



Over the past months our sector has witnessed a huge transition to the landscape of community pharmacy. We have watched as the number of branches belonging to members of the Company Chemist Association (CCA) have markedly declined. These branches have by large been taken over by independently owned pharmacy businesses. Yet despite the reduction to numbers of branches, the CCA companies continue to retain the same number of seats on Community Pharmacy England (CPE).

The Association of Independent Multiple Pharmacies (AIMp) and our members have for many months been asking the CPE to address the proportionality issue resulting from divestments and closures. AIMp believes it is crucial in order to ensure the negotiator can satisfy the requirements by Secretary of State that the composition of the sector reflects a true representation of its interests. However, we are consistently told by CPE that they are unwilling to address this before the next committee election which is in 2025 – in the meantime the CCA companies continue to enjoy a veto position over voting rights at CPE. In addition, P2U have now joined the CCA and have now taken up a CCA position on its committee.

It is fact that the priorities and needs of a corporate shareholder model which is now increasingly focused on DSP business is very different to a family-owned independent business model and is clearly to the commercial detriment of our members and independent pharmacies.

As our sector is going to embark on Year 5 negotiations, it is paramount that the negotiator has proportionality on its committee that reflects on the sector landscape and focuses on negotiations rather than representation. We must ensure that our members' businesses are protected and that they do not end up having to endure more years of poor funding and government policies that are detrimental to the survival of independently owned pharmacies. As such we must insist on getting the right composition and constitution on CPE.

Our recent survey of nearly 400 independent contractors whom between them own many thousands of pharmacies clearly showed that in their opinion CPE is not representative of the community pharmacy landscape.

As such our members are putting a vote of no confidence in CPE and we are asking that the following points are addressed:

1. The Committee of CPE must adopt a model of proportionately which reflects the composition of pharmacy contractors with immediate effect. To delay this only compromises the national interests of the majority.
2. CPE cannot be a representative body and a negotiator at the same time. It is empowered to focus on effective negotiations and finance, not policy and not lobbying. This dilutes negotiations.
3. The constitution of CPE will need to be amended to reflect the sector's landscape and incorporate the TRUE principles of the Wright Review. This may require revisiting the programme and provide insight from Prof. Wright into the changes proposed and adopted.

Appendix

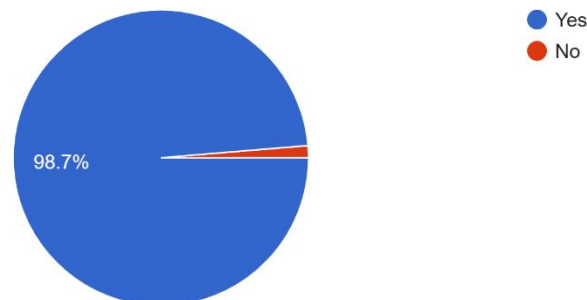
Survey – the poll was launched at the beginning of week commencing 27 November. It was sent to approximately 600 contractors and 379 responses were received in a period of 24 hours. All the poll questions and responses are included in this document. The link to the poll was published only on contractor WhatsApp forums and no other forums, and the respondents are in the main independent contractors and AIMp members. The responses are per contractor not per branch. Some contractors had also taken time to put comments in the comment section of the survey and these are all included in this document.

Wright Review – many across our membership feel that the recommendations by the Wright Review that provided an opportunity to bring much needed reforms to CPE were not effectively implemented – the majority of members of the Review Steering Group (RSG) were CPE committee members (or selected by the CPE committee) and a big proportion of the votes that were in favour of the RSG proposals were CCA votes which at the time of voting were 48% of the 68% required to adapt the RSG recommendations.

Results of the survey:

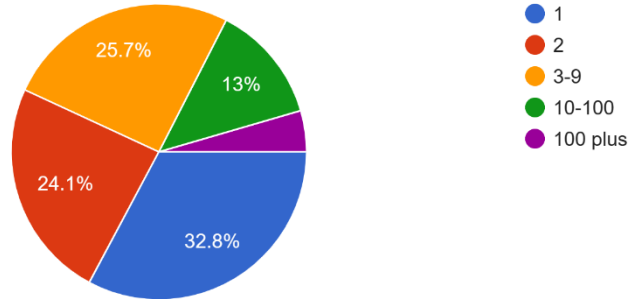
Are you an independent pharmacy owner?

