contractor base, ensuring continued alignment with service standards and organisational objectives.

Key highlights:

- All governance policies are reviewed annually, alongside the CPE LPC self-assessment and the CPE finance self-assessment documents
- Governance documents are published on the website

Community Pharmacy + CPGM Support

We focused on strengthening our contractor network by developing new relationships and enhancing existing ones. Our work aimed to provide targeted support to new contractors, enabling their pharmacy teams to deliver commissioned services with confidence and consistency.

Key highlights:

- Provided one-to-one support for new contractors and change of ownerships through targeted pharmacy visits
- Scrutinised and responded to all new Market Entry applications
- Streamlined CPGM website content to support contractor engagement
- Actioned a large volume of contractor queries concerning:
  - Locally and Nationally Commissioned Services
  - Smartcard requests
  - Service delivery and Governance compliance
  - General website and events enquiries

Communications + Engagement

We're committed to maintaining the regular support that our pharmacy teams are accustomed, whils also striving to streamline our communications making them ever-more easily digestible and saving our pharmacy teams time.

Key highlights:

- Developed a streamlined cycle for our most important regular communications, providing a reliable routine for our pharmacies and preventing an overload of messages and updates
- Developed reminder comms to support compliance with all important deadlines
- Increased our online social media presence raising awareness of the work of pharmacy teams, the Pharmacy sector and CPGM
- Provided regular updates on the future direction of Community Pharmacy, including key GM strategic priorities and upcoming initiatives, through quarterly briefings from our Director of Strategy and Pharmacy Transformation (DSPT) supporting wider system awareness and external engagement
- Highlighted key health campaigns such as Self-Care Week, Antimicrobial Awareness, Diabetes Prevention, Hypertension and Stoptober

Our workstreams

Community Pharmacy Contractual Framework

Our work supporting delivery of the CPCF focused on empowering pharmacy teams to confidently deliver and expand services, while strengthening relationships across the GM health and care system.

Recognising the ongoing financial pressures facing contractors, we prioritised support to help pharmacy teams remain resilient and sustainable, while continuing to deliver high-quality patient care.

We provided practical, hands-on support, facilitated collaborative engagement, and developed targeted resources to help contractors respond to increasing clinical demand and maintain their role as a highly accessible entry point to NHS care.

Key highlights:

- Developed and shared practical guidance and tools, including:
  - Managing Meningitis outbreak
  - ABPM (Ambulatory Blood Pressure Monitoring)
  - Best practice for taking Blood Pressure
  - Post-payment Verification
  - Reasonable Adjustments

- Launched a monthly CPCF and PQS resource
- Produced a support campaign for Healthy Living Pharmacy (HLP) to help pharmacy teams to stay compliant with this essential service
- Delivered additional "Spotlight on Services" to answer questions from contractors and to address concerns raised by stakeholders
- Used locality-level service and referral data to inform targeted improvement in services and support service development
- Responded to stakeholder queries, including from pharmacy teams, general practice, Medicines Optimisation teams, NHS GM, local authorities, and third-party commissioners
- Launched a monthly "Focus on Patient Safety" newsletter
- Reviewed our documents to ensure guidance remains current and relevant
- Reviewed and contributed to 10 Pharmaceutical Needs Assessments (PNAs), providing challenge to protect contractors' interests and ensure pharmacy provision maintains an appropriate level of cover

Prioritised support for nomination issues across GM

Recognising the impact on contractors and patients we:

- Supported pharmacy teams directly, including visits to affected pharmacies
- Worked closely with NHS GM and CPE to escalate and address issues
- Provided guidance and information to GP practices and Medicines Optimisation teams
- Developed guidance for patients and pharmacy teams
- Helped to coordinate a consistent, system-wide approach to support resolution

Local Services

We focused on improving consistency and strengthening delivery of locally commissioned services. Our work supported equitable access, highlighted best practice, and assisted both contractors and commissioners during a period of sustained system pressure.

Key highlights:

- Completed a full review of all locally commissioned services, including red, amber, green (RAG) Rating assessments and use of the CPE costing toolkit, to support pharmacies in making informed business decisions and to inform future commissioning opportunities
- Supported integration of local Emergency Contraception services into the national Pharmacy Contraception Service
- Established a GM Community Pharmacy Contraception Service Working Group to explore future opportunities
- A new wraparound sexual health service launched in Trafford
- A new varenicline Patient Group Direction (PGD) introduced to the Salford Stop Smoking Service
- Worked with the new drug service provider in Bolton (WayThrough) to support a smooth transition from Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Provided support on contractor payment issues, resolving challenges proactively to minimise service disruption

Workforce Development

We've committed to ensuring that pharmacy staff can continue to access key training offers to aid their development, as well as mental health support.

Key highlights:

- Supported work in relation to Foundation Trainees and Designated Prescribing Practitioner (DPP) placements alongside GM ICB and regional NHSE leads, ensuring all of our trainees were successfully allocated a placement
- Developed a Health Service Journal (HSJ) award-winning Primary Care Wellbeing Leadership programme with PCB leads and NHSE to support resilience, wellbeing and culture change
- Raised awareness of continued abuse and violence towards pharmacy teams leading to pharmacies being included in the Greater Manchester Combined Authority (GMCA) campaign
- Continued access to funding for VirtualOutcomes, HLP training, Pharmacy Excellence and other training offers via CPPB and GMHCA

Community Pharmacy Innovation and Transformation

Our work focused on supporting key health initiatives and ensuring that our sector is represented in related discussions. This work will help enhance patient care and development of new services.

