LPC Meeting Minutes

Wednesday 17 June 2026

1 Present

Members		
Samuel Arnold	CCA	SAr
David Crosbie	CCA	DC
Ian Cubbin	Independent	IC
Stuart Dudley	Independent	SDu
Andrew Hodgson	Independent	AH
Dane Stratton-Powell	IPA	DSP
Stephen Thomas	CCA	ST

In Attendance		
Suzanne Austin	PSM	SAu
Sara Davies	LEO	SDa
Adam Irvine	CEO	AI
Alison Williams	BSO	AW
Fin McCaul	CPE	FM

Apologies		
Paul Barry	CCA	PB
Jack Eckersley	Independent	JE
Prakash Jha	Independent	PJ
Wesley Jones	CCA	WJ

2 Welcome, Apologies and Expressions of Interest

DSP welcomed members to the meeting.

Apologies were received from PB, JE, PJ and WJ.

No expressions of interest were received.

3 Fin McCaul – CPE North West Regional Rep

FM attended to give members a CPE and regional LPC merger discussion update.

CPE Update

- The next CPE meeting is scheduled for 24/25 June.
- Information on the CPCF Settlement 2026/27 has been widely circulated. FM and ST shared the process and activities leading up to the settlement being agreed.
- Some members were keen for a revamp about how remuneration works. FM pushed members to expand their thinking on dispensing frequency, which they did.
- Members discussed the proposed introduction of up to 4 hours per month pharmacy closures for staff training, which would bring greater parity with other primary care contractors. Although the regulations have not yet been published, national feedback has been mixed. Members recognised the potential benefits of investing in team training, but also highlighted concerns around commercial risk, associated costs, competition, patient satisfaction and the ad hoc nature of closures for specific training events.

	Contractors are encouraged to make decisions based on the needs of their individual businesses. • FM encouraged members to attend the roadshow on 1 July to continue the discussions. ***LPC Merger Discussion*** This was a closed session for committee members only. Members voted unanimously to continue operating as an LPC and not to pursue the merger at this time. While there was a general view that a merger may be appropriate in the longer term, members agreed that now is not the right time. The planned external stakeholder engagement and LPC review activity will therefore not be undertaken by the committee. However, DSP and AI will prepare and share the regional benchmarking information with the region to support wider discussions and will also share this with FM.
4	**Adam Irvine – ICB Report** AI provided members with an update on ICB business since the last LPC meeting. His slides will be circulated alongside the minutes. Points to note: • The ICB will commission services consistently across the entire footprint. "Place" does not appear within the proposed new structures, and many of the existing operational arrangements (including Primary Care Groups) are being dismantled and reconfigured around political boundary levels, specifically Liverpool City Region and Cheshire/Warrington. • The medicines optimisation structure appears to divide the Liverpool City Region into Mid Mersey and North localities, with Mid Mersey comprising Wirral, Halton and Knowsley, and North comprising Liverpool, Sefton and St Helens. This aligns Cheshire and Warrington with the CPCW footprint but may leave Wirral as an outlier within the current footprint, particularly regarding its alignment with LPCs north of the Mersey. • DSP asked whether AI's slides are circulated to the other Mersey LPC's; AI confirmed that slides are circulated through the regional joint committee, although it appears that the information is not always being consistently communicated onward to all committees.

5	**Suzanne Austin – NHSE Report**
	SAu updated members on the following NHSE business:
	• The ICB structure continues to evolve as the process moves through the bands.
	    ○ Chief Pharmacist, Karent O'Brien (KO), will be leaving the role in September and an advert for recruitment will be issued. There will be two deputy positions, one of which will include the CDAO role.
	    ○ The region has achieved a 60% reduction in staff, which is having a significant operational impact.
	    ○ Although national teams still have a large number of staff workload is increasingly being pushed down to regional teams who are passing additional workload to ICBs, despite limited staffing capacity.
	    ○ KO is keen to hear about any issues and is happy to escalate concerns nationally.
	    ○ There will be seven local medicines management roles. Six roles will operate at Place level, and one role will focus on safety and governance.
	• The Pharmacy Contract team is at capacity.
	• Contract extensions through to the end of December have now been issued.
	• Following the Suicide Awareness Public Health Campaign, Graham Newton (Merseycare) will be presenting campaign posters at three different conferences and

	it is likely that one of the local public health campaigns for next year will build upon this work.
6	**CEO and Employee Report** A copy of the Employee Report was pre-circulated, and the presentation slides will be shared alongside the minutes. No additional points or actions were raised. SDa is currently focusing on supporting contractors to increase referral numbers, which includes engagement work with GP practices.
7	**Treasurer's Report** a) CPCW total funds: £302,235 as of 14 April 2026: **Lloyds Bank Current Account** — £9,879 **Lloyds Instant Access** (0.5%) — £20,582 **Lloyds 32 Day Notice** (1.85%) — £132,403 **Close Brothers 12-month notice account** (4.6%) — £139,371 b) First payment of the CPE Levy is due on 30 June (£61,522). c) GAF will be meeting on 20 July to review Q1 accounts and the Finance Checklist. d) The year end accounts have been drafted. e) From April 2025 HMRC increased the mileage rate from £0.45 to £0.55 per mile. AW will amend the expenses policy and will circulate a new expenses claim form to members.
8	**CPCF (AI)** It was noted that some contractors do not fully understand how margins operate or how to maximise opportunities within the contract. AI proposed developing and delivering a sequence of webinars to support contractors in getting the most out of the contract. The webinars would also provide an opportunity to share best practice. Volunteers will be sought both internally and externally to support the design and delivery of the programme.
9	**Minutes of the meeting held on 15 April 2026** a) The minutes were accepted and signed. b) Outstanding action: i. The GAF sub-committee will review the Finance checklist and bring back the proposed document to the June meeting.
10	**Feedback** a) Staff & Resource (S&R) i. AH/DSP have met with AI to discuss last year and this year's objectives. ii. The merger was also discussed. b) LPC Forum of Chairs DSP recently attended a meeting in London. Topics discussed included the CPCF settlement (with breakout sessions) and Stephen Kinnock (Minister of State at the Department of Health and Social Care) presented, and this was received positively. The meeting was followed by an engagement event on neighbourhoods at the Houses of Parliament. During this session DSP shared that he had been asked for his views on delivering flu vaccinations to vulnerable homeless patients, recognising there was varying degrees of homelessness. He was supportive of further engagement on this issue; however, concerns were raised regarding national stock control arrangements.

