

01/08/2026

Annual Report 2025/26



COMMUNITY
PHARMACY
GLOUCESTERSHIRE

Introduction

As Chair of Community Pharmacy Gloucestershire, I am pleased to introduce this annual report covering the 2025/26 financial year, April 2025 to March 2026.

It brings together officer accounts of the year: our Support Officer and Chief Officer's reports on contractor support and engagement with the Integrated Care Board, NHS England, Gloucestershire County Council and our wider stakeholders on behalf of contractors; and a summary of the Committee's own decisions and outputs across our six meetings during the year, together with a record of members' attendance.

It has been a demanding year for community pharmacy in Gloucestershire, and I want to start by recognising the resilience our contractors have shown throughout it.

We worked hard to embed Pharmacy First and improve NHS 111 referral performance, supported workforce development and trainee placements, and took forward substantial medicines optimisation work with the ICB, including new guidance on medicines compliance aids and dispensing intervals.

A great deal of the Committee's energy also went into managing the disruption and reputational damage caused by the Jhoots pharmacy closures and stock shortages; and navigating extensive NHS England and ICB reorganisation, which culminated in the disbandment of Clinical Programme Groups and the appointment of a new combined ICB Chief Executive.

Closer to home, council-commissioned services moved steadily towards decommissioning even as we successfully delivered the council flu service and the Pharmaceutical Needs Assessment, and we built new

relationships with the GP Collaborative, Local Medical Committee and voluntary sector.

Behind all of this, the Committee has continued to strengthen its own governance, financial oversight and strategic planning, and I am grateful to my fellow committee members for the time and expertise they have given throughout the year, and to our Chief Officer and Support Officer for their tireless work on contractors' behalf.

The sections that follow set out this work in full. I hope they give contractors and stakeholders a clear and honest picture of what we have achieved together this year, and of the priorities ahead.

Andrew Lane- Chair CPGlos



Support Officer's Annual Report

April 2025 – March 2026

It has been a busy and positive year supporting community pharmacy contractors as they continue to provide healthcare services to patients across the Gloucestershire.

Despite continuing pressures on funding, workforce, and increasing patient demand, Gloucestershire contractors have continued to demonstrate remarkable resilience, professionalism, and commitment to their communities. Pharmacies have remained at the forefront of accessible healthcare, delivering advice, treatment, and vital services to thousands of patients every day.

Over the past year, I have been pleased to support contractors by:

- Providing timely updates on service and contractual developments.
- Coordinating communications and sharing best practice.
- Supporting contractor meetings, training sessions, and engagement events.
- Facilitating conversations with NHS and local healthcare stakeholders.
- Helping contractors access resources and opportunities to develop services.

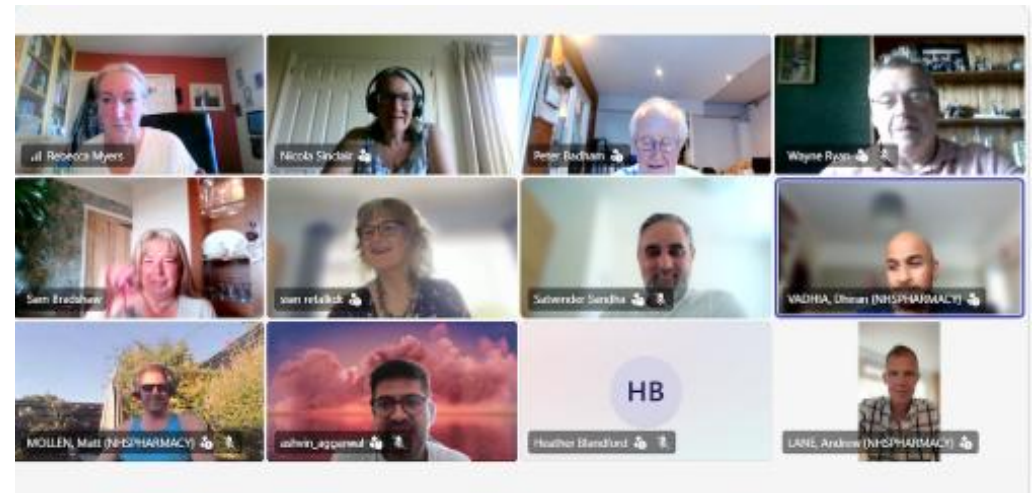
The dedication shown by pharmacy teams across Gloucestershire has been truly inspiring. Their willingness to adapt, collaborate, and embrace new opportunities continues to strengthen the role of community pharmacy within the wider healthcare system.