Key highlights:

Strategic Planning:

- Integrated Community Pharmacy into GM Strategic Planning and Primary Care Blueprint

Collaborative Working and Representation:

- Lobbied MPs and wider stakeholders on financial challenges, operational pressures, medicines shortages, violence and abuse to influence strategy and policy
- Collaborated via the PCB with the ICB, GMCA and wider stakeholders
- Secured representation and inclusion of GM Community Pharmacy representatives in place based partnerships and neighbourhoods
- Ensured pharmacy engagement with GM Live Well and local neighbourhood models
- Co-chaired the GM Primary Care Summit with 200+ attendees including Andy Burnham
- Collaborated with Health Innovation Manchester (HInM) to support Obesity Reimagined as per the NHS 10-Year Plan

Service Delivery

- Worked with GM ICB and CPPB to recruit Community Pharmacy Primary Care Network (PCN) Engagement Lead roles and a role to support with GP/Pharmacy integrated working
- Supported the delivery and uptake of CPCF services via the Services Working Group
- Supported development and implementation of NHSE Independent Prescriber (IP) pathfinder and Measles, Mumps and Rubella (MMR) pilots
- Worked to standardise the Minor Ailments Services (MAS) including a review of fees and a reduction in administrative burden
- Supported Patient Led Ordering (PLO) and adoption of the NHS App
- Facilitated access to the GMCR, with sign up of over 200 pharmacies
- Developed the Phase 1 Beyond Core (GM offer) with GM ICB to support development of local Community Pharmacy services and initiatives to meet GM population health needs

External Engagement highlights

To help showcase the achievements of Community Pharmacy, secure support for our sector and influence future plans, we've attended and presented at a number of external events:

- **GM system leaders** - Met to drive work around Primary Care Blueprint implementation
- **Senior GM stakeholders** – Invited to engage with wider CPGM and PCB
- **MPs** – Attended pharmacy visits with James Frith (Bury North) and Angela Rayner (Ashton-Under-Lyne)
- **GM Mayor and local Councillors** - Raising awareness of the Community Pharmacy sector's contribution via the ICB
- **HSJ Medicines Forum** – Discussed our sector's role in the NHS 10-Year Plan
- **The Pharmacy Show** – Showcase the work of GM community pharmacies and our integration with Primary Care
- **CPC North** – Jointly presented with Alison Scowcroft on the work of Services Working Group/CPPB to support CPCF delivery
- **NHS Confederation: Care Closer to Home Conference Panel** – Championed Community Pharmacy, PCB and the role of Community Pharmacy in NHS 10-Year Plan

Community Pharmacy in Greater Manchester:

Leading the future of neighbourhood health and integrated care

Across GM, Community Pharmacy continues to play a vital and evolving role in delivering accessible, high-quality care closer to where people live. Aligned to the ambition set out in the NHS 10-Year Plan and national neighbourhood health guidance, the sector is helping to shape a more preventative, integrated and community-based system.

The NHS 10-Year Plan sets out a clear direction: to shift care closer to home, prioritise prevention, improve population health outcomes, and strengthen integration across services. The development of neighbourhood models builds on this ambition, creating multidisciplinary teams that deliver proactive, personalised care to local populations.

Despite ongoing NHS reform, Community Pharmacy and the wider Primary Care sector in GM have continued to strengthen collaboration with the GM ICB, GMCA, and system partners. This has enabled meaningful contributions to strategic commissioning intentions, market development, clinical strategy, medicines optimisation, and service transformation.

The PCB has played a key role in this progress, providing a unified voice for providers and championing Community Pharmacy and wider Primary Care as a vital and accessible part of the system. Through this collective leadership, pharmacies continue to deliver via the CPCF, while supporting local residents and improving outcomes.

Neighbourhood care: A defining opportunity

Community Pharmacy is not starting from a standing position—we are already a **key contributor within neighbourhoods**, supporting communities through our established and trusted services.

Our core offer, delivered through **national and locally commissioned services**, provides essential access to prevention, urgent care, medicines optimisation and long-term condition support. The focus now is to **maximise consistent uptake and high-quality delivery** of these services across all communities.

Realising the full potential of neighbourhood working will depend on the **strength of our relationships**. Building closer partnerships with GP and neighbourhood leaders will be critical to embedding Community Pharmacy within multidisciplinary teams and local care pathways.

Our **collective voice, visibility, and local relationships** are key enablers of success. They will support the integration of our current services and create the foundation for future developments, including successful deployment of **IP**, enhancing our clinical contribution and improving access for patients.

GM is uniquely positioned to lead the way—demonstrating how Community Pharmacy can be fully embedded at the heart of neighbourhood health. The collective efforts of **CPGM, the CPPB, the PCB, CHL, and the GMHCA** are maximising support for contractors and pharmacy teams through strong representation, innovation, workforce development, and delivery of services that meet resident needs.

