



Community Pharmacy London Newsletter

5 December 2025

FOR INFORMATION



WELCOME

Welcome to this month's CP London newsletter – below you will find news items labelled with two headings -

FOR ACTION

FOR INFORMATION

These should hopefully allow you to choose what information is important for you to digest in the amount of time that you have. Thanks for your attention.

FOR INFORMATION



CP X GP SUMMIT

On Wednesday 12 November 2025, at the Grand Connaught Rooms, London, two pillars of Primary Care were brought together to do what's urgently needed: build real, lasting relationships between Community Pharmacy and General Practice.

This conference was about breaking silos, tackling the pressures we're all facing, and learning from those at the sharp end of delivering care.

The conference was hosted by [Community Pharmacy London](#) & [London wide LMCs](#)

There were keynotes from:

[Conor Price](#), CEO, Community Pharmacy London

[Dr Lisa Harrod-Rothwell](#), CEO, London wide LMCs

And sessions with:

[Sarah See](#), Managing Director of Primary Care, NHS North East London

[Sukhi Basra](#), Community Pharmacist, NPA

Dr Sweta Raj, GP, Statham Grove Surgery

[Dr Agatha Nortley-Meshe](#), Regional Medical Director for Primary Care, NHS London

[Anne Joshua](#), Deputy Director of Pharmacy Commissioning and Transformation, NHS England

Ravi Ramanatha, GP, Gordon House Surgery

[Rebecca Gale](#), Assistant Director - Primary Care Network

[Patricia Tigemoah-Ojo](#), Community Pharmacist, SEL LPC

[Dr Mike Edbury](#), GP, Brent LMC Chair

[Bhaveen Patel](#), Owner/Pharmacist at Junction Pharmacy, Chair Community Pharmacy SEL, Practice Pharmacist HHR Medical Practice, Independent Prescriber

[Ruth Rankine](#), Director of Primary Care Network, NHS Confederation

[Andrew Bland](#), Chief Executive Officer, NHS Southeast London ICB

Amit Patel, Chief Executive Officer of Community Pharmacy Southwest London

Linkedin Comments following the summit -

<https://www.linkedin.com/feed/update/urn:li:activity:7394316200404701185/?actorCompanyId=105866580>

https://www.linkedin.com/search/results/all/?keywords=%23cpgpsummit&origin=HASH_TAG_FROM_FEED&sid=RsU

Comments from Evaluation forms following the summit -



"For the first time in my professional career, I witnessed true leadership from our representative bodies. The recent summit was a landmark event—both inspirational and deeply insightful. It provided a platform for thought-provoking discussion and, importantly, translated dialogue into action. As a direct outcome, we have already convened with local Primary Care Networks to agree on next steps for collaboration. This marks a pivotal moment for our profession and sets a new standard for leadership and engagement."



"Thank goodness for our London healthcare colleagues in both General Practice and Community Pharmacy, stepping up with the expert assistance of the NHS Confederation Primary Care team to get actively leading the way to better mutual support and trust."



"It's a fantastic first step to get people talking at a very high level. The co-chair talk in the morning, especially Lisa's story about how her relationship changed over the years with the local pharmacist"



"First opportunity to have the open dialogue in a collaborative way."



"This event is the first of its kind since the publication of the 10-year health plan. Thank you to Pharmacy London and London-wide LMCs for organising and bringing together a group of willing and transformative individuals."



The event truly captured the power of collaboration between Community Pharmacy and General Practice. The messages were clear: Collaboration, not competition. We need smarter commissioning for better outcomes. We need to build trust, relationships, understanding, culture, and innovation. Pharmacy First, should be Pharmacy First (not second) and we should build it into a Pharmacy Fabulous service. The forthcoming Neighbourhood contracts and the closer alignment between community pharmacy and general practice contracts were highlighted as key enablers and essential for a more connected, efficient, and patient-centred system. The energy, optimism, and passion for improving primary care was infectious. As an ICB commissioner and community pharmacist I took away the messages with clear actions.

