

Minutes of the LPC Meeting held on 19th January 2021 at 9.00am via Go to Meeting

Present: Alison Heath (AH) (Chair) Meb Dattoo (MD) (Vice Chair)
 Andrew Jones (AJ) (Treasurer) Wojciech Cwiek (WC)
 Shabbir Damani (SD) Chris Grahame (CG)
 Hina Patel (HP) Anil Sharma (AS) *arrived 10.30am*
 Rita Bali (RB) (Executive Development Officer)
 Karen Cox (KC) (Support Officer and Admin)
 Jayne Leckie (JL) (Communications Officer)

Apologies: Katie Friend (KF) Miguel Garcia (MG)
 Rizwan Majid (RM)

Item No	Details	Action (see action log)
1	Welcome and Introduction	
	AH welcomed everyone to the meeting and asked the members to turn on their cameras where possible.	
2	Declarations of Interest	
	Forms will be sent to the committee for completion.	No 1 – KC
3	Acceptance of Previous Minutes and Matters Arising	
	MD proposed that the Minutes from the meeting held on 17 th November 2020 were accepted as a true record of the meeting, this was seconded by AJ. From the Minutes AH added a discussion on the meeting format for this year to the agenda.	
4	Action Log	
	The Action Log was discussed and updated. See log for details.	
5	Committee Matters	
5.1	The committee discussed the LPC priorities. Covid-19 – SD asked if there were any pharmacy led sites in Cambridgeshire and Peterborough. RB is aware that NHSE&I contacted previous applicants to ask them to reapply if they could provide 500 vaccinations a day, at this time the LPC is not aware if anyone applied. Contractors need to have robust Business Continuity Plans. The plumbers, electricians etc they normally use may not be available due to illness or staff shortages. RB and AH are both aware of some staff refusing the vaccine. We will suggest to employers they keep a record of any refusals. The links to support the general wellbeing of staff will also be shared again.	No 2 – JL No 3 & 4 – JL
5.2	Pharmacy Quality Scheme (PQS) – The committee felt that pharmacies are now in a better position to receive information on PQS.	No 5 – RB, KC and RB
5.3	Discharge Medicine Service (DMS) – a start date in March had been provisionally agreed with one Trust but this has now been delayed due to IT issues. From the	

5.4	<p>end of March EASHN will no longer provide project management support. GP CPCS – There has been no progress since the last meeting. Although both DMS and GP CPCS are priorities for the LPC it was understood that progress may be slow due to Covid – 19.</p>	
6	<p>Primary Care Networks</p> <p>A report was circulated to the committee prior to the meeting to provide an update. Options to get leads in place in the final two PCNs before the end of January were discussed. WC informed the committee that KF would be unable to be the lead for Cam Medical PCN.</p>	<p>No 6 – KC No 7 – WC</p>
7	<p>Contracts Update</p> <p>Appendix B was circulated to the committee prior to the meeting. The committee discussed how it would respond to the most recent application in Longstanton.</p>	No 8 – KC
8	<p>Treasurers Report</p> <p>AJ gave the following report to the committee: Balance at 01/01/21 £136507.01</p> <p>Points to note.</p> <ol style="list-style-type: none"> 1. Due to the continued situation around the pandemic and the decreased cost base of the LPC it is noted that there were limited transactions during the period since the last report. Despite the reduced monthly levy taken from contractors we are therefore not seeing the reduction that we had hoped would result in LPC cash reserves. Therefore we may need to look again at the monthly monies levied as part of next year’s budget setting exercise – see point 4 below. 2. Last month I reported that we were having issues with HMRC around the correct payment of our employers NI contributions and tax. It was noted that despite an underpayment letter being received and the underpayment made good we had actually being making the correct payments. To date the monies we are now owed have not been received back from HMRC. This will probably be made now at the end of this current tax year. 3. The PSNC are holding a virtual LPC Treasurers event on 10th February (I will attend this event) where they will launch a new suite of recommended finance reports/tools for LPC’s to use. These will cover all aspects of LPC finances. As a result it is anticipated that every LPC will then report in exactly the same way. Until I have seen what is being recommended I do not know how much work this will involve for us. 4. We find ourselves at that time of year where we need to consider a budget for the next financial year (April 21 – March 22. This year the exercise could present us with different challenges as we don’t know what we will face and any continued impact of the current pandemic. However, we do need to produce a budget – possible new format due to point 3 above. Therefore please can I ask you to consider what projects/areas of activity and possible 	