Over the past year, the sector has also worked extensively to raise awareness of the challenges it faces, including financial pressures, workforce capacity, and operational demand. This has helped shape a shared understanding across the system and inform a realistic roadmap for future development, investment, and innovation.

Importantly, GM benefits from a **mature culture of collaboration**, built on strong relationships, shared leadership, and coordinated action. This has enabled Community Pharmacy and wider Primary Care to co-develop future models of care and governance, ensuring solutions are grounded in frontline insight and local need.

Looking ahead, Community Pharmacy is uniquely placed to support the continued shift towards neighbourhood-based care—playing a central role in prevention, early intervention and long-term condition management, while helping to reduce inequalities and improve access.

Together, we're building a future where Community Pharmacy is fully embedded as a **cornerstone of neighbourhood health**, delivering on the ambitions of the NHS 10-Year Plan and improving outcomes for the people of Greater Manchester.

Luvjit Kandula
Director of Strategy and Pharmacy Transformation (DSPT)

Coming in 2026/27

IP and DPP support

NHS 10-Year Plan Live Well and Neighbourhoods

CPGM Connect Visits

Stakeholder Mapping and Engagement

Pharmacy Contraception Service

Face-to-Face and Virtual Events

CPGM Workplan

NHS Contractual Framework	Services	Workforce Development	Community Pharmacy Innovation	Community Pharmacy Transformation
▪ CPAF ▪ PQS ▪ HLP ▪ Surveys ▪ Campaigns ▪ Resources ▪ Post Payment Verification ▪ Audit	▪ National Services ▪ Standardisation of GM Services ▪ RAG Checklists Review Service Specs/SLA (LS) ▪ Review Fees ▪ Toolkits	▪ Independent Prescribing ▪ DPP Support ▪ Foundation Trainees ▪ Students ▪ Apprenticeship ▪ PT Development	▪ GMCR ▪ GP/Pharmacy Interface ▪ PLO ▪ Digital Connectivity ▪ New GM Service Development ▪ Local Projects & Pilots	▪ NHS 10 Year Plan ▪ Live Well ▪ Stakeholder Mapping & Engagement ▪ Neighbourhood Leader Development ▪ GP Collaboration

Communications & Engagement

Community Pharmacy & Contractor Support

Governance

CPAF: Community Pharmacy Assurance Framework
HLP: Healthy Living Pharmacy
SLA: Service Level Agreement
PT: Pharmacy Technician
PQS: Pharmacy Quality Scheme
DPP: Designated Prescribing Professional
GMCR: Greater Manchester Care Record
PLO: Patient Led Ordering
LS: Local Services
PCS: Pharmacy Contraception Service
HCF: Hypertension Case Finding
ABPM: Ambulatory Blood Pressure Monitoring

Glossary

- **ABPM**: Ambulatory Blood Pressure Monitoring
- **CCA**: Company Chemists Association
- **CHL**: CPGM Healthcare Ltd
- **CPGM**: Community Pharmacy Greater Manchester
- **CPCF**: Community Pharmacy Contractual Framework
- **CPE**: Community Pharmacy England
- **CPPB**: Community Pharmacy Provider Board
- **DSCS**: Director of Services & Contractor Support
- **DPP**: Designated Prescribing Practitioner
- **DSPT**: Director of Strategy and Pharmacy Transformation
- **GM**: Greater Manchester
- **GMCA**: Greater Manchester Combined Authority
- **GMCR**: Greater Manchester Care Record
- **GMHCA**: Greater Manchester Healthcare Academy
- **GM Live Well**: This programme aims to tackling health, social and economic inequalities
- **GMMH**: Greater Manchester Mental Health NHS Foundation Trust
- **HInM:** Health Innovation Manchester
- **HLP:** Healthy Living Pharmacy
- **HSJ**: Health Service Journal
- **ICB**: Integrated Care Board
- **IP**: Independent Prescriber
- **IPA**: Independent Pharmacies Association (formerly AIMp)
- **LMC**: Local Medical Committee
- **LPC**: Local Pharmaceutical Committee
- **MAS**: Minor Aliments Service
- **MMR**: Measles, mumps and rubella vaccine
- **NHSE**: NHS England
- **NHS GM**: NHS Greater Manchester
- **PCB**: Primary Care Provider Board
- **PCN**: Primary Care Network
- **PGD**: Patient Group Direction
- **PLO**: Patient Led Ordering
- **PNA**: Pharmaceutical Needs Assessment
- **PQS**: Pharmacy Quality Scheme
- **Primary Care Blueprint:** The Blueprint explains how GP practices, dentists, pharmacists and optometrists will work together with partners from across GM to meet the physical and mental health needs of our citizens and communities
- **RAG**: Red, Amber, Green Rating
- **VC**: Vice Chair

Community Pharmacy
Greater Manchester

Get in touch

Visit: greatermanchester.communitypharmacy.org.uk

Email: enquiries@cpgm.org.uk

Address: Suite 6, Barlow House, Manchester, M1 3DZ

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