

Minutes of the CPL Meeting held at 9.30am on 19th November 2024 at Brampton Park Golf Club, PE28 4NF

Present:

Anil Sharma (AS) Chair and CPE Regional Representative *arrived 9.51am*
Meb Dattoo (MD) Vice Chair
Owen Munjeri (OM) Treasurer
Abbas Bhimani (AB) *arrived 9.47am*
Wojciech Cwiek (WC) *left 4.50pm*
Sean Gage (SG) *Maternity cover for Katie Steel*
Banji Kelan (BK) *arrived 9.44am*
Parv Lali (PL) *arrived 9.40am, left 3pm*
Sumaiya Patel (SP) *Representing Shabbir Damani*
Christine Stafford (CS) *left 3pm*
Adnan Waheed (AW) *arrived 9.40am*
Rita Bali (RB) Executive Development Officer
Karen Cox (KC) Support Officer

In attendance:

Gurjeet Dhesi (GD) Healthcare Partnership Manager, Pfizer *2pm – 5.15pm*
Rachel Jenkins (RJ) Healthcare Partnership Manager, Pfizer *2pm – 5.15pm*

Item No	Details	Action (see action log)
1	Welcome and Introduction	
	MD welcomed everyone to the meeting. It was noted that several members were delayed due to traffic problems, but the meeting was quorate.	
2	Declarations of Interest	
	A DOI for the application in March for PL was noted.	
3.	Acceptance of Minutes and Matters Arising	
	OM proposed that the Minutes of the meeting held on 17 th September 2024 were accepted as a true record of the meeting and this was seconded by WC. There were no matters arising from the Minutes.	
4.	Action Log	
	The action log was discussed and updated. See log for more details.	

5	Committee Matters	
5.1	Feedback from CPE/CPL Conference of Representatives – PL, BK and KC attended the event, AS also attended in his CPE capacity. It was disappointing that Minister of State for Care, Stephen Kinnock cancelled his attendance at short notice. PL said it was good to meet other members and see they have the same issues and questions. BK said there had been some discussion on his table about the central purchasing of drugs. RB said this has previously been disregarded by the Department of Health as the current model is very successful at getting a good deal for the tax payer.	
5.2	2025 meeting dates were agreed as 21/01/25, 18/03/25 (including contractor visits prior to the meeting), 20/05/25, 15/07/25, 16/09/25 (followed by AGM) and 18/11/25.	No 39 – KC
5.3	Review of AGM – KC asked the committee if they had any suggestions or comments after the AGM. MD said the attendance was good, and having fewer speakers held the audience attention better. AW commented that it was good to see some new and different attendees. RB asked the committee if they thought a spring conference would be useful. The event could include stands showcasing providers. It was agreed that we would wait until the new contract is announced and then consider if there is anything that would need supporting with an event. AS arrived and took the Chair.	
5.4	NHS Change – AB asked why would we submit a response to the consultation if CPE are doing this nationally. KC explained that CPE have asked us to submit a response to support the CPE view and also include any local initiatives. In consultations such as this volume of responses is important. It was agreed we would submit a response. The committee discussed what should be included in our answers to each of the five questions.	No 40 – RB & KC
5.5	CPE Vision, 11 Actions for local leaders – The vision was published last year and we shared with our IC, should we now follow up with them. AS said his view is that we need to now push the ICB and say unless they work with us, they can't expect community pharmacies to deliver. The ICB has received national funding which is allocated to community pharmacy which they have yet to spend.	No 41 & 42 – RB

