Minutes of the Committee meeting held at 9.30am on Tuesday 23rd July 2024 at AFC Telford United, Watling Street, Wellington

Members present:
Kath Briscoe (KB – Boots – CCA)
Yogesh Patel (YP – Lawley Pharmacy – IND)
Lucy Corner (LC – Rowlands Pharmacy – CCA)
Sab Rooprai (SR – Conway Pharmacy – IND)
Andrew Wright (AW – Peak Pharmacy – IPA)
Matt Armstrong (MA – Boots – CCA)
Matt Birch (MB – Superdrug – CCA)
Arvis Sagar (AS – Morrisons – CCA, absent between 11.50-12.30)

In attendance:
Peter Prokopa (PP - Chief Officer)
Amanda Alamanos (AA – Services Lead)
Jane Davies (JD – Treasurer)
James Milner (CPCL, STW ICB – part, via Teams)
Alison Trumper (STW ICS Head of People Programmes – part)
Teresa McDonell (Acting Chair, Shropshire LMC – part)
Lydia Pinches & Alice Frost (SaTH DMS Team – part)

In the Chair: Kath Briscoe

Agenda ref & Item	Details	Actions
724.1 Welcome, Apologies for absence, Declarations of Interest	Apologies from: Ravi Nagra, Alex Carrasco and Lindsey Fairbrother No declarations of interest.	
724.2 Minutes from April Meeting	Approved unanimously as circulated; proposed by SR, seconded by MB.	PP to post to website.
724.3 Matters arising	• New MPs – PP advised letters ready to send, once CPE list of "target" MPs published. • No further matters arising raised. PP confirmed all actions complete.	PP to send letters after CPE list announced.
724.4 Subcommittee Breakout Groups	. Reports as 724.5	
724.5 Subcommittee Feedback	• Services & comms: ○ First considered Service Coaches, as per model shared by Staffs & Stoke. Aim to improve engagement between contractors and LPC and improve service delivery. Probably two or three – potential to "bolt on" to or work alongside PCN engagement roles. ○ Comms strategy – considered process – stakeholder mapping, priority of needs, key relationships and priorities. Challenges include potential national contract changes and	Comms strategy - Dedicated time needed to progress – full day LPC meeting for full strategy review?

	workforce/business pressures. Aim to produce a draft comms plan, with contractor comms as the key focus. • Governance: ○ group approved the Risk Register with additions agreed at previous meeting. Consideration should now be given to Business Continuity and Disaster Recovery planning. Agreed to review at coming LPC meeting. ○ LPC insurances – agreement to continue with current insurances ○ Employment – agreed following review of Treasurer role and workload to increase hours to 16 per month, with proviso that JD continues to provide reports on activity • Finance: ○ Focus on services managed by the LPC, ie JPiP and AF. Increased activity in both has reduced the reserves available to fund these Concerns over what the fee structure should be – PharmOutcomes set to £15 but previously agreed to increase service fees to £30? Each service only likely to have ap[prox 3 months' worth of funding at current uptake rates. Agreement to review SLAs for current fee amounts, and notice to cease service in case funda are exhausted.	Governance – look at Business Continuity & Disaster Recovery Plans at next meeting. Chase AF & JPiP SLAs and review fees; agree evaluation process for AF via LPN; seek further funds from any source esp AF, but also check required notice to cease service.
724.6 Finance	JD had previously shared the current financial position spreadsheet. This highlighted levy income was slightly lower than expected, although currently expenditure was also less than budgeted. There were no concerns on viability of the committee in the medium term, as there were more than sufficient reserves. JD confirmed she had also completed the CPE reserves template, and would share with LC for review. Re LPC Expense Policy – concern that this didn't reflect a couple of key changes ie locum backfill rates to be increased to £30 per hour; also include note that claims may be subject to review/audit; finally to ensure claims re made within 3 months. Agreed to action changes and bring back to next meeting for approval. LC questioned longer term viability of the committee again, taking into account wider picture? JD considered that with the current reserves stability could be ensure at least for the foreseeable future, noting that the final increase in levy to CPE was now in place; also that a sum kept in reserve in case of recovery by HMRC of the Employment Allowance would not now be needed in light of decision by HMRC that LPCs could claim EA. However the committee also needed to consider employment of members, as temporary contracts	Expenses Policy – JD to amend current version with agreed amendments and add to next agenda for approval. Book venue for AGM 17/9/2024 – circulate "hold the date" to contractors.

