CPGM June Committee Meeting

Date: 17/06/2026
Venue: Suite 6, Barlow House, Minshull Street, M1 3DZ
Time: 09.15am – 17.00pm

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* (part day)
Mohamed Patel	MoP
Ian Strachan	IS
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

We were joined by Leyla Hannbeck (IPA) and Henry Gregg (NPA) who each had a one hour agenda slot.

Welcome, introductions and apologies

JP welcomed everyone and apologies from AD were noted. AKa and FMc joined the meeting virtually.

There were no declarations of interest.

Approval of Minutes

The draft minutes for March committee meeting were approved.

Action Log

Meeting with CPGM, CPPB and CHL to discuss ways of working has not happened yet, still finding mutual agreed date for all attendees.

Actions:

- AKu to add page numbers to future minutes.

Manifesto

Purpose and objective outlined behind the manifesto.

5 main assets of the manifesto have been created:

- Manifesto Paper
- Slide Deck
- Infographic
- Manifesto – GM Live Well
- Manifesto - Neighbourhoods

Content split into three sections; what makes us unique, what we're currently doing and what services we're currently providing. The content is backed by evidence, statistics and case studies.

Manifesto will be launched to contractors at our Annual Networking Meeting (AGM) event on July 12th. It has been shared with some ICB stakeholders, communicated with all MPs alongside their invitation to the CPE parliamentary reception.

Animation or video to be created still, some work still to happen to summarise and simplify the key messages.

There was discussion around how the Manifesto can be translated into a toolkit of short messages, key objectives and how we measure service uplift.

It was agreed to share with other LPCs to encourage others to produce similar documents. Different channels and ways of promoting the Manifesto were also outlined.

IK will raise awareness at upcoming CPE meeting about neighbourhoods.

The Manifesto must be more than just a document, needing output; main talking points summarised and a user guide briefing so it can be used by everyone to deliver consistent messages.

Work to be finalised by end of June with other elements to be in place for the Annual Networking Event on 12th July.

Actions:

- LK and Services Subgroup to outline objectives and develop an engagement plan
- Extend meeting on 29th June to 1 hour (RS)
- Identify the audience for different types of meetings (Services Subgroup)
- Ask CPE to share with Chief Officers (LK)

BECCOR

Update provided by LK.

Engagement ongoing with wider colleagues and ICB system leaders.

Phase 1 is now progressing, approved via PC Commissioning Committee e.g. MAS, Palliative Care.

Phase 2 is in development and will be linked to the Manifesto in collaboration with ICB leaders. Timelines TBC

The next steps are:

- Share the Manifesto Provider Intentions via PC BIG
- Develop a potential medicines optimisation CP offer with Services Subgroup
- Setup a BECCOR CP steering group to ensure co-ordination and co-development with ICB clinical needs and formalise governance arrangements for provide/commissioner collaboration and development

Work to be discussed over summer and be ready to share for September board meeting.

It was suggested that there may be an opportunity to progress the " Written Medicine" initiative with ICB funding to support communities where English is not the first language and minimise the health inequalities that exist due differences in health literacy

Actions:

- BECCOR steering group to be created with LK, IK, FMc and AKa as members.
- A dedicated workshop to take place instead of a steering group, all Committee members invited, day-time meeting.
- Committee members to share any case study examples with LK.

Pharmacy Technician Development

Short MS Form was created to gather thoughts of Committee members and the feedback used to shape our workplan.

The results of the survey were shared indicating that the committee felt that workforce and PT development should be a CPGM priority and included in the workplan.

Areas of focus:

- up-skilling your team campaign
- step-by-step guide for advanced services training toolkit
- PT forum
- dedicated WhatsApp Group
- create a sense of belonging and purpose
- creating tangible objectives
- PT retention and development including trainees
- collation of all PT training info into one place (Technician Academy)

Actions:

- Find out how many trainee PTs are across GM
- Develop a PT development workplan

Governance - CPPB

Update provided by LK on the annual review of CPPB members which the board were asked to note. This will be shared in the newsletter and with PCB.

It was highlighted that succession planning and developing a talent pipeline would be important as elections approach. It was agreed to share the meeting dates in case others wanted to be involved. Sharing dates of CPPB meetings would be useful. CPPB workplan will need reviewing and roles and responsibilities defining.