11	**Member Feedback - Important Items and Context** No additional topics were raised.
12	**CPCW Strategy (AI)** AI pre-circulated a revised strategy document with the papers and this was accepted.
13	**Neighbourhoods (AI)** There were no specific updates at the moment as not all neighbourhood arrangements across the patch have yet been finalised. AI confirmed that there are three levels of multi-neighbourhood provider organisations. **System level** – the wider ICB/Integrated Care System footprint, responsible for overall commissioning and strategy. **Place level** – local authority or borough-level arrangements (for example, Liverpool, Sefton, Wirral, etc). **Neighbourhood level** – smaller local populations or Primary Care Network-type groupings, focused on delivering and coordinating care closer to communities. Neighbourhoods will act as a mechanism for directing workload; however, the ICB will remain the commissioning body.
14	**LPC Self-Assessment (AW)** Members completed the Self-Assessment document. The team will review the areas that received red or amber ratings and develop a proposed action plan for discussion at the September meeting.
15	**Topics for Discussion – Services** a) Medicines Shortages – Apixaban (AI) It was noted that some other LPCs have raised concerns with commissioners regarding Apixaban shortage. CPCW is not currently taking the same position, and clarification was sought as to whether this remains the agreed approach. It was confirmed that CPCW has already provided guidance to contractors advising them to support the implementation of the change. This remains the current position, and no further action is required at this stage. b) Middlewood Pharmacy First Questionnaire (SAu) SAu attended a meeting with the Middlewood Group (4 surgeries) with Jo Goodwin (PCN Pharmacist) during PLT to talk about Pharmacy First Referrals. The group has undertaken a large piece of work to RAG rate all of their patients and to undertake patient and staff surveys. SAu shared further details, which form part of the slide pack which will be circulated with the minutes.
16	**Topics for Discussion – Other** a) Contractor Services Delivery Variance (AI) Some contractors have raised concerns with the LPC regarding the practices of certain pharmacy contractors. Consideration was given to whether the LPC has a role in supporting the wider contractor body in addressing these concerns. SAu stated that the ICB is aware of some of the issues raised and is currently managing them. Concerns were expressed that such practices risk damaging the reputation of community pharmacy. It was agreed that contractors will be signposted to NHS England C&M, with the LPC following up to ensure that the concerns raised are being appropriately reviewed. b) CMDU Stock Holding Contract Follow Up (AI)

	AI outlined concerns regarding the ICB's approach to consultation and engagement with LPCs prior to this service being commissioned. Members discussed the issues raised and agreed to support AI's proposal to address the matter formally. c) CPE Regional Meeting (1 July) – Attendance and Agenda DSP, ST will be attending the regional CPE daytime meeting. No agenda items were put forward by members. Following the daytime meeting, a regional evening event will be held for contractors. This will also be used as an opportunity to gauge attendance levels and engagement. d) Annual General Meeting Planning AI will consider an engagement event to run alongside the AGM on 9 September; if nothing appropriate is identified then the AGM will be incorporated into the LPC meeting. e) Biosimilars Flyer IC shared that Ben Hindley (Liverpool John Moores University) is undertaking a piece of work supporting the transition to biosimilars across Cheshire and Merseyside. As part of this work, he would like to share flyers in diabetic patients' prescription bags. IC will share some information with SDu.
17	**Date and Time of Next Meeting** Wednesday 9 September, 9.30am-5pm, Forest Hills Hotel, Frodsham

Action List

NOTE: Shaded rows indicate an action carried forward from the last meeting(s)

Minute	Action	Person	*Status*
9i	The GAF sub-committee will review the Finance checklist and bring back the proposed document to the June meeting	GAF	*Complete – on agenda*
3	DSP and AI will prepare and share the regional benchmarking information with the region to support wider discussions and will also share this with FM	DSP/AI	*Complete*
7d	AW will amend the expenses policy and will circulate new expenses claim form to members.	AW	*Complete*
8	AI will develop and deliver a sequence of webinars to support contractors in getting the most out of the contract	AI	*Complete – part of CPCF Implementation Plan*
14	The team will review the areas of the LPC the Self-Assessment document that received red or amber ratings and develop a proposed action plan for discussion at the September meeting	Team	*Complete*
16d	AI will consider an engagement event to run alongside the AGM on 9 September	AI	*Complete – Nothing identified*

16e	IC will share some information on LJMU biosimilars work with SDu	IC	