

## Community Pharmacy Lancashire & South Cumbria (CPLSC)

Minutes of Meeting 21.04.2026 9:30am – 16.30pm

Preston Biz Space, Marsh Lane, PR1 8UQ

- **Present (Board):** Roger Balshaw (RB), Tahir Hussain (TH), Abid Mullak (AM), Richard Hollinwood (RH), Khalid Khan (KK), Simon Abbot (SA), Georgina Barber (GB)

### Present (Microsoft Teams):

- Ali Dalal (AD)

### In attendance:

- Mubasher Ali (MA) - Chief Executive
- Ben Fell (BF) - Independent Treasurer
- Linsey Wilson (LW) - Healthcare Development Manager (SRO)
- Emily Kilgariff (EK) - Contractor Support Manager
- Laura Harrison (LH) - BSO CPLSC

### Chaired By:

- Michael Ball (MB) - Vice Chair

### Guests:

- Fin McCaul (FM) - CPE Regional Representative (Teams)
- Zoe (Z) - Vagente (Sponsor – Teams)
- Julian Wyatt (JW) - Unified Medicines (Teams)
- Alistair Grey (AG) - ELHT (Teams)
- Andrew White (AW) - LSCICB Chief Pharmacist

### Apologies for absence:

- Sarah Vaukins (SV) - CPLSC Board
- Julie Lonsdale (JL) - Clinical Lead for Community Pharmacy Integration
- Amy Lepiorz (AL) - LSCICB
- Peter Tinson (PT) - LSCICB
- Dr Peter Gregory (PG) - LSCICB

### Absent no apologies:

- Ashab Patel(AP) - CPLSC Board

## 1. Welcome and Introductions

AD had sent in apologies and therefore MB took the chair.

MB opened the meeting by welcoming all attendees, highlighting facilities and scheduled break times.

Laura was formally introduced as one of the new BSO's at CPLSC.

MA noted there had been a minor change to the agenda and provided an overview of the sessions structure due to external presenters being accommodated.

Particular emphasis was placed on the afternoon session covering RSG and TAPR.

MA highlighted additional time allocations for a review on the urgent and ongoing DMS strategic intent and contractor risks.

## 2. Sponsor Vagente – Zoe

This session was led by Zoe (Vagente) and formed a standalone introductory segment with no direct impact on the formal agenda or discussions or outcomes of the meeting. Zoe introduced herself as the Lead Business Development Manager at Vagente. MB introduced all board members to Zoe via Microsoft Teams. Zoe presented a series of slides and provided an overview of Vagente, an intimate care rather than clinical vaginal treatment. Zoe outlined the wider commercial and clinical landscape with a focus on; skin barrier health and pH balance, clinical triggers and patient needs, partnership opportunities and formula development and commercial alignment. The UK feminine hygiene market estimated value £1.4 billion, with menstrual care taking £1.05 billion (75%) and the remaining segment includes washes and wipes. Vagente products are designed for external vulvar skin only (not internal vaginal use) and the core

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

Chief Executive Mubasher Ali MPharm MRCPPharm FRSPH Chair Ali Dalal MRCPharm PGDip Vice Chair Michael Ball MRCPharm

philosophy centres on defending the skin barrier and maintaining natural balance. Key figures addressed – physical factors: sport, swimming, heat, sweat medical factors: antibiotic use, Lifestyle factors: sexual activity, menstruation. Zoe highlighted that there is no single “cure”, but rather partial solutions to everyday problems. Zoe outlined several formula variants. Prebiotic & antibacterial wash (chlorhexidine) supports beneficial lactobacilli, this is the best seller and suitable for intermittent infection and those avoiding antibiotics. Moisturising wash (hyaluronic acid) targeted at menopause and perimenopause, this is their second-best seller. Hypoallergenic wash – designed for super-sensitive users and pregnancy. Each bottle provides approximately 80 washes. Zoe talked us through the packaging and presentation of the product. Pastel-coloured, non-clinical packaging, designed to sit comfortably in bathroom and pharmacies. Primary partnership focus is pharmacies with additional opportunities in women’s health clinics and high-end gyms, support provided includes: free marketing materials and patient leaflets, sales representative guidance, training and educational support. Training can be delivered virtually or in person. Vagente is London-based but covers the north. Zoe then went on to the pricings of the products – consistent pricing is requested across partners, with an RRP: £17.99, trade price (40% discount) £10.79 per bottle. Additional support includes free sales support and clinical marketing support.

