

Community Pharmacy Lancashire & South Cumbria (CPLSC)

Minutes of Meeting 23.04.2024 9.30am – 16.32pm

Preston Biz Space, Marsh Lane, PR1 8UQ

Present (Board):

Michael Ball – Vice Chair (MB), Abid Malluk (AM), Ali Dalal (AD), Asif Adam (AA), Graz Amado (GA), Georgina Barber (GB), Khalid Khan (KK), Richard Wood (RW), Roger Balshaw (RB), Tahir Hussain (TH), Sarah Vaukins (SV)

Present (Microsoft Teams): N/A

In attendance:

- Mubasher Ali (MA) - Chief Executive
- Benjamin Fell (BF) - Treasurer
- Naomi Parker (NP) - Senior Business Support Officer

Chaired By:

- Kath Gulson (KG) - Executive Chair

Guests:

- Rob Severn (RS) - Company Chemists' Association LPC Support Manager
- Nicola Feeney (NF) - Delivery Assurance Manager LSCICB (Teams)
- Amy Lepiorz (AL) - Associate Director of Primary Care LSCICB (Teams)
- Nick Kaye - NPA Chair (Teams)
- Fin Mc Caul (FM) - CPE Regional rep Teams)
- James Clark - Pfizer Sponsor (Teams)
- Laila Khalid - Pfizer Sponsor (Teams)

Apologies for absence:

- Andrew White (AW) - Chief Pharmacist LSCICB
- Julie Lonsdale (JL) - Clinical Lead for Community Pharmacy Integration
- Peter Tinson (PT) - Director of Primary Care LSCICB

Absent no apologies:

None.

1. Welcome and Introductions

KG welcomed the group and confirmed Anothai Chareunsky is no longer a board member representative at CPLSC and this will be covered later on during the meeting KG, MA and the board members thanked him formally for his contributions during his tenure.

2. Apologies and Declarations of Interest

None given

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3. Matters Arising

None given

4. Confirmation of previous CPLSC draft minutes

KG confirmed the meeting minutes are currently very comprehensive and following on from the Governance & Scrutiny (G&S) meeting, the group have concluded and would recommend a more standardised and shorter version moving forward. The board agreed.

RB proposed minutes from previous meeting which were seconded by KK.

5. Action Log

MA tabled the action log confirming this is readily available to the board via Dropbox.

MA discussed all of the actions from the previous meeting, confirming developments and current RAG rating.

6. Financial Accounts

BF presented slides confirming end of year figures. BF confirmed we are where we should be, inclusive of some buffering. BF confirmed CPE have altered the financial boundaries and recommendations as per recent guidelines that the board reviewed. BF confirmed this is a minor change and zero-based budgeting has been completed several times to support with this as a matter of good financial governance.

BF tabled the financial accounts including levy holidays and the amount we pay to CPE has increased since the merger with South Cumbria.

BF tabled a slide regarding ring fenced money confirming this has now decreased significantly which is a positive.

MA confirmed there is ongoing funding left for PCN Lead activity and that we have had some recent interest with some PCN vacancies being filled. MA confirmed CPLSC will charge back for admin tasks undertaken where there is no PCN Lead for the area concerned in line with PCN lead activity being carried out where capacity allows.

Action noted

MA confirmed GPCPCS funding is being used for when the CPLSC team provide Pharmacy First training to practices. MA suggested that when this runs out, we can utilise Health Check and HLP as this remains a key focus and supports a wider impact of health promotion and uptake across contractors. AA confirmed we should use this as funding anyway, the board agreed. The group discussed how to support PCN Leads with ensuring their PCN is engaged with Pharmacy First.

Action noted

BF presented a slide around office costs. MA confirmed we no longer use the LMC as office space, this is now primarily a PO Box. MA confirmed the office team now uses MB office space on Monday's. MA expressed thankyou to MB and AM on behalf of the office teams and contractors for the cost savings being made due to the minimal charges having been encountered over the year.

MA tabled a slide around the financial accounts, including budgets and governance.

7. HR Closed Board Meeting and Setup

KG confirmed Anothai Chareunsky has now left, which now leaves an independent vacancy. KG confirmed the process as detailed within the constitution.

KG/MA confirmed that EOIs will be sent out and returned to the committee for review and will be planned taking note of the upcoming bank holidays.

Action noted

8. CCA strategic overview Rob Severn LPC Support Manager CCA

KG introduced RS.