Thank you to all contractors for your continued support, engagement, and commitment to delivering outstanding care to patients across

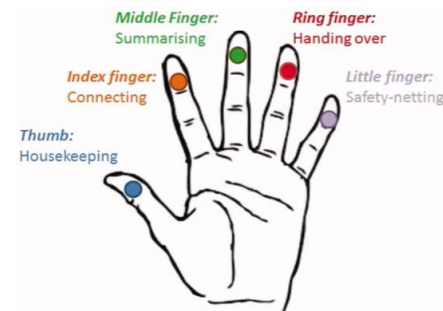
Gloucestershire. I look forward to working with you in the year ahead as we continue to champion and develop community pharmacy services

together.

Sam Bradshaw- Support Officer



Roger Neighbour



Chief Officer's Annual Report

April 2025 – March 2026

Summary

The year was dominated by several sustained themes: embedding and monitoring Pharmacy First and NHS 111 referral performance; supporting community pharmacy workforce development and trainee placements; medicines optimisation work with the ICB (including the MCA/dispensing interval guidance); mitigating the reputational impact of the Jhoots pharmacy closures; and navigating significant NHSE/ICB reorganisation, culminating in the disbandment of Clinical Programme Groups (CPGs) and the appointment of a new combined ICB CEO. Council-commissioned services (EHC, sharps, smoking cessation) moved steadily towards decommissioning, while the council flu service and PNA process were successfully delivered. New relationships were also established with the GP Collaborative, LMC and VCSE sector.

Meetings and Stakeholder Engagement

Across the year the Chief Officer maintained a consistent programme of recurring meetings, alongside a growing number of ad hoc and project meetings as new relationships developed:

- Weekly ICB/LPC huddle meeting
- Monthly GPhIC meeting
- Monthly LPC Chief Officers meeting
- ICB Drugs & Therapeutics (D&T) meeting
- SW CCH/CPL strategic and operational meeting
- Pharmacy First steering group (renamed CP DISG from January 2026)
- Council services meeting

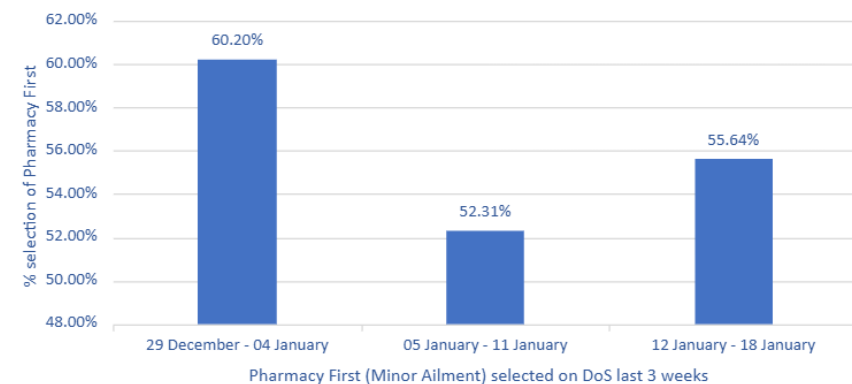
From November onwards this widened to include regular LPC/LMC and GP Collaborative meetings, a Council services meeting, VCSE Gloucestershire liaison, and SW CCH Jhoots-specific calls, an ICB D&T meeting, and direct engagement with the new combined ICB CEO. Ad hoc engagement across the year also included the PNA steering group, careers and training events (Circle2 careers event, DS/DPP networking event), University of Worcester MPharm stakeholder meetings, CPE IT group meetings, and NHSE controlled drugs training.

