

## Community Pharmacy Lancashire & South Cumbria (CPLSC)

Minutes of Meeting 10.02.2026 9:38am – 16.30pm

Garstang Country Hotel and Golf Club

### Present (Board):

Roger Balshaw, Tahir Hussain, Abid Malluk, Sarah Vaukins, Ashab Patel, Michael Ball, Richard Hollinwood

### In attendance:

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

### Chaired By:

- Ali Dalal (AD) - CPLSC Chair
- Michael Ball - Vice Chair

### Guests:

- Julie Lonsdale (JL) - Clinical Lead for Community Pharmacy Integration (Teams)
- Jake Barclay - Tradebridge (Sponsor)
- Dr Peter Gregory - LSCICB (Teams)
- Peter Tinson - LSCICB (Teams)
- Sajeel Abrar - LOC Representative (Teams)
- Edward Ovenden - LOC Representative (Teams)

### Apologies for absence:

Georgina Barber, Simon Abbott, Khalid Khan, Linsey Wilson  
Andrew White (AW) - LSCICB Chief Pharmacist  
Fin McCaul (FM) - CPE Regional Rep

### Absent no apologies:

None.

#### 1. Welcome and Introductions

AD welcomes all and introductions of all board members and reminder of the facilities and the break times

#### 2. Sponsor TradeBridge – Jake Barclay

JB tabled a series of slides and gave an overview of the business. RxBridge part of TradeBridge, are a supplier of specific funding for real time trading opportunities and one of two partner brands for places such as amazon. A market they believe in, busy year and a lot of them helped support independent pharmacies purchase some of the Lloyds divestments. The offer is unique and allows access to relevant cash deposits much quicker than other banks and can set up a facility within two weeks and customers can then refinance with their lenders. Opportunity for independents that are growing within the sector as well as groups.

Other examples include Investing in automation and an extra consultation room, main challenges are uncertainty in the industry and access to finance.

Cash amounts available can be 3 times NHS fundings, they review fp34 reports and put data into algorithm for final approved figures. The average interest rate were shared alongside some examples.

AD – is there a set up fee

### “Community Pharmacy – Core Pillars of Primary Care”

Chief Executive Mubasher Ali MPharm MRPharmS FRSPH Executive Chair Kath Gulson MRPharmS Vice Chair Michael Ball MRPharmS

JB - Yes there is typically 1 percent. They put a non utilisation fee in the first 2 months if you are a new customers

MB - Is there a draw down fee for every draw down

JB Yes usually 0.3

User cases are shown and giving example of protecting the funds and setting up with wholesalers, covering the gap of the staff funds and bills, refit and automation costs.

Practicalities a lot of people use invoice discounting and a lot of people think it feels similar. A lot of admin in them types of lending whereas its not that way for us same day access and an online onboarding, can see the difference. Shows example of the online banking. Offering a higher credit rate based on the better previous.

Any information you require please get in touch with me

MA – onboarding how long does it take end to end if everything ok

JB - Within two weeks

MA - Is there a minimum limit

JB - Yes minimum is around 50k, 15k a month from nhs revenue

MA - Is there a draw down minimum

JB - No

MB Any legal fees involved

JB - None at all

MA - percentage of contractor charge

JB Less than 0.3 percent then you are on the clock so will receive a discount rate so around 0.6 percent

AM – if someone has a bank loan and 15 years is it actually advantageous to pay this bank loan

JB - No these are for short to medium term facilities, you would need to look to refinance

TH 0.3 is that the first time or every time

JB Every time

TH You need someone with a contract already?

JB - Yes

MA – Reiterating that the sponsor today has had no implication in agenda setting or anything for todays meeting or in future.

RW commenced meeting 09:44

MA shared an opening contractor comment around concerns around the Pharmacy First caps and how these comments are supported via our CPLSC actions and team efforts including national level lobbying as per our recent stakeholder visits as well as support and encouragement of the specific contractor who has now been able to add much more cash value into his revenue returns as well as margin following previous CEO visit.

### **3. Apologies and Declarations of Interest**

MA thanks AP for attending his first meeting noting his personal commitments planned on the same day.

AD gave apologies on behalf of KK, LW, GB and SA.

AM declared an interest that he has joined the IPCN membership and will follow with the email

MA has that been due to advice given

AM they weren't asking for a lot, there's no harm in being a member

MA iterated that good governance as board members is crucial and all DOIs should be noted to avoid any doubt.

