

Community Pharmacy Sandwell Committee Meeting – 6th March 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 Officers in attendance: Pete Shergill (PS) Chair Peter Prokopa (PP) Chief Officer Lawrence Hancox (LH) Treasurer Sukhy Somal (SSo) Services Implementation Lead	2. Apologies Sardar Shabir (IND) Dan Attry (BC ICB) Alison Crompton (AC) AIM Guests: Jas Heer (CPE Regional Rep – JH – part)
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In the Chair – Pete Shergill

Item	Detail	Actions
324.1 Welcome, Introductions, Apologies	Apologies as noted above	
324.2 Governance	Declarations of Interest relevant to the agenda – none	
324.3 Minutes	Minutes proposed for approval by AD, seconded by EC; approved unanimously.	PP to update website with all recent Minutes
324.4 Matters Arising	No matters arising that aren't elsewhere on the agenda.	
324.5 Finance	Current Financial Position: <ul style="list-style-type: none"> • Current funds LPC account £45597; NHS MoU fund account £50402 – after all payments due this month balance will be around £42000, ahead of contractor levy being received. • Budget for 2024-25 – LH reviewed figures shared with members earlier. CPE Levy invoice for H1 2024-25 had been received and was roughly in line with estimated figure provided by CPE. Total outgoings for the year expected to be around £67000 with figures updated to take account of additional meeting costs for daytime meetings; potentially carrying forward approximately £40000 into the new Black Country LPC if a levy holiday is not utilised. With this amendment, budget for 2024-25 proposed for approval by AD, seconded by RB – approved unanimously. • PP asked JH to summarise how some LPCs' CPE levies had been significantly outside the previous estimates. JH confirmed this was largely to do with the amended formulas for calculating LPC and CPE income, now based on total (national) contractor income, not just dispensing. 	Budget to be shared with ICB and CPE (PP)
324.6 CP Sandwell Governance	PP used CPE presentation to summarise the background for the proposed Governance Framework and Code of Conduct adoption, as requested by CPE. <ul style="list-style-type: none"> • Wright review and RSG was the origin of proposed governance changes • Applicable both the CPE and CPLs – consistency but recognising separate entities • Code of conduct – consistent set of value sand behaviours for all members, along with mechanisms for enforcing these and addressing breaches. • Both fully supported by LPC conference last autumn, and approved with minor amendments agreed by delegates. 	PP to research and provide view on potential risk register templates before next meeting. PP to agenda item to agree Terms of Reference and membership of Governance

	<ul style="list-style-type: none"> • Proposal to adopt these both nationally and locally ready for 1st April 2024 • Review to be undertaken once these have been in place for much of the coming year. <p>Members debated the merits of the proposed documents – including on:</p> <ul style="list-style-type: none"> • ensuring open debate is not stifled nor dominated by a few individuals • what was the practical impact of the proposed changes to Governance structures • ensuring effective leadership from collective ownership • ensuring transparency of CPE operations by implementing new Governance subcommittee to include 2 non-CPE member contractor representatives. • Coming CPE meeting in Birmingham as one of their regular regional meetings away from London. • Line by line review of each document to give members opportunity to comment • Opportunity for the documents to be “living documents” as CPLs review and adapt to suit their circumstances. • EC commented around whether a specific risk register was in place? PP agreed that there wasn’t to his knowledge but would look at potential templates from CPE or other CPLs. • Need to form a Governance Subcommittee to ensure compliance and provide guidance to members <p>Proposal to adopt the Governance Framework and Code of Conduct put to members – proposed DD, seconded BM – approved unanimously.</p>	<p>subcommittee for next meeting.</p>
324.7 CPE Update	<p>JH talked through the CPE presentation which covered:</p> <ul style="list-style-type: none"> • CPE Committee meeting January and results of contractor survey – positive attitude towards Pharmacy First, some increased optimism for the year ahead. • Discussions on Governance, Margins also mentioned, plus summaries from CPE subcommittees • Update on contract negotiations with NHSE & DHSC – likely to be a one-year extension bearing in mind proximity to the next general election • Negotiations already ongoing, much earlier than in previous years • CPE has sought input from contractors and taken into account minimum wage increases, non-domestic rates increases, pension contributions etc • DHSC only want to fund “what the NHS can afford” • Focus on margin and seeking no recovery of over-delivery, plus ensuring a sustainable funding platform for the future on the back of Pharmacy First funding • Work also ongoing on longer term strategy for negotiations, including developing themes from Kings Fund and Nuffield work. • TAPR – confirmation that 95% of recommendations implemented – two remaining were on convening National Forum of LPC representatives, and developing a central services function to support CPLs with elements such as HR etc. 	<p>Ensure contractors continue to report pricing issues and engage with MPs on the topic, esp Labour.</p> <p>Pharmacy 1st advertising – review and get feedback via contractors.</p> <p>Infor from SS on NHS shared mailbox calendar to book appointments...newsletter – make appointments, patients will wait!</p>

