

Community Pharmacy Sandwell Committee Meeting – 17th January 2024 – Minutes

Members Present: Dev Dalvair (DD) IND Ali Din (AD) IND Emily Crabbe (EC) CCA Rebecca Butterworth (RB) CCA Bhupinder Malhi (BM) Sukh Singh (SSi) IND Alison Crompton (AC) AIM Officers in attendance: Pete Shergill (PS) Chair Peter Prokopa (PP) Chief Officer Lawrence Hancox (LH) Treasurer Sukhy Somal (SSo) Services Implementation Lead (Part)	2. Apologies Sardar Shabir (IND) Dan Attry (BC ICB) Jas Heer (CPE) Guests: None
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In the Chair – Pete Shergill

Item	Detail	Actions
124.1 Welcome, Introductions, Apologies	Apologies as noted above	
124.2 Governance	a. Declarations of Interest relevant to the agenda – none b. Outstanding Declarations of Interest/Confidentiality Agreements – PP to contact relevant individuals	PP contact members who haven't provided governance documents
124.3 Minutes	Minutes proposed for approval by EC, seconded by AC; approved unanimously	PP to update website with all recent Minutes
124.4 Matters Arising	No matters arising that aren't elsewhere on the agenda.	
124.5 Finance	Current Financial Position: <ul style="list-style-type: none"> Current funds LPC £39831.35 – NHS MoU fund £51931.41 – CPE Invoice due 1/4/2024, approx £16600, up from £13900 for 2023–24. Other items due to be paid out before FYE, mainly meeting and officer fees. Expecting these to be matched by income from contractor levy. LH added that as time got closer to Black Country LPC merger, there would be opportunity to adjust funds to meet requirements of the new merged body by using one or more levy holidays for contractors, without adversely impacting LPC operations. Exec finance meeting – review current, plan 2024–25. PS summarised meeting outcomes – to ensure ongoing governance and reflect on current changes. NHS MoU funds higher than expected due to HS not being active. Considered cadence of meetings and fairness of remuneration/ reimbursement form members attendance. PS described his role in ensuring Chief Officer is held to account for their actions , and due diligence etc. LH in place for financial governance. LH added that evening meetings now much more difficult, largely due to increased pressures in the pharmacy during the day. Exec agreement to move to all daytime meetings to improve productivity; to continue two F2F meetings, plus rest virtual. Daytime attendance fee to remain £230. Total maximum 8 per year. 	LH to amend Expenses Policy and budget on basis of amended reimbursement criteria for committee meetings, and increase in PP's hourly rate.

