

**Minutes of the Committee meeting
held on Tuesday 5th March 2024 at
9.30am via Teams.**

Members present:

Kath Briscoe (KB – Boots – CCA)
 Lucy Corner (LC – Rowlands – CCA)
 Arvi Sagar (AS – Morrisons – CCA)
 Alex Carrasco (AC – Day Lewis – AIM)
 Matt Armstrong (MA – Boots – CCA)
 Ravi Nagra (RN – MSN Lunts – Regional Multiple – part)
 Sab Rooprai (SR – Conway Pharmacy – IND)
 Andrew Wright (AW – Peak Pharmacy – AIM)
 Yogesh Patel (YP – Lawley Pharmacy – IND – part)

In attendance:

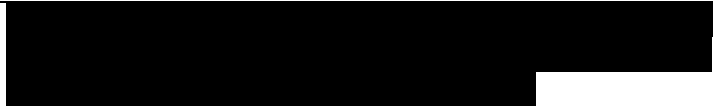
Peter Prokopa (PP – Chief Officer)
 Jane Davies (JD – Treasurer)
 Amanda Alamanos (AA – Services Lead)
 Minesh Parbat (MP – STW ICB Interim Chief Pharmacist – part)
 Lindsey Fairbrother (LF – CPE – part)

In the Chair: Kath Briscoe

| Agenda ref & Item | Lead | Actions |
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| 324.1 Welco me & Apologies for absence | Apologies from Matt Birch | |
| 324.2 Minutes from January Meeting | Approved unanimously as circulated; proposed by MA, seconded by SR | To add copy to website (PP) |
| 324.3 Matters arising | No matters arising raised. | |
| 324.4 System Chief Pharmacist – Minesh Parbat | <p>MP raised the following elements of his role in the ICB:</p> <ol style="list-style-type: none"> 1. Medicines Agenda and Financial Viewpoint: <ul style="list-style-type: none"> ○ Minesh emphasizes the importance of optimizing medicines from a financial perspective. ○ He aims to explore how high-cost drugs can be effectively utilized within the system, ensuring well-defined pathways are in place. 2. Pharmacy Voice and Workforce Focus: <ul style="list-style-type: none"> ○ Minesh plays a dual role: advocating for pharmacy within the system (both inward and outward) and driving workforce development. ○ His passion lies in workforce enhancement, and he's committed to addressing this crucial aspect. 3. Pharmacy Technicians and Legacy Staff: <ul style="list-style-type: none"> ○ The pipeline of pharmacy technicians is a priority. | |

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| | <ul style="list-style-type: none"> ○ Collaboration with higher education institutes is essential for training future technicians. ○ Minesh also considers the development of existing staff, including those associated with the “pharmacy first” initiative. <p>4. Pharmacy Workforce Summit:</p> <ul style="list-style-type: none"> ○ On March 22nd, Minesh has organized a summit dedicated to pharmacy workforce strategy. ○ The goal is to create a comprehensive plan that involves initiatives like partnering with Telford College. ○ He aims to attract students to consider the STW (Shropshire, Telford, and Wrekin) region as a promising career destination. ○ The envisioned career pathway spans from community pharmacy roles to potential consultant pharmacist positions across various sectors. <p>MP answered members’ questions on:</p> <ul style="list-style-type: none"> ○ attracting and retaining pharmacy workforce into the area ○ the impact of ARRS funded pharmacist positions on community pharmacy workforce ○ seeking DPPs to support community pharmacists training as Independent Prescribers ○ challenges presented by the rurality of the ICB area ○ future plans to continue James Milner’s role as CPCL ○ digital connectivity and engagement of dispensing practices in EPS | |
| <p>324.5 Lindsey Fairbrother – CPE Update</p> | <p>LF discussed various topics related to pharmacy operations finance and governance.</p> <ul style="list-style-type: none"> ○ Launch of Pharmacy First and its reception – and in particular, how it is being received by ICB and local practices. ○ Pressures faced by pharmacy teams – and mention of the recently-launched Pharmacy Pressures survey for both contractors and teams; CPE are seeking LPC support in encouraging participation in both surveys. ○ Margin issues – and particularly how CPE are looking at improving the retained margin calculations, and how that can in turn generate a better strategy for negotiating with government on this element of pharmacy funding. ○ Contract negotiations – these have now started essentially as a one-year extension to the current framework, with the election due to take place later this year meaning that a new 5-year deal was not possible. Also reflecting on the outcome of GP contract negotiations was a 2% uplift; and to ensure that funding outcome gives community pharmacy a financially viable and sustainable future. | <p>To share Pressures Survey with contractors, and to emphasize team members’ survey in particular (PP)</p> |

