

5.3	<p>viable. As it is now unlikely there will be a decision on any mergers in time to elect a new committee to commence in April 2023 the committee decided to call a contractor vote to amend the constitution to extend the current committee until June 2023 and to align our LPC with the ICB boundary. This was proposed by HP and seconded by WC. The committee voted unanimously in favour. The contractor vote will be organised to take place during the March 2023 LPC meeting.</p> <p>PSNC Regional Representatives – The new regions have been agreed, our region covers seven LPCs. All eligible LPC members have been contacted. AS thinks an election is likely in our area which will offer choice to our contractors. The new reps will be expected to cover a large area, which is a big commitment but it does bring the opportunity to influence at a national level.</p>	No 6 - KC
5.4	<p>Successes 2022/23 – the document was shared prior to the meeting. In addition, a new minor ailments service for asylum seekers has been offered to a small number of pharmacies close to hotels being used as housing.</p>	
6	Treasurers Report	
6.1	The report was circulated prior to the meeting.	
6.2	Proposed budget 2023/24 – After a meeting with the Finance and Audit Committee SC has prepared a draft budget. It has not been possible to produce a balanced budget, meaning our reserves will be reduced. Due to the increased PSNC levy the predicted deficit for 2024/25 will be even higher.	
6.3	Accountant – Tacconi and Green are not able to present our accounts in the required format. Quotes have been received from two firms. Leep based in Peterborough and Larking Gowen who produce accounts for Suffolk. The quote from Larking Gowen is lower and they are already aware of our requirements. MD proposed we use Larking Gowen and this was seconded by AH. The committee voted unanimously in favour.	No 7 - KC
6.4	SC has suggested moving some funds in to a deposit account now that the interest rates are increasing. The committee agreed and noted it could be in our interest to move funds to a separate entity as the maximum amount protected from each banking institution is £85,000. The funds will need to be available for us to withdraw if required.	No 8 – KC&SC
6.5	Employee salary review – RB and KC were asked to leave the room while this was discussed.	
6.6	Chair and Treasurer Honorariums – AH and SD were asked to leave the room while this was discussed. The current honorariums were worked out based on this year’s budget as no notes were kept from the discussion last year. A reduced rate for the Treasurer was discussed as most of the work is now carried out by SC. The new rate was proposed by WC and seconded by MW. The committee voted unanimously in favour. It was initially agreed to keep the Chairs honorarium at the same rate, however it appears that AH received a lower rate this year than the previous year. An increased rate, with a one-off payment to correct the underpayment was proposed by AB and seconded by KF. The committee voted unanimously in favour. Letters confirming the payments will be prepared for AH and SD. This will act as an audit trail for the future.	No 9 - KC
7	Contracts Update	
	SD gave an update according to appendix B. Updated DOIs were noted for AH, AS and SD.	
8	PSNC Update	
	AS updated the committee on the work of PSNC. There has been no PSNC meeting	