BF also declared IPCN memberships as CPLSC independent treasurer

AD also declared a new company formation, pinnacle information services ltd

MA all annual DOIs and governance documents will be fulfilled again at new year in the next few months.

### **4. Matters Arising**

## **“Community Pharmacy – Core Pillars of Primary Care”**

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AD expressed thanks to previous board member Asif Adam and highlighted the change in contractors leading to Asif Adam leaving CPLSC board.

MA indicated that all relevant governance such as key access rights had been followed up and actions completed.

#### **5. Confirmation of previous draft CPLSC AGM minutes 24/25**

RB approving

TH seconding

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

RW approving

AM seconding

#### **7. Action Log**

MA shared the CPLSC teams actions and relevant updated RAG rating which was approved by board including actions covered in the meeting or being carried forward as amber

It was noted that several chases have been made to SA around Boots project updates and involvement but we have sadly not had any updates and the pilot continues to progress.

#### **8. Actions/Activities to note since last meeting**

MA shared a list of 52 additional actions and activities since the last meeting including items such as major outreach via radio channels and extended slots in support of community pharmacy access. Updates on Jhoots, LW/EK focussed visits. Fidaxomicin MMG positioning and board member support, confidential updates on mandatory workforce survey. EK/LW attending respiratory symposium, PWTG DPP challenges and push for DPP support website go live at earliest opportunity. Also covered the complaint received from MP re CIPLA Letrozole and unsatisfactory LSCICB response and CPLSC joint targeted campaign with Cohens. ICB safeguarding survey completion challenges. Social Media petition to ban pharmacies to auto nominate. Vancomycin challenges and supply support. TH sharing debate in parliament.

#### **9. CPE Conference 2025**

AD – MA/AD attended the CPE conference 2025. Immediate thoughts was a better structure to the day. It was informative and focused on Pharmacy and the future long term plan and pharmacy being a key player on wider NHS. MA – shared his notes from the day and the key categories that were covered which included a strong focus on NHS transformation, embedding what we have not had in past and the variation and challenges on national representation bvs local representation and both size and geography of each LPC. For example needing to cover such vast numbers of PCNs and local councillors and hence the constant need for review and prioritisation for added value and benefit at a local level and in line with relevant budgets. Outlines the neighbourhood teams debate and key expectations on the April negotiations and the need for an Independent prescriber service. Sadly at a local level, it is really slowing down and we have no future post March, The funding pressures was the big debate around growing services vs national global sum implications and the CPE points around no additional services without additional income. Better integration with primary care settings was covered and CPLSC again appreciating our LSCICB support on PCN leads and their activities. Automation and workforce was also debated and the most important points of the day being shared by us was ensuring we hear the contractor voices and aim to support where possible within our remit as well as continuing to support the cash flow and services revenue agenda with quality outputs. Discussions were had on the unified sector message and the importance of all member organisations having that common purpose.

Any questions

AD – we also had Leicester LPC reach out to us on our work around branding and presence and would like to collaborate and share best practice so we did follow up with another meeting with Chief Officer and treasurer.

MA – plans progress for 2026 and board members invited on who wishes to attend into 2026.

### **“Community Pharmacy – Core Pillars of Primary Care”**

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## 10. External Review inc NNHIP

MA tabled a series of slides covering updates on key external events and LSC progression of the NNHIP projects.

National policy drivers have not changed whether neighbourhood place based or county level this is our focused, we are on the right hand side on the modelling we are trying to voice it stronger and we are now needing to attend as a key partner and core pillar of primary care.

TH – shared an overview of his PCN lead activity and wider attendance at the Blackburn with Darwen PCN collaborative meeting and the vast array of stakeholders with appreciation for TH and CPLSC efforts and sharing positive achievements particularly Darwen PCN neighbourhood.

MA – We need to continue our encouragement of additional CPLSC PCN leads to support our local collaboration.

MA tabled several additional healthcare priority slides and how CPLSC are advocating for community pharmacy services.

MA also tabled slides depicting the planned strategic direct marketing proposal for supporting contractor localities not having been able to hit the Pharmacy First thresholds and the business case proposal as sent to the LSCICB Director of Primary Care.