Integrated Care Board (ICB)

Pharmacy First and NHS 111

Monitoring of Pharmacy First utilisation was a continuous thread through the year. In May, combined South West utilisation stood at around 53%, with Gloucestershire the lowest-performing ICB in the region (45.6% referral utilisation, 95% Pharm+ selection). A persistent concern was under-referral from the NHS 111 provider following its change of provider in Norfolk; the Chief Officer worked directly with Norfolk LPC and team at Gloucestershire ICB and regional DOS team utilising excellent DOS performance data to press for improvement. By June/July this data-sharing began to pay off, with minor ailments referrals rising above 50% and moving closer to regional parity, although a decline in "top of DOS" selection remained a concern.

Pharmacy First selected last 3 weeks



By September the steering group had confirmed clustering arrangements and shared full-year data to end June 2025; October's move to "bundling" was flagged as an important service milestone, with Sore Throat identified as the biggest winter opportunity and contraception consultations continuing to grow month on month. Contractor evenings were planned to help practices maximise income under the revised clinical pathways. From January 2026 the steering group was rebadged CP DISG, and by March 2026 up-to-date Pharmacy First and referral data sheets had been compiled to support the Chief Officer's meeting with the ICB's new CEO.



Workforce and Training

Workforce development evolved considerably over the year. An initial "optioneering event" concept discussed in May had, by July, become a Community Workforce Scenario Planning Lite (CSP) event; by September this was formally agreed, with nominations sought for LPC, non-contractor and PCN-link pharmacist representatives. Gloucestershire pharmacies were successful in securing a high percentage of the regional pre-registration trainee pharmacy technician funding in September, with a revised needs-based allocation process expected for the following round.

By November the Chief Officer had organised attendees for a further workforce workshop and drafted suggested workforce targets for community pharmacy in Gloucestershire. Training activity through the year included webinars supporting contractors through the Pharmacy First service changes and PQS support documentation, sourcing NMS training for antidepressants, and in January/February arranging clinical note-taking and record-keeping training and a consultation skills webinar, alongside attendance at DS/DPP trainee update meetings and careers events. By March 2026, DPP/trainee pharmacist places for the 2027 intake had been confirmed via Oriel, broadly in line with previous years, although GP practices reported reduced capacity to also host pharmacy trainees.

Medicines Optimisation and Drugs & Therapeutics

Medicines optimisation work included ongoing push back against ICB proposals for branded generic switching (including for micronised progesterone -March 2025) and communications supporting the Primary Care Offer (PCO) for GP practices. Within meds optimisation over the year the LPC supported changes and updates to formulary items (baby milk formula, centralised dressings supply, care home nutrition and continence formularies).

A significant piece of work through the second half of the year was the development of ICB guidance on Medicines Compliance Aids (MCA) and dispensing intervals. Following extensive input from the chief office and committee members, the ICB published the revised guidance for DDA assessment of MCAs, with no wholesale retrospective changes and continued

adherence to existing seven-day prescription policy. Patient-facing materials were issued to pharmacies and surgeries in March 2026, with the LPC's standard advice being an agreed weekly-review process between pharmacy and surgery combining a Structured Medication Review with a reasonable-adjustment assessment.



The March 2026 D&T meeting reported a forecast annual drugs spend of around £110 million, driven by growth in prescribing of continuous glucose monitoring (CGM) sensors and tirzepatide, with cost-savings on track to exceed the £5 million target (chiefly through GP enhanced services and switching from edoxaban to rivaroxaban). Continuation of the PCO into 2026/27 was uncertain, though carbon-footprint/inhaler prescribing, antibiotic duration, medication safety and SMR-related targets were expected to be retained.