6	Finance and Audit Report	
6.1	Virtual Outcomes license – data shows that our pharmacies are not making use of the subscription. MD proposed that we do not renew the license and this was seconded by AS. The committee voted unanimously in favour.	No 43 – RB & KC
6.2	Web Alliance proposal – the committee discussed the proposal and decided that this would not be of benefit for us.	
6.3	Change to banking arrangements – KC explained that Lloyds Bank had written to use stating we would be moved to a Community Account, this has a charge of £4.25 per month and also charges for day-to-day banking for any transactions after the first 100 per month. Our number of transactions is usually much lower than this.	
6.4	Draft budget 2025/26 – OM explained that the Finance and Audit (F&A) committee had met to discuss initial figures for the next financial year. We are budgeting for an overspend to reduce our reserves to the £127,000 level agreed at the September meeting. The subcommittee are recommending an increase in the daily meeting allowance rate to £350 per day and £35 per hour pro rata. This is because members felt the previous rate no longer covered the cost of locums. The members were reminded that using a meeting allowance rate, rather than locum claims was intended to cover the time that members spend preparing for meetings as well reimbursing for locum cover. BL proposed that the rates were increased as suggested and this was seconded by MD. The committee voted unanimously in favour. This increase will take effect from 1 st April 2025. The members agreed with the figures proposed by the F&A committee and these will be passed to our bookkeeper to produce a draft budget for review at the January meeting.	No 44 – KC
6.5	MD thanked RB and KC for securing sponsorship for the AGM and ensuring the invoices were paid.	No 45 – AS
6.6	RB and KC left the room while the officer salaries were discussed. They will be individually informed of the outcome.	
6.7	Honorariums – AS and OM left the room, MD chaired this discussion. MD reminded the members that an honorarium is not intended as payment but as a thank you. The committee discussed the work involved in each role. AW proposed an increase to the Treasurers Honorarium this was seconded by BK and the committee voted unanimously in favour. PL proposed an increase to the Chairs Honorarium and this was seconded by	

	AW. The committee voted in favour. AS and OM will be informed of the decision.	No 46 – KC & MD
7	Contracts Update	
	KC gave an update according to appendix b. There were no questions or comments from the committee.	
8	Services, Relationships and Communications Report	
8.1	The report was circulated to the committee prior to the meeting. AB noted a pharmacy claiming for high numbers of the emergency supply strand of Pharmacy First. Pharmacies must receive a referral from 111 or 111 online for this strand of the service.	No 47 – RB & KC
8.2	Branded generics – Our ICB has a policy in place which advises against prescribing branded generics in most circumstances. Members said they were still receiving prescriptions for many branded generics some of which are not available. Much of this prescribing probably pre-dates the policy, but there is no resource or capacity for surgeries to review their prescribing. AS suggested that members make a list of branded generics they see which can be shared with the ICB. We can then ask the ICB to support surgeries to make the changes. MD agreed that we should be pushing the ICB to spend the allocated community pharmacy funding but wasn't sure this was the best use of the funding. Other suggestions for the ICB could be second consultation rooms and digital screens to display HLP messages.	
8.3	ICS Careers Expo – The second event is being held in March 2025. This is a good opportunity to showcase all of the opportunities open to pharmacy graduates. If necessary, we could provide funding for backfill to cover attendance at the event. PL has been working with Skills4Pharmacy who may be interested in attending this event.	
8.4	Scribe – RB and KC were given a demonstration of an AI tool which can be used to record consultation notes. Two local pharmacies will trial for one week to see if it is useful.	No 48 – ALL No 49 – PL and RB
8.5	Smoking Cessation Services – RB asked the committee if now that Champix is available again should we ask Public Health to consider re-commissioning the local service. The committee felt there would be little appetite from contractors at this time.	
8.6	Flu Vaccinations – There have been complaints about both GP and Pharmacy contractors delivering the service before the start date. As in	

8.7	previous years the targets for the vulnerable groups are not being met so this should be the focus. Christmas Day opening – RB has submitted the figures suggested by the members. The ICB acknowledged receipt but there has been no further update.	
8.8	CPPE Contraception training – This has been confirmed for 19 th January 2025 at The Marriott, Huntingdon. We are funding the venue and the speaker. Booking details will be shared with pharmacies in next weeks update.	
9	CPE Update	
	AS updated the committee on the work of CPE. Formal negotiations are still to commence but the team have met with ministers.	
10	Business Skills Workshop	
	For the afternoon session of the meeting the members took part in the Pfizer Business Skills Workshop “How to engage with stakeholders to maximise success” led by GD and RJ.	
11	Next Steps	
	The Minutes and Action Log will be circulated.	
12	Close of Meeting	
	There being no further business the meeting closed at 5.19pm The next meeting will be held on 21 st January 2025 at Brampton Park Golf Club.	