	<p>Members asked questions of JH on the presentation, including on capacity and ability to deliver Pharmacy First, inclusion of PQS in the funding model, impact of the ITV documentary on community pharmacy's image in the eyes of public, press and politicians, and the potential for pharmacy to offer solutions to many of the current challenges in health & care. Members also expressed concern over the PR campaign linked to Pharmacy First, both that many had not seen it, and those that had suggested that it may generate confusion over eligibility on some of the clinical pathway services. JH confirmed this was wholly organised by NHSE, but noted comments made to feed back.</p> <p>JH also mentioned future CPE Committee meeting to be held in Birmingham in June; all CPLs across the Midlands region to be invited to attend – although probably only 2 delegates from Black Country. PP confirmed RB would likely be Sandwell delegate as she also covered BSol.</p>	
324.8 Services Update	<p>SS updated members on her pharmacy visits – all 80 will have been visited by the end of the week. Collecting feedback on services delivered and offering support, especially on Pharmacy First but on other services too. Key findings:</p> <ul style="list-style-type: none"> • RP notice displayed not matching the pharmacist on duty in 50% of cases; • Consultation room image – some not fit for purpose to deliver clinical services; • EHC – many new contractors wanting to offer EHC, especially in tandem with oral contraception service; • Lack of DMS referrals from Sandwell & West Birmingham • Surgery communications – many practices referring verbally not electronically. Issues with SystemOne practices which do not have “local services” element available in EMIS, so not able to generate e-referrals • Also attending patient participation groups, and also a member of group looking at the future of primary care across the Black Country ICB • WhatsApp group for contractors should be ready go in the next week or two • SS also mentioned “Service Champion” training for support staff delivered in Walsall – ensuring effective support for pharmacists particularly with triage for national services. Could also delivered in Sandwell if funding available? Half day training, 30 delegates morning and 26 afternoon. Agreed to progress – PP to arrange with SS. <p>PP updated members on discussion on Sexual Health services – especially related to updating PGD, additional services such as treating chlamydia under PGD, long-term contraception similar to the Umbrella service in Birmingham. Priority for new entrants to EHC likely to be aligned to providers of the Oral Contraception service but also to fill geographical gaps. All likely to be funding-related, but at least conversations starting. BM mentioned potential to provide condoms, especially for young people. PP confirmed that this was one of the elements discussed; also that there may be a balance to ensure contractors costs are covered and not getting fees cut, or providing additional services for nothing. Members also concerned re paper-based claims, and the</p>	<p>PP to alert contractors via Newsletter re RP notices, state of consultation rooms, WhatsApp group etc</p> <p>PP to contact Sandwell & WB re DMS referrals again</p> <p>Service champion training to be arranged.</p>

	<p>potential contractors may not be getting paid for services delivered. PP confirmed this had been part of the discussions too. JH expressed concern on contractor awareness on bundling of services from 2025? SS suggested most fully focussed on Pharmacy First currently, so probably not.</p> <p>SS also discussed compiling a database of pharmacies delivering local services, which weren't listed under NHS.uk or DoS. Members considered advantages and disadvantages of having a list on the CP Sandwell website, but this would particularly be to facilitate signposting between pharmacies should a particular service wasn't able to deliver a service for specific period. PP suggested that this should be a commissioner's responsibility – CP Sandwell should consider discussing with commissioners in ongoing negotiations. PP also suggested some had already taken action to address this in a small way, for example where a contractor isn't actually delivering a service despite being signed up. PS concluded by suggesting a small working group to consider this, including one CCA member and one independent, plus SS & PP.</p>	
324.9 ICB Update	<p>DA unable to attend – update presentation to be shared by PP. Any comments or questions back to PP.</p>	PP to share DA's presentation
324.10 Stakeholder Updates	<p>PP confirmed he was to meet with Cranstoun next week to discuss Substance Misuse services. RB mentioned CGL instigating a "holistic" service for some areas with a monthly fee which could be worth considering. Members confirmed confirming receipt of prescriptions by fax was causing problems; also agreed to share examples of issues of prescriptions going via Royal Mail going missing, or being mis-delivered to other addresses.</p> <p>Sexual Health services – already covered in Services update.</p>	PP to raise in future discussions. RB to share details of CGL service with PP.
324.11 Administration	<p>Black Country merger update – RB updated members about the recent meeting which had guests from South Yorkshire to provide feedback from their own merger experience, being very similar in demography and geography. One of the elements that was particularly relevant currently was the early formation of a "shadow" committee to drive the merger process, and to ensure effective governance. Currently, the BC group was mainly Chief Officers, plus RB. PP confirmed that Staffs & Stoke process had been largely led by Chairs plus other members, with COs available for support. Members agreed that PP & RB should take this back to other LPCs; BM agreed to commit to be the second Sandwell delegate at future meetings.</p>	PP to discuss with other BC chief officers.
324.12 Regulation & Market Entry	<p>a) PP asked members for any further comments on the DSP application response circulated – no further comments</p> <p>b) EPS Nominations – PP had received further information from one contractor re unauthorised nomination changes and would follow these up with targeted visits to highlight these to relevant contractors, not just in terms of the facts, but also the potential reputational damage being caused by this activity across the ICB and beyond. Members mentioned the potential involvement of Healthwatch in supporting this process; PP confirmed they could have a role in supporting patients from an advocacy perspective. RB also highlighted the professional aspect of this issue – ie in breaching professional standards. PP agreed this had been raised by the ICB in their original warning letter; he agreed to highlight this in conversations with the</p>	<p>PP to submit response to PCSE.</p> <p>PP to Check for letter from ICB. re prof standards on nomination issues</p> <p>Also to add a general reminder to newsletter.</p>

	contractors mentioned, and generally via a Newsletter article.	
324.13 Team Building exercise	Postponed to May meeting	Agenda item for May meeting (early in agenda)
324.14 AOB	None	
324.15 Next meeting & close	Wednesday 1 st May 2024 – online via Teams	