

In the Chair: Rob Severn (RS)
Chief Officer: Nick Hunter (NH)
Secretary: Alison Ellis (AE)
Treasurer: Gordon Heeley (GH)
Services officer: Mike Jones (MJ)

Members

David Evans (DE), Linda Ferguson (LF), Dave Fernley (DF), Soumar Kaziz (SKaziz), Emma Marsden (EM), Raj Morjaria (RM) (am only), Nishant Patel (NP), Vijay Pujara (VP), Dhiren Raval (DR)

Attending

Rebecca Dickenson, Community Pharmacy Clinical Lead, Nottingham & Nottinghamshire ICB (Teams)
Lindsey Fairbrother, CPE Regional Representative
Kirsten Atkinson, Consultant PR, Priest & Co (KA)

Apologies received

Mohammed Zaman, Healthcare Partnership Manager (Midlands), Boots UK Ltd
Shazma Khira, LPC member
Raj Morjaria, LPC member (pm)

Observer

Sophie Dearden, GP Partnership Development Lead, Boots UK

Welcome and introductions

Introductions were given when each guest arrived for agenda slot.

The Chair opened the meeting with a reminder regarding confidentiality and the Code of Conduct and also a fire safety briefing explaining where the fire exits and assembly point are located.

1 - GOVERNANCE

➤ Acceptance of the minutes from 19th November 2025 - Attachment 1A

The minutes were agreed as a true and accurate record of the meeting held on 19th November 2025.

➤ Action points from 19th November 2025 (Action tracker) – Attachment 1B

73 - KA/AE to contact the universities re having posters up and screensaver re PCS – AE to work with KA on the posters.

83 Agreed that leaflets and posters can be sent out – AE has ordered and will post out in Feb / March 2026

89 - Talking Therapies - need to share the resources and communicate to contractors in January 2026 – MJ/AE

90 - Talking Therapies - MJ to do another Podcast with Kashmeera @ Talking Therapies – MJ / KA

91 - Podcast - INT - Jan 2026 – MJ/KA

92 - NMS consultations - Podcast, newsletter – MJ/AE

93 - MJ/KA to create document / use CPE resources and localise explaining what pharmacy do etc – then members to review and vote on agreement to use and then share with contractors so all have same info to use when talking in neighbourhood meetings – MJ/KA

95 - RS to organise 1:1 with each member via Teams – RS has contacted members and met with a couple already.

Declarations 2025/26 – any changes let AE know

Members were reminded to keep declarations of interest up to date. No new declarations were raised.

Governance sub-committee update – DE, DR, SK

Reviewed the January meeting agenda and nothing to raise. No issues received from members.

Review governance documents

Finance self-assessment – Attachment 10

Finance committee reviewed the self-evaluation document. Considered the following points

- Non-mutual trading.
- MOUs – now adding management fees as not doing work for free.
- Processes for finance role to be documented – GH working with AE.

Finance committee completed finance self-evaluation and this was reviewed by all members - proposed by RS and seconded by VP. All members approved.

Risk Register – Attachment 10

Finance committee reviewed and agreed the ratings and assigned risk. Proposed by DE and seconded by NP. All members approved.

Market entry

• New contract applications - excepted

Application for Distance Selling Pharmacy

By: Healthnest Pharma Ltd

At: 205 Ilkeston Road, Lenton, NG7 3FW

Approved.

Concern raised that contractors were not sent the application despite being listed as interested parties. To be raised with CPE and PCSE.

• Litigation

Application for Distance Selling Pharmacy

By: Priority Assets Ltd

At: Office 32 Chelsea House, Chelsea Street, Nottingham, NG7 7HP

Appeal closing date: 8th Feb 2026

Response: nothing further to respond with – SOPs have now been changed

Application for Distance Selling Pharmacy

By: Meadows18 Ltd

At: 13a Wilford Crescent, Meadows, Nottingham, NG2 2EZ

Appeal closing date: 11th Feb 2026

Declaration: LF (Peak Pharmacy)

Applicant referenced Derby ICB incorrectly; LPC clarified it is a Nottinghamshire application. Raise this in appeal response.

- All contract decisions and amendments are in separate document - [Attachment 1D](#)
- [NHS Resolution](#)
Nothing to raise

2 – FINANCES

- [Finance briefing update](#)

Mutual trading statement to be added to future agendas.

Levy discussions noted CPE may increase their levy by 0–3%.

KPI areas reviewed: levy per £100 income, staff cost %, value-adding activity, reserves.