MA – Sought clarification on pricing and queried whether margin is flexible at different order volumes.

Z – Confirmed they are open to reviewing pricing, advising she would take this away and run the numbers once a formal proposal is brought forward. She noted that current orders are not large scale, but there is a strong pattern of repeat orders in smaller volumes.

BF – asked whether ordering would be direct or via wholesalers.

Z – confirmed current ordering is direct

MA – Opened the discussion to the room to establish ordering preferences.

All attendees – Indicated a mixture of preferences, depending on organisation.

Thanks were exchanged between MA, Zoe and attendees, and the session was formally closed.

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

No declarations of interest

### **4. Matters Arising**

No Matters arising

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

TH – approving

RB – seconding

### **6. Action Log**

MA shared the CPLSC teams’ actions and relevant updated RAG rating which was approved by board including action covered in meeting or being carried forward as amber. A brief governance update was provided on marketing plan, several items remain on hold, pending an upcoming CPE National announcement.

MB – queried how long the team should continue to wait for the announcement.

MA covered communications update – confirmed that the materials are in a ready state for early print. A progress conversation is scheduled for review and finalisation. Also, engagement with Allied Health partners was noted. Fin remains an outstanding item on the national CPE PharmOutcomes licence principles for access to support CPLSC team to target the local contractors out on threshold payments and support live practice queries.

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

MA shared a list of 25 additional actions and activities since the last meeting including items such as the CPLSC paediatrics minor illness webinar and the positive messages having been received to LW. CPE ITG group update, LCC NRT negotiations, CGL introductions across Blackpool and the transitional arrangements. Smoking Cessation updates, Delphi contractor outstanding payments updates, Rapix, Ongoing national challenges on DT reimbursement and dispensing at a loss, CPAF requests, Camurus national advisory board, BwD domestic waste, training providers procurement, DDA parliamentary debate, IP Pathfinder sites, DMS R2P meetings, Flu marketing. MA attending BBC

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

radio Lancashire for Hay fever/summer health session to emphasise community pharmacies core position and NHS services offer.

## 8. CPLSC Evening of excellence Review & Discussion

MA presented an inspiring and engaging presentation, supported by a series of slides featuring a powerful short video, vibrant event photography, and a wealth of positive feedback received from lead guests at the evening such as Henry Gregg NPA chief Executive, Thorrun Govind, Solicitor, Pharmacist, Media celebrity, Dr Andy Knox LSCICB Medical Director and many others plus some snippets shared by Tahir Hussain and Sarah Vaikins. The presentation vividly brought the evening back to life, capturing the energy, pride, and emotion of the CPLSC Evening of Excellence Awards, and powerfully demonstrated how the event shone a long-overdue spotlight on the day-to-day dedication and exceptional successes of our sector at a local level.

The presentation reflected on the overwhelming success of the event and how CPLSC went above and beyond to create a truly special, personal, and memorable occasion, one that celebrated *everyone*, not only award winners, and recognised the collective impact of the sector. MA extended a heartfelt and sincere thanks to everyone in the room for their unwavering support, trust, and contributions in making the evening such a standout success as well as our sponsors.

Special recognition was given to the CPLSC office team, whose commitment, attention to detail, and tireless efforts were instrumental in delivering an event of such high quality and emotional resonance. MA also provided an update on the remarkable social media reach and momentum generated, highlighting that the YouTube short alone had already achieved hundreds of views, significantly amplifying the positive narrative of the sector beyond the room.

MA referenced snippets from the previous meeting, explaining how every piece of feedback had been listened to and carefully woven into the event, particularly around organisation, storytelling, and ensuring the experience felt personal and inclusive. This thoughtful approach helped ensure that the evening celebrated shared values, collective pride, and individual contribution across the sector.

