

**Members present:**

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

**In attendance:**

Peter Prokopa (PP – Chief Officer)  
 Jane Davies (JD – Treasurer)  
 Amanda Alamanos (AA – Services Lead)  
 James Milner (JM – STW ICB CPCL – part)  
 Lindsey Fairbrother (LF – CPE – part)

In the Chair – Kath Briscoe

Agenda ref & Item	Lead	Actions
124.1 Welcome & Apologies for absence	Apologies from Ravi Nagra (RN)	
124.2 CPE Update – Lindsey Fairbrother	<p>LF discusses the governance review and changes, focusing on the implications for Local Pharmaceutical Committees (LPCs). She mentions the involvement of an external facilitator in the review and emphasizes the importance of confidentiality in committee discussions. LF shares a personal experience of facing repercussions for revealing information prematurely, highlighting the need for careful consideration of the implications of committee discussions.</p> <p>The conversation shifts to the national governance changes, including the creation of two governance subcommittees. LF explains the composition of these subcommittees and mentions the involvement of LPC representatives. PP raises a surprise about not all Committee of Practitioner Excellence (CPE) committee members being LPC members.</p> <p>LF also provides updates on national contract negotiations and challenges in rebuilding relationships due to changes in the negotiating team. The discussion touches on the Pharmacy First initiative and concerns about its varying implementation across regions. LF encourages LPCs to be proactive in engaging with the initiative.</p> <p>The conversation then turns to workforce challenges, specifically related to the Independent Prescriber (IP) Pathfinder program. LF expresses concern about the repurposing of funds meant for IP Pathfinder and the</p>	

	<p>potential loss of independent prescribers. PP discusses efforts to address workforce challenges locally, including foundation training for pharmacists.</p> <p>The text concludes with discussions on financial incentives for Designated Prescribing Pharmacists (DPPs) and the potential impact of locum pharmacists who may not pursue IP training. LF acknowledges the need for addressing locum-related challenges and notes that it is on the agenda for CPE.</p> <p>AA raises concerns about the recommissioning of locally commissioned services, particularly the Extended Care Services, and mentions an underspend from the current financial year going into ICB bottom line. The final decisions on these matters are pending.</p>	
<p>124.3 Sub Committee break out groups:</p>	<p>Summary of discussions below</p>	
<p>124.4 Sub Committee report back</p>	<p>Finance: JD reported discussion on various financial aspects, including the carryover of funds from the last financial year, the current positive financial state, and the proposal to invest in contractor engagement. There is a focus on organizing events to enhance contractor engagement, with suggestions for a formal awards evening, competitions, and sharing best practices. The conversation also touches on the idea of charging a small fee for attendance to ensure commitment and cover costs. JD also raised utilising funds from the Pfizer and exploring further sponsorships, especially for AGM.</p> <p>Comms &amp; Services: PP summarised discussion on communication strategies, including the use of WhatsApp for business and efforts to improve communication with contractors. The importance of electronic referrals in the context of the Pharmacy First initiative is highlighted, along with the need for engagement with GP practices and the outcomes of cardiovascular working group. PP also mentioned that Mailchimp demonstrated a reasonable read rate for the Shropshire Script, although email read receipts were few when used.</p> <p>Governance: LC The governance aspect is briefly mentioned, emphasizing the need for discussions about engagement strategies and pharmacy visits; particularly the importance of officer presence in pharmacies, bearing in mind Stephanie Green's coming maternity leave. PP asked members whether there were any comments on the Governance arrangements for CPLs; LC confirmed there was little change to the original proposal from the summer of last year and being no further comments, members considered a proposal to adopt the Governance Framework and Code of Conduct with effect from 1st April, proposed by LC and seconded by YP. Approved unanimously.</p>	<p>Governance: PP &amp; LC to meet to consider implications of SG's maternity leave. PP to add Shropshire details to national templates for Governance Framework &amp; Code of Conduct and share with members and upload to website. Also to confirm adoption with CPE.</p>

124.5 ICB CPCL  
Update – James  
Milner

JM discussed various topics, including Pharmacy First, engagement with general practice, the IP Pathfinder program, Foundation Pharmacist training, and an emerging topic on incident management. The focus on Pharmacy First included efforts to engage contractors, positive feedback from general practice, and presentations to different groups to outline the service and clarify misconceptions, including at the ICB GP forum, a lunchtime learning session for practice teams, and individual practice visits. There is an emphasis on a unified approach with the Medicines Management team and the Primary Care Commissioning team, ensuring a consistent message on using Pharmacy First to address capacity issues. JM also outlined plans for comms, including a national toolkit, regional tailored communications for GP reception staff, and local comms initiatives such as social media graphics and radio interviews to promote Pharmacy First when it goes live.

JM further considered other elements related to the Pharmacy First service, including positive feedback from GPs, concerns about locum availability, reassurance on capacity, and questions about funding. The discussion delved into training for locums, the engagement of larger pharmacy chains, and the anticipation of a national communication toolkit. Members raised GP queries on antibiotic prescribing, the transition from CPCS to Pharmacy First, and whether to consider a delay in local communications pending the launch of national comms. Further discussions were on monitoring for antibiotic resistance, the role of locums, and the need for a consistent message. The conversation concludes with considerations about system functionality for the go-live date. Members also heard about outstanding seven-day follow-ups from the Midlands extended care service, and the importance of ensuring these were completed to ensure payment for contractors.

JM next provided an update on the IP Pathfinder Program. There have been delays, but the Midlands region is ahead of others in readiness. The main delay is related to the EPS prescribing product (Cleo Solo), and James is expecting an update soon. Smart card issues are being resolved, and there is an expectation of imminent guidance on the minimum viable product for IT systems. The service will now be extended to March 2025.

Foundation Pharmacist Training: There has been progress in increasing foundation training places for pharmacists in the region. Despite some challenges, 18 whole-time equivalent places have been identified in community pharmacy exceeding the capacity offered by secondary and primary care providers. This was a significant increase on current and previous years, and

	<p>whilst candidates still need to be attracted to the ICB and many challenges around operational aspects had to be overcome was very positive overall.</p> <p>JM emphasized the need for collaboration and coordination among different stakeholders, including community pharmacies, general practices, and training providers. He also highlighted the importance of pharmacy in the overall healthcare system and the need for workforce planning to ensure its sustainability.</p>	
124.6 Approve Minutes of meeting held on 12/12/2023	Proposed – MA; Seconded SR. Approved unanimously.	PP to add minutes to CPS website
124.7 Matters Arising/Actions	None not already on the agenda	
124.8 Finance update	<p>Current performance (Doc 124.8)</p> <p>JD reported current healthy bank balances on both Business and MoU accounts.</p> <p>Budget for 2024-25 – The discussion focused on the proposed budget, which revealed a surplus carried over from the previous year. The income and expenditure are currently balanced, with the main concern being any potential increase in the PSNC levy after the coming financial year. There was also a discussion about the current level of reserves and the need to invest the excess effectively to support contractors effectively.</p> <p>The conversation touched upon the possibility of mergers in the future and the need to consider financial contributions to joint ventures. The treasurer emphasized the importance of prudent spending and mentioned the flexibility to use ring-fenced funds for specific purposes. The discussion concluded with considerations for the upcoming AGM and the allocation of funds for communications, including possible sponsorship opportunities.</p> <p>There was a brief mention of the ongoing debate about the employers' National Insurance and the uncertainty surrounding the eligibility for the employers' allowance. The treasurer highlighted the need to keep a portion of the budget aside for this potential cost. JD agreed to review draft budget by increasing allocation to Communications activity to £5000, and to update employment costs for proposed salary changes; budget to be formally approved at March meeting.</p>	JD to prepare final budget for approval at March meeting
a) Pharmacy services – current performance 124.9 Pharmacy First implementation planning	<p>AA discussed various updates and plans related to pharmacy services.</p> <p>Pharmacy First: As of January 15th, 78 STW pharmacies have declared readiness for a new service via MYS with ongoing efforts to contact the remaining ones. Training sessions and support for contractors are being organized. There is an emphasis on promoting the GP referral pathway into community pharmacy and addressing a recent decline in figures related to GP referrals. The text also touches upon training, simplification of processes, and collaboration with GP practices.</p>	

