**Minutes of Suffolk LPC Committee Meeting**

**Wednesday 18th January 2023**

**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 | 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) | A | Liz Maloney, SNEE ICS Deputy Director of Strategic Change | P |
| Myra Battle (MB) | P |  Lee Doherty – SNEE ICS Community Pharmacy Clinical Lead | P |
| Kristina Boulton (KB) | P  | Alison Amstutz – SCC Sexual Health Commissioner | P |
|  |  | Julien Hersh – SCC Sexual Health team member | P |

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| **Agenda Item** | **Outcome**  | **Action****By Whom** | **Action****By When** |
| **54.** | **Welcome and apologies:** |  |  |
|  | NS welcomed everyone to the committee meeting.No apologies.  |  |  |
| **55.** | **Conflict of interest declaration:** |  |  |
|  | No conflicts of interest declared. |  |  |
| **56.**  | **CCA report** |  |  |
|  | **CCA Questions**CCA questions were circulated with the meeting papers.GM agreed to report against them for this quarter.  |   |  |
| **57.** | **Minutes of the last meeting and actions arising:** |  |  |
|  | Reviewed minutes of last meeting and actions.Some agenda topics will also be discussed as agenda items at this meeting so will continue discussions. Action regarding needle services, still needs work. Minutes signed off. Sponsor could come to the March meeting; a number have been approached and clear that it will not result in purchasing agreement. Money would need to go via HMRC. The committee agree to having a sponsor.**Action – MB & KB will investigate billing and clarify advertising element to sponsor.**  | **MB /KB** |  |
| **58.** | **Financial Report:** |  |  |
|  | Report circulated to committee.Discussed the budget for the next financial year, possibly need to budget for the next 3 months until RSG and committee size is known.Levy and bank interest are ahead. On expenditure, slight underpayment on salary, NI needs budget line so will speak to Steve on that point. Over expenditure on bookkeeping. Legal and professional charges are still not spent as allowing for RSG changes. Postage is up so will check these are allocated to the right lines, some of this was for talk cancer badges sent in Nov which was part of HLP 2.IT up due to the Owl. HLP, no funds now so we need to check accounting allocation is correct. Income vs ExpenditureOver by £12,000 so will need to make efficiencies and change the budget from April. Still have above PSNC reserve target, would be okay as a going concern however this is not the case with RSG.Budget for 2023-24PSNC / RSG vision will impact this. We will need to delay committee elections for 3 months, so it is difficult to budget for as the PSNC levy has yet to be firmed up. Likely that we will have a similar budget for the first quarter until clear figures, committee size and footprint is understood. Makes doing a zero-budget difficult too. Some costs we could strip out to help balance the increased PSNC levy which can be a monthly charge. Committee agreed on the actions noted below. **Action - NS to talk to Steve regarding PSNC levy to monthly.****Roll over the budgeting for first 3 months till elections.** NB: Please make sure you submit your claims on time.**Final claim for the meeting is 28th February 2023** | **NS** |  |
| **59.** | **PSNC Update/RSG Vision Update:** |  |  |
|  | AS gave a useful update from PSNC regarding their priorities and work moving forwards. A joint #saveourpharmacies campaign will be launched with all pharmacy bodies working together. AS updated those eligible to put forward EoI to be a PSNC regional representative incase this was of interest to any independent members of the committee.  |  |  |
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| **11:15-11:30am** | **COMFORT BREAK**  |  |  |
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| **60.** | **Community Pharmacy: Integration within the SNEE ICS:** |  |  |
|  | We welcomed Liz Moloney and Lee Doherty to discuss community pharmacy integration initiatives within the ICS.ICS will be responsible for direct commissioning from the 1st April. LM is working with regional teams, not expecting huge change as the team will be the same just moving to West Essex and Herts to provide a central function. Currently working on a memorandum of understanding. Commissioning wise the ICS would only be responsible for the NHS nationally commissioned services, but they are looking at the other elements of locally commissioned pharmacy services. We now have a written terms of reference and a regional CP strategy and have carried out a mapping exercise so we can use these as a framework for transformation. AH – Stocktake on services is useful. Would encourage the use of NHS standard contracts. The locally commissioned services need more of a national or regional approach and common service spec. to prevent vast variation in counties. With workforce challenges pharmacies are working across bigger areas geographically. Can be hard when things like the age spec. is different across the border. Single point commissioning would help with payment issues too. LDs role – 4 other ICS’s in the East have recruited, so will look to link in with those to give a more regional approach to pharmacy integration initiatives. LD shared slides giving an overview of his role and current workstreams. These included PGD UTI service, IPs pathfinder, workforce strategy, CP PCN leads, end of life, COVID-19 treatments, meds optimisation teams CP integration, urgent medicine supply etc.The committee thanked LM & LD for coming.  |  |  |
