

**Minutes of the Committee meeting held
at 9.30am on Tuesday 3rd September
2024 via Teams**

Members present:

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

In attendance:

Peter Prokopa (PP – Chief Officer)
Claire Hand (STW ICB – part)

In the Chair:

Kath Briscoe

Agenda ref & Item	Details	Actions
924.1 Welcome, Apologies for absence, Declarations of Interest	Apologies from: Matt Armstrong, Arvi Sagar, Amanda Alamanos, Jane Davies, James Milner and Lindsey Fairbrother. No declarations of interest.	
924.2 Minutes from Meeting	Approved unanimously as circulated; proposed by AW, seconded by YP.	PP to post to website.
924.3 Matters arising	PP noted that he had sent emails to local MPs. Otherwise no items not already on the agenda	
924.4 Subcommittee Breakout Groups	.Reports as 924.5; no committee members present from Service & Comms subcommittee so no report from that group.	
924.5 Subcommittee Feedback	<p>Governance</p> <ul style="list-style-type: none"> • Double Signatories on Accounts: It was discussed in July and remains unimplemented. Yogesh will remind Jane to address it and propose a policy, including a second signatory for payments over a certain amount. • Reserve Template: Jane shared a template for required reserves for the LPC. LC and subcommittee to review it to ensure satisfaction with the figures provided, which suggest six to seven months of reserves. • Treasurer's Hours: JD's work hours are set to 16 per week, as her reports from May to August show that she works under this limit most months. The hours will stay the same, and this will be reviewed if the workload changes significantly. • Contingency Planning for Key Staff: If a key officer (Chief Officer, Treasurer, or Services Lead) leaves, a process is in place to ensure meetings, contacts, and key information are documented. Virtual meetings on Teams help maintain accurate records, though access to shared calendars is being reviewed. • Data Protection Policy: LC to review the Liverpool LPC's data protection policy with regard to insurance. 	<p>YP to discuss second signatory for Lloyds accounts payments with JD</p> <p>LC to review Liverpool data protection policy</p> <p>PP & AA to ensure record of all relevant meetings & contacts for Business Continuity</p> <p>PP to maintain contact with SG</p>

	<ul style="list-style-type: none"> Stephanie’s Return: Peter will maintain contact with SG regarding possible return date and keep in touch days. <p>Finance</p> <p>The discussion focused on the financial planning of a standalone LPC in the absence of JD.</p> <ul style="list-style-type: none"> PP provided information comparing similar-sized LPCs such as Cornwall, North Cumbria, Somerset, and Lincolnshire to assess how they manage finances and operations post-consolidation. These LPCs, while small and rural, manage larger budgets and have various staffing structures. It was noted that Shropshire's LPC budget is significantly smaller in comparison, and there was consideration of increasing the levy to boost funds. YP noted some pharmacy trade bodies and buying groups had increased fees recently too, by up to 40% The team explored the idea of collaboration with other smaller LPCs, focusing on joint working rather than a full merger or federation. This could help manage finances while maintaining local influence. However, concerns were raised about maintaining "boots on the ground" support and the difficulty of recruiting staff in rural areas. The discussion also touched on the benefits of mergers seen in other LPCs and how joint working or collaborative models might benefit Shropshire without losing local control. LC shared insights from her work in Cheshire and Mersey, where some LPCs saw benefits after merging, such as improved service commissioning and a stronger collective voice. The importance of learning from other LPCs’ business models and exploring joint efforts in specialized areas like service commissioning and finance was emphasized, but geographical distance might limit collaboration in practical terms. 	
924.6	<p>GP Collective Action feedback – PP sought information from members on their experience of the GP collective action; little impact identified. YP expressed concern about the potential impact should winter pressures cause more patients to visit pharmacies if unable to get a GP appointment. LC noted that pharmacy workload was already increasing due to pharmacy closures in many areas, and any increase due to the action would be difficult to manage. PP noted that there is a MS Form to report any impact on contractors, and that he would continue to feed in to the ICB’s GP Collective Action T&F group.</p>	
924.7 Finance	<p>JD had provided accounts details to end August by email. JD noted CPE Levy payment was due before the</p>	<p>YP to share any details related to JPiP with PP</p>

	<p>end of September; there was no expectation that they would need to access current reserves this FY. Members noted the account balances on both business and MoU/services funding. PP noted the low balance remaining in the JPiP funding pot, and confirmed he was looking at seeking further interim funding to continue with the service pending evaluation and potential extension in the longer term; he was keen to understand those involved in the setup. YP suggested that Rob Allman had been closest to the service initially, and may have information in his emails which might suggest the best person to approach; Keele University had also been involved.</p> <p>PP noted that the updated Expenses Policy needed adoption by the Committee – YP proposed this, seconded by RN. Unanimously approved.</p>	
<p>924.8 CPE Update</p>	<p>PP noted LF being unavailable again this month and members had already seen the most recent CPE Regional presentation. PP noted the following items raised at Sandwell LPC recently:</p> <ol style="list-style-type: none"> 1. CPE Meeting: No CPE meeting had taken place since the last LPC meeting. 2. Negotiations: Ongoing negotiations with NHS England and the Department of Health remained stalled but expected to resume soon. 3. Pharmacy 1st: Discussions covered the pressures to maintain reduced thresholds for Pharmacy 1st, but NHS England seemed reluctant to extend them into autumn. Concerns remain over the lack of GP referrals to Pharmacy 1st, with some local schemes trying to address this. 4. Bundling of Services: Concerns were raised about bundling of PCARP services (contraception, hypertension, and Pharmacy 1st) next year, with efforts to delay it. 5. Regional Meetings: Attendance at recent regional events was poor, with feedback suggesting easier motor access venues for future events. 6. Funding and Contracts: Optimism surrounded Stephen Kinnock's appointment as pharmacy minister, but concerns over funding persist due to competing demands from other sectors. There was mention of potential future actions, including a contract ballot or judicial review, if funding issues continue. 7. Contract Flexibility: Contractors face challenges with changing core hours, and there's a push for more flexibility to support the shift towards service delivery over dispensing. 8. Sector Stability: A review for a 1/3 contract uplift is ongoing to provide stability in maintaining services, though not necessarily for expansion. 	

	<p>9. LPC Self-Evaluation Tool: This tool has yet to be published, although expected soon; LC noted it to be lengthy and detailed.</p> <p>10. Flu Service: The flu service launched in September, initially for pregnant women, with full service for all cohorts starting on 3rd October.</p>	
<p>924.9 Regulations</p>	<ul style="list-style-type: none"> • PNA (Pharmaceutical Needs Assessment): PP expecting progress in September, having reached out to both councils to remind them. • CPAF (Community Pharmacy Assurance Framework): The CPAF outturn was positive, with only two contractors not completing it. Some ownership changes led to survey being sent to old contractors, but most issues on completion were resolved with follow-up. • Market Entry: Ownership change notifications are still being received. Some delays are due to outdated records from the previous LPC secretary. RN's consolidation in Shrewsbury is progressing, and the Dawley consolidation has been approved, awaiting a date for completion. Some other ownership changes are still in process, but outcomes have not been fully communicated yet. 	
<p>924.10 ICB Update – Claire Hand</p>	<p>CH talked through their presentation – summarised below:</p> <p>Pharmacy First Consultations:</p> <ul style="list-style-type: none"> • Steady increase in consultations from February to June. By June, the average was 379 consultations per 100,000 patients, surpassing Midlands averages. • Trends show increases in clinical pathways, but a slight dip in urgent medicine supply. • GP referrals are low, with only 16-17% of Pharmacy First consultations coming from these referrals. • There's a drop in 111 referral acceptance rates, which is being investigated with training initiatives for call handlers. <p>Clinical Services:</p> <ul style="list-style-type: none"> • Blood Pressure Checks: Increase in ABPM (ambulatory blood pressure monitoring) referrals, possibly linked to local authority projects. Clinic-based checks have dropped post-spring, possibly due to the wind-down of COVID vaccination services. • Contraceptive Services: Ongoing monitoring is higher than initiation, likely due to pharmacists' lack of confidence. New resources targeting colleges and universities are expected soon to boost service uptake. <p>Other Services:</p> <ul style="list-style-type: none"> • Discharge Medicines Service (DMS) figures were down due to staff absence at SaTH but should recover. 	

