Community Pharmacy Lancashire & South Cumbria (CPLSC)
Minutes of Meeting 30.09.2025 10:00am 16.34pm
Preston Biz Space, Marsh Lane, PR1 8UQ

Present (Board):
Asif Adam (AA), Roger Balshaw (RB), Tahir Hussain (TH), Abid Malluk (AM), Richard Wood (RW), Georgina Barber (GB)
Present (Board Microsoft Teams):
Khalid Khan (KK) remote

In attendance:

- Mubasher Ali (MA) - Chief Executive
- Michael Ball - Vice Chair
- Ben Fell (BF) - Independent Treasurer

Chaired By:

- Ali Dalal (AD) - CPLSC Chair

Guests:

- Fin McCaul (FM) - CPE Regional Representative (Teams)
- Amy Lepiorz (AL) - Associate Director of Primary Care (Teams)
- Julie Lonsdale (JL) - Pharmacy Workforce & Integration Lead
- Patrick Norris - Key Account Manager CIPLA (Sponsor)

Apologies for absence:
Sarah Vaukins (SV), Simon Abbott (SA), Peter Tinson(PT), Andrew White(AW)

Absent no apologies:
None.

1. **Welcome and Introductions**

AD welcomed everyone and did a round of introductions
MA shared a positive comment as received to CPLSC from a contractor.

2. **Apologies and Declarations of Interest**

MA noted apologies on behalf of Simon Abbott and Sarah Vaukins.
AD noted no additional declarations of interest.

3. **Matters Arising**

None noted

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

AD requested approval of minutes and proposed by AM and seconded by RB and also accepted by all those present at the meeting as a true and accurate record.

5. **Action Log**

MA went through all previous RAG rated actions and gained approval to the office proposed new RAG rating and gave updates on the remaining Amber actions.

6. **Actions/Activities to note since last meeting**

MA covered activities and actions of CPLSC Exec and office team since the last meeting.
Some of the examples included organising and planning the CPLSC contractor visits with national leaders Ali Sparke and David Webb to allow our local contractors concerns and great work to be noted, services uptake details, Place

Based collaboration events, Annual Report activities, large influx on DSP market entry applications and correspondence in protection of contractors.
MA requested specific item to be noted in that a poll was used to finalise quoracy numbers for CPLSC board meeting dates into 2026 and 2027.

7. External Review INT and PB updates

MA tabled slides with key external updates and insights into senior leadership questions sent in advance of the meeting today. Integrated neighbourhood teams and the currently nationally agreed locations for our patch based on the first round.
MA also covered the challenges made of true representation of community pharmacy and the lack of signatures and the subsequent challenges made to both national and local level.
MA discussed the current and future position which loosely is based on MDT modelling and patient lists
MA shared opportunities to support contractors and patients and why community pharmacy are core pillars of primary care and tabled slides on BwD Asthma profiles and links to PQS, NMS, DMS
MA opens for questions/INT and further comments
AA cash strapped environment needs to be considered things already being done nationally looking for what's in it for us.
AA wider point about time we get recognised from national point or not we providing quality of care, believes we are an afterthought, key point to carry on showcasing Pharmacist value, what is the risk if you take it away?
LW prove you can do it first, the money comes after from clinical standpoint, with Asthma children slip through the net and we are the net.
AA we have evidence PQS, HLP. We are not standing back and saying we are doing it, believing Pharmacies need more recognition, being an afterthought is a big issue and CPLSC will continue to push the PR agenda with MA leadership.
MA highlights the ongoing support for contractors and seeing the levels of services performance
AA what it boils down to independent owners, after all that how is it going to impact you financially with INT, have to see it to want to be part of it, have a national contract and we are fulfilling it
MA any additional comments
BF if we approached with presumption, they offered us that what would we do?
MA there is no money at this stage but should follow
BF it is important to help but if we receive nothing in it in 5 years, we are not going to continue, what could we do that benefits the people, for example MUR plus type of service
AA have to show where do we fit in, core contract we have to do, we can bring skillset and expertise.
MA when we need to pull out, we pull out straight away if unable to receive sustainable funding.

