Community Pharmacy Lancashire & South Cumbria (CPLSC)

Minutes of Meeting 22.07.2025 9.30am – 16.30pm

Preston Biz Space, Marsh Lane, PR1 8UQ

Present (Board):
Asif Adam (AA), Roger Balshaw (RB), Tahir Hussain (TH), Abid Malluk (AM), Simon Abbott (SA), Richard Wood (RW), Sarah Vaukins (SV), Khalid Khan (KK)

Present (Microsoft Teams): - N/A

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

Chaired By:
- Ali Dalal (AD) - CPLSC Chair

Guests:
- Fin McCaul (FM) - CPE Regional Representative (Teams)
- Peter Tinson (PT) - Director of Primary Care (Teams)
- Amy Lepiorz (AL) - Associate Director of Primary Care (Teams)
- Andrew White (AW) - Chief Pharmacist
- Julie Lonsdale (JL) - Clinical Lead for Community Pharmacy Integration
- Julian Wyatt - Project Lead Unified Medicines Record and Referrals (Teams)
- Abdullah Siddiqi (AS) - Rapix Connect
- Mark Upton (MU) - Account Manager BioSynex (Sponsor)
- Craig Anderton (CA) - OTC Manager BioSynex (Sponsor)
- Hajra Dhanchora (HD) - HSZ Pharma Ltd observer

Apologies for absence:
Georgina Barber (GB), Michael Ball (MB)
Absent no apologies:
None.

1. **Welcome and Introductions**

AD welcomed everyone to the meeting including HD and asked CPLSC Board Exec, members and team to give their introductions.
AD gave a summary of the principles of today's meeting and reference to the multiple pre read documents.

2. **Sponsor – BioSynex (BHR)**

MU and CA tabled slides and live demos around BioSynex diagnostic and OTC POC testing items such as cholesterol (CardioChek PA) & HbA1c (A1cNow+) with a wide variety of items linked to potential NHS or Public Health initiatives and Community Pharmacy support for Healthy Living Pharmacies.
Items covered included Quick finger prick tests, Pilot opportunity available with loan of equipment, Advanced testing, Vit D, hormones, testosterone, WBC/CRP. CRP/MxA for antibiotic stewardship.
MU indicated for some of the higher tier equipment may need extra facilities such as additional consultation space.
They also covered, ABPM and OTC products – e.g. thermoflash thermometer, parakito natural DEET free insect deterrents plus pregnancy test, gluten antibody test, BV, UTI, ovulation, HIV, glucose.
In accordance with our standard protocols, the sponsor has had no involvement in the development or determination of today's agenda or meeting plans

3. Apologies and Declarations of Interest

AD shared a contractor comment aimed at MA and the BBC radio appearances which they found inspirational and thanked MA for the wider efforts and welcomes a visit to their contractor site.
AD confirmed apologies as received via MA from GB and MB
No Declaration of Interests given.

4. Matters Arising

MA highlighted two matters arising namely Ravi Voruganti Board Member notice and Extraordinary Meeting approval of draft minutes.

5. Confirmation of previous CPLSC draft minutes

AD requested final approval of draft minutes and these were approved by AA and seconded by AM
AD also acknowledged the matter arising and requested final approval for the draft Extraordinary meeting minutes these were approved by AA and seconded by KK.

6. Action Log

MA confirmed that several confidential discussion points would take place throughout the day and agenda would be adjusted to allow for HD attendance. MA tabled the actions log and confirmed all RAG rating adjustments
MA discussed the amber actions and confirmed completed actions.

7. Actions/Activities to note since last meeting

MA tabled the additional fifty-two actions to note from the previous meeting, which had been circulated to the board in between meetings and gained approval or subsequent actions.

