

May 2024 Minutes

Microsoft Teams Meeting: 16th May 9.30am – 1.30pm

Invitees:

Chair: Chris Shields

Members: Aga Janowski; Abigail Wright; Anil Chopra; Paula Paniagua; Nicki Sinclair, Tim Rendell; Patrick Gompels (from 10.30am)

Employees: Sarah Cotton; Carolyn Beale.

Apologies: Robert Townsend

<u>Item</u>	<u>Detail</u>	
1.	Welcome and apologies; Confirmation/update of Declarations of Interest – no changes	
2.	<p>Review of Minutes – the committee agreed the minutes are a true representation of the meeting.</p> <p>Action tracker</p> <p>PCN leads – SC reported contracts were signed and HW is optimistic national funding is coming. PCN leads are active and CB meeting with leads to encourage more activity. Question around whether Captivating Solutions are commissioned for more training. Committee discussed the three vacancies (North Wiltshire, Westbury/Warminster and Brunel 3). CS to discuss these with Boots area manager. Committee discussed encouraging technician and unregistered staff involvement. SC commented that Melksham and Corsham area boards have asked for health/pharmacy updates, PG and ICB have been linked in these so far but potentially PCN leads could be more involved in this as more area boards ask for updates. MOU signed with ICB – one priority is PCN lead funding and support, SC to add to June agenda. CB reported good improvement seen in GP relationships since last year, but still seeing inappropriate or informal Pharmacy First referrals.</p> <p>Member vacancy – SC commented that constitutionally independent vacancy would need to be opened out to all independent contractors but committee can specify member from Salisbury area. CB has found a few potential contractors and will contact to encourage application. Discussion around when to open the vacancy for application. For IPA (previously AIM) members, as per current constitution anyone on IPA list wouldn't be eligible for independent place (contact Gloria for list).</p>	

	<p>Finance – finance subcommittee didn't meet in April, new date needs to be set. AW to discuss third signatory plans with RT. SC to share expenses form after meeting and send to RT, Microsoft form not currently suitable as bank details required.</p> <p>111 leads – SC isn't inviting to June meeting as already some guests so pushing back to September.</p> <p>TR is touring community pharmacy on 14/6/24 with Uzo, with the intention to focus conversation on funding issues, how the ICB can be driving HCFS, PF and contraception services to free up appointments from GPs and support funding into community pharmacy. Also IP pathfinder, trainee placements and DPP capacity.</p>	
3.	<p>TAPR update CS reported Avon LPC voted to continue with proceedings and for a contractor vote before summer with SGM to vote. TR attended Avon's meeting on 15/5/24 and reported a preference from Avon to conduct an online vote (quicker than F2F) with minimum 7 days notice. Avon don't want to form a shadow committee and instead empower CS and LF to formulate CEO job description and go out to advert to keep applicants confidential. Timeframe of appointment will be dependent on candidate notice. Committee discussed and agreed to an SGM in June or July for contractor vote for merge. SC commented vote may need to be for change to constitution, name, boundary change and size of committee. Committee agreed Avon and CPSW will need to use the same question and harmonise process by conducting vote on the same day. SC to liaise with Richard for a date and what nuances in constitution need to be addressed. Committee agreed to not forming a shadow committee as independent members would have to be re-elected regardless.</p>	
4.	<p>Items requiring Discussion/Decision</p> <p>New market entry – Committee discussed the application (no COIs) and decided that it 'does not meet the required regulations for unforeseen benefits'. CB to contact area manager to discuss provision further.</p> <p>DPPs – SC commented on national nervousness around places in Oriel for 2025/26 needing DPP. BSW 75 places – 45 system places (all with DPPs), 30 CP places (DPPs unknown – Caroline Quinn is contacting pharmacies). Consideration around Teach & Treat involvement. Committee discussed different approaches to DPP provision.</p> <p>CPE – SC reported changes to IPA, and CPE statement is this should not change constitution at this stage. Committee discussed the different priorities of independent contractors to</p>	

