

THE 159th MEETING OF THE COMMITTEE WAS HELD AT THE LPC OFFICE

ON WEDNESDAY 22ND MAY 2024 AT 9.30AM

In the Chair: Rob Severn (RS)
Chief Officer: Nick Hunter (NH)
Secretary: Alison Ellis (AE)
Treasurer: Gordon Heeley (GH)
Services officer: Mike Jones (MJ) - apologies

Members: Rebecca Butterworth (RB), Bethan Chamberlain (BC), David Evans (DE), Linda Ferguson (LF), Raj Morjaria (RM), Vijay Pujara (VP), Dhiren Raval (DR), James Sutcliffe (JS)

Attended

- Rebecca Dickenson, Community Pharmacy Clinical Lead, Nottingham & Nottinghamshire ICB
- Rachel Nicholls, CGL
- Charlotte Harding, CGL
- Lindsey Fairbrother, CPE Regional Representative (via Teams)
- Kirsten Atkinson, Priest & Co
- Liam Stapleton, Metaphor Development

Apologies received

- Dave Fernley, LPC member
- Soumar Kaziz, LPC member

Welcome and introductions

1. Lindsey Fairbrother, CPE Regional Representative (virtual)
 - CPE update

Negotiations

These are ongoing – CPE stated that will not do anything new without funding being in place.
Fear that will be imposed again.

Wondered if it would be helpful to do a contractor poll once receive the offer to get the feeling of how many contractors disagree which can then be used to go back to the government – Community Pharmacy Nottinghamshire to write to CPE to support Lindsey's suggestion at the next CPE meeting.

CPE have engaged PA consulting to help with negotiations and the language needed to use with politicians.

Core request uplift on the global sum.

Action: Community Pharmacy Nottinghamshire to write to CPE to support Lindsey's suggestion of a contractor poll once receive the offer for the new contract funding to gain feeling of how contractors feel which then can be used in response to the government.

Pressures survey

Good for contractors to complete to get voice heard.

Workforce

DPP – foundation training cannot go ahead without a DPP and graduates will not be able to complete resulting in a drop in workforce as in effect will create a fallow year.

Drug Tariff changes

Quarterly price reviews rather than monthly – CPE didn't agree because impact hasn't been tested.

DSPs

Only doing local rather than national service – looking at what can do to enforce the regulations.

Hub and spoke

Legislation to dispense between legal entities – not been approved yet. Need to think about independents and if it is viable to have the business arrangement re margin receive for each prescription etc. Current model is not going to be around in the next few years – need to move forward but will be hard work to set up at first.

Public affairs

Lobbying MP's – someone expressed concerns about actual influence have. Need to build up relationship with them and know who to contact and how. Some will answer the LPC directly but sometimes need to contact through individual pharmacies.

Maybe Luther Pendragon could sit down with some of the local MPs that are very responsive as a sort of roundtable discussion and ask if there is anything we can do differently??

Self-evaluation

Launching in July 2024 – helpful to see what need to focus on.

Contractor engagement event

9th July 2024 – evening meeting at Nottingham – James and Janet attending. Details will be sent out by CPE and need to advertise to contractors in the area.

Also discussed the future of ARRS roles and funding.

Members wondered if the LPC could send a Freedom of Information request asking the ICB for a list of surgeries and roles they have under ARRS funding – head count and full time equivalent? If they are pulling the funding and then they are not employing, then may be an increase in Pharmacy First referrals into pharmacy and so this information may be useful so that pharmacies can plan for this.

Action: NH will contact Rachael Rees, Nottingham and Nottinghamshire ICB, and ask for the information regarding which ARRS roles each surgery has and the impact of losing the funding.

Chairs forum

Facilitated by CPE – asking for comments on the TOR.

2. Governance Items

➤ Acceptance of the minutes from 20th March 2024 - Attachment 2A

Amendments

Page 10 – Section 12 under extended care service – should say lack of proper consultation.

This has been amended and signed minutes to be added to the website.

➤ Action points from 20th March 2024 not on the agenda

GP-CPCS / Pharmacy First newsletter article re Evans Pharmacies

This has not been completed but decided to take off the action list now.

Governance

AE has set up meetings for the governance subcommittee on the Monday before the CPNotts committee meetings.

Governance documents have been rebranded with the CPNotts logo and have been added to the website for members to be able to access.

Communications consultant contract

GH has increased the monthly payment for Priest & Co in line with the contract amount for 2024/25.

MJ reported to KA that the focus for 2024/25 will include adding articles in local newsletters / newspapers regarding services local pharmacies provide.

