

Members present:

Kath Briscoe (KB – Boots – CCA)
 Arvi Sagar (AS – Morrisons – CCA)
 Alex Carrasco (AC – Day Lewis – AIM)
 Matt Armstrong (MA – Boots – CCA)
 Andrew Wright (AW – Peak Pharmacy – AIM)
 Yogesh Patel (YP – Lawley Pharmacy – IND – part)
 Matt Birch (MB – Superdrug – via Teams)

In attendance:

Peter Prokopa (PP – Chief Officer)
 Amanda Alamanos (AA – Services Lead)
 Lindsey Fairbrother (LF – CPE – part via Teams)
 James Milner (JM – STW ICB CPCL – part)
 Hayley Pearson (HP – Deputy Director of Pharmacy, SaTH – part)
 Tom Owen (TO) and Cameron Booth (CB) (Redmoor Health – part via Teams)

In the Chair: Kath Briscoe

Agenda ref & Item	Details	Actions
424.1	<p>Presentation by Redmoor Health (Tom Owen & Cameron Booth)</p> <p>Redmond Health specializes in digital optimization for primary healthcare partners in the UK, assisting them in leveraging their digital assets for better outcomes. One of their services is the Social Media Managed Service (SMMS), aimed at helping healthcare organizations, including community pharmacies, effectively utilize social media without the administrative burden. The SMMS provides end-to-end support, including setting up professional-looking pages, creating and managing content, handling comments, and offering regular performance reports. By managing multiple accounts across the UK, they ensure a consistent and coordinated approach to social media communication. The service aims to increase engagement, raise awareness of services, and ultimately improve patient communications. Examples of successful implementation demonstrate the significant reach and engagement achieved through the program, making it a valuable tool for healthcare organizations to connect with patients and promote their services.</p> <p>The conversation develops into a discussion regarding social media services for community pharmacies. TO and CB present a pricing structure based on the number of accounts commissioned, with a focus on providing social media management for independent pharmacies. PP asks for further detail about the services, costs, and potential additional support such as attending events.</p>	<p>PP to contact Redmoor Health to seek examples of existing portfolio for LPCs and suggest a trial to evaluate impact.</p>

	<p>The conversation covers various platforms like LinkedIn, Facebook, and Instagram, and the types of content and campaigns that would be provided. Finally discussing the value of social media for pharmacies and explore opportunities for partnership with larger pharmacy organizations and networks. Overall, the conversation centred on clarifying the services offered, costs involved, and potential for collaboration to enhance social media presence and engagement for community pharmacies. After the presentation ended, members considered the presentation and identified possible flaws for LPC communications, particularly related to the officers providing relevant content. However members did discuss potential options, including to propose a focus on contractor and team communications, and possibly on a trial basis to identify what value this would add to existing communications work. PP also to seek examples of work already undertaken on behalf of LPCs elsewhere.</p>	
424.2 Welcome & Apologies for absence	Apologies from: Lucy Corner, Sab Rooprai, Ravi Nagra and Jane Davies.	
424.3 Minutes from January Meeting	Approved unanimously as circulated; proposed by MA, seconded by SR. PP confirmed personal details in Minutes to be redacted before posting on LPC website.	To add redacted copy to website (PP)
424.4 Matters arising	No matters arising raised. PP confirmed all actions complete.	
424.5 Market Entry Report	<p>PP briefed members on the following:</p> <ul style="list-style-type: none"> • Issues with communication from Primary Care Support England (PCSE) on Market Entry applications and changes – PP had become aware from a contractor of applications that had not been notified to PP (or LF in their role as Secretary) so a request had been made to provide PP with information of all applications from 2023 onwards. PP had also escalated the problem to CPE through LF. • Consolidation application in Dawley – PP briefed members regarding the application previously shared; he confirmed that the test to allow a consolidation was whether the consolidation would create a gap in services, which could generate an application to open a new contract; in this case he believed this would not. The only minor concern was that the consolidating pharmacy (on High Street) did open on a Saturday afternoon, whereas the pharmacy which would remain (in the health centre) did not. However, there were a number of pharmacies in Telford Town Centre which continue to provide services on Saturday afternoons, and indeed two of those also opened on Sundays. YP mentioned that the Telford & Wrekin PNA as originally drafted suggested that a lack of service provision in one locality (Madeley) was indeed a gap in provision; the LPC had argued against this, 	

