

## Minutes of the CPL Meeting held at 9.30am on 16<sup>th</sup> July 2024 at Brampton Park Golf Club, PE28 4NF

### **Present:**

Meb Dattoo (MD) Vice Chair  
Owen Munjeri (OM) Treasurer  
Sean Gage (SG) *Maternity cover for Katie Steel (KS)*  
Banji Kelan (BK)  
Parv Lali (PL) *Arrived 9.55am*  
Sumaiya Patel (SP) *Representing Shabbir Damani (SD)*  
Christine Stafford (CS) *left 3.30pm*  
Rita Bali (RB) Executive Development Officer  
Karen Cox (KC) Support Officer

### **In attendance:**

Clare Daly (CD) EofE Community Pharmacy Lead, NIHR Clinical Research  
Network *1.50pm – 2.25pm*  
Lisa Bishop (LB) Community Pharmacy Liaison Lead, CGL *2.25pm – 3.15pm*  
Emma Larner (EL) Community Pharmacy Liaison Lead, CGL *2.25pm –  
3.15pm*  
Sion James (SJ) Senior Public Manager, Cambridgeshire County Council  
and Peterborough City Council *3.15pm – 3.45pm*  
Charlene Elliott (CE) Interim Commissioning Team Manager,  
Cambridgeshire County Council and Peterborough City Council *3.15pm –  
3.45pm*

### **Apologies:**

Anil Sharma (AS) Chair and CPE Regional Representative  
Abbas Bhimani (AB)  
Wojciech Cwiek (WC)  
Adnan Waheed (AW)

Item No	Details	Action (see action log)
<b>1</b>	<b>Welcome and Introduction</b>	
	MD welcomed everyone to the meeting and introductions were carried out for the benefit of SG who will be representing the CCA while KS is on maternity leave.	
<b>2</b>	<b>Declarations of Interest</b>	
	A completed Dol form has been received from SG.	
<b>3.</b>	<b>Acceptance of Minutes and Matters Arising</b>	
	CS proposed that the Minutes of the meeting held on 21 <sup>st</sup> May 2024 were accepted as a true record of the meeting and this was seconded by SP. There were no matters arising from the Minutes.	
<b>4.</b>	<b>Action Log</b>	
	<p>The action log was discussed and updated. See log for more details.</p> <p>Action 7 – The LPC can recover all National Insurance costs up to £5000. The increase in KCs hours to full time in January was not included in the budget for 2023/24 so the allowance was used up earlier than budgeted. The increased room hire costs were due to the two CPPE ENT training events.</p> <p>Action 11 – PL was able to address the practice manager concerns over the patients that had been referred back to the GP. MD told the committee that Boroughbury Surgery have been working on a triage form which should help their reception team refer the correct patients to the pharmacy. Several members noted that the number of Pharmacy First referrals they are receiving has declined.</p>	No 13 – RB
<b>5</b>	<b>Committee Matters</b>	
5.1	The agreed Terms of Reference for the CPE Forum of Chairs were shared with the committee. Several other LPCs also suggested that Vice Chairs should be allowed to attend in the absence of the Chair and this has been updated in the final version. The first meeting will take place in September and AS will attend.	
5.2	<p>The Risk Register was reviewed, see register for more details.</p> <p>Risk 1 – A draft business plan will be produced.</p> <p>Risk 3 – The members thought it would be useful to complete a training needs assessment</p>	<p>No 14 – KC &amp;RB</p> <p>No 15 – KC</p>

