

## COMMITTEE MEETING MINUTES

Thursday 19<sup>th</sup> Jan

12pm – 2pm

Venue : Virtual meeting

### LPC MEMBERS PRESENT:

Anil Patel (AP)  
Matthew Armstrong (MA)  
Veronica Horne (VH)  
Adeola Adekunle (AA)  
Bobby Arora (BA)  
Hansa Bi (HB)  
Lak Flora (LF)  
Veronica Horne (VH)  
Raju Malde (RM)  
Has Modi (HS)

### OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)  
Amrit Minhas (AM)  
Carolynne Freeman - Chair (CF)  
Fiona Garnett, Associate Director Medicines Optimisation Bedfordshire, Luton and Milton Keynes ICS (joined remotely)  
Funmi Balogum (FB) – Pharmacist BLMK ICS

### APOLOGIES

Daljit Poone (DP)  
Rishi Hindocha (RH)

There were no new declarations of interest

### Minutes of previous meeting

Minutes of the previous meeting were reviewed and approved as an accurate reflection of the meeting and action points. CF signed the minutes as Chair.

### Reports

### **Chief officer report**

AMK shared report (attached)

The committee agreed that ongoing participate in the Midland engagement group did not present good value for money and in light of proposed merge with Beds/Luton LPC this did not align to future engagement plans with local ICS stakeholder relationships taking priority.

The committee agreed to not continue to fund the use of Virtual Outcomes due to low use across contractors

The committee initially discussed Independent Prescriber pathfinders and initial survey to understand number of IPs in the geography to participate in pilots. LPC is likely to engage with newly appointed Band 8c pharmacists within ICSs in future on this topic.

### **Market entry committee**

The application submitted by Pickfords in August for a NSCR in Spencer Court, Corby has been successful.

The LPC responded to Jardines NSCR (Snowdon Dr, MK) in October. Reps closed Dec 20th. No outcome yet.

### **Finance report**

AM shared report (attached) and the LPC continues to run with a 4 month buffer

AM shared he is looking to potentially use same accountant as Beds/Luton LPC in light of proposed merger and will update on progress at next meeting

### **Governance report**

LF shared updates on the upcoming changes to governance processes and the potential upcoming disruption to CCA committee seats through the sale of Lloyds pharmacies

### **Strategy committee**

MA presented report (attached) and stress the importance of IP pathfinders moving forward

MA and AMK to meet after meeting to describe on a page the priorities for NN and BLMK ICSs to use for future engagement as part of new LPC post proposed merger with Beds/Luton

### **Update from provided from Fiona Garnett (FG) (BLMK)**

An update was shared on the focus of BLMK on hypertension case finding and FG is actively encouraging pharmacies to engage with PCNs to drive BP checks.

FG shared insight on data showing large variance in services provision from pharmacies especially Flu and welcomed views of the committee on the use of such data moving forward. CF and MA volunteered to review and feedback on future data produced from FG + team to support insights and driving service provision.

FB gave introduction to her new role at BLMK ICS

## Any Other Business

Following on from last month the committee discussed rates for locum backfill and compared the current rate of £250 to other committees. IT was agreed to discuss at the next meeting when all reps were present however considered the committee should at least match the rate of Beds/ Luton which was £275 a day.

Date of next meeting confirmed as 23<sup>rd</sup> March in person from 12pm

The meeting was closed at 2pm

Signed



Carolynne Freeman (Chair)

## Reports

### [Chief Officer's Report January 19th 2023](#)

#### Community Pharmacy Midlands

In March, the LPC CO for Notts, attended one of CPWM LPCs meeting and found it particularly useful because James Wood attended and gave PSNC and RSG updates. Also with all the NHSE money and all the LPC COs trying to implement the various advanced services and keep and improve engagement in the extended care service, etc these meetings are useful. West Midlands LPCs felt similarly and so extended an ongoing invite so effectively form Community Pharmacy Midlands. Collectively this puts us in quite a strong influencing position as Midlands LPCs we will represent over a quarter of contractors. For instance a comment came up that we could influence PSNC to change its regional boundary to Midlands – we may or may not want to do that, but certainly seems to make better sense than the current EMSY. Furthering that influence point though – we would be in a strong position to get key people to come and present to us or listen to us, and benefit from economies of scale where it makes sense to do things once. I do not feel that this is relevant to us now since we will fall in PSNCs East of England area for regional representation.

Clearly it comes at a cost – running costs are a small amount of admin, IT and venue costs for meetings. Other costs are where West Midlands LPCs have say run joint contractor training as they did with their NMS series of workshops or backfill for any task and finish group work they do. It tends to be the same people doing the doing so historically a fairer way of managing time contribution.

The suggestion came that current CPWM funds equate to £3.00 per contractor so if East Mids LPCs put in a similar sum that would give CPM circa £7k as a working balance. They are working on a budget but think based on previous years that would last a year or two depending on work plan and further NHSE funding. Meetings are being planned roughly every 2-month with a couple of f2f meetings annually – venues have historically been in and around Birmingham, but we could suggest we have one east and one west. Our Notts LPC office is big enough to host in the East and just off the A46 so easy to get to. An updated TOR was produced.

Ideally it was best if we all joined, because then could speak as the voice of Midlands community pharmacy contractors. However I did not think that the meeting were a good fit for us and did not agree to be a part of it.