Locally Commissioned Services

The Chief Officer pressed the ICB throughout the year for an increase to the £60 out-of-hours call-out fee to bring it into line with other areas. By November the ICB indicated an intention to decommission the service, citing on-call cover from Gloucestershire Hospitals Trust pharmacists and a lack of recent claims from community pharmacy; the Chief Officer raised concerns about under-utilisation of Just-in-Case boxes services, especially in remote/rural areas and asked that the change be logged on the ICB risk register. No further update had been received by March 2026.

ICB and NHSE Reorganisation

Structural change was a constant backdrop to the year. In May, national direction was awaited on the reorganisation of the seven South West ICBs into three, with an October deadline set by the Secretary of State and an expectation that functions such as communications and medicines optimisation would move to regional teams. The Gloucestershire/BNSSG ICB merger was confirmed as approved by July, and clustering arrangements were formally confirmed by NHSE in September. By January 2026 the Chief Officer had met the new combined ICB CEO, and by March 2026 Clinical Programme Groups (CPGs) had been disbanded pending confirmation of the new ICB structure.

Council and Public Health

The Pharmaceutical Needs Assessment (PNA) process ran throughout the year: a draft was chased with Gloucestershire County Council in May, the LPC PNA sub-group agreed its submission in September (excluding unresolved Jhoots closure issues), and the PNA was published in November showing no gaps in provision. A supplementary statement regarding Jhoots was raised again in January 2026; the Chief Officer recommended the Council wait, given that the affected sites had entered administration with an expectation of reopening.

Emergency Hormonal Contraception (EHC) PGDs were extended to October, pending replacement by a new advanced service (provisional start date 29 October). By November it was clear the Council intended to decommission most locally commissioned pharmacy services — EHC, smoking cessation (now little used) and sharps disposal (sexual health services having become a national responsibility) — with sharps likely re-tendered through a waste provider. The LPC continued to press, without success, for any retained EHC funding to be reinvested in a complementary pharmacy service, and raised concerns about the loss of a formal link between public health and community pharmacy; quarterly liaison meetings were agreed to maintain this relationship, alongside an invitation to re-join a multidisciplinary sexual health meeting. By January 2026 the Council confirmed decommissioning was on track with no further LPC action required.

The Council-commissioned flu vaccination service, meanwhile, was a consistent success story across the year- with service uptake exceeding previous years and successful outreach fire station and leadership conference clinics delivered.

NHSE

The Jhoots pharmacy closures were the single most persistent NHSE issue of the year. First raised in July, by September/November significant numbers of Jhoots sites across the South West remained closed with no contracts formally removed, causing considerable disruption and additional workload (2–3 extra hours a day in some cases) for neighbouring contractors. Chief Officers repeatedly requested a compensation package for affected pharmacies and escalated the matter via MPs, including a parliamentary question. By January 2026 the affected sites had entered administration, with an expectation — subject to lease issues — that they would reopen; by March 2026 the situation remained under discussion alongside workforce updates and NHSE rota planning. At time of writing all Jhoots sites have reopened under new management structures.



Other recurring NHSE themes included uncertainty over the future shape of the NHSE regional team and its functions; confirmation that Pathfinder independent prescribing funding would end in December 2025 (with continuation dependent on local ICB budgets); national announcements on the spring/summer and autumn Covid vaccination programmes; and, from

March 2026, discussion of the Recall and Access Framework (RAF) and breach notices for non-completion of mandatory health promotion campaigns.

Wider Partnership Working

GP Collaborative and LMC

A regular meeting cycle with the GP Collaborative was established from November, aimed at building closer links as commissioning arrangements evolve; the Collaborative's own role remains focused primarily on general practice, with the ICB continuing to hold overall accountability for population health, inequalities, productivity and social/economic development under the NHS Oversight Framework 2025/26. Engagement with the LMC also grew through the year, covering data-sharing on contraception and Pharmacy First GP referrals, PCN leads funding, dispensing doctors, and (by March 2026) a new Director overseeing Primary Care.