AM - The pilot done with Blackburn royal is that still going can that not be pushed

MA - Still going and live but limited support due to total referral numbers

MA covered the Lancashire County council exchange of emails and the chance to review initiatives and how Community Pharmacy can play and even bigger role across many public health initiatives with several examples being shared. CPLSC efforts on trying to support drug shortages issues and looking to innovate with pilots such as Rapix Connect was also supported by LCC councillors.

MA tabled slides covering several outreach projects and thanked TH and Cohens pharmacy manager Umar who supported our local MP visit around real life drug shortages impacts to both patients and contractors.

AM how quickly are they rolling out it wider

MA we are looking at another pilot in our patch, willing to go further if we can during the pilot phase.

MA also covered future innovation and participation in LAIB opportunities.

MA also mentioned a huge thanks to MB and EK for their support across national media flu campaigns and live TV setting through Good Moaning Britain.

AM – really well done for this

## 11. LSC Chief Pharmacist / Integration and Workforce Lead Update

JL – Giving an introduction. Not much to update on this time. Going through restructure on the moment, can't give an update on this, what we have is an operating model, we have a different area. The new structure planned for April time onwards. Have to go back to business continuity planning due to potential team reductions and key activities.

IP pathfinder programme will be closing down end of march had a bit of funding left over to keep going until march. Some other ICBs are looking to carry on with some funding but nothing confirmed yet subject to business cases. We have used all funding so we do not have ability to move forward or take any further. With our financial situation we are just decommissioning services at the moment unfortunately. Developing a letter to local GP practices thanking them and letting them know they will be winding down at end of march what can potentially explore will be number of consultations being impacted at end of march some are doing quite high numbers does that mean them land back in GP practices.

Have an end of programme event trying to gather numbers

Foundation year trainee programme is currently open 27/28 closes midday 3<sup>rd</sup> March after that no one will be able to apply doing a lot of work with GP and attending forums to be able to work with community pharmacy and to trying to get that cross over. They don't need to transfer funds just doing a swap over, a lot more interest from GP as well hopefully good impact on that if you are thinking of hosting foundation year pharmacies and haven't spoke to GP

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practice you will not have an opportunity after 3<sup>rd</sup> March. You can make changes if you have already put in your application.

We were successful for primary care training hub getting a little money for teach and treat exploring how can support community pharm training to become independent prescribers to fill the gap looking at programme to make sustainable going forward need pharmacist that already on prescribers cant keep relying on GP practices for all of these things, as a profession we need to see how we can support those wanting to be prescribers.

MA – With teach and treat, what timelines are we expecting, is there an EOI going out?

JL - Potentially yes, we are still working on KPIs and just starting to get meetings in the diaries and still awaiting funding to land, timeline will therefore shift towards a post April plan and into next year.

MA DPP support website to search and secure a DPP, do we have any updates on going live

JL - Not live yet as still working through governance some slip back on memo of understanding and who owns data. Need to do a data process impact assessment need to go back to drawing board. Just working through that before we begin promoting it.

AM - there is a surgery happy to have any foundation years and offer DPP support.

MA a cross-service placement approach we have an offer for several members. Yes and no, it is outside of remit but passing on message is no harm. Contractors waiting for DPP website to source DPPs and hence requesting timelines.

AM can't sign up to that website?

MA yes they can on DPP web will forward the link to all.

MA also tables slide showing the latest adjusted LSCMMG wording for the medicines assisted domiciliary requests and association clarification between prescribing length and DDA requirements.

RB - where is this going

MA - Good practice guidelines on the LSCMMG

## **BREAK 11:15**

### **12. Director of Primary Care / Associate Director of Primary Care & Pharmacy Delivery Assurance Manager**

MA - covered introductions

PT – Two main things to cover as well as questions all around ICB position and primary care collaborative...

#### **ICB Transformation and Operating Model Changes**

PT explained the extensive transformation taking place across NHS England and local ICB, as part of a major reduction in running costs, the ICB will lose around 160 staff members through voluntary redundancy, representing approximately one-third of its current workforce. This change requires the ICB to shift towards a more decentralised model, with most operational staff moving into four place-based population footprints: Morecambe Bay, Fylde Coast, Central Lancashire, and Pennine Lancashire. While this transition will happen gradually and may result in a temporary period of reduced capacity between April and Autumn, the ICB assured the group that primary care commissioning, especially community pharmacy functions such as Pharmacy First and palliative care services, will remain system-wide and should not be disrupted. Community pharmacy was encouraged to remain closely engaged as new leaders are appointed and place-based structures become clearer.

