Community Pharmacy Lancashire & South Cumbria (CPLSC)

Minutes of Meeting 13.05.2025 9.30am – 16.31pm
Preston Biz Space, Marsh Lane, PR1 8UQ
Present (Board):
Asif Adam (AA), Roger Balshaw (RB), Tahir Hussain (TH), Georgina Barber (GB), Abid Malluk (AM), Richard Wood (RW), SarahVaukins(SV)

In attendance:

- Mubasher Ali (MA) - Chief Executive
- Ben Fell (BF) - Treasurer

Chaired By:

- Michael Ball - Vice Chair (MB)

Guests:

- Peter Tinson (PT) - Director of Primary Care (Teams)
- Amy Lepiorz (AL) - Associate Director of Primary Care (Teams)
- Susan O'Neill (SN) - Territory Manager Paediatrics (SMA® Alfamino®, SMA® Althéra®) Nestlé Health Science UK (Sponsor)
- Kevin (K) - Observer Nestlé Health Science UK (Sponsor)

Apologies for absence:
Khalid Khan (KK), Ali Dalal (AD)Ravi Voruganti (RV)
Nicola Feeney (NF) - Delivery Assurance Manager

Absent no apologies:
None.

1. **Welcome and Introductions**

MA welcomed the board members and shared positive contractor comments received recently with board to start the meeting

2. **Sponsor – Nestle**

MA shifted agenda item 2 to midday as requested to accommodate external change request

3. **Exec Chair Update**

MA reminded all of KG retirement following the last meeting and that the board are pleased to confirm AD as the appointed CPLSC chair. Apologies from AD as chair for today and vice chair MB took the chair.
AD active as new chair in weekly exec meetings since beginning of the month

4. **Apologies and Declarations of Interest**

MA confirmed apologies AD, KK and RV and also NF
No Declaration of Interests given.

5. **Matters Arising**

MB confirmed there were no matters arising.

6. **Confirmation of previous CPLSC draft minutes**

MB confirmed draft was on the website shortly after the last meeting and RB approved with TH seconding

7. Action Log

MA tabled the actions log RAG rating and took the board through Red and Amber ongoing actions to carry forward or where they are still ongoing due to third party responses.
MA pointed out some RAG rating actions
MA gained agreement to remove outstanding documents with previous CCA member now replaced
MA confirmed Skills Matrix review in for completion and on agenda as ongoing action
MA confirmed that LSCICB critical contractor support advanced services data still not being received and remains Red
BF Primary care training funds – queried by Ben. Julie raised with David Webb at national level.

8. Actions/Activities to note since last meeting

MA tabled 8 slides with 53 actions to note from the previous meeting, which had been circulated, noted and progressed or agreed with the board since the last CPLSC meeting.

9. LPN Chair Update (TBC)

MA covered that KGs retirement was covered at the last LPN meeting and LSCICB have not yet released additional details on replacement.

10. Board Setup – External Review

MA shared the most up to date non live PF data from NHSBSA Jan 25 showcasing the critical decline in cash flow for contractors on the PF Clinical Pathways to £1.7m to Jan25 and the reason why we continue to request LSCICB pharmacy assurance team to progress with actions to receive any level of data for in month regular intervention on behalf of our contractors like we used to receive previously for CPCS, Hypertension case finding via PharmOutcomes.
MA also shared the total positive movement on referrals and GP referrals as well as the Urgent Meds NHS111 data
MA reviewed external context with board ahead of senior leadership visitors

11. Director of Primary Care / Associate Director of Primary Care & Pharmacy Delivery Assurance Manager

AL shared an update covering changes in ICB – reduce costs by 50% (LSC 47%). NHS England will be disestablished; a new ICB blueprint outlines retained and delegated functions. ICB received Blueprint – publicly available.
Pharmacy/primary care commissioning remains an ICB function. Meds opt – moved to provider collaboration
Functions either shifted, retained, grow. Provider collaboratives not currently ready to take on some functions.
ICB needs to implement cost reduction by end of calendar year. A formal consultation and HR process will begin mid-year, with implementation by year-end.
AL covered LES commissioning plan

- Presentation shared on vision for general practice, access, LTC, continuity of care, shifting episodic care out.
- GP funding – NHS England, LES, Premises. Collective action prompted increased ICB attention
- Routine LES – list offered to all practices (optional). Acute trust activity shifting to GP
- Cease niche services decommissioning as part of core GP contract or avail elsewhere
- LTC LES – practices chose based on Place basis (resp, CHD, diabetes etc).
- %age funding on case finding (Pharmacy opportunity).
- CP access to ICB intranet should be available – specs on LES are on intranet.

