

## Minutes of the CPL Meeting held at 2pm on 17<sup>th</sup> September 2024 at Brampton Park Golf Club, PE28 4NF

**Present:** Anil Sharma (AS) Chair and CPE Regional Representative  
 Meb Dattoo (MD) Vice Chair *arrived 3.45pm*  
 Owen Munjeri (OM) Treasurer  
 Wojciech Cwiek (WC) *left 5.10pm*  
 Banji Kelan (BK)  
 Parv Lali (PL) *arrived 2.35pm, left 4.45pm*  
 Sumaiya Patel (SP) *Representing Shabbir Damani*  
 Christine Stafford (CS)  
 Adnan Waheed (AW)  
 Rita Bali (RB) Executive Development Officer  
 Karen Cox (KC) Support Officer

**In attendance:** Matthew Smith (MS) Programme Director, Outcomes, Strategic  
 Commissioning Unit, Cambridgeshire and Peterborough ICB

**Apologies:** Abbas Bhimani (AB)  
 Sean Gage (SG) *Maternity cover for Katie Steel*

Item No	Details	Action (see action log)
<b>1</b>	<b>Welcome and Introduction</b>	
	AS welcomed, everyone to the meeting. CS was appointed as the time keeper.	No 32 - AS
<b>2</b>	<b>Declarations of Interest</b>	
	A DOI for SP relating to the Parnwell application was noted.	
<b>3.</b>	<b>Acceptance of Minutes and Matters Arising</b>	
	CS proposed that the Minutes from the meeting on 16 <sup>th</sup> July 2024 were accepted as a true record of the meeting, this was seconded by AW. 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.	

	<p>Action 16 – There is a cost associated with adding extra users to the software package, however Steve Cullen (SC) has suggested that he send monthly information packs that could be opened by our accountants if necessary. It was noted that we previously only had one person with responsibility for payroll and HMRC etc.</p> <p>Action 30 – Boots previously had this service, but it is no longer active. CS is unsure of the reason why. The committee still has concerns around indemnity insurance and whether pharmacy staff would feel comfortable administering naloxone. RB asked if the pharmacies might be more comfortable using the nasal spray rather than naloxone injections.</p>	<p>No 16 – KC (updated)</p> <p>No 30 – RB (updated)</p>
<b>5</b>	<b>Committee Matters</b>	
5.1	AGM – final arrangements for the evening were discussed.	
5.2	CPE Conference of LPC representatives – We have three spaces. AS will already be attending in his role as CPE member. BK would like to attend as he had to cancel last year. SP and PL also offered to attend if they were available. KC will attend as a backup.	No 33 – SP and PL
5.3	Decision log – the log was shared for information only.	
5.4	Committee visits – the main concerns from pharmacies were around the lack of formal electronic referrals from GPs for Pharmacy First. The next set of visits will be arranged for March.	No 34 – RB & KC
<b>6</b>	<b>Digital Enablers and Community Pharmacy</b>	
	<p>MS shared a presentation showing his work so far on digital enablers for the system. We know there is a growing population and that demand for hospital beds will be greater than the capacity in a few years. Part of the NHS Long Term Plan was to invest more in out of hospital care to help cope with that demand. This has not happened due to the Covid pandemic. MS asked the committee about the current situation and what they would like to see in the future</p> <p>WC – surgeries are struggling to send electronic referrals for Pharmacy First and instead relying on signposting. This means the pharmacy doesn't get the consultation fee if the patient does not meet the gateway criteria for the seven common conditions. RB mentioned the SystmOne pilot, this enables surgeries to easily send the referrals and Pharmacy First is working well for those pilot pharmacies. There was funding approved to extend this to other pharmacies but we have just been informed this will</p>	

