

**Community Pharmacy Sandwell Committee Meeting –2nd October 2024 – Minutes
Held at Sandwell Park Golf Club, Birmingham Road, West Bromwich**

Members Present: Dev Dalvair (DD) IND Ali Din (AD) IND Bhupinder Malhi (BM) IND Sukh Singh Gill (SG) IND Alison Crompton (IPA) Rebecca Butterworth (RB) CCA via Teams	Apologies Sardar Shabir Emily Crabbe
Officers in attendance: Pete Shergill (PS) Chair Peter Prokopa (PP) Chief Officer Lawrence Hancox (LH) Treasurer Jaz Dhillon (JD) Services Officer – part	Guests: Jas Heer (JH) CPE Regional Rep – part via Teas Sukhy Somal (SS) BC ICB – part Suki Tagger (ST) NHSE WTE – part Gareth Jones (GJ) NPA – part via Teams

In the Chair – Pete Shergill

Item	Detail	Actions
1024.1 Welcome, Introductions, Apologies, Call for AOB	Apologies as noted above.	
1024.2 Governance	Declarations of Interest relevant to the agenda – none	
1024.3 Minutes	Minutes from 28 th August meeting proposed for approval by AD, seconded by DD; approved unanimously.	PP to update website with approved Minutes
1024.4 Matters Arising	No matters arising that aren't elsewhere on the agenda.	
1024.5 Finance	a) Current Financial Position: Main LPC account – £45878.65; MoU account – £41914.99. CPE levy due this month (£15775.22), also accountants' invoice (£675) – no concerns around meeting budgeted spending to the end of the financial year. b) Annual report noted by members, which just required the member expenses for 2023-24 to be added when received back from the accountant; AC mentioned errors in index page with links broken – PP to correct before AGM	b) PP to correct index page link errors and include member expenses as agreed.
1024.6 CPE Update	JH gave his regular CPE presentation, which covered the following: <ul style="list-style-type: none"> • Black Country paper on Opening Hours flexibility: being actively pursued as part of current year negotiations • Committee Composition: Agreement to include two further non-CCA multiple observers – decision based on the changing distribution of pharmacy types, especially non-CCA multiples, leading to changes in membership representation. However, JH emphasized unity within the sector to avoid division, with a call for fair and balanced representation for all contractors, regardless of their membership in trade bodies like the IPA, NPA, or CCA. 	PP to share presentation with members PP to advise contractors to share feedback on Pharmacy 1 st with CPE via services.team@cpe.org.uk

- **Negotiations with the Government:** There was an update on the recent positive meeting with Pharmacy Minister Stephen Kinnock, who appears to be driven by data. While no new funding offers have been made, there is optimism that further negotiations will yield progress. However, concerns remain about lagging behind other sectors receiving pay rises.
- **Action Planning:** Some members advocated for the consideration of potential actions if negotiations fail, such as threatening to reduce supplementary hours, similar to tactics used by GPs.
- **Pharmacy First Service:** There were discussions about challenges with GP referrals, inconsistent performance across regions, and the need for adjustments in thresholds for referral numbers. Feedback has been submitted to improve the system.
- **Funding and Margins:** The sector is underfunded by £1.3-1.4 billion, and although it is unrealistic to expect this full amount, efforts are being made to maximize the use of existing funds. The poor advertising of NHS services and lack of GP referrals have resulted in underutilization of allocated funds. There is hope that future agreements will provide more clarity and allow pharmacies to plan for the next 2-3 years. Concerns were also raised about pharmacies dispensing at a loss due to the current reimbursement structure. The committee is pushing for a review of Category M (medicine margins) and the overall supply chain to ensure fair remuneration for pharmacies.
- **Subcommittee Updates:** JH provided updates on subcommittee work, including negotiations, governance, and support for contractors. There was a focus on adjusting the pharmacy service model to align with broader healthcare objectives
- **Community Pharmacy Stabilization and Long-Term Planning:** There was a strong message that the government needs to stabilize community pharmacies to deliver on its 5- to 10-year plan. The spring spending review could offer an opportunity to allocate more funding, but local systems would have to channel that into services.
- **NHS England's Role:** The Department of Health (DH) appears to be more sympathetic to the pharmacy sector's needs, while NHS England, bound by Treasury constraints, has been more resistant to necessary changes. Despite ongoing discussions, NHS England has been slow to act, especially regarding service thresholds and the importance of keeping pharmacies open.
- **CPE and NCSO:** There was discussion about the CPE website and the possibility of making it easier for contractors to report out-of-stock items, as the current process is seen as cumbersome. JH to take suggestion to CPE re potential integration of