	<p>and following an approach to a local contractor they had agreed to provide services under Supplementary Hours on a Saturday. PP agreed to share his proposed response (including reference to the Saturday afternoon issue) for member comment prior to submitting next week.</p> <ul style="list-style-type: none"> • PP alerted members to the opening of a new Distance Selling Pharmacy in Telford; this had been opened by GP and pharmacist members of the Teldoc practice, launching last month. A contractor had alerted PP to this when he was shown leaflets from the new pharmacy targeting patients of Teldoc practices by offering return of dispensed items to one of the practices for patients to collect from there. PP confirmed that this was likely to be seen as in contravention of DSP requirements to provide a truly national service, as they could not promote such a service across England. Concerns were high as the practice issued around 60000 prescription items monthly, with a potential to significantly impact local network of pharmacies; additionally he would be contacting the contractor and monitoring nomination figures for evidence of direction of patients by practices to use the new pharmacy. 	
424.6 MDS	<p>Members discussed concerns raised by a contractor in Shrewsbury regarding pharmacies not accepting new patients for supply of medicines using monitored dosage systems (MDS). This contractor had experienced many patients being redirected to their pharmacy, where the original pharmacy had ceased to provide MDS to new patients due to increased workload and funding constraints. Whilst members agreed that unfunded services should not be encouraged, all contractors should make assessments under the Equality Act and make "reasonable adjustments" to services where relevant; these may on some circumstances include providing medicines in MDS, however other adjustments (eg reminder charts) may be effective. Concern was that care organisations tend to be the source of many MDS requests, which falls outside of the Equality Act as the request are for carer convenience, not to support patients self-medicating. Suggestions include reassessing medication needs, exploring alternative prescribing methods, and engaging with local authorities who commission care services to manage demand effectively. The need for individual patient assessments, discussions with healthcare practitioners, and collaboration with social care agencies is emphasized to ensure patient safety and equitable service provision.</p>	
424.7 Lindsey Fairbrother – CPE Update	<p>LF talked through her CPE presentation, with focus on the following elements:</p> <ol style="list-style-type: none"> 1. Pressures Survey: The 2024 Pharmacy Pressures survey was conducted to understand the 	

mindset and pressures of community pharmacy owners and teams. The results are used for lobbying and discussions with Parliament.

2. **Pressure Survey Results:** The survey results show that many contractors are struggling, with financial pressures being a significant concern. The speaker mentioned about a recent example of a medium sized multiple and their difficulties in meeting financial requirements.
3. **Pharmacy 1st:** Concerns around the lack of data were also discussed, however CCA data had tended to suggest a slowdown in service provision in March, however still mainly positive feedback. After significant contractor feedback on the TV comms campaign, CPE had convinced NHSE not to include the adult undergoing an ear exam to reduce confusion in patients as the service is only available to under 18s.. There were also concerns around the additional workload without remuneration from walk-in patients seeking Pharmacy First advice which do not pass the gateway in the clinical pathways. LF suggested approaching ICB to facilitate increasing referrals from GPs, and to give LF feedback from both members and contractors on Pharmacy First aspects mentioned. on how contractors will meet the thresholds for the monthly payment for Pharmacy First as these increase over the summer. Further discussions considered a general view of the future of services as the negotiations for the new contract continue.
4. **Next Meeting:** The next CPE meeting will be in Birmingham in June. LF encouraged LPCs to attend, especially for the afternoon session on the first day and the dinner. PP confirmed that all West Midlands LPC would be represented at the event.
5. **Workforce Discussion:** LF updated members on pharmacy workforce challenges, and particularly around the Foundation training provision for 2025-26 onwards. The main concern continues to be around access to Designated Prescribing Practitioners for the prescribing element – so much so that one large multiple had Foundation places on Oriel to around one third of previous levels. Further concerns expressed around training places registered with Oriel could later be withdrawn. Finally that graduates might choose hospital or GP placements as a priority over community pharmacy. PP added however that in STW the ICB had been actively facilitating cross-sector programmes, and a majority of placements already had DPPs identified, which was positive. LF further expressed concern that new contract owners (ie those having taken over