	<p>Maximising opportunity on services – PS advised members on a proposal for PP to undertake extra hours (up to 2 days pcm) under MoU funding – particularly as opportunity to engage with contractors on the ground within current resource is very limited.</p> <p>PP also discussed the utilization of MOU funding and the recruitment efforts to fill the role previously held by Haleema. Exec considered options like recruiting locally, leveraging resources from other LPCs, and involving external bodies like Central Health Solutions. Expression of Interest form on LPC website elicited one response, however the person but had very limited availability. SSo had been a contractor and having sold her pharmacy business is now running a pharmacy & care homes related training business, and has experience with Walsall LPC in a similar role, is being engaged to assist Sandwell contractors. Both actions support improved interaction with contractors, especially after positive feedback from the AGM. They believe effective use of MOU funding will facilitate better engagement and service delivery to contractors. SSo to join approximately 2 days per week. Members consider PP’s remuneration; PS summarised current situation and proposal to increase; discussion followed before a vote to approve the four elements proposed from the Chair in a single vote, ie</p> <ol style="list-style-type: none"> 1. Meeting cadence, move to daytime only and reimbursement 2. Engagement of SS to support Service Implementation under MoU funding 3. PP to undertake additional hours equivalent to one half-day session per week funded through MoU money 4. PP’s hourly rate to be increased as discussed. <p>Members voted unanimously in favour.</p>	
124.6 ICB Update	<p>PP talked through DA’s presentation which covered:</p> <ul style="list-style-type: none"> • CPCS – BC figures -1984 referrals in December from 121 practices – 4.5% increase on Dec 22 (remarkable considering huge activity in Dec 22 due to Strep A) and 16% increase on November referrals (highest increase across all 11 Midlands ICB areas • DMS – Dan & Peter to arrange meeting with Jiten Vyas @ Sandwell Trust – as Trust looking to commence DMS in New Year (Jan) • BC BP Figures – to August 2023 – Clinic BP 22367; Ambulatory BP – 1492; still lag in reported figures due to no ASPI to integrate from recording platforms. As of 1/1/24 – 237 (87.1%) BC pharmacies have registered to provide BP Checks • BC BP Project – good results, 1.9x increase in clinic checks in participating pharmacies, 3x increase in ambulatory checks, lasrgely a result of GP referrals. • Pharmacy First – as of 3/1/24 – 230 (84.6%) of BC pharmacies have registered to provide PF • Oral contraception – as of 1/1/24 – 146 (53.7%) of BC pharmacies registered to provide contraception 	<p>PP to include advice to contractors on engaging with GP practices on Pharmacy First.</p> <p>AD to provide detail of contractors being retrospectively charged for CPCS IT under “provider pays” model.</p>

	<ul style="list-style-type: none"> • IPP – Masters in Oldbury one of four sites in BC; BC ICB models – prescribing in low acuity conditions and oral contraception. To develop into LTC prescribing (Hypertension – initiation in conjunction with BP Checks Service), once first two models up and running. Waiting for EPS Solution (Cleo Solo) to be made available, go through 2-3 weeks testing with 14 selected sites, before roll-out to Pathfinder sites – this has resulted in slippage in general start of Programme <p>No. of meetings have been held with PharmOutcomes re: tailoring of the PharmOutcomes consultation module, which our sites will be using – near completion</p> <p>Currently working with selected pharmacies in getting ready for implementation (go-live checklist) and in obtaining the necessary software</p> <p>PP agreed to take questions from members back to DA if needs be.</p> <p>AD questioned about retrospective charges under the CPCS Provider Pays model? PP believed all contractors should have signed up to one of the four suppliers from April 2022, and if they hadn't done so until recently would probably be liable for any charges incurred as if they had signed up from that date.</p> <p>BM asked about whether Sandwell contractors would be ready to deliver the service at launch, and whether GPs would be informed about those pharmacies taking part? RB suggested that LPC shouldn't advise practices on this, to reduce the potential surge of referrals on day 1. PP added that the national comms campaign wasn't due to start until later in February, so expecting a "softer" launch if that goes ahead on 31st January. Also that it was important for contractors to engage with practices to talk about Pharmacy First, both in relation to capacity and managing escalations where necessary.</p> <p>PS mentioned that his employer had recently merged with EMIS, which was the owner of PharmOutcomes, and would update his declaration of interests accordingly.</p>	
124.7 Pharmacy First	<p>Update on Pharmacy First sign-ups and LPC support</p> <p>Sukhy Somal, outlines her extensive experience in pharmacy, including managerial roles and ownership of a pharmacy in Walsall. After briefly leaving the pharmacy world, she returned to work with services and training for Walsall and Sandwell LPCs. Sukhy shares her recent activities, including visits to contractors, gathering feedback, and planning training sessions for non-pharmacist staff. She discusses barriers faced by pharmacies and GPs in adopting new services, emphasizing the importance of communication and overcoming challenges. Sukhy's proactive approach and collaborative efforts with LPCs aim to improve service delivery and engagement with contractors. She also plans to address training needs, data collection, and GP engagement to facilitate successful implementation of services. The committee members express support and appreciation for Sukhy's contributions, highlighting her valuable experience and dedication to advancing pharmacy services. Additionally, it's noted that Sukhy will work collaboratively with Peter to drive strategy and execution for better outcomes.</p>	
124.8 Stakeholder Updates	<p>NHSE/CPM/CPE/SMBC</p> <ul style="list-style-type: none"> • Sandwell EHC – PP mentioned that AD highlighted the PGD for EHC was out of date; PP had attempted to raise this with 	<p>PP to follow up with EHC issue; also to refer to CD</p>

