**Minutes of Suffolk LPC Committee Meeting**

**Wednesday 16th November 2022**

**The Apex, Bury St Edmunds at 10:00am**

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| **Committee Members** |  |  |  |
| Alister Huong (AH) **Chair** CCA | P | Nick Smith (NS) **Treasurer** Ind | P |
| Anil Sharma (AS) – **PSNC** Ind | A | Mel Peet (MP) Ind | A |
| Catherine Armstrong (CA) CCA | P | Greg McCarthy (GM) CCA | P |
| Mohamad Alom (MA) Ind | P | Parv Lali (PL) Ind | P |
| John Jiang (JJ) Ind | P | Lee Doherty (LD) CCA | P |
| Vicki Hitchings (VH) Ind | A | Martin Howe (MH) CCA | A |
| Michael Lord (ML) Ind | P |  |  |
| **Officers and Guests** | | | |
| Tania Farrow (TF) | P | Ed Garratt – Chief Executive for SNEE ICS | P |
| Myra Battle (MB) | P | Maddie Baker-Woods, Alliance Director | P |
| Kristina Boulton (KB) | P | Liz Maloney, Deputy Director of Strategic Change | A |
|  |  | Nicki Joy, Regional CPPE tutor | A |

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| **Agenda Item** | **Outcome** | **Action**  **By Whom** | **Action**  **By When** |
| **39.** | **Welcome and apologies:** |  |  |
|  | AH welcomed everyone to the committee meeting.  LD has confirmed that this is his last meeting before starting a new position within the ICS. We all wish him well in his new post.  **Action: TF to contact the CCA and update them on possible future changes so they can decide if/when they wish to fill the vacancy**  VH, MH, MP and AS have given their apologies.  Guest NJ from CPPE has also sent apologies. | **TF** | **Nov 22** |
| **40.** | **Conflict of interest declaration:** |  |  |
|  | No conflicts of interest declared. |  |  |
| **41.** | **CCA report** |  |  |
|  | **CCA Questions**  New CCA questions were circulated with the meeting papers.  CA agreed to report against them for this quarter. |  |  |
| **42.** | **Minutes of the last meeting and actions arising:** |  |  |
|  | Reviewed minutes of last meeting and actions.    Minutes signed off. |  |  |
| **43.** | **Financial Report:** |  |  |
|  | Report circulated to committee.  Income to end of October is up, slightly ahead.  Some overspending, NI, postage, media, bank charges etc.  Most lines though are underspent.  Should be overall underspent and increasing our holdings.  Expenses, claims should be on time or in as early as possible which helps prevent errors.  Virtual Outcomes invoice of £2,340 due for payment. This was paid out of HLP money in previous years but will now be a cost against the existing budget.  **Committee agreed to keep the package and pay the invoice.**  PSNC levy could be possibly paid by direct debit and that could help with the cash flow and so we can track budget more easily.  NB: Please make sure you submit your claims on time.  **Final claim for the meeting is 31st December 2022** |  |  |
| **44.** | **CPPE:** |  |  |
|  | Nicki Joy, Regional CPPE tutor has sent her apologies as she is unwell. |  |  |
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| **11:30-11:45am** | **COMFORT BREAK** |  |  |
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| **45.** | **PSNC Update/RSG Vision Update:** |  |  |
|  | PSNC update, apologies from AS.  PSNC RSG Vision Update slides shared.  Vision and strategy are now the focus and a consultation has started. PSNC has commissioned Nuffield Trust and The Kinds Fund to look at a CP consultation and vision. PSNC objectives to be co-produced to create a final vision document, summertime 2023.  Contractors and LPCs can be involved and there will be steering groups, advisory panel, working groups. Strategy should align with NHS priorities.  Questions are in a survey that has been launched, submissions deadline is the 9th Dec. Promote in our newsletter.  We can still comment on the first draft once produced too.  **Action – TF to formulate suggested LPC response to PSNC vision and strategy consultation and then circulate for committee comments.** | **TF** | **1st Dec 22** |
| **46.** | **Update on progress in the implementation of the RSG proposals and further discussions on next steps:** |  |  |