	<p>former Lloyds premises) might not understand the implications of changes like the minimum wage increase and other workforce changes.</p> <p>6. Contract negotiations LF advised that they were unable to share detail on progress, however the negotiations team had some specific areas of focus, particularly around writing off of margin over-delivery, and reform of pricing to address the shortages issues, reducing the impact of dispensing products at a loss.</p> <p>7. Communications & Public Affairs – ongoing efforts being made by the PA team particularly with MPs in advance of the general election due by January 2025; expectations are that a change of government may provide an opportunity for CPE to improve the outcome of negotiations, and that much of the current lobbying focussing on Labour politicians.</p> <p>8. Key Diary Dates LF asked members to be aware of the key diary dates mentioned in the presentation, particularly to share information with contractors about the contractor engagement event on 9th May.</p>	
424.8 Sub Committee break out groups:	Due to apologies, Governance and Finance subcommittees combined to discuss proposed officer working hours and salary changes. Summary of discussions below under 424.9	
424.9 Sub Committee report back	<p>Finance & Governance (KB): Members considered proposed changes to salaries & working hours, and recommended approval of changes to working hours for AA and PP; request from JD to increase hours and hourly rate also considered and recommended a proposal to increase monthly hours to 16 on a trial basis for four months and review, and for JD to share current work records with PP to compare. Agreed to increase hourly rate as suggested.</p> <p>Services & Comms (PP): The group further discussed the Redmoor Health presentation and what the officers could do without such a package. This would largely be contractor-focussed, to ensure teams are aware of relevant deadlines, contractual obligations etc – and would be most appropriate using LinkedIn, WhatsApp etc. Could progress to using other platforms for patient/service user focus, driving footfall to pharmacy services where these can generate funded service delivery – and Facebook, Instagram and X more likely to be effective. Agreed to get contractor views on both perhaps by surveys or focus groups, but initial focus to be on supporting pharmacy teams in effective service delivery. PP also mentioned “Service Champion” training being delivered in Black Country, improving skills, motivation and delivery of services – and whether this might be another tool to support contractors.</p>	PP to ask JD to share current work records; KB to advise employees on proposed changes; LC to review updated contracts prior to sharing with employees.
424.10 HR Update	Members discussed progress in recruiting a temporary replacement for SG and suggested using other	PP to utilise all potential

	<p>technician networks to potentially identify candidates, and broaden publicity for the role beyond just contractors and LPC website.</p> <p>Secondly, members considered whether to fund the Clyde & Co advice package for the coming 12 months; PP confirmed that all LPCs have access to the Clyde & Co portal, which provided some guidance and templates, however the discussion concluded that the discount package was not necessary as much of the relevant guidance could be found either on ACAS website, or further specific guidance was required then a local solicitor could be approached to provide this at more economical rate.</p>	avenues and networks for recruitment.
424.11 Finance	<p>Finance figures for the 2023-24 year were shared by JD prior to the meeting. PP noted that the budget for 2024-25 would be amended to take account of the proposed changes to staff hours and salaries discussed earlier, prior to the budget being sent to ICB and CPE.</p> <p>JD had also confirmed that final accounts would be prepared ready for passing on the accountants.</p>	Budget: PP to finalise with JD and advise CPE, and ICB via Office of West Midlands.
424.12 Services Update	<p>In view of pressures on time, AA agreed to share their presentation after the meeting, however briefly mentioned the following:</p> <ul style="list-style-type: none"> • Issues with lack of data on Pharmacy First service provision, which were largely to do with NHSE's concerns over data sharing with ICBs. • Summary data on national services, including DMS, smoking cessation, flu' vaccination, oral contraception and BP checks • Concerns over the relatively low numbers ambulatory BP checks compared to clinic checks, and what efforts the LPC had made to address some of the problems highlighted by contractors as reasons for not undertaking ABPM checks. • Potential referrals to BP check service from optometrists considered – PP to contact LOC to investigate interest. • Palliative care – AA discussing both funding for contractors and development of the service with Andy Riley. Funding pot is fixed, so potential for increase small, however considering possible out-of-hours service, and how bank holiday provision might be better supported through alignment with "rota" pharmacies. 	PP to share presentation with members; PP to seek engagement with LOC on referrals to CP for BP Check service; PP to remind Palliative Care (JIC) pharmacies to ensure relevant medicines are kept in stock, and to review Bank Holiday provision.
424.13 LPN Funding Update	<p>PP confirmed that the £25000 LPN funding for 2023-24 was agreed and likely to be received soon, also that similar funding for 2024-25 was to follow. PP was due to meet with James Milner and Andy Pickard to agree final proposals for utilising the funds, which was likely to include one or more cross-sector integration events and support to ensure DPPs would be available for all foundation trainees in 2025-26 cohort. These were to be agreed at the next ICB Pharmacy Leadership Group meeting.</p>	