OUTCOMES & ACTIONS >>>

Community Pharmacy London profile has been increased, with the summit being talked about at the highest levels within London

Excellent piece in the Pharmaceutical Journal - <https://pharmaceutical-journal.com/article/opinion/building-bridges-what-happens-when-pharmacy-and-general-practice-finally-sit-down-together>

CP London and London wide LMC relationship has been strengthened, and as a result they are working together on several actions.

Request by NHSE-LR, PM Healthcare and Pulse/NPA to host another summit in 2026

Please find below an infographic for the event >>>

12 NOV 2025

DE VERE GRAND
CONNAUGHT ROOMS

COMMUNITY PHARMACY X GENERAL PRACTICE SUMMIT

CO-CHAIR'S WELCOME

There must be a move from competition to co-operation and then to collaboration by building trust.

JOINT NHS KEYNOTE

Open communication = primary care professionals co-creating services to benefit patients.

PANEL SESSION – PHARMACY FIRST

- Communication, competence & respect builds trust.
- Centre the patient – manage their expectations.
- Empowering GP reception staff

MYTH-BUSTING SESSION

- There should be NO concerns over anti-microbial stewardship.
- Pharmacy First is NOT a "second class" option for patients.
- CPs and GPs are competing for funding NOT patients.

NEIGHBOURHOODS – HOW DO CPS & GPS COLLABORATE

- Collaboration must happen that doesn't hurt either party.
- The right voices must be on the right committees.
- A mindset and culture is needed for success.

TAKE HOME MESSAGES...

WELCOME KEYNOTE

Invest time in developing relationships – spend a morning in each other's workplaces.

DEBATE - COLLABORATING WHILST IN COMPETITION

- GPs and CPs can form the Primary Care "family".
- Primary care professionals represent five fingers on ONE strong hand.
- New technologies should be "enablers" only – not replacements for F2F patient care.

KEYNOTE SESSION IN PARTNERSHIP WITH EVENT PARTNERS

AbbVie - <https://www.abbvie.co.uk/>

➤ MIGRAINE awareness & management

PRIMARY CARE COMING TOGETHER

- Invest in developing key leaders.
- Have everyone agree on a shared purpose and message for patients.

CLOSING REMARKS AND CO-CHAIRS REFLECTIONS

- Honest, open communication = trust & respect = good collaboration.
- Co-design services and contracts to centre patient needs.
- Invest in time to develop relationships.

FOR INFORMATION**FOR ACTION****CP LONDON BOARD MEETING – 3 NOVEMBER 2025**

The following agenda items were discussed at this meeting:



Workshop 1 – **each LPC rep. was asked to list the greatest “win” and most difficult “challenge” for the year of 2025.**



LDC guests - **A discussion was had with members of the LDC confederation wrt. the reasons why they had invested in “incorporation”**



Workshop 2 - **each LPC rep. was asked to list the barriers, challenges and examples of good practice wrt. the Pharmacy First service – so that CP London could focus its efforts to help improve referrals into this service.**



Workshop 3 - **each LPC rep. was asked to describe what would the ideal future model for CP representation would look like across London?**



Workshop 4 - **each LPC rep. was asked to list the advantages and disadvantages in their LPCs investing in different neighbourhood engagement models.**



“Modern Community Pharmacy” – **this document was discussed and its possible launch in the House of Lords.**

OUTCOMES & ACTIONS >>>

All members to present at the next CP London meeting – a vision of what their LPC would want London CP representation to look like in 2027/28 in terms of structure and governance

To table an agenda item at the next LPC meeting where “neighbourhood investment” is debated.

FOR ACTION



DMS - USEFUL POINTS TO NOTE

- Contractors are reminded that at stage one of the DMS there is **no need** to have made contact with the patient. A lot of the work needs to be done without contact with the patient. So, all contractors can claim Stage 1 payments even if contact is not made the patient
- **Sonar** has a DMS module that you can use even if the referral has come on PharmOutcomes.
- At the moment there is **not a direct connection** (API) for transfer of the consultation between PharmOutcomes /Sonar and MYS. This is in development.

END OF NEWSLETTER