

## Minutes of the Meeting of Community Pharmacy Norfolk & Suffolk

Wednesday 21<sup>st</sup> January 2026, Diss Business Hub, Hopper Way, Diss IP22 4GT

*The meeting was sponsored by Astellas. They had no involvement in the development of the agenda unless specifically stated on the agenda and were only present for their online session.*

Committee Members			
Nick Smith (NS) Ind	P	Mike Hebron (MH) CCA	P
Chris Ball (CB) Ind	P(am)	Mel Peet (MP) Ind	A
Anil Sharma (AS) Ind	P	Greg McCarthy (GM) CCA	P
Guppy Kular (GK) Ind	P	Ashley Parker (AP) CCA	P
Junchao Jiang (JJ) IPA	P	Jainaba Njie (JN) CCA	A
Simon Ingham (SI) Ind	P		
Officers			
Tony Dean (TD)	P(pm)	Lauren Seamons (LS)	P
Charlotte Bowles (CFB)	P	Myra Battle (MB)	P
Kristina Boulton (KB)	A		

Agenda item	Action by whom
<b>Welcome, Introductions &amp; Apologies for Absence</b> Mitul Patel (MP) joined today and was welcomed in place of Mel Peet whilst she is on maternity leave.	
<b>Apologies</b> – Jai is on annual leave, and Chris had to leave early. Tony Dean was at the Suffolk Health Scrutiny Committee (HSC), providing information on the resilience of community pharmacy. A copy of his written submission will be circulated with the papers for information.	
Lucy Archer from SNEE ICB joined at lunchtime, along with Clare Banyard and Martin Hamilton from the SNEE Transformation team.	

<b>Declarations of Interest have been received from Mitul Patel.</b> The committee was reminded that if there were any changes to the current DoI, they should speak to the employed staff team; the folder was available.	
<b>Teams presentation from our sponsor</b> JD gave a presentation via Teams to the Committee. AS raised a medical query, and JD will provide feedback.	
<b>Review of Action Log, Strategic Plan, and Budget</b> <b>Follow-up action:</b> <b>Social media boosting proposal.</b> CFB talked through proposals for both social media boosting and a digital audio advert to support the next national Pharmacy First campaign. The Social media option was within budget and the existing comms planning, the digital audio option may be considered next year or if there is a change to Pharmacy First. <b>The committee agreed to the social media boosting proposal and to look into the DAX proposal later in the year.</b> <b>ACTION Schedule agreed social media boosted posts to support the national campaign.</b>	CFB
<b>You said/we did survey follow-up.</b> CFB discussed the document produced from the survey results and asked for feedback; no further comments were made. <b>ACTION: share the 'you said we did' contractor survey feedback document with contractors.</b> <b>ACTION create a contractor and staff WhatsApp group and share to start increasing and building two-way engagement.</b>	CFB CPNS team
<b>MP engagement and support.</b> MP encourage MPs to look into business rates as well as other costs affecting pharmacy finances <b>ACTION contact CPE and ask about current key messages when contacting MPs</b> CFB reminders have been in the news, encouraging pharmacies to contact local MPs to arrange drop-in sessions. AS CPE would see this as a constant workstream of engagement. Especially once negotiations begin. <b>MB</b> , we have a webpage developed and ready to support contractors. <b>ACTION make the MP page live and promote monthly in the newsletter with a link</b>	AS CPNS team
<b>Committee engagement and contractor visits.</b> The committee discussed the benefits of contractor visits and how best to implement them. <b>ACTION Discuss selection of a day in June for committee members to conduct engagement visits.</b>	CPNS team
<b>Sub-Groups sessions:</b> <ul style="list-style-type: none"> <li><b>Governance</b></li> </ul> <b>LS</b> Reviewing committee code of conduct and health and safety documentation provided by CPE to ensure all staff and equipment are covered.	