#### **Development of a Primary Care Collaborative**

PG discussed the evolution of Primary Care Collaboratives across the country and emphasised that, unlike acute trusts who already benefit from strong provider collaboratives, primary care has historically lacked a unified structure. GPs in Greater Manchester have already formed federations and a confederation able to take on service delivery, governance and improvement functions, and the ICB outlined similar potential for Lancashire and South Cumbria. Collaboratives elsewhere tend to focus on delivering services at scale, sharing governance, pooling business services, and providing a single, powerful leadership voice when dealing with commissioners. The ICB proposed establishing a new Primary Care Leadership Collaborative, where GP, pharmacy, dental and optometry leaders would meet monthly with the ICB to coordinate strategy, service delivery, and system priorities. A formal proposal is being drafted and will be shared for comment once complete.

### **“Community Pharmacy – Core Pillars of Primary Care”**

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MA expressed CPLSC board support for the concept, reiterating that community pharmacy already works effectively at neighbourhood, PCN and place level, and that having a unified collaborative voice would strengthen the sector's strategic influence and benefit the population.

MA echoed the discussion on place-based footprints, and emphasised the importance of ensuring community pharmacy is not disadvantaged in future commissioning arrangements, particularly because pharmacies serve all neighbourhoods and provide universal population coverage. While the ICB confirmed that pharmacy contracting will remain a Lancashire and South Cumbria-wide function, general practice and community services will increasingly be managed within the four place footprints and hence the challenge.

PG acknowledged that community pharmacies must be fully integrated into local programmes and highlighted that future place-based strategic directors will be key points of contact for ongoing engagement.

MA also updated on areas with weaker PCN-level pharmacy participation but reassured them that your committee stands ready to strengthen representation wherever required.

PT and PG welcomed this and encouraged ongoing direct communication to ensure pharmacy input is embedded consistently across all PCNs and places.

### **Pharmacy First Threshold Performance and Sector Losses**

MA tabled a slide showcasing the latest Pharmacy First performance data covering February 2024 to latest October 2025 data available, showing a substantial decline in the proportion of pharmacies achieving the rising national threshold volumes, despite the introduction of the lower £500 payment. The data illustrated significant gaps between required pathway activity and actual delivery. As a result, the community pharmacy network has incurred serious financial losses, reaching £170,000 per month and a cumulative over £3 million to date, despite delivering clinical consultations that reduce pressure on general practice, NHS 111, urgent care and hospitals. This was described as an increasingly unsustainable situation for pharmacy contractors and a risk to service continuity if not addressed systemically.

### **Ongoing proposal discussion on a much wider household marketing campaign**

MA also requested an update on the ongoing discussions for a focused, targeted but large-scale public household communications campaign aimed at shifting demand from general practice and hospitals into community pharmacy and thus aiming to stem patient behaviours whilst also supporting key Community Pharmacies in getting over the line for PF thresholds.

MA outlined a business case and fully costed Royal Mail direct-mailing plan that has already been sent in for review and urgent approval. Designed to help residents understand Pharmacy First and make pharmacies their first point of contact for the 7 clinical conditions common conditions. MA explained that this campaign would directly reduce pressure on GPs and urgent care services while helping pharmacies meet clinical thresholds that are currently generating significant sector-wide losses.

MA indicated that the question centred on whether the ICB could support or fund all or part of this initiative, given its alignment with system pressures and national performance metrics.

PT confirmed that they have received the ongoing comms and proposals and are reviewing internally and were supportive in principle but would provide a formal written response but recognising the strategic importance of increasing Pharmacy First utilisation across the region.

MA thanked PT and PG for their updates and looked forward to seeing them again in April.

### **13. Market Entry**

MA/RW tabled a series of slides showcasing the vast number of applications and appeals as per the previous DSP plus ongoing COOs that are being worked through. MA mentioned a big thanks to RW and TW for their efforts and MA clarified that all responses are representative of full CPLSC board view on behalf of our contractors and shared the comprehensive market entry timeline tallies and the strict governance policies being applied including any DOIs being noted. MA also picked out the one highlight from the sheet and key action with the 30-day turnaround.

MA also shared the ongoing reflections and key maps for board members review on closures, hours impacted and specific locations for future support and market entry awareness.

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#### 14. Financial Accounts Update

BF tabled slides depicting full accounts, proposals, ring fenced funding and movement.