	<p>wholesaler out-of-stock messages from PMR systems to central database.</p> <ul style="list-style-type: none"> • Collective Action and Governance: Concerns were raised about the legality of collective action, with advice indicating that mandating certain actions across all contractors might be viewed as anti-competitive. This remains a contentious issue within the sector, with differing views on the best approach. 	
<p>1024.7 LPC Chairs' National Forum</p>	<p>PS briefed members on the forum, although much had already been covered in JH's CPE report:</p> <ol style="list-style-type: none"> 1. Negotiations & Upskilling: CPE has appointed PA Consulting to help upskill their team on negotiating tactics. This is seen as a positive step, particularly as they move to restart negotiations 2. Pharmacy's Future: Pharmacy is being positioned as a long-term solution within the healthcare system, particularly in light of workforce shortages, such as the difficulty of recruiting GPs into primary care. The Pharmacy First scheme has been seen as reasonably successful however with falling referrals there's a focus on maintaining sustainability of the service. 3. Support for CPE: There was general support for CPE's strategic plan, though some members expressed the need for improvements. The local representation in the sector is seen as robust, helping balance challenges at the national level. 4. Lobbying & Funding: There's an emphasis on keeping pharmacy in the minds of local MPs, as lobbying efforts can influence ministers. Discussions also focused on ensuring that allocated pharmacy funds (like the £645 million) remain ring-fenced for the sector. 5. Mental Health & Support: The conversation touched on the mental health challenges contractors face, especially with the uncertainty around new contracts. There was a call for more open communication and support resources for those feeling overwhelmed. 6. Political Climate & Concerns: There is some scepticism about the new government's commitment to pharmacy, with concerns about the lack of clear communication or action. However, some optimism was expressed regarding recent engagement from figures like Stephen Kinnock, indicating potential for more consistent dialogue. <p>Overall, the meeting conveyed a balance of cautious optimism and concern, with a clear need for continued pressure, unity, and advocacy to secure the future of community pharmacy.</p>	<p>PP to remind members to lobby their own MPs</p> <p>PP to remind contractors to contact the LPC for support on any issues in the first instance</p>
<p>1024.8 BC ICB Pharmacy Update</p>	<p>SS presented to members on the following:</p> <ul style="list-style-type: none"> • SS responded to comments raised by RB and AD on quality assurance submissions, which had been discussed with commissioners. It was hoped to include these within existing service recoding rather than via separate submissions. 	<p>PP to remind contractors re outstanding PEMS notifications, and to check daily for any issues ongoing</p>

	<ul style="list-style-type: none"> • A significant discussion focused on handling post-event messages, particularly in the Black Country region. Some practices encountered issues, notably Ridgeway, with 300 post-event messages processed incorrectly, resulting in backlogs. However, all practices in BC ICB area now had verified email addresses for PEMS. • SS summarised the current situation across the four BC sites chosen for the IP pathway and that the national prescribing system chosen (CLEO) was approved for roll-out. • A funding bid from NHS England resulted in the Black Country receiving £10,000 to progress a pilot on the "Teach to Treat" DPP (Designated Prescribing Practitioner) placement programme. Twenty-five places for DPP placements were already secured, with a few still available. • PCN engagement lead roles were filled and tasked with improving communication between GP practices and pharmacies. • Purchasing PharmRefer had been approved enabling electronic referrals from urgent treatment care centres directly to pharmacies. • Discussion on Discharge Medicines Service (DMS) with Sandwell Hospital highlighted difficulties in getting buy-in from hospital leadership, but progress is being made with support from Dudley Hospital. Plans to improve engagement were discussed. • Emphasis was placed on improving referral processes for services like Pharmacy First and addressing out-of-stock medications, urging pharmacies to use specific tools for real-time stock updates. <p>The team also discussed upcoming challenges with the flu season and ways to manage them efficiently through daily work.</p>	<p>via newsletter & website. Report problems for BC practices via SS, or via LPC for other ICB areas.</p> <p>PP to alert contractors re DPP opportunities</p> <p>PP to alert contractors re UEC referrals to Pharmacy 1st</p> <p>PP to remind contractors that they can provide medicines under the Minor Ailments service if necessary as a result of Pharmacy 1st consultation (and claim a fee)</p>
<p>1024.9 Technician Training in Community Pharmacy</p>	<p>The presentation discusses a funding opportunity for the Community Pharmacy Technician Apprenticeship Program. The program, exclusively for community pharmacy, is designed to address the shortage of pharmacy technicians and support their training. Key points include:</p> <p>Funding: The NHS offers £15,053 annually for two years per trainee (PTPT), with training costs covered through the apprenticeship levy. The course lasts 24 months, leading to pharmacy technician qualification, including accuracy checking.</p> <p>Workforce Shortage: Recent data shows a 17% decline in pharmacy technicians in community pharmacy, prompting a focus on "growing your own" staff.</p> <p>Application Process: Applications are open until next Sunday, with a scoring system starting at 40%. Funding is limited and will be allocated on a first-come, first-served basis.</p>	

Role of PTPTs: Apprentices can assist in various tasks, including medication reviews and counter work. Employers must provide a day per week for off-the-job training and appoint a designated educational supervisor.