RS tabled a slide with background and vision of CCA and gave a presentation regarding CCA priorities, including "Funding for today, Funding for tomorrow, Workforce and Local Support"

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RS tabled a slide regarding the strategic aim and the underpinning elements.

RS tabled a slide outlining the support available for CPLSC which included appointing high calibre members and ensuring that any vacancies are filled in a timely manner. RS tabled a slide with CCA objectives such as providing timely and up to date information via newsletters and relevant briefings.

RS discussed how the CCA offer bespoke advice and support via the CCA dedicated support team

RS presented “contact us” details.

MA opened up questions and gave thanks to CCA representatives.

MA discussed the locally commissioned Smoking Cessation Service offer across W&F as an example and the remuneration outlined in the SLA and how this has not changed for 15 years and asked for RS’s take on this.

RS advised that this ultimately down to the contractor to make the decision, however if committee feels the service is unprofitable, this should be circulated. RS stated that negotiation will play a key part and discussed anti-competitive behaviour. RS confirmed LPC represent the whole market and margin is crucial to the sector and under funded and unfunded effort must be made clear by LPCs.

RS stated that there are more technician led services being made available, some pharmacies are adding extra consultation rooms to be able to meet patient needs.

AA queried what was meant by funding for today, funding for tomorrow? AA stated that the CCA view the current model of funding for medicine supply as not sustainable. How does NHS want this service to be run? AA stated that the service is underfunded.

RS stated that Funding for tomorrow means that discussions are taking place at the moment to ensure that negotiations are fit for purpose. RS confirmed that as we are dealing with the government, this suggests that we are being imposed on. RS stated that we need to be delivering enough to ensure that the £645 million will reach the contractors. As this is new money, it will not solve all of the issues within the sector.

AA stated that the targets that have been set are unattainable and Community Pharmacy will not be able to deliver through no fault of their own and awareness should be raised via CCA.

RS confirmed that there have been some issues with some pharmacies not hitting the threshold. We need to identify the reasons for this, and this is where the LPC can support, to determine if this is a skill or will reason.

KG confirmed RS would be staying for the meeting and further discussions can continue throughout the day.

9. Associate Director of Primary Care, Chief Pharmacist, Clinical Lead for Community Pharmacy Integration, Pharmacy Delivery Assurance Manager (Please note apologies above)

KG introduced NF and AL as well as introducing RS as a guest.

NF gave updates on the Pharmacy First Medication Supply Service and the current SLA delays. NF confirmed that there is some work being done with PharmOutcomes to support with workload. NF confirmed the updates will be shared as soon as possible.

NF confirmed that there are over 7,000 referrals coming in from GP surgeries. NF confirmed that there are discussions moving ahead to find out why some practices aren’t utilising Pharmacy First.

NF discussed the Blood Pressure service and Oral Contraception in conjunction with surgeries.

GB queried why some practices are not engaging with Pharmacy First.

NF confirmed that they have only recently been given access to the data and this piece of work hasn’t started yet.

GB queried what the timescales are for engaging with practices

NF confirmed this will be taking place imminently and this shouldn’t be a long process.

MB queried if there were many practices.

NF stated not many but there are some that have only sent minimal referrals so these will be targeted also.

AL confirmed there are conversations taking place at a higher level to find out why practices aren’t taking part.

KK queried how to raise concerns when we receive details around practices not looking to engage in Pharmacy First because they aren’t getting paid.

NF confirmed this should be brought to MA’s attention so this can be raised at the steering group

TH queried when will the formulary be released.

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NF stated that there is no set date as of yet but this will be shared with MA as soon as possible, the current ambition is to have this released by the second week in May.

AM queried how many surgeries are sending one or two referrals daily and will be ICB be engaging with care navigators and receptionists to increase referrals.

NF confirmed there are Place Based Leads to support who will also work closely with MA and NP to improve referrals. NF confirmed the EMIS local referral button is part of the IT GP funding, this will remain part of the IT. ICB are realising we need this integration between GPs and pharmacies. NF confirmed we are the only ICB to have this agreed.

MA expressed a massive thanks to the ICB colleagues not just on behalf of contractors with the risk impact on referrals but also on behalf of our GP colleagues since this saves their care navigation teams unnecessary NHS mail email trails. MA raised the question around ongoing Pharmacy First training funding for our contractors as core members of the Primary Care Teams.

