

Update for LPCs and Pharmacy Owners

July/August 2026

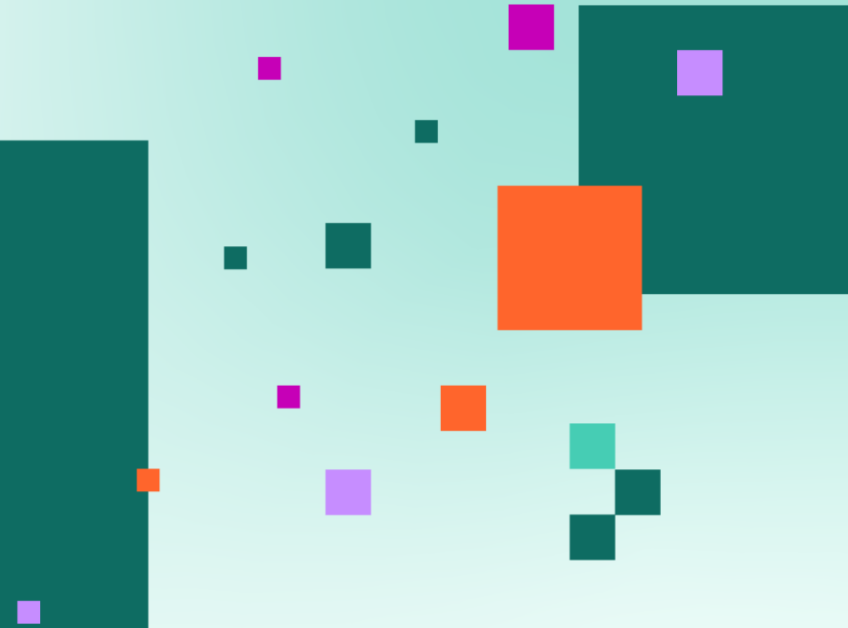
Fin Mc Caul
Regional Representative
North West Region



In this update

1. The July meeting of the Community Pharmacy England Committee
2. What next after the 2026/27 CPCF Settlement
3. Contractual Reform Programme
4. Sector inputs and polling
5. CPE and LPC Elections preparation
6. Questions and discussion

The June meeting of the Committee



Meeting summary and main issues

- The full Committee met in London on 24th and 25th June 2026
- Discussions focused on the contract reform programme and longer-term futures thinking
- Observers from LPC leaders in the South West

The two days also covered:

- Subcommittee meetings covered work to implement changes agreed in the 2026/27 CPCF and ongoing concerns such as medicines supply
- Also discussed planning for 2027 CPE and LPC elections

Subcommittee updates

Service Development

- Reviewed progress being made with implementing agreed service changes. Discussions are underway with NHS England and DHSC on the implementation of prescribing within the CPCF, including the choice of up to five prescriber-only clinical pathways planned to be added to the Pharmacy First service.
- Considered work to implement the new PQS, including finalising the Pharmacy First clinical audit and the feedback survey on the PEO LC element.
- Discussed updates on the various vaccination programmes provided by pharmacy owners, including the recommissioning of the childhood flu vaccination service and the commissioning of MenB vaccinations.
- Reviewed ongoing support for pharmacy owners and LPCs on neighbourhood health and local commissioning.

Funding & Contract

- Discussed concerns that cashflow issues are being exacerbated by rising generics prices and efforts to ensure advance payments are as accurate as possible.
- Work has begun with NHSE to draft communications on branded generics to be sent out to ICBs. Communications will be provided to assist the sector to push on this new national policy in their localities.
- Discussed period of treatment variability, establishing criteria for exploratory modelling of potential fee changes to try to minimise this effect.
- Initial discussions on some potential topics for consideration under the shared reform programme (e.g. Category M, dispensing at a loss, and approaches to pricing and capping of services).

Subcommittee updates

Legislation & Regulatory

- Considered the best approach for Community Pharmacy England on pursuing ways to implement regulatory changes around pharmacist-authorized pharmacy technician dispensing.
- Explored some potential topics for consideration under the shared reform programme under the broad headings of 'efficiencies for pharmacy owners' and 'streamlining market entry'.
- Considered potential updates to DHSC's best practice guidance for medicines supply in light of growing issues.
- Recommended that when a vaccination service is commissioned, the vaccine should automatically be included in the pharmacy regulations (later agreed by the full Committee).
- Discussed some isolated incidents which could be viewed as inducements and protecting patient choice in pharmacy owned apps.

