

Minutes of the CPL Meeting held at 1.45pm on Tuesday 19th March 2024 at Brampton Park Golf Club, PE28 4NF

Present: Anil Sharma (AS) Chair and CPE Regional Representative *arrived 1.50pm*
 Meb Dattoo (MD) Vice Chair
 Abbas Bhimani (AB)
 Wojciech Cwiek (WC)
 Banji Kelan (BK) *arrived 1.50pm*
 Christine Stafford (CS)
 Katie Steel (KS)
 Adnan Waheed (AW)
 Rita Bali (RB) Executive Development Officer
 Karen Cox (KC) Support Officer

In attendance: Daniel Wright (DW) Clinical Delivery Lead, Healthcare Innovation Consortium *1.45pm – 2.15pm*
 Alyson Winter (AWi) Principal Pharmacist (Clinical Education) North West Anglia Foundation Trust *3.30pm – 4.30pm*

Apologies: Owen Munjeri (OM) Treasurer
 Shabbir Damani (SD)
 Parv Lali (PL)

Item No	Details	Action (see action log)
1	Welcome and Introduction	
	MD welcomed everyone and was appointed as time keeper and facilitator for the meeting. AS arrived and took the Chair.	
2	Declarations of Interest	
	All members present completed new DOI forms.	No 55 – KC, OM, SD, PL
3	Project Update from Healthcare Innovation Consortium	
	DW updated the members on the progress of the ICB commissioned project on GP practice and community pharmacy IT interoperability. AS	

	asked if the recommendations in the report will be ranked. DW the report will include option scenarios, presenting the pros and cons of each available option. The final solution may be a combination of systems. Once an option is selected there will still be lots of work at many levels to implement any new system.	
4	Acceptance of Minutes and Matters Arising	
	AW proposed that the minutes from the meeting held 16 th January 2024 were accepted as a true record of the meeting. This was seconded by WC. There were no matters arising from the Minutes.	
5	Action Log	
	The action log was discussed and updated. See log for more details. Action 48 – RB has confirmed with the CDAO that used controlled drug patches still contain large amounts of active ingredient. Pharmacies should accept these patches as unwanted patient medication and make the appropriate records of return and destruction required for CD patient returns. This information will be included in the next regional CD newsletter. In the meantime, RB or KC will speak to any pharmacies where there are issues.	
6	Committee Matters	
6.1	RB went through the successes for the previous year.	
6.2	The committee discussed holding a spring conference on 21 st April 2024, with possible topics to cover including clinical record taking, ENT training with a more 'hand on' approach and top tips for each advanced service. The members felt that attendance was likely to be low, so decided against the event. We will hold our usual evening event with the AGM in September. MD suggested that there should be a smaller number of presentations at this year's AGM.	No 56 – RB & KC
6.3	Contractor visits – the members gave feedback on the visits carried out prior to the meeting. As before the visits were welcomed by pharmacies, although some were very busy and asked for a visit at another time. Some of the new pharmacy contractors seem uncertain around the essential elements in the contract especially HLP. The number of referrals being received for Pharmacy First is mixed, even in some cases in the same area. To support referrals the ICB needs access to data.	No 57 – KC