8. Update from CPE Regional Rep

FM covered an overview of the latest developments.
MA covered the update on the CPE regional meeting and North West contractor event.
CPE meeting in Liverpool June and FM covered the following topics

- LPC chairs recent event
- Lessons learned from negotiation – build capacity & strength and rejection of offers pre election
- Post election used data to push DoH – covered achievements and ambition in return for funding
- Spending review and 10-year plan
- NHSE & ICB disruption plus INT developments and implications based on the NHS 10-year plan
- Prep for September negotiations – CPE want to plan together with Dept.
- Modelling & scenario planning plus sector engagement with contractors in July
- Projects – evidence of current & future needs plus consultants to help understand how to work with Govt
- Modelling funding – looking at SAF, procurement, margin, establishment payments, period or treatment, buying, capitation. Dispensing project – flexibility of supply model.
- Engaging with owners - polling and other topics, EHC, core hours, skill mix, still financially difficult, usure about govt commitment.

Subcommittees updates

- **Services** - PGD drafts published on PF & contraception.
- **Funding** – DT, CPCF caps and concerns
- **Legislation** – hub & spoke, plus other regulatory thinking
- **Contract support** - LPC constitution

MA updated everyone on his attendance but confirmed the signing of a CPE NDA. MA contributed with contractor feedback & questions for CPE subcommittees. MA also emphasised the legislative need for protected learning for contractors.
KK asked about risks of 10-year plan. FM needs to see delivery plan before commenting fully. Neighbourhoods' involvement and good to hear CPLSC MA is already involved and gave feedback at the National SG meeting.

AM asked about dispensing & margin. Will CPE give funding model options to contractors? FM - Need to test and understand risks to changing any model. Likely to be tweaks rather than major changes. Will be difficult to give contractors a vote of favoured model due to timeframes and potential challenges to how contractors vote.

9. External Review – INT and PB updates

MA tables some slides pertaining to the latest INT developments
MA tabled slides giving an overview on PF clinical pathway consultations and that CPLSC are still blind to the PF rejections and other live data with ongoing LSCICB restrictions due to capacity and IG reasoning.
MA now working with CCA on possible dashboard view to aid data transfer and useability for CPLSC office team and be able to help our contractors in the best way possible on Advanced Services uptake via pharmacy visits and events.
MA tabled slides showing the latest CPE datasets and LPC averages with a note indicative of CPLSC contractor averages being ahead of the nearest LFL boundaries on clinical pathways.
MA tabled very brief data slides on the Pharmacy First Minor illness supply service which included age range uptake, postal locations, and products supplies over a 3-month period. **MA also covered the** PF threshold increases as percentage of pharmacies achieving it reduces and the ongoing cash flow risk indicative of the urgent need for amalgamated data sets due to LSCICB still restricting access.
MA tabled slides on the latest GP patient survey which shows what people do when surgery closed – CP usage increased slightly as well as reasons for visiting pharmacies – Rx reducing, other reasons increasing slightly. Overall, some continued positive steps on Community Pharmacy services feedback.

10. LSC Chief Pharmacist / Integration and Workforce Lead Update

JL updated on Workforce – DPP, Technicians and Foundation year Pharmacists -need to be competent to prescribe.
JL also covered that Oriel is open for 26/27 - for applicants only currently and CP & GP need to engage to host foundation pharmacists
Debate was had around the DPP needs and neighbourhood integration – advanced practice pharmacists with AM giving an example he approached 10 GPs – all said no even though he did all the prep. GP see it as extra work. Need ICB support. AW offered a joint letter with LPC if it helps support the matter as opposed to status quo.
JL covered the Teach & treat model may be revisited and techs need to upskill following supervision changes. Reports of community pharmacy colleagues using the title "technician" without being registered.
KK commented that funding has been available for technician training.
JL gave update on IP pathfinder – 7 sites live with MAS and 1 with respiratory. MAS - 458 patients seen since June – up to 50 per month in highest performing pharmacy. Resp – 11 patients seen including childhood diagnosis of asthma & inhaler technique. 60% of consultations involve prescribing – others are advice or OTC. GP referrals patchy – mostly walk ins. Average 25mins per consultation. No escalation or onward referral
JL pointed out that access given to LPRES shared care records as a pilot for wider CP access
JL also pointed out the very positive feedback received thus far with 100% patient satisfaction on quality & availability of services

