



Greater Manchester Community Pharmacy Provider Board

Terms of Reference

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GREATER MANCHESTER COMMUNITY PHARMACY PROVIDER BOARD TERMS OF REFERENCE

1.0 DEFINITIONS

1.1. The expression to which a meaning is given within these Terms of Reference shall have the meaning as outlined below:

Term	Definition
“AGMA”	Association of Greater Manchester Authorities
“AGMA and CCG MoU”	MoU between AGMA and the CCGs dated February 2015
“CCGs”	Association of Greater Manchester Clinical Commissioning Groups
“Chair”	The person appointed to the position of CPPB Chair
“CHL”	CPGM Healthcare Limited – community pharmacy provider company
“CPGM”	Community Pharmacy Greater Manchester (previously GMLPC)
“CPPB”	Community Pharmacy Provider Board
“Delegated Representative”	The person delegated to attend on behalf of a Voting Member
“Discipline Board(s)”	The boards of each of the four disciplines: Dental, Community Pharmacy, General Practice, and Optometry
“DPB”	Dental Provider Board
“PCB F&A Committee”	PCB Finance and Audit Committee
“GM”	Greater Manchester”
“GMHSCP”	Greater Manchester Health and Social Care Partnership
“GMHSCP, PCB, and Viaduct MoU”	MoU between GMHSCP, PCB, and Viaduct Care dated August 2020
“GM ICP”	NHS Greater Manchester Integrated Care Partnership
“GM LPC”	Greater Manchester Local Pharmaceutical Committee (now CPGM)
“GPB”	GP Provider Board
“ICB”	Greater Manchester Integrated Care Board
“In Attendance”	Person or persons authorised by the Chair to attend a meeting either to observe or to present a paper/presentation/report to the CPPB
“LPN”	Local Professional Network
“Member(s)”	The nominated persons who comprise the CPPB
“MoU”	Memorandum of Understanding
“NHSE”	NHS England
“OPB”	Optometry Provider Board



“PCB”	Greater Manchester Primary Care Provider Board
“CPE”	Community Pharmacy England
“RPS”	Royal Pharmaceutical Society
“Secretary” and “Secretariat / Administration”	The nominated person who provides secretarial/administrative support for the CPPB
“Standing Attendee(s)”	Those who have been authorised by the CPPB to attend meetings on a regular basis
“TOR(s)”	Terms of Reference
“Viaduct Care CIC”	The hosting organisation for CPPB
“Vice-Chair”	The person appointed to the position of CPPB Vice-Chair
“Voting Member(s)”	Those Members who have been authorised to vote on decisions and/or directions of the CPPB on behalf of the respective discipline boards

2.0 RELEVANT REFERENCE PAPERS

- 2.1. This TOR should be read with reference made to the following documents, which are located within the PCB’s Future NHS site:
- PCB TOR dated 22 February 2023

3.0 CONSTITUTION AND TORS

3.1. Background and Authority

- 3.1..1. In February 2015 the Association of Greater Manchester Authorities (AGMA) and the Association of Greater Manchester Clinical Commissioning Groups (CCGs) signed a Memorandum of Understanding (AGMA and CCG MoU) with NHS England to create a framework for achieving the delegation and ultimate devolution of health and social care responsibilities to accountable and statutory bodies in Greater Manchester.
- 3.1..2. The AGMA and CCG MoU outlined a process for collaborative working across health and social care making provision for arrangements to be in place (in shadow form) from November 2015. It also made provision for a programme of work to be undertaken during 2015/16 to move to fully devolved system from April 2016. This includes work to develop and agree the supporting governance.
- 3.1..3. In November 2015, the then known Strategic Partnership Board officially recognised the importance of the primary care provider voice and agreed to extend its membership to include a representative from each of the four primary care providers (Community Pharmacy, Dental, General Practice, and Optometry).
- 3.1..4. In August 2020 the GMHSCP signed a Memorandum of Understanding with the PCB and Viaduct Care CIC (GMHSCP, PCB, and Viaduct MoU) which was to be used to provide clarity and understanding of the funding being provided to the recipients by the GMHSCP as a devolved



Organisation of NHS England/Improvement and provide assurance on what is expected from the PCB. It also described the underpinning principles, roles, responsibilities, and accountabilities and was intended to represent the clear intentions of the parties in relation to the enablement of the operation of the PCB and discipline specific boards for Community Pharmacy, Dental, General Practice, and Optometry.

