

Minutes of the LPC Meeting held at 9.45am on Tuesday 16th May 2023 at
Brampton Park Golf Club, PE28 4NF
(Meeting sponsored by Viatris UK)

Present: Anil Sharma (AS) (PSNC Regional Representative) *arrived 9.43am, left 12.00pm* Shabbir Damani (SD) (Treasurer) *arrived 9.53am*
 Abbas Bhimani (AB) *arrived 9.59am* Wojciech Cwiek (WC)
 Katie Friend (KF) Hina Patel (HP)
 Maria Wakerley (MW)
 Rita Bali (RB) (Executive Development Officer)
 Karen Cox (KC) (Support Officer)

In attendance: Anil Maju (AM) Business Manager, Branded Sales UK, Viatris UK *2pm – 2.15pm*
 Lisa Bishop (LB) Community Pharmacy Liaison Lead, CGL *2pm – 3pm*
 David Trickey (DT) Community Pharmacy Liaison Lead, CGL *2pm – 3pm*

Apologies: Meb Dattoo (MD) (Vice Chair) Rishma Naidoo (RN)

Item No	Details	Action (see action log)
1	Welcome and Introduction	
	AS welcomed everyone to the final meeting of the current LPC cycle. He explained he would need to leave the meeting at 12pm.	
2	Declarations of Interest	
	No new declarations of interest were made.	
3	Acceptance of Previous Minutes and Matters Arising	
	KF proposed that the Minutes of the meeting held 21 st March 2023 were accepted as a true record of the meeting and this was seconded by MW. There were no matters arising from the minutes.	
4	Action Log	
4.1	The action log was discussed and updated. See log for more details. Action 8 – Feedback from Steve Cullum (SC) is that opening a deposit account with a separate banking entity will be difficult. His advice is to open an account with Lloyds bank. The committee would like more information on the difficulties and complications. AS proposed that as an interim step SC opens a deposit account with Lloyds bank and the prepares a report on the options for the committee. This was seconded by MW and the committee voted unanimously in favour.	No 8 (updated) – SC
4.2	Action 14 – Both Suffolk and Hertfordshire have had an uplift in payments for the EHC service. Our Public Health team has responded to RB to say that there is no budget for an uplift to our payments. The committee discussed how providing services is challenging given the current national contract. Peterborough in particular has a problem with unwanted teenage pregnancies. If pharmacies were	No 14 – updated

	to stop offering the service it would reduce access to EHC for patients. There is a risk that decreased activity from the pharmacies could lead to the service being decommissioned as seen with the smoking cessation service.	
5	Committee Matters	
5.1	TAPR – Norfolk and Suffolk LPCs are proposing a merger. Contractors will vote at an online meeting but it is expected that the vote will be in favour.	
5.2	The AIMP member has been appointed. There is no need for an election for the independent representatives as there were only five candidates.	
5.3	Decision log – KC shared with the committee a new log which details decisions made by the committee over email. Decision 1 – Underspend from NHSE regional team. Decision was to share the full amount equally rather than reserve any funds to support DPPs for IP training. SD asked when the funds would be paid. RB is currently working with the ICB and NHSE on the details of the criteria pharmacies will be required to meet, but it should only require minimal work from the pharmacies.	
5.4	Clyde & Co HR support proposal – The committee decided that as PSNC are now funding HR support for LPCs we don't need to have our own individual cover.	
6	Treasurers Report	
	The current income and expenditure report was circulated prior to the meeting. Before commencing any work on our accounts Larking and Gowen need to carry out identity checks on two committee members. SD has provided all of the required information and Alison Heath originally provided her details but as she has now resigned AS agreed to provide his details.	No 15 - AS
7	PSNC Update	
	AS updated the committee on the work of PSNC.	
7.1	Negotiations will now start on how the funding announced in the Primary Care Recovery Plan will be allocated between a new common ailments service, the pharmacy contraception service (PCS) and the hypertension case finding service.	
7.2	Of the 24 current PSNC members, nine are new to the committee	
7.3	There may be changes to category A in the Drug Tariff and the price concessions system is under review.	
	AS left the meeting and SD became the meeting Chair.	
8	Contracts Update	
8.1	DOIs were noted for SD and KC relating to the changes in supplementary hours for the Ali Chem branches.	
8.2	SD gave an update according to appendix b, highlighting to members the addition of two change of ownership applications and a closure notice which were added after the meeting papers were circulated.	
8.3	Darwin Green appeal – a postcode has now been assigned to the development. Our original comments were made based on a 'best guess' of the postcode given the information we had at the time. KC will draft a response noting that a new postcode has been issued and how that affects the statements made in our representations.	No 16 - KC
9	Services, Relationships and Communications Report	
9.1	The report was circulated to the committee prior to the meeting. Pharmacy Contraception Service (PCS) – RB and KC have met regularly with the	