Actions: prepare explanations for contractors and commissioners re what the LPC are doing and show value for money – service uptake from contractors and talking about influencing wins

- [November / December 2025 accounts](#)

Finance committee were happy with the Nov / Dec accounts so these were approved.

- [Budget vs actual spend 2025/26 – Attachment 2A](#)

Current forecast is to finish the year with approx. £138,000 in account which is equivalent to 4.5 months reserves which works out to £84.51 per month per contractor levy.

- [Budget for 2026/27 – discuss and approve – Attachment 2B](#)
- Proposing no change in levy - £216,000 a year
- Still have £80,000 in project fund account
- Staff costs - £128,000 this year. Mike reducing hours so budgeted less for 2026/27 to £122,500.
- Employers allowance - £10,500 – still getting unless there are changes implemented by Government.
- CPE levy - £94,000 to £98,000 – budgeted for £96,100 – same as last year. Finalise in February 2026.
- Expenditure = £319,664.00
- Reserves expected to remain at approximately 4.5 months of expenditure.

Action: AE to send the draft budget to NHS England before 1st March 2026

Thanks were given to the finance committee and GH for the in-depth diligence spent on the budget and finance documents so that it is easier for the LPC committee to review and make a decision.

- [Review £18,000 employers allowance rebate received](#)

Cannot afford to give a payment holiday and need the £18,000 to keep the reserves at 4.5 months. GH went through the costs needed to close down the LPC if needed including redundancies, office rent costs etc and would need to have £100,000 in the account - in line with the reserve policy.

- [Prescriptions dispensed data for Sept and Oct 2025 – Attachment 2C and 2D](#)

For information

3 – CPE UPDATE

Committee

Has Modi, Jardines and Mayank Patel, Pearl Chemist Group now members for IPA on CPE committee. Also meant that needed one more independent – Dervis Gurol was voted on. Dervis also has legal degree so will be challenging the team more.

Service Development

Childhood flu – very narrow criteria – this was to see if pharmacy can do in the future and potential for future expansion re other vaccines too.

Flu – now not being paid for housebound. Also, on chat group there is talk about GP's not doing flu due to fees not being adequate and housebound not being paid for – need to keep a check locally as pressure could be significant for pharmacies in the vicinity of a practice withdrawing from flu – the LPC may need to support.

IP pathfinder – what's going to happen from April 2026.

Evaluation did not include any patient or GP stories / reviews – KA highlighted that the evaluation NHS Nottingham and Nottinghamshire undertook did include patient stories – sure this has been fed into the national work but will forward to Lindsey too.

Funding

Negotiations not started yet – need them to start asap – likely to be a one-year imposition. Discussion on supervision changes, branded generics, timely payments.

Legislation – changes to supervision

Bagged and checked

- Pharmacist needs to have signed in as RP
- Any suitable staff member can do this
- Need written record

On agenda for wider member discussion later.

Asking for pre-agreed closing for learning time.

LPC and contractor support

Conference – questioned why London – travel best as all trains go to London! – no issues from Notts.

Comms

Tender going out for the Comms and Public affairs at the moment.

The LPC ideally need to be aware of the annual plan for CPE so can marry up with the LPC plan and not duplicate working.

Negotiating principles

It is likely that it will only be a 1-year deal because the NHS does not have funding for more.

Polls

Targeted topics for polls.

Aggression towards staff – is there going to be any support for pharmacies? – webinars, resources, that local can amplify and use. Suite of training would be useful.

GP's have a list of patients who are potentially violent etc - can send to a certain practice who have security in place etc, but pharmacies don't have access to this list so vulnerable – Lindsey will ask.

CPE are collaborating with Pharmacist Support on a future webinar.

Questions:

1) Rates increasing – raise concerns with CPE and ask to highlight with relevant people
Pharmacy rates should not include those that are not in medical centres etc – RM and DE will send details through to Lindsey.

4 - COMMUNICATIONS

Kirsten Atkinson, Communications / Marketing Consultant, Priest & Co

- Communications plan update – Attachment 4A

For information

- Social media update – Attachment 4B

LinkedIn – 1487 followers

Set out to be a best practice LPC – better than expected.

Pharmacy First is 2 years old this month. Going to do some PR work and press release with the ICB.