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| **12:30-1:00pm** | **LUNCH BREAK**  |  |  |
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| **61.** | **Update on progress in the implementation of the RSG proposals and further discussions on next steps:** |  |  |
|  | Provider companiesPSNC is not currently looking at a national approach to provider companies. North provider company has been the vehicle to successfully negotiating a walk-in CPCS for that region. Use of the north provider company could be explored in short term. We have Essex provider company and it would be good to have 1 that covered all of the Eastern region. This would need to be an independent organisation from LPC’s and have good governance. Could look to possibly having a round table discussion with all LPCs. **Action – AH to explore provider company options in more detail and bring back to the March meeting.** RSGDiscussed progress to date and next steps with a view to organising a contractor vote if we are to adhere to the suggested PSNC timelines.Shared slides regarding the decisions required to progress. Are we the right size? Finances will need forward planning to adjust for increases in PSNC levy.Agreed to be called Community Pharmacy \_\_\_(this is yet to be determined). Committee size – 11 members was suggested as it would help give a voting majority when making decisions. Contractors would need to be the right composition of CCA and independents. SGM will need to be arranged in February. Committee agreed to an online meeting on the 20th of February as a provisional date, avoiding half term. Question to contactors will be along the lines of: Do you accept the proposal to align the LPC to be co-terminus with the ICS?Ballot question and summary document to be agreed across LPCs where possible, so it is consistent.The committee meeting held on 12 December, which was to discuss possible merger with Essex LPC resulted in the committee voting no to the merger proposal and wanting to be co-terminus with ICS. Essex LPC had their SGM, they did not reach the 2/3 contractor votes needed to move forward with their question. **Action – AH to progress with SGM and ballot for 20 Feb date and continue discussions outside this meeting so it can be formally put to contractors.**  | **AH****AH** |  |
| **62.** | **Agreement of meeting dates for 23/24:** |  |  |
|  | Proposed future committee meeting dates were circulated with meeting papers. Only slight change would be to move the May pre-meet to a Tuesday as the Monday is a bank holiday due to the Kings coronation. Could revisit Endeavor House and council meeting office in Bury St Edmunds as potential meeting venues.Woodbridge Road Pharmacy could also be a possibility. Online meetings did save us money over covid.For the May meeting we will book The Apex, if unable to find suitable alternatives in time that come in budget. Committee agreed with proposed dates, some flexibility is needed given we have no RSG outcome yet and we may have to consider travel for new committee members or to cover a bigger/different footprint.  |  |  |
| **63.** | **Sexual Health Service: Suggested Contract Changes:** |  |  |
|  | We welcomed Alison Amstutz – SCC Sexual Health Commissioner and her colleague Julien Hersh who replaces Sharna Allen.Sexual health service information and fees were circulated with meeting papers as new financial year approaches, looking to recommission. EHC slides showed over the years a shift away from GPs to pharmacies providing more year on year. Chlamydia treatment numbers are low. Review and new proposed payment structure was presented which was an increase from previous years. The Norfolk offer was different to this, committee expressed the wish to have less variance in counties so locums and pharmacists covering larger areas had consistency. Request to advertise and promote services sensitively. iCash map doesn’t display pharmacies and the NHS pharmacy finder isn’t clear what is a commissioned vs private service offering is.There is a sex education in schools portal and person we could share information with. Options presented from 1-7 could be narrowed down to option 1-3, to make it easier for teams to select. MB asked for the possibility of a longer contract period than 1 year. KB asked if there were any incentives to sign-up to all 3 services. C-card scheme is still a free service, could this be a paid service based on place-based need, i.e. areas with high teenage pregnancy. AA will go away and look at the modelling following our discussion and email the LPC to share with the committee. |  |  |
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| **2:45-3:00pm** | **COMFORT BREAK**  |  |  |
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| **64.** | **SNEE Draft Integrated Care Strategy Summary:** |  |  |
|  | Document was circulated with committee meeting papers, is for committee information - no comments.  |  |  |
| **65.** | **Officers Reports:** |  |  |
|  | MB – Shared OCMS meeting update. Tier 1 360ish signed up national. Tier 1 is working in 2 of our pharmacies that will move into Tier 2. Date for national launch for Tier 1 is not clear yet. User template needs to mirror service spec. so it should stop pharmacists continuing the process.Blood pressure and BMI can be done by tech.SystmOne pilot still needs further implementing, LD is aware and possibly will pick that up. KB – still to follow up with some MