

Community Pharmacy Herefordshire and Worcestershire (CPHW) Open Minutes

PYPLC 15/01/2026 9.15 am–2.30pm

Members	Anurag Hegde (AH), Wayne Ryan (WR), Dhiran Vhadia (DV) Jeet Patel (JP), Gareth Lamb (GL), Amritpal Bhamra (AB), Adrian Wilkinson (AW) Paul Rowley (PR),
LPC Team	CEO: Fiona Lowe (FL); Services & Engagement: Eva Cardall (EC)
Member Apologies	Akwal Singh (AS)
Guests & Observers	Guests attending: George Eldridge (GE), Caroline Horton (CH) Siobhan Hemans (SH), Anne Hadley (AHa), Lisa Seimbab (LS) – all ICB, Mike Hearne (MH) – Taurus Hollie Hastings – ICB – Worcestershire INTs Liaison; Paul Bunyon LMC

1. Introductions and meeting opened 09:15

Members were welcomed and DoI circulated. No AOB tabled, not matters arising not already on agenda and minutes of last meeting approved.

2. Market Entry, Budgets and CEO Report

Refer to Box for the full Report. A summary of the Joint Exec Meeting was provided from November as well as the financial position, CEO recruitment, Team Review Update, Market Entry and INT update.

Teams reverting to original contract hours once ZA returned from sabbatical, CEO starts and MOU Funds reduction come into force. There followed a discussion in relation to successful recruitment of CEO and deputy, subject to references and contract.

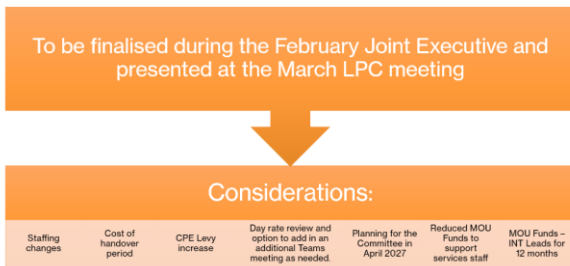
Market Entry Update provided and summary shared on Box.

Joint Executive Meeting Feedback

- See summary report on Box
- Financials – C&W will have reduced balance by end March 2026 and H&W break even or slight surplus following levy increase
- CPE Levies will increase in April % tbc but even with 0% increase our LPCs will end up with 3% increase due to NHS income changes despite fewer pharmacies.
- INT Leads proposal using MOU Funds
 - support for training required
 - EOIs to go out in January – 12 months contracts - 9 days a month C&W and 7 days a month H&W

Draft Budgets for 2026-2027 were shared and will be signed off at Joint Executive in February and published on website ahead of end of February deadline. Current financial position discussed.

Draft Budgets



CPE Levies

2025/26 Levy	Illustrative 2026/27 Levy projections based on the latest 12 months available pharmacy owner income data and:					
	As original invoice	0% change in CPE budget	1% growth in CPE budget	2% growth in CPE budget	3% growth in CPE budget	4% growth in CPE budget
	£	% change	£	% change	£	% change
Community Pharmacy Arden	80,030	€82,381 3%	€83,205 4%	€84,029 5%	€84,852 6%	
Community Pharmacy Herefordshire and Worcestershire	107,190	€110,501 3%	€111,606 4%	€112,711 5%	€113,816 6%	
C&W LPC Levy from Contractors (180) (1 large DSP >90k items)		H&W LPC Levy for Contractors (115) (65% paid by 1 Nutricia specialist DSP)				
£216,400 (even at 0% inc. 38% of total goes to CPE) – balance for local = £134,019		£213,540 (even at 0% CPE inc. 52% of total goes to CPE) – balance for local = £103,039				

Total from all the LPCs = £4,850,179, which is average of £97,004 per LPC (1.6% C&W and 2.3% H&W of CPE total)

Financial Position

- MOU Funds allocated – INT Leads will be covered for 12 months once appointed – 3 days a month Herefordshire and 4 days a month Worcestershire INTs
- MOU Funds sufficient to continue to support some of service lead costs £16,000 for 2026-2027
- 45% cost of new CEO and 40% of all other staff will be crossed charged monthly by CPA. As well as 40% office running costs.
- Anticipated that with increase in CPE Levy and other additional costs – expenditure will exceed income by £22,000 during 2026 -2027. This will include cost of handover – non - recurring cost. Anticipated at this run rate 2027-2028 will see a further overspend of £10-26K – depending on whether any MOU Funds remain to support proportion of services lead costs.

WR: For consideration is the approach we take if CPE increase their 3%:

- Increase levies – to Contractors may have to be considered in proportion to CPE increase
- Reduce running costs significantly

Committee of a view that will need to consider both, but Joint Executive to discuss in February and share recommendations at March meetings by which time we will have had the final levy ask from CPE.

Neighbourhood Teams Update

Integrated Neighbourhood Teams



- INT pack in development for external use
- INT resource packs started for C&W – waiting on NW and Cov INT confirmations
- INT resource pack for H&W being developed during January
- INT Leads for 12 months with CHS support for training and management – January EOI for March training and April start
- Some members of INT leadership attending LPC Meeting

3. CPE Update

Jas Heer, Regional Representative CPE, unable to attend meeting. November 2025 slides were shown and discussed. These are available on Box. The forthcoming CCPF negotiations are yet to start – hoping for February / March 2026. Some policy work, new additions of Becky Butterworth and Vicki Roberts and road shows etc were shared. They also

shared that the three new Committee Members: Has Modi and Mayank Patel for IPA and Gervais Gurol as Independent Representative had joined.

CPE Regional Representatives slides – summary of the November meeting:

Meeting summary and main issues








- The full Committee met in London on 19th and 20th November 2025
 - Committee discussions included further preparation for the upcoming CPCF negotiations and updates on economic and dispensing projects
 - The Committee heard from the Neighbourhood Pharmacy Association of Canada
- The two days also covered other topics including:
- Inputs from across the sector via opinion polling
 - The value and investment case for community pharmacy
 - Options for a Community Pharmacy Prescribing Service



Upcoming CPCF Negotiations on 26/27

It was made clear that the backdrop was stark and hard choices ahead. However, they continue to make case for investment in the sector and how we can support the 10 year plan ambitions.

We continue to make a compelling case for investment

-  Community pharmacy is accessible, with doors open on every high street
-  Highly valued and trusted by the public for dispensing, health advice, public health and clinical services
-  We are the most efficient and flexible part of the NHS and offer compelling value for money
-  We deliver clinical services that relieve pressure on other frontline NHS services, including GPs – and we could do more to support prevention and LTC management
-  We support keeping the workforce healthy and contribute to the wider economy
-  If enabled to act at the top of our clinical licence, we can enable other parts of the NHS to do so too – supporting the left shift from hospital into community
-  Clinical services are attractive and rewarding for current and future pharmacy professionals



The CPE ask from LPCs was:

Next Steps and Input from LPCs

- **Neighbourhood health:** sign up to our next webinar
- **Engagement Strategy:** send ideas and feedback on our engagement with you and with pharmacy owners to: comms.team@cpe.org.uk
- **Prescription for Success:** read helen Buckingham's report and look out for further suggested actions coming soon
- **MPs:** continue to use resources to host visits and engage

Next Steps and Input from LPCs

- **Talk to us about LPC support in 2026/27:** Becky Butterworth is setting up introductory conversations with LPC Chief Officers and Chairs
- **LPC Finance Briefings:** Registration open for Treasurers and others, see <https://cpe.org.uk/our-work/updates-events/our-events/>
- **Conference of LPC Representatives:** Share updates with your committee from the day and a full conference report will follow

