CPGM March Committee Meeting

Date: 25/03/2026
Venue: Suite 6, Barlow House, Minshull Street, M1 3DZ
Time: 09.00am – 16.45pm

Attendance

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

*Joined virtually

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

Visitors

Tracy Vell, Ben Galbraith and Helen Ibbott from Primary Care Board

CPE Report

Update provided by FMc.

Negotiations have started, aiming to be finalised by end of April.

The current faced pressures outlined. A written message was sent to the minister in February, highlighting the crisis and overview of current pressures in the sector.

Discussion of recent work completed which included recognition of the work undertaken in GM around the significant disruption to contractors caused by issues with EPS nominations. This is being actively addressed with IT providers to improve the nomination process and implement new protocols.

GM processes and contractor guidance have all recently been updated to further support patients and contractors.

Workplan and budget 2026-27.

Key objectives highlighted:

- **Objective 1:** Deliver an improved contractual framework to address the current funding crisis and secure a stable future
- **Objective 2:** Drive the success of clinical services to demonstrate the value and the potential for a greater role
- **Objective 3:** Promote the role of CP as a vital part of an integrated primary care system
- **Objective 4:** Building an investment case for further expansion of clinical services
- **Objective 5:** Lead future thinking on the funding, commissioning and regulatory policies
- **Objective 6:** Ensure that CPE continues to support the CP sector effectively

CPE Committee met in February and explored further potential future options for contract reform and funding models.

Subcommittee update provided covering upcoming elections, levy collection, risk register and pending APBM service specification.

Welcome, introductions and apologies

JP welcomed everyone and apologies from IK and WJ were noted.

FMc joining virtually throughout the day as he's supporting the HSHK meeting. IS joining virtually in the morning.

There were no declarations of interest other than those previously declared.

Governance/ Scrutiny Committee Update

AA left the room. An update was provided on AA status following the sale of Hootons to Cohens. AA is an independent representative on the committee. He continues to work as an independent contractor and therefore the committee agreed it was in the best interests of contractors that he continued in post until the end of his term on 31st March 2027. Contractors will be electing/appointing new committee members during Q4 2026/27.

An update was provided about CHL annual accounts. It was proposed that the monies held by CPPB for pre-reg training (HEE) should be repurposed to supporting foundation trainees with advanced services training. This will be delivered via GM Healthcare Academy.

Actions:

- LK to work with HRe and CPPB board to finalise the process and plan for the monies
- JP to set up a separate meeting to review roles of CPPB, CHL and CPGM. CPGM will e represented by members of the Scrutiny Committee

Approval of Minutes

The draft minutes for Jan committee meeting and the Feb Strategy meeting were approved.

Action Log

Update provided on the good progress made with all actions. Clarity was provided around outstanding actions on the shared action log where no RAG rating was applied. These are pending whilst the NHS system restabilises post the reforms. They will remain on the log so they don't get forgotten and will be picked up in due course.

CPGM Policies

All the policies and the self-assessment framework have been reviewed. Committee members to read and sign via an MS form by mid- April. JP will reissue and new versions will be uploaded to the website.

CPGM team will complete Sexual Safety training online modules as part of the forthcoming changes to employment law plus Suicide Awareness training from the Zero Suicide Alliance.

Actions:

- JP to circulate MS Form to committee members for all policies sign-off.
- All Committee members to update their DOIs.

TAPR Questions

Background provided for RSG and TAPR.

Timelines of the process outlined and survey questions broken down into 6 domains;

- Strengthened Governance of LPCs and CPE: **Agree**
- CPE Resourcing and Capability: **Neither Agree or Disagree**
- Development of a National vision and strategy: **Disagree**
- Listening mechanisms for contractors: **Disagree**
- Reduction of LPC variation and increased efficiency: **Neither Agree or Disagree**
- Efficiency, size, and shape of the LPC network: **Agree**

The detail behind each response was collated and will be submitted to CPE via the MS Form.

Finance Report & Budget

The 2026-27 budget and forecast were presented by the Treasurer MoA and was approved by the committee.