NF discussed the Pharmacy First training sessions; this query was sent to JL who advised there is no funding in the ICB to support training. CPPE have training with many resources. NF confirmed we need to see what happens with workforce group.

NF discussed DMS confirming extensive update sent from Julian Wyatt. AM confirmed there have been double the number of referrals from R2P and MA heavily involved.

NF queried if this is joined with MYS, MA stated not yet but this is part of next steps.

NF discussed covid supply service, stating that the SLA has expired but the service is still up and running with 15-20 going into pharmacies each month and an update will be given next week.

NF discussed Market Entry applications confirming that there is a delay on the Fitness to Practice. NF stated that the ICB will be looking at process and how this can be made faster.

AL discussed the Primary Care intranet page and this has been done for all 4 primary care contractors. This will be rolled out in approximately 2-3 months.

MA confirmed conversation with RA Andy Nott and this is now a weekly meeting. MA discussed the advancements with chat bots and an update will be provided at the next ICB catch up plus a fully refreshed and newly agreed escalation process for our contractors.

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JC and LK tabled a slide on Vydura (Rimegepant) in migraine and the National and Local Migraine Landscape

JC discussed the prevalence of migraines and that it is bigger than diabetes and asthma combined. JC tabled a slide highlighting the amount of time healthcare professionals take dealing with headaches. JC tabled a slide around the support of health providers and community services and that this can reduce long waiting times in Urgent Care and improve patient care. JC tabled slide regarding acute treatments. JC confirmed there is a tablet that can be dispensed into Community Pharmacy at different strengths for acute cases and higher frequency treatment.

11. LPN Chair Update

KG tabled a slide regarding LSC Pharmacy Access Plan, NHS priorities and planning 24/25, LPN meet and greet and LSC draft medicines strategy.

KG tabled a slide around the Pharmacy Access Plan Steering Group. KG stated that the group brings clinical knowledge and data which supports in operationalising activities across ICB to ensure Community Pharmacy is promoted.

KG confirmed that the purpose of the group is to support and help facilitate in making things happen for Community Pharmacy. KG discussed membership of the steering group as well as subgroups.

KG discussed the current activity including data screening. KG confirmed the data is very difficult to use at the moment. KG discussed successes so far which has included obtaining backdoor numbers for GP surgeries, increasing knowledge of Place Based Leads, links into ELHT, LSCFT and NWAS. KG stated that the aim of the steering group is to embed behaviours across ICB about utilising Community Pharmacy. KG confirmed this also includes Oral Contraception and Hypertension Case-Finding Service.

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KG tabled a slide regarding NHS priorities and planning 24/25. KG confirmed that Pharmacy First is in the first bullet point of the foreword. KG tabled a mixture of the priorities that apply to Community Pharmacy.

KG discussed the objectives to include Hypertension.

KG discussed LPN meet and greet taking place on 11th June at 7pm

KG confirmed ICB team have opened themselves up to discuss Community Pharmacy. KG stated that this will be a listening exercise and the LPN are looking to make the most of this opportunity for them to learn. KG discussed what the board think contractors may want to take away from the session.

KG tabled a slide regarding the “Big Conversation” confirming that this is a large-scale engagement session for primary care and an opportunity to build connections for collaborative working across the whole footprint.

KG tabled a slide around the draft Medicines Strategy for LSC, aims and principles. KG discussed points such as the best use of medicines so it is safe and personalised for the patient. KG confirmed it is useful to know there is a new strategy focused around safety and what is right for use across the ICS.

12. Social Media Sub Group update

KK tabled a slide around new channels and went through the agenda points. MA highlighted the importance of outreach and exposure across our footprint, especially in line with the current financial situation and political landscape.

NP tabled slides on social media presence and gave an update on the increase of engagement across all 6 social media platforms.

NP gave examples of the posts with the most views and engagement. NP requested that the board members continue to share and like posts to increase our exposure and drive important messages through to our contractors and the public.

NP tabled slides with CPLSC’s latest videos which were used as a pilot to test engagement, confirming that this works well. The board agreed that if there is enough capacity, the team should continue to create videos covering various topics such as NMS as well as more hard-hitting content.

NP tabled a slide outlining the top three social media contributors.

13. Contractor Support update including Pharmacy First LPN update

NP confirmed that due to lack of data around Pharmacy First referrals, the office team has had to adapt and realign their efforts in contractor support. NP tabled a slide outlining the increase of e-mails from February since the launch of Pharmacy First. NP confirmed that the CPLSC team had received a total of 3,998 emails and a total of 1,650 had been sent between February and April.