LPC & Contractor Support

- Reviewed election guidance and support programme for LPCs.
- Reflected on a review of the work to implement the RSG/TAPR changes, which included a survey of LPCs and feedback from Professor Wright. These findings will be published shortly.
- Considered some proposed changes to the model LPC constitution and rules. LPCs have several months to meet, discuss and adopt before the election process begins.
- Discussed the regional roadshow events and associated LPC meetings that have taken place so far, reflecting on a positive reception from attendees as well as considering learnings for later events and next year.
- Discussed follow-up actions on poll findings on patient violence and abuse, which included meetings with DHSC, NHSE and the National Police Chiefs Council.

Subcommittee updates

Audit & Risk

- Reviewed the annual management accounts and discussed arrangements for the audit.
- Considered an updated paper on reserves in light of the forthcoming refinancing of premises loans. A valuation will be undertaken as part of this process.
- Considered and recommended the implementation of a salary sacrifice scheme for employee pensions (approved by the full Committee). The Committee Members' expenses policy will be reviewed by Autumn.
- Conducted its annual review of CPE's risk register and recommended approval subject to some necessary amends to the Committee (which were accepted).

Governance & People

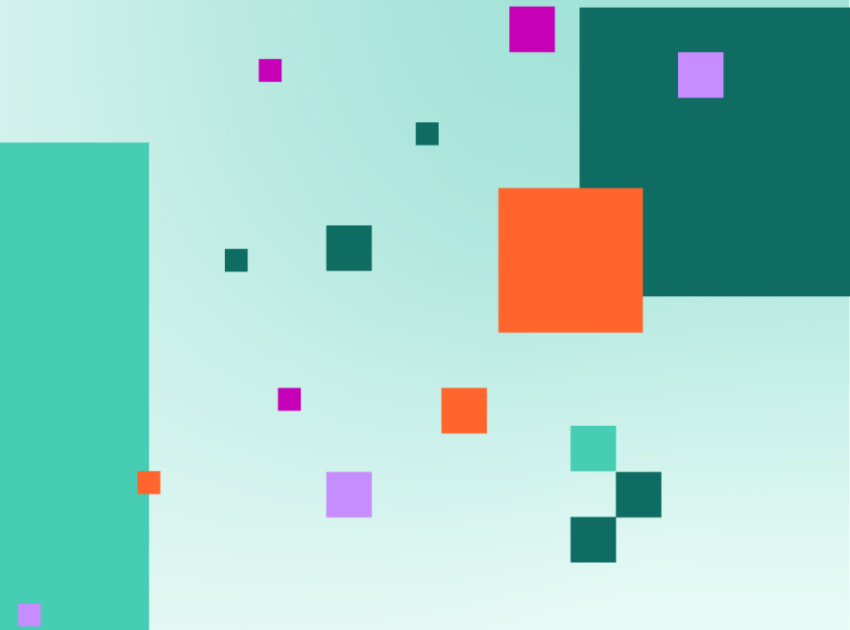
- Recommended some minor changes to subcommittees following the change in regional representative for the East and North Midlands.
- Considered the latest developments on the committee composition question, which was then discussed by the full Committee.

Communications & Public Affairs

Due to meet in early July to consider key upcoming communications topics, including:

- work towards updating the Communications and Engagement Strategy;
- plans for political engagement over the summer and autumn period; and
- development of Community Pharmacy England's annual report for 2025/26.