MA raised ongoing concerns around the NHS Advanced Services Data access reiterating the accumulation of ongoing cash loss and missed opportunities for place-based interventions for our contractors and is it via CSU?
AL Don't need to approach CSU, data will flow through implementation group. Some contractors have been unwilling to have their data shared – IG team to address.
MA made offer to support drafting and contractor engagement to expedite the process at the earliest opportunity as fewer contractors meeting threshold so any available data will be greatly beneficial.

MA also mentioned that CPLSC are still yet to receive any data on PF supply service.
PT joined the meeting remote alongside AL

- Most financially challenged ICB in England
- Shift to community contractor groups
- References to "neighbourhood healthcare providers" – clarity expected from 10 year plan.
- Place – acute hospital boundary focussed.
- GP IT, Estates, Education training

TH 47% reductions don't affect commissioning budgets. However reduced ICB workforce may impact us. Acknowledgement that fewer staff may impact engagement with primary care.
PT Commitment to maintaining collaboration despite resource constraints

BREAK

12. **LSC Chief Pharmacist / Integration and Workforce Lead Update**

JL shared an update on the IP pathfinder programme with seven sites live doing minor ailments and some starting on respiratory. Site visits taken place and positive feedback from prescribers
JL shared a Workforce update with recruitment of three workforce development leads for June – working for JL (Janice, Emma, Rizwan). Awareness of NHS Webinars – Getting Ready for Foundation Training
JL covered that Rizwan working on DPP database (queries to JL) and Pharmacy Techs – LSC got most expressions of interest.
AW covered that vacancies recruited only for existing unconditional offers – otherwise frozen. Working with GPs but potentially could outsource e.g. ring pessary, coagulation, look for suitable activity for pharmacy. Vaccinations could be controversial.
AW mentioned medication reviews to reduce polypharmacy. Free up funds for "wellbeing" activity.
AW mentioned switching – still limited number of branded generics – need to consider availability issues but in line with LSCICB agreed plan.
AW raised COVID meds price increases. A few pharmacies commissioned to stock. Is it still needed with vaccinated population? Still part of NICE guidance so a potential risk to stop.

13. **Market Entry**

RW tabled slides showcasing all the market entry updates since the last meeting
RW showcased Changes of ownership – numerous recently
MA pointed out some critical corrections spotted by MA via PCSE which duly meant full extensions for our contractors to respond with relevant comments to maximise contractor protection and opportunity for responses
RW tabled slides and took feedback on latest Market Entry applications
MA confirmed a full Green status on the RAG rating on market entry completions
MA updated board on visuals on closures to data including opening hours splits
MA gained full CPLSC board approval for adjusted SOP timeframes due to recent team adjustments

14. **Financial Accounts Update**

BF gave a full update on accounts including the latest use of ring-fenced funds and the yearend position whilst awaiting independently validated accounts through the accountants.
Balance remains on track and now reduced to 3.2 months due to board decision on allowing for levy holiday in support of our contractors.
MA updated the PCN leads ring fenced amount and also covered LSCICB concerns about PCN leads vacancies. MA requested support from ICB to aid filling as it is a voluntary role on top of day job yet emphasised strongly that CPLSC were picking up all other queries in localities without leads with and extensive offer to surgeries and their teams for

ongoing upskilling needs around Pharmacy Advanced Services in particular, Pharmacy First / Hypertension Case Finding and Contraception. MA mentioned that NF proposed PCN leads to coach surgeries on sending referrals yet MA shared the irony of data sharing and the vast amount of local effort already in play.
MA highlighted due to ICB requests for additional feedback additional questions have been added to the PCN leads feedback form and regular monthly updates are made to the wider LSCICB pharmacy access spreadsheet and will be validated for each lead in line with standard due process.

15. Office & Contractor Support update

MA tabled a slide depicting all key areas of contactor chase activities such as PNA and Annual Complaints.
MA also tabled core update slides on office team activity including, Bonline stats, Newsletter stats, Website refresh, Contractor visits, Outreach visits, GP training, BBC Radio Lancs updates.
MA also shared the wider senior leadership IP pathfinder visits and the latest developments.
MA also agreed the final sign off principles ahead of release.

