Community Pharmacy Lancashire & South Cumbria (CPLSC)

Minutes of Meeting 11.02.2025 9.30am – 16.30pm
Preston Biz Space, Marsh Lane, PR1 8UQ

Present (Board): Michael Ball – Vice Chair (MB), Asif Adam (AA) Roger Balshaw (RB), Ali Dalal (AD), Tahir Hussain (TH), Ravi Voruganti (RV)
Present (Microsoft Teams): Khalid Khan (KK)
In attendance:

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

Chaired By:

- Kath Gulson (KG) - Executive Chair

Guests:

- Peter Tinson (PT) - Director of Primary Care LSC ICB (Teams)
- Amy Lepiorz (AL) - Associate Director of Primary Care LSCICB (Teams)
- Cheryl Brassington (CB) - Pfizer (Sponsor)
- Laila Khan (LK) - Pfizer (Sponsor)

Apologies for absence:
Georgina Barber (GB), Abid Malluk (AM), Abigail Hughes (AH), Richard Wood (RW), Sarah Vaukins (SV)
Nicola Feeney (NF) - Delivery Assurance Manager LSCICB
Andrew White (AW) - Chief Pharmacist LSCICB
Julie Lonsdale (JL) - Clinical Lead for Community Pharmacy Integration LSCICB
Fin Mc Caul (FM) - CPE Regional REP (Teams)
Absent no apologies:
None.

1. Welcome and Introductions
KG welcomed all board members and confirmed all those who sent apologies and those joining via teams. KG confirmed did anyone have any proxy votes – RW had given their vote to RB.

2. Apologies and Declarations of Interest
KG confirmed apologies and no declaration of interests given.

3. Matters Arising
KG confirmed there were no matters arising.

4. Confirmation of previous CPLSC draft minutes
KG confirmed that another packed agenda lay ahead and confirmed previous minutes as an accuracy check. AA confirmed them, and TH seconded the motion.
MA confirmed that relevant board members had sent in comments regarding agenda points due to absence.

5. Action Log
MA tabled and took the board through the CPLSC team actions log and confirmed all adjusted RAG ratings and movement since the last meeting with particular emphasis on the red rating for continued lack of all and any PF/BP/Contraception data via ICB and now also having lost the GP referral stats.
MA discussed the amber actions and confirmed completed actions. MA confirmed IP Pathfinder Go Live date.

6. Actions/Activities to note since last meeting

MA tabled another 49 actions to note since the previous meeting, which had been circulated to the board in between meetings for approval and actions which included items such as, multiple Power Up Event principles/agreements, Contractor Levy Holiday, CLOT agenda, 10-year NHS vision, BBC radio Lancs extended MA session, Primary Care Director meeting, National CPE conference, CPLSC and LSCICB PCN leads MOU and JS, PCN leads support meeting and data, NWLPC collaborative meetings (agenda item)

