

Minutes of Community Pharmacy Kent Committee Meeting 8th September 2026

Officers

P	Mark Anyaegbuna (CEO)	CEO	Kent LPC
P	Amish Patel (Chair)	Chair	Independent
P	David Entwistle (DE)	Vice Chair	CCA
Members			
P	Sachin Mehta (SM)	Member	IPA
Aps	Sunil Chopra (SC)	Member	Independent
P	David Apata (DA)	Member	CCA
P	Samantha Grieve (SG)	Member	CCA
P	Shirley Walker (SW)	Member	CCA
P	Maureen Aruede (MA)	Member	Independent
P	Michael Donaghy (MD)	Member	IPA
Aps	Mike Rudin (MR)	Member	IPA
P	Olaimpe Kunlipe (OK)	Member	Independent
LPC Staff			
P	Adeyinka Jolaoso (AJ)	Service Development Manager	
P	Priya Mattu (PM)	Project Manager	
P	Natalia Bejan (NB)	LPC Office Administrator	
Guest			
P	Adam Doyle (AD)	Chief Executive NHS Kent & Medway	
P	Sukh Singh (SS)	Director of Primary & Community Care	
P	Gary Warner (GW)	Community Pharmacy England South East Regional Representative	

p	Present	Pm	part of the meeting only	Aps	apologies sent	Apns	Apologies not sent
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Meeting Commences at 09:39am

Welcome and Apologies for Absence:

Chair welcomed committee members.

SC and MR sent their apologies.

Minutes

Minutes were signed off with no amendments.

All actions and next steps were completed and signed off.

1. CEO Updates

Key Highlights

- CEO shared updates on vaccination programmes and training, smoking cessation, ICB commissioning intentions, the Healthy Living Partnership, and the ongoing development of the Discharge Medicines Service.
- CEO also highlighted proposed additional Pharmacy First conditions, independent prescriber assurance and onboarding requirements, including available ICB funding and potential local commissioning opportunities.
- CEO shared the key AGM highlights, including a reduction in contractor numbers, completion of the PCN Leads Programme with further funding secured, continued stakeholder engagement, and progress in embedding community pharmacy within Integrated Neighbourhood Teams.
- CEO also highlighted workforce development, DMS implementation, Pharmacy First, contraception and hypertension activity, and a positive financial position with no budget overspend and £190,000 in project revenue.
- CEO confirmed that the AGM will take place on 24 September 2026 at 1:00 pm.
- CEO shared an overview of the proposed revised LPC Model Constitution and Rules, confirming that no fundamental changes are proposed and that composition, appointments and election processes remain unchanged. Key updates include alignment with current practices, minor governance improvements, greater flexibility in committee size, adjustments to term limits and officer appointment cycles, and simplified complaints provisions aligned with the model Complaints Procedure.
- CEO emphasised the importance of holding partners and stakeholders accountable for agreed commitments and actions, supported by a longer-term strategy with clear milestones and progress monitoring.
- CEO highlighted opportunities to strengthen community pharmacy's role in prevention, cardiovascular disease and population health, including cardiovascular risk assessment, cholesterol management, weight management and health checks.
- CEO emphasised that community pharmacy should be recognised as a core clinical partner and fully integrated into governance, neighbourhood teams, multidisciplinary teams and pathway design.
- CEO highlighted the need to move from strategy development to implementation and measurable outcomes, supported by appropriate investment in workforce, training, premises, digital infrastructure and funding.

2. Service Development Update

Key Highlights

- AJ shared that service delivery continues to improve, with increased pharmacy participation, although service scope and specifications may require further review.
- AJ highlighted the continued importance of blood pressure services, with 1,416 clinical interventions delivered between April 2025 and March 2026.
- AJ advised that the blood pressure service specification has been updated, including changes to opportunistic checks for patients aged 40 and over and also specific criteria for those aged 35–39.
- AJ highlighted the need to strengthen referral pathways and collaboration between pharmacies, GP practices and councils to support appropriate patient referrals.
- AJ highlighted opportunities to improve patient flow and referral pathways, particularly where community pharmacy can provide appropriate care.
- AJ highlighted the importance of practical, targeted support for pharmacies approaching thresholds, alongside improved engagement with GP practices through the ICB.
- AJ advised that the new contract provides greater flexibility for late claims and submissions.
- AJ advised that from autumn 2026, the national NHS independent prescribing offer will expand Pharmacy First and contraception services, supported by £500 set-up funding, £525 monthly infrastructure funding and consultation fees of £17–£25.
- AJ shared that high-level caps will be introduced for the Hypertension Case-Finding Service to manage exceptionally high activity among high-volume providers, with detailed arrangements to be finalised during the year.

