

2	Election of Officers	
2.1	Chair – MD told the members that AS had expressed interest in the Chair position. AB proposed AS as the Chair and this was seconded by MD.	
2.2	Vice Chair – AB proposed MD as the Vice Chair and this was seconded by OM.	
2.3	Treasurer – BK nominated OM as Treasurer and this was seconded by AW.	No 21 – KC
3	Declarations of Interest	
	New declarations of interest were received from all members present at the meeting.	
3.	Acceptance of Minutes and Matters Arising	
	AB proposed that the Minutes of the LPC meeting held on 16 th May 2023 be accepted as a true record of the meeting and this was seconded by KS. There were no matters arising from the Minutes.	
4	Committee Matters	
4.1	MD gave an overview of the role of LPCs using the ‘quick guide’ produced by Community Pharmacy England (CPE).	
4.2	RB went through the induction procedure for the benefit of the new members and as a refresher for returning members.	
4.3	Sub groups – MD explained that the four sub groups had been formed to support the efficient running of the LPC. The membership of all of the sub groups was reviewed and new members decided which groups they would join.	No 22 – KC
4.4	CPE new members days –the upcoming dates were shared and the new members were encouraged to attend these online events. CPE Finance briefing event – KC and OM will attend and OM will feedback to the committee at the September meeting.	No 23 – KC No 24 – OM
	CPE/LPC Conference – We can send up to three delegates. BK and CS will attend. KC will also attend if no other member is available.	No 25 – KC
4.5	TAPR – RB gave a brief overview of the process including the Wright Review and the RSG. Our rebranding process is ongoing, the new logos and templates are in use and a letter has been sent to the ICB Chief Executive to request recognition for our LPC. A reply has yet to be received but Jan Thomas and Gary Howsam have requested a meeting with RB. Over the next few years, a larger percentage of the levy we receive from our contractors will be paid to CPE. In the long term, it is not	

4.6	financially viable to for us to continue as we are. Possible options include merging with neighbouring LPCs, reducing our costs or increasing the contractor levy. One of the Wright Review recommendations was that the contractor levy should not be increased however, as our levy is one of the lowest any merger is likely to mean that our contractors would see an increase anyway. A merger would also reduce the amount of local representation for our contractors. BK asked about the LPC costs, the biggest costs are covering locum expenses and employee salaries.	
4.7	Decision log – No new decisions added since the previous meeting. AGM – The next meeting will start at lunchtime and be followed by the AGM in the evening. The committee discussed possible ideas to encourage contractors and pharmacy teams to attend the AGM. The national smoking cessation service will be launching in our area so a presentation on preparing to deliver could be useful. Representatives from the ICB will also be invited to speak. The committee decided that the local awards should be repeated and that the budget for prizes should be the same as last year.	
5	Action Log	
	The action log was discussed and updated. See log for more details.	
6	Finance and Audit Report	
6.1	The balance sheet and income and expenditure reports were shared prior to the meeting. AW asked about the surplus. We try to budget to hold six months reserves in our account as recommended by CPE.	
6.2	Deposit account – Steve Cullen (SC) has found a Nationwide account with good interest rates. Nationwide is a separate banking entity to Lloyds bank where we hold our current account so this will give us a higher level of protection. He has suggested transferring £100k for a period of three, six or twelve months. MD proposed twelve months as long as we can access the funds or six months if we cannot. This was seconded by CS and the committee were all in favour.	No 8 (updated) – KC
6.3	Payment procedures – KC explained the current procedure for payments which is that any invoices or expenses are sent to SC. He will set up a payment from the bank account and then share the details on the finance and audit WhatsApp group. Any member of the subcommittee can give approval for the payments and then KC will perform the second	