7. LPN Chair Update

KG confirmed draft version of ICB vision for Community Pharmacy (CP) for next 5 years.
KG tabled a slide for the CP vision
KG confirmed that communications were sent out asking for suggestions to Primary Care & Secondary Care
KG tabled a slide confirming that the vision is particularly aimed towards CP and optometry – a national specification not commissioned by the ICB.
KG confirmed that the LSCICB have gone into special measures
KG tabled a slide confirming we have support from Local Authority, ICB Planned Care Teams, Place colleagues and Wider Primary Care.
KG discussed the "left shift", pushing services out of secondary care into primary care.
KG tabled a slide highlighting generic themes across Pharmacy, Optometry and Dentistry (POD).
KG confirmed that core services need to be integrated and that CP needs a digital infrastructure.
KG emphasized the importance of maximising existing services such as the nationally commissioned services, and ensuring the system supports the delivery of these from primary and secondary care, including referrals. KG acknowledged that a larger communications plan is necessary to help the population understand why they should go to pharmacies.
KG confirmed the need to fully integrate CP into Integrated neighbourhood teams (INTs) and at the system level, ensuring that we are utilising the CP skill set to provide support.
KG tabled a roadmap focusing on communications to encourage the community to utilise CP.
KG provided a review update of services.
KG tabled a slide regarding the need for local improvement quality schemes confirming that this needs funding.
KG confirmed that proper funding is needed for 25/26 and setting the stage for 26/27 and queried how we develop a range of services to shift patients from secondary care into CP.
KG confirmed that it is vital that the workforce in a state of readiness.
27/28 will focus on new pathway models, with proper funding, aiming to maximise services.
29/30 will work towards integrating services into networks and maximising the use of teams, so patients know where services exist.
KG tabled feedback from dental regarding prescribing in care homes. PT asked for a list and KG confirmed that commissioned services that can be accessed and delivered by CP are available.
KG discussed the need for communications to make it easy for people to use these services, making the desired behaviour the simplest path.
AA suggested changing "easiest" to "only route" and recommended including this in the communications.
KG tabled next steps: the visions are in draft form, and further engagement at many levels is required.
Consideration of primary care in totality is needed, along with refining and finalising the vision.
Costing and resource consequences for commissioning and mobilising these plans need to be considered.
RV queried whether hospitals could refer and asked about communications around Pharmacy First (PF).
KG confirmed that ELHT could refer, but the pilot has been cancelled. KG also confirmed that the ICB wants the intranet to be the main interface between the ICB and CP – the commissioner to CP. KG confirmed that broader communications using ICB systems are being looked into and that other comms routes and different channels need to be explored.
RV queried whether campaigns have been effective.

AA noted that mapping is valuable, but ownership and data usage are crucial to map services out to CP – understanding who is accessing services and where they are going. We cannot make progress without data. We need to know who is triaging patients who could go to CP but are still having doctor's appointments. This needs to be quantified, as the ICB does not quantify it.
AA confirmed that advertising helps, but giving people too many options is hindering referrals.
TH emphasised that data allows us to ask important questions. Triage and training at services are key, although staff turnover makes this challenging.
AA mentioned that the ICB is cash-strapped because of actions taken. The ICB needs to decide what roles are needed, who is accountable, and who is responsible.
MA confirmed statistics to show if advertising has worked. Boots and Well are specialists in marketing – this has been maximised and now extending into social media realm. MA suggested raising this when speaking to PT.
MA discussed attrition and place-based leads, confirming a strong working relationship with Rachel Dean. MA confirmed we have been asked to take part in a 2-hour training workshop for surgery teams.
MA confirmed CPLSC are visiting surgeries to deal with attrition and provide refresher training to maintain the maximum level of support for surgeries and referral numbers for contractors.
MA confirmed that reviewing activities is on the roadmap, but there is no data. The ICB is directing surgeries to CPLSC, but we are operating without clear data and very disjointed.
MA confirmed that MA as CPLSC provided a whole host of future roadmap suggestions to Nick Barkworth regarding funding, future service opportunities, shift from secondary to primary care options as well as many Meds Ops activities that could also be delivered by our Community Pharmacies.
KG asked for any thoughts to be sent in.