➤ Declarations 2024 – review and complete again in July 2024

It was agreed by members that it would be best to print off the declarations completed in July 2023 and ask members to review and then sign for 2024/25 if no amendments. If changes are needed then complete a new declaration form.

Action: July 2024 committee meeting – AE to print off preview declarations and bring to the meeting for review by members – if no change then re-sign for 2024/25, if changes then complete a new declaration form.

▪ Election of officers – complete in July 2024

Agreed that these will take place in July 2024 committee meeting and AE to send out email asking for expressions of interest by 10th July 2024. Election of officers in 2025 will then be completed in April 2025

Action: AE to send email to members asking for expressions of interest for the Chair, Vice-chair and Treasurer roles by 10th July 2024.

➤ Governance sub-committee update

Nothing further to report.

➤ Risk register 2019 - Attachment 2B and template risk register – Attachment 2C

Include a services risk register like we have previously. Agreed to blend the current risk register together with the CPE template risk register which is mainly finance related and then send to governance to check – Action AE

Action: AE to blend together the current risk register with the template CPE risk register and then send through to the governance subcommittee for reviewing.

➤ Market entry

▪ New contract applications -routine

Nothing received.

▪ New contract applications - excepted

Application for Distance Selling Pharmacy

By: The Family Chemist Ltd

At: Unit 13 Poplars Court, Nottingham, NG7 2RR



Closing date 24.06.24

Declarations of interest: RB, JS (Boots), BC (Well), LF (Peak) are notified interested parties, but all have an interest as distance selling pharmacy application.
Lacks substantive details – send through response referencing regulations.

Response: Send through response referencing regulations, in particular the need to be able to supply to whole of England not just locally.

Application for unforeseen benefit

By: LP SD Five Ltd

At: Derby Road, Sandiacre, Nottingham, NG10 5HZ

Closing date 17.06.24

CP Notts were not notified as a neighbouring LPC even though Nottinghamshire contractors were included in the consultation.

Stapleford is within 1 mile of the application and affects a number of Nottinghamshire contractors so the consultation needs to be restarted.

Action: AE to contact PCSE and request that the consultation is started again and CP Notts included in the consultation.

▪ **Other applications received**

Application for a relocation of practice premises

By: Ivy Medical Centre

From: Lowdham Medical Centre, Francklin Road, Lowdham, NG14 7BG

To: Apple Tree Medical Practice, 4 Wheatsheaf Court, Burton Joyce, NG14 5EA

Approved – 08.03.24

Declaration of Interest: RB (Boots), VP (Lowdham Pharmacy)

Wishing to dispense from Burton Joyce – shouldn't make any difference to pharmacies. Did not follow the regulations for relocation and ask to be noted by PCSE.

Action: AE to write to PCSE and ask that they formally note that CP Notts feel that the regulations were not followed regarding GP practice relocation and should not have been allowed

▪ **Litigation**

Application offering unforeseen benefits

By: Getglo Aesthetics UK Ltd

At: Retail shops closely situated near to Aspley Medical Centre, Aspley Lane, NG8 5RU

Refused 26.03.24 and appealed – closing date 30.05.24

Response: Stand by original points and give example – no supplementary statement to the PNA because there is no gap in service

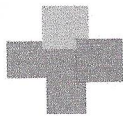
- All contract decisions and amendments are in separate document - Attachment 2D

For information

- Change of ownership guidance from NHSE and also CPE guidance – Attachment 2E

Briefing 038/18: Change of pharmacy circumstance guide: ODS codes and planning required should your ODS code change - Community Pharmacy England (cpe.org.uk)

For information



- March / April 2024 accounts – Attachment 3A, 3B, 3C, 3D

March 2024

Income

No levy due to payment holiday

£28,406.40 - Red Whale IP licence funding transferred from NHS project account (research)

£3,644.52 – transfer from NHS Project fund (GPCPCS) for work completed by CP Notts

Total income - £32,050.92

Expenditure

Usual Meeting expenses including refreshments and member backfill payments.

Usual salary payments including pension, tax and NI payments.

Usual office costs

Red Whale IP licences for Research on extended care service - £28,406.40

Total expenditure - £44,447.17

Balance – £122,075.73

April 2024

Income

£17,500.01 – contractor levy

£1704.00 – Funding for IP pathfinder MOU to be transferred into NHS project account

£1000 interest payment received on the project account.

Total income - £20,204.01

Expenditure

£1704.00 – Funding for IP pathfinder MOU transferred into project account

£10,789.18 – usual staff salary payments

£1,692.19 - total office costs

£8,228.79 - PSNC monthly levy payment

Total expenditure - £21,513.53

Balance - £119,161.81

- End of Year accounts 2023/24 – Attachment 3E

Spent £32,428.45 over budget – holding 6.5 months reserves.