	<p>Risk 9 – Our book keeper is the only person with access to our payroll software. He will be asked for advice on a back-up system or the possibility of training a member to use the software.</p> <p>It was agreed that in the future the register will be reviewed annually, but on this occasion the next review will be January 2025 to ensure the mitigations are effective. Risks may also be added or reviewed at any time if deemed necessary by the committee.</p>	No 16 – KC
5.3	Stakeholder Mapping – The LPC has not carried out this exercise for several years. CPE have produced some updated guidance.	No 17 – KC
5.4	AGM Planning – the draft agenda was shared with the committee. MD commented that it would be useful to get some feedback from GPs on the quality of the consultation notes they are currently receiving from community pharmacy.	
	OM asked if we should include an update on Foundation Pharmacist training. Feedback from last year's attendees was that they didn't find the presentation useful, but we do know that DPP support will be a problem for community pharmacists hosting trainees. Oriel data so far suggests that there are more placements than there are students.	No 18 – RB
5.5	Annual Report – The draft report was shared with the members. KC confirmed that the 2023/24 accounts had now been received and would be added to the report. CS proposed that the annual report was accepted by the members and this was seconded by SG. The committee voted unanimously in favour.	
5.6	Contractor Visits – the members agreed that although it is a long day contractor visits should be carried out before the September meeting.	
<b>6</b>	<b>Finance and Audit Report</b>	
6.1	The final accounts for 2023/24 were shared with the committee. BK proposed that the accounts were approved by the committee and this was seconded by PL. The committee voted unanimously in favour. SG asked if there was any reason to expect we would need to increase our contractor levy. KC explained that we had increased the levy in April in order to produce the balanced budget and remain as single LPC, RB added that our levy remains one of the lowest in the region.	
6.2	KC told the committee that the Personal Accident Insurance Policy was due for renewal on the 25 <sup>th</sup> July 2024 and that the renewal documents would be shared for a decision as soon as they were received.	

7	Contracts Update	
6.1	KC gave an update according to appendix b, noting that it's been 6 months since the change of ownership for Well Pharmacy on York Street had been approved. There were no questions from the committee.	
6.2	At a recent ICB Primary Care Commissioning Sub Committee (PCCSC) meeting it was shared that a pharmacy contractor had been recommended for removal from the pharmaceutical list. Removal would take place on 5 <sup>th</sup> August 2024 unless the contractor appeals the decision. KC who was present at PCCSC asked that the contractor was made aware they could request LPC support.	
6.3	RB has been contacted by a contractor after a GPhC inspection raised some concerns with their controlled drug registers. MD asked what support the contractor was expecting, RB said she would help liaise with the CDAO, but was waiting for further details from the contractor. PL suggested that an electronic CD register might be helpful for the contractor, many of his branches have found it to be very beneficial.	No 20 – KC
7	Services, Relationships and Communications Report	
	The report was circulated prior to the meeting	
7.1	The committee agreed that the deadline calendar would be helpful for pharmacies.	No 21 – KC
7.2	Know Your Numbers Week – St Neots and Huntingdon Integrated Neighbourhoods want to involve the local pharmacies in their plans for the week.	
7.3	Pharmacy First – The ICB has received data, but there are two data sets and they don't match. They are unwilling to share until they have investigated. NHSBSA data was shared with the committee in the report. Members said they are still seeing informal signposting rather than electronic referrals. The service seems to be working well where there was already a good relationship between the pharmacy and the reception teams. One surgery has asked PL to provide some training to staff. Lincolnshire LPC has produced some resources that pharmacies can use to promote Pharmacy First, the committee thought these could be useful to share with our pharmacies. SG said we are getting to a point now where pharmacies will struggle to meet the minimum number of consultations. KC said that CPE was also concerned about this and were in discussions with NHSE.	No 22 – KC  No 23 – RB  No 24 – RB & KC

7.4	Lateral Flow Device Service – RB asked if we should suggest pharmacies proactively offer tests to eligible patients as the infection rates are rising again. The committee agreed we should, but OM noted that tests have been out of stock.	No 25 – KC
7.5	Pharmacy Quality Scheme (PQS) – We have been sent a list of pharmacies that have claimed for some domains in PQS but not entered the required audit data. RB asked if we should contact these pharmacies as we previously agreed with the CPE decision not to support pharmacies with PQS. The committee thought we should send an email but not offer further support. PL said that some pharmacies have received the email from NHSBSA but believe they have submitted the data.	No 26 – KC
7.6	Social media – KC attended the CPE training and feels this is sufficient for our needs for now. The LPC now has a LinkedIn account and KC asked all members to 'like' the page. KC told the committee that X analytics are now only available with a premium subscription.	
7.7	MPs – Now that the new MPs are in place we will contact them and invite them to visit a local pharmacy.	No 27 – RB & KC
8	<b>CPE Update</b>	
	MD presented the CPE update in the absence of AS. Feedback from contractors prior to the last CPE meeting shows pharmacies withdrawing from local services and reducing supplementary hours which we have seen locally. Owners now want urgent action from the new Government, CPE will meet with the ministers as soon as possible.	No 28 – KC
9	<b>Clare Daly – Research Delivery Network</b>	
	CD updated the committee on the change from Clinical Research Network to Research Delivery Networks. They have been redesigned to fit with ICB footprints. There is dedicated support for primary care settings including community pharmacy. BK asked how pharmacy can be involved. CD explained it could vary from just putting up a poster advertising a study, to consenting patients and in some cases carrying out the study. SP asked what funding is available. CD said the funding is nationally agreed and can't be negotiated and depends on what is required from the pharmacy. They do have some funding to enable pharmacies to get	