MB shared that their own social media post linked to the event had achieved thousands of views and continues to receive daily interactions, further reinforcing the exceptional enthusiasm and engagement generated.

MB expressed how truly outstanding the evening was, offering particular thanks to MA for the immense effort, creativity, and personal commitment shown in delivering such a meaningful event. MB highlighted how the emotive, beautifully presented awards ensured that everyone in the room felt recognised, valued, and proud of their role within the sector. MB also noted that MA's planned personal touch for Kath was especially thoughtful and deeply appreciated, with the wording and recognition described as both powerful and exceptional.

AM shared feedback received from Kath, reinforcing that without MA's passion, determination, and advocacy on behalf of contractors, the event simply would not have happened. Overall feedback from contractors was described as *overwhelmingly positive*, with many expressing how inspired, seen, and energised they felt following the evening.

It was confirmed that the excitement, gratitude, and positive feedback generated by the Evening of Excellence has been exceptional. In light of this, it was agreed that a budget review for next year's event will be discussed later in the agenda for a fully rounded decision making in line with detailed budgetary splits. This session will include a detailed presentation outlining the costings for the current event and a review of how the allocated budget was utilised in practice, with a view to sustaining and building on this remarkable success into next year.

## 9. External Review – Including DMS Impact

JW and AG joined the meeting via Microsoft Teams and provided brief introductions. MB formally handed over to Julian and Alistair for their presentation and advised that Andrew White would be joining the meeting at 10:45 for a continued conversation if both JW and AG could kindly remain in attendance with the serious nature of this ongoing conversation around DMS.

JW presented a series of slides providing an update on DMS and the refer to pharmacy platform following the last direct formal update from JW to the board. JW covered the complexities of the situation and Cegedim (INPS) implications of sale of R2P platform and implications of One Advanced deciding to call a halt to the platform post purchase.

JW tabled several slides and updated on the latest sales and transfers and the huge efforts over the last 8 months to maintain and agree ways of progressing R2P and the DMS service. January 2026 marked the highest ever month for DMS, with 1,557 referrals sent across ELHT and UHMB. JW updated on the latest talks and agreements being made.

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JW shared a big thank you to CPLSC, CSM Emily on supporting the project and working very closely with the contractors and teams in driving acceptance rates to levels now above 90% accounting for many Changes of Ownerships and teams.

JW shared the estimated ICS system benefit since project launch: £2.3 million (based on NHS evidence model). JW shared opportunities to bring additional trusts on board: Blackpool Teaching Hospitals, Lancashire Teaching Hospitals. LSCFT have already planned for go live but due to the above restraints are still on hold.

JW echoed the potential for claims to be improved and the potential loss of £420k due to platform loss if not more and the huge patent safety implications. JW noted they are still awaiting the national API yet the MYS platform has been simplified. Regional comparison: Lancashire & South Cumbria ranks 14th out of 42 ICSs nationally, despite only two trusts currently contributing.

JW shared some critical next steps and the plan to finalise the short-term agreement with One Advanced, aim to improve the existing platform, develop a future-state options appraisal, seek full support from Chief Pharmacists at LTH, BTH, and LSCFT to commence DMS, following Directors of Finance approval.

JW – Thanked all pharmacists who have completed referrals, noting that at least 976 patients have been prevented from hospital readmission as a result of DMS interventions. Questions were invited, and attendees were encouraged to follow up by email.

AG also expressed his thanks for the continued support over the past decade. He noted that while technology is an enabler, progress is only achieved when people actively drive and support its use.

Alistair highlighted ongoing developments aimed at making the referral process easier for hospital teams, supporting smoother implementation of DMS. AG shared evidence indicating 1 in 10 referrals result in community pharmacy identifying an error. An example was provided demonstrating how timely pharmacy intervention corrected an error within a referral, reinforcing how collaborative working directly improves patient safety and outcomes.

MB – Thanked AG and opened the floor for questions.

BF – asked whether NHS data allows visibility of total monetary value associated with referrals.

JW – confirmed that current data only shows whether a referral is claimed, completed or incomplete, not the full monetary value.

BF – mentioned it would be beneficial to identify instances where only stage 1 or stage 2 of a referral has been claimed, to highlight lost income opportunities.