- AJ shared that the New Medicine Service will retain the one-month claim window, with a new late-claims process allowing submissions up to two months after closure, while contractor caps will reduce to 0.9% of total monthly prescriptions from June 2026.
- AJ shared an update on the Pharmacy Quality Scheme, including new palliative and end-of-life care gateway requirements and associated deadlines, with the clinical audit expected to be available from late September.
- AJ shared an update on the 2026/27 vaccination service, including NBS appointment publication requirements and payment rates of £10.06 for flu vaccinations and £8.70 per COVID-19 vaccination during the flu campaign, increasing to £10.06 outside the campaign period.

3. Kent&Medway Update

Key Highlights

- AD shared the developing four-layer care model, with community pharmacy playing a key role in primary and neighbourhood care.
- AD highlighted the development of 45 neighbourhood areas and nine wider geographical areas to improve local care and patient flow.
- He also emphasized the need to reduce unnecessary demand on acute services through better system-wide coordination.
- AD advised that the ICB is developing a five-year strategy, with an ambition for longer-term three-to-five-year contracts.
- AD highlighted the need for clearer contractual relationships, mutual accountability and measurable outcomes.
- AD shared his appreciation for community pharmacy's progress and stressed the importance of maintaining an open and direct relationship.
- AD advised that pharmacy leadership should review progress with the ICB in approximately six months.
- AD emphasized moving from strategy to practical delivery, including meeting vaccination requirements and implementing agreed service developments across pharmacies.

4. Project Update

Key Highlights

- PM shared the GP Patient Survey results, with over 68,000 surveys issued and almost 19,000 completed; 86% reported a good overall experience of pharmacy services.
- PM highlighted opportunities to strengthen pharmacy support for patients, particularly where GP access is limited.
- PM shared the importance of strengthening relationships with trusts, councils and other partners, supported by data sharing and regular engagement.
- PM highlighted the use of real-time performance data to demonstrate pharmacy impact and support greater engagement from trusts.
- PM highlighted DMS as a key opportunity to improve hospital-to-pharmacy referrals and continuity of care.
- PM identified hospital IT integration and consistent referrals as key enablers to successful DMS delivery.
- PM shared indicative DMS costs of approximately £4,000 for licenses and £8,000 for integration.
- PM proposed a 3–6 month DMS demonstrator to assess impact and inform wider implementation.
- PM advised that clear project leadership and appropriate pharmacist training and support will be required.
- PM shared that the LPC is working with the ICB to explore independent prescribing opportunities and identify pharmacists' support needs.
- PM shared that the university was unable to honor all 12 allocated independent prescribing places due to high application volumes, with 5 places offered for September 2026, 4 deferred to February 2027, and 1 applicant invited to reapply.
- PM shared a Dartford Lung Cancer Screening Program awareness campaign, with £250 funding available to participate in pharmacies.
- PM shared that KMCR project is expected to relaunch in January, with 11 contractors expressing interest and the LPC following up on outstanding paperwork.

- PM highlighted engagement barriers, including the volume c may support future research bids.

Action: PM to discuss how to improve the referrals in th completed in the CEO list of actions by the office team (V

5. Finance Subcommittee Update

Key Highlights

- SG provided a financial update, explaining that the £161k year -end deficit was mainly due to the timing of allocated project funds and expenditure. Account 2 held around £66k of allocated project funding at year end.
- SG confirmed that spending for the current year is progressing as expected, with £138k spent against a planned £155k up to the end of June. Salary costs remain on budget at approximately £58k year to date.
- SG advised that project fund tracking is being updated to give a clearer view of the FY26 financial position. Around £60k is currently being held by the Provider Company to support ongoing projects, including Teach and Treat, with further payments expected.
- SG noted that reserves currently provide around three months' financial cover and remain at an appropriate level. The Finance Subcommittee will continue to review the reserves position and consider whether any updates to the reserves policy are needed.

6. CPE Regional Representative

Key Highlights

- GW provided an update on the CPE reform agenda and the establishment of the first Reform Steering Group.
- Concerns were raised regarding the increasing number of policy and service requirements and the capacity of pharmacies to deliver them effectively.
- GW emphasized that reform should simplify processes and remain practical, achievable and proportionate.
- With ongoing NHS financial pressures, pharmacies may need to diversify income through private services, including point-of-care testing and prescribing.
- It was acknowledged that opportunities for private income may vary, particularly for pharmacies serving more deprived communities.
- GW highlighted the need for pharmacies to adapt and invest for the future, while ensuring reforms are realistic, sustainable and deliverable.

7. AOB

SW has raised an AOB regarding the research she is currently undertaking. She explained that all pharmacies are welcome to participate by sharing their experiences and views. The committee unanimously agreed that link of the survey can be shared in the newsletter and also the WhatsApp group.

8. Upcoming LPC meeting 2026/2027

- 10th November 2026
- 19th January 2027
- 2nd March 2027

All meetings will be taking place face to face at Holiday Inn Maidstone/Sevenoaks, London Road, Kent, TN15 7RS

Meeting ended at 16:17