Sending off the accounts and will be ready for July meeting to be reviewed, approved prior to the AGM.

- Budget 2024/25 – Attachment 3F

Increased levy from June 2024 – now £19,700 per month

GH has produced a monthly expenditure against budget document for members to review at committee meetings.

- Reserve policy – discussion around level following data – Attachment 3G

GH will complete the guidance and review at Finance Subgroup along with the final accounts for 2023/24 and bring back to the July committee meeting.

- Finance and HR survey – Attachment 3H – completed by GH

Included details of employees, how much paid, whether use template job descriptions, appraisal etc. CPE will use the anonymised data to help support LPCs.

- Employment allowance – Attachment 3I

Funding that we receive and use for some salary is NHS money and so cannot be included in the employment allowance claim.

Needed clarity – CPE sent through copy of letter sent to HMRC asking regarding whether should be able to claim employment allowance as LPCs. Wait and see what guidance is but may be able to claim from this year.

▪ Finance subcommittee terms of reference – Attachment 3J

Subcommittee to review and bring to the July meeting.

Working to TOR except have too many members according to the template.

Treasurer + CCA, IND and AIMp rep is the suggestion. Need all members to be engaged and involved wishing to contribute.

Finance sub-committee membership currently – GH (Treasurer), BC, LF, DF, RM, VP

Governance – agreed that should review ongoing.

Change wording in the TOR –

1.1 remove “other number” so only says at least 3 members.

2.2 – only meet when there is need because review fully at LPC meetings anyway. Change to 6 monthly at least.

2.3 report back every full committee with a standard agenda item.

Action: AE to make the relevant changes to the Finance subcommittee TOR

All members agreed to the above changes in the TOR and AE will make changes.

4. Communications

▪ Communications plan – May 2024 to July 2024 – Attachment 4A

Continuing focus on Pharmacy First.

KA wants to dig bit deeper into why there are drops and increases in certain pathways etc. Supporting contractors to increase referrals.

Continuing with comms -
Support with webinars.

Videos – Lindsey Fairbrother filmed some PF consultations for Derbyshire but can use across Nottinghamshire – will be on social media. Can also use for talking with GP surgeries. Need to be aware of GDPR and ensure have relevant consent.

Would be good to show the patient journey re referral from GP surgery too and asked for volunteers to be involved in the next recording.

Suggestions given were Boots - Victoria Centre, Green Cross - West Bridgford, Evans - West Hallam – RB, DE and RM to email Kirsten.

Put together a report / top tips for the Sexual health service.

▪ Celebrating Community Pharmacy Success Awards 2024 - Attachment 4B

Showcasing success stories – all agreed to the revised event and AE to gather quotes and availability for suitable venue on 18.09.24.

Invite speakers from CPE, ICB, David Webb etc.

▪ Social media top tips and guidance document - Attachment 4C

Show how can make the most of social media for business – webinar or contractor event definitely for independent contractors – need to be clear that need to have permission from contractor if it's a staff member attending.

- Prescription bag advert – Attachment 4D

Highlight to contractors and include in the support documents section of the pharmacy first website page.

5. Services update – Mike

- Report provided by Mike – Attachment 5A
 - Pharmacy First

Top tips that have come from conversations with pharmacies.

Pharmacies should target local schools – verbal or providing leaflets that can be given to parents focusing on impetigo, earache, sore throat. Sooner the child is treated then sooner back to school so helps with attendance figures.

Also, local businesses could be worth contacting etc to help with sickness absence and carers leave if have children.

Patients who are outside of scope for supplying medicine – pharmacies may then be assuming that cannot meet gateway so may be missing out on claiming for eligible consultations.

Does Mike move towards getting appropriate signposting rather than focusing all time on increasing referrals? Members agreed to change tack for 2 months and then review progress at July 2024 meeting. Contractors not claiming for work completing – DMS etc and also no SSP were claimed in January. Members suggested that Mike should focus on this cohort.

- Palliative Care

Nothing to update on.

- Public health services

- County substance misuse service – CGL discussion re fees (attending)
- County EHC service – nothing to update.
- County Smoking Service – ABL health – discussing later in meeting.
- City Substance Misuse service – nothing to update.
- City EHC service – no further update on fees – issued new spec.

6. Officer reports

- Chair – Attachment 6A

RS asked members which MPs wished to focus on this year before election – agreed to target Conservatives and Labour and keep a check on polling to see if need to be in contact with other parties.