Apprenticeship Requirements: Employers need to ensure infrastructure is in place, including a supervisor and learning opportunities for the trainee.

The aim is to increase the number of trained technicians and align with the NHS's broader goals of enhancing community care.

Off-the-Job Training: Apprenticeship training must occur during paid employment hours and cannot be done on non-working days without pay.

Course Selection: Employers can choose from a list of GPhC-recognized courses. Education providers like Walsall College and B-Met offer cohorts starting in February or March.

GCSE and Functional Skills Requirements: Prospective trainees need 4 GCSEs at grade 4 or above, including Maths and English. If they lack a GCSE, some providers may allow them to complete a functional skills level 2 qualification concurrently.

Visa and Apprenticeship Duration: Trainees need a visa that covers the full 24-month apprenticeship period, as interim visas with shorter durations may disqualify them.

Training and Supervision: Designated supervisors must monitor workplace training to meet GPhC IET standards, including formal reviews every three months. Monthly holistic supervision meetings are suggested.

Support and Resources: NHS England offers resources like supervisor training and e-learning modules. A directory of resources can be accessed on their website for additional guidance.

Employer Responsibilities: Employers are responsible for ensuring all recruitment checks (GCSE, visa, character) and must ensure their trainees meet professional standards.

Apprenticeship Applications: There is a cap of 22 posts for large contractors, with a balanced opportunity for small contractors to apply. Employers must detail how their training meets the GPhC standards in their application, using a concise format.

Quality Framework: Training programmes must align with NHS England's Quality Framework, ensuring a safe learning environment and proper support mechanisms.

Timescales: The expression of interest window is short, with the evaluation process concluding by the week of November 4th.

Retention Challenges: Employers face the risk of trained apprentices leaving for higher-paying jobs, particularly in hospitals. Some employers may implement retention clauses to safeguard against this.

	<p>National Applications: Employers covering multiple regions can submit one national application, but must specify the regions they are applying for.</p> <p>Previous Programmes: In past pharmacy technician workforce programmes, recruitment challenges led to some places being unfilled.</p> <p>They highlight that communication challenges exist with community pharmacies, where a single person is often overwhelmed with managing the information coming in. Training and progression opportunities, such as PGD (Patient Group Direction) programs, have grown for pharmacy technicians, and the emphasis is shifting towards community pharmacies delivering more services.</p> <p>They explain issues with funding for training, noting the flexibility in how training contributions are used, though they also mention enforcement challenges. ST discussed the challenges of attrition in training programs, particularly when trainees take breaks for personal reasons. The GPhC (General Pharmaceutical Council) research indicates that trainees often need extra study time, a commitment some aren't fully aware of initially.</p> <p>There is no penalty for dropping out of training, but funding stops if a trainee withdraws. ST also mentioned a disparity in engagement across different regions, with Birmingham and Solihull having better uptake due to a dedicated person pushing applications, while other areas, like the Black Country, struggle to engage contractors. There is concern about contractors' reluctance to train staff who might later leave for other sectors. Despite funding challenges, the program is seen as beneficial for workforce development.</p>	
<p>1024.10 Services Lead update</p>	<p>The integration of the Pharmacy First initiative in the Black Country faces various challenges and developments:</p> <ol style="list-style-type: none"> 1. Reliance on GP Referrals: The initiative's effectiveness varies, heavily depending on GP referrals, with EMIS practices performing better than System One due to differing functionalities. 2. Staff Training and Awareness: Many practices lack awareness of pharmacy services, leading to gaps in staff training. This affects referral processes, compounded by staff turnover and insufficient knowledge among primary care professionals. 3. Competition with ARRS Roles: Community pharmacies compete with fully funded ARRS staff in GP practices, who often manage acute cases. However, some practices are shifting ARRS roles to long-term care, freeing up acute cases for pharmacies. 4. Challenges in Equipment and Training: The Pharmacy First rollout was rushed, resulting in insufficient training and equipment shortages, such as blood pressure monitors. Patient refusal of tests also hampers service uptake. 5. Data Issues and Service Uptake: Recent data shows stagnation in service uptake, including ABPM tests. Barriers such as limited equipment and patient reluctance hinder progress toward set targets. 	<p>PP to share presentation with members</p>