Social media posts:

- patient abuse posters and advice.
- Supervision changes – 14 impressions, 19 reposts, questions too. – can use this engagement for webinars

- Podcasts

- PF gateway criteria – this has been sent out to contractors in December

- Next recording and titles:

- Talking Therapies – next week – podcast and send out links to leaflets etc
- Speaking with Andy Foster– share the podcast on our platforms – INTs

GP working with INTs. He has a podcast and MJ went on to talk about pharmacy and how can work in neighbourhoods.

Will replicate the podcast on NottsPharmCast and share – Andy uses different platform to create podcasts, and Kirsten will look at this and if can use instead of Teams.

- Changes to supervision – in future – how do we use the resources?
- INTs – Rachael Rees discussion on what is happening in Nottinghamshire
- Getting to know CPN members

DF and RS will do a 5-minute talk on family and career background at next LPC meeting and then KA will type up and ask if can use on LinkedIn as a post.

Going to continue to work with those that have already had podcasts – Talking therapies – focusing on men and elderly people – campaigns that are working on with the LPC

MJ and KA are putting together document so that all contractors have the same information about what services pharmacy can do and then can share with neighbourhoods/ICB / etc when in meetings. Also going to do a video explaining.

5- OPEN MEETING

Rebecca Dickenson, CPCL, NHS Nottingham and Nottinghamshire ICB (Teams)

Contraceptive public health campaign

Planned for March 2026 with minimal cost to contractors – printing of poster. Help contractors to increase contraception consultations.

IP pathfinder

No funding confirmed post-March 2026 – in the medium-term plan for 2026/27 though. National conversations have not started.

ICB restructure

Director level changes expected mid-February. If RD made redundant then will be working through redundancy until end March 2026.

Tympa health

ICB won the bid for 15 machines – no money for service – trying to get the funding.

Neighbourhoods

Specification is going to be DLN wide.

Local commissioning needs to be included – asked to include that will not be doing anything for free.

6- OFFICER REPORTS

• Chair – Attachment 5A

Update on LPC resources for employment and H&S.

• Chief Officer – Attachment 5B

Significant time spent on contractor support and market entry.

- Issues with Pregnancy PEM breach notices; unclear follow-up process as reply to the generic email it was sent from but then do not know what happens – examples of contractors having replied as requested and then still being chased as a "non-responder" – NH has escalated within EMPCT
- Discussion needed on boundaries of LPC support for contractors – how much time is spent on one contractor "at the expense of others" – NH asked CPE for guidance.

• Mohammed Aslam, LOC Clinical Lead –

Working with opticians around PF and BP checks.

Facing the same issues as pharmacy if not worse.

CUES pilot is only 4 practices for 4 weeks.

Agreed to send out info to the pharmacies in the 4 areas letting them know about the pilot.

Action: AE to send out the information around the CUES pilot to those pharmacies in the areas the opticians involved are.

- Making the most of PCS and EC webinar – 13.01.26

Running along with CP Derbyshire and CP Lincolnshire for all contractors.

7 - INTEGRATED NEIGHBOURHOODS

Members discussed strategic direction and neighbourhood engagement.

8 - SERVICE DEVELOPMENT

Nottingham and Nottinghamshire ICB PCARP Data November 2025 – Attachment 7A

➤ Pharmacy First

Threshold payments slightly increased in November – surprised wasn't bigger. December - patients seemed to be more aware of the service and the GP's in some locations have started sending across referrals. GP surgeries are confusing referrals with signposting.

Although threshold payment was slightly up in November - the 'not met threshold' is increasing too.

➤ Pharmacy Contraception Service and local sexual health services

Emergency Contraception addition to the service has boosted numbers.

6 pharmacies have been claiming on the local service still, but this is closing at the end Jan so cannot get confused by which PharmOutcomes consultation template to claim on.

1166 consultations for EC national service and trying to get the figures from the local service to see if this has been an increase – demonstrates how patchy and restrictive the local services were.

Is there any data on whether prescribing of FP10s has gone down to see if they are saving on time for general practice clinicians.

If patients are using contraception for managing periods they have to be referred back to the surgery as not part of the service – patients get very annoyed when this happens – need to explain to the surgeries that shouldn't be sending these patients to pharmacy.

➤ Hypertension Case Finding Service

55 pharmacies delivered no ABPMs in last 3 months.

GP preference is to refer ABPMs to pharmacy and service is a hypertension **case finding** service – so ABPM is a crucial part of the service spec.

Example of very successful local engagement - Harts Pharmacy Hucknall, were invited into the CVD hubs where the PCN staff did the BP checks and then referred into the pharmacy for the ABPM.