	NHSE project manager throughout the pilot and this will continue as some of the pilot pharmacies move to tier two. The LPC position on the advanced service remains unchanged and is the same as the PSNC view that no extra services should be provided from the current global sum. An article was included in the weekly update to explain that this was our opinion, but that each contractor should make their own business decision and the LPC would support whatever decision was made.	
9.2	Pharmacy quality scheme – As with the PCS the PSNC view is that pharmacies should not be taking on this extra work. The issue is that with the PQS funding if only a small number of pharmacies take part all of the funding for PQS will be shared amongst them. It was decided to give our contractors the PSNC message but let them know if they intend to make a claim some of the criteria starts on 1 st June 2023.	
9.3	Covid anti-viral supply - this will begin to move to a business-as-usual approach as pharmacies can now order stock free of charge from Alliance. There are some issues with this approach such as possible delays in patients receiving the medication if no funded service is in place.	
9.4	Unplanned closures – complaints continue from a variety of sources. Better communication between the affected pharmacies and local GP's, CGL, other pharmacies etc would help to ease some of the issues. SD commented that these problems can affect the credibility of community pharmacy as a whole.	No 17 – RB & KC
9.5	Wisbech PGD service – the draft service specification was received shortly before the meeting. It will be shared so the members can offer any further comments. The payments have been structured in a similar way to new national services as agreed by PSNC, with additional set up payments triggered when contractors reach an initial number of consultations. The committee noted that the seven day follow up period was too long and that clinically three days would make sense. There is now some funding from the ICB to support the PGD service. This money is being held in the LPC bank account. Up till now HP has been employed by the Wisbech PCN and this has been part of her role. If the service is to be rolled out across our area, the ICB need to show that in can be successful locally. The pilot period has been agreed as three months before the service is evaluated. MW proposed that HP is paid £35 per hour for up to two days per week, initially for eight weeks, from the ICB funding to support the implementation of the PGD service in Wisbech. This will be reviewed at the next LPC meeting. AB seconded this proposal and the committee voted unanimously in favour.	No 18 – ALL
9.6	SystemOne Pilot – Three pharmacies are signed up to the national pilot. The funding for the local IT integration has been transferred in to the LPC account as it needed to be transferred by the end of the previous financial year. SD highlighted this as a potential governance issue as we are now holding two sums of money for local system and we need to ensure the funds are spent correctly.	No 19 - KC
10	Viatrix HRT Educational update	
	AM gave the committee a brief update on HRT products and shared a treatment checklist and conversion chart which had been developed during the recent shortages.	
11	CGL Pharmacy Liaison Leads	
11.1	LB and DT introduced themselves to the committee and explained their role is to support community pharmacies to deliver CGL services.	
11.2	Core MAT service – this has been live since 1 st April 2023. There are three main	

11.3	<p>changes. Missed doses are now reported on PharmOutcomes, collection information is now entered once per month for every client (including non-supervised) rather than at the end of each prescription and a quarterly review has been introduced. There has been a mixed response from pharmacies with some completing the PharmOutcomes submissions as required and starting the reviews. Some pharmacies are yet to register any clients and are still making phone calls to report missed doses. The number of phone calls is starting to reduce, however data shows that around half of pharmacies haven't reported any missed doses or made an end of month submission. LB and DT have offered support to these pharmacies. If the data is shared the LPC can offer further support and contact area managers or owners if necessary. LB and DT explained that they understood there would be teething issues with any new service and that they were happy to receive feedback to help improve the service in the future. HP asked about evidence of the training requirements. CGL are able to monitor which pharmacists have completed the training via the submissions on PharmOutcomes.</p> <p>In some instances, CGL are struggling to place new clients (or arrange a temporary pick up if there is an unplanned closure) with many pharmacies saying they are at capacity. This has been a particular issue in central Cambridge. They are aware of the current pressure's pharmacies are facing. RB said that this can become a safety issue if there are only a small number of pharmacies delivering the service as they can become a meeting place for the clients. WC has taken the decision to only offer the service from some of his stores so that others can focus on different services. Sunday provision could become a problem in Peterborough as pharmacies reduce their supplementary hours. Again, national funding is causing this problem. SD explained that if pharmacies continue to do extra hours without the funding being in place there is risk that this could lead to permanent closure. WC asked if CGL was being better informed of temporary closures. RB and DT said that they are mostly being informed and the number of closures appears to have reduced.</p>	No 20 – RB & KC
12	Any Other Business	
12.1	HP reminded the committee that this was her last meeting and said how much she had enjoyed her time on the LPC. SD thanked HP for her hard work over the years.	
12.2	MW will also be leaving the committee due to a new job role, but said that she would be happy to review any PGDs as required over the next year as then LPC had already funded the extra insurance.	
13	Next Steps	
	Action log and Minutes will be circulated	
14	Close of Meeting	
	<p>There being no further business the meeting closed at 3.51pm</p> <p>The next meeting will be held on 18th July 2023. This will be the first meeting of the new committee cycle.</p>	