<p>424.14 CPCL Report – James Milner</p>	<ul style="list-style-type: none"> • JM updated members on developments on the IP Pathfinder sites in STW – Ludlow is technically “live” and actively recruiting patients into the opioid deprescribing programme. Other sites awaiting release of the Cleo system. • JM mention work being undertaken by the STW ICB communications team to develop a “marketing” strategy and toolkit to promote working in pharmacy in the area. They are keen to get the views of at least one pharmacist and technician working in community pharmacy, and for them to join a workshop at Telford College on 22nd May to progress this. • JM mentioned the lack of data on Pharmacy First provisions, but confirmed ICB were still active promoting the service and potential benefits to GP practices. Furthermore, Specialist Pharmacy Services (SPS) had approached him for feedback on how they could support contractors in Pharmacy First through planned webinars and/or podcasts – any feedback on challenges encountered in service delivery, or ideas to improve the service would be welcomed – please contact JM direct or via PP. These could be improvements to the clinical pathways, or clarifying questions from PGDs etc. • JM further discussed planned work priorities for 2024-25, which IPP was a major element; also enabling referral options from UEC centres to Pharmacy First, potentially developing elements from both BP checks and AF services into a CV health check, and supporting the preparations for the 2025-26 Foundation Training year, especially with DPP provision. 	<p>PP to seek contractor nominations for pharmacist and technician for marketing event; also to share info from JM re SPS webinar feedback on Pharmacy First.</p>
<p>424.15 AOB</p>	<p>AC mentioned that he had been invited to attend the launch of the Pharmacy Clinical Leadership Network in London, which was attended by high-profile individuals. The main theme revolved around the NHS workforce plan for the future, particularly focusing on training pharmacists for the upcoming year and integrating community pharmacy into primary care. Working groups have been established to address workforce and integration issues, with plans for local meetings and further national discussions before Christmas.</p>	
<p>424.16</p>	<p>Working lunch – multi-sector roles beyond the Foundation Year. Members were joined by Hayley Pearson Deputy Director of Pharmacy from SaTH and JM to initiate discussions around how there could be a potential to develop cross-sector roles for newly-qualified pharmacists. Members considered the potential benefits to improved working practices, business continuity and patient outcomes from pharmacists developing experience in more than one sector – for example, in transfer of care. There were concerns about how the roles would be managed, finance and administration, also preventing one sector trying to “poach” pharmacists to work full-time in their</p>	<p>PP to remain engaged with HP, JM and others via Faculty and PLG to progress to next stage.</p>

	<p>sector. Examples of agreements were available from ARRS templates, and local MoUs could be developed from these. There were also examples of multi-sector roles in the technician pre-registration programme. There was feedback from members, which included consideration of how pharmacists might be recognised as having completed such a programme, for example with a specific additional qualification or award; how funding and administration of the scheme might work; changes to community pharmacy services and landscape, particularly as a two-pharmacist model would seem to be more likely to be able to deliver services. Agreement to pursue this as a separate but linked workstream to the foundation trainee programme.</p>	
<p>424.17 Next Meeting date</p>	<p>Meeting closed at 14.00. Next meeting confirmed as Tuesday 11th June 2024 9.30-13.00 via Teams.</p>	

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