3.1..5. These Terms of Reference update the TORs dated 8 November 2020, and set out the membership, the remit, responsibilities, and reporting arrangements of the CPPB and may only be changed with the approval of the CPPB.

4.0 PURPOSE

4.1. The purpose of the CPPB is to represent community pharmacy providers via its membership, attendance, and contribution to the PCB and GM ICP. Established in 2019, we aim to work collaboratively and in partnership at neighbourhood, place and system level, to improve quality within our community pharmacy care providers across GM to deliver better outcomes for our patients and communities.

4.2. Our vision is:



4.3. The general primary care provider collaboration during the last six years has demonstrated the benefits of bringing the knowledge and expertise developed in places into the wider geography of GM, as well as engaging strategy and cross-cutting transformation themes undertaken at system level into places for bespoke delivery.

4.4. Drawing on our experience of mature collaborative working, we believe the CPPB has an essential role to play in achieving GM's health and care ambitions. There is significant scope and opportunity for the CPPB and our members to support the delivery of outcomes at all levels of, and across, the GM health and care system.

4.5. Our ambition is to build on collaborative successes to date, proactively develop a wide-ranging integrated offer above and beyond minimum national requirements, and to align closely with the outcomes and objectives of the PCB, and GM ICP.



5.0 ACCOUNTABILITY AND REPORTING

- 5.1. CPPB advises the Primary Care Board of the views and abilities of Community Pharmacy providers with a unified voice. It will act as the interface between the Primary Care Board and Greater Manchester Community Pharmacies, facilitating two-way communication and stimulating and engaging primary care provider colleagues.
- 5.2. CPPB will be included in all decisions made by PCB, including those relating to PCB representation at any GM forum.
- 5.3. The CPPB works collaboratively with Community Pharmacy providers, Community Pharmacy Greater Manchester (CPGM), CHL and the PCB.
- 5.4. The CPPB will ensure good governance, strong leadership, and financial oversight for all applicable PCB-related funding into the CPPB, and PCB F&A Committee, by providing:
- Strong, collaborative senior leadership
 - Primary care and/or discipline specific advice to the PCB and GM ICP and other groups as required
 - Supporting the co-production of, and subsequent communication and support for, the delivery of the GM Primary Care Strategy and associated implementation plans/blueprints
 - A platform to raise the profile and awareness of the work of GM Community Pharmacy and services
 - Strategic oversight of the Pharmacy Excellence Programme
 - Alignment and connectivity for GM Community Pharmacy into the GM strategy
 - The CPPB consists of representatives of:
 - CPGM
 - CHL
 - LPN
 - NHS GM
 - Community Pharmacy
- 5.5. The minutes, decisions, and actions of the meetings will be formally recorded by the Secretary and provided to the Chair for review and approval to issue to applicable meeting Members and those in Attendance. The record of minutes, decisions, and actions will be circulated to the appropriate personnel by the Secretary.
- 5.6. The CPPB will provide input into the PCB annual report.