8 . Board Setup – PCN development group / CPE Forum of LPCs Vice Chair

MA tabled a slide on Board Set Up and wider discussions on CPLSC planning.
BF queried who Jane Brown was, as BF had a question about CP being able to share the pot available to other organisations for IP pathfinder and CP training needs.
KK explained Jane Brown's role and confirmed that NHSE claims CP is an integral part of Primary Care, and we should hold them to that.
MA advised BF to request JL to include the question in the workforce development meeting.
MA tabled a slide and updates on the Primary Care Transformation Programme Group and in particular the PCN delivery group TOR and membership challenges around Community Pharmacy playing a core and continued role and without collaboration it does not allow the term PCN 'Network'.
MA confirmed that senior leadership is involved in ensuring a review and we need to try and change the narrative.
MA tabled a slide on an email from Practice Manager relating to a contractor outside our jurisdiction and followed up via North Yorkshire LPC.
MA tabled a slide on the Ballot to elect Vice Chair of the Forum of LPCs for Community Pharmacy England (CPE) which included Janice Perkins, Paul Jenkins, Rachel Solanki, Rebecca Butterworth and to be noted that Janice Perkins was elected.
MA discussed the independent observer position with CPE, which was discussed with a LSC contractor group in the last week of October 2024. MA confirmed the group considered this but decided to opt out, and the seat has now been taken.
MA tabled a slide on questions raised with Peter Tinson around data and the implication of extensive man power and costs needed to best support contractors being blind to live data sets in line with other local LPC colleagues.
MA confirmed the questions raised were about the lack of data on both national and local services.
MA confirmed that other LPCs local to us have full access and are able to support their contractors. The ICB has stated this is a governance issue, and MA has emailed to clarify that no patient data is required—just basic information regarding where the referral has come from and to which pharmacy on what date.

AA confirmed there are workarounds and use of the data to help support contractors who are struggling financially is critical. MA confirmed several options have been suggested, but none have been successful since Feb24 when full access that CPLSC did have was revoked.
MA confirmed that CPE has not commented on wider PharmOutcomes (PO) access options.
MA tabled a slide with a query around concerns relating to verbal referrals.
MB queried if we need something auditable around tracking verbal referrals.
MA confirmed that a CPLSC WhatsApp poll is proposed, to see where this is coming from and raise at the access group.
MA/MB confirmed any informal referral from practice should be tracked.
MB confirmed that if the patient makes contact with a surgery, then a formal referral needs to be sent.
MA tabled a slide around the hypertension case finding service and concerns raised with PT around duplication via a possible GP local DES service agreement.

9. LSC Chief Pharmacist / Integration and Workforce Lead Update

MA confirmed that questions had been sent ahead of time to AW and JL, NP confirmed no response has yet been received. MA confirmed that the main question was regarding the investment that has been put into the workforce and required confirmation that this will not affect the contractor-agreed retained margin by actively switching medicinal items at the practice level to save costs with the assumption being it will be secondary care focussed.

BREAK including Pfizer Presentation

LK gave update on Vydura.
CB confirmed that 1 in 7 people suffer from migraines and tabled several slides depicting key stats and the level of support that Vydura is able to offer to patients.
Several updates continued around the clinical effectiveness vs other regimes and costs basis.
MB queried if this is specialist led.
LK clarified that this is an NHS product, which can be obtained for free.
LK confirmed the costs.

10. Market Entry

MA tabled the latest updates and RAG rating of the actions template and confirmed a continuation of Change of Ownerships (COO) are being seen.

11. Director of Primary Care / Associate Director of Primary Care & Pharmacy Delivery Assurance Manager

KG welcomed PT and AL
PT confirmed that the letter regarding ICB being placed into special measures has been circulated. LSCICB is one of the most financially challenged ICBs since its inception and has been placed into special measures. PT confirmed that other provider organisations, such as hospital trusts (Blackpool, ELHT, Lancs), are also in special measures and will receive intensive support.
ICB is in a serious position. NHSE recovery directors have been appointed to work closely with ICB to take a detailed diagnostic view of the ICB's position and identify where savings can be made. Most of the work will be focused on secondary care, which is disproportionately funded compared to primary care. PT discussed discretionary funding, including PCN development funding, and anticipated that a strong case will need to be made to retain it. Sharp focus and attention are required on what these plans could mean for Primary Care.
There is good work underway around the 2030 roadmap transformation, looking at the best ways to address the difficult financial context. PT will look into more details regarding what the 2030 roadmap will look like.
AL confirmed not many local services are commissioned
MA what commissioned services will be stopped – PT confirmed unsure of what that will look like. PT confirmed no significant focus on Primary or Community services at this stage.
PT confirmed that support from CP may be required moving forward.
MA asked PT to address previously sent queries. Regarding critical data access, localised marketing and the Pharmacy Access Group's comms plan.