AW updated on Primary care (Med, Dent, Opt, Pharm) needs to work together to support neighbourhood and divide work rather than compete.
KK commented that we need to be self-sufficient for DPP – JL agreed and commented that there are examples of pharmacist DPP. Will try to establish DPP databases as was agreed after MA challenged on recent ICB workforce transformation group. DPP charging varies greatly. Lancashire will try for consistency. Urging IP pathfinder pharmacists to become DPP. De-prescribing may add more value (with appropriate safety netting). Penicillin supply has increased with PF. Welsh sore throat service supplies less prescriptions than GP whereas England is higher (could be national or local data). Service should be more about consultation, support, shared decision making. IP pharmacists give CP opportunity for future services which may otherwise be provided by others.
AA challenged the numbers as nationally seen a much better AMS profiling stats and messaging so AW confirmed was speaking of a recent article but would need to double check.

AA mentioned ICB structure &Chief exec to be confirmed with budget 6% down on last year and LTC managing at place level – collaboration. 47% cut in ICB workforce continue to be worked on
AA gave vies on NHS 10-year plan and highlighted the discussions referred to "non-doctors". Pharmacists need to be prepared to participate. INT approach should be influenced heavily by contractor's local knowledge of individuals and areas with regard to poverty & inequality.
KK comment on need for ICB to help CP engage. AW – also need to collaborate & agree with other HCPs. AW happy to visit pharmacies

BREAK

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

AL & PT covered questions and queries as raised by MA ahead of the meeting.
AL & PT covered ongoing financial challenge for ICB – savings targets. £19 per head of population = 47% reduction
PT mentioned the ICB exec & NHSE planning future structure and remaining ICB staff likely to work locally (similar to PCN, CCG size)
PT shared views on nhs 10-year plan with secondary to community, neighbourhood working – good example BwD, Morecambe Bay. Lots of pilot opportunities which pharmacy may be interested in e.g. One stop shop – digital solution for hearing loss and tinnitus which MA suggested to progress and to send specific details across. Comms due around new contracts for single neighbourhood providers and multi neighbourhood providers
AL covered advanced services – as in pharmacy access program. Some limited data to share due to ongoing capacity issues in the team.
MA challenge on MAS SAF for PF supply service to be increased to nationally agreed new rate. PT updated that the adjustments will be made in line with DT SAF changes.
AM question – can ICB encourage multidisciplinary approach GP & pharmacy for contracts. PT concurred and commented on initial consortium approaches. Requested LPC suggest areas of opportunity for collaboration. Neighbourhood (50k pop), Multi neighbourhood (250k pop) and LCS wide.

12. Market Entry

RW and MA tabled slides giving the latest update on the multitude of market entry applications as received across the footprint and referenced relevant CPLSC responses as well as the noted CAS-345397-F7D3V0 unforeseen benefits rejection and the multiple DSP applications as received.
DOI was noted for HD, AM and pre meeting from MB
RW updated the limited regulatory position of DSP applications and gained formal approval for use of the CCA documents in response to DSP applications, indicative of the ongoing risks and ongoing monitoring needs.
AD noted the full majority approval.
MA indicated that CPLSC would do all in its power and experience to protect existing contractors and noted the relevant DOI notifications

13. Financial Accounts Update

BF tabled slides showing the latest financial position including ring fenced funding
BF confirmed the Independent Annual accounts approved for AGM ahead of the meeting ahead of Annual report finalisation.
BF covered levy unchanged for a year now and much better stability and great to see the ongoing positive steps in representing our contractors and the value for money being noted
BF highlighted that the steady clawing back of funds post the huge announcements of levy holiday is on track and will be 4.5 months reserves at year end dependant on urgent vacancy fulfilment
BF covered the ring-fenced amounts reduced slightly due to PCN leads vacancies where CPLSC Exec and office team fills some activity