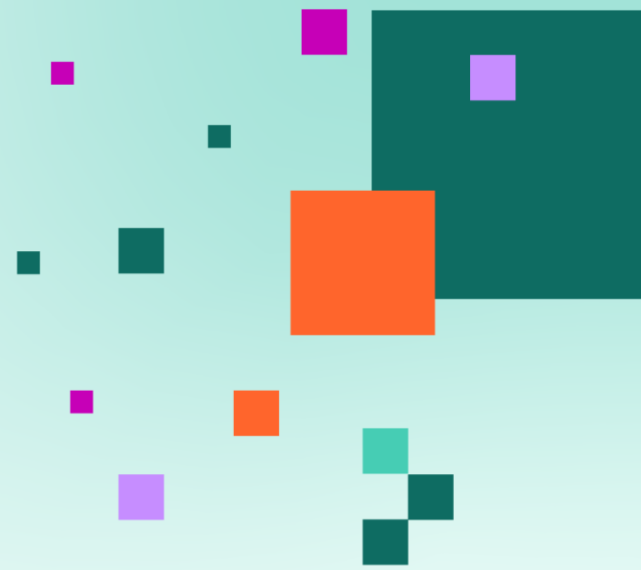
What next after the
2026/27 CPCF
negotiations



Next Steps for CPE

- Informing pharmacy owners and supporting understanding of the settlement and what it means through regional events and LPC engagement
- Starting reforms work – mapping scope and priorities with DHSC, meeting with the Minister and seeking input from across the sector
- Rolling-out implementation including on margin, capping, IP, regulations
- Monitoring the impact of the settlement and ongoing lobbying for further investment and on issues such as medicines supply/dispensing at a loss
- Refreshing CPE Strategy and vision
- Ongoing engagement with LPCs, neighbourhoods and local commissioning and wider primary care and 10 Year plan agenda
- Influencing Government funding cycles, including by highlighting the ongoing funding gap and its impact on patients (Pressures Survey)

Future reform programme and what next



Future reform programme

- CPE made numerous demands during the negotiations relating to contractual and retained margin reform
- A Ministerial commitment to work in partnership on a reform agenda to inform a Community Pharmacy Strategy has been secured. This was a key factor for CPE Committee members
- Some elements should be 'quick wins', but more fundamental aspects will require significant engagement
- We have started talking to pharmacy owners about this at the regional roadshows, and at national level with sector bodies

CPE's objectives

To define a future road map for the sector through:

- A sustainable funding and operating model for community pharmacy
- Ensuring the safety and stability of medicines supply
- Sustaining high-quality clinical services for the future
- Optimising efficiency and removing barriers

We have started conversations with LPCs and the wider sector through workshop activities at the regional meetings in June and July

Sector inputs and polling



Opinion Polling on the CPCF Settlement

- This month pharmacy owners are being asked to take part in an [opinion poll on the 2026/27 CPCF settlement](#).
- The survey open until mid-July is a temperature check on the settlement It also seeks to explore the sector reaction to the planned introduction of prescribing into community pharmacy.
- Early findings were considered by the Committee alongside reflections from the first set of regional roadshow events.
- Full feedback from both the poll and roadshows – augmented with input from Regional Representatives and LPCs – will inform our approach and strategy for the next set of negotiations and the contractual reforms programme.



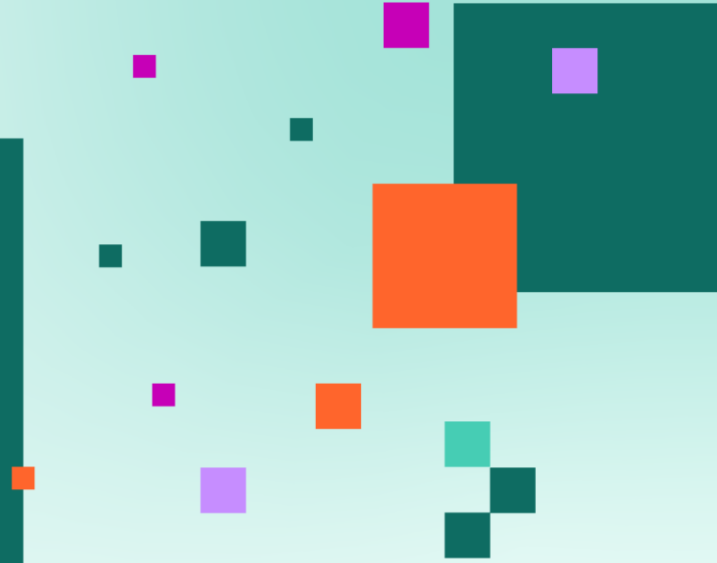
Negotiations are built on sector-wide input