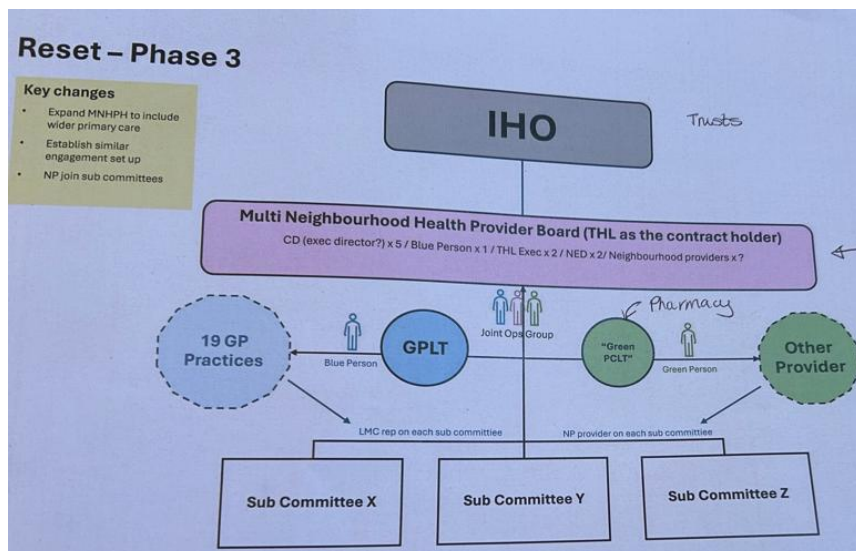


Break 10:45

Open Session – Guests arrive

4. ICB, LMC, INT Updates + Collaboration opportunities discussion

MH Managing director for Taurus. Here in capacity for Hereford General Practice and to discuss Primary Care Collaboratives. In below infographic, pharmacy is 'Green PCLT'. Pharmacy to also be part of the MNH Provider Board.



Good discussion and positivity about involvement of LPCs in INT work and collaboration with GP Federations. Further discussions to be held at the LMC / LOC and LPC meeting at the end of January in Hereford. FL and AH to attend

ICB Update - SH

Pharmacy First update

- Dashboard version 1 completed and in circulation
- Data sharing survey is in circulation for practice level data to be shared
- Pharmacy First consultations have increased by approximately 37% comparing 2024 vs 2025

IP Pathfinder programme

- Herefordshire and Worcestershire ICB has participated in an NHS England independent prescribing (IP) pathfinder programme, piloting community pharmacy-led prescribing models to manage minor ailments. While the original minor illness model was due to cease in December 2025, a new opportunity has arisen to participate in a nationally funded lipid model.
- 2 sites one in Nightingale & Kingfisher PCN

Intervention scheme – Morrisons Hereford & Claremont Worcester Pharmacy

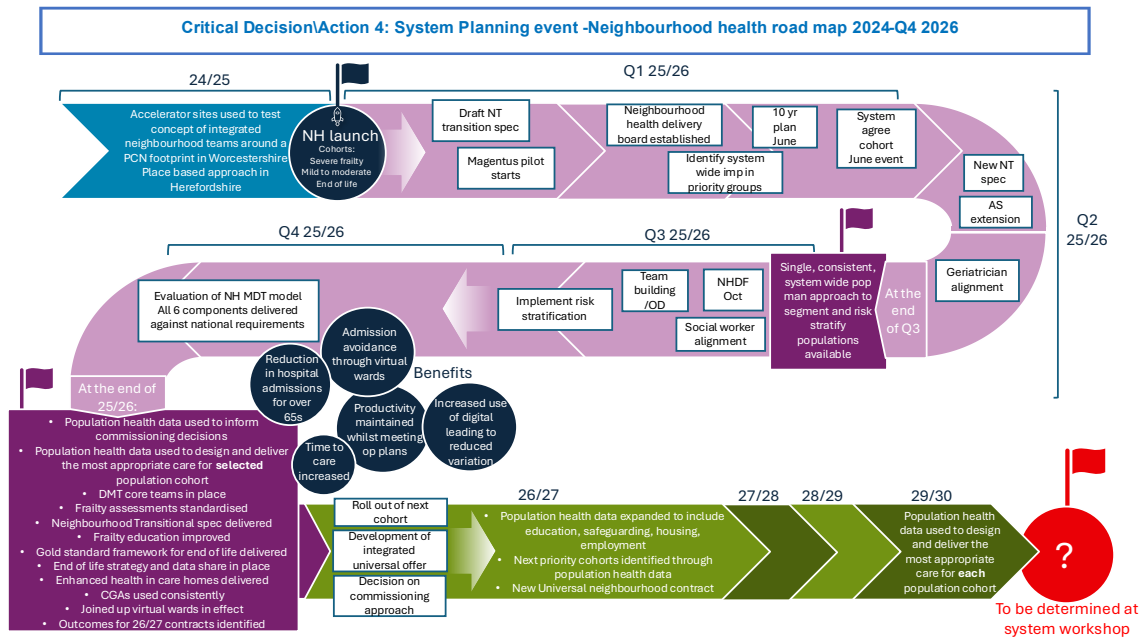
- Pilot will run until Dec 25
- Decision agreed to not continue scheme