8. LSC Chief Pharmacist / Integration and Workforce Lead Update

MA advises on Andrew's apologies
JL Going through Foundation Year Pharmacist Training, there's a piece of work they have done put down as a risk for workforce programme, lots of training with GP to help GP get further information, attended practice management meetings, PCN meetings. Will discuss, the new registered pharmacists will be independent prescribers, how the standards of training has changed, paired up with DPP, can't maintain work going forward, the oriel is now open for 26/27 don't have many in oriel for that year that are currently multisector, there is a big gap it is not too late to grade them to be true multisector if you can still find another sector to buddy up with , was going to mandated for 27/28 year had to have 3 weeks in a different sector which is why we embarked onto this venture now is delayed but will still push the pedal for the future and keep moving forward, and those to be started in January 2026, we are working a few months ahead, the north west is not doing well, south west has already got it that are true rotational, shows slide that have number of trainees 103 in South Cumbria, on have 32 that are true cross sector places, we are behind the rest of north west as well, we have a potential gap of around 70 places, then go onto tell GP we historically use pharmacies to train our foundation place, because of this need to use cross contractor places, hospital are around 20 employees, we see fluctuation into places, pushing GP to host 13 weeks buddying up with community pharmacies, did tell about the funding, pointing out that the trust they tell me they go for band 5 but looking its band 4 or 5 and

currently within oriel salary is 24 to 29, minimum wage is equating 25, offering less than minimum , saw an advert for trainee pharmacy technician 27-29, thought about benefits to having trainee, end up telling them if we don't get multi sector places soon we won't have as many places, may see decreases in the sector and may move area
AM Regarding foundation by time we have done DPP, we have done 35 weeks out of sector with input portfolio without the uplift it may be above what they have, less likely to take on trainees have they considered over the next few years.
JL We don't have the funding will take concerns back to NHS, it is nationally dictated, it was all over the place across England on different areas, south of country gets less funding, now its standard across England.
MA anything further? Can you please discuss the IP Pathfinder Programme
JL IP pathfinder programme, just the timeline of what we did with pharmacies all training that has been done, all 7 pharmacies within the pharmacy. Collecting a lot of data on this, national team keen to learn about this, because we used Pharmoutcome we have used a lot of data from that time, patient demographic, days of the week etc, how patients access it as well, these are some of the things we measure as well. Minor Ailments activity overview April August, has steady increase although decrease in august, seen 900 patients so far, 614 patients send prescription do have a variations of consultations per sites and others that are lagging behind, hopefully these will increase over last few months of the service, most of the patients are walk in, tried to engage with GP has a result we received an increase in referrals in august, consistent throughout the week, not much on weekend, one consultation on the Saturday questioned pharmacies on this, as it is a weekend so patients have more time, not cost effective getting a locum in on the weekend, patients voting to see on weekend, if pharmacists got time on weekend they will be seen, seeing if this consistent across the UK or just in North West, length of consultation average 21 minutes national local 15-24 minutes, it is interoperable hence longer consultations only 4 has had to be escalated to urgent care or walk in centre, ages of patient varies across up to 90 year olds, usually they are the patients that would like to see GP, look areas of deprivation, we are seeing patients within those , only seen 37 patients on respiratory still have some sites to come on for respiratory. Pharmacies recognising, they may benefit for respiratory consultations and asking for follow ups, only 2 escalations have been made, referral for COPD or referral for review Asthma. All positive things for patients to be looked after. Patient feedback is one thing that excites me 90 patients have feedback, 100% said service complete their needs, showing comments made by patients, i.e. able to come after walk, two complaints dealt with timely, would recommend to family/friends, this data has been shown to GP showing that some numbers would have gone to GP some going to A&E , some challenges GP engagement, brought in IP pharmacist to introduce themselves. One thing done at a site, share cared record, not a good month august not used as much, Lytham Road, Broadway, Cohens, to demonstrate how useful it is to use, how are we doing in comparison in comparison to rest of the North, better than Cheshire, Manchester has more Pathfinder Pharmacies so they are doing better. One thing that differs in region the other two receive more referrals form GP, hoping patients are viewing it that it is pharmacy first and choosing to attend the pharmacy first. Any Questions?
MA offering questions
No questions
MA asking to cover the CPLSC push for extension and LSC agreed details
JL IP Pathfinder due to finish nationally from December given small amount of funding and residual funding as well and we are keeping it going until end of march just waiting for it in writing. Regarding national services, we need contract negotiations first. Believes it will be a stepwise approach to a national commissioned approach. Neighbourhood, talk within reforms about neighbourhood and population health, first tranche of neighbourhood to work out what it would look like Blackburn with Darwen , Morecambe Bay that are in the first tranche, they are committed to carrying on in central and west although unsuccessful for first tranche, done some talks around foundation trainees, this actually a really good way to work together with community pharmacies to go on and develop it further, try and get into the meetings early to map out how they will work in community pharmacies. Planning to get on with some key people, how do we get the message out to rest of community pharmacies, get talking to local GP and communicate.
MA any further comments/question
GB lots of pharmacists may be daunted by that prospect how do you suggest to make that contact with GP what might the visit look like?