LK shared that she'd invoiced PCB for the work she'd undertaken behalf of CPGM. CPPB needs to meet and decide on the use of these monies as LK's salary has been paid by CPGM

Actions:

- Full Strategy day to take place involving the Committee – no timeline, can be after September and by end of the year. JP will look at Autumn dates.
- CPPB to discuss the use of the money repaid by PCB

Governance Self-Assessment

The document was reviewed and desired changes noted.

Actions:

- AKu to archive historical set of minutes from the website
- JP to update section 1
- LK to speak to James Davis

Finance

Update provided by MoA

Summary of budgets and finances shared at the meeting.

Actions:

- Confirm the transfer of Bolton funds as per the board decision on 18th December
- MoA to create a video a video about the potential change to the LPC levy
- Finance and People subgroup to meet to review the Expenses Policy and the Risk Register

CPGM Connect

Overview shared of events taking place.

The committee were asked to promote and encourage attendance at the 12th July event.

September conference will be based around clinical and leadership workshops.

Incident and Issue Management

Update provided by LG.

Summary of current issues and incidents outlined.

Nomination issues volume continues to rise. Delays and inconsistency in the GM decision-making and escalation processes outlined.

Issues still causing significant operational burdens on pharmacy teams.

Loss of contractor confidence mentioned in local arrangements as no visible consequences raised.

Nomination issues tracker created with data from January onwards. The team are monitoring issues on a weekly basis.

A discussion was held about a service delivery issue with Pharmacy First. The investigation highlighted that pharmacists do not always check the patients NCSR/GMCR before making a supply.

The CPGM team have supported with targeted calls and visits to try and resolve this.

Actions:

- AKa to join the Incident/Issues meeting with NHS GM to support with resolution
- Tracking document of all actions to be created

IPA Insights - Leyla

Overview of current work by IPA and key priorities outlined for the future.

IPA met with the Treasury two months ago to discuss funding and the contract.

ICBs have had a lot of cuts, it has been highlighted that a lot of information and knowledge has been lost with the lack of funding.

IPA's key priority areas are:

- dispensing at a loss
- not spending money on the NHS Plan and Neighbourhoods as they don't believe the Treasury are committed to this
- medicines supply issues

CP are already neighbourhood health centres and could make savings for the NHS if invested in properly.

Meningitis B – IPA were lobbying for CP to provide a vaccination service across various social media channels. The new service is exclusive to CP and opens the door to CP being the main domain for vaccination services.

Weight Loss – working with Eli Lilly to promote the role of CP in bricks and mortar pharmacies.

Independent Prescribing – the sector isn't ready, the legacy workforce are not engaged and funding is needed to make this a reality. £17 devalues the profession.

IPA were not satisfied with the uplift and the agreed arrangements of the contract. Their position is that the settlement should have been declined leading to an imposition as this would have demonstrated "standing your ground".

A discussion was held around the forthcoming LPC elections and the importance of clarity around who belongs to each group and how representation will work. Questions were asked surrounding the definition of what constitutes a multiple and an independent. The independent members who may have multiple pharmacies were very clear that they only want to be represented by true independent members. Accurate data is essential for the elections to run smoothly.

Proportionality at CPE is essential and this will be discussed at future CPE meetings.

A question was asked about what one thing CPGM could do locally and it was requested that we focus on period of treatment challenges and dispensing at a loss.

NPA Insights - Henry

Showcase of previous work completed by NPA and pharmacies visited.

NPA priorities outlined:

- Funding
- Independent Prescribing
- Contract Reform

Funding uplift of 10.3% uplift was better than expected though 8.9% uplift was needed in order to standstill. For most contractors it's either an uplift or a standstill. It does overall close the Economic Review gap by 1% which is a welcome step.

Slides were shared to show the benefit of diversification and how private services and multiple revenue streams can offset the losses made in many community pharmacies. Chasing prescriptions is loss making and the most successful pharmacies balance NHS income, local services income and private services income. Their focus is helping

members shift into service delivery via trusted partnerships with key suppliers and making insurance and governance as simple as possible.

They are launching a national training programme launching in the summer called 'Preparing to Prescribe' designed to support contractors in their utilisation of IPs and ensure it meets the standards expected by GPs.