- Chief Officer – Attachment 6C

- Translation services - CardMedic App
- Interface meeting with NUH – Dr Alun Harcombe, Assistant Medical Director

Will be useful relationship regarding DMS etc and referrals to services from NUH.

- Oriel

They are having to check the data they have received for placements. Only had 1 state that have a DPP in place.



- Service Implementation Support
 - Integrated Neighbourhood Working (INW) - Liam and Mike – Attachment 6B

Members asked if the stakeholder map could include names and titles – AE to ask MJ to add these into the plan.

MJ and NH were invited to the Primary Care Strategy Group – chaired by CEO of ICB, Amanda Sullivan – took up over half of the meeting discussing community pharmacy and the INW and had lots of questions and helpful comments.

Met with Dave Briggs and Stephen Shortt.

Have really good buy in from key stakeholders - needed to get this before moved the program forward. Asked for them to buy in to the program and if there are those that are not engaging then they will work with them.

No new money just need to move what have around to the relevant place.

1. Developing a vision for pharmacy

Need this to engage CP etc. engage with a very broad vision and strategy.

- LS meeting with Mike to work up the model tomorrow and set up support and challenge group (Imran and Deepak)

Starting where have good relationships and then the next time will go to where there is less relationship. Integration Lead with Primary Care at NUH – interface group – Mike and Liam contacting Kelly to be involved in future.

2. Survey to gather info on where relationships are at for each PCN and pharmacies.

7. Open meeting

Rebecca Dickenson, Community Pharmacy Clinical Lead

- LFD service including care home posters etc

In the newsletter about the LFD eligibility – especially care home patients.

Pharmacies can give out in advance to care homes – can't get from portal anymore and now need to go to pharmacies. Maybe could produce a top tips for the service and include the change from going through to the portal to now going to pharmacy.

CPE / NHSE are redrafting the wording re eligibility criteria in the specification based on our feedback. RD is sending some communications out to help clarify.

Bowel cleansing

11 pharmacies are involved – 12 week pilot. Now got the go ahead to go live.

Video has gone out to pharmacies to show patients explaining the reason why need to take the medication before operation and the side effects.

Other trusts are interested in this across the country.

Rachel Nicholls and Charlotte Harding, CGL

- Update regarding new contract and fees
- May 24 pharmacy newsletter – Attachment A

2014 CGL started contract. Retained in 2020 4 + 2+2 years – been working with commissioners and been awarded for the further 4 years extension.

Drug strategy – From Harm to Hope 10-year strategy.

Main points:

- increase in numbers 20%,
- Continuity of care (75% from prison to treatment)
- Reducing mortality rates as really high.

3129 in drug service – 1422 opiate substitute – have Buprenorphine being used.

Lower than national average for mortality.

Grant funding not been confirmed yet – runs out 2025.

Nitazenes – new synthetic opiates – poppy fields have been destroyed in Afghanistan so creating new synthetic versions which are more potent and more addictive.

£300k pa on supervised consumption and £650k dispensing – members questioned whether this was drug costs or fees, or both.

125 pharmacies providing service and 1 pharmacy providing Naloxone service.

Current fees:

£2 per supervised consumption – currently 39% and looking at reviewing clients to check on right regime and £1.50 needle exchange per transaction.

CGL are reviewing fees centrally.

Rachel asked members for thoughts.

What are expectations for remuneration?

Build into contract annual review of fees.

Naloxone supply – option to add onto the current needle exchange contract – can increase numbers.

Mandatory training – need to be mindful of costs for attending training. Newsletter is used for sending out new information and changes. Pharmacies to contact Charlotte if have any specific training etc.

Consultation room – members explained that now competing with other services that earn the pharmacy more return on investment.

Maybe allowing provision to be supplied by pharmacy team under responsibility of the pharmacist rather than a pharmacist providing would help more sign up for the service and keep costs lower.

Members reported that there is no margin on Physeptone but if prescribe methadone generically then allows for some margin which helps offset low fee. Also, when using different brands it causes problems with storage capacity, etc.

Risk will be that some pharmacies will stop doing the supervised consumption service as not cost effective.

Service user agreement states will have respect and behave in premises, but needle exchange clients are not in treatment so no agreement and more risk. How can CGL help pharmacies protect staff from abuse and theft?

Members asked that continue with PharmOutcomes – Rachael reported that just signed a new contract – some members asked if the needle exchange can be paid monthly and not 3 monthly – Rachel will look at this but couldn't see why this would be a problem.

Newsletter – include if need any training / information Charlotte will work with pharmacies individually.