	<p>6. Inconsistent Referrals and Feedback: Referral practices vary due to internal politics and inadequate awareness. Effective systems in EMIS show positive results, but patients' negative experiences can deter referrals.</p> <p>7. Financial and Career Development Concerns: ARRS roles attract GP practices due to full funding, but staff face stagnation in salaries and career progression, leading to potential disillusionment.</p> <p>8. Pharmacist Isolation and Burnout: Pharmacists report feeling isolated and burdened with repetitive tasks, while some practices provide mentorship and support, others do not, leading to frustration.</p> <p>9. Moving Forward: Efforts are underway to enhance communication and relationships between pharmacies and GP practices, focusing on improving referral processes and best practices.</p> <p>10. Referral Systems: Developments include improving out-of-hours referral systems and pilot tests for booking systems, emphasizing the need for detailed patient consultation reports to maintain trust.</p> <p>11. Pharmacy Services Feedback: Practices seek more detailed consultation notes from pharmacies, including clinical observations, to enhance patient records and care.</p> <p>12. Training Initiatives: Ongoing training sessions and online resources are available to improve pharmacists' skills in record-keeping and consultations.</p> <p>13. Pharmacy Referrals & Pathways: Discussions are ongoing about expanding self-referral options and emphasizing contraception advice in consultations for patients on certain medications.</p> <p>14. Technology Integration: Better integration between pharmacy systems and general practices is needed to streamline communication, with concerns over future costs for enhanced functionalities.</p> <p>15. ABPM Target: A target of 10.5% for ABPM has been set, with efforts needed to direct more patients to pharmacies instead of GP practices, addressing backlog issues and long waiting times at GP surgeries.</p> <p>Overall, while there are significant challenges in the integration of Pharmacy First, efforts to improve communication, training, and referral processes are seen as vital steps moving forward.</p>	
<p>1024.11 NPA Campaign</p>	<p>GJ focuses on the current challenges facing community pharmacies, the recent campaign efforts, and the ballot launched to address the sector's financial strain and workforce pressures. Key points include:</p> <ol style="list-style-type: none"> 1. Campaign Overview: Two days of action have been held, with a petition gathering nearly 400,000 signatures delivered to No. 10. Despite this, around seven pharmacies are closing weekly, and the situation has become critical. 2. Ballot for Action: A ballot was launched, asking contractors if they feel it's unsafe to continue without new funding and addressing workforce issues. The 	<p>PP to remind contractors that if they do wish to join the NPA campaign then to ensure they do not breach Terms of Service requirements.</p>

ballot also seeks consensus on limiting services for patient safety, with options to withdraw non-essential services (e.g., free delivery, MTS, and non-core NHS hours).

3. **Engagement with Government:** Pharmacy representatives attended the Labour Party Conference and met with politicians like Wes Streeting and Stephen Kinnock. While there is some acknowledgment of the sector's financial struggles, significant challenges remain in gaining prioritization for community pharmacy funding.
4. **Government Recognition and Funding:** Treasury views pharmacy funding alongside other departments, and while there's some recognition of the sector's issues, community pharmacy has not been seen as a top priority. The campaign aims for a sustainable income stream, with hopes of funding increases after years of stagnation.
5. **Need for Stronger Action:** There's a sense that previous efforts of compliance have not yielded results, and the sector now needs to show unity and seriousness, particularly through the threat of action, to elevate its issues on the government's agenda.
6. **Wes Streeting's Endorsement:** Although not committing to every recommendation, Wes Streeting and his team have accepted the general findings of the Darzi report, including the acknowledgment of neglect towards community pharmacy, which is seen as a positive sign for potential future corrections.
7. **Integration with ICS Plans:** At the Integrated Care Board (ICB) level, the report is being aligned with existing transformation plans. Some tweaks may be needed, but overall the ICBs are reportedly ahead in incorporating the report's findings into their future strategies.
8. **NPA Ballot Discussion:** There was mention of the NPA ballot being confused with other organizations, highlighting the need for clarity. Despite this, the ballot is gaining attention, with discussion at various levels, including ICBs, indicating growing awareness of community pharmacy issues.
9. **Unified Effort for Better Funding:** The conversation emphasizes the need for unity within the pharmacy sector, encouraging members to participate in the NPA ballot to strengthen the call for better support and funding for community pharmacies.