- Your feedback directly informs what we ask for, how we argue it, and what we prioritise
- Your representatives, elected or appointed by the different parts of the sector agrees key asks, using the collective voice of pharmacy owners across England through your direct input into:
 - LPCs and ongoing local engagement
 - Regional meetings and workshops
 - National opinion polling
 - Formal inputs from the sector bodies (CCA, IPA, IPCN, NPA)
- Year-round intelligence and evidence gathering (economic analysis, workload and pressures data) built to support negotiations

Abuse and violence follow-up actions

- Evidence shows racist, hostile, verbal and physical abuse is now a regular occurrence in community pharmacies, driven by wider system pressures and failures outside pharmacy control
- Community Pharmacy England is leading a coordinated response working with the LPCs on the following areas:
 - Public awareness and press activity
 - Seeking regulatory and policy changes
 - Working with NHS England and professional leadership
 - National engagement with policing
 - Supporting LPCs to drive local action with the police, ICBs and wellbeing support for pharmacy owners and teams

LPC and CPE Elections



CPE and LPC Elections in 2027

- New terms for both Community Pharmacy England Committee and LPCs will begin on 1st April 2027
- We have started early preparation work for the 2027–2031 election cycle, with elections due from January 2027
- We Encourage:
 - Early thinking about standing for election for LPCs and CPE, what's involved and the path towards LPCs and CPE
 - Supporting others to step forward recognising these roles as an opportunity to:
 - Influence the future of community pharmacy
 - Strengthen sector representation, working on behalf of the sector as a whole
 - Potential candidates should consider the different steps involved, particularly the nomination, which must include two supporting electors (LPCs) and six (if standing for CPE)

Community Pharmacy England and the Network of LPCs

Elections and appointments in January 2027 for new committees from April 2027

The CPE committee sets the strategic direction and is responsible for corporate and financial governance. Committee members are pharmacy owners or representatives (all have to be pharmacists)

Subcommittees support the Committee in fulfilling its responsibilities. Appointments drawn from the main committee. Allocation ensures separation between governance and advisory roles at CPE, balance and now open up to external (non-committee) input

a

b

**Community Pharmacy England
Committee of 26 (50% independent and 50% multiple)
+ Non Exec Independent Chair**

Pharmacy Owners (elect directly or appoint to CPE and LPCs)

LPCs known individually as 'Community Pharmacy <Local Area>'

e

LPCs (~49) of 10-12 elected or appointed representatives organised into 10 regions aligning to NHS regions/ICBS

- East of England
- London North
- London South
- West Midlands
- East and North Midlands
- North East
- Yorkshire and Humber
- North West
- South East
- South West

CPE Regional Committee members elected drawn from LPCs in each region, elected by independents in each region

Groups

Policy and Advisory Subcommittees

Governance Subcommittees

CPE CEO

Forum of LPC Chairs in England

f

The role of the Forum of LPC Chairs is to help increase the local voice to enhance LPC input at CPE with a focus on advisory matters, joining local and national matters, along with inputting into governance support work. To support the chairs with chair-to-chair sharing of information, experience, best practice and networking

CPE Executive Leadership Team

CPE and LPCs Operational Team CLOT

CPE Chief Officer Network (50)

g

Informal networking of LPC Chief Officers

LPC Support

h

i

d External expertise from individuals or organisations e.g drawing on trade body work where appropriate to inform policy making. Are set up to proactively work on specific areas or topics, as defined and prioritised by the Committee

c

The Executive Team and their respective teams are responsible for delivering the strategy at a national level and where appropriate supporting local

Teams work for the Directors within the Executive team driving the work forward in partnership and consultation with representatives from the subcommittees and External Expertise

The CEO is accountable to the Committee and is responsible for all executive management matters affecting the organisation. All members of the Executive team report, either directly to the CEO.

To support the whole system and drive consistency through standardised governance and good practice in LPC finance and other areas

The role of CPE and LPCs operational team is to bring together local and national executive leadership, comprising of the CPE executive leadership team and LPC Chief Officers representative from each region (10), to facilitate regional connectivity.