I have spoken to Lak and Carolynne already but am now seeking the approval of the committee to remain on the outside of CPM. I did not attend in September and November and have been invoiced for a little over £300. I did attend in January to sense check my thoughts. Two meetings to be held in a hotel in Birmingham have been arranged. I do not feel that it is a good use of contractor money, mainly because I think there is a big overlap of information.

### Virtual Outcomes

Amrit has just settled the annual invoice for Virtual Outcomes. At £2511 for Northamptonshire Pharmacies (paid for using NN CC funds), I am questioning the value of continuing the arrangement. Under 23% of pharmacies have accessed the platform and the national average (53 LPCs use the platform) is 46%.

### Independent Prescribers

Please can you let me know by email details (with consent) of any IPs in your organisations

### Inhaler recycling

Background...LPC are in receipt of £24,500 to promote recycling of inhalers. I have been working with 2 other LPCs in Midlands area who also chose to use their LPN funding in this way. Early on it was decided that anything other than a very basic campaign would not be possible with the sum of money available. We did scope working with eg Grundon waste management and also Terracycle. In the end we will pursue a campaign to encourage patients to return their used devices which will go in the pharmacies existing doop bins. My ICB colleagues Mini (new band 8) and Arti have now joined the group also to help me. We are currently exploring poster designs, a video, bag stickers and distribution.

## Finance report

Treasurer Report for November December 2022			
<b>INCOMINGS</b>			
November	£	13,999.99	
December	£	14,000.06	
Levys Total	£	28,000.05	
<b>TOTAL IN THE ACCOUNT AS OF 01/11/2022</b>			
		£	290,881.80
<b>TOTAL INS</b>		£	28,000.05
<b>TOTAL</b>		£	318,881.85
<b>TOTAL OUTS</b>		£	19,458.50
		£	299,423.35
<b>TOTAL AS OF 18/01/2023</b>		£	301,994.70
		£	6,785.43
		£	6,000.00
		£	18,994.00
		£	73,051.99
		£	154,574.82
<b>TOTAL</b>		£	42,588.46
			Pharmacy Integration fund
			MK council
		£	10,485.84
		£	8,508.16
			Northamptonshire council
			Nottinghamshire LPC
			NHS Northamptonshire
			Monthly running cost £12000
			Therefore currently 4 month buffer

## Strategy report

## NNMK LPC Strategy sub-committee PINS report (Progress Issues Next Steps) – Jan 23

Work stream	Progress	Issues	Next Steps	Timescale	RAG
Pharmacy Quality Scheme	<ul style="list-style-type: none"> <li>PQS Y4 and Y5 now announced</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Plan appropriate comms and plan for upcoming PQS</li> </ul>	Ongoing	Green
Stakeholder relationships	<ul style="list-style-type: none"> <li>Ongoing engagement for CPCF services</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Watching brief on contracts and roles as ICS formalises</li> </ul>	Ongoing	Green
Integrated care systems (ICS)	<ul style="list-style-type: none"> <li>IPMO submitted in NN</li> <li>ICS formation from July 2022 – further local plans to be shared in coming months on priorities</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>How does LPC best engage in ICS?</li> <li>Understand digital maturity of ICS and CP access to LHRC (where appropriate)</li> <li><b>Are we clear on ICS priorities for CP?</b> <ul style="list-style-type: none"> <li>MA to pick up with AMK to get NN + BLMK priorities 'down on a page'</li> </ul> </li> </ul>	Ongoing	Green
Primary Care Networks	<ul style="list-style-type: none"> <li>CP engagement with PCNs now less focussed</li> </ul>	<ul style="list-style-type: none"> <li>No current funding or focus from contract</li> </ul>	<ul style="list-style-type: none"> <li>Watching brief to understand further role but no immediate focus</li> </ul>	Ongoing	Red
Delivery of new services as part of CPCF and local services	<ul style="list-style-type: none"> <li>GP CPCS rollout continues</li> <li>DMS Progress on CPCF services                             <ul style="list-style-type: none"> <li>Hypertension, smoking</li> </ul> </li> <li><b>Y4/5 announced services: CMS, UEC CPCS and NMS expansion</b></li> <li><b>Roll out of Contraception delays</b></li> <li><b>NMS expansion to depression from April</b></li> <li><b>Cancer pilots taking place in other geographies</b></li> <li><b>Weight management as part of PQS</b></li> <li><b>IP pathfinders webinar 25<sup>th</sup> Jan</b></li> </ul>	<ul style="list-style-type: none"> <li>Need to be at the forefront of ICS integration</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor GPCPCS roll out as re-emerge from C19</li> <li>Understand insights and progress from recent GPCPCS implementation activity</li> <li>Communications to contractors re new services</li> <li>Engage with secondary care on referral processes into pharmacy (DMS/Smoking)</li> <li><b>Plan for upcoming CMS service, UEC CPCS and NMS expansion</b></li> <li><b>Engage with ICS on IP pathfinders</b></li> </ul>	Ongoing	Yellow
LPC review	<ul style="list-style-type: none"> <li>TAPR progressing well</li> </ul>		<ul style="list-style-type: none"> <li><b>Agree next steps from TAPR discussion and upcoming vote</b></li> <li><b>Need to likely agree NNMK views on strategic focus for committee set up post TAPR set up</b> <ul style="list-style-type: none"> <li>IP pathfinders?</li> <li>Cancer referral pilot wider roll out?</li> <li>Participation in Tier 1 + 2 contraception?</li> </ul> </li> </ul>	Ongoing	Yellow