7	Finance and Audit Report	
7.1	Up to date accounts were shared with the members prior to the meeting. A payment of £643 has been made to Community Pharmacy Hertfordshire to balance an error with the levy payments to CPE due to the Royston pharmacies moving to our LPC.	
7.2	The CPE levy invoice has been received for the first six months of 2024/25. The increased amount is as expected.	
7.3	KC has requested the increased contractor levy from NHSBSA and received confirmation we will receive the new amount from April 2024.	
7.4	Seven pharmacies have been incorrectly assigned to Community Pharmacy BLMK & Northamptonshire, KC has requested that they are reassigned correctly.	
7.5	Steve Cullen has advised the committee against paying for the tax enquiry protection insurance offered by our accountants, he feels our tax arrangements are not complicated enough to require this protection.	
8	Contracts Update	
	KC gave an update according to appendix B. There were no questions from the committee. Parnwell application – KC shared the draft response which had been agreed by the Contracts Group. MD proposed that this draft was approved and this was seconded by BK. The committee voted unanimously in favour.	No 58 – KC
8	Update on Undergraduate Clinical Placement Project	
	AWi updated the committee on the project which was aiming to enable good quality clinical placements for undergraduate students. She had first presented this project to the committee in July 2023. The workforce crisis means we need to engage with students earlier to encourage future professionals to work in our area. The project has shown what a good clinical placement looks like but also some of the barriers. For example, travel costs are not covered by universities and our locality is not popular with young professionals. The main barrier to providers offering placements at any level is capacity. AS stated that if it's a financial burden to host students how can we expect pharmacies that are already struggling to participate. RB asked if she could share the slides with our local workforce group. AWi also gave a brief update on the trainee placement arrangements at NWAFT. DPP provision is difficult for Trusts as well as community	No 59 – RB

	<p>pharmacies. They can't provide the DPP for all of the trainees in the area.</p> <p>AWi would like the committee to discuss with the ICB the idea of creating a network so that multisector placements can be arranged.</p>	No 60 – RB
9	Services, Relationships and Communications Report	
9.1	<p>The report was shared with the committee prior to the meeting.</p> <p>EHC – After several years with a flat fee Public Health have now proposed an increase to £16 per consultation. The committee agreed to this fee providing it is reviewed again next year.</p>	No 61 – RB
9.2	<p>Destruction of out-of-date CDs – The authorised witness process will be changing, instead of requesting a witness to attend the pharmacy, a named healthcare professional will be given temporary permission to witness the destruction. The request is still made using the CD reporting website. There is no change to the process for CCA and other small multiples that are required to have their own Authorised Witnesses. As asked if this was a local change? Our region is the last to adopt this process.</p>	
9.3	<p>Pharm Alarm and Pharm Refer – could potentially be funded from the ICB digital transformation funding.</p>	
9.4	<p>Pharmacy Integration Funding – it was agreed not to spend any further CPL resources on chasing pharmacies that have not yet received their payments.</p>	
9.5	<p>Provider Assurance – RB will work with the ICB to ensure that any systems or processes put in place are fair.</p>	
9.6	<p>PoC DoC – A small pilot will go ahead with one GP practice interested.</p>	
9.7	<p>Population Health – Eclipse data will be used to contact patients that need a blood pressure check. As this rolls out across the ICB we will work with the local pharmacies to inform them. There could be capacity issues with most pharmacies only having access to one APBM.</p>	
9.8	<p>IP pathfinder – The sites have been selected, but there is no progress due to national issues with the prescribing platform.</p>	
10	CPE Update	
10.1	<p>AS updated the committee on the work of CPE.</p> <p>Formal negotiations have now commenced. As always, the content of the negotiations is confidential. The GP contract has been imposed.</p>	
10.2	<p>TPP have now updated their software so that HRT items are automatically prescribed on a separate form.</p>	
10.3	<p>There are ongoing IT issues affecting the Pharmacy First service.</p>	

10.4	RB asked AS is there were any plans for CPE to hold regional events for CPLs and contractors as they had previously suggested. AS didn't think anything was currently being planned.	
11	Any Other Business	
11.1	BK – a PCN has approached him to say they are changing to 56-day prescribing. This is against the ICB policy	No 62 – RB
11.2	RB – Tania Farrow, Chief Officer for Community Pharmacy Suffolk is leaving. The merger with Norfolk has given her the opportunity to step down from her role.	
12	Next Steps	
	The Minutes and Action Log will be circulated.	
13	Close of Meeting	
	There being no further business the meeting closed at 5.20pm The next meeting will be held on 21 st May 2024 at Brampton Park Golf Club.	



Signed..... (Chair)

Print.....Anil Sharma.....

Date 21/05/2024