Members further discussed concerns and strategies regarding the political threat posed by the community pharmacy funding situation and potential collective action. Key points included:

1. **Political Threat & Pharmacy Unity:** The funding issue represents a political threat, and unity among pharmacists is crucial. However, concerns were raised about whether actions would be seen as advisory or have real consequences.

	<ol style="list-style-type: none"> 2. Challenges with Action: A major concern is whether pharmacies will take united action, similar to how GPs have historically organized. There are mixed signals about participation, and many are worried about potential fragmentation among contractors. 3. Ballot and Action: The upcoming NPA ballot is seen as a key step, but there's concern about low participation making the sector appear weak. The ballot results will determine the feasibility of further action. There's also discussion about strategic actions like reducing hours or refusing services, but ensuring these don't breach contracts. 4. Impact on Patients: Participants emphasized that any actions should consider the potential negative impact on patients and the strain on GPs and emergency services. This would be a critical factor in gaining political attention. 5. Media Involvement: There's a call for pharmacists to use the media effectively, similar to GPs, to raise public awareness of their struggles. This could help draw attention to the sector's plight. 6. Final Thoughts: The need for careful communication, ensuring contractors know their rights and obligations, was emphasized. It's the first time pharmacists are being asked to make such a significant decision in terms of action against the government. 	
<p>1024.12 BC LPC Merger update</p>	<p>RB summarised developments in BC LPC Merger process:</p> <ul style="list-style-type: none"> □ Committee Structure: <ul style="list-style-type: none"> • The new committee will consist of 12 members, including 8 independents, 2 CCA and 2 IPA representatives • Plan for LPCs to nominate one independent representative each, with the remaining four places open for wider contractor nominations. This ensures local knowledge is retained while allowing external nominations. • The Chief Officer will play a critical strategic role, potentially supported by one or more individuals through a job share; plan to include place-based support roles. Constitution and Election Process: <ul style="list-style-type: none"> • The new LPC constitution will need to be amended to ensure initial continuity by having each constituent LPC nominate one independent representative. • After the initial term, future elections would be open, allowing for turnover and democratic processes. Governance and Employment Issues: <ul style="list-style-type: none"> • The risk of redundancy and legal obligations (like TUPE transfers) must be addressed. Some LPCs have employees, while others have self-employed or contracted staff. • The organization needs to clarify employment status and potential redundancy costs before finalizing the merger. Process of Restructuring: 	<p>PP to prepare SGM paperwork once final draft Constitution agreed.</p>

		<ul style="list-style-type: none"> A template is being shared with other LPCs, but details like salary information are protected. Progress has been made, though some delays occurred. <p>Special General Meetings (SGM):</p> <ul style="list-style-type: none"> Necessary for contractors to formally approve the merger and the new constitution. An amendment to the constitution is also needed as described <p>Committee Term and Structure:</p> <ul style="list-style-type: none"> Debate about term length (till 2027 or starting fresh in 2025) and employment positions for certain roles. <p>Overall agreement on moving forward, though some details need finalization. A team effort is emphasized.</p> <p>SGM: Members unanimously agreed to call a Special General Meeting of contractors to agree to new constitution for the Black Country LPC; to be called on date of next LPC meeting unless required earlier.</p>	
1024.13 Stakeholder updates		<p>a) As previously noted by SS, PP reminded members that MMUH was due to open on 6th October 2024; agreed to seek a possible visit to their new pharmacy department.</p> <p>b) PP noted the early prisoner release program and its minimal impact on local substance abuse services. The early release program involved around 1800 prisoners nationally which local services were easily able to absorb without significant disruption. Normal clinical appointments and services continued without major strain on contractors. On payment issues, a concern was raised about a contractor not receiving payments for supervised consumption services for several months (May, June, July). Follow-up actions were discussed to resolve the payment issue.</p>	PP to confirm details of contractor from WhatsApp group.
1024.14 Regulations & Market Entry		<ul style="list-style-type: none"> Data on 2022/23 and 2023/24 CPAF: There were some challenges with survey participation, particularly in Sandwell, but the process is ongoing. Market Entry and Exit: No significant changes since the last meeting. Still awaiting the outcome of the DSP application in Wednesbury. Christmas and New Year Rota: The West Midlands office's proposals are largely finalized, with the only pending confirmation from Asda regarding Boxing Day and New Year's Day openings. No significant service gaps are expected. Pharmaceutical Needs Assessment (PNA): The PNA process will begin soon in Sandwell, with the first meeting planned for mid-month. Some concerns were raised about potential changes in supplementary hours, which could be reflected in the PNA going forward. 	
1024.15 AOB		Virtual Outcomes licence renewal: approved unanimously.	
1024.16 Next meeting & close		Wednesday 20th November at 9.30am via Teams	