ICB Reset Update

- The finalised Cluster Executive and Director Team appointments have now been agreed and are available to view. These appointments were confirmed yesterday by the joint Remuneration Committee of both ICBs. Pharmacy is no longer part of the executive leadership team.
- Applications for VR across the cluster to go to the Remuneration Committee for approval. Once we have Remuneration Committee approval for voluntary redundancies, we'll get approval from the regional NHSE team. The impact for CHC and Medicines/Pharmacy across the cluster will need to be assessed, before moving forward with VRs in these teams.
- The VSM3, 8c, 8d and Clinical Leads level. We'll aim to go into formal consultation on that around the 9th February
- There will be significant reductions across all teams, particularly within Medicines and Pharmacy. Please bear with us during this transitional period; we will continue to provide support to the best of our ability.

INT Development Update

- System Wide Neighbourhood Health Delivery programme Board set up in Dec 2025
- NH delivery groups set up in each county – Herefordshire more advanced in their governance /structure
- Develop and Implement strong governance - strategic, operational , INT forums
- Herefordshire part of National NH Delivery Programme
- 2 year contract framework- NHDF
- Development of 15 INT's delivering through the NHDF focusing on priority cohorts
- Place Design – How they want to deliver against the guidance and national publications.
- Priority groups – Pro-active preventative care model against outcomes, measurable metrics. – Frailty, high intensity users.
- Delivery of 6 core components, maturity matrix
- CYP partnership board developed, now looking at mental health.
- Awaiting National publications for NH –Due Jan, Focus on Reducing ED attendances, NE admissions and Increased access in General practice.
- Defining Neighbourhood Footprints
- Single Neighbourhood Provider (50,000) – PCN footprints
- Multi Disciplinary Neighbourhood Providers (250,000) – Whole of Herefordshire, Worcestershire x 3 (Former CCG Geographies)
- Place – County Wide