|  | Discussed progress to date and next steps with a view to organising a contractor vote in January if we are to adhere to the suggested PSNC timelines.  AH attended LPC Chief Officers follow up meeting, some agreements were made.  What we are called – CP local was all agreed on.  Committee size - agreed 10-12 members.  Structures discussed in detail on how to be coterminous with one or more ICS geographical footprints – this part was agreed.  Conclusion – There should be 6 LPCs, one for each ICS area.  Start with each LPC co-terminus to NHS ICS footprint.  Continue with discussion to work more closely and deliver financial value.  TF shared name change options.  Committee size – LD stepping down leaves 1 down on CCA rep.  Need to ask CCA if they want to put someone forward. Once we have clarity on footprint, we can share committee representation breakdown again.  Proposal of contractor ballot in Jan 2023 and Special Meeting to change the boundaries.  **Committee unanimously agreed, following a vote, to a ballot to asking contractors if they wish local representation to move to ICS footprints.**  **Conclusion – AH to continue discussions with LPC Exec Officers with a view to each LPC asking contactors via a ballot if they wish to move to ICS boundaries.** | **AH to progress with regional LPCs** | **December 22** |
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| **1:00-1:30pm** | **LUNCH BREAK** |  |  |
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| **47.** | **Community Pharmacy: Integration within the SNEE ICS:** |  |  |
|  | We welcomed Ed Garratt, Chief Executive of SNEE ICS who joined to discuss the vision for community pharmacy within the ICS.  Ed gave an overview of system priorities:  Acknowledgement of pharmacy teams efforts and contribution through the pandemic. Health inequalities need to be addressed to help reduce the difference. Change to a collaborative model. Primary care to shift to less working in silo, trying to move away from competition. Retention of workforce is an issue. More place level work needed but there is no CP mechanism for this at present.  Members expressed that workforce was a huge challenge.  Joint posts need looking at. University of Suffolk integrated care academy – looking at dentistry currently, Ed would like to look at an option for Pharmacy.  CP is more integrated now due to the pandemic. Now looking at formulating a strategy with the ICS, so support then needed to imbed and operate in that manner.  Maddie Baker-Woods was also in attendance to talk about SNEE ICS integration. She thanked all pharmacies’ contribution and Tania’s advocacy of the profession. Roots are now established and would hope for a co-produced approach and looking forward to stronger relationships.  3 alliances within SNEE, want an aligned approach and relative to each area. Support integration and take relationships in that area forward including the pharmacies.  Workforce hub to help support development and recruitment. Look at training models that work for pharmacy.  Looking at having 1 to 2 leads for each pillar of primary care within the ICS. Commissioning would be supported by the existing NHSE regional contracts team members who will be hosted by one ICS (HWE) but will provide support to all 6 ICSs.  TF shared some slides as to our current representation within SNEE.  We have been asked to contribute to the Joint Forward Plan.  Need to understand visibility of the data and obviously workforce is a high priority with a strategy now in place. Training to be multi-disciplinary and focus on condition management.  PGD led services, need to understand the mechanics to making those services happen. Independent prescribing services to use their clinical skills to the top of their license.  PCN integration and what the practical steps are at place level.  Need to free up capacity to allow pharmacies to talk to their PCN leads and build relationships.    EG - Digital skills – UoS – what is the need?  Sadly we have a piecemeal approach, sadly we have gone backward with NHS removing IT support. Dashboard for our services is needed, data from different places and at different points in time.  The data only reflects paid services, and many interactions aren’t recorded so worth consider if / how you would want that data.  Patients to selfcare also needs to be promoted.  PharmOutcomes which is our main platform is part of EMIS, whereas here practices are mainly SystmOne so IT integration options are limited across primary care providers.  Some services like EHC are a postcode lottery in the eastern region.  Some national templates would support the ICSs.  Would be good to have an example area / site to see the way newly commissioned services operate in each locality – so you can run through and see it in action before you go live.  Data entry for covid is repetitive, and there isn’t one system.  Willingness from all to make change, work collaboratively and integrate. |  |  |