Eligibility for CPE for independents

The candidate must be a/an:

1. Pharmacist – registered as a pharmacist with the General Pharmaceutical Council (GPhC).
2. **Member or Officer of a relevant LPC in that Community Pharmacy England region**
3. Independent pharmacy owner– personally (either individually or in partnership), or as a director and a substantial shareholder (either personally, or through shares owned by members of his immediate family, i.e. parents, spouse or children) in a body corporate which is an Independent pharmacy owner
4. One of the Independent pharmacy owner's premises must be in the region
5. Or one of the two places nominated by the NPA (ownership thresholds apply)

(Note some restrictions – An Independent pharmacy owner means an owner that is not a member of the IPA and no substantial ownership in a 10 business)

Eligibility for LPC for independents

The candidate must be a/an:

1. Independent pharmacy owner meaning personally (either individually or in partnership), or as a director and a substantial shareholder (either personally, or through shares owned by members of their immediate family, i.e. parents, spouse or children) in a body corporate which is an Independent pharmacy owner
2. Or nominated as representative by them – e.g. Pharmacist Manager, Technician, etc
3. **One of the Independent pharmacy owner's premises must be in the LPC area**

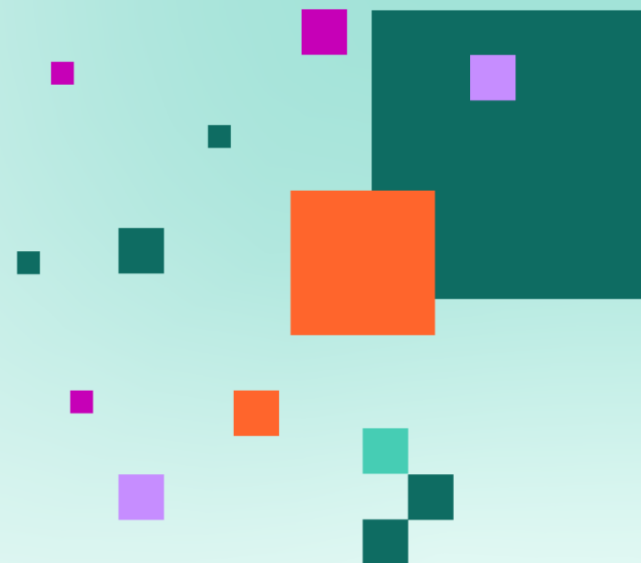
(Note some restrictions – Not a member of the IPA for the purposes of this election (because IPA members can be appointed to LPCs through IPA – and should discuss with them))

CPE from 1 April 2027

Multiple side

- 2 nominated/appointed 10+Multiple or 2–9 IPA member
- 3 elected 10+ Multiples
- 8 appointed CCA
- Independent side
 - 10 Regional Reps
 - 2 appointed NPA
 - 1 CPE Independent taking part in the elections, who was not elected, appointed by the independent representatives

LPC Model Constitution and Election Support



LPC election support

- **Proposed Revised Model Constitution (July 2026):** incorporating many LPC suggestions on targeted improvements rather than any fundamental redesign.
- **Updated Elections Guidance (July 2026):** updated milestones; clarified roles/snapshot dates; aligned to proposed model constitution (Following national composition work).
- **Returning Officer training & tools (Summer 2026):** online sessions; end-to-end walkthroughs; common pitfalls/lessons from 2023; checklists and template timelines.
- **Digitalisation support:** e-distribution of nomination papers/candidate statements; guidance on publishing election information online; explore secure digital voting platforms (subject to LPC choice and budget); provision of standardised NHSBSA contractor data based on 31st October.
- **Boost participation & engagement:** encourage candidates to stand; improve voter awareness/turnout; clearer messaging on the role/expectations of LPC members (and regional reps).
- **Indicative 2027 cycle milestones:** notify entitlements **16th Nov 2026** → nominations issued **11th Jan 2027** → nominations close **22nd Feb 2027** → ballots (if required) **1st–15th Mar 2027** → results by **19th Mar 2027** → members take office **1st Apr 2027**.



Questions and discussion