PT confirmed that he loves the posters and have landed well and have been welcomed, with the potential for a large-scale rollout. However, PT noted that many practices don't fully understand what is available.
AL discussed the implementation side of the plan, particularly the rollout of Pharmacy First. Dedicated members of the team will be working with GP practices – as many pharmacies as possible that are registered to Pharmacy First, Hypertension Case Finding and Contraception. AL confirmed that a piece of work is going on in terms of surgeries that need to be targeted.
They are targeting surgeries in Blackpool where referral rates are low, as well as rural surgeries. The team is mapping key areas for focus, and comms will be led by KG.
AL queried how we engage with family hubs and local authorities – creating demand for services and ensuring referrals are being sent.
MA confirmed that marketing materials are available and can be put together for schools and remote areas.
MA raised concerns around the Advanced services PO live data access being revoked since Feb 24 and prior full CPLSC access was used to support the best patient outputs and contractor cash flow risks. MA confirmed that based on the monthly £1k PF threshold risk, over a £million pounds of cash has been lost by contractors and no doubt even more as we are only going off the three-month-old GNHSBSA datasets. Positive and forward-thinking actions are being taken to improve referrals, but the main issue remains being data blind and this meaning huge man power and additional costs needed to help cover one of the biggest patches in the country.
AL confirmed that the Information Governance (IG) team states that data cannot be shared, and an open conversation is needed to figure out how to move forward as well as team capacity issues at the ICB. At present, IG has given clear instructions that the data cannot be shared in its current format.
PT confirmed that before sharing data, sensitivity checks need to be done. He suggested that surgeries and CPs should work closely together, and the data could help identify who needs support. PT confirmed he is happy to explore how to provide some data to support, but it needs to be confirmed with the LMC that no sensitive data is involved.
MA confirmed that without this data, approximately £1.6 million has already been lost in national funding. MA emphasised that no patient data is required—only activity data, which would support CPs.
BF asked if capacity has been quantified, as the cost of lost data is staggering in terms of what is lost – the data would pay for itself.
AL confirmed can ask NF - cannot provide live data while removing patient data, but there may be a work around where something can be funded and a conversation can be had around this
MA confirmed we want to work collaboratively. MA confirmed several surgery visits are again booked but there is a disconnect between LPC and ICB and we are blind on services data that we are supporting to improve patient outcomes across LSC.
MA highlighted that CPLSC have still not had any data on the agreed PF Minor Illness service following the negotiations and CPLSC are again at a huge disadvantage in support of our contractors who may well be missing out on supply and support options.
AL confirmed that aggregated data should have been shared and will be sent over.
MA raised a query around hypertension case finding service and queried what the plan is for locally commissioned services for GP services to avoid cash loss and duplication.
PT confirmed two buckets of locally commissioned services for April next year but still waiting for feedback on the specification. PT confirmed that the final draft version of the spec would be shared in the coming days where feedback would be welcomed and subject to discussion.
AL confirmed gaps on register are filled and CP will contribute to the work on hypertension, integrating CP into this would be a win-win situation.
PT clarified that multidisciplinary teams (MDT) and the make up of these are varied in terms of maturity across LSC so not to expect too much too quickly.
PT and AL left the meeting.
MA discussed the meeting.
AA confirmed precedence has been set with other LPCs which hasn't been followed.
MA confirmed the estimated costs via a PO licence to obtain data.

