

## Minutes of the CPL Meeting held at 9.25am on Tuesday 16<sup>th</sup> January 2024 at Brampton Park Golf Club, PE28 4NF

**Present:**

- Anil Sharma (AS) Chair and CPE Regional Representative
- Owen Munjeri (OM) Treasurer
- Wojciech Cwiek (WC)
- Banji Kelan (BK)
- Parv Lali (PL)
- Adnan Waheed (AW)
- Rita Bali (RB) Executive Development Officer
- Karen Cox (KC) Support Officer

**Apologies:**

- Abbas Bhimani (AB)
- Shabbir Damani (SD)
- Meb Dattoo (MD)
- Christine Stafford (CS)
- Katie Steel (KS)

Item No	Details	Action (see action log)
<b>1</b>	<b>Welcome and Introduction</b>	
	AS welcomed everyone to the meeting and introductions were carried out for the benefit of new member PL. PL was appointed as time keeper and facilitator.	
<b>2</b>	<b>Declarations of Interest</b>	
	As a new member PL will complete a DOI form. There were no other new declarations of interest.	
<b>3.</b>	<b>Acceptance of Minutes and Matters Arising</b>	
	OM proposed that the Minutes from the meeting held on 21 <sup>st</sup> November 2023 were accepted as a true record of the meeting and this was seconded by BK. There were no matters arising from the Minutes.	
<b>4.</b>	<b>Action Log</b>	
	The action log was discussed and updated. See log for more details. Action 49 – PL raised that he was having similar issues with several other contractors. Other members agreed that some contractors in the area	

	were being aggressive with their nomination process and on some occasions were refusing to release prescriptions back to the spine when the patient had presented to collect an acute medication. RB has also been contacted by a contractor with similar problems. There is limited support the LPC can offer in these instances except to remind contractors that patient choice should be respected and if patients have any problems they should be encouraged to complain directly to the pharmacy involved.	
<b>5</b>	<b>Committee Matters</b>	
5.1	CPE/CPL Governance documents – As part of the work to implement the RSG recommendations documents have been produced which aim to give a consistent governance approach across CPE and CPLs. AS noted there was nothing in the proposed documents which should cause any issues for our committee. OM proposed that we adopt the documents from April 2024 and this was seconded by BK. The committee voted unanimously in favour.	No 50 – KC
5.2	ICB Stakeholder Event – The meeting this afternoon will focus mainly on Pharmacy First. WC said that it was important that surgeries continue to refer patients for minor ailments so that pharmacies can plan their workloads. The event planned for 6 <sup>th</sup> February 2024 with all of the Primary Care providers has been cancelled as the Clinical Directors don't feel they are ready.	No 51 – KC
5.3	Contractor visits – The committee confirmed they still wanted to go ahead with the visits.	
<b>6</b>	<b>Finance and Audit Report</b>	
	Draft budget 2024/25 – Steve Cullum (SC) has prepared a draft budget based on the figures provided to him. With an increase in the contractor levy to £15,000 the budget shows a predicted loss of £6000 which is covered by our reserves. The members noted the hard work from SC to produce the budget. OM proposed that the committee adopt this budget and this was seconded by AW. The committee voted unanimously in favour.	No 52 – KC
<b>7</b>	<b>CPE Update</b>	
	AS updated the committee on the work of CPE.	

	Negotiations are due to begin for the CPCF 2024/25 as the current five-year deal comes to an end. CPE are trying to use more public influence such as the recent Tonight programme on ITV. Some of the members felt the programme concentrated too much on pricing issues rather than shortages and other issues, but they did feel that it had done a good job of simplifying a complex issue for the general public.	
<b>8</b>	<b>Contracts Update</b>	
	KC gave an update according to appendix b. There were no questions from the committee.	
<b>9</b>	<b>Services, Relationships and Communications Update</b>	
9.1	DMS – The report from Rachel Brooks (RBr), ICB project manager was shared prior to the meeting. Although the overall completion rate is increasing there are still a significant number of contractors that haven't completed or claimed any of their referrals for this essential service. RBr is now drafting a formal process which starts with support and reminders but progresses to breach/remedial notices for contractors consistently not completing referrals. It was also noted that there were also many contractors with 100% completion and claiming rates. The ICB is considering funding PharmAlarm for our pharmacies which members thought would be helpful.	No 53 – RB
9.2	Pharmacy First – RB is working on managing expectations with our stakeholders. Virtual Outcomes offer training courses for all staff on Pharmacy First and many other topics. Previously the committee decided against funding this for our contractors but RB asked if this should now be reconsidered. PL uses the training in his Suffolk pharmacies and has found it very useful with good record keeping. AW proposed that we fund Virtual Outcomes for our pharmacies and this was seconded by WC. The committee voted unanimously in favour.	
9.3	PCN leads – there has been no progress on the locally funded PCN leads and there are now questions about how successful the pilot has been in our area. Neighbourhood leads may be considered instead as this makes more sense geographically.	
9.4	SystemOne – RB asked the CCA and AIMP members if companies would approve the installation of the units in to their pharmacies. WC and OM were unsure.	

9.5	Post Payment Verification (PPV) – Several contractors have been in touch for support after they have been selected for PPV. RB feels that some of the requests are unreasonable, and has referred them to CPE for advice. Better clinical systems in pharmacies would allow for proper data collection.	No 54 – KC
9.6	CPICB Community Pharmacy Discovery Project – The ICB has commissioned Healthcare Innovation Consortium to explore interoperability between community pharmacy and GP records. The project lead would have liked to attend an LPC meeting but today was too short notice and March will be too far in to the project. RB and KC will meet with him instead. The committee discussed the initial questions provided. Ideally pharmacies should have the ability to read/write in the full GP record and any system should allow communication between all GP and pharmacy IT systems. It should be easy to use and meet standards that the CCA would find acceptable.	
<b>10</b>	<b>Any Other Business</b>	
	OM – When patients are requesting free lateral flow tests it is sometimes difficult to decide if a patient is eligible. Other members suggested that if you were unsure the test should not be provided and the patient referred back to their GP for a letter confirming they are eligible.	
<b>11</b>	<b>Next Steps</b>	
	The Minutes and Action Log will be circulated.	
<b>12</b>	<b>Close of Meeting</b>	
	There being no further business the meeting closed at 12.48pm The next meeting will be held on 19 <sup>th</sup> March 2024 at Brampton Park Golf Club. Contractor visits will take place prior to the meeting.	