



5.3	asked to appoint a new member. Requests for information from STP Health, Safety and Wellbeing Group – HP gave the committee an overview of the purpose of the group. KC explained some of the recent information requests, including a survey of pharmacy staff similar to the NHS staff survey recently completed. KC is concerned that there would be low update from pharmacy staff. JL suggested that PSNC may have some information. RB pointed out that the STP are not currently our commissioners so pharmacies are not obliged to share information with them. HP and KC will share information with the group where available. If the group requires other information the request should come via NHSE&I.	No 30 – KC  No 31 – KC
5.4	Review Steering Group – SK and MD will attend the LPC meeting on 24 <sup>th</sup> May 2021.	No 32 - KC
<b>6</b>	<b>Contracts Update</b>	
6.1	SD gave an update according to Appendix B. New DOIs were recorded for AS and JL. It was noted that there were many new contractors in our area. It was decided that KC could resume pharmacy visits focussing on the new contractors.	No 33 – KC
6.2	100-hour contracts – RB has been contacted by NHSE&I after it came to their attention that one 100-hour pharmacy was not operating for the full contracted hours. After carrying our further checks NHSE&I found that this was not an isolated case. One contractor is taking legal advice and has contacted PSNC. RB will continue to liaise with the contractors and NHSE&I and keep the committee informed. The current regulations that allow for contractors to apply to reduce opening hours due to covid will end in June.	No 34 - JL
6.3	AH raised a concern that some new contractors didn't understand that dispensing doctor patients were exempt from EPS. A small number of surgeries in our area are not still not EPS enabled.	
<b>7</b>	<b>PSNC Update</b>	
7.1	AS updated the committee on the work of PSNC. Funding – There has been no movement from DoH/NHSE&I on the issue of the covid advance funding since the offer that PSNC refused. PSNC wanted this issue resolved before negotiations on year three of the CPCF began, however NHSE&I insisted discussions began or the covid advance offer would be imposed. NHSE&I view is that there is still margin to be removed. They use information about services offered free of charge by contractors and data on pharmacy sales or closures to support this conclusion.	
7.2	CPCF year three –An increase in the global sum has been proposed by PSNC. NMS will likely be expanded with new therapy areas included. PSNC would like to see services that are in the control of pharmacies unlike GP CPCS and DMS which require outside parties to refer. SD asked if MAS had been considered due to the effect covid has had on the economy. This is not a priority area for NHSE&I due to the self-care agenda.	
7.3	New funding models and hub and spoke options are being discussed.	
7.4	Gary Myers has resigned from PSNC.	
7.5	Lateral Flow Testing – there may be some extensions to the current service.	
<b>8</b>	<b>Lisa Smith – Public Health Commissioning Manager</b>	
8.1	LS gave an overview of the current service delivery to the committee. In Cambridgeshire pharmacies are contracted using DPS and in Peterborough they are sent contracts directly. All current Peterborough contracts have been extended	

8.2 8.3	<p>for one year due to covid. New contracts have been sent to Peterborough pharmacies not signed up. The committee agreed that this overview was useful but detailed data would allow more targeted support to be offered to pharmacies. SK asked if it was possible for the LPC to have a log in to access PharmOutcomes data. LS will consider this.</p> <p>The service specifications are being reviewed. Virtual consultations will continue to be allowed for smoking cessation services although CO monitoring is required at some sessions to meet the gold standard.</p> <p>LS has set up the Health Champion Network Meetings. These meetings will raise the profile of services available. The first meeting will focus on smoking cessation.</p>	
9	Treasurers Report	
9.1	<p style="text-align: right;">Balance at 30/04/2021 £129747.90</p> <p><b>Points to note.</b></p> <ol style="list-style-type: none"> <li>1. I can confirm that there is now another signatory in place on the bank account and that a second person is in place to authorise payments from the account as agreed at the last LPC full committee meeting.</li> <li>2. The 2020-21 accounts have been finalised and sent to the accounts for auditing.</li> <li>3. Summary of 2020-21 accounts.</li> </ol> <p>At the end of the year the accounts showed that:</p> <ul style="list-style-type: none"> <li>• Actual income versus budgeted income showed a surplus of £2596.</li> <li>• Actual expenditure versus budgeted expenditure showed an underspend of £16568. The breakdown in expenditure showed that:</li> <li>• Payroll overspent by £4138. This was as a result of an overpayment of £2710 to HMRC (a refund of which has been claimed and payment is pending) and also non-budgeted bonus payments made to all three colleagues in March.</li> <li>• Meeting costs underspent by £13763 driven by no room hire costs and locum claims/ travel expenses not being made due to the effect of the pandemic.</li> <li>• Day to day running costs underspend against budget by £806</li> <li>• No training or “other events” underspent versus budget by £4802</li> <li>• There was no capital expenditure during the year and so this accounted for an underspend versus budget of £1000.</li> </ul> <p>4. I would ask that this year the committee submit all expense claims within the stated period as indicated in the LPC Expense Policy. Late payment requests make forecasting and maintenance of the accounts very difficult if this is not the case. If you have any questions, please email them to me in advance of the meeting.</p> <p>No questions had been submitted to AJ.</p>	
9.2	<p>AH reminded the members to submit claims to AJ in line with the expenses policy. SD will be submitting some late claims, he has included a description of the</p>	