	<p>There is a focus on learning and development opportunities, with an emphasis on the need for competence rather than mandatory training. The document addresses concerns such as time constraints, lack of confidence, and team engagement. Strategies for making the system more efficient, encouraging staff roles, and involving the team in the service are discussed.</p> <p>Barriers and concerns from pharmacists include time constraints, lack of confidence, continuity concerns, staffing shortages, and questions about locum compliance. The text suggests working with practices that may not engage fully with the service, especially dispensing practices. The importance of managing patient expectations, addressing barriers, and developing appointment systems is highlighted to ensure the success of the service.</p> <p>The discussion extends to patient journeys, benefits for patients, and the importance of patient education. The document outlines a patient journey plan, emphasizing preparation, practice, review, and involvement of the entire team. Benefits for patients include ease of access, building long-term relationships, and quicker consultations with healthcare professionals. This is balanced with considerations about workload, referrals, and patient expectations, stressing the need for effective communication and managing patient flow. AA further discussed various topics related to pharmacy service data on BP clinic checks, ABPMs, flu vaccinations, and GP referrals. They mention issues with hypertension data on the PSNC and highlight a drop in participation.</p> <p>Finally, AA mentions Extended Care service, with reference to how the existing funds allocated are likely to be repurposed, noting that there is currently an overspend in STW. The conversation concludes with a brief mention of a potential focus on low-dispensing pharmacies, and supporting them to overcome barriers to effective engagement in services.</p>	
<p>124.10 Discussion on <a href="#">Pharmacy Supervision Consultation</a></p>	<p>PP introduced the recently announced consultation on Pharmacy Supervision. Despite initial concerns about the potential for this to be a facilitator for remote supervision, upon further reading, they find the proposals positive, particularly in supporting pharmacists to deliver services like Pharmacy First. The element allowing the handing out of bagged prescriptions in the temporary absence of the pharmacist was widely welcomed. The focus on technicians is acknowledged, and the opportunity to utilise technicians' skills more widely in having authority to supervise much of the dispensing process was seen as positive, with potential concerns only about creating a two-tier system for those pharmacies without</p>	<p>PP to prepare and share proposed responses with members prior to submission ahead of consultation deadline (29/2/2024)</p>

	technicians. The conversation touches on training options for technicians and the need for workforce development. The proposal to align medicine supply with regulations with those enjoyed by DSPs were also discussed and supported. The group agrees on supporting most proposals and plans to submit a response.	
124.11 CCA Questions Q1 2024	Members considered the quarterly CCA questions and provided detail for LC to complete.	LC to complete CCA question answers.
124.12 AOB	RN had asked PP to mention about a direction received by Pontesbury Pharmacy for Spring Bank Holiday Monday, and how this wasn't appropriate for pharmaceutical service provision in Shrewsbury on that date. PP confirmed that the draft "rota" had been shared, however PP had missed the fact that Pontesbury had been directed and would seek this to be rescinded and replaced by a contractor within Shrewsbury for that date.	PP to contact ICB team
124.13 To agree meeting dates for 2024-25	Circulated proposed dates agreed, ie: <ul style="list-style-type: none"> <li>• April 23<sup>rd</sup> (F2F)</li> <li>• June 11<sup>th</sup> (virtual)</li> <li>• July 23<sup>rd</sup> (F2F)</li> <li>• September 3<sup>rd</sup> (virtual)</li> <li>• October 15<sup>th</sup> (F2F)</li> <li>• December 3<sup>rd</sup> (virtual)</li> <li>• January 21<sup>st</sup> (F2F)</li> <li>• March 11<sup>th</sup> (virtual)</li> </ul>	PP to set up meeting invitations
<b>Next Meeting date</b>	Tuesday 5 <sup>th</sup> March 2024 9.30-12noon – via Teams. Meeting closed at 13.25	

Attachments:

Docs 124.2 – Proposed Governance Framework & Code of Conduct

Doc 124.5 – December Minutes

Doc 124.8 – Financial performance to end December

Doc 124.11 – CCA Questions Q1 2024