6.0 RESPONSIBILITY OF THE CPPB

6.1. The key responsibilities of the CPPB are to:

- Provide primary care and/or discipline specific advice to the PCB and GM ICP and other GM groups as required
- Consider PCB and GM ICP priorities in relation to community pharmacy primary care providers and their objectives and deliverables
- Co-produce, communicate, and support the delivery of the GM Primary Care Blueprint
- Develop a workplan that clearly outlines the direction and key priorities for community pharmacy, which are in alignment with the GM Primary Care Blueprint
- Provide input into the allocation of transformation funding and other such funding
- Raise the profile and awareness of community pharmacy providers
- Provide system leadership and peer support to community pharmacy primary care providers
- Deliver programmes with delegated accountability
- Nominate a representative to attend the key NHS GM system boards and committees
- Nominate four representatives (one being the CPPB Chair) to the PCB
- Will form a collective and influential voice
- Will bring a depth of expertise, experience, and knowledge to the PCB
- Will consult with colleagues
- Will cascade information in both directions – to the main Board and our professional colleagues in order that we can give and receive feedback
- Ensure that the CPPB plays an active role in re-shaping and the delivering of primary care services across GM

6.2. Finance

- 6.2..1. The CPPB may oversee a budget and as such must ensure clear and appropriate financial governance as a paramount aspect of its responsibilities.
- 6.2..2. The CPPB will provide a quarterly report the PCB F&A Committee to provide an update on the Community Pharmacy Excellence Programme and additional funding which comes from, or via, the PCB.
- 6.2..3. Each individual organisation will be responsible for remuneration of its representatives, the remuneration of the Chair shall be discussed on an annual basis with the CPPB.



7.0 MEETING QUORACY AND DECISIONS

7.1. Meeting Schedule

- 7.1..1. The CPPB will meet quarterly on the second Friday of each quarter. Additional meetings may take place as required.
- 7.1..2. The CPPB may meet virtually or face to face, as availability and logistics allow.

7.2. The CPPB Operational Group

- 7.2..1. The CPPB Operational Group will be responsible for delivery of the community pharmacy strategy and workplans which have been agreed by the CPPB.

7.3. Extraordinary Meetings

- 7.3..1. The Vice Chair, Member, or the CPPB Secretary on their behalf, may ask the Chair of the CPPB to convene (a) further meeting(s) to discuss particular issues on which the CPPB needs to discuss, address, make a decision, or provide clarification or advice on.
- 7.3..2. If there is a matter of importance requiring an ad hoc meeting of the CPPB, the Vice Chair or Member will raise a request to the Chair and Secretary, outlining the subject matter, what action is required to be discussed, addressed, a decision made, or provision of clarification or advice), and the Chair will make a decision on whether the subject matters requires an extraordinary meeting. Where an extraordinary meeting is approved, the Chair will instruct the Secretary to call an extraordinary meeting of the CPPB which will be administered as if it were a scheduled meeting, with minutes and actions being recorded and distributed accordingly.

7.4. Quorum

- 7.4..1. For a meeting to be quorate a minimum of the Voting Members (2x CPGM members and 1x CHL member) must be in attendance.
- 7.4..2. If any member of the CPPB has been disqualified from participating in an item on the agenda, by reason of a Declaration of Interest(s), then that individual shall no longer count towards the quorum.
- 7.4..3. If the quorum has not been reached, then the meeting may proceed if the Chair/Vice Chair, Voting Members, and Members agree by a majority vote, but no decisions may be taken.

7.5. Apologies and Delegation

- 7.5..1. Where a Voting Member is unable to attend a meeting, they must notify the Chair and Secretary as soon as possible, and advise to whom they have delegated their vote; the person to whom their vote has been delegated must be copied in on the correspondence to provide an audit trail that all parties are aware of the temporary revision in voting arrangements.



7.5..2. Where a Voting Member or Member has delegated their vote to a Delegated Representative, that person will ensure that they represent the Voting Member in their capacity, whether on behalf of GM, the discipline, locality, or in whatever else capacity that the Voting Member attends and makes their decisions.

7.6. **Decision Making and Voting**

7.6..1. The CPPB will ordinarily reach decisions by consensus. When this is not possible, the Chair may call a vote.