9.3	mitigating circumstances. This will be reviewed by the Finance and Audit Sub Committee. AS asked if the LPC should be considering running any events for contractors either virtually or face to face, for example 'meet the LPC'. The committee felt it was too early to hold any face-to-face events but we should start to consider how they could be held safely.	
9.4	Meeting format – the committee decided that going forward all meetings will be face to face as long as covid safety guidelines are followed.	No 35 – KC
9.5	AH suggested that as AJ will be retiring next year a deputy treasurer should be appointed.	No 36 - KC
9.6	Payment card for KC – this should be arranged as KCs current bank card only provides access to the bank account, she can't use it to make payments for example to book train tickets for members.	No 37 – AJ
9.7	AS suggested running a virtual contractor visit day in July, as these events have been popular in the past.	No 38 – RB, KC, JL
10	<b>Karen Leete, Caring Together</b>	
	KL gave a presentation to the committee on the work that Caring Together does to support unpaid carers. She also explained the carers tick award. Receiving this award shows that a pharmacy is working to identify carers and offer them the appropriate support. It is an example of engagement with the local community that pharmacies can use in their HLP portfolios. There is a toolkit to work through before submitting an application.	No 39 - JL
11	<b>Services, Relationships and Communications Report</b>	
11.1	DMS – CUH will go live in July, an engagement event is being planned. A pharmacy will be needed to test the referral process, both SK and AS offered to arrange this.	
11.2	Covid Vaccination Sites – more pharmacy sites will be live in our area over the next few weeks. NHSE&I are switching all pharmacy sites in the Midlands and East region to Moderna.	
11.3	C Card – Terrence Higgins Trust have been contacting pharmacies and asking them to provide the service free of charge. RB and KC have met with them and suggested some funding models. They have offered to help select pharmacies in areas where there is higher need or a gap in current provision.	
11.4	Insect bite PGD service – work is progressing.	
11.5	Private Pneumococcal Vaccine PGD – the committee agreed that this needs to be a private arrangement between contractors and Pfizer and not promoted by the LPC.	
11.6	The STP diabetes group would like pharmacies to hand out urine sample bottles as part of an unfunded pilot. RB has said the LPC won't support an unfunded model and would like to seem funding similar to chlamydia screening where a payment is made for handing out the test, and further payment is made when a sample is received by the lab.	
11.7	AF pilot in central Peterborough – Work has just started but there must be a clear pathway for pharmacies to refer on to. SK has some details of a pilot carried out in Nottingham.	No 40 – SK No 41 – RB
11.8	RAF Wyton would like to work with local pharmacies on smoking cessation. JL has sent some general information for inclusion in the newsletter.	No 42 – RB, KC, JL
11.9	Website upgrade – JL is part of the working group and has attended the first meeting. She will also be a website champion helping to support other LPCs once the new website is being rolled out.	
11.10	Communications survey – JL shared the results with the committee. The results	

	were very positive. One suggestion was to have an area with all upcoming training in one place. A new page on the website has been added with training in date order and instructions on how to access.	
12	<b>Any Other Business</b>	
	MD has been told that the urine sample bottles pharmacies usually supply are not appropriate for hospital samples.	
13	<b>Next Steps</b>	
	The Minutes and Action Log will be sent out.	
14	<b>Close of Meeting</b>	
	There being no further business the meeting closed at 3.36pm. The next meeting will be held on Tuesday 20 <sup>th</sup> July 2021 at Brampton Park Golf Club.	



Signed..... Date 20/07/21

Alison Heath (Chair)