6.4	<p>authorisation in the bank account. The exception is that KC shouldn't perform the second authorisation for the salary or any other payments for herself. As Treasurer OM will be added to the bank account and be able to authorise payments.</p> <p>Expenses policy – The policy will be reviewed by the finance and audit sub-committee after the finance training day in September. The addendum added in October 2021 remains in place for now but it's possible the locum rate is becoming more stable. MD explained to the new members the process for submitting expenses and the need to include an invoice on headed paper for locum cover.</p>	<p>No 26 – KC</p> <p>No 27 – OM</p>
6.5	<p>Directors and Officers insurance offer from CPE – The committee agreed in principle but a final decision will be made when full details are available.</p>	
6.6	<p>End of year accounts for 2022/23 – The audited accounts have been received from Larking Gowen. MD proposed that accounts were accepted and this was seconded by BK. The committee were all in favour. The accounts will be shared with contractors prior to the AGM for their approval.</p>	
7	Contracts Update	
	<p>KC gave an update according to appendix b. There were no questions from the committee.</p> <p>KC and RB explained an issue with a Lloyds branch where the transfer of ownership had been due to complete but had then been delayed. An error occurred with NHS Digital assigning the new ODS code and closing the old code. This meant no electronic prescriptions were being sent directly to the pharmacy, all prescriptions had to be accessed via the spine which was causing delays and patient complaints. The time taken to fix the problem is a concern as we have many branches in our area undergoing a transfer of ownership.</p>	
8	Services, Relationships and Communications Report	
8.1	<p>The report was circulated to the committee prior to the meeting.</p> <p>Local PGD service – There has been no progress since the last meeting. RB has asked for an update on the situation but has not received a reply.</p>	
8.2	<p>DMS – The claims data is still showing that pharmacies are not claiming for all completed referrals. This also adversely affects the trusts meeting their CQUIN targets. BK asked about the criteria for trusts sending</p>	

	referrals as he is still not receiving them for all patients. RB explained the hospitals are also experiencing workforce pressures. AB commented that the trainee pharmacist he had hosted from the local hospital was not aware of DMS.	
8.3	COVID Antivirals – Each system is taking a different approach, the direction from NHSE is to move to a BAU model. The interim service in our area has now been decommissioned and electronic prescriptions written by the GPN will be sent to any pharmacy of the patient’s choosing. RB has made the system aware that delivery can’t be expected without a commissioned service. The number of prescriptions is very low.	
8.4	Complaints – RB has been managing a complaint from a GP that a pharmacy was asking them to change prescriptions where items are not available at the drug tariff price.	
8.5	National Smoking Cessation Service (SCS) – There will be a soft launch for Papworth in August and then the service will launch fully from both Papworth and NWAFT in October.	
8.6	NMS Depression pilot – It’s going well and is being extended to new PCNs.	
8.7	Resilience Funding – RB is working with IP but the ICB has no mechanism in place to pay pharmacies.	
8.8	SWOOSWG – AB will join the group to replace previous member Maria Wakerley.	No 28 – RB
8.9	Ali Knox would like to visit some local pharmacies. AW and AB are happy to arrange this.	No 29 – RB, AW & AB
8.10	Sue Melvin, one of our local GPhC inspectors is retiring. She has been very supportive of our pharmacies especially during COVID. She will join us for lunch and some of the afternoon session.	
8.11	Contractor visits – these have always been well received by pharmacy teams. The committee agreed that the visits should be arranged for the morning of 19 th September and members should be paired up.	No 30 – KC & RB
8.12	MD asked about the DSP compliance –our most recent data is from the week before the deadline.	
8.13	CPAF – we have started to receive data and will contact pharmacies that still need to complete the screening survey.	
8.14	GP CPCS – BK told the committee that at the last AGM he raised an issue about unofficial referrals. GP CPCS has now been implemented successfully at his local surgery.	