376 responses



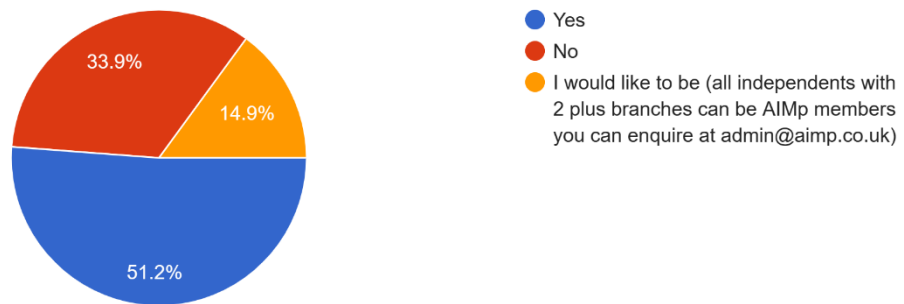
How many branches do you have?

378 responses



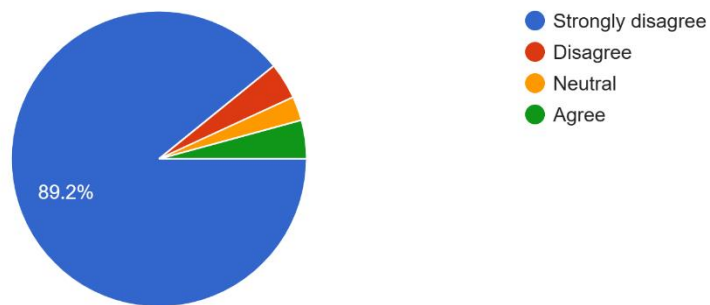
Are you an AIMp member?

375 responses



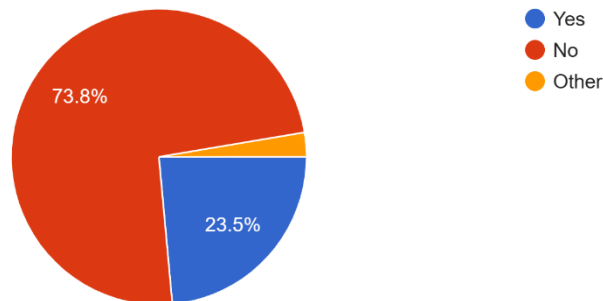
What do you think about P2U now being on Community Pharmacy England?

379 responses



Do you think that CPE is currently representative of community pharmacies in England?

378 responses



Lloyds and Boots have disposed of a huge number of branches and the number of seats CCA have is not proportional.

P2U philosophy has been to eradicate the community pharmacy. Their long term goal is an amazon model which in turn means to get rid of community pharmacy! How do they sit on a board that represents community pharmacy? I was not born yesterday! Its like being friend with the enemy and then stabbing them in the back. Not very happy.

Concerned that P2U, as the owner of one NHS contract appears to have voice on the committee where no other single owner/operator type contractor does. Their business model is dramatically different to any other contractor represented on CPE committee so not convinced they can represent other pharmacies within CCA (that is a governance issue for CCA and would be a good idea to remind them of this if the P2U rep only contributes in relation to DSPs). If CPE or LPCs wanted to have a DSP rep on the committee, they should have made that case during the TAPR work, they did not so must not be desirable to CPE or LPCs. I would be less critical of CPE's position regarding proportionality if we were approaching the end of a committee term, but we are at the start of one and they are content not being proportionate for 3 years when the extent of ownership changes were foreseeable 9-12 months ago. Again I would be less critical is the nature of the nature of committee members had a direct impact on the day to day operations of CPE



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when the extent of ownership changes were foreseeable 9-12 months ago. Again I would be less critical if the nature of the mix of committee members had a direct impact on the day to day operations on CPE staff. We have an opportunity to change now, before negotiations on the next contract start, and there is scant evidence that continuity of the committee make up has brought good outcomes for contractors. I see that we have little to risk in this regard. This is indicative of the lack of regard CPE had for the Wright Review recommendations in that they ignored most of them and pursued the ones that had minimal impact on the organisation.