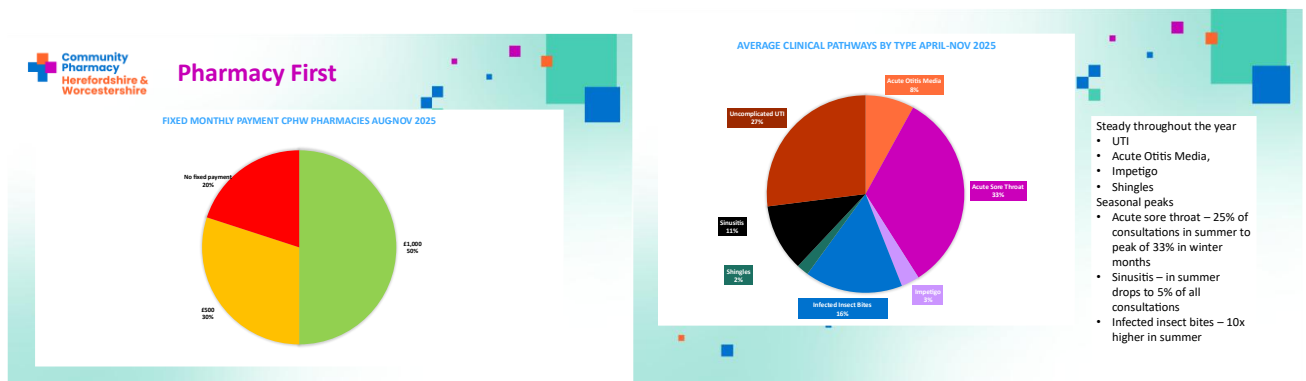


12.30-13:00 Lunch with guests

Guests are thanked and leave

5. Services Data and Discussion

AW raises issue of patient returns, ood, clinical waste and sharps disposal. Ther is a lot of confusion around responsibility for waste, mainly that of sharps from services. EC to produce one page document to send out the CPHW contractors and share digitally also. Refer to Box for the full presentation.



LPC Members discuss the changes to gateway and that these haven't really converted to an increase in claims.

Changes to gateway

In 2025, significant updates were made to the Pharmacy First clinical pathways in England to better align professional workload with reimbursement. These updates, which went live on **October 1, 2025**, introduced several new "gateway points"—the specific stages in a consultation at which a pharmacy becomes eligible to claim a consultation fee.

The key gateway shifts for the seven clinical pathways are as follows:

- **New Escalation Gateway:** An additional gateway point was added to all **seven clinical pathways**. This recognizes the workload involved in managing patients who require urgent escalation to other services, even if no medication is supplied.
- **Earlier Triggers for Five Pathways:** For the following conditions, the gateway point now occurs **earlier in the consultation process** to account for complex advice that goes beyond routine care:
 - Acute sinusitis
 - Impetigo
 - Infected insect bites
 - Shingles
 - Acute otitis media (earache)
- **Acute Sore Throat Enhancements:**
 - A clearer gateway was introduced for patients returning after an unsuccessful period of self-care.
 - A specific gateway point was added for patients with **FeverPAIN scores of 2–3**, recognizing the professional time required for these moderate cases.
- **Uncomplicated Urinary Tract Infection (UTI):** The gateway was broadened so that any eligible patient presenting with a UTI who does not need onward referral now meets the criteria for a claimable consultation, regardless of the number of common symptoms present.

Community Pharmacy Herefordshire & Worcestershire

BP

2024				2025			
Month	BP	ABPM	% conversion	Month	BP	ABPM	% conversion
April	1721	113	6.6	April	2626	78	2.9
May	2242	110	4.9	May	2305	80	3.5
June	1838	100	5.4	June	2299	86	3.7
July	1980	101	5.1	July	2569	112	4.4
August	1980	69	3.5	August	2182	113	5.2
September	1698	72	4.2	September	2373	130	5.5
October	3587	88	2.5	October	4077	165	4.1
November	2555	104	4.1	November	2339	121	5.2

Community Pharmacy Herefordshire & Worcestershire

Contraception

2024				2025				
Month	Initiation	Continuation	Total	Month	Initiation	Continuation	EHC	Total
August	41	358	399	August	86	842	-	928
Sep	48	338	386	Sep	135	941	-	1076
Oct	32	314	346	Oct	120	1000	26	1146
Nov	38	293	331	Nov	98	851	417	1366

Following a review of services delivery and discussion actions were agreed.

Actions on services: to email out packs containing

- Seven flowcharts for Clinical pathways on ring with the new gateways.
- OTC gateway shift summary, one page for OTC staff
- Sharps – all types of waste for both counties to be shared on one page for contractors
- A4 poster on OC containing EHC reference

6. AOB

Committee votes in favour of patient facing website for HW as we have done in CPA. Costs discussed at previous meetings remain the same with a small reduction to be negotiated for having same template as CPA.

CCA Questions – shared responses.

Meeting Closed at: 14:30

Next meeting 12th March – Perdisswell.

Minutes approved 12th March 2026 meeting