MA tabled slides of the national NHSE Pharmacy First Operational Report showing 85% for November 2024 in the North West.
MA confirmed there has been no data for a year but the training and groundwork from CPLSC has been exceptional to be in the top markers for referrals being sent with data showing LSC Practices referring at 88%.
MA stated that NHSE data has been deemed unverified by NF and the information will not be shared.
MA shared data percentage for Clinical Pathway performance. MA tabled a graph depicting the £1k vs threshold month on month (MoM) for LSC and CPLSC contractors that are achieving the threshold.
AA confirmed that it is getting worse as the data is missing for the last 3 months.
MA confirmed that the main focus is to elevate the number of clinical pathways which can be driven with marketing.
MA tabled the GP patient survey showing 87% of patients had a positive experience in CP, based on a national survey with 700k responses.
MA gave update on pre-registration trainee pharmacy technician (PTPT) and confirmed this was covered at the skills mix portion of the Power Up event.
MA confirmed funds from the ICB and it is our job to ensure this is funnelled into CP.
KK provided Oriel Update, confirming no concerns from LSC, with good numbers and flexibility within the LSC system.
MA confirmed that 107 placements were accepted on Oriel, an increase from previous years.
MB asked how this compares to previous years.
KK explained that multisector placements may pose challenges in future years, and chains may pull out.
MA confirmed that JL is recruiting workforce leads, which should be part of their role.

12. Board Services Workshop Update and Actions

MA tabled proposal and activity slides following on from previous workshop.
MA confirmed that the actions that have taken place since the last meeting has been driven from the workshop.
MA tabled a slide with prioritised next steps and CPLSC board debated ongoing options.

13. Office & Contractor Support update

NP tabled Voip system statistics confirming that over 900 calls have been made to contractors since the previous meeting, despite the lack of data with several support principles and call backs being made.
NP tabled slides around website statistics, highlighting that the CPLSC Power Up page is in the top 5 pages most used and as this was a one-off event, showing that the marketing around the event was successful.
NP tabled newsletter slides confirming that one of the most popular newsletters was around the Pharmacy Contraception Service, which gave CPLSC evidence that there was a definite appetite for the CPLSC Power Up event.
NP tabled slides around contractor visits – confirming that 18 site visits have been made since the previous meeting, which have been predominantly independent Community Pharmacies.
NP tabled slides around stakeholder events that have been attended by CPLSC including the Best Practice Show and the Pharmacy Show amongst many others.

14. CPLSC Power Up Event

NP tabled the CPLSC Power Up highlights video
NP tabled a slide with an overview of the stakeholders involved in the event, confirming the collaborative work had a fantastic impact on the event, providing contractors with a diverse selection of workshops.
NP tabled a slide outlining the various different sponsors.
NP tabled a slide with the various developments for the event, including CPLSC banners which will be utilised for other meetings as well as other key contractor support material such as PF flyers etc
CPSLC board reviewed the successes and future strategy of the event.

15. HR sub group & CPLSC Closed Board Session

Frequency of meetings and quorate attendance needs was discussed plus costs and the live and regular updates and agreements via internal CPLSC groups.
BF confirmed that the level of activity that has happened is hugely different from 2 years ago and fast paced.
BF confirmed that the level of collaboration has increased massively and the live updates and progression is great.
RB mentioned CCA particulars and perception.
MA confirmed there is a lot of agenda items that need to be covered and the Board input is required.
MA discussed the new CPE skills matrix and acknowledged that we have already completed ahead of sub group choices but will revisit again and those still outstanding to complete and send back to office team.
CPLSC discussed other confidential matters which included several agenda points such as, Exec Chair retirement, Board member positions, continued single contractor queries, CPAF support, other contractor support, internal CPLSC team matters.