14. Office & Contractor Support update

MA tabled slides showcasing the relevant contractor support and chase topics such as National Triple Lock cash flow risks, DMS, PF and Anenta.
MA tabled slides showcasing contractor support mechanics and relevant types and splits which included majority phone calls followed by emails. Also, a whole host of incoming categories but split showing many coming from contractor owners followed by managers or contractor's responsible individual and, GP practices, commissioners and Clinical Leads and so on. MA also shared the multitude of the different types of queries with the top 5 being Contractual, Pharmacy First all matters, Locally Commissioned, IT platforms and Smartcards.
MA tabled slides showing latest VoIP stats and the comprehensive 7-day overview and call density.
MA tabled slides showing the Virtual Outcomes use, course views and GP practice usage across LSC.
MA tabled slides showing website developments and newsletter stats for ongoing adjustments and support.

15. Social Media Update

KK and MA tabled slides showcasing the ongoing PR and representative overview of the different channels in use and the relevant splits for each.
MA gave an overview of the most recent activities and senior representation being noted across the ICB footprint and national including the most recent NHS ConFed associations, wider Health Mela's and meeting with Dr More, Healthcare lead at LCC around the continued emerging risks of unsustainable offers such as Domiciliary trays and free deliveries for those not eligible.

16. Rapix Connect

MA gave an overview of the potential opportunities for CPLSC to review Rapix Connect as a means to aid digital time savings for Community Pharmacy and our GP practice colleagues.
AS gave an update on the new system as a practice pharmacist & developer of Rapix Connect
It was a development from the use of WhatsApp groups and clunky individual reliance and the ongoing medication shortages plus potential for wider ease of communication.
AS shared the lack of communication options between surgery/pharmacy and the workload implications in getting through and long waits. Lack of available alternative products to waiting on the phone.
AS shared that the surgery team send a request to multiple pharmacies within a 1-to-10 or more-mile radius & they have a chance to respond with availability or alternative in real time based on an App on the pharmacies IT platforms so not reliant on a single individual. Following patient choice of sites that have availability the practice team then send the relevant EPS barcode.
AS mentioned, that pharmacy teams can report OOS to surgery and suggest alternative using EPS barcode
AS said a pilot in Cheshire with GP alliance under way with future pilots across CPLSC and GMLPC.
AS covered key benefits such as time saving, keeps phone free, additional clinical time for workload management.
Digital, reduces patient travel so greener, improves better access for immobile patients, improved integration
AA question – can we integrate with PMR? AS response will keep it standalone due to delays from engaging stakeholders and wider system issues.
AA question – issues with CP nomination? AS – surgeries will use one off nomination code as per current arrangement.
AA comment – non participating pharmacy is penalised. AM indicative again no different to current model and surgery team having to call all pharmacies in order until found or off course the patient having to travel from pharmacy to pharmacy.
AM question – how do surgery pick from the responses? AS response that patient is given choice and this system opens it up rather than surgery selecting who to phone.
Current pilot used a couple of times a day by practice pharmacist. Most local pharmacies are CCA but current participants are independents with the option for anyone to join.
BF question – auto log in/out? AS yes as long as not logged out.
AM question – emails? AS - No but desktop and phone app.
AM question – range? AS – can be up to 100 mile if needed dependant on user acceptance.

AM question – how is it financial sustained? AS – huge time saving practice benefits and post-free trial a nominal charge per patient population.
MA question – Can Rapix support PF referrals back to surgery and other same day urgent matters instead of huge time wasted on hold or having to rely on emails? AS – yes that could be possible as potential future development

LUNCH

17. HR sub group & CPLSC Closed Board Session

Board covered several HR and Closed Board member items which included, CPLSC vacancy, Governance overview, Constitutional updates, Confidential contractor support, Locality Domiciliary updates, Market entry, Rapix Connect, PF supply service stats, wider data access and services development.
It also included the Governance and Scrutiny board review of skills matrix and sub group alignment.