7.6..2. Only Voting Members of the CPPB may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the topic will undergo one further round of discussion in an attempt for Voting Members to achieve a decision through consensus. Where this is not possible, the Chair has the right to cast a deciding vote.

7.6..3. If a decision is needed which cannot wait for the next scheduled meeting, then decisions can be ratified virtually in between meetings as required. Proxy votes are allowed at the discretion of the Chair. The Chair may conduct business via an extra-ordinary meeting if required, which will be administered as if it were a scheduled meeting, with minutes and actions being recorded and distributed accordingly.

7.6..4. The CPPB Chair may allow proxy votes at their discretion.

8.0 **BEHAVIOURS AND CONDUCT**

8.1. **Values**

8.1..1. All members of CPPB will be expected to conduct business in line with its values and objectives, and in accordance with the Nolan Principles.

8.1..2. Members of, and those attending, the CPPB shall behave in accordance with the NHS [Standards of Business Conduct Policy](#).

8.2. **Conflicts of Interest**

8.2..1. In discharging duties in a transparent manner, conflicts of interest must be considered, recorded, and managed accordingly.

8.2..2. All potential conflicts of interests must be disclosed on the Declarations of Interest Form and reviewed and updated at each meeting and as and when any potential conflicts of interest may arise in-between meetings. These will be maintained by the Secretary and the Chair.



8.3. **Equality and Diversity**

8.3..1. All members of the CPPB must consistently demonstrate consideration of the equality and diversity implications of the decisions they make, and in their words and actions.

9.0 MEMBERSHIP AND ATTENDANCE

9.1. **Membership**

9.1..1. Membership and attendance at CPPB will consist of:

Position	Role
Chair	1 Vote
Vice Chair	1 Vote
3 Representatives from CPGM	1 Vote each
2 Representatives from CHL	1 Vote each
LPN Representative	Member – non-voting
2 Representatives from NHSE	Member – non-voting
Community Pharmacist Technician Representative	Member – non-voting
Community Pharmacist Representative	Member – non-voting
Secretary	Standing Attendee
Others as required for agenda items and as requested to attend by a Member of the CPPB	In Attendance

9.1..2. Each Voting Member and Members will be required to appoint a deputy to attend in their absence.

9.1..3. Membership will be subject to on-going review to ensure appropriate representation and invitations will be extended to co-opted members as appropriate.



- 9.1..4. CPPB board members will be appointed from GM membership bodies e.g. CPGM and CHL. CPPB board will then nominate chair and vice chair.
- 9.1..5. Members will act in a strategic manner on behalf of all GM community pharmacy primary care, and will:
- Uphold the values of the CPPB and ensure that the Board promotes equality and diversity for all CPPB members, patients, staff, and all other stakeholders.
 - Support the Chair and Voting Members to develop and implement clear objectives to deliver, and support delivery of, agreed strategy, programmes, and plans to meet the requirements of primary care patients across GM.
 - Promote the highest standards of corporate governance within the CPPB.
 - Actively participate in CPPB meetings and engaging in open discussion with the aim of achieving the best possible level of engagement and/or outcome for the care and experience for GM patients.
 - Have open, honest, and effective communication with the CPPB Chair and Members, and associated Boards and groups, challenging and being challenged to ensure understanding and clarity in discussions and decision making.
 - Build the appropriate connections and relationships with relevant colleagues across GM primary care.
 - Request, identify, and propose agenda items for the CPPB, which are focused on strategic matters, forward looking, and which evaluates and oversees the work and programmes of the four disciplines.
 - As and when required and applicable, representing the CPPB in all applicable matters and meetings, effectively, efficiently, and professionally presenting the CPPB aims and views.
 - Ensuring that any decisions taken, or policy statements made are consistent with the stated position of the body being represented, (or where this is not the case, that this is properly recorded and documented).
 - Acknowledging and harnessing the skills, knowledge, and expertise of each CPPB member to ensure that the work, discussions, and decision making of the CPPB are made with full collaboration and sound reasoning.
 - To feedback on the decisions and actions of the CPPB to their respective discipline boards and organisations, providing advice and guidance to same in any required implementation of decisions or other actions as is applicable.
- 9.2. The Chair, Vice Chair, Members, and Secretary will:
- Ascertain the views of other key stakeholders and relay these thoughts during discussions
 - Understand high level work plans and have the ability to monitor progress, integrate them into wider plans and strategies, and communicate them to the wider health system
 - Abide by the 'Nolan Principles' at all times
 - Understand and act on those factors that affect the successful delivery of the CPPB



