

Location:	Village Hotel, Capitol Boulevard West, Tingley, Leeds, LS27 OTS
Date:	Wednesday 21st January 2026

1.1 Present

Abbas Bashir	CCA	AB	
Treasurer – David Broome	Independent	DB	
Chair – Ashley Cohen	Independent	AC	
Mohammed Ikhlaq	Independent	MI	
Nasrat Khan	CCA	NK	Apologies
Zak Laher	CCA	ZL	
James Madan	Independent	JM	
Paul Mason	IPA	PM	
Fahad Rehman	Independent	FR	
Vice Chair – Adeel Sarwar	Independent	ASa	
Sageer Sharif	IPA	SS	
Amanda Smith	Independent	ASm	

1.2 Apologies

2.1 In Attendance

Nicola Goodberry Kenneally	Chief Executive Officer	NGK
Kathryn Kelly	Head of Operations and Support	KK
Lisa Meeks	Service Implementation Lead (am session)	LM
Emma Hermiston	Advanced Services Facilitator (am session)	EH

2.2 Guests & Observers

Ruth Buchan	WY ICB – Community Pharmacy Clinical Lead	RB
Dawn Ginns	WY ICB – Primary Care Commissioning	DG
James Wood	CPE – Director of Member & LPC Support	JW
Julian Ellis (Sponsor)	Gedeon Richter	JE

3.0	WELCOME TO THE MEETING <ul style="list-style-type: none"> Members were welcomed to the meeting. Members' apologies were noted. AC reminded members to remain mindful of the CPWY Rules of Engagement. 	
4.0	COMMITTEE GOVERNANCE <ul style="list-style-type: none"> Members were asked to note the contents of the LPC Code of Conduct. AC reminded members that CPWY works in the best interests of all contractors and asked that all members are prepared for, and engaged, during meetings. Members were asked to note the Competition Law Compliance Guidelines. Attendance list from previous meetings was shared with members for information. 	
5.0	MINUTES OF THE LAST MEETING The minutes of the meeting on 19 th November 2026 were proposed as a true record of the meeting by ASa and seconded by ASm. These were signed by AC.	

6.0	MATTERS ARISING AND REVIEW OF ACTION POINTS FROM THE MINUTES	
6.1	<p>AC requested that, where possible, agenda items be submitted in advance, together with an indication of the time required for discussion, rather than being raised under Any Other Business.</p> <p>Members were also asked to submit any questions relating to circulated papers ahead of meetings so that responses can be prepared in advance.</p>	
6.2	All other matters arising have been completed or are agenda items.	
7.0	<p>CPE UPDATE</p> <p>DB provided an overview of current work being undertaken by CPE. Key points included:</p> <ul style="list-style-type: none"> • DB's meeting at his pharmacy with DHSS staff. • Ongoing preparations for the commencement of CPCF negotiations. • The introduction of Category H. • An increase in concessions. Members discussed the extent of current understanding around pricing issues and whether the information being used is coming from the most appropriate sources. 	
8.0	<p>PRIMARY CARE UPDATE – Ruth Buchan and Dawn Ginns</p> <p>Christmas Bank Holiday</p> <ul style="list-style-type: none"> • Activity levels were similar to the previous year, with walk-ins accounting for the majority of activity. • Engagement has already begun in preparation for the coming year's bank holidays. • Members noted that 4-hour opening blocks, rather than the historic 2-hour periods, may be necessary to allow sufficient time to respond to referrals. <p>CPAF</p> <ul style="list-style-type: none"> • Full questionnaires were sent to 54 contractors, with 50 returned. • It is likely that the four contractors who did not respond will receive breach notices. <p>Independent Prescriber Pathfinder Programme</p> <p>RB provided an update on the programme.</p> <ul style="list-style-type: none"> • Formal data collection has now ended, although the option to continue participation until the end of the financial year was offered, with 10 sites continuing. • Patient feedback has been very positive. • The evaluation published by the University of Manchester concluded that "The Pathfinder showed that independent prescribing in community pharmacy can be safely and effectively delivered." • Thanks were expressed to the sites involved in the programme. <p>Yorkshire and Humber Care Records (YHCR)</p> <ul style="list-style-type: none"> • Information and the implementation plan were presented to members. • YHCR consolidates information from multiple sources, including GP and hospital records, and therefore contains additional information compared to NHS Summary Care Records and GP Connect Access Records. • Access will be via PharmOutcomes and is funded by the ICB. <p>Members expressed concerns that this represents an additional system to access and also raised governance considerations regarding system access.</p>	
9.0	<p>CPWY TEAM UPDATES</p> <p>Team update reports were shared with members for information and for members to ask questions or seek clarifications.</p>	