18. Governance & Scrutiny Sub Group update

RB gave updates on the proposed CPE constitutional changes and latest developments including AD update from the North West CPE meeting.
MA covered that the Self-evaluation is now readily available on the website and RB noted board agreement for ongoing SSG review with an annual CPLSC review.
RB and AD covered a review of the fully completed Skills matrix for each board member as per closed session Indemnity, employers' liability, liability insurance – auto renewals via CPE
Cyber security insurance now recommended by CPE and awaiting details with approval gained.
MA took the board through the constitutional AGM planning.
Full review of Annual report finalised as draft for completion by MA and release.
AGM papers release planned well ahead of AGM date.
BF raised the adjustment of historic mantra to the new MA aligned wording. CPLSC board approval.

19. Services Sub Group Update including NHS 10-year plan

MA and AA tabled several slides with updates on the latest position on services as well as a discussion on NHS 10-year plan and future ongoing review. Covered upcoming IT system supplier and shift in the market and key dates for to share with contractors. Covered NRT voucher schemes and current review of numbers, participation and MA working with LSCICB and LCC on possible future PGD led service. Skill mix and margin was discussed amongst other items.
MA covered ongoing discussion on PH vs National EHC implications, smooth transfer and funds as well as repurposing proposals.
MA mentioned a confirmation received by LSCICB on the small Asylum seekers service now decommissioned due to better GP registration options and wider PF offer.
MA covered the agreed uplifts for W&F services and council flu offer.
MA and AA covered the NHSE flu cards and RSV / Pertussis confirmations to contractors.
MA tabled slides on NW seasonal influenza review and stats.
MA tabled slides on UTC project update and the e-triage systems and future position at A&E.

20. Discharge Medicines Overview

MA welcomed JW via teams and invited him to take the slides and cover off the latest DMS update and plans across LSCICB.
JW the LSCICB project lead for unified medicines and referrals tabled slides and gave an overview of the latest DMS update on R2P and Cegidem as well as LSCICB financial commitment.
Covered the DMS benefits including the reduction in readmissions and shortens readmission stay.
JW covered the potential hypothetical cash loss for contractors having claimed £76k out of possible £325k (April 24 to Mar 25) acknowledging the API had still not been resolved and the historic clunky claims process.
JW covered the ongoing funding still from project "pot" therefore LTH & BTH have held back until more secure.
R2P predated other platforms and well-integrated in hospital systems with huge entry time savings. Aim to integrate MYS when NHSE API available however MA updated on much shortened MYS questions and possible monthly data

view via R2P will be of great benefit to contractor claiming. JW noted increase in referrals in overall number and number of pharmacies and only 3/5 trust sending DMS with 2 on RSP & 1 on Pharmoutcomes.
JW shared the stats for Community Pharmacies and the need to review on a daily basis. LSICB Dashboard will make this more visible.
AM question – AW has previously supported DMS and AM has personally seen benefits of DMS. How do we increase uptake with focus on patient benefit? JW requested examples and case studies.
AM comment – techs competing referral (stages permitted by Service Spec)

BREAK

21. CCA dashboard live demo

Rob Severn unable to make the meeting and MA gave an overview of the system being proposed and our offer of free trial following ongoing meetings.
Board agreed this is critical with the ongoing concerns with ICB removal of LPC access to contractor advanced services data.

22. National Chairs meeting update

AD gave an update on behalf of MB on the most recent annual CPE chairs meeting in Westminster which included networking, learns from other LPCs, MP lobbying event and practicalities on LPC chair function.

23. North West LPCs meeting update

MA and AD covered the latest meeting as per earlier Finn's overview and the key messages from contractors and feeding into the new agreement plans.
CPE team were present to hear concerns

24. CPE Bundle Audit Results

MA tabled slides sharing the latest CPE audit results and confirming zero value adjustments being noted and ongoing accuracy

25. AOB

None noted

26. Close

AD thanked everyone for attending and closed the meeting

CLOSE 16.30