CPGM September F2F Committee Meeting

Date: 23/09/2026
Venue: Outlook Room – Etc Venues: 11 Portland Street, Manchester, M1 3HU
Time: 09.15am – 5.00pm

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	AKh
Fin McCaul	FMc
Mohamed Patel	MoP
Ian Strachan	Apologies (IS)
Elliott Patrick	Apologies (EP)

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

Welcome, introductions and apologies

JP welcomed everyone and apologies from IK, EP and IS committee members were noted.

Approval of Minutes

The draft minutes for June were approved.

Action Log

Date agreed for a meeting between CPGM, CPPB and CHL for 1st December 2026. This will be supported by a facilitator.

BECCOR Action log update

Short update provided by LK.

An oversight group was setup, with ICB leaders and PCB provider leads to oversee governance across the programme.

BEECOR CP development group now in place and initial meetings have been held to share the manifesto and discuss the development priorities.

BECCOR CP implementation group is to be established once BECCOR development moves into implementation.

Actions:

- LK to confirm membership when the BECCOR CP implementation group is established
- Additional deliverable to be discussed at the Strategy Day on 6th October

Meningitis B Action log update

Short update provided by LG.

Some data shared displaying the Men B activity from the start of the service to 13th September; showing number of Men B vaccinations delivered in CP since programme launch.

LG also shared the highest performing areas within GM and average vaccinations delivered per pharmacy.

RS met with the highest delivering pharmacies to develop a case study. This will be circulated within next few weeks.

Discussion around Manchester University approach for information about on-site flu and Men B vaccination clinics, including opportunities for pharmacy students to take part. Student involvement discussed, it was highlighted that Men B service does not allow pharmacy students to be trained to administer vaccinations.

Actions:

- AA to share Manchester Met University's EOI with the committee
- Team to explore a Freshers' Week offer for Sept 2027

Manifesto Action log update

Actions:

- LK to catchup with SA to pick up manifesto conversation.

CCA Insights

Rob Severn joined the meeting and gave an overview of CCA's vision and priorities for the coming year.

Five priorities for 2026:

- Sustainability of Corporate Community Pharmacy
- Developing the Pharmacy Workforce
- Leading the focus on local
- Evolving Professional Practice
- Building a stronger CCA

Rob shared that many of the CCA resources are available in the open part of the CCA website e.g. Migraine work with Pfizer

Discussion around CCA's LPC focus for 2026:

- Promote and support Pharmacy First
- Push for uplifts in local service specification fees
- Ensure community pharmacy is considered across the ICS both as a solution and a sector in need for support
- Review financial controls and governance

Benchmarking data was shared on levy costs, reserves and the average cost per contractor and the CPGM committee updated on their discussions around how we add

value to contractors. The importance of understanding any unwarranted variation was noted as was the need to document the rationale for decisions as has been done in GM.

Rob shared the challenge of capturing data for local services so that the benchmarking data can be expanded to include this.

Finance update

Mo A shared the updated accounts, expenditure and income projections.

Question raised to committee around how the AGM event cost should be attributed within the different cost lines. It was agreed that 10% of the total cost should be allocated to the AGM budget line each year.

Currently waiting for CPE Annual levy projection for upcoming years. It is anticipated to be released around Christmas/January time.

Actions:

- MoA to re-distribute money from Account 2 to Account 1. *

*it was later agreed at the Finance and People subgroup meeting that the monies would remain in the existing accounts

Governance – Expenses policy

HMRC have updated their guidance and the mileage allowance has increased from 5th April 2026 from 45p to **up to** 55p.

Finance subgroup has reviewed the CPGM policy – it was agreed for the policy to reflect and adopt this change from 1st October 2026.

Actions:

- JP to add wording to the policy clearly highlighting the allowance is **"up to"** 55p and that it is not mandatory to claim this amount
- LK to ensure CPPB policy aligns with this
- LG to raise at CHL

Governance - Risk Register

The CPGM risk register has been reviewed by the committee and office team

Actions:

- JP to add a risk around changes to employment legislation
- JP to discuss risk 10 with the Finance & People subgroup

SGM

SGM discussed, with a committee decision required on agreeing future committee size.

It was agreed that the committee would remain at 12 members due to the size and complexity of GM and that any allocation of committee seats 1.5 and over would be rounded up. Less than 1.0 would be no seat and less than 1.5 would be 1 seat. This is in line with CPE guidance.

CPE conference for LPCs

The CPE conference for LPCs is on Thursday 26th November in London.

FMc and IS will be attending in their capacity as members of CPE.

LG, LK, RS and JP to attend the conference.

Good opportunity highlighted for AKh to attend the conference as part of gaining more experience.

CPGM have been asked to submit a North West regional topic by Friday 30th October. The NW will then select a topic to put forward and LPCs will pick their three favourites to discuss.

Final agenda and discussion topics will be shared by 11th November.

CPE's top tips on developing good questions for discussion was shared.

Suggested CPGM topics:

- Independent Prescribing (IP): What plans do CPE have in terms of supporting IP in the next 3 years?
- What do we need to do now locally to prepare for what the sector will be implementing in the next 3-5 years
- Nomination Standards: What can LPCs to ensure ICBs hold contractors to account?
- How can CP demonstrate output and impact?
- How can LPCs evolve their own role?
- Digital and AI: How does the digital and AI evolution apply to the CP sector and what do contractors need to be doing now?

Pfizer Business skills workshops

Overview of the three workshops attended by the office team and the value add for the team.

A case study was shared showing the work completed by CPGM office team prioritising HCF as main focus which ran through all sessions as a live example. A SMARTER objective was defined and practical toolkits explored which can be re-purposed going forwards.