CCA should not allow P2U to even be a member. It sets a precedent that a single branch can be a CCA member. Maybe everyone should now join CCA and overturn those at the top

Pharmacy2u are not a level playing field and also negotiating services as DSP not in the bricks and mortar pharmacies

It's about time CPE were brought to take over their incompetence and incestuous nature. It would seem that very few, if any recommendations from the Wright review have been adopted. Change is well overdue.

Keep up the good work aim

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There seems to be very little support for Independent Pharmacy and decision makers do not take into consideration this or the workload. Taking away a patient facing community pharmacy will put undermine patient care and put GPS and Secondary care under pressure.

DSP business model undermines the viability of physical pharmacies. The DSP model also threatens a realistic dispensing fee payment for the large pharmacy network because of the relatively lower overhead costs of DSP's.

over 50% now AIMP members this should be reflected and should be no Trade bodies.

A rebalancing of the board seats is now hugely overdue after the collapse of Lloyd's and divestment of other multiples. It makes zero sense for p2u to be allowed membership of cca when they are not a multiple and makes even less sense for them to be offered a cpe committee seat. We need a sharp increase in representation from independent pharmacies at cpe.

The exceptional sale of Lloyds and subsequent reduction in CCA numbers should be reflected in the



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The exceptional sale of Lloyds and subsequent reduction in CCA numbers should be reflected in the committee set up immediately and not in 4 years time

The CCA can veto decisions which is unacceptable

Whilst we continue to be asked to be at the front-line of patient service provision we are being funded like a 'back-office/janitorial' service. Our representatives at governmental level are not able/have been unable to accurately reflect the challenges and pitfalls of the continued squeezing of resource and cost spiraling effects of their GP focused spending. CPE taking P2U in to their fold fundamentally demonstrates a lack of alignment between those who are reliant upon representation, and their representatives. It is a direct and accurate reflection of the Government themselves - keen to ensure they continue to be employed (and feeling useful) despite no longer representing the wishes of their 'constituents'.

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Community Pharmacy England need to consult with current Pharmacy contractors as with many multiple large chain owned pharmacies closing, it is not representative. This needs to be addressed with utmost urgency as there are many contractual changes being made with new services development and an imminent new contract being discussed. This requires a better representative leadership team.

CPE must address the recent changes in contractors' composition ASAP, otherwise it is NOT representing the contractors. REMEMBER the CPE is set up to represent the contractors and is paid for by contractor's levies

To have a democratic mandate from contractors, there has to be representation that reflects the contractor base. The contractor surveys from CPE prior to their meetings, what is the breakdown of contractors completing them? Is it the case that head offices are completing them and front line independent contractors are too busy delivering the services? Again, the CPE committee work plan is working to a distorted feedback because they are working on feedback from one sector only?

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distorted feedback because they are working on feedback from one sector only?

Local Lpcs are more representative. Unfortunately P2u hold such high market share that they have to be brought to the fold. Need to strengthen community pharmacies with more local services

I worry CPE (PSNC) has been " captured by NHSE" and its decisions help NHSE, not CP

CPE have a process I assume to review membership and they will stick to that. Given the significant changes in CCA membership an EGM should be called by CPE and it's policy reviewed and amended to bring up to date.

A great new service pharmacy first should ONLY be accessible in bricks and mortar. If remote consultation how can that help community pharmacy and patients?

It is apparent that the leadership is not functioning in a proactive manner but being reactive manner

As much as, commercially, we may not like P2U being represented it's clear that they are a contractor and I don't see any legal/contractual basis for this argument.