JL Always good place to start with Pharmacy first reiterate we did do a PowerPoint slides two of them could be laminated for receptionist, pharmacy first is still here can I give you the PowerPoint, receptionists do the triaging, a good way to get in building rapport with staff, if you have foundation year trainee can we get them in with a GP/Nurse for the day get to know each other and how each other works
MA thanks JL for presentation and splits off for break.

BREAK

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

MA Introduction of Amy via Teams and noted apologies for Peter Tinson
AL will work through list as sent by MA in advance starting first on the Community Pharmacy opportunity around the Obesity Pathway Innovation Programme (OPIP) funding. Sadly, LSCICB have chosen not to participate in the programme due to capacity, can't say too much regarding of GLP1 will come back once it has been ratified
GP contractual updates, as you will be aware from tomorrow practices have to have online and GP connect needs to be activated and you and your practice up and running in core hours, you will be aware BMA have been discussing contractual disputes and around the safety regarding the miss of urgent queries, not much of an update on this as of yet only know that they will need to meet this, did a survey last week asking practices if they are going to meet LMC advised not to answer ICB questionnaire.
MA they are having to start it to see what action to be taken as ever we are here we are here to do what we can
AL Wanting assurances and safeguarding
LPN chair updates tied into ICB restructure managed to pick up representation in myself, know it is not ideal not allowed to recruit for LPN chair due to current ICB structure, picked up in the news announcement taken place of 50%, treasury need to pick up redundancy fees an organisation if the cost of redundancies has to be identified, restructure process is currently on hold no redefined date Chief exec don't think this will be done soon, ICB doing an engagement process on what a new operating process will look like, and what the ICB looks like, Andrew Knox wanting to look at the LRC and get their opinions, advising MA is involved and should have invite shortly. Don't formally know what restructure looks like, going back to footprint working similar to CCG and other functions being focused on CCG and trust hospital footprints, pharmacy funding will remain in the main footprint but not sure
Pharmacy first data access issues and you are receiving what we are creating and as for Aristotle to get data, probably looking at a few months before receiving this due to staff shortages and any data they currently have is being shared with you
AL KYNW via the commissioner is very vague and MA is fully involved and will have more detail on this but the general focus is absolutely where we need to move from the ICB and we have had a pharmacy being put onto the BBC news promoting pharmacy and the services we provided.
MA just in terms of the pharmacy access group realignment and combined with data, assume its same issue due to capacity restraints
AL when we see the report on pharmacy basis the three different chunks of pharmacy first, we are as a pharmacy first ICB beating all cheshire and Mersey colleagues looking at stats we are doing well, we still need to do more, on a separate piece of work around integrated urgent care, looking at activity and how we shift some of that activity to pharmacy first
MA any questions?