- Broker relationships with stakeholders
- Provide delegated authority, as required, to ensure the work plan meets its objectives

9.3. All members of the CPPB, or their nominated deputies, will be expected to attend at least half of the meetings held annually; this attendance will be monitored by the Chair via the Secretariat function.

9.4. **The Chair**

9.4..1. The CPPB meetings will be chaired on a rotational basis by a nominated person from either the local representative committees or provider organisations

9.4..2. The Chair will be appointed for a period of 1 year, and reviewed at each April meeting.

9.4..3. Should the Chair decide to vacate the position at a point earlier than their tenure, CPPB board will ask for nominations for a chair from within the board and the board will then agree the appointment of the chair. The Vice Chair may assume the temporary position of Chair until such time as a Chair is appointed and in position.

9.4..4. The Chair will act in a strategic manner and independent of their discipline, locality, or other usual representation. They will be responsible for:

- Chairing meetings, an ensuring that each professional group member has the opportunity to contribute to the discussion
- All discussions are respectful of the views and opinions of those made
- Working with CPPB to determine the direction of travel and working objectives of the group
- Ensuring that CPPB achieves its overall objectives and delivers the anticipated benefits
- Monitoring the progress of the delivery of associated work plans
- Represent CPPB in GM senior leadership groups as required
- Escalating issues as necessary and in a timely manner

9.5. **Vice Chair**

9.5..1. The Vice Chair will be appointed for a period of 1 year, and reviewed at each April meeting.

9.5..2. The Vice Chair will act in a strategic manner and independent of their discipline, locality, or other usual representation, and support the Chair and CPPB in achieving the achievement of the CPPB and Chair's objectives and deliverables, deputising for the Chair as and when is required.



9.6. **Standing Attendees and Those in Attendance**

- 9.6..1. Only the Chair, Vice Chair, Voting Members and Members have the right to attend meetings of the CPPB.
- 9.6..2. Those In Attendance will be permitted to only attend specific agenda items as are in relation to their area of expertise, and only with the prior approval of the Chair or in their absence, Vice Chair.
- 9.6..3. Those in Attendance will receive notification of their date and time to attend meetings from the Secretary and will endeavour to dial in and out of the meeting as per directions from the Secretary.

10.0 **SECRETARIAL AND ADMINISTRATION**

- 10.1. The CPPB shall be supported with a Secretary function which will include ensuring that:
 - The agenda and papers are prepared and receive approval from the Chair prior to distributing them one week in advance of a meeting taking place
 - Records of Chair, Vice Chair, and Members' appointments and renewal dates and the CPPB is prompted to renew membership and identify new members where necessary
 - Good quality minutes are taken and agreed with the Chair so that a record is kept of items discussed, decisions made, and actions
 - The Chair is supported to prepare and deliver reports as required
 - The CPPB is updated on pertinent issues/areas of interest/other applicable developments

11.0 **REMUNERATION**

- 11.1. Any remuneration in relation to the CPPB will be reviewed annually by the board, dependent upon available funding.

12.0 **REVIEW**

- 12.1..1. The CPPB will review its effectiveness as a Board at least annually and more frequently if required.
- 12.1..2. These TORs will be reviewed at least annually and more frequently if required. Any proposed amendments to the TORs will be submitted to the CPPB for review and approval.