	<ul style="list-style-type: none"> • Joint Pain Service: Doing well, though funding sustainability is under review. • Smoking Cessation: Data is lacking, and meetings to address this issue have been delayed. <p>Challenges:</p> <ul style="list-style-type: none"> • Issues with post-event messaging and GP Connect, which has been turned off following BMA advice. • Lack of engagement from 40% of GP practices for Pharmacy First referrals. • Difficulty accessing consistent data, ICB capacity, and workload constraints. • Low acceptance rates for Pharmacy First referrals from DHU NHS111 service . <p>Upcoming Work:</p> <ul style="list-style-type: none"> • Community pharmacy involvement in local CVD pilot in T&W – outreach in workplaces. • Recruitment of Community Pharmacy PCN engagement leads. • Creation of a Pharmacy First dashboard for easier data access. • Rollout of the IP Pathfinder programme with signed contracts and planned testing of the Cleo prescribing system. Initial site in Ludlow active using EMIS; Oswestry., and Shrewsbury will go live soon as part of national roll-out of Cleo <p>Insights and Learnings from IPP:</p> <ul style="list-style-type: none"> • Pharmacists need clearer recognition of definition of consultations. • Time management challenges exist around patient DNAs. • High engagement with general practice and public on clinical services, despite time constraints on clinical supervision. <p>Methotrexate Incident:</p> <ul style="list-style-type: none"> • A community pharmacy mistakenly dispensed 10mg methotrexate tablets instead of 2.5mg. This incident is still under informal review, with an official incident report awaited. • Prescribing advice is that GPs should not prescribe 10mg methotrexate to avoid such errors. • Possible solutions being considered include keeping 10mg tablets in a Controlled Drug (CD) cupboard to prevent confusion and having pharmacies fax copies of prescriptions to head offices for review. <p>Pharmacy Technician Pre-registration Training:</p> <ul style="list-style-type: none"> • Shrewsbury and Telford Hospital has funding for four positions for a cross-sector pharmacy technician training program (hospital, community, and PCN), with a second cohort starting around February/March. 	
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	<ul style="list-style-type: none"> Community pharmacies in Telford are being invited to host trainees for one day a week over two years or for 13-week blocks. The aim is to progress towards permanent cross-sector roles for qualified technicians. <p>Teach to Treat Programme:</p> <ul style="list-style-type: none"> NHS England Midlands provided £50K in funding to support independent prescribing training in community pharmacies. Shropshire ICB has submitted a bid to receive a tranche of this funding and expects to hear back soon. The funding is intended to address challenges in community pharmacy, particularly related to Designated Prescribing Practitioners (DPPs). 	
<p>924.11 Services Update - AA</p>	<p>AA had provided her presentation, which PP talked through:</p> <ul style="list-style-type: none"> Clinical Waste Contracts: Contracts have been extended until March 2025. Tender processes are ongoing, with expected outcomes in September. The multi-user license for PharmOutcomes has also been extended for another year, managed through Staffs and Stoke LPC. Influenza Licensing: The regional license for influenza has been implemented for the flu season, extended through the end of March. Dispensing Practices Review: A review of dispensing practices, especially in rural areas, is underway to validate patients on the dispensing list who are over a mile from a community pharmacy. This will occur over the next few months. Regional Pharmacy Communications: The email address for the Office of West Midlands has changed, with updates sent out recently. Pharmacy First Data: Recent data from the Pharmacy First program is expected, but detailed practice-level data is still lacking. There's a reduction in threshold consultations for clinical pathways down to 15 for August. Referral Issues: Concerns were raised about referrals not going through in some dispensing practice areas. Efforts are being made to address these. CVD Health Checks: A meeting was held regarding workplace cardiovascular health checks, awaiting validation of new testing machines found by James for ICB officers. Contraception Services: 69 out of 80 SCW pharmacies are registered to provide contraception services, with a significant 	<p>PP to share AA's presentation with members</p>

	<p>increase in consultations since becoming part of the National Advanced Service.</p> <ul style="list-style-type: none"> • DMS Performance: Data shows a total of 512 referrals in July, with many marked as completed or delayed. The cost-saving potential from avoiding readmissions due to adverse drug reactions is substantial, estimated at £736,000. • Overall Engagement: Ongoing engagement with the Pharmacy First oversight group and wider stakeholder discussions to ensure continuous updates and improvements in pharmacy services. <p>Presentation to be shared with members.</p>	
924.12 CCA questions	No new questions, all completed to September - LC to confirm.	
924.13 AOB	<ul style="list-style-type: none"> • KB noted she was unable to attend the LPC Chairs' Forum; YP would hopefully be able to attend, and would advise PP. • LPC Conference: KB noted she was able to attend – a second delegate was required as PP unavailable. • PP noted that there had only one contractor booking to attend the AGM planned for 17th September; he suggested changing this to a virtual format to support improved attendance and reduce costs. Members agreed, PP to notify contractors. LC suggested in future to label the AGM as a training event to improve interest. 	
924.14 Next Meeting date	Meeting closed at 12.35pm. Next meeting – Tuesday 15 th October 2024 9.30 – 16.00 – Strategy development day; STFC.	PP to confirm full day requirement with STFC