BF - We have had another year in line with expected budget thus far, we have ended this calendar year in a good way looking to end financial year in a better way, everything has been fairly standard in terms of incoming and outgoing, we are slightly higher on balance as expected as previously covered.

BF – I propose to the board for another levy holiday in March in support of contractors in line with current trajectory and reserves. This motion was proposed by AD alongside BF and unanimous agreement.

MA some point proposed for the closed board meeting.

MA covered the work being done around the vast marketing effort and how we had narrowed that down to between 15-20k and has been reviewed by BF, MB, AD and now approved by all today.

BF – ring fenced has gone down as usual, a few pots not closed as of yet, as MA mentioned PCN pot is going down successfully but echoed the need to continue to try and encourage additional PCN leads being mindful of the commitment and tough external environment.

BF covered the review principles applied to the proposed marketing plan and due diligence across several business proposals and providers and Royal mail offer as most feasible at cost

AM is the Royal Mail one with extra money

BF yes

AM success rate is higher, it's on locations

BF – 25/26 budget finalisation proposed and very pleased to share that it's not too dissimilar to last year even with the ongoing +£170k CPE levy. A few strategic adjustments have been accounted for in depth during the zero-based budgeting workshop and expected annual increases.

AD and BF proposed approval for 26-27 annual budget and it was unanimously carried forward as accepted.

MA echoed the additional sponsorship funds and associations such as Yealink which allows for additional funding savings as free associations and hence not seen as direct cash value in year and form a fiscal basis of budgeting into next year. It was also noted with regards additional cost savings on office team equipment, office space.

BF – we also reviewed the finance checklist as per CPE guidelines and I am pleased to highlight our adherence to strict financial oversight and good governance was indicative that our processes and procedures were well in line.

MA these will continue to form part of the additional G&S sub group meetings.

#### 15. Office & Contractor Support update

MA tabled a series of slides depicting some fantastic progress from the team and our contractors on DMS via R2P.

EK then tabled slides and took board through DMS progress at contractor level and assigned risks that we are flat our supporting.

MA great work by EK and LW in supporting our contractors and I would like to share some great commentary from the stakeholders alongside the stats to showcase the great project support and progression being evidenced by EK

EK tabled another series of office updates including VoIP, website usage, Newsletter stats and the key themes and learns.

MA – Following some contractor concerns alongside our own cash flow discussions with commissioners I can update that discussions around the recent Tirzepatide LSCICB prescribing decisions and potential trajectory that several discussions and exchanges have been taken forward. Namely with CPE, LSCICB and ICS teams on growing costs for contractors and knock on effects. Also covered within LSCMMG and finally even initiated talks with Eli Lilly lead.

MA - W&F PNA review is live for both contractor updates and public consultations are live and contractor support communications and calls are planned.

AB left 12:45

**Lunch 12:45 – 13:30**

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### **16. CPE Regional Rep update**

FM sends apologies due to IT connectivity issues

MA shared a series of CPE slides on Branded Generics and the board discussed the details alongside the LSCICB position statement.

### **17. PR & Media Update**

EK gave update on outreach and social media activities

MA emphasized the regional and national contractor support activities in particular the NNHIP simulation attendance, tv and radio appearance in support of the growing flu risk and big thanks to Broadway team for a live national TV broadcast support.

### **18. Governance & Scrutiny Sub Group update**

RB MA covered details from the G&S sub group meeting held on 15/01/26. Updates round CPE HR retenders, skills matrix, team training and reviews. Urgent contractor escalations support on R2P / DMS. Smart respiratory, confidential safeguarding support, Rapix Connect, Insurance policy reviews, PO box and office costs, PCN lead governance around MOU and other matters.

### **19. HR sub group & CPLSC Closed Board Session**

CPLSC closed board session allowed for several discussions. These included HR matters, Recruitment, Independent Vacancy, Contractor specific support, Commissioner updates including payment delays, PCN lead matters, CPE communications from local contractor and sub group matters.

### **20. LOC update**

MA covered Introductions

SA & EO gave introduction

EO started discussing optometry in pharmacy. EO is a practicing optometrist and here to support conversation. An example in practice, Rowlands CVD pilot and optometry practices and champions both what both pharmacy and optometrists are doing.