	<p>no longer be moving forward. RB has not been given a reason. MS will investigate with the ICS.</p> <p>The committee said that better links between patient apps and pharmacy PMR systems would allow patients to be better informed about the progress of their prescriptions which would cut down on queries to pharmacies. The NHS app journey currently ends once the prescription is sent to the pharmacy. Some pharmacies are using 3<sup>rd</sup> party or in house apps which do give more information on when the prescription is ready for collection.</p> <p>AS asked about the timeframe for the project – The ICB have signed off the direction of travel and MS is currently working on stakeholder engagement, and then they will move on to market testing with the suppliers. The intention is to submit a business plan to the ICB in January 2025 and start implementation later in the year.</p>	
<b>7</b>	<b>Finance and Audit Report</b>	
7.1	LPC reserves – OM and KC explained the rationale behind the recommendation from the finance and audit committee. In line with the CPE guidance the recommended level includes £40,000 for unexpected spend, £45,000 for three months running costs and £42,000 for redundancy costs. AS proposed that the LPC reserves is set at £127,000 and this was seconded SP. The committee voted unanimously in favour.	
7.2	New IT equipment – Both the phone and office PC used by KC need replacing. The PC was new when KC was first employed in November 2018 and the phone was used by the previous Support Officer. KC explained there were some difficulties removing the previous Communications Officer as the lead person on the account making changing phones or plans difficult. In the interim an unlocked phone could be purchased and then the Vodafone account moved across to sim only deals at a later date. AS proposed that a maximum budget of £400 for a phone and £700 for a PC, totalling £1100 be approved, this was seconded by AW. The committee voted unanimously in favour.	
<b>8</b>	<b>Contracts Update</b>	
8.1	KC gave an update according to appendix b. She noted a large number of small supplementary hours changes for Boots and WC confirmed that those in his area were due to discrepancies between actual opening hours and the pharmaceutical list.	

8.2	The contracts group have met and discussed the Eddington Green application and the re-notified Parnwell application. MD proposed that the draft LPC representations be agreed and this was seconded by CS. The committee voted unanimously in favour.	No 35 – KC
8.3	At the sub group meeting it was noted that with the absence of SD and KS there were too few members especially if one member had a DOI. It was agreed that SP and SG would join the sub-group. For any of the sub-group's SG will replace KS and SP will replace SD. It was also noted that PL was not a member of any sub-groups so he will join the Governance Group.	No 36 – KC
<b>9</b>	<b>Relationships, Services and Communications Report</b>	
9.1	Cardisio – The device gives information on heart health. RB has been supporting to try and develop an NHS pathway, a local contractor is interested but progress has been slow.	No 37 – RB
9.2	Contractual support – KC and RB can spend considerable amounts of time supporting contractors to complete contractual requirements such as CPAF and DSP. It was agreed that in most cases emails or WhatsApp messages would be sufficient with phone calls on a case-by-case basis.	
9.3	Face to face flu training – for the first time in a few years RB has been contacted by contractors asking if the LPC is arranging flu training. RB suggested the committee consider if we should arrange this for next year.	
9.4	The funding assigned to the SystemOne pilot is still ring fenced for pharmacies. Some suggestions for using the funding are Pharm Alarm and Pharm Refer, support for moving to cloud-based phone systems, extra ABPMs and training for AccuRx.	
9.5	PCN lead funding – this funding has now been transferred to ICBs, our ICB is currently reviewing how the leads will be employed.	
9.6	Regulation training for LPC members – Norfolk and Suffolk have arranged some training with Charlotte Goodson. The cost is the same if more people attend so they have offered to the other local LPCs. It was agreed we should be included.	No 38 – RB
<b>10</b>	<b>CPE Update</b>	
	AS updated the committee on the work of CPE.	
10.1	CPE has met with ministers and expects negotiations to resume shortly.	
10.2	Pharmacy First thresholds – CPE remain concerned about the ability of	

10.3	pharmacies to achieve the minimum number of consultations required to receive the £1000 monthly payment. They are looking at potential options. Hub and spoke dispensing – The Legislation and Regulation Subcommittee discussed the hub and spoke model and change to the regulations to allow different entities to use hubs.	
10.4	Communications – there has been extensive work with the new MPs and this is ongoing.	
10.5	Governance – due to the change in the make-up of the contractor base work has begun on reviewing the CPE Constitution to reflect this. In the meantime, two non CCA multiple representatives will be appointed as observers to the committee.	
<b>11</b>	<b>Any Other Business</b>	
	There was no other business raised.	
<b>12</b>	<b>Next Steps</b>	
	The Minutes and Action Log will be circulated.	
<b>13</b>	<b>Close of Meeting</b>	
	There being no further business the meeting closed at 5.40pm The next meeting will be held at 9.30am on 19 <sup>th</sup> November 2024 at Brampton Park Golf Club.	