	<p>CCA contractors, and the need for a new national pharmacy contract to avoid item remuneration issues and more closures.</p> <p>ToR for Chairs Forum – CS – to be set up as part of CPE TAPR governance. Request from CPE to review the ToR. Comments from the committee provided around how LPC chair input is fed into the agenda setting, and a clear reporting pathway for the forum into CPE to enable action as needed. SC to feed back to CPE.</p> <p>Levy – SC reported CPE’s response regarding additional levy is that they have produced an annual report, the levy letter had a paragraph specifying plans, there is ongoing work from last year’s workplan, and they’re not planning to produce quarterly review. Committee discussed requesting this year’s work plan.</p> <p>Pressures survey – SC reported CPE conducted pressures survey and are releasing it in chunks. Biggest media attention is around medicines shortages and starting to come up in stakeholder conversations. CPE have identified this as an opportunity for LPCs to go to local media and will likely provide media training from CPE. Committee discussed working with Healthwatch and Heidi (Swindon labour candidate) and considering responding to media requests in the future. PG at Gompels pharmacy is being visited by James Wood and Janet Morrison with plans to focus conversations around IP pathfinder and CPSW’s experience with IP in Swindon. PP is attending the House of Commons in June to discuss Pharmacy First as a representative of CCA.</p>	
5.	<p>Officer Reports – noted</p> <p>Smoking cessation – CB reported progress has been slow.</p> <p>Updates</p> <p>Swindon PNA – SC reported a steering group has been set up with the aim of PNA being published in July 2025. Swindon are planning a supplementary statement which will be sent to group for review with four days to comment. Committee discussed statement needs to be factual and about access. If statement is trying to update PNA with regards to need then CPE may need to be involved, and committee/contractors will review whether meets statutory requirements.</p> <p>AP: <i>SC to email requesting a longer review timeframe and stating that any supplementary statement produced must meet the regulations and would be scrutinised by interested parties.</i></p> <p>LMC – committee discussed surgeries signposting to pharmacy instead of sending Pharmacy First referrals. SC provided LMC with list of surgeries that weren’t active with CPCS, and LMC are gently approaching these surgeries to push. SC commented LPC and LMC</p>	

	<p>wanting to work together more with all LRCs. SC also highlighted the recent considerations around the CMDU commissioning.</p> <p>Healthwatch – SC commented national report is fairly positive and talks about barriers to Pharmacy First and medicines shortages. Community pharmacy is one of Wiltshire Healthwatch’s priorities for upcoming year and are planning to do a deep dive into Pharmacy First. CB has approached Healthwatch to support with this.</p> <p>ICB Update – national primary care access recovery plan produced actions for 24/25, one focusing on Pharmacy First. Working group hasn’t met since last year, SC has requested a meeting. Committee discussed potential solutions to Pharmacy First including GP relationships (no direct support to surgeries available like with CPCS), referral pathways and IT platforms to reduce informal referrals.</p> <p>BSW ICB Implementation Plan – SC reported plan covers two years, focuses primarily on financial recovery and no one officially consulted. SC provided suggested additions directly to ICB for CPSW; working with GPs to increase referrals into nationally commissioned services, consideration of CP IT support and piloting IP prescribers for HCFS.</p> <p>MOU – SC reported MOU support money is approximately £20k. Likely priorities will be PF, HCFS, contraception, PCN leads and potential additional support staffing. Committee discussed potential opportunities including community evening event with GPs, CB going to surgeries directly (practice managers and receptionists) and encouraging pharmacy-GP relationships (locality meetings), utilising PCN leads. TR suggested using a third for a training event and two thirds for mobilising PCN leads and providing data to surgeries on appointment time saved. PG suggested 60% practice, 30% data and 10% on pharmacies. Consideration around using technicians instead of pharmacists to save resources and encouraging referrals are sent to patient’s nominated pharmacy. Committee discussed hesitancy to hire whilst under TAPR negotiations. SC to discuss plans further with HW on 20/05/2024.</p>	
6.	<p>AOB AC to take minutes in June meeting.</p> <p>NS attended the BSW healthcare leadership event in April and found it to be a useful networking and learning experience.</p> <p>CPE Reserves Guidance – CPE updated and SC sending to finance subcommittee for review.</p>	

Meeting Dates: 20th June (F), 18th July, 19th September (F), 17th October, 21st November (F)