The excellent facilitator provided by Pfizer enhanced the workshops and stretched the team's thinking.

CPE update

Meeting summary provided by FMc (NW Regional Rep)

The full committee met in London on 16th & 17th September 2026.

Main outcomes and issues discussed highlighted.

Autumn MP visits resource pack has been produced and plans are in place for an MP engagement webinar in early November.

An update on CPGM's constitutional changes were provided and changes to the composition of the CPE committee for the 2027 elections

Future contractual reform programme: part of CPE framework for 26/27 settlement. CPE, the government and NHS England agreed a joint programme of reform to support the future sustainability of the sector.

The CPE committee spent time identifying and discussing reform priorities and risks, after establishing a steering group to keep the work progressing-in between committee meetings.

Steering group role outlined; help guide tactical considerations, for instance on issues for reform and wider sector acceptability.

The CPE committee heard a summary of the pharmacy owner feedback gathered at the regional events and via polling over the summer.

Overall feedback at the events was cautiously positive and optimistic.

Key concern mentioned: sustainability of medicines supply and in particular funding mechanisms where pharmacies are required to dispense medicines at a loss.

DHSC and NHS England formally announced the five new prescribing pathways on 10th September – further details and the wider addition of prescribing into the CPCF will be published by DHSC and NHS England shortly.

It was noted that CPE are no persuaded about the funding, governance, operational and clinical readiness of the sector.

An in-depth discussion was held about the challenges of the new IP service and how LPCs might support contractors. It was noted that a session on IP Governance was part of the agenda for the CPGM Connect event on Sunday 27th Sept.

Workplan tracker – managing our KPIs

This work was undertaken following a provocation around how we measure the value we add and capture data on all the strands of work completed

The 26/27 tracker brings delivery, impact and priorities together, keeping the work focused on outcomes for our contractors.

The journey from workplan to live tracker was outlined.

Q1 delivery across the workplan shared, with some service key milestones achieved and delivered.

- 8 workstreams
- 89 workplan items
- 7 patient stories
- 3 external talks and webinars
- 18 LinkedIn posts against a Q1 target of 12
- 8 Spotlight on Services communications against a target of 6
- Otitis Media training: three webinars, CPGM Connect, contractor calls and visits
- Met the 2026/27 target for recommissioning financially viable services

The committee are happy with the current way of reporting from the office team at board meetings.

CPGM will be developing a 'In Case You Missed It (ICYMI)' summary for future committee meetings.

Place based partnerships

Discussion around current risks of CP not included in important locality/place boards or decisions.

A risk has been identified that future funding decisions at place may be made without CP input.

LK has obtained the 10-place neighbourhood plans and will submit a statement to GM to ensure CP is included within all 10 plans.

Goal behind the primary care quads is to ensure that CP and primary care have a seat on the place- based board, where funding will flow from 2027/28.

Locality Leaders are not attending meetings to resolve operational issues but to provide strategic input.

Identifying a plan of action to maximise engagement, taking capacity into account. This will be one of key topics for upcoming strategy day.

Actions:

- LK to draft guidance on the role of the locality leader and share that operational issues should be emailed to enquiries@cpgm.org.uk
- LK to produce a tracker of locality activity

NHS GM medicines optimisation update

Kenny, Alison and Hannah joined the meeting and updated on the new structure.

Discussion focused on the importance of harmonisation across the sector, all areas of GM working together to remove duplication where unnecessary.

Diagram presented illustrating the incredible strong partnership across the sector.

Key workstreams by Primary care integration shared;

- Community Pharmacy Prescribing services & prescribing development programme
- CP BECCOR: standardisation of existing LCS/LES, demonstration of ROI of CP services, outcome measures, business case for future transformation initiatives
- Neighbourhood working: Supporting locality MO teams and CP providers with clearly articulating the CP offer supporting strategically through PC BIG and PCB MOU

ICB actions listed for CP prescribing services alongside governance assurances.

Prescribing Development Programme (PDP) overview discussed. This is a nationally led, ICB commissioned and delivered programme to integrate community pharmacy within integrated neighbourhood teams, pathways and models of care, building on the infrastructure being put in place for prescribing within national community pharmacy services.

It's a two-year programme (subject to funding approval in year 2), involving community pharmacy test beds that aim to:

- Develop local support networks for community pharmacy prescribers, embedding pharmacy into the wider system
- Support delivery of community pharmacy prescribing-based services within integrated neighbourhood pathways
- Improve clinical outcomes, patient experience and patient outcomes and enhance opportunities for medicines optimisation
- Build evidence to inform sustainable commissioning models for future locally commissioned community pharmacy prescribing-based services

Kenny Li highlighted need for case studies that demonstrate success to support the manifesto work and requested feasible ideas which can be realistically launched in April 2027

The committee were asked to think of top line ideas which can be discussed at the strategy day. It was suggested that a data led approach is taken and ideas developed from there. Some quick wins are required to build momentum and then focus on medium/long-term impacts.

Actions:

- LK to develop a business case for IP resource and share with CPPB and IP Working Group
- Use the Strategy Day to identify quick wins for the MO team

Summary review

JP closes the meeting with a conclusion summary.

Reminder provided for all committee members about upcoming CPGM event that includes SGM this Sunday.

Expectations of facilitators discussed, what is required on the day of event.

Reminder provided also regarding upcoming strategy day on Tuesday 6th October. This will be held with an external facilitator.

November meeting agenda confirmed topics listed. Any desired topics to be sent to JP.

Actions:

- LK to share the agenda for Strategy day and full details w/c 28th September 2026