Clinical modules e.g. Hypertension may be added as well as other new areas as appropriate.

CP local elections – important that CPE is representative of the sector. The NPA hasn't traditionally been involved and doesn't nominate individuals. 45% of the sector are independents with one or two pharmacies and their members are concerned that smaller contractors could lose their voice and influence.

Ove the coming month's the focus will be on projecting the image to decision makers that CP is in the right place to provide services. They will be continuing to work to bring the sector together

3 elements outlined;

- **National contract** – agreed at CPE.
- **Private element** – Individual owners, groups and members can make decisions if they have a model in place and can implement.
- **Local** – element LPCs can influence with the right environment albeit they have limited resources. GM has the opportunity to be the exemplar of models if implemented, tested and worked well.

Contract Reforms:

NPA wants more transparency regarding processes and timeframes.

Want to try and eliminate dispensing at a loss and make it more the margin distribution more equitable to avoid geographical differences.

Meds shortage issue – margins are so low that suppliers may pull out of the market completely making price concessions worse.

IP training mentioned. It can meet GP standards, but the standards for CP are different.

Using Manchester as a test site for prevention, can help unlock nationally the influence via CPE. Some funds need to be put aside through Primary Care.

NPA are meeting with the Royal College of Pharmacy to create a roadmap that references the NHS 10-year plan including prevention, screening and vaccinations.

CPE Report

Update provided by FMc.

Discussions around desired elements to be proposed as additional items to the contract:

- Separate contracts for dispensing and services
- Services – HLP, SCS not working, work to fix or remove if cannot be simplified
- Branded generics
- Ongoing issue with DSPs and compliance with GPhC and NHS Standards
- Nomination issues – need more consequences
- Real time reimbursement – contractors can't plan their business as lack of transparency of what is going on in the system
- Establishing infrastructure costs – no premises workforce costs, the foundations have a basic cost before implementing expansion
- Budget – periods of treatment, pharmacies' flex of possibilities, two-tier service, hub spoken model
- Moving away from dispensing and towards services – a lot of work needs doing towards building the infrastructure, so pharmacy contractors are fit for purpose
- Avoid impact on cash flow
- Separate accounts and pots of money for separate things
- Gain share/profit for drugs benefits, prevention through services, saving money before it happens downstream
- Unfunded appointments – get paid for unfunded work that is already completed
- Pharmacy closures – payment for closing a pharmacy contract – not universally supported

Contraception KPIs

Prescribing data has been reviewed and KPIs identified for contraception services These were signed off by the Committee as it aligns with the Primary Care Action Plan.

All GP practices in GM will be contacted to complete an EOI and supporting communications will help identify practices willing to transfer contraception activity to CP.

Need to increase the length of supply to make it an attractive proposition for patients.

Data to be review by Ali K.

Work with suppliers and create assets to help spread the message around accessibility and freeing up GP appointments. This is a new way of getting your contraceptive pill.

Actions:

- Develop a patient facing PCS campaign

Neighbourhoods/Live Well

The GM model was outline and it was acknowledged that GM Live Well and Neighbourhoods have the same goals and ambition so there is ongoing discussion between GMCA and GM ICB to align the approach.

The CP offer is our national contract and the information within the Manifesto however work will be required to make this a reality.

Work has been done to ensure Primacy Care is represented on Place Partnership boards and some localities are setting up a Primary Care Collaborative (Quad) to ensure voices are heard.

Goal is to ensure CP is included in NHS Neighbourhood plans for all 10 localities. Deadline has been extended to September 2026. LK will review all plans before submission to ensure consistency.

NHSE will seek assurance on progress to date in coming months. Locality leaders may be asked for nominations for various boards. Any Committee requests to be fed back to LK.

Ensure CP contractors are aware of these developments via CPGM Connect to ensure they are visible and engaging with GPs to promote uptake and utilisation of national services. This engagement will be a key enabler for IP.

GM Live Well system leads are willing to attend CPGM/CPPB boards and support with engagement.

Actions:

- Review all Neighbourhood plans (LK)
- Complete a mapping exercise of neighbourhood and place meetings for locality leaders
- Invite Live Well system leaders to Sept meeting
- Set up strategic discussion about relationships with pharma

September Meeting

- KPI update and demo of new tracker
- Risk register