CPE must change the balance of their committee with regard to the market and balance of contractors-representatives tend to be partisan and will protect their sectors. Having worked many years in the LPC I have realised that the bigger picture is often sacrificed at the alter of self interest and no body does that better than the CCA

Pharmacy2u is destroying community pharmacy

Voting rights of CCA etc needs to be reviewed in view of Branch closures in the recent past

P2U do not give the full spectrum of patient experience and disrupt services to patients

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CPE must consider whether the composition of the committee is truly reflective of the sector they claim to represent. To my mind it clearly does not. Is CPE a democratic organisation or an oligarchy?

This needs to be addressed urgently before discussions of new contract with government

CPE is between a rock and a hard place . Traditional pharmacy is in serious crisis and venture capital funded DSP running at a loss is making life intolerable for CP .
They got deep pockets to keep losing money or buying and righting off a \$B loan.
We are the crazy committed people losing money by hundred cuts!

I think seats should be representative of the members

We need more independents since the sale of Lloyds.

CPE is not fit for purpose, simple as. they have not been fit for purpose since some time because only a few control that organisation and do as they please. Their CEO lacks credibility and they have been wasting contractors money on running an organisation that only cares about its own welfare rather than the welfare of those it is supposed to represent.

both NPA and CPE are useless. Single independents do not have proper representation

CPE do not understand the work related pressures caused by under funding the sector.

The business model of p2u is in no way representative of community pharmacy and they have their own agenda which is totally foreign to community pharmacy and aims to be as detrimental to community pharmacy as possible. How on earth can such an organisation be on a committee that is representing and fighting for the survival of community pharmacy when their activities directly affect community pharmacy. The clue is in the name Community Pharmacy England.



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DSPs are contractors and should be represented

Pharmacy is in the worst state I have ever seen in my 40year career. It's our negotiators who have brought pharmacy to the state we are in. We need one voice not many voices as this has created the situation pharmacy is in and it will be difficult to change DH to believe in us as they do with General Practice Doctors.

P2U is a single entity so why is it a member of CCA?

Representation should be proportional. There should be representative proportionality from: CCA; AIMp, NPA and also consideration given to proportional representation from: high st; supermarket; DSP; pharmacies located in close proximity to GP practices.

The presence of such a huge DSP, when the board is already no longer representative of the make up of sector, undermines the confidence of the sector in CPE.

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If independents are not represented in proper proportion than p2u will vote in a way that benefits them only

CPE is no longer representative of the full pharmacy contractor spectrum and needs to address this urgently. There is an unfair bias in favour of CCA which is quite unjust.

Unfair for P2U to have a seat in CPE and Aimp not allowed to voice their concerns by not being a member of CPE

I feel that CPE does nor represent views of Independant community pharmacists especially small ones

There has been huge shift in the balance of independent pharmacies and large multiples . With the exit of Lloyds from the market this has led a greater number of independents in the community and as such they are underrepresented at CPE .. for CPE not to consider proportional representation is unbelievable considering they are " supposed"

To represent the whole of pharmacy contractors and the bias towards large multiples on CPE committee needs addressing ..



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With sale of Lloyds and the potential sale of boots (two of the largest multiples in UK) leaving the market. The interest of independent pharmacy needs to be on the forefront. We now make up the majority and our voices need to be heard of risk losing community pharmacy as a whole.

P2U is not a viable business model, not carbon friendly and takes away the personal contact with the Pharmacist.

Since Lloyd's has been sold , independent members have increased and this should mean they should have more representation on COE and CCA representation should be reduced . That is the fair representative way forward .

CPE should be made up of exactly as their name suggests, pharmacies from the community! P2U does not represent community of pharmacy. It is good at what it does which is a dispensing factory. High-scale dispensing from miles away does not compare with bricks and mortar dispensing, care, advice, essential, enhanced and advanced services provided within a community centric pharmacy.

Absolutely ridiculous that cca has so many seats at the cpe table despite the change in pharmacy landscape following divestments. Even more incredulous is P2U having a cca membership with effectively 2 branches!

CPE have laws of their own and don't listen to independents. They take money from us by force and we never get anything back. That organisation needs a proper spring cleaning. Allowing P2U on their committee is just an insult to independents