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| | <ul style="list-style-type: none"> ○ Changes in governance structures at CPE and CPLs – new Governance and People subcommittee at CPE sought expressions of interest from CPLs for two members – outcome of this to be circulated soon. ○ Involvement of CPL committees in decision-making – LF discussed the CPL Forum (as proposed by RSG/Wright review) which would support improved collaboration between CPE and CPLs and an improved decision-making process. <p>LF emphasized the need for feedback from local pharmacies and highlighted upcoming events and initiatives. They also discuss the involvement of LPC committees in decision-making and call for more collaboration between LPCs and CPE.</p> <p>Finally, discussions continued on local issues, including the ongoing viability of CP Shropshire and LMC relations, and also took members’ feedback on Pharmacy First.</p> | |
| 324.6 Sub Committee break out groups: | Summary of discussions below under 324.7 | |
| 324.7 Sub Committee report back | <p>Governance (LC):</p> <div style="background-color: black; width: 100%; height: 150px; margin-bottom: 10px;"></div> <p>Services & Comms (PP): The group discussed three main issues: Firstly, relating to the potential decommissioning of extended care services – following NHSE announcing this, there has been pushback from LPCs against the lack of consultation, with some positive movement towards reconsideration. Pharmacy First has shown promise in filling gaps in services, plus there had been an increase in service provision after the start of Pharmacy First.. There was a commitment to retain funding for community pharmacy services and develop them further, however this appeared to have been ignored with funding likely to be set against ICB deficits. Secondly there was a brief mention of cardiovascular services, which AA would update on later in her Services Update. Finally, the group considered ongoing efforts to improve communication and engagement with contractors and</p> | |

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| | <p>teams. Whilst the website was being updated regularly, there were a few issues related to site navigation which were slowly being resolved; there had been some progress in building a subscribed database for the Shropshire Script newsletter however we had not yet launched the WhatsApp group. PP confirmed comms was one of his key objectives for 2024-25.</p> <p>Finance (JD):</p> <p>JD had provided background to the financial update, indicating that the organization is nearing the end of the financial year with there being a significant reserve to carry forward into the next year. The budget for the upcoming year (24-25) was discussed ahead of the vote to approve this later. Discussions also included proposing an increase in locum cover/backfill payments and a 5% raise for employed staff. Additionally, JD confirmed the agreed increase in funds for communications and confirmation that CPE levy payments are as roughly as expected. Concerns about future funding beyond the current year, especially regarding the end of MOU funding, were raised, but the group noted that the organization is financially stable for the next 12 months. There's also a mention of sorting out contracts for employees in the near future.</p> | |
| 324.8 HR Update |  | |
| 324.9 Finance | <p>Finance figures for the current year were shared with members and discussed under Finance Subcommittee feedback. Two proposals were put to members for vote:</p> <ol style="list-style-type: none"> 1. To approve increased locum/backfill rates to £30 per hour – proposed by YP, seconded by AW – approved unanimously. 2. To approve the amended budget as presented with amendment to total backfill costs for the year – proposed LC, seconded by SR – approved unanimously. <p>PP to advise relevant bodies (CPE and ICB). JD finally reminded members to submit expenses claims prior to the year end.</p> | <p>PP to advise CPE, and ICB via Office of West Midlands. PP to remind members via email to submit expenses claims.</p> |
| 324.10 Services Update | <p>AA updated members on various aspects of pharmacy services and operations. Firstly that there's no new data available for the current quarter, including data for Pharmacy First, but referrals for Pharmacy First consultations are continuing.</p> <p>AA further discussed the opt-in of contractors from the old Advanced service (continuing treatment only) to the updated service (initiation and continuing treatment) which had to be completed before the end of February. Stephanie had been following up with those pharmacies to ensure they weren't decommissioned from the service. There had been a query from a contractor regarding the provision of batteries for the PivoTell service – they had expected these to be replaced at the commissioner's expense, however PP noted that he had assumed that this was more likely to be at the contractor's expense –</p> | <p>PP to check with T&W council re PivoTell batteries</p> |