<ul style="list-style-type: none"> <li>• <b>Finance</b></li> </ul> <p><b>ACTION</b> Members to make a claim for expenses before end of the financial year</p> <p><b>LS</b> Budget meetings are planned for Feb; links to 360 reviews for staff appraisals will be shared as they are scheduled over the next few months. We have a surplus in the budget, as discussed, a contractor levy holiday will be given for January or February communication will be shared with all once confirmed from BSA.</p> <p><b>ACTION</b> send communication to all contractors informing them of the levy holiday.</p>	
<ul style="list-style-type: none"> <li>• <b>Market Entry:</b> No significant change relocation to 65 St Matthews Street, Ipswich, IP1 3EW by Avalake Limited</li> </ul> <p><b>LS</b> discussed the relocation; CPNS will respond with no objections and request to be kept informed of any further developments.</p>	
<p><b>ICB Developments: Primary Care Collaborative</b></p> <p>Pre-reading: "Primary Care Conversation" by Amanda Sear (ICB)</p> <p><b>LS</b> gave an overview of recent meetings with ICBs and the discussions that have happened. Pharmacy will need to be represented at place and system level to ensure service and contractual needs are met, but will need to develop ways of supporting neighborhood working. ICB will no longer have capacity or responsibility for providing support, and will instead focus on commissioning of services based on place and neighborhood's identified needs. Meeting held with ICB, LMC, LDC, LPC, LOC. An executive team meeting was arranged with the LMC of NW to discuss principles of working together.</p> <p><b>SI</b> pharmacists should try to become members of some of these groups already set up to support primary care, rather than just GPs.</p> <p><b>NS</b> how will this affect CPNS, do we have capacity in our current staffing structure and what are the implications for CPNS as a representative body.</p> <p><b>LS</b> currently whilst these bodies and neighborhoods are forming we are able to attend meetings. May need to look at capacity if these start to move at speed once budgets and bids start to go out. With upcoming discussions around budgets and staffing, need to look at hours and possibly an admin capacity to free up officers with existing experience to represent at Place level and with pilot projects.</p> <p><b>NS</b> the capacity within the team and wellness of the current staff needs to be carefully considered and monitored.</p> <p><b>SI</b> conversations need to be had early on and pharmacy needs to be involved from the start, at the highest levels. Also GPs get transformation funding, will this now be available to pharmacies?</p> <p><b>LS</b> further information on how the ICB will use their budget under the new model ICB model still remains to be seen. We will update when we know more.</p> <p><b>AS</b> Cambridgeshire &amp; Peterborough ICBs are merging with Hertfordshire and BLMK to be the second largest ICB in the country. Meetings have started to look at planning as a central sector.</p>	