No response
MA giving many thanks for responses.

10. Market Entry

MA Gave the listing and showing where we are at and what is current slide shown for reference. A couple of declaration of interest for KK and MB
MB left the room to allow for relevant applications discussions
All aspects have been noted where declaration of interest.

11. Sponsor CIPLA

MA introduced Patrick Norris from CIPLA and confirmed that they have not had any influence on the agenda setting or meeting details.

PN Worldwide company, 3billion dollar organisation and chairman Dr Habib info shared and background. Cipla have a range of inhalers in the Uk, respiratory market in UK, examples Sereflo, NICE have introduced new guidelines last year, they have rearranged to move people away from the short acting bronchial inhales, this is now not the thing to do, move them away to combination inhalers instead, triple therapies, about the patient and having an asthma review, they don't have the diagnostic equipment now, the big ticket now Fostair are off patent, CIPLA are looking to patent the new inhaler, the company tend to develop the very close copies. Bibecfo are now licensed within Lancashire and South Cumbria, you will see it coming out of the pharmacy a lot more. The comparison is they now have a dose counter, mark therapy maintenance, using one inhaler for both, bibecfo pink is for COPD asthma the green one is for just asthma alone. Competes via a single dose counter as opposed to twenty. It is similar in price to Fostair, they are big ticket items when they come off patent, there is opportunities here, the overall list price is lower the new guidelines will move the patients onto the more therapeutical treatments, they may use it 50% more, you will see these products going through the pharmacy more, brought some long tubes, really good for consultation with patients show our airways, shows clear airway , constriction of airway and when muscle contraction and inflammation. They are good for showing patient and explaining technique for patients. Second largest /manufacturer we have a six-month supply at any one time and 6 months coming into the country at any one time, with respiratory, we have been going for 90 years but 40 years in respiratory, with NHS metered dose inhalers and 4% of the carbon footprint, big companies now introducing less greenhouse impact repellent, will be releasing a new one in 2028 alongside Fostair. We run all factories on solar panel; we recycle all the water and nothing into landfill as well as planting trees.

RW does it need cold storage

PN yes, it is a fridge item

MA clinical perspectives of branded clinical requirements

PN South Ribble have to look into it further

AM Exact same price as Lubet?

PN Lubet have now reduces to match our price

AM 20 doses

PN They have dose indicator rather than dose counter it is important to reduce NHS cost, we are not going to change the price when we put out our green

AM Distribution model?

PN Just the main wholesalers for primary and secondary care

AM Seen an increase in generic prescribing and in powders.

Khalid Khan 12:20 left returned 13:30

MA discussed opportunities around the Greener Much Sooner Campaign alongside the IP pathfinder campaign and the joint working with SmartRespiratory with access to an agreed supply to support the Respiratory sites as well as the benefits for patients and research into reducing pMDI carbon footprint. Offered in association with ICB but was rejected as updated by JL

AA spoke around the ICB decision and the need for effective governance validations and 7 chosen sites due to IP pathfinder

MB spoke about the need to check SLA and the patient benefits as well as the huge environmental benefit

RB good thinking providing free equivalent to gain data which is for their research

MA proposed an ongoing review based on board comments and mapping alongside priorities.