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| | <p>however agreed to follow up with the commissioner (Telford & Wrekin council) and advise the contractor. AA further noted that there will be a blood pressure publicity campaign launching soon, which was expected to generate additional footfall in pharmacies with people seeking BP checks. Also on cardiovascular projects AA discussed that the ICB had sought a meeting to discuss a lipid testing pilot in community pharmacy. At the meeting however the ICB lead on the InHIP BP project had advised that with no offer of recurrent funding there was no appetite to pursue this. PP, AA and James Milner had expressed serious concern about the outcome, particularly in light of previous request from the ICB to consider the service. There was however a commitment to engage more fully with community pharmacy on BP checks and particularly to signpost to CP for additional clinic and ambulatory testing where appropriate. AA also covered communication group activities, data dashboard developments, and upcoming changes in commissioned pharmacy services. PP mentioned some issues with some contractors not effectively managing their DMS referrals, with plans to address these challenges locally with support directly from LPC staff to identify barriers and ensure contractual requirements are met. Finally, PP updated members on PharmOutcomes licences – Staffs & Stoke LPC currently hold licences for both Shropshire Council and Telford STaRS, however they are likely to withdraw from providing these as the current ones expire at the end of June. PP understood that MPFT (who operate Telford STaRS) intend to take on their own licence direct with Pinnacle as they will also provide the service in Staffs from April; PP had been in contact with Shropshire Council to ensure they would have the opportunity to also take over the licence, and ensure contractors continue to be able to use PharmOutcomes for service recording and claiming.</p> | |
| <p>324.11 ICB Leadership Pharmacy visits</p> | <p>James Milner had facilitated the visits, at the time that Minesh Parbat joined the ICB team. Two senior members of the Integrated Care Board (ICB) visited community pharmacies to observe operations first hand. These were Medical Director Nick xxxx and Communication Director Edna Boampong. The goal was to understand both the potential of community pharmacy to support provision of health services across STW but also the pressures faced by community pharmacies on a day-to-day basis. Site Visits were at Donnington Pharmacy, Telford and Conway Pharmacy in Shrewsbury. The medical director and the director of communications accompanied the team to Donnington and Conway. While Donnington was relatively quiet with the visit starting around lunchtime, Conway demonstrated the bustling workload experienced by most contractors currently.</p> | |

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| | <p>The visits highlighted the volume of work related to both prescriptions and walk-ins for other services. Both visitors had left with a very positive view of community pharmacy, appreciating the existing services but also the untapped potential. SR's communication efforts were recognized, and the Comms director, Edna, expressed interest in collaborating with him as part of the ICB comms campaigns. Overall, the engagement was fruitful, and the team's insights were well-received. SR's role in communication was particularly valued, and future collaboration is anticipated.</p> | |
| 324.12 LPN Funding Update | <p>PP discussed opportunities for utilizing LPN funding, particularly to support the integration of community pharmacy with the rest of the pharmacy sectors in the ICB. One key area is to support in light of the recent consultation on pharmacy supervision was the upskilling of pharmacy team members to become technicians, either by hiring new staff or by training existing team members; the latter is subsidized through the apprenticeship programme, however upskilling costs would need to be covered by contractors. Additionally, there were proposals for LPN funding to be used for integration events to improve collaboration between community pharmacy and other sectors within the ICB, particularly in ICB priority areas. There are also opportunities for upskilling in various areas such as supporting IP training and mental health courses. Members expressed concern that contractors should be encouraged to take advantage of available funding and outlines plans for ensuring engagement and uptake among contractors once a clear plan is established.</p> | PP to highlight fLPN funded opportunities to contractors via Shropshire Script and website |
| 324.13 AOB | <p>PP raised the importance of community pharmacy representation at upcoming career events in Telford and Shrewsbury to promote pharmacy as a career choice. He emphasized the need for both pharmacists and support staff to showcase career opportunities, including the changing role of technicians. PP provided details of the events in both Telford and Shrewsbury and encouraged members to contact him for further information, and whether they would be able to support this move. PP agreed to share details by email after the meeting. AS mentioned the issues surrounding Pharmacy First and MYS submissions brought to LPC and contractors' attention recently, particularly as one of the Morrisons branches had had errors in flu MYS submissions which had taken a number of months to get corrected.</p> | PP to share careers event details by email. |
| 324.14 Next Meeting date | <p>Tuesday 23rd April 2024 9.30-13.30 at Shrewsbury Town FC. Meeting closed at 12.05pm</p> | |