**Minutes of Suffolk LPC Committee Meeting**

**Wednesday 15th March 2023**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Committee Members** |  |  |  |
| Alister Huong (AH) **Chair** CCA | P | Nick Smith (NS) **Treasurer** Ind | P |
| Anil Sharma (AS) – **PSNC** Ind | P | Mel Peet (MP) Ind | P |
| 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 | Martin Howe (MH) CCA | P |
| Vicki Hitchings (VH) Ind | P |  |  |
| Michael Lord (ML) Ind | P |  |  |
| **Officers and Guests** | | | |
| Tania Farrow (TF) | P | Lee Doherty – SNEE ICS Community Pharmacy Clinical Lead | P |
| Myra Battle (MB) | P | Lucy Archer – Senior Project Manager, Covid19 & Flu Vaccination Programme | P |
| Kristina Boulton (KB) | P |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agenda Item** | **Outcome** | **Action**  **By Whom** | **Action**  **By When** |
| **68.** | **Welcome and apologies:** |  |  |
|  | AH welcomed everyone to the committee meeting and thanked everyone for their commitment in terms of attendance.  This meeting was kindly sponsored by Exeltis UK Ltd, through provision of stand space/brief discussion. Due to unforeseen circumstances the sponsor has sent their apologies. They had no input into the content of the meeting. |  |  |
| **69.** | **Conflict of interest declaration:** |  |  |
|  | No conflicts of interest declared. |  |  |
| **70.** | **CCA report** |  |  |
|  | **CCA Questions**  CCA questions were circulated with the meeting papers.  MH agreed to report against them for this quarter. |  |  |
| **71.** | **Minutes of the last meeting and actions arising:** |  |  |
|  | Reviewed minutes of last meeting and actions.  Actions update – AH gave a provider company update in terms of what approaches could be taken. TF to take forward; invite to Essex provider company has gone out for the May meeting. PSNC will be conducting an exercise to look at all provider companies and what LPCs should be looking for in terms of governance.  SGM had a relatively low contractor turnout, however all were in favour of the new constitution. Can start to implement some of the changes, for example - renaming and changing committee numbers.  Minutes signed off. |  |  |
| **72.** | **Financial Report:** |  |  |
|  | Report circulated to committee.  Expenses vs income was slightly ahead of where we expected to be, approx. £4,000. Steve will be correcting the NI, bookkeeping fees overbudget and room hire is high as we have gone back to face to face, telephones charges have increased, IT high as we authorised the Owl purchase.  Deficit £3,100, with HLP its around £5,000.  However, with a healthy bank balance we are still holding the recommended amount.  Agreed with PSNC to pay the levy monthly to help with budgeting.  Overall healthy accounts, the impact will become greater as the PSNC levy starts to increase.  Salary discussion took place and AH gave an update to LPC officers.  3-month budget update circulated, showing the levy monthly. After the 3-month period we will have a £4,000 deficit.  £75,00 will be the provisional bank balance at the end of the 3-month period.  Other options will need to be explored, increasing footprint, mergers, increasing income etc. before we consider increasing the contractor levy.  Income - sponsorship will help and is not budgeted for the May meeting. If national contract, local services, LPC footprint change the amount of the levy which is a % of services that go through NHSBSA could alter. We can also look for local funding for project management.  Zero based budgeting could be a future option and contactors may not mind paying more levy if the commissioned services supported the pharmacies with increased income.  Worth noting, nil income came through to the LPC for the COVID vaccination service despite the significant amount of work that LPC Officers put in to support the service.  NB: Please make sure you submit your claims on time.  **Final claim for the meeting is 31st March 2023** |  |  |
| **73.** | **PSNC Update/RSG Vision Update:** |  |  |
|  | AS gave a useful update from PSNC regarding their priorities and work moving forwards.  The joint #saveourpharmacies campaign has been launched with all pharmacy bodies working together. Pressure survey results are in too, which will be released in due course. |  |  |
|  |  |  |  |
| **11:30-11:45am** | **COMFORT BREAK** |  |  |
|  |  |  |  |
|  |  |  |  |
| **74.** | **Community Pharmacy: Integration within the SNEE ICS:** |  |  |
|  | We welcomed LD and LA to discuss community pharmacy integration initiatives within the ICS and completed introductions.  IP pathfinder programme – ICS have submitted a bid and are waiting to hear back. EOIs went out and identified 11 possible sites, but we can’t extend the sites currently. 3 models put forward would be to support minor illness management, hypertension so they could initiate treatment and management, and lastly deprescribing would be for 1 site and would be linked to an advanced service.  1 year programme with no insight at this point in terms of adding sites or extending the programme.  PCN CP leads – HEE have funding for a regional pilot to support having 2 leads in each of the 3 alliances, so a total of 6 only covering their PCN area they sit within. Fully supported leadership programme will be offered and EOIs will be going out soon.  Evaluation will be key to showing the value of leads in terms of engagement. Model includes some incentive for pharmacies within the PCN area or even potentially across the ICS to engage with the CP lead.  