NP tabled slides around VoIP statistics, confirming there have been zero missed calls in the month of April even whilst we are aware that multiple VoIP lines are normally in use at the same time.

NP tabled slides around contractor queries that are received, confirming that most queries come from contractors or managers, but there has been an increase in queries from GP surgeries engaging with the Pharmacy First Service.

NP confirmed that the biggest percentage of queries relate to Pharmacy First.

NP tabled slides around contractor feedback, confirming that a survey has been added to all of the CPLSC teams signatures and this is also sent directly to as many contractors as possible after a query has been resolved. NP confirmed the team have received very positive feedback up to this point with 100% of contractors who completed the form feeling fully supported.

NP tabled a slide around newsletter and website statistics, highlighting the top pages as CPLSC Pharmacy First Resources and Aide Memoires for GP Teams.

NP tabled slides on contractor visits, confirming that 75% of the most recent visits were to independent pharmacies, 19% were to CCA and 6% were to AiM.

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NP tabled slides with the new caption designs having been created following on from the visits which are used for social media content, confirming that these posts are always tied into a service discussion that had taken place during the visit.

NP tabled a slide outlining the main focus points being: Pharmacy First, Hypertension, New Medicine Service, Smoking Cessation and Non NHS Funded Services implications, such as free medicine delivery.

MA tabled slides regarding brief Pharmacy First statistics from GP referrals. MA tabled a presentation around referrals by day, age and gender, pathways, consultation outcomes, presenting complaints.

MA tabled a slide around GPCPCS and Pharmacy First impact.

KG tabled a slide around the Executive Chairs Letter to Contractors and discussed how this shone a positive light on the events held by CPLSC for contractors and how on the back of extensive negotiations and background work by MA, most of the event was funded which meant contractors were provided a levy holiday.

LUNCH (including CPE update)

15. Update from CPE Regional Rep – FM (TEAMS)

FM tabled a slide regarding the CPE April Committee meeting and provided a summary. FM confirmed that the results from the Pressures Survey have now been received.

FM confirmed survey suggests that only 5% of pharmacies reported that their business is profitable.

FM tabled a slide outlining Plenary discussions. FM discussed the Community Pharmacy Workforce Development Group.

FM tabled a slide around subcommittees and detailed work – Funding and Contract (FundCon) Subcommittee.

FM tabled a slide around subcommittees and details of work including the Legislation and Regulatory Affairs subcommittee, stating that they have reviewed the initial rollout phases of Pharmacy First, IT issues and areas of risk.

FM tabled a slide regarding Terms of Reference for new forum of LPC Chairs.

FM tabled a slide around Communications and Public Affairs. FM discussed negotiations for CPCS 2024/25. FM confirmed CPE have been robust in going back to them and negotiations are still in progress.

FM discussed the confidential negotiation points

FM tabled a slide regarding Governance & People Subcommittee.

FM tabled a slide depicting governance changes. FM provided key dates for 2024 and LPC input.

FM opened up Questions

AM queried funding differences between primary and secondary care.

FM confirmed the challenge we have is people have become more ill due to implications of covid.

MA gave highlights on the most recent ICB papers that emphasise the need to shift secondary care down to primary care providers and DMS being such an example being used by CPLSC to ensure progression for our contractors.

BF queried Pharmacy First and the gateway people to be hitting threshold, can this be changed to consultations as we do not know how many people reach gateway.

FM stated that NHS England will not enable that change. As more people become aware of Pharmacy First, the easier it will be to hit targets

AA queried how do we know who hasn't met the gateway through self-referral as these aren't logged?

FM confirmed there have been mechanisms put in place such as the Pharmacy Audit to try and capture data.

FM stated that the Pre-screening tools are not as robust as it is too early in the market. FM stated that they will be using the Pharmacy Audit as this is the mechanism that has been used for the previous 2 years and this is the base line information to go off.

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14. Market Entry

NP/RW tabled slides around Market Entry, confirming the previous applications from the last meeting as well as closures and change of ownerships.

NP tabled a slide outlining closures and a more focussed view of dense areas including Preston and Blackburn.

NP tabled a slide with ongoing applications.

RW/MA discussed several regulatory matters with the board with regards to current applications for a wider agreement and progression.