9.1	<p>Services and PCN/Contractor Support</p> <p>Some data presentation within the reports has been revised following feedback at the previous committee meeting. Key discussion points included:</p> <ul style="list-style-type: none"> • A decrease in referrals, which may be due to patients presenting directly to pharmacies. It was noted that suitable patients should be identified by GP reception or triage teams and referred through Pharmacy First before reaching the GP. EH confirmed that ASFs are visiting GP practices to discuss the reduction in referrals. • Work is ongoing with GP practices to increase the number of minor illness referrals and ensure that community pharmacies claim appropriately for services delivered. It was noted that in some areas there is no Minor Ailment Service, and some GPs may therefore be reluctant to refer to Pharmacy First, instead opting to prescribe. • NGK reported that BaRS data to November shows an increase, although this cannot currently be shared. • Members expressed concern that 44% of contractors are not reaching the minimum threshold for payment. • FR noted that his EPOS system identifies Pharmacy First-type patients based on retail sales. <p>Action: FR to share information</p> <ul style="list-style-type: none"> • The introduction of a stretch target for referrals was suggested. It was noted that if patients are attending community pharmacies directly, ICBs may view this as evidence that the Pharmacy First model is functioning as intended. • EH advised that the ICB Place Summary Report has been amended to a volume-based metric (referrals per 10,000 patients). 	FR
10.0	<p>PRESENTATION FROM SPONSOR</p> <p>This meeting was sponsored by Gedeon Richter. Julian Ellis attended and presented to members and answered questions after lunch.</p>	
11.0	<p>MEMBERS' DISCUSSION – PRE CPE LEVY AND FINANCE UPDATE</p> <p>Background papers were circulated to members in advance of the meeting in preparation for James Wood's attendance.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> • The scale of the increase in CPWY's levy to CPE. • Information indicating a decrease in nominations within another LPC area and a corresponding increase in nominations within the CPWY area, resulting in an adjustment to CPWY's levy demand. • How the adjustment arose and whether members agreed to accept the additional levy burden. • The importance of verifying the accuracy of the additional amount, including the possibility of an independent data check. • The need for CPE support in communications with contractors. 	
12.0	<p>PUBLIC ADVERTISING BY SOCIAL MEDIA</p> <p>Following previous discussions regarding the potential use of TikTok or other social media platforms to promote community pharmacy services directly to the public, CPWY sought guidance from CPE.</p> <p>A paper was presented recommending that CPWY should not pursue TikTok or similar public advertising campaigns. Members agreed with this recommendation.</p>	
13.0	<p>CONTRACT APPLICATIONS AND AMENDMENTS UPDATE</p> <p>This was shared with members for information.</p>	

14.0	<p>LEVY 2026/27 AND FINANCE UPDATE – James Wood</p> <p>JW acknowledged that the proposed adjustment figures may have come as a shock and recognised that levy adjustments are a sensitive and potentially emotive issue for CPWY and its contractors.</p> <p>JW also acknowledged that CPWY Treasurer DB had raised concerns about this possibility in the previous year, although it had been difficult for CPE to predict the scale of the change.</p> <p>JW explained that levy is apportioned according to each contractor’s percentage share of total LPC income. If only one contractor’s income share increases, the additional levy falls on that contractor. Contractors whose income share remains unchanged (or decreases slightly because another contractor’s share has increased) may not see an increase in their levy contribution and could even pay the same or less in monetary terms.</p> <p>JW confirmed that no immediate payment is expected. There may be opportunities to smooth payments over the next financial year; however, if agreed, invoicing for the additional amount would need to occur before the financial year end.</p> <p>Following discussions, the committee reluctantly accepted the issue and committed to supporting CPE in resolving it, including payment of the levy, subject to several actions:</p> <ul style="list-style-type: none"> • CPE will consider options for external scrutiny or verification of the figures. • CPE will confirm the timescale for addressing the ‘projected’ element of the additional levy, including any reconciliation process. • CPWY will review the levy for 2026/27 and the payment schedule for the revised amount. CPE will explore options for phasing payments across 2026/27. • CPE will prepare simplified explanatory examples to help contractors understand the percentage share model. • CPE is willing to co-sign communications to contractors. • CPE will support CPWY in responding to contractor queries or challenges. 	
15.0	<p>TREASURER’S UPDATE</p> <p>The operations and services finance updates were shared with members for information.</p>	
16.0	<p>CONTRACTOR ITEMS</p> <p>None were received.</p>	
17.0	<p>MEMBERS ITEMS</p> <p>None were received.</p>	
18.0	<p>ANY OTHER BUSINESS</p> <p>Integrated Neighbourhood Teams (INTs)</p> <ul style="list-style-type: none"> • FR highlighted that a 30-minute ICB presentation introducing INTs did not reference community pharmacy. • Members discussed what actions are required to ensure that community pharmacy is properly represented within INT development. • It was noted that INTs tend to focus on a core group of patients with specific health needs. • A paper titled <i>Community Pharmacy: A Vital Partner in Neighbourhood Health – Supporting Integrated Neighbourhood Teams to Deliver Local Health Priorities</i> has been developed and was shared within PW’s paper (F26.01-O8c). • ASm noted upcoming CPE webinars on INTs. 	
19.0	<p>CCA REPORTING QUESTIONS</p> <p>These will be completed by the CCA members.</p> <p>Action: AB will submit the CCA report.</p> <p><i>Post meeting note: AB confirmed responses submitted.</i></p>	AB

20.0	<p>DETAILS OF NEXT MEETINGS</p> <p>Meetings will be held at the Village Hotel, Leeds South and will commence promptly at 9.30am prompt on the following dates:</p> <ul style="list-style-type: none"> • Wednesday 25th March 2026 • Wednesday 20th May 2026 • Wednesday 15th July 2026 • Wednesday 9th September 2026 • Wednesday 11th November 2026 • Wednesday 20th January 2027 • Wednesday 17th March 2027 	
21.0	<p>CLOSED SESSION</p> <p>This session of the meeting was held with the Finance and Performance Subcommittee.</p> <p>Matters discussed:</p> <ul style="list-style-type: none"> • Minutes of the last meeting. • 	

This meeting was sponsored by Gedeon Richter who had no influence on the agenda or its topics. Thank you for your sponsorship.