VCSE Collaboration

A new relationship with the voluntary, community and social enterprise (VCSE) sector began in November 2025 with an introductory meeting, exploring opportunities to compare VCSE and pharmacy locations for potential joint work in areas of shared reach. No further action had progressed by March 2026 pending more information on ICB restructuring and the future of neighbourhood working.

MPs and Parliamentary Engagement

Letters were sent to local MPs in July inviting them to a Chairs' meeting at the Houses of Parliament, resulting in meetings with two or three MPs. Parliamentary interest continued into November via a parliamentary question relating to the Jhoots closures. Regular emails were sent to MPs and their teams concerning pharmacy related issues and inviting them to attend local pharmacies for visits. The LPC responded to requests for support with MP questions- resulting in a question being put before parliament concerning availability of stock and dispensing at a loss.

Other Activity

- Ongoing support to contractors and ICB liaison on stock shortages
- General contractor queries throughout the year
- Presentations and strategy/vision/mission work for the LPC, finalised and action plan published for 25/26
- PQS support documentation produced and circulated to contractors
- Newsletters
- Strategic plan for 2026/27 drafted, activity tracker set up, LPC self-assessment updated, and stakeholder mapping begun
- Continued work to improve quality and consistency of data available to committee to support contractors
- Evaluation of LPC data dashboard options, resulting in adoption of the CPE Power BI dashboard in place of a costlier bespoke proposal

Looking Ahead

As at March 2026, a full programme of meetings was already scheduled into the new financial year, including the weekly ICB huddle, SW CPL strategic and operational meetings, LPC/LMC catch-ups, CP DISG, a seasonal flu debrief, and the D&T and GPhIC meetings — reflecting continuity of the core engagement themes reported throughout 2025/26 into the year ahead.

Rebecca Myers- Chief Officer

Committee summary of outputs

April 2025 – March 2026

Summary of Committee Outputs

This summarises the six CPG committee meetings held during 2025/26 (May, July, September and November 2025, and January and March 2026), grouped by topic. Full minutes for each meeting remain the definitive record.

Governance and Committee Membership

Committee governance was strengthened over the year: a governance sub-group was formed in May, a self-assessment was completed and progressed from amber/red towards green ratings by March 2026, and TAPR feedback was submitted to CPE. Membership changed during the year — Dhiran Vadhia (IND) joined in May 2025, and Paul Gregg (IPA/AIM) tendered his resignation at the March 2026 meeting. A governance subcommittee of non-conflicted members (EK, AL, RM) was convened in January 2026 to respond to NHS England's Jhoots contractual notices.

Finance and Budget

The Treasurer reported a levy increase (October 2025), a governance review of accounting software, and a formal Officers' pay review. By January 2026 the draft 2026/27 budget was projecting a £12k deficit, later revised to a forecast £10k deficit by March 2026 with reserves trending below target; the committee agreed to reduce face-to-face meetings from six to four per year (replacing two with virtual evening meetings) and to review the reserve policy. The annual budget for 2026/27 was formally accepted, with amendments, at the March 2026 meeting.

Pharmacy First and Service Delivery

Referral performance and data access were recurring concerns throughout the year. Early in the year the committee pushed for SNOMED-coded referral data and highlighted contractors struggling to meet Pharmacy First thresholds; by

November, licensing restrictions were preventing the LPC from accessing PharmOutcomes data directly, prompting exploration of a Cegedim dashboard as an alternative. By January 2026, referral challenges persisted (e.g. new Podsmead pharmacy receiving very few referrals despite being in an area of deprivation), and the committee requested better GP-versus-walk-in referral tracking from the ICB. By March 2026 data access (ePACT2/GP referral data) remained an open, escalated issue, with a KPI target set of 25% growth in GP-to-pharmacy referrals.

Contractual Matters — Jhoots Closures

The closure of Jhoots pharmacy sites was a standing agenda item all year. The committee agreed to support affected contractors and monitor additional workload from July onwards; by November four Gloucestershire sites were affected (two closed, two intermittent) with NHS England considering breach notices. By January 2026, two sites had reopened under new ownership (Allied) while NHS England issued "minded to remove" notices for the remaining two, triggering a formal LPC response via the non-conflicted governance subcommittee. By March 2026 only the Waitrose site remained closed, with others reopened and minor contractual changes noted.