BF – queries why January had been such a strong month.

AG – explained this was due to a behavioural change at hospital level, with increased scrutiny over: patient eligibility, discharge letters, and monitoring whether patients were referred appropriately.

BF – asked whether the reported £3.2 million ICS saving directly benefits his team.

JW – advised that this is difficult to attribute savings directly to individuals. The figures are indicative estimates, primarily based on avoided hospital readmissions.

AG – Added that the evidence base supports DMS savings, as avoiding admission prevents unnecessary dispensing and treatment costs.

JW – also highlighted additional operational benefits: reduced telephone calls from trusts to pharmacies and the other way plus time savings from pharmacies having direct access to discharge letters.

Feedback from MA indicated that the trusts not using DMS experience higher volumes of telephone communication, increasing workload across the system and our contractors have no capacity in the current financial envelope to be taking 20-30 minute calls and trusts choosing not to go live on DMS would need to send relevant details and updates via the more time consuming NHS shared mailboxes noting that R2P DMS referrals take under a minute .

AG – noted that patient consultations delivered by community pharmacists have wider economic benefits beyond direct cost savings.

MA shared two examples from superintendent pharmacy site in Blackpool and a local Preston contractor about the workload implications and risks due to hospital sites not utilising R2P for DMS. MA stressed that Chief Pharmacist engagement at each trust is critical; without this, implementation and consistency will remain challenging. MA indicated this would be an important follow up conversation with AW once he joined.

AG – clarified that sending a DMS referral typically takes 20-30 seconds. However, concerns remain that some organisations do not have workforce capacity, and they do not have the budget to absorb additional workload without full system support and these are negated by the options of referral vs phone calls and emails.

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Discussion concluded with recognition that DMS works effectively when engagement, leadership, and capacity align across the system, and that future focus must remain on automation, workforce support, and senior clinical leadership buy-in and the urgent continuation of the DMS service.

MB thanked JW and AG for their comprehensive updates.

#### **10. LSC Chief Pharmacist / Integration and Workforce Lead Update**

MA provided AW with a brief overview of the points covered under the previous agenda item and confirmed that, before moving on, the group should conclude the discussion on Discharge Medicines Service (DMS) due to the sheer importance and potential financial impact on our contractors.

AW provided a high-level overview of DMS, acknowledging that: A small number of contributors are currently undertaking the vast majority of the work and the ability to attend meetings and remain engaged is crucial. An options appraisal is underway involving Trust Chief Pharmacists to determine whether to continue with the existing solution, or move to a new model. No decision has yet been confirmed, and Andrew stressed the importance of not prejudging the outcome. AW recognised PharmOutcomes as a key enabler and confirmed that, there is a clear need for a DMS solution, what that solution ultimately looks like remains undecided, DMS is not nationally commissioned, and Trusts do not receive direct funding at the same level as nationally supported services. He emphasised that DMS can have a significant impact and is fundamentally the right thing to do.

MA thanked Andrew and confirmed that the appraisal process is actively underway and appreciation was extended to all partners involved.

MA highlighted that with only two Foundation Trusts live, the system currently ranks 14th nationally.

JW confirmed this ranking.

MA further outlined performance metrics over 90% acceptance rate for referrals and noted that there is no access to PharmOutcomes due to the ongoing and frustrating situation being drawn out by the LSCICB teams with still no access years into Pharmacy First and them also aware of the plus £3m loss to our contractors and the limited ability to fully support contractors and GP practices.

MA – Queried why some foundation trusts were not live on DMS.

AW - Andrew advised that Julian and Alistair would be best placed to explain, but noted that, under-staffing, lengthy PharmOutcomes setup times and disruption to patient care had contributed to delays.

AG – explained that a funding model is in place, but there is no confirmed funding pot beyond the next six months. A Finance Lead decision in March enabled provision of high-level funding to support continuity, and any long-term solution will be determined through the appraisal process. He also highlighted Blackpool’s “pick and mix” approach across different models, a more integrated solution would require EPR integration and Ongoing financial sustainability remains a concern.