16. HR sub group & CPLSC Closed Board Session

MB confirmed the Closed CPLSC Session with multiple items of discussion.
Some of the points discussed included HR matters, contractor support, contractor feedback and concerns around PF thresholds at Huncoat Pharmacy and CPLSC offer of support plus contractor concerns around local surgeries 3 month prescribing.

LUNCH

17. Update from CPE Regional Rep – FM

FM shared slides and gave an update since CPCF announcement.
FM covered Funding and Financial Updates around Core funding plus allocations for Pharmacy First, contraception, and hypertension services.
FM mentioned the £193 million margin write-off was agreed, with margin increased from £800 million to £900 million. The funding uplift is the largest across the NHS last year and is seen as a confidence boost and stabilisation step for the sector. Despite this, the sector still faces a £240 million shortfall, with only part of it addressed.
FM tabled slides that covered Service Developments and Changes around Pharmacy Firs, Contraception Service, Hypertension Case Finding, NMS (New Medicine Service) payment structure revised to incentivise full intervention and follow-up; depression (SSRIs) to be included from October.
FM also covered Smoking Cessation and Pharmacy Quality Scheme
FM tabled slides covering Regulatory and Operational Changes, Reduced health campaigns, Core opening hours easements, subcontracting for NMS restrictions, Distance Selling Pharmacies (DSPs) implications
FM tabled slides covering Strategic and Political Context with government aiming to shift focus to prevention, primary care, digital health, and pharmacy and the Frontier Economics Review highlighted that the sector is underfunded, with average pharmacy costs at £500,000/year and projected sector costs rising to £8 billion by 2029/30.
FM tabled some slides covering the CPE Implementation and Next Steps including CPE is actively supporting implementation with guidance, roadshows, and monitoring plus work is ongoing to reform margin distribution and reimbursement with emphasis on influencing MPs and NHS leaders to secure sustainable funding.
FM also mentioned the Constitutional changes being considered to better reflect sector diversity and improve representation.
MA raised several questions around thresholds with nationally 30% contractors meeting and data access requirements with a possible national PO license? FM will take it back.

MA raised concerns from Huncoat pharmacy to CPE plus collective action, NPA stance – contractually difficult
MA covered proportionality – need to align national and local and reflect current sector. Constitutional change to enable changes to mix of contracts.

18. Social Media Update

MA shared a series of slides showing the latest movement and positive uptake on our contractor representation plans via SM.
MA tabled specific slides with drill down data stats and key timelines

19. Governance & Scrutiny Sub Group update

RB requested all members to ensure Skills matrix and governance documents to be completed
MA shared the CPE slides and other documents as shared ahead of the meeting around the CPE constitutional changes
MB and RB acknowledged that other than CCA other position statements and feedback had been released to date with our meeting schedule.
MA gave clarity that each individual member can also send their own viewpoints and thoughts directly via the link to ensure all views can be captured for CPE review.
CPLSC board members debated on information received to date on CPE & LPC Committee Composition discussions on how changes affect current composition and following each debate agreed and answered each question as well as include clarifications where needed
MB, RB took the board through the proposed CPE constitutional changes questions and agreed to final answers
MA covered Governance Composition Timeline
RB/MA covered constitutional AGM planning, annual report and accounts are being worked on the be ready for sharing by the next meeting date with board approval in the next week or so.

BREAK

20. Services Sub Group Update including PQS

MA shared the W&F uplift proposal and continued challenge on fees and next steps
MA shared the NPA action backtrack
MA shared the BwD needle returns service proposal
MA shared the CGL core MAT update and September tender
MA shared the Pharmacy Access programme and ongoing request for critical datasets as well as the PF verbal referral tracker and draft proposal ongoing review with all board comments taken on for adjustments
MA shared the National EHC implications and discussed with board members
MB requested MA to share PenCycle outside of meeting due to timing and onward share as Greener Agenda for HLP

21. CPCF overview and support workshop

MA covered a summary of the latest CPCF changes
MA / MB shared the principles of a full board workshop on reviewing, prioritising and planning contractor support for the CPCF.
Workshop covered all areas of Funding, Regulatory, PQS and Services drill down review and included the previous triple lock analysis and review

22. North West LPCs meeting update

MA gave an update on the latest joint meeting with North West LPCs that was held post the CPCF announcements

23. CPE Bundle Audit Results

MA shared some slides and gave an update on the latest CPE Bundle audit received and indicative of very good accuracy still being maintained.

24. AOB

No additional AOB noted

25. Close

MB thanked everyone for attending and closed the meeting

CLOSE 16.31