	become permanent with associated rights after 2 years. Also JD considered whether the level of reserves should be reduced, either by a contractor levy holiday, or using excess reserves to benefit contractors directly? Members agreed that with uncertainty on the LPCs future, that the reserves level should be left as is, and reviewed following Exec meeting discussions later this month. Finally, LC referred back to the Risk Register discussions and whether there had been any progress on additional authorisation of payments from the LPC accounts? JD did not think that there was a significant risk bearing in mind controls already in place, and the types of payments being made. However would consider access for YP as second signatory with any payments over a certain amount (as per current policy) 2023-24 accounts – had been shared beforehand, committee to approve figures in advance of the complete report being received from the accountants. Approval proposed by LC, seconded by AS – approved unanimously. PP mentioned potential dates for the AGM as 17th or 24th September – members generally preferred 17th so PP agreed to book that at STFC.	
724.7 Alison Trumper – ICS People Programmes	AT discussed a presentation focussing on the work of the People Programmes within the STW Integrated Care System (ICS), emphasizing collaboration among various healthcare providers. AC outlined the NHS's long-term workforce plan, focusing on four main areas: attracting future workforce, particularly targeting young people through schools and colleges; retaining current staff by addressing their needs; reforming workforce structure and training; and transforming through organizational development and inclusion efforts. They highlighted the importance of engaging youth and creating awareness about careers in pharmacy and other health sectors, addressing workforce challenges and strategies to enhance training and retention, and noting the issues of current staff reduction and student dropouts in healthcare education. AC further considered several key issues faced by students, particularly at the university level, and the broader workforce within the health sector, focusing heavily on pharmacy and other medical professions. 1. **University Challenges**: o Students struggle with concepts, leading to high failure rates. o Training costs are high, and students aren't earning during their education, which impacts cost of living. 2. **Apprenticeships vs. Traditional Education**: o Apprenticeships are viewed as a beneficial alternative due to the cost and mental health awareness among the new generation. o Modern students prioritize their happiness and mental health more than	PP to seek LPC rep on ICB's "Growing for the Future" group

	previous generations, affecting their perseverance in education and training. 3. **Career Paths and Professional Changes**: o Graduates often don't stick to their degree-related professions, shifting to different fields such as management. o This shift is notable among medical and dental graduates. 4. **Diversity and Inclusion**: o A commissioned study with Wolverhampton University revealed significant challenges faced by non-white heritage individuals in the county. o Efforts have been made to understand and respect different cultures, significantly improving the work environment within the NHS. 5. **Geographical Workforce Distribution**: o Urban areas attract more professionals compared to rural areas due to better facilities and professional environments. o Recruiting and retaining professionals in rural areas like Shropshire is challenging. 6. **Workforce Gaps and Training**: o The lack of local training provisions and accommodation affects workforce retention in rural areas. o There is a need for better local training provisions and strategies to keep professionals within the county. 7. **NHS and Community Pharmacy Collaboration**: o Collaboration between NHS and independent pharmacies is essential to address workforce gaps. o Centralized recruitment and marketing strategies have been successful in attracting workers. 8. **Challenges in Training and Retention**: o There's a need for multi-sector training placements to attract and retain pharmacy professionals. o The exit of major providers from the market has created gaps in pre-registration training places. 9. **Future Strategies**: o The suggestion of forming collaborative groups to address these issues and share resources. o The importance of understanding the specific needs of each sector to create targeted recruitment and retention strategies. 10. **National and Local Integration**: o Emphasis on integrating national pharmacy workforce surveys with local information to address workforce gaps.	

	○ Potential for NHS providers to support community pharmacies with training and prescribing challenges. In summary, the conversation highlights the complexities and challenges in training, recruiting, and retaining professionals in the healthcare sector, with a specific focus on pharmacy. It emphasizes the need for better integration of training programs, improved understanding of diversity and inclusion, and collaboration between various stakeholders to address workforce gaps and improve the overall work environment. Finally, AC considered challenges and developments in the field of pharmacy education and workforce planning. Key points include: 1. **Workforce Planning and Recruitment**: There are concerns about investing in training without guaranteed professional outcomes. The NHS, with its data on attrition and turnover, over-recruits by 10% to address this. Recent dips in pharmacy foundation numbers are being addressed, with an increase in places planned. 2. **Collaboration with Educational Institutions**: Keele University is collaborating with Telford College, located in a deprived and diverse area, to enhance pharmacy education. Initiatives include a School of Pharmacy and skill-building programs for technicians. 3. **Local Recruitment and Training**: Efforts are being made to attract local talent into healthcare, including pharmacy, through targeted outreach and the development of a proactive website to promote careers. 4. **Logistical Challenges**: Transportation and accessibility issues are significant, especially with recent cuts to bus services impacting students' ability to attend courses. 5. **Engagement and Outreach**: Bringing school students into immersive, engaging environments is preferred over traditional methods to inspire future healthcare professionals. The discussion reflects ongoing efforts to improve pharmacy education and workforce planning, addressing both immediate logistical concerns and broader strategic goals.	
724.8 CPE Update	PP noted LF being unavailable this month and would share the most recent CPE Regional presentation. In addition, the answers to questions raised at last month's meeting would be shared by email too. PP noted that the CPE Regional Contractor events had not been well attended – especially the North and East Midlands event which covered our LPC area. KB agreed, but noted that the LPC part had been useful in understanding the direction of travel of CPE's future plans. PP noted feedback had been provided to CPE	Share CPE answers to questions from last LPC meeting; also LF's presentation