9	Dr Hannah Kinsey and Jigar Ravel – Foundation Pharmacist Training	
	<p>HP and JR updated the committee on the changes to the Foundation Pharmacist training. From 2025/26 all training providers will be required to use ORIEL to recruit trainees. The RPS e-portfolio will also be mandatory and NHSE will be quality assuring training sites. NHSE is looking to establish a harmonised funding model so that all training providers receive equitable payments. All trainees will require access to a DPP and all placements should be multi sector, with a minimum of 13 weeks in a different sector. Trusts generally offer single sector placements so they will also be looking for partners. Some national training materials are being developed but local variation may also be allowed. Access to these materials will be funded. Providers will need to submit their details to ORIEL by 1st March 2024, with details of DPPs and training partners for other sector placements. RB asked how the trainees would be employed. One of the providers would act as the lead employer and currently only community pharmacies and trusts can act as the lead employer. AW noted that there is a risk that having cross sector placements could lead to less trainees staying in community pharmacy. AB asked about funding for the alternative sector placements, for example what would be the incentive for a GP to host a trainee? JR would like to see pharmacists in practices take on some of the supervision of the trainees but the committee raised concerns about the current workload for these pharmacists. IP has secured some funding to support DPPs and JR can offer support if pharmacies are struggling to find a practice to partner with. IP stated that it was important for NHSE to develop clinical services in community pharmacy to allow future graduates to use their full set of skills. We also need to consider how we can retain trainees in the Cambridgeshire and Peterborough area.</p>	
10	Alina Mazalu-Dragu and Alyson Winter – Undergraduate MPharm Clinical Placements	
	<p>AM explained that the aim of her project was to support the development and sustainability of clinical placement capacity and provision in the region. They are working with trusts, community pharmacies, prisons, mental health settings and others. The GPhC has asked universities to set up arrangements for placements across all sectors, each university in our region has different expectations for their students while they are on</p>	

	<p>placements. In the medium to long-term promoting quality placements could help with recruitment and retention of pharmacists to our area. MD commented that it was good to get access to students early on in their training. AW has had a student in the past and thought the placement was successful. OM asked about funding to support the students for example with their travel costs. AWi explained there is currently no funding in place but it is being discussed. AD asked what support community pharmacies need to consider hosting an undergraduate student. MD said that some structure would be useful, so it's helpful to know that students are usually sent with a workbook but the varying requirements for each university could be problematic. AB has found in the past that the flexibility to give his own perspective to students is useful. A virtual event has been arranged and pharmacies are welcome to attend.</p>	No 31 – KC&RB
11	Indira Pillay – ICS Community Pharmacy Clinical Lead	
11.1	IP Pathfinder – The delay from NHSE continues but a meeting has been scheduled regarding the IT aspect. IP has feedback to the national team that the timescales are not optimal now that we are moving towards winter.	
11.2	PCN Community Pharmacy Leads pilot – The leads are undergoing four months of training and are starting with meeting with their community pharmacies and then moving on to meeting the Clinical Directors. There is now funding to extend the pilot, the next step will be to get expressions of interest from community pharmacists. AB asked what the leads were expected to achieve. IP explained their role is to improve communication, engagement and collaboration.	
11.3	DPPs – There is some funding and IP is looking to have a network of DPPs in place.	
11.4	DMS – A programme manager has been recruited to start in September. They will be looking at the challenges for trusts and community pharmacies and how these can be overcome. Previously promotion of DMS within the ICS has focussed on the patient safety aspect but a paper has recently been presented on cost avoidance, due to the reduction in readmissions and the savings in bed days.	
11.5	Hypertension service – some work is starting to look at referrals from GP practices in some PCNs.	



11.6	Closures – IP has written and presented a paper on pharmacy closures which recommended that a task and finish group be set up to look at how community pharmacies can be supported the risk of closures be mitigated.	
11.7	PGDs – Four PGDS were signed off and place but the ICB has no overall governance process in place for PGDs. This is currently being worked on. The ICB is now also considering waiting for details of the national service. The committee informed IP that the inconsistency around the insect bite PGD has been challenging as patients are being signposted to community pharmacy for a service that is no longer commissioned.	
12	Lynette Roberts, Captivating Training Solutions	
	LR gave an overview of the training programme available for PCN leads. BK asked about funding. In some areas it has been funded by the NHSE regional team. The cost depends on which elements of training are required.	
13	Any Other Business	
13.1	BK asked about the requirement to attend face to face flu training. Face to face training is now required periodically and it is up to vaccinators to decide when they require this training.	
13.2	MD requested that in future, guests were limited to three per meeting to allow good time for discussion and that the Chair should facilitate the discussion and questions.	
14	Next Steps	
	The Minutes and Action Log will be circulated.	
15	Close of Meeting	
	There being no further business the meeting closed at 4.36pm The next meeting will be held on 19 th September 2023 at Brampton Park Golf Club and will be followed by the AGM.	

Signed [Signature] vice (Chair)

Date 19/09/2023

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