12. Financial Accounts Update

BF the good news not a lot to say, in a good place, and well controlled taking into account the ongoing vacancies impact, everything has been stable. If we where to look at ring fenced it has gone down, so happy to continue as it is,

we are bang on 4.5 months of levy holding. In the red last time 3.2 months, if decrease/increase levy, we would still be within limits, levy holiday limits will apply but will need to be cautious.
MA update on the HY2 CPE invoice request
BF CPE have now invoiced and we will continue to pay monthly for better financial oversight

13. Office & Contractor Support update

MA tabled several slides covering the office team updates and activities since the last meeting which included the direct contractor support telephony and digital mailing stats. Also covered and discussed the website and newsletter stats and peaks.
MA also tabled slides to review support activities and next steps for some contractors advanced service provision and activity
TH any PPV impacts
MA Yes, we have seen several and requested LSCICB strongly for first line support for contractor ahead of recouping money decision
MA covered our outreach plans and discussed and gained agreement for ongoing cost support for marketing to maintain public facing outreach, VSFSE sector and professional contractor relevant support
MA covered the CCA conference which was well attended and echoed the collaboration around our shared goals as well as the National team shout out for CPLSC for front-line contractor support visits

14. Social Media Update

MA covered the national leaders, Ali Sparke and David Webb contractor visits video, with thanks to Broadway team and Lancaster Brock Street Pharmacy for supporting and sharing direct contractor feedback and future potential
MB we focused most of the discussion positively, we expressed the reliance on NHS funding and the sheer and continued losses is forcing to push more and more into the private services arena. Huge thanks to MA for organising a national level leadership visit within our geography and this allowed a direct one to one with Ali Sparke and David Webb on the struggles and financial crisis we face on a daily basis yet the emphasis on the potential that community pharmacy can bring
MA also covered a similar update from Brock Street Pharmacy
MB other points I made where around the IP Pathfinder about the concerns, and the graduates coming out and the experience they're going to get, another area I highlighted again was that independents are starting to pivot into private sector due to NHS finances.
MA covered the SM utilisation and our new lunch time ready webinar principle with good attendance and thanks to Dr Ewa Craven and Sarah Bibby
MA spoke of the Buvidal event and the future positioning

Lunch

15. CPE Regional Rep Update

FM CPE met last week looking at current negotiations, while we have 10 year plan, a lot of NHS organisations have not been noticed so there is a lot of turmoil IPA, CCA MPA, have been inputted about what they want from CPE, they are rebalancing, most important bit is a breath of fresh air is the new non exec chair, Jenny Harries joins and she was assistant officer during pandemic, she believes passionately about what pharmacy did during the pandemic, she has a huge amount of knowledge around the systems.
Highlighted some imminent updates on ABPM provision plus emergency contraception likely to go ahead it may be delayed, vaccinations likely to be a change to covid/flu vaccination commissioning from April next year, likely to be a single process, reviewed policy and progress on IP Pathfinder due to finish in January, lots of areas are really struggling. It all depends on funding for the sector and discussed topics on branding generics. Advanced payments scheme to be on the 1st rather than 12th, indicates system is wrong rather than margin. Looking at option to close for staff training as outlined and requested by Mubasher plus we are looking at governance on this, had challenges from pharmacies on consultation on change to prescriptions such as strength when stock issues.

Looked at LPC plans at proposed ICB measures, CPE Annual report published shortly. Working ahead on CPCF, we tried to get understanding what pharmacies want, tried to analyse where the spend is at the minute , while pressure seemed to ease at the minute, cash flow slightly improved, but the contractors still in a bad place. How do we help community pharmacy to maximise our money, looking at 3 key shifts in 10-year plan, continue to influence ministers and ongoing pressures on a regular basis. CPE will be at the Pharmacy Show. Overview of polling 90% not enough money, 75% negative sentiment, 10-year plan confidence to deliver, sending in more money to delivery, especially in terms of putting repeats, PF appointments, get back into GP, media the contract framework, strong concerns about current funding.
Big governance changes no IPA a mix has not been proportional to the market place, it has been difficult to resolve but managed to find way forward as an interim solution and another review in April, and going forward 2 new posts IPA, CCA will move to 9 place to 8 places. Independent will go from 12 to 13, from IPA and CCA there are 3 people elected, going to have a floating regional rep. The process will be announced probably tomorrow, EOP will be open until October. June/July next year looking at constitutional changes that need to happen and to be an LPC as an independent to stand as CPE elections April 27.
Lots of neighbourhood health webinars, there is one in Manchester soon. New pages have been added to the website, trying to highlight as this is one area labour are focusing on, these will be key area to focus on, couple of new team members have joined Rebecca LPC engagement and support manager James Davies as director of research and insight, having James do this work over past few months has been really helpful. Consideration of future levy funding. Conference 25th November reminder and look forward to seeing you then.
MA thanks Fin, good to have latest insight
MA one IPA, are we right in thinking that IPA have agreed to a 10 plus modelling?
FM IPA are open to all independents /multiple independents, but IPA representation at CPE it is for associate numbers with 9 plus, IPA have now got a sea, it's about equity for IPA members, it was not a unanimous vote.
MA thanks for that Finn, thanks for joining