<p>NS needs to consider access to a provider company in case we need it to support a specific project.</p> <p>LS do we have an idea on the CCA view on provider companies.</p> <p>GM negative view on setting up provider companies at present, would need to look at the stance if locally we needed to utilise a company that is already set up.</p> <p><b>ACTION</b> attend meetings at Place and system level; engage with LMCs, Primary Care Norfolk &amp; Suffolk federation.</p> <p><b>ACTION</b> Actively engage with a variety of provider models to support pharmacy commissioning.</p>	    
<p><b>Very Local Funding Opportunities</b></p> <p>MB gave an update on West Suffolk funding initiatives. Should these opportunities be passed to Pharmacies for bidding? How do we link our pharmacies to the other sectors so they don't miss those opportunities?.</p> <p>LS this example is one of many. If we could have up to 39 places, how could we manage that many bids and support without missing out on opportunities?</p> <p>NC, as an individual contractor, personally, I would not have the capacity or skills to write a bid without support.</p> <p>GM would also need to ensure that bids are submitted using a standard template, but would vary based on the offer.</p> <p>LS these smaller bids need to be pulled up to place level to see if they are aware of these and they be co-ordinated better.</p> <p><b>ACTION</b> Communicate Brandon and Mildenhall offer to pharmacies in the affected areas and assess whether they are successful.</p>	
<p><b>Local Service Guides and Update</b></p> <p>MB and CFB gave an update on the service audit of data from 2024/25 and talked through the updated local service guides. Main concerns locally is to ensure there are local discussions in both areas to reinvest the current monies used for local EHC services, once they are decommissioned, to run alongside the national service. Awaiting confirmed dates but looking that both Norfolk and Suffolk will stop the local EHC services from 31/03/26</p> <p><b>ACTION</b> discuss changes and opportunities with commissioners to ensure current local funding is not lost in the National commissioning of EC</p> <p><b>ACTION</b> communicate to all Norfolk and Suffolk pharmacies changes to the local sexual health services when dates agreed.</p> <p><b>ACTION</b> Publish and share the updated service guides with contractors.</p>	    
<p><b>ICB Localities, Locality Commissioning and Integrated Neighbourhood Teams</b></p> <p>Presentation and breakout sessions delivered by <b>Clare Banyard</b> – Deputy Director of Integration and Transformation (Ipswich and East Suffolk Alliance) and <b>Martin Hamilton</b> – Transformation Lead (Ipswich and East Suffolk Alliance)</p> <p><b>CBA</b> and <b>MHA</b> Norfolk and Suffolk ICBs will be integrated, and current teams are starting to work towards this model. Talked through a presentation on the current SNEE model and how INTs will work going forward.</p> <p>LS, where do you get the data.</p> <p>Optum health management, pulls together lots of different data sets.</p>	      

<p>LS would be good to get pharmacy service data added to that. The visibility of this data would help to show the value of pharmacy in the area.</p> <p>The committee then broke into two groups to discuss the 14 principles of commissioning, how community pharmacy could work with these principles, what community pharmacy can do to support neighbourhoods, and how community pharmacy can enhance neighbourhood health services and join up within the new Suffolk community contract model.</p> <p>The group discussions went very well, and feedback was given.</p> <p><b>ACTION share the presentation with committee members and provide contact details for further communication to continue.</b></p> <p>Future meetings and opportunities for feedback are already in place, and an open channel of communication.</p> <p><b>SNEE vaccination update</b></p> <p>LA provided an overview of current vaccination data in SNEE. Spring flu sign-up is now open. Please encourage and support. Closing date: 2nd February. SNEE will keep us updated on sign-ups and any risk areas.</p> <p><b>The committee thanked Lucy for all her support with vaccinations, regular updates, and prompts.</b></p>	LS
<p><b>CPE Update</b></p> <p>AS gave an update on current workstreams from CPE. Negotiations have not yet begun, possibly by the end of January.</p> <p>Nasal vaccination service: good patient feedback. Feedback from surveys indicates that pharmacies are very competent and happy to deliver vaccination services. Pharmacies would like an increase in vaccination services and IP services available through community pharmacies.</p>	
<p><b>CCA &amp; Contractor Questions</b></p> <p>MH will complete and provide feedback; everything has been covered well during the meeting.</p>	
<p><b>Dates for Future LPC Meetings 2026-7</b></p> <p>Already fixed:</p> <p>Wed 18<sup>th</sup> March 2026</p> <p>Wed 20<sup>th</sup> May 2026</p> <p>Wed 22<sup>nd</sup> July 2026</p> <p>The committee discussed possible dates for the rest of 2026, and agreed to September 23<sup>rd</sup>, 2026, and November 11th, 2026.</p> <p><b>ACTION contact Diss business hub to book a room, send out invites to all, and contact possible sponsors.</b></p>	CFB/ MB
<p><b>A.O.B</b></p> <p>Cancer pilot update</p> <p>CFB service should restart by February 2026 for current pharmacies in Norfolk and is now extended to the end of June. Due to a service pause, this could be extended to the end of September with the current underspend, pending ICB confirmation. Also, a bid will be submitted for an extension to the end of March</p>	

2027 for Norfolk, along with a separate bid for expansion to Suffolk (20 pharmacies) to replicate the Norfolk service. Will keep the committee informed of developments as they happen.