	<p>costings as an LPC we should be involved in and how we can best both support our contractors and promote pharmacy within our area. If you have any thoughts before the meeting please can you direct them to me in advance of the meeting and be prepared to discuss them at the meeting. In addition do you believe we should strive for a balanced budget or aim to reduce our reserves further?</p> <p>5. As part of next year's finances we also have to consider the level of employee remuneration/honorarium paid for the year. Therefore please give thought to what level you believe this should be at and again come prepared to discuss/make a proposal at the meeting.</p> <p>I invite any questions.</p>	
8.1	<p>RB suggested that either KC or a committee member attend the PSNC training event along with AJ as it was a risk if AJ was the only person to understand the Treasurer role. The committee didn't think it would be appropriate for KC to attend but agreed that another member should also attend.</p>	No 9 – AH
8.2	<p>The committee discussed possible items to be included in the budget. JL suggested that some media training for the members would be useful.</p> <p>With the likelihood of the LPC hosting more online events in the future JL also suggested a webinar package. SD asked if we needed to purchase any hardware to produce online events.</p>	No 10 – JL
8.3	<p>As it will impact on the budget, the meeting format was discussed. AH told the committee that she felt the evening meetings were not as productive. The committee agreed with this and the online meetings will now also be held during the day instead of the evening. AJ will budget for three face to face and three virtual meetings. Members will be able to claim for a full day locum if they are unable to book cover for half a day.</p>	No 11 – JL
8.4	<p>AJ told the committee that reducing the levy fee had not reduced our reserves as much as expected as there was still limited expenditure. The levy fee could be reduced further with Contractors made aware that this would be reviewed in the future. MD proposed that the levy fee was reduced by a further £1000 a month from April 1st 2021. This was seconded by HP. The committee voted in favour with six members for and one against.</p>	No 12 – JL
8.5	<p>Staff Costs – RB, KC and JL were asked to leave the meeting while this was discussed. AH will speak to each employee individually.</p>	
9	Services, Relationships and Communications Report	
	<p>The report was circulated to the committee prior to the meeting.</p> <p>Ask for ANI/safe spaces scheme – RB is concerned that this scheme is voluntary for pharmacies but is being promoted heavily. There is a risk that a member of the public could present in a pharmacy not aware of the scheme. The committee felt that any pharmacist would have a professional obligation to provide support to a vulnerable adult. Useful links and information have been included in the Contractors Update and posted on our website.</p> <p>There were no questions on the report.</p>	
10	Any Other Business	
10.1	<p>HP had tried to book on to the CPPE Care Home course but there were no places</p>	No 13 – RB

10.2	remaining. KC told the committee that the CCA had informed us that RBU has moved area and will be replaced by Sai Koneru, Regional Manager for Lloydspharmacy. AJ will contact the CCA if new members don't respond to KC or RB.	No 14 – AJ No 15 – KC
10.3	AH asked if the CCA members were still required to complete a report after each meeting. None of the CCA members had seen requests for this report recently.	
10.4	MD is having an issue with a surgery not willing to implement any RDS. RB suggested speaking to the practice pharmacist. Chris Roberts from the CCG can provide IT support/training to the surgery if required.	
10.5	With some GPs working from home, patients are receiving texts to say their rxs are ready at the pharmacy in some instances even before the electronic rx is signed. HP has also found that with GPs working from home she is sometimes unable to speak to a prescriber in the appropriate timescale.	No 16 – RB No17 – HP &RB
10.6	AH asked if anyone else was finding that after switches were made the old medication was not removed from the repeat slip. Any issues like this should be reported to RB. RB also reminded the committee that prescribing errors should be reported in the same way as dispensing errors.	
10.7	HP reported that many of the CGL service users were refusing to wear masks when entering the pharmacy. RB will speak to CGL.	No 18 - RB
11	Next Steps	
	Next steps were agreed and the Minutes and Action Log will be sent out.	
12	Close of Meeting	
	There being no other business the meeting closed at 1.03pm. The next meeting will be held virtually on 16 th March 2021 at 9.00am.	

Signed



Alison Heath (Chair)
16th March 2021