	about the event timing and whether contractors should have been advised to attend an event convenient for them, even if not specifically in their region.	
724.9 Regulations	• Market entry report – PP confirmed that he had now obtained all market Entry information from colleagues in the Office for the West Midlands who support the ICBs in this field. Additionally, he mentioned that two consolidations were still outstanding – Shrewsbury (approved but not completed) and Dawley (not yet approved) • CPAF – PP highlighted that in STW area 65% of contractors had already submitted there answers to the CPAF questionnaire; regular updates were being received from NHS BSA and PP chasing non-completers. • PNAs 2025 – both LAS had been contacted following the last committee meeting and PP had replies from both; Telford & Wrekin's PNA didn't expire until March 2026 but expecting work to continue in parallel with Shropshire, perhaps through a single working group.	Newsletter item re DMS claims – must add to MYS
724.10 STW CPCL report – James Milner	JM talked through his presentation which included unverified BSA data showing trends in pharmacy first consultations and GP referrals. Key Data Points: • Increase in pharmacy first consultations. • Decrease in GP referrals. • STW has the highest consultations per 100,000 patient population. • Low acceptance rate for referrals from 111 – unsure if this is patient issues or call handler/system issues and is being investigated further. Service Updates: • Blood pressure service shows increasing checks. • Contraception service usage has significantly increased. • DMS service referrals are increasing, despite some pharmacies not claiming completed DMS. • Various other services like smoking cessation and joint pain show mixed activity levels. Challenges: • Issues with post-event notifications and GP Connect updates. • Limited capacity for deep data analysis due to staffing constraints. • 40% of practices are not engaged in pharmacy first referrals, and there are ongoing efforts to address this. • Lack of ICS targets and baselines. • High workload and capacity issues across healthcare sectors. Ongoing Work: • Addressing blood pressure check service barriers.	World AMR Awareness Day – Newsletter EoI for PCN Leads – share with contractors via website & newsletter Experience of POD – survey to follow, share with contractors

	• Promoting services to the public. • Recruitment for PCN engagement roles. • Strengthening links with local authorities and community sectors for outreach work. Independent Prescriber Programme: • One live pharmacy site in Ludlow with the opioid deprescribing as the focus. • Learning opportunities from the current implementation are being followed • Awaiting national-level approval for CLEO prescribing system for further site movements. Recent IT Outage: • James expressed his thanks and that of Minesh Parbat (ICB Chief Pharmacist) to community pharmacies for their work during the recent IT outage. • POD team appeared to be successfully managing patient expectations regarding prescription delays due to the outage. Community Pharmacy PCN Lead roles: • Community pharmacists, pharmacies, and PCNs in Shropshire and Telford and Wrekin are invited to express interest in hosting this role, not to recruit an individual. The role aims to foster better integration between community pharmacies and PCNs, particularly to enhance the delivery of specific services like blood pressure checks and contraception. • Funding of approximately £5,000 for Shropshire and £4,000 for Telford and Wrekin is available for this initiative. The preference is to have one engagement lead from a community pharmacy and one from a PCN to encourage mutual learning and collaboration. If multiple applicants score equally, this balance will be a deciding factor. • Additionally, there's an incentive of £4,000 tied to specific key performance indicators to encourage effective role fulfillment. JM also mention feedback being requested on POD experience, both from a patient and pharmacy perspective – members agreed POD had largely been positive from a pharmacy perspective, reducing the amount of work associated with prescription requests. Finally, JM wished to alert members to the training available from Telford College for pharmacy technicians – both in terms of training new technicians via the apprenticeship route, and ongoing development for existing technicians. PP confirmed that Sarah Davies from the college had already briefed members at the last meeting, and had committed to sharing details with members on the former when the course & prospectus had been approved.	
724.11 Services Update - AA	AA focused on the Pharmacy First program and related quality issues which were ongoing and subject to some	Share slides from regional OC Service