Tie in some work with Stroke Day – 29th January 2026

ABPM – calibration of equipment – likely it needs to be done again – newsletter article

Maybe need to target practice pharmacists rather than GP's about referrals for ABPMs as they are doing the medication reviews.

➤ NMS

Increased activity; Accurx with NHSmail being used for follow-up messaging - send through text messages to patients (using the number that is registered on GP practice with personalised message asking them to call

back.

Cap remains at 2% of total items.

➤ **DMS**

Desire for pharmacies to initiate referrals when appropriate - when have patients come in with the discharge info or when need new meds from hospitals rather than being totally dependent on Trusts referring – for example holds back contractors within the Sherwood Forest Hospital footprint area.

NUH – data received shows incomplete referrals – some pharmacies are not completing them and leaving on the system – some are doing the work and not claiming etc but some are just not looking at the referrals.

➤ **OTHER INFORMATION / MEETINGS**

➤ **NHS England / Nottingham and Nottinghamshire ICB**

- NHS Medium Term Planning
- Palliative Care Drug Stockist Service contract update
- East Midlands Primary Care Team meeting
- Bank Holiday rota
- Prescribing Hints and Tips Newsletter – not received
- Community Pharmacy IP pathfinder evaluation - [20251110_FINAL_Report_agreed_version.pdf](#)

For information

➤ **Public Health / Councils**

Nothing received

➤ **Community Pharmacy England**

- CPE newsletters received (link to CPE website) - [Newsletter archive – Community Pharmacy England \(cpe.org.uk\)](#)
- CPE events
 - [Conference of LPC Representatives 25.11.25 - GK, NP, DF to give thoughts on discussions](#)

Felt that our LPC is in a good strong place regarding the work that we complete

New chair Jenny Harris, was really good – good strong chair

• [Future of Primary Care Parliamentary Drop in event – Tuesday 27th January 2026](#)

RS has written to all MPs

Steve Yemm may attend and Alex Norris is not able to go.

• [Media training – 26.01.26 / 10.02.26](#)

Highlighted to members

- Observation of CPE Committee meeting 4th & 5th Feb
RS and NH are attending. First time attending CPE committee meeting.

RS booked on - Media training for LPC Chairs and CO – 31.03.26

- LPC learning – Integrated neighbourhoods 20.01.26

GH and AE attended and updated earlier in the meeting - Finance update and briefing sessions – 14.01.26

- Forum of Chairs – 11.03.26

RS attending

o CPE regional contractor event (East & North Midlands) – 10th June 2026
The Belfry (venue) has gone into administration – AE to let CPE know so they can look at different venue.

> CPE May 2025 audit results – Attachment 8C

For information

> Healthwatch

▪ December 2025 newsletter – Attachment 8A

For information

> CCA

▪ CCA Matters December 2025 - Attachment 8B

For information

10 – STRATEGY

Strategy – 2025/26 deliverables – Attachment 9A

Review of 2025/26 deliverables and planning for 2026/27

- Discussion around changes in supervision – what if any is the LPCs role to inform stakeholders of what the changes mean?

Pharmacy supervision legislation to come into force in 2026 - Community Pharmacy England

Authorisation by a pharmacist – checked and bagged prescriptions | RPS

Discussion on supervision changes; members agreed it is not the role of the LPC to advise stakeholders on regulatory interpretation. GPhC is the lead on this. LPC role is supporting contractors provide the services that they are signed up to provide at the times they said they would or required by the service spec..
Do we need to let ICB / contractors know what the supervision changes mean??

- A prescription for success report – questions/aim of session

Most useful to put in front of Clair Raybould, Strategy and Patient Director
NH will ask Community Pharmacy Lincolnshire if they have shared with Clair and if should then progress as joint LPCs

11 - CPPE

CPPE senior stakeholder survey: help shape future learning priorities – now closed

12 – ANY OTHER BUSINESS

Nothing raised

Next Community Pharmacy Nottinghamshire meeting

18th March 2026	9.30am – 5pm	LPC office
20th May 2026	9.30am – 5pm	LPC office
22nd July 2026	9.30am – 5pm	LPC office
16th September 2026	9.30am – 5pm	LPC office
18th November 2026	9.30am – 5pm	LPC office

Minutes agreed as true and accurate record of the LPC meeting held on Wednesday 21st January 2026

Signed:



Date

18/03/26.

Robi Severn, Chair, Nottinghamshire LPC