Actions:

- JP to organise virtual meeting to sign-off the annual accounts when received from accountant
- All expenses and invoices to be sent to MoA by 31st March

Primary Care Board Update

The PCB team introduced themselves and met the committee members.

11th year of running as a PCB. Funding is provided non-recurrently by GM ICB. Financial pressures and undertakings have led to a significant reduction in the monies provided leading to a restructure and redeployment of resources.

Current workstreams were outlined including the recent disappointment that the obesity bid was unsuccessful. The importance of working collaboratively across Primary Care and with VCFSE to map patient pathways and experience was highlighted

Transformation team is working on various projects including diagnostics and practices becoming more efficient and sustainable.

The opportunity lies in the creation of neighbourhoods ensuring all disciplines are involved where appropriate and have the chance to influence change. Each discipline needs a voting member on key boards/decision making groups. Funding and sustainability will be a challenge as will finding representatives locally with the right skills sets to work strategically.

The role of PCB in the next 3-5 years was discussed and focussed on engaging the system in the neighbourhood model and getting the right people in the room.

Multiple-neighbourhood contracts were mentioned as on the horizon though more detail is needed to understand the opportunities and the risks.

Every primary care provider board works differently and CPPB has limited resource. A discussion needs to take place around how other committee members can support.

It was felt the direction of travel was within our gift and that opportunities lie in being more proactive rather than responding to issues. New services in GM would be a good starting point.

The CPGM Manifesto outlines our current priorities though will be reviewed in light of the PCB discussion. The challenge is in releasing money from left shift. 1% of secondary care monies = 18% of PC budget.

Neighbourhood working needs to be brought to life for our contractors once more is known around what it could mean for service delivery and collaborative working.

It was suggested that the PCB team attend future Strategy group meetings to start a regular dialogue.

Innovation and diagnostics were highlighted as a huge enabler for left shift and could also create private services opportunities to sit alongside NHS provision. There is learning that be taken from other ICBs and existing GM contractors that could feed into cse studies for further growth and expansion.

Proposal - PCB monies

Final decision isn't needed today this is an opportunity to explore the recommended options and send check the opportunities. An additional meeting will be set up if required.

Three themes highlighted:

- **Theme 1**: Operational Sustainability

- **Theme 2**: Workforce and Leadership
- **Theme 3**: Service Improvement and Transformation

Recognising the overall reduction in ICB income, discipline boards are asked to consider the following points; excellence budgets, earmarked funds and next steps.

LK presented 4 options to be delivered by CPPB with possible support from the PCB delivery team.

- **GMCR Adoption**: Service improvement and transformation, digital enablement, moving form 200 pharmacies signed up to increased adoption and utilisation to support IP service delivery (max 620) contractors as an outcome.
- **GP/Pharmacy Interface**: Service improvement and transformation/operational sustainability, improved relationships and embedding of national services – outcome of leadership targeted, transformation, improved transfer of care, improve quality and outcome for patients. Leverage CPCF data and outputs to push adoption of contraception, increase PF and engage with front line network on new services to increase reach.
- **Neighbourhood Working and Integration**: Outcome of event and guidance for GP and pharmacies to support integrated working, improved interface and preparation for neighbourhoods.
- **IP Prescribing Support**: Ensure a robust structured programme of supporting to improve quality, clinical service delivery and outcome for residents. Supporting newly qualified and IP support via the academy.

Innovate have offered to hold a free F2F workshop with two follow up webinars. There would be a cost for any venue, food and admin. It was stated that to make the F2F workshop worthwhile it would be essential to cover clinician time. It was agreed this might be an opportunity for our AGM.

Whilst all the opportunities have merit it was felt that to maximise the £100k available that focussing on one or two topics would deliver the most value for contractors.

GP Pharmacy Interface principles underpin all collaborative working and relationship building irrespective of topic.

The committee agreed to options 1 & 2 whilst continuing work on options 3 &4 in the background. It was also agreed that the Innovate opportunity should be pursued.

NHS Reform

Reorganisation and loss of experienced personnel over the coming weeks and months was highlighted as a risk. This will be captured on the risk register and will be an agenda item at the June meeting.

Phase 1 of voluntary redundancy is complete with phase 2 on 31st March. A further round of redundancies will occur in June. This impacts GM ICB and the NW Regional NHSE team.