AG – stressed the need for a solution that is less complex and no requirement for additional workforce resource

MA thanked AG for the clarification and invited further comments.

AM Highlighted the estimated £2.3mil saving to the ICS, prevention of 1 in 10 hospital admission and some entry specifics and in particular valuable learning data and reasons for interventions are not consistently retained.

MA - formally closed the agenda item and thanked attendees.

AW – advised around the ongoing consultations process and the implications of ongoing reductions and key individuals. Existing workflow will be covered where possible with work prioritisation and redistribution underway, and digital capacity significantly reduced.

AW - outlined further challenges: A £20m local commissioning pressure impacting medicine optimisation, focus on medicines review and rationalisation

AM - confirmed contractors are aligned and are moving away from chasing volume-based items.

AW - Andrew raised concerns about: Medicine waste, Diabetes growth and cost pressures, Weight management demands, Predicted £20m pressure in both primary and secondary care. He highlighted Upcoming increases in new drug costs (estimated +25%), anticipated arrival of GLP-1s for prevention and no available budget to deliver everything concurrently.

AW - Incentive schemes focused on value and safety, highlighted other key workstreams including the ask for community pharmacies to support the wider co-codamol use reductions.

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MB challenged that these conversations are complex and time-intensive and unpaid for contractors notwithstanding the level of importance.

AW – agreed and emphasised safer alternatives and the challenge of managing patients between paracetamol and opioid escalation,

AM – queried whether pharmacy referrals for pain management could be reimbursed.

AW – discussed neighbourhood health models, challenges across non-NHS services and fragmentation across GP, pharmacy, federation, LMC and ICB agreements.

MA – reflect on the past three years of system change, the importance of not grounding progress at contractor level, and to keep moving at pace on the delivery of change for community pharmacy.

MA – thanked everyone for a productive discussion.

AW – Thanked attendees and left the meeting.

## **BREAK**

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

MA advised that sadly we have just received apologies from Peter Tinson and Dr Peter Gregory due to urgent matters following on from consultation discussions yesterday and were now unable to attend.

MA advised of some key LSCICB discussion priorities.

### **12. Market Entry**

MA/RW tabled a series of slides indicating the market entry movement since the last meeting and shared the RAG rated table for all 2026 contracts having been received.

MA highlighted contractors who had requested support on market entry.

### **13. Financial Accounts Update**

BF tabled slides depicting full accounts, proposals, ring fenced funding and final year end position.

BF shared the year end CPLPC No.1 Account and highlighted that we were exactly where we had forecast with the allowance for delayed marketing needing to be shifted to 26-27 year and 4.4 months reserves. This was managed by the great news on managing to follow up and complete a full month's levy holiday in March 26.

BF shared the ring-fenced funds and the latest movement with the PCN leads allowance needing additional scrutiny and validation as well as activity review.

MA – advised that there is a dedicated session later to review this in more detail.

BF – highlighted recent discussion within the treasures group, referencing comments from James Wood regarding ring-fenced funding. The suggestion raised was to consider separate accounts for each ring-fenced pot. BF shared a personal view that the current arrangements remain appropriate, though noted It is worth acknowledging that alternative approaches may be permitted.

MA advised of an additional point relating to the marketing plan delays which would have led the forecast more indicative of a 4-month reserve.

MA tabled a series of slides highlighting the cost comparison for Evening of excellence budget review for a full board discussion and debate and board expressed a huge thanks to MA, LW and EK on achieving such a glamorous well-planned black-tie event well within the expected budget.

MA also shared monetary mean value costings for effective past and future budgeting.

MB led a full board debate and taking on all the feedback and budgetary details gained full majority to support our contractors and their teams with another annual event at the end of this fiscal year.

### **14. Governance & Scrutiny sub group update**

MA and RB took the board through the latest updates and allowed for board discussion.

Items covered included independent vacancy, DMS Contractor risk, Camurus request for MA national review

A review of the CPLSC PCN Lead MoU, activity, and claims was undertaken and key actions on follow up and next steps were noted to allow for transparency and audit as well as activity reporting. It was made clear that activity must be

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recorded in line with MoU and evidence validation to be requested as needed per PCN locality. Following this a planned update and upskilling session will be planned.