8. Other information / meetings

a) NHS England

- NHS England 2024/25 priorities and operational planning guidance – Attachment

8A



- Midlands Regional Pharmacy First Oversight Group
- MAPCOG 14.05.24

Not discussed

b) Integrated Care System / Primary Care contract team

- Extended care service update
- East Midlands Primary Care Team meeting 25 April.2024
- LPC, LDC and LOC meeting with Dr Kelvin Lim – 29 April 2024
- ICB Medicines Optimisation strategy – Attachment 8B

This will be reviewed and discussed at the July 2024 committee meeting alongside the CP Notts strategy.

- Summary of MD Place CL and Comm Pharmacy 040424 – Attachment 8C

c) Public Health

- ABL health – met in April 2024 – Attachment 8H

Met with NH and RS at the office and RS explained that the figures for remuneration should be in alignment with national service fees.

Service proposals for supply and also supporting quitters.

Queries raised by CP Notts members:

- Need to know how long the contract will be for and when up for negotiation?
 - Need to have revision date for fees to be included in the SLA.
 - Need to know number of pharmacies wish to be provide the service and number of patients they may see.
 - Need training to be online i.e. CPPE.
- Need to be able to have any relevant and trained member of staff provide the service.

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- Nottingham and Nottinghamshire Sexual and Reproductive Health Strategic Partnership Group

Nothing discussed.

- LPC / LMC joint Public Health meeting

Noted under CO report.

d) Community Pharmacy England

- LPC Self-Evaluation due to launch in July

- **Forum of LPC Chairs in England Terms of Reference: LPC Feedback – Attachment 8D**

Look at who can deputise for the chair at the forum.

- **Pharmacy Advice Audit launching 3rd June 2024** - <https://cpe.org.uk/our-news/pharmacy-advice-audit-help-gather-critical-evidence/>
- CPE newsletters received (link to CPE website) - [Newsletter archive - Community Pharmacy England \(cpe.org.uk\)](#)

CPE events

- 22.05.24 – Digital and Social Media event @ CPE office in London – Mike attending
- 23.05.24 - National Meeting of Community Pharmacy England and LPCs (online) - <https://cpe.org.uk/our-events/national-meeting-of-lpcs-and-community-pharmacy-england/>
- 25.09.24 - Forum of LPC Chairs – National Meeting, in London, venue TBC (in the Kings Cross area), see: <https://cpe.org.uk/our-events/forum-of-lpc-chairs-national-meeting/>
- 07.11.24 Conference of LPC Representatives in London at BMA House, see <https://cpe.org.uk/our-events/conference-of-lpc-representatives-2024/> . Registration will open in June.

Discussed the events and members to contact AE or NH if wish to attend.

- e) Workforce
Pharmacy Workforce Faculty

- f) CP Midlands

15th May – James Wood from CPE attended.

- g) CCA
 - CCA Matters - Attachment 8E and 8F
 - CCA Q2 questions – Attachment 8G

For information

9. Strategy

Leadership session – Liam Stapleton

Controlling the controllables session – members spent time going through workload and where it sits on the controllable table to plan work for next few months.

	cant control	Control
important	DPP provision Influence MD - LMC (leverage) NHS funding Living wage National negotiations (influence how) general election (influence) Surgery engagement (influence / leverage) - how far do you go Lack of contractor engagement Medicines Management team (influence and educate)	compliance with PH contract meetings that are important local services (design/renumerate) Give access to best practice education of contractors identify problems / issues Integration project (will it pull resource) Will it make Mike lose focus Implementation of services GP visits PR / Newsletter Helping contractors claim
not important	Useless meetings	Things that are not giving return Workforce Meetings that are not important

Strategy session 3.30pm – 5pm

- Go through ICB joint forward plan – what do the LPC wish to align to? Attachment 9A and 9B
- Note MO strategy and also ICB Community Pharmacy Strategy - both of which the LPC has been involved in the development.

Ask for comments and then review again – pick out where it impacts pharmacy or can influence and aligns to services already do.

Also consider what the link into the ICB will be if Rebecca's role is not funded from December 2024.

10. Any other business

BC reported that this would be her last meeting as moving from community pharmacy to work in Ashfield PCN – CCA vacancy and need to liaise re replacement.

11. Next Community Pharmacy Nottinghamshire meeting

Future meeting schedule

17th July 2024	9.30am – 5pm	<i>LPC office</i>
18th September 2024	9.30am – 5pm	<i>LPC office</i>



20th November 2024

9.30am – 5pm

LPC office

Minutes agreed as true and accurate record of the LPC meeting held on Wednesday 21st May 2024

Signed: _____

Date _____

17/7/24,

Rob Severn, Chair, Nottinghamshire LPC