	<p>since our November meeting. The main focus of their work is TAPR, the funding crisis and workforce issues. NHSE representatives attended the last full PSNC meeting, AS was able to give them a frank report of the current pressures. Negotiating remains a challenge as the sector is not united.</p>	
9	<p>Public Health Team – Cambridgeshire County Council and Peterborough City Council.</p>	
9.1	<p>LS, SJ and BM gave a presentation to the committee. A services pack has now been produced which can be left in the pharmacy after a visit. There will be a slight change to the payment schedules from 2023/24 onwards, payments will be made one month after the data is received. This allows more flexibility in case of any issues and is inline with the GP contracts. Three pharmacies are yet to receive the most recent payments as they have not provided up to date bank details after a change of ownership.</p>	
9.2	<p>Smoking cessation – An uplift in payments for quitters has been approved for both Cambridgeshire and Peterborough, with a higher payment for a ‘gold standard’ quitter compared to a self-reported quit. This will be backdated to cover quitters from quarter three. There will no longer be a payment for patients that do not quit. Activity is low and the quit rate in our pharmacies is lower than in other settings. Smoking prevalence in Fenland is the highest in the country and Cambridgeshire is now the same as the national average compared to previously lower than average rates. Given this data Public Health is under pressure to ensure the smoking budget is spent in the correct way. She asked for the committee views on continuing to commission the service in pharmacies. WC stated that the current workforce problems mean that many pharmacies are running on locums who are not trained to deliver locally commissioned services, the other trained staff are also leaving. AS said that contractors including himself would choose to offer services which provide the most profit and this service doesn’t compare favourably. AB has been delivering the service and said he would continue to do so. SD said that accessibility for patients also needs to be considered. It was agreed that the service should continue, with some promotion around the new rates and the advanced service. It will be reviewed again at the end of quarter two.</p>	
9.3	<p>Chlamydia Test and Treat – Only two kits have been handed out. The suggestion is that the service is decommissioned from the end of March 2023. Test kits will continue to be available to hand out as part of the EHC service. IP said that the demographic in Cambridge would suggest that this service is required, but LS said that most of the student population seems to be accessing test kits online.</p>	
9.4	<p>The PGDs for EHC are being reviewed and should be sent out in early February.</p>	
9.5	<p>SJ is working on the next pharmacy newsletter. Any ideas for content can be forwarded to him.</p>	No 10 - ALL
10	<p>ICS Update</p>	
10.1	<p>IP thanked the committee for the hard work of pharmacies and the LPC over December.</p>	
10.2	<p>PGDs – some progress has been made. From the original ten proposed the team are currently focusing on five which have now been approved. One has been dropped and the other four are still in progress. The service specification and contract are in place and they were hoping to launch at the end January. The Regional AMS lead has now said that the PGDs need to be approved by the Regional Medicines Optimisation Committee (RMOC). IP is opposing this as RMOC is not an approval body. RB said that although she agrees AMS is important why</p>	

10.3	are community pharmacists being held to a different standard to other providers. A governance process and timeline are now in place for future PGDs. Stock shortages – for easier communication between pharmacies and surgeries IP is working on a list of backdoor numbers. HP and MW are part of local WhatsApp groups which work well to help signpost patients. AH said that GPs need to understand the issues when products are only available at a higher than tariff cost. AS also suggested that IP talk to surgeries about branded generics, as it limits the options available for pharmacies when an item is out of stock.	
10.4	DMS – IP is working on plans to understand the processes in place at the trusts to help increase referrals to pharmacies and well as looking at supporting the pharmacies to complete the referrals.	
10.5	NMS Depression pilot is nearly ready to launch.	
10.6	Independent Prescriber Pathfinder sites – NHSE has issued guidance which IP is reviewing. Suggestions for services to be considered in our area are hypertension, COPD and deprescribing for antidepressants or opiates. Hypertension is the preferred option as it is a focus for our system.	
10.7	IP asked if there was any data on workload and capacity in community pharmacy. There is nothing available locally but the PSNC pressures survey will be repeated.	
11	Services, Relationships and Communications Report	
11.1	The report was circulated prior to the meeting. DMS – The local Trusts are raising concerns about the number of referrals that are not being actioned. There is a risk of patient harm if the information in the referral is not actioned. KC has begun monitoring referrals again and is supporting the pharmacies to complete them. Field managers will be now be copied in at the initial stage.	
11.2	CGL MAT Service – The new service specification has been shared with contractors. This service will help contractors recover funding which has been lost from supervised consumption. MW has seen the details and thinks the service looks manageable.	
11.3	Contacting MPs – We need our independent contractors to contact their local MPs and share their personal stories, giving details of how the current pressures are affecting them. KC has mapped all of the independent pharmacies to the correct MPs. HP suggested that all of the independent LPC members made an appointment to visit their MPs at their surgeries.	
12	Any Other Business	
	KC has an external hard drive which is used to back up the LPC data on a weekly basis. This drive has recently stopped working. It was agreed that a replacement could be purchased.	
	Next Steps	
	The Action log and minutes will be circulated	
	Close of Meeting	
	There being no further business the meeting closed at 4.10pm The next meeting will be held on March 21 st March 2023 at Brampton Park Golf Club.	

Signed..... Print..... Date...../...../.....