LUNCH – including CPE update

16. Update from CPE Regional Rep – FM (TEAMS) Apologies received

17. Financial Accounts, Levy Holiday, Zero Based budgeting and Good Governance CPE Finance Checklist

BF tabled slide on full CPLSC accounts status.
BF confirmed a two month levy holiday has been initiated and associated letter has been released.
BF confirmed CPLSC are well within the 3-9 months reserves and was used to support levy holiday.
BF stated that the ring-fenced funds are reducing, with adjustments being made in executive and operational spending. BF confirmed that the financial outlook remains positive with a solid projection for the next few years.
BF confirmed Choose Health (CH) money which is now ring fenced for CPLSC use as and when appropriate.
MA confirmed the details and that the contractor Power up event and training elements were all well negotiated alongside an extensive use of sponsorship agreements which meant huge savings for contractors as well as allowing for the levy holiday.
BF tabled a slide around zero-based budgeting and confirmed another through zero based budgeting day was had and the aligned budget for approval has come on the back of that review as well as initial review from Exec and Governance and Scrutiny (GS) sub group. BF compared the current financial year and 25/26 and highlighted where money can be saved and where costs may need to increase. BF confirmed that efforts have been made to ensure no increase to contractors, emphasising that contractors have been getting good value for money over the last two years, and this should continue in the upcoming year. BF discussed CPE RAG rating finance checklist, confirming good financial governance is in place with all points in the checklist in line with requirements and some tactical adjustments and actions being noted.
Final 25/26 budget was approved by board
MA highlighted the ongoing stretch in resource and accommodating rising costs but still CPLSC will work to allow for any savings that can be made to be returned to contractors as we have done over the last two years.

18. Governance & Scrutiny Sub Group update to include CPLSC CPE Self Evaluation & Skills Matrix / Sub Group review

MA confirmed slide with update around CPAF, governance and nominations which had been discussed in closed section.
RB confirmed standard items to cover. MA confirmed sexual harassment assessment has been completed
RB confirmed skills matrix and finance checklist completion plus gave an update on the Forum of LPC Chairs meeting.
MB/MA then reviewed in full the CPE draft LPC self-evaluation (was circulated ahead of the meeting) ahead of final release with a full RAG rating review and final comments received.
MA ran through red and amber points and debate around the RAG rating. Adjustments were noted as well as noting the challenges made to CPE around independent sovereign entity of the LPC vs some centralised impositions.

MA tabled ICB CPLSC Memorandum of understanding (MOU) for PCN Leads and key criteria that has been agreed and the lack of data support.

BREAK

19. Social Media Sub Group update

MA tabled social media slides and confirmed over 18k impressions over 90 days and showcased the great efforts across the professional channels and thanked the CPLSC team led by NP.
CPLSC board recognised the great achievements and how it continues to strengthen the Community Pharmacy voice and position at a locality level. MA tabled top posts and events attended

20. Services Sub group update including NHSE PF/BP/Con Operational report

MA tabled a slide with overview of services subgroup and updates.
MA discussed Westmorland and Furness (W&F) final agreement plan for council smoking cessation and the impact of National Smoking Cessation Service (SCS) negativity.
MA thanked the W&F commissioners and portrayed enhancements and easements such as any trained member can provide service.
MA discussed the finalisation of the Blackburn with Darwen (BwD) long negotiations with Delphi, confirming it as a significant milestone.
MA discussed CGL Core Medication-Assisted Treatment (MAT), confirming additional funding from the council for non-supervised clients. MA conveyed a meeting with CGL Pharmacy Director stating concerns around contractors not fulfilling SLA requirements and risk to future funding as well as upcoming tender process.
MA confirmed board approval for prioritisation on visits to offer support around this post detailed stats and meeting.
MA discussed the needle exchange and Naloxone challenges being made with CGL and this is still under review.
MA confirmed ongoing Post payment verification (PPV) implications as shared at the Power up event and CPLSC team will continue with targeted ongoing telephony and visits support to help contractors mitigate.
MA discussed BwD 6-month neighbourhood Plan

21. LSC Women's Health Summit – 12th September 2024

MA confirmed MA/KG/NP attended and overview was shared by MA/KG/NP.

22. North West LPCs meeting update

MA confirmed that we continue with meetings with the North West LPC's. MA/KG confirmed some strong positioning around the vast achievements we have had thus far and these meetings allow for open conversations for best practice and any learns. MA mentioned many items of discussion however CPE financial tool was brought up and the options regarding communications such as WhatsApp Polls was reviewed as well as a request for CPLSC to share the fantastic work around the Power Up Event.

23. CPE Bundle Audit Results

MA confirmed a summary is being received and confirmed that the accuracy is good.

24. Any Other Business – None

25. CLOSE

KG thanked everyone for attending.

CLOSE 16.31