Standardisation of MECS, MAS and PEOLC have been agreed. The approach will be single service specification and standardised fees across GM in line with BECCOR. The current variation in fees has been noted and it was accepted that some contractors may experience an initial reduction.

Ongoing discussions are underway about a potential extension of the IP pathfinder pilot past March 31st. Risks and concerns have been raised in different forums. AS is reviewing the remaining funding to discuss potential options. A small amount of funding available, however, the ICB STAR and PCCC will need to approve the principle before this can be mobilised.

Workplan 2025-26 KPI Review

Update provided by LG.

Good progress on Pharmacy First (PF) during the last few months which is a tribute to work completed by Chelsey and Mydah.

Numbers on PF from general practice, consistently in the green whilst the percentage of GP practices sending a referral remained steady at 80% for few months.

Currently 14 UEC sites live although there is some difficulty getting more sites on board. This remains an opportunity.

CPGM pharmacy visits continuing to support with operational challenges on the ground. The CPGM tea will be completing 2 days of pre-planned visits monthly from May supplemented by ad-hoc reactive visits as needed. Dates will be shared with contractors.

Progress seen for Hypertension Case Finding (HCF). Still within the amber range though gradual improvement overall though the completion % for ABPM has not improved.

Continued engagement to take place with GP practices and the GM system partners through SWG to support pathway awareness and collaboration.

HCF and ABPM is the focus of the next CPGM planned comms campaign and will be issues as soon as the update HCF specification is received.

Work ongoing with GP colleagues to address operational queries and feedback.

Workplan 2026-27

Update provided by JP.

Planning meeting took place on Monday and team reviewed the workplan and updated to reflect the priorities for the coming year.

The visual contractor workplan summary is being expanded and updated and will be revisited once contract negotiations are completed

CPGM Connect/AGM

An overview of the successful CPGM Connect Maximising Finance event was shared. The cancellation policy will be further updated and booking system technology will be reviewed.

Contractor feedback was shared and the key points have been included in the CPGM Connect plan for 2026-27.

It was agreed to hold a ½ day F2F AGM event which will be marketed as our "Annual Networking Event". The AGM will be a small part of the event. This will be funded from project monies and via sponsorship and will have keynote speakers and opportunities for learning.

The September conference is provisionally planned for Sunday 20th September and will focus on skills development.

Actions:

- Scope and start research on potential venues and structure of event for AGM.
- Team to look into the option of charging a holding fee via the booking platform and charging a no-show fee if they do not attend. Otherwise the manual invoice option will continue

Team Achievements

The Team Achievement slides were shared for questions.

The great work undertaken by the by Market Entry subgroup was noted particularly the large number of new applications the past 12 months.

Data System Options

Update provided by AKu.

AKu and LG scoped potential providers for a CPGM database

CPE, Pharmdata, CCA and RWA were reviewed for functionality, features, cost and development potential.

CCA was recommended as a provider and this was accepted by the committee.

Actions:

- Contact CCA about the final cost and sign-up process for 2 users of the Services dashboard

PT Workforce Support

Rs outlined potential options for CPGM to support the Pharmacy Technician workforce so that pharmacy services are facilitated.

Committee are asked to determine the level of support that the team should build into the 2026-27 workplan.

The initial proposal is to gather feedback from committee members via a MS Form before potentially seeking feedback from the wider contractor base.

Actions:

- Committee members to complete the MS form by end of April

Workforce

LK provided an update on the recent system group workstream meeting (25th Feb)

GM Pharmacy Workforce group are planning an "Introduction to the DPP role" webinar though details are still to be confirmed.

A review of the group and it's terms of reference will be undertaken once the NHS reforms are complete. In the meantime the group will continue to meet, provide updates and co-develop priorities.

Discussions are underway regarding a DPP matching software platform.

Review & Contingency

Board meeting dates for 2027 shared by JP.

Potential need for additional short evening meetings so placeholders will be put in diaries to facilitate attendance. Meetings will be stood down if not required.

Actions:

- JP will add further dates to the 2027 Board meeting list and share with the Committee and CPE