### 15. Office & Contractor Support update

EK – tabled a series of slides depicting next 6-12 months planning and new initiatives to support contractor NHS services and public PR duly titled ‘The Pharmacy Powerburst Pulse & Public’

The two phases of the plan were disclosed, reviewed and agreed by board.

EK gave an update on DMS contractor visits aligned to uptake and acceptance.

EK updated on local PR and Media activities noting a clear increase in engagement since the *Evening of Excellence*, with growth evidenced through a supporting chart. Examples of recent outreach visits, including activity linked to International Women’s Day, Foxton outreach were shared. A further update was given on contractor NHS services sign-ups and associated risks, with a graph presented showing participation status across September, February, and April.

EK shared a series of update on contractor visits stats and key priorities and support.

SA challenged the contractor visits was heavily supporting independent contractors and not being proportional to the representation of the patch as CCA member.

MA pointed out that it was based on the most recent activity as well as key contractor priorities around our workstreams with examples as just been discussed around DMS and NHS services cash flow support.

SA everyone pays the same Levy; how do we look at everyone else

BF clarified for SA’s understanding that all contractors don’t pay an equal sum as per standard guidelines.

SA still too heavy in support of independents, what about other contractors.

MA what would you propose, adjusting NHS services activity and cash flow mitigation for our most in need contractors to ensure you get a proportional graph on every update?

AM challenged that independents needed more support as they are also in higher proportion.

SA – Worth considering.

MA – we can review at Exec and SLT

EK shared slides depicting contractor and wider stakeholder queries

AM - How many lines

MA - 3

MA, we offer normal office hours but most of the time MA does support all out of ours calls where possible to allow for contractors and self-employed support plus the odd patient query. Exampled included weekday evening, Good Friday rota clarification, Easter Sunday and Easter Monday PF supply and bank holiday access support.

SA – wondering how to reduce phone calls.

MA it is a core strength of our CPLSC support for our front contractors and very well received

AM shared a real-life example of other LPCs who never even pick up or return calls and the frustration that can create and was in favour of such access at CPLSC.

LW tabled a series of slides with updates on important priorities on improving claiming and lost revenue for our contractors with regards to the Pharmacy First thresholds payments. LW shared implementation and driving improvements, motivation and marketing push.

LW shared updates on GP practice collaboration and all-inclusive training offer for all practice teams.

LW shared extensive community pharmacy NHS services including Pharmacy First outreach across schools, libraries, leisure centres, community groups, family hubs, warm spaces, and job centres, alongside proactive contractor communications to support engagement. Monitoring and outcomes are being reviewed based on historic data whilst we still continue to urgently request access to live outcomes data on PharmOutcomes via the LSCICB teams. Positive feedback was shared on improved GP engagement, including Pharmacy First activity doubling over a three-month period. Next steps include prioritising low-performing hotspot areas based on available data analytics.

LW shared practicalities of the Hypertension Hustle and contraception chronicles which also incorporate maximising skill mix and margin implications.

LW shared positive CPLSC ranking movement via the CCA dashboard and via the LPC averages on hypertension stats in support of our contractors.

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LW also shared wider engagement activity such as the lunchtime webinars, dermatology training for whole teams, and continued “Stay Well” outreach, which has led to partnerships with local councils, universities, employers, and community groups. Targeted work is underway with younger populations, women’s health groups, and holiday destinations, to refresh resources and ensure patients are signposted appropriately, with feedback used to refine and sustain ongoing activity.

MA shared Hall of hero’s case study reviews for local review

## **16. PR & Social Media Update**

Covered in previous section in line with other updates

### **Lunch**

## **17. Fin McCaul Update CPE Regional Rep Update**

MB covered introductions

FM – apologies couldn’t make Feb meeting - sent over slides did they go out to everyone.

MA – Yes sent out to everyone and on the website.

An update was provided on ongoing negotiations, which remain challenging and frank, with continued pressure applied to Government. It was noted that the sector is now facing a deficit of over £2 billion, which has continued to increase, alongside particularly harsh Category H arrangements focused more on achieving equity than sustainability. Formal correspondence has been sent to the Minister, highlighting concerns and impact of forthcoming clawbacks. There is significant uncertainty about next steps, with calls to invest further despite the absence of available funds. While the Government position remains difficult, efforts are continuing.