MA made note to recent support for contractors who have subsequently been successful in appeals.

NP tabled a slide with the updated Market Entry tracker, confirming that this is a robust process that is kept up to date and that the CPLSC team are aware of the process.

Board members all discussed and agreed relevant next steps.

Action noted.

16. NPA strategic overview Nick Kaye Chair NPA (TEAMS)

KG gave introductions to the group.

NK confirmed NPA is a collaborative organisation.

NK discussed Pharmacy First and confirmed he was able to reach parliament to discuss these points. NK stated that Community Pharmacy will be a key player in Primary Care.

NK discussed the upcoming election and the Community Pharmacy manifesto.

NPA engaged with CPE independent representatives to support and move the relationships forward.

NK discussed the Supervision Service and stated that this is heading in the right direction.

NK opened for questions

MA queried what would be the top three elements to focus in terms of activities over the next 6-12 months across contractor groups.

NK confirmed NPA's key priorities are to make Community Pharmacy important to an electorate and try to promote local innovation. NK confirmed there will be a deep dive on Community Pharmacy resilience in June, this will be used to highlight that medicine supply isn't working.

MA stated that margin implications are being tested by the National Minimum Wage increase and public health is struggling. MA discussed the Smoking Cessation Service stating that the remuneration is not sustainable and the advice given by the CPLSC is clear that it is a loss making service and urgently needs more funding. Would the NPA be in favour of that?

NK stated that NPA isn't CPE. NK stated that Community Pharmacy need to stop providing underfunded and free services unless it makes a financial return. NK stated that NPAs job to optimise service.

AM queried if there are there any regional plans to support regional policies and not just national?

NK stated that we need to get linked in to lots of other people, the NPA are transparent and all papers are viewable. We need to Link back to national to create good networks. NK stated that Local commissioning will become more important as local systems have more flexibility but many face local funding challenges.

KG queried how the Let's Get Together meeting went.

NK stated that it is important that people like getting together and for the NPA board to be scrutinised and be asked the more difficult questions.

14. PNA Update (part of Market Entry shift in agenda)

KG provided a PNA update and tabled slides confirming work will now need to commence shortly for the 2025 PNA. KG confirmed that both KG and MA sit on the PNA steering group to ensure effective representation on behalf of our contractors. KG stated that the PNA presents on demographics, health priorities and local population. KG stated that this piece of work is used as decision making tool by the ICB in response to market entry

KG tabled a slide outlining the current Pan Lancashire PNA 2022 states that provision is sufficient across the three HWBs.

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KG presented a table with a breakdown of the number of pharmacies in comparison to the number per 100,000 population across Blackpool, BwD, LCC, England and North.

17. Governance & Scrutiny Sub Group update

RB tabled a slide regarding Governance and Scrutiny Sub Group Update.

RB confirmed the Directors & Officers management type insurance.

RB tabled a slide around CPE levy adjustments, due diligence challenges made by MA and that final amounts have now been accepted.

RB gave an update around PharmOutcomes MFA concerns review and contractor impact and extensive challenges made by MA on behalf of contractors.

RB discussed the Board Meeting minutes and confirmed these will now be realigned to topline minutes

RB discussed the Vision Document finalisation.

RB discussed Terms of Reference for CPE document, the key addition was taken on board but rest was in line or more stringent.

RB stated that CPLSC should include a newsletter article for the MFA plans around NHS Mail

The group discussed MFA.

RB discussed Terms of Reference around complaints regarding CPLSC members. RB confirmed there was a previous discussion around who needs to be present at Governance & Scrutiny meetings to ensure the group are quorate.

RB discussed the Health & Safety meeting with Work Nest and policy changes.

RB stated that accountant fees have increased slightly with expected annual rise, which now includes QuickBooks payment.

MA discussed RCA tool which is useful to take learns when issues arise.

RB discussed PCN lead activity, claiming log and what is appropriate to claim for and meetings which shouldn't be included. MA confirmed that a 3 month timeline in terms of claiming will prevent a large backlog.

Action Noted.

MA discussed the RA escalation route and that a conversation has taken place with Andy Nott to support with Smart Card issues. MA confirmed that CPLSC will become part of the escalation route. AA confirmed this is now working and the experience with the Smart Card team has gone from no contact to same day resolution, showing a big improvement.

MA tabled a slide regarding Forum of LPC Chairs in England TOR. MA confirmed commentary will be circulated.