EO and SA covered enhanced optometry services, essentially anything beyond a routine sight test. EO highlighted the significant shift toward early treatment and prevention, and the importance of strong relationships between pharmacies and optometrists. Pharmacies should feel confident in when and how to refer patients, ensuring positive and appropriate pathways.

The CUEs service now operating in place of MECS continues to support the management of acute eye condition problems, more serious than what can be handled in a standard sight test, but not requiring eye casualty. Common presentations include red, painful eyes, watery or mucous discharge, and flashes or floaters. Chloramphenicol remains the most frequently prescribed treatment. Pharmacies were encouraged to consider referral to CUES when cases do not fit the pattern of simple conjunctivitis, or where foreign bodies, abrasions, or sudden visual changes are suspected. Foreign bodies can often be removed quickly in primary care settings.

Anyone registered with a Lancashire and South Cumbria GP can access CUES, with patients from neighbouring ICBs able to use their own local service. Referral routes include self-referral, pharmacy, and NHS 111. Appointments are usually offered face-to-face within 24 hours, although telemedicine can provide effective assessment too. Patients needing faster or alternative care can be redirected during triage. CUES does not cover emergencies such as chemical injuries, perforating injuries, suspected stroke, contact lens complications, or chronic long-term symptoms.

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The meeting also touched on low-vision services, Easy Eye Care for vulnerable adults and children with learning disabilities or autism, and post-operative glaucoma and cataract support. These services aim to improve accessibility and ensure patients receive timely specialist input. Practices may also offer private services alongside NHS care. There was agreement that raising awareness across both professions is essential, including sharing leaflets and potentially producing a one-page summary for newsletters. EO offered to share GP-facing posters and contact details for further questions, and discussions continued around referral expectations, what optometrists may send back to pharmacy, and opportunities for improved collaboration.

### **21. Training and Development Survey**

MA tabled a series of slides covering the details of the most recent Contractor Training and Development EOI survey. Respecting the numbers as received the board discussed future proposals and local innovation. Review of PF Minor Illness training solutions was had with the ongoing referrals via GP / NHS111/ Urgent care with a view on the future IP pathfinder principles. Reviewed deposit mechanics to ensure losses mitigation and commitment.

### **BREAK**

### **22. Services Sub Group Update including projects**

MA – DMS future risk was covered and the urgent meetings ongoing with LSCICB leads and partners.  
MA – shared flu stats and key areas of focus and future plans plus covered the BwD CPLSC joint flu campaign. MA shared thanks to CPLSC Team and TH.  
MA BwD social prescribing planned, agreed and now live and active for continued primary care collaboration  
MA BwD stop smoking offer reviewed including existing providers deciding to partake on non CPLSC agreed SLA. Reviewed mystery shopper exercise details and contractor risks.  
MA also covered LCC NRT voucher scheme ongoing negotiations and the LSCICB negotiations on PGD varenicline.  
MA covered the ongoing negotiations with CGL and Waythrough for 26-27  
MA covered the Core MAT chases and reminders  
MA tabled some slides and updated on latest pilot review on LARC  
MA gave an update on national steering participation around LAIB options though community pharmacies  
SV gave an update on Rapix connect post go live and the positive workload saving principles as well as ease of use.  
MA working with leads on another few pilot locations and Tminus plans will be phased in accordingly.  
MA shared some early usage and estimate cost savings stats.  
MA updated everyone on the latest Evening of excellence awards planning and background work including a full overview of the independent scrutiny and oversight for finalists.  
MA also updated on the fantastic buzz and excitement across contractors and teams.

### **23. CCA Dashboard**

MA covered the CCA dashboard utilisation for contractor support as well as data mapping for commissioning conversations. It has also helped support key locality initiatives and planning.  
EW shared the effective use of dashboard by herself and LW.

### **24. North West LPC meeting**

MA attended the last meeting with the NW LPCs which covered conversations surrounding the CPE conference and best practice and themes on locality support across each distinct geography.  
MA also covered a meeting he attended with CPE's Rebecca Butterworth and gave our local contractor viewpoints, CPLSC strategy, work plans and future collaboration.

## **“Community Pharmacy – Core Pillars of Primary Care”**

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1625 Closed conversation was held

1629 Open meeting restarted and AD had to leave with MB taking the chair

**25. CPE Bundle Audit Results**

MA updated the board on the latest received CPE bundle audits with very minimal noted corrective anomalies and taken as noted.

**26. AOB**

Nothing was noted

**27. Close 16:35**

**CLOSE**