MA any timelines that can be shared as we have several local initiatives planned in line with announcements.

FM - yes, a decision must come out and we would hope for end of May

MA - Questions in the room?

Group - None

MA concerns were raised regarding limited access to data from the ICB, with agreement that this may need to be escalated if it prevents progression beyond certain stages. It was noted that we have previously requested Fin to review CPE proposals on a super licence to aid local LPC access and aligned daily support for contractors.

FM – confirmed will review.

MA CCA Dashboard query raised on unnecessary duplication with CPE following similar methodology, struggling to understand close relationship yet continue to duplicate with slight variations in both. Surely best to come together to mitigate ongoing local LPC costs for the CCA data.

LW – Love the dashboard and team use it, there’s pros and cons to both, don’t duplicate

MA Any thoughts on the RSG/TAPR as we have our session in the afternoon.

FM – It was noted that this approach has been challenging for some LPCs due to the significant preparatory work required ahead of tapering, particularly in aligning multiple strands into a single process. Lancashire and South Cumbria were recognised as being at the forefront of this work through TAPR, while other LPCs have focused efforts elsewhere. There was discussion around the need to clearly articulate LPC value, understand constraints, and reflect on the role, including what could be done more effectively. Attendees were encouraged to review the CPE Annual Report for context, without influence.

FM shared a huge congratulations on pulling off a fantastic awards ceremony which others can simply aim to emulate and the expressed the fact that it has caused a massive stir across many other areas. May well have other regions wanting to do it and them asking how you have managed to coordinate such a vast contractor celebration event.

MB shared his thanks to FM who left the meeting

## **18. HR sub group & CPLSC Closed Board Sessio**

Board meeting venue costs and locations were reviewed to ensure accessibility, movement across the region, travel costs and professional fees alongside sponsorship support.

CPLSC board agreed to trial meetings across the geography in professional settings allowing for external speakers.

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

CPLSC board then held a closed session and covered areas including, HR matters, confidential negotiations review, LSCICB ongoing PharmOutcomes data access issues, confidential contractor updates.

#### **19. Services SG update – including CPE negotiations and marketing plan**

MA tabled a series of slides and updated on the year end flu performance and comparatives and shared comments made at the LSCICB flu evaluation as learns for 26-27. MA updated on Service Sub-Group activity including the latest agreement on the Lancashire County Council (LCC) NRT Voucher Scheme. MA also covered updates on CGL Blackpool future progression and contract negotiations approach.

MA also initiated a discussion on the marketing activity now put on hold and incorporated agreed revisions in line with board requests on the back of FM updates at today meeting. It was agreed to test the material and process across two to three distinct local geographies.

MA covered the finalisation and board approval for MA to progress the minor illness training agreements. This to include fixed amount per professional for avoiding cancellations and maximise contractor benefit.

#### **BREAK**

#### **20. RSG / TAPR CPLSC response to CPE**

MA – took the whole board through the CPE presentations

TAPR review Feb26, TAPR programme final report with 2026 updates, CPE sector polling feb 26 LPC and CPE Value Impact and KPIs

MB chaired a full review and debate and all comments and final position entries made onto the CPE forms template.

#### **21. North West LPCs meeting update**

MA gave an update on the meeting and discussion points around national conference, DMS variations and platforms, national chairs conference.

#### **22. CPE Bundle Audit Results**

Latest audit document reviewed and noted with minimal variation

#### **23. AOB**

RW queried about paying someone at another LPC in the past to go to other meetings?

MA clarified it was Peter Marks for IMOC and no longer active or not being charged

MA asked that anyone who has not yet submitted their annual Governance documents return including accepting the Governance Framework for CPE and LPCs and Code of Conduct for CPE and LPCs to do so ASAP as well as the completed DOI and confidentiality agreements.

#### **24. Close**

MB thanked everyone for attendance and supporting the meeting and closed the meeting.

#### **CLOSE**