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| **3:00-3:15pm** | **COMFORT BREAK** |  |  |
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| **48.** | **SNEE ICS Joint Forward Plan including referenced documents:** |  |  |
|  | Committee to review draft submissions for inclusion in the ICB 5-year plan and comment on suggested amendments.  Workforce strategy which has been signed off which had sector wide support. 30th Nov is the first ICS workshop on pharmacy workforce.  Can reference in the draft Forward Plan submission too.  The NHS regional strategy should be signed off by the end of this week. All regions have signed off and added their sections and support for the strategy.  2 ICS strategies – ICB Forward Plan is a strategic partnership document, ICP is delivering a co-produced plan around agreed principles for achieving strategic aims.  5 year Forward Plan is the NHS strategy.  Does the committee agree that the 2-page document is sufficient?  Recruitment – HEE funding available to PCNs & hospitals but not CPs.  Unused apprenticeship levy too. Many factors need to be bottomed out, including pharmacy career pathways and models of the workforce working across different settings. ARRS can’t go on as an unsustainable model.    Independent prescriber pilots are being looked at to support CPs. Looking to shorten course timescales to expedite.  Training practices are used in supporting GP development so the model could be piloted in certain CPs. Practice manager type posts may be required too due to the pressure on clinical staff and the complexity of service delivery and claiming.  Hosting of local pharmacy careers information and pathways along with resources for teams to cascade.  Operationally need to look at the dispensing model as it will not be the future of the sector.  Can Do Strategy talked about primary care and all areas were described in one section, so this has now been separated out to be more specific to individual aspirations.  **Committee supported the draft submission** |  |  |
| **49.** | **Committee member feedback on morning session/issues requiring Officer support:** |  |  |
|  | Positive feedback on this morning’s sessions. |  |  |
| **50.** | **LPC Risk Register:** |  |  |
|  | TF circulated an updated risk register using PSNCs template.  **Accepted by the committee.** |  |  |
| **51.** | **Officers Reports:** |  |  |
|  | All officers submitted reports to the committee.  No questions.  **Accepted by the committee.** |  |  |
| **52.** | **Contract Changes:** |  |  |
|  | None outstanding |  |  |
| **53.** | **Any Other Business:** |  |  |
|  | MB - Sponsorship – we have 2 external parties wanting to come to our January meeting.  Committee agreed to invite one to the next meeting.  **Action – MB to invite sponsor to January 2023 meeting.**  LD – Sharps bin issue, still unable to signpost people those pharmacies that provide?  Council can collect from the house and its different in each council area.  **Action - MB / TF/ KB to take an action and raise needle exchange visibility issue with those responsible for the service.**  ML – Egg based vaccine email didn’t reflect his pharmacy – there were no inaccuracies of flu vaccinations. Possible mix up with cell based and egg based. All issues now resolved | **MB**  **MB / TF/ KB** |  |
|  | **Action Log** |  |  |
|  | 39. Action: TF to contact the CCA and update them on possible future changes so they can decide if/when they wish to fill the vacancy  45. Action: TF to formulate suggested LPC response to PSNC vision and strategy consultation and then circulate for committee comments.  46: Action: AH to continue discussions with LPC Exec Officers with a view to each LPC asking contactors via a ballot if they wish to move to ICS boundaries  53. Action: MB to invite sponsor to January 2023 meeting.  53. Action : MB / TF/ KB to take an action and raise needle exchange visibility issue with those responsible for the service. | TF  TF  AH  MB  MB / TF/ KB |  |
|  | **Date of next meeting**  **Wednesday 18th January 2023**  **Location: The Apex, Bury St Edmunds**  **10am to 4pm** |  |  |

Signed …………………………………………………………………………… Date…………………………