	scrutiny, although not specifically excluded in the service specification. The speaker mentions PPV (Post Payment Verification) being rigorously enforced due to financial incentives, resulting in significant financial penalties for non-compliance with blood pressure checks, citing a case in the East Midlands where four contractors faced substantial fines. In terms of blood pressure checks, the speaker reports over 10,500 checks, with only 342 ABPMs (Ambulatory Blood Pressure Monitoring), which is a low conversion rate compared to national figures. They express frustration with inconsistent responses from pharmacies regarding ABPM availability, leading to patients being turned away. Several pharmacies failed to provide the service despite prior confirmations, causing reputational damage and patient inconvenience. AA noted a recent webinar which took place recently to support contractors in providing the Oral Contracepotion service. AA finally noted staff changes in the West Midlands office affecting communication and oversight, leading to a gap in understanding of community pharmacy operations.	webinar via website/newsletter
724.12 DMS Update - SaTH	In May, the team attended the Clinical Pharmacy Congress in London and presented in the Integrated Care Theatre alongside James Milner, showcasing the collaborative efforts across the Integrated Care System (ICS) to enhance the Discharge Medicines Service (DMS), focusing on increasing referral numbers and addressing challenges like incomplete referrals. We highlighted the positive impact of the new team member, who performs daily audits to boost DMS referrals. One key project involves improving opioid safety with Health Innovation West Midlands through the Medicine Safety Improvement programme. The aim is to prevent prolonged and high-dose opioid use by incorporating short-term use directives, adding prompts for indications, review dates, and durations in our discharge system, and educating prescribers. The team have also developed an opioid patient information leaflet and ensure all new opioid patients receive a DMS referral and post-discharge SMR. Another project focuses on expanding SMRs, starting with Shrewsbury PCN and now extending to most PCNs in Shropshire. We target patients with complex or problematic polypharmacy to reduce over-prescribing and adverse drug reactions, thus lowering hospitalisation risks. PP asked whether SMR details were included in DMS referrals to prevent redundant patient contacts and	Share LPC attendance list with SaTH team Key message – Stage 1 in 72 hours wherever possible. Consider guidance on transitioning between stages of service MPFT – seek info on what contractor support may be needed for MH referrals Patient feedback – need CP input to working group, PP to seek member support.

	streamline medication management; LP said that was included. The team are exploring additional high-risk medicines for referrals and asked for feedback from LPC. JM added that he was seeking feedback on handling referrals from the Mental Health Trust, as this may be an area that community pharmacists may not feel as confident in. Training and support for community pharmacists in managing mental health medications were discussed. Finally, LP discussed their aim to develop patient surveys to gather feedback on the DMS process, potentially including the use of leaflets with QR codes for easy access to the surveys, which could be added to patient medicines when dispensed in the pharmacy. This initiative is still in progress.	
724.13 AOB	AA mentioned the potential for additional referrals for BP checks in certain areas – eg Shawbury – local contractors to be made aware.	Highlight additional BP check referrals as per AA's comment
724.14 Working Lunch – LMC	Teresa McDonnell joined to discuss joint working, particularly in relation to medicine supplies, however initial conversations centred around the recent IT outage which caused significant impact on both practices and pharmacies. Key elements discussed: • Outage affected all GP IT systems, so not possible to use business continuity mode in EMIS as all computers were unable to operate • Limited information available for patients who were seen meant GPs struggling to prescribe appropriate medicines • NHS App patient data also unavailable at the time so not able to use that info either • How patient held information might support improved business continuity in similar circumstances – eg ensuring patients have a recent "repeat slip" copy from the prescription • Consideration of electronic repeat dispensing as a potential mitigation for future outages • Telford & Wrekin council are looking at potential training for patients on the NHS App – to increase engagement with patients, and reduce reliance on POD and other services. Medicines Supplies & Safety Consequences of medicines supply issues discussed, with a focus on current issue affecting Creon and other pancreatic enzyme preparations. Both GPs and pharmacists were to be signposted to the SPS Medicines Supply Tool to get the most up-to-date information; also CPE website about current SSPs. Members expressed concerns about continuing repeat prescriptions being issued by practices for	Repeat lists – ensure patient has a recent copy ref IT failure and availability of info to support urgent meds supplies.

	discontinued items, eg GlucoRx Fine Point needles. Agreement that if a new prescription was required to meet urgent patient need that pharmacies could highlight similar preparations which were currently available. Email was considered the preferable method of communication on the issue unless very urgent. PP agreed to maintain communications on supply issues via LMC.	
724.15 Next Meeting date	Meeting closed at 14.00. Next meeting confirmed as Tuesday 3rd September 2024 9.30-13.00 via Teams.	