	involved. Non commercial studies usually just cover costs but a commercial study may pay a bit more.	
<b>10</b>	<b>Lisa Bishop and Emma Larnar, CGL Pharmacy Liaison Leads</b>	
10.1	LB and EL updated the committee on the provision of the CGL pharmacy services. Core MAT service – there are some pharmacies that are contracted to deliver this service that are not submitting claims. RB asked for details of these pharmacies so we can offer support. PL mentioned an issue where patients can't be registered on PharmOutcomes as they can't be found in the PDS lookup. These issues should be reported to CGL. Missed dose notification are not always being completed daily by pharmacies, these notifications are important for the welfare of the client. Only a very small number of pharmacies have started to complete the annual reviews. RB suggested LB and EL contact the pharmacies that have not started.	No 29 – KC
10.2	Needle Exchange – In Peterborough the transaction numbers are much higher due to the 'one hit' kits used, the return rate for sharps bins is also higher than in Cambridgeshire.	
10.3	Naloxone – CGL are trying to encourage all needle exchange pharmacies to provide the naloxone service, the number of commissioned pharmacies is increasing but provision is still low. Recently there has been an incident where a client overdosed in a pharmacy. LB asked if all pharmacies would be willing to hold a naloxone kit to use in this instance. CGL would provide the kit free of charge. SP questioned if pharmacists would be insured to administer naloxone.	No 30 – RB
10.4	Service Level Agreements – these have all been sent out, but they are still waiting for some to be returned.	
<b>11</b>	<b>Sion James and Charlene Elliott, Public Health.</b>	
11.1	SJ and CE updated the committee on the provision of public health services. NRT Vouchers – The Smoke Free app now provides codes for clients to redeem in pharmacies and there has been an uptake in provision in both Cambridgeshire and Peterborough. Public Health are keen to increase the number of pharmacies providing this service. PL asked if public health were looking in to support for patients trying to stop vaping. Work has	

11.2	<p>started to look at what support patients might need, for now Healthy You can offer behavioural support but can't provide NRT.</p> <p>EHC – provision has increased in Peterborough but has decreased in Cambridgeshire. Capacity issues have been identified as the main cause of the decrease. It is hoped that the increase in the service fee will help. There has been an increase in the number of chlamydia kits handed out but this could be improved further. There has been a change to the email address used to order the kits and this has been communicated to pharmacies. BK said he had some foreign students trying to access EHC but it can't be provided without an NHS number being entered in to PharmOutcomes. These patients can be referred to ICash.</p>	No 31 – KC
11.3	<p>Contracts – The Cambridgeshire contracts have been sent out and are now for three years, with the service specifications still being updated annually. The Peterborough contracts have been delayed due to an internal governance issue and it is unclear if they will also be three years.</p>	
11.4	<p>RB asked if the two Public Health teams were now separated but the process is still ongoing. Interim directors are in place for both councils.</p>	
12	<b>Any Other Business</b>	
	No other business was raised.	
13	<b>Next Steps</b>	
	The Minutes and Action Log will be circulated.	
14	<b>Close of Meeting</b>	
	<p>There being no further business the meeting closed at 3.46pm</p> <p>The next meeting will be held in the afternoon of 17<sup>th</sup> September 2024 at Brampton Park Golf Club.</p>	