End of Life contract – Being extended for a further 6 months and will go out shortly. AH, revision of service fee? It will be an extension so no changes in fee structure currently. Regional strategy could help to develop so there is a more consistent approach.  UTI PGD – Business proposal went to the board and was unsuccessful.  Can look at this being pulled on if winter pressure funding becomes available.  Workforce strategy group – DPPs need to be identified so EOIs have gone out to build capacity within GP practices including PCN pharmacists, to support more pharmacists with the 90-hour clinical training requirement and to create a peer network.  The University of Suffolk has been given permission to look at a school for Pharmacy. More to be done to break down the road maps for workforce support in each job role and level.  Comms team – looking at a strategy as to how we include CP so it’s not duplicated and this is a work in progress.  The committee thanked LD & LA for coming. |  |  |
|  |  |  |  |
| **12:30-1:00pm** | **LUNCH BREAK** |  |  |
|  |  |  |  |
|  |  |  |  |
| **75.** | **Update on progress in the implementation of the RSG proposals and further discussions on next steps:** |  |  |
|  | **SGM Outcome** – all votes were for and so the new constitution has now been adopted.  **Current RSG regional positions** – Unable to get a consensus across all Eastern LPCs so unable to go coterminous with SNEE footprint. Beds and Northamptonshire LPCs are merging from July 2023.  A scoping exercise has been conducted to look at a proposal for merger of Suffolk & Norfolk LPC.  **Consideration of merge -** Scoping exercise has been conducted and proposal documents circulated which look at a formal merger with Suffolk & Norfolk LPC. Changes would be significant including forming a new committee, committee size, officer structure, suggested timelines, (these would not reflect PSNCs original suggested timelines but have been agreed with PSNC).  Harmonising our operations, finances, etc. would take time to assess over a suggested 1-year period with a new organisation forming from April 1st 2024.  Another SGM would need to take place for contractors to vote on a proposed merger. HR would need to be coordinated and initiated by the committees, including TUPE for staff to move to the new organisation.  Would meet the RSG requirements as well as we could, and we can demonstrate that we had tried to achieve the coterminous element but weren’t able to for reasons beyond our control.  Merger would still mean we would be running at a deficit without any increase in additional contractors or contractor income and so we would therefore need to consider external income streams.  Clear communication on any further SGM would need to include the decision-making process underpinning the proposal.  Concern that local representation would be more thinly spread over a wide geographical area. Sub-committees / working groups could be set up to help give more local representation to certain workstreams if needed but the committee would be representative of contractor type and geographical location as much as was possible.  **Committee voted and over a two thirds majority agreed to put the merger to contractors at an SGM.**  Action – TF to take forward merger SGM vote and progress if appropriate following outcome from vote at the Norfolk LPC meeting next week. | TF |  |
|  |  |  |  |
| **2:30-2:45pm** | **COMFORT BREAK** |  |  |
|  |  |  |  |
|  |  |  |  |
| **76.** | **Officers Reports:** |  |  |
|  | TF, MB and KB gave a verbal update on how things were going in terms of their reports and what is working well and what they have on the horizon.  Action – TF / AH to write and outline what structure we would like to see from Public Health to support contractors.  Memorandum of understanding – for all chairs in the 3 LPCs to have a discussion on how to operate over the footprints. Similar to the MoD for Norfolk & Suffolk LPCs that is in place.  Action – AH to take forward discussions on an MOU in future.  Income to support LPCs in delivery for services could be available to support the LPC to lead on service workstreams, committee agreed to support developing this.  Action – TF to continue discussions on leading an Integration Project if associated funding is made available. | TF / AH  AH  TF |  |
| **77.** | **LPC Risk Register/Strategic Business Plan:** |  |  |
|  | Updated risk register and business plan were circulated with the meeting papers for information. |  |  |
| **78.** | **Contract Changes:** |  |  |
|  | Consolidation application has been received.  Verbal update given on closures and supplementary hours. |  |  |
| **79.** | **Any Other Business:** |  |  |
|  | AH - Services that have VAT could be impacted on changes being implemented from the 1st May, just announced in the Spring Budget. |  |  |
|  | **Action Log** |  |  |
| 75.  76.  76.  76. | Action – TF to take forward merger SGM vote and progress if appropriate following outcome from vote at the Norfolk LPC meeting next week.  Action – TF / AH to write and outline what structure we would like to see from Public Health to support contractors.  Action – AH to talk forward discussions on MOU in future.  Action – TF to continue discussions on developing the DMS LPC support package for DOACs. | TF  AH / TF  AH  TF |  |
|  | **Date of next meeting**  **Wednesday 17th May 2023**  **Location: The Apex, Bury St Edmunds**  **10am to 4pm** |  |  |

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