	<p>commissioner and lead at Sandwell & West Birmingham trust however had been unable to as yet. He would continue to attempt contact in following days.</p> <ul style="list-style-type: none"> NHSE CD Newsletter – PP mentioned that this had been added to LPC website, and encouraged contractors to read this in email comms. 	Newsletter in contractor comms.
124.9 Administration	<p>a. Black Country Merger update – PP discussed the progress and challenges of merging the four Black Country LPCs into a single body. At the next merger group meeting, officers from South Yorkshire were due to join to share their experience, as they were a similar collection of committees and geography/demography to ours. Financial considerations and the rebalancing of levies among contractors are highlighted, with an emphasis on equitable funding and increased LPC activity. Plans also include establishing governance structures and core leadership for the new LPC, with discussions on constitution and membership to follow. Also confirm the target date for the new LPC to start operating is April 1, 2025, with plans to finalize the package for contractor approval ahead of that time. Finally, PP also addressed concerns about changes in ownership and their impact on the contractor base; in Sandwell, our current membership continues to be reflective of the contractor mix.</p> <p>b. CCA Questions Q1 2024 – RB talked through the questions and answered appropriately.</p> <p>c. CPE January Contractor Survey – PP encouraged all members to consider taking part in the survey, which aims to direct CPE committee discussions at their coming meeting later in the month.</p>	
124.10 Regulation & Market Entry	<p>a. Discussion on Supervision consultation Members considered proposed changes in pharmacy regulations, particularly concerning the supervision of pharmacy operations and the role of technicians. The changes aim to allow technicians to supervise certain aspects of dispensing and medicine supply under the authority of a pharmacist. The proposal emphasizes the need for technicians to be regulated healthcare professionals. It highlights that these changes won't affect the requirement for a pharmacist's presence in the pharmacy but will enable them to focus more on delivering clinical services. The discussion also touches on the need for clinical checks during remote supervision and the importance of pharmacist oversight. Members expressed overall support for the changes and discuss the process for providing feedback during the consultation period. There's a consensus that both collective and individual responses from pharmacists and pharmacy organizations are valuable to ensure a comprehensive overview of perspectives is considered. PP agreed to draft and share proposed responses for further discussion and feedback.</p> <p>b. Easter & Spring Bank Holidays Rotas – PP summarised detail, including comment to WM POD team to review Easter Sunday cover for West Bromwich area.</p>	PP to draft responses and circulate prior to submission.
124.11	CPE & CPL Governance from April 2024 – for information – defer discussion and adoption to March agenda	PP to add to March agenda.
124.12 AOB	DD queried whether there had been any further information on the contractor nomination issues discussed in November? PP had not heard anything further from the ICB, however members did	PP to focus on nomination issues on

	suggest there were still significant issues identified, particularly over the Christmas period. PP agreed that this would be one of his focus areas when he was able to start his extra hours.	upcoming pharmacy visits.
124.13 Next meeting & close	<p>Wednesday 6th March 2024 – Sandwell Park Golf Club, Birmingham Rd, West Bromwich B71 4JJ</p> <p>Proposed meeting dates 2024-25 (all Wednesdays)</p> <ul style="list-style-type: none"> • 1st May 2024 • 19th June 2024 • 7TH August 2024 • 25th September 2024 (in person; plus AGM?) • 20th November 2024 • 15th January 2025 • 5th March 2025 (in person) 	DD to confirm Golf Club availability.