16. HR sub group & CPLSC Closed Board Session

Confidential discussions took place within the closed session with updates and discussion around HR matters, Recruitment, Independent Vacancy, Contractor specific support, Commissioner updates and sub group matters.
CPLSC board reviewed independent vacancy and confirmed that Ashab Patel will be offered the role as per expression of interest over the coming weeks allowing for the fulfilment of relevant governance principles.

KK left at 14:53 retuned at 15:30

17. Governance & Scrutiny Sub Group update

MA and RB tabled several slides and gave an overview on several matters including, existing HR and Legal support via WorkNest and CPE Clyde and Co offer plus the re tender process this year. LPC skills matrix ongoing SG action. Discussed Cyber Security and asking our IT provider but noting we have strict Mic365 policy and secure DropBox storage. Reviewed CPE links for prices and need for further review

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

MA tabled a series of slides giving the latest update on in year and future commissioning
Highlights to include were, Allied Health continued agreement for £15 off flu training, EC fallback joint commissioning until national embedded. Major PF threshold concerns and HDM aligned support via CCA view over the coming months plus continued efforts across Media, public events and VCFSE sector to support walk in. W&F comms flu offer update. DMS implications and support updates. Project assignment for EK working with Julian.
MA gave update on the ongoing negotiations for a Varenicline PGD with LSCICB and LCC. Reviewed mandatory training and proposals and payment principles.
MA tabled slides on supporting contractors and their teams on future training needs and utilisation of another EOI

19. <u>BREAK</u>

KK Returned 15:40

20. CCA dashboard live demo

MA shared a live demo of the CCA dashboard following the free trial and agreed to annual payment for three licences in aid of continued direct support for contractors
MA confirming everyone in agreement.

21. North West LPCs meeting update

MA requested key topics for the national conference ahead of a NW review
AA Margin analysis as per CCA review way off track for sustainable future so what are CPE plans for this shortfall
BF What new pots of money for new services are CPE putting on the table to help alleviate the Global Sum impact and ensure the new services have good returns on margin
RW National PF, walk in plans and not just a mere 7 conditions which simply causes confusion and extra footfall.
MA Contractors are very clear that the ongoing shocking model of reliance on other third-party referrals for our income has gone too far
AA Has CPE analysed the Scotland model for Minor Ailments and Drug Tariff pricing etc and what are the key differentials and any learns being taken
KK left 16:21
MA North Cumbria LPC update regards the merger

22. Rapix Connect

MA gave an update on the project with specific governance delays and T minus plan for implementation on hold whilst the governance principles have been worked up and approved. Agreed 3 months window for free with possibility of extension. SV has gained surgery senior approval to progress and MA will review with all parties on her return.
SA has also gained Boots approval and key contact and MA will be liaising over the coming weeks. MA also aligned another PCN lead patch ready to commence across Blackpool once initial sites have started.

23. CPE Bundle Audit Results

None Received

24. AOB

None Noted

25. Close

CLOSE 16.34