Action Noted.

18. Services Sub Group Update

AD tabled services sub group update. AD discussed CGL update, confirming the webinar is available on YouTube. MA confirmed delay on SLA from CGL. AD confirmed SLA is much better than the previous one. MA confirmed this covers supervised and unsupervised and money is not being taken from global sum.

MA confirmed several positive adjustments have been made including remuneration and skill mix after years of continued rollover.

AD gave DMS update which included rates of DMS completions. MA presented DMS graphs, showing that referrals are starting to grow. MA confirmed we have financial sign offs for the rest of the hospitals. MA tabled a graph stating that more pharmacies are being sent referrals.

MA tabled a slide showing ICB Benefits Analysis. MA stated that contractors are doing the work but not claiming.

AD raised the point of MFA issues, stating that it had been discussed in the Services Meeting as to whether there was a means of compensation for contractors with regards to not having access to PharmOutcomes.

AD confirmed support has improved, and there has been communications released to contractors with instructions on where they can fix this themselves rather than having to go to Pinnacle.

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MA discussed BwD Public Health. – EHC, NRT, Spark Horizon contractor meeting and council update latest on extensive challenges. MA confirmed contracts were sent out day before Easter, when contractors were already under pressure and board member discussed and noted next steps to continue negotiations for effective return for our contractors.

Action noted

MA discussed South Cumbria CHEST NRT/EHC/Flu Council, confirming we have continued with the CHEST format, this does have its benefits but it is long winded. MA stated that we have rejected the NRT offer.

MA confirmed we are on Cumbria & Lancashire Public Health collaborative Alliance group. There is a Hypertension workshop involved in local joint pilots such as barbers.

MA discussed UEC Pharmacy First pilot being progressed alongside ELHT local push for more contractor referrals. MA tabled Minor Illness pathway flow diagram. MA tabled flow chart with Emergency Department pilot.

MA tabled a slide regarding SCS confirming CSU are no longer involved and Julie Lonsdale has taken this over.

MA tabled a slide around LCC NRT latest agreement for PO and continued Direct Supply and the ongoing continued delays due to PharmOutcomes but our agreement has been made for a better and more feasible SLA.

MA tabled a slide around EPS from secondary care outpatients to Community Pharmacy.

MA tabled a slide around Pharmacy First posters.

BREAK

19. CPLSC Vision Document finalisation

MA tabled a slide around a Vision for Community Pharmacy and ensuring we stick with the one pager overview. MA confirmed comments from the team and ICB.

MA tabled CPLSC Plan on a Page and highlighted the colour codes and their meaning.

The board made several comments which were noted and amendments are set to be made.

Action Noted

20. Branded Generics & Shortages

MA tabled a slide regarding branded generics confirming we have a seat at LSCMMG Meds management group.

MA confirmed we are waiting for ICB documents and approval of the all-important ICB position statement on branded generics.

21. Contractor Services Support

It was agreed current CPLSC activities to continue as per the updates noted earlier in the meeting and this agenda item to be reviewed in more detail at the next meeting.

22. Any Other Business

KG gave an overview of DPP's and the process surrounding this.

KK discussed the issue is asking contractors to identify themselves as DPP but they are unaware of what this means.

AA confirmed guidance is available.

KG asked what the committee would like from a 1 hour session, with Peter Tinson, Amy Lepiorz & Nicola Feeney regarding what changes can be made locally? KG asked the group what would good look like?

KG confirmed there will be a presentation to start a discussion and this will take place remotely.

A brief discussion around questions for members took place

Action Noted

MA queried if there was a steer around social media followed by a discussion from the group and if capacity allowed to continue with video content, especially for topics that require a deeper context such as pressures and non-NHS funded services.

MA confirmed that the Services Subgroup have lost a member and GB will now join to fill the space.

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MA discussed confidential contractor updates with the board members as a closed session

MA tabled an email from Paul Elwood – Senior Medicines Optimisation Pharmacist. A discussion around the email and response took place around delays in pharmacies dispensing prescriptions that have been sent from GP Practices. MA confirmed this will be sent via WhatsApp for the board to make comment on ahead of a response being sent but a reply has been sent asking for more specific information to allow a follow up.

MA discussed CLOT and CPE conference. The CPE conference will be attended by MA, AD, KK, MB and AM

KG thanked everyone for attending and confirmed next meeting in July

CLOSE 16.32

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