ICB Relationship, Workforce and Strategy

Engagement with the ICB covered the Community Pharmacy Pathfinder programme (live from March 2025, expanding through the year with continued funding secured to the end of the financial year), the Medicines Compliance Aid/dispensing interval guidance, and the wider NHS 10-Year Health Plan. Workforce themes included PCN Leads capacity tracking, technician training funding, and (by March 2026) confirmed PCN Leads funding for 2026/27 with a focus on the Forest of Dean. Committee discussion also covered the confirmed Gloucestershire/BNSSG ICB merger (July 2025) and the announcement of a new ICB structure for internal consultation from March 2026, alongside a refreshed strategic plan and integrated KPI/action tracker agreed in March (covering hypertension ABPM conversion, GP-to-pharmacy referral growth, contraception referral reach, and contractor survey frequency).

Council (GCC) Commissioned Services

The committee tracked the Council's commissioned services throughout the year, including the staff flu vaccination programme (over 1,200 vaccinations delivered by November) and the phased decommissioning of the locally commissioned EHC and smoking cessation services, with the NRT voucher scheme retained in a revised digital form and the sharps disposal service under ongoing review.

CPE, CPPE and Sector Engagement

CPE updates covered national contract negotiations, constitutional review, and sector financial pressures, with the committee regularly encouraging contractor participation in CPE surveys and polls. CPPE provided training and resource updates across the year (contraception, hypertension/ABPM, mental health, and later women's health, leadership and cardiovascular resources). From March 2026 the standing CPE agenda slot was reduced to 15 minutes, with CPPE items only added when relevant, to streamline meeting time.

Training, Events and Partnerships

The committee supported a range of contractor-facing training and events across the year, including EHC training, PQS support, Pharmacy First virtual sessions, and clinical skills events, alongside sponsor-led sessions (Nestlé infant formula, Lupin Healthcare, Aspire Pharma, and Daiichi Sankyo cardiovascular education). A new relationship with the voluntary and community sector (VCSE) began in November 2025, exploring outreach opportunities such as blood pressure checks at community hubs.

Committee Attendance April 2025 to March 2026

The table below summarises attendance at the six CPG committee meetings held during the year.

Committee Member	Role	May '25	Jul '25	Sep '25	Nov '25	Jan '26	Mar '26
Andrew Lane (AL)	Chair	P	P	P	P	P	P
Rebecca Myers (RM)	Chief Officer	P	P	P	P	P	P
Sam Bradshaw (SB)	Support Officer	P	P	P	P	P	P
Satwinder Sandha (SS)	CCA	P	P	P	P	P	P
Dhiran Vadhia (DV)	IND	P	P	P	P	P	P
Will Pearce (WP)	Treasurer	P	P	P	A	P	P
Etisham Kiani (EK)	IND	P	P	P	P	P	A
Peter Badham (PB)	IPA/AIM	P	P	A*	P	P	P
Wayne Ryan (WR)	CCA	P	A	P	P	P	P
Nicola Sinclair (NS)	CCA	P	P	A	P	P	P
Neetan Jain (NJ)	IND	P	V	A	P	P†	P
Matt Mollens (MM)	Observer	P	P	A	P	P	A
Steve Ireland (SI)	IPA/AIM	P	A	A	P	P	P
Heather Blandford (HB)	CCA	V	A	P	A	P	P
Vas Alafadimos (VA)	CCA	A	V	P	A	P	A‡
Paul Gregg (PG)	IPA/AIM	A	P	P	A	A	A§

P = present · V = present (virtual) · A = apologies · – = not yet joined the committee * PB sent a nominated replacement (CB) for the September meeting. † NJ left the January meeting early (2.45pm) but is counted present. ‡ VA sent NS as a nominated representative for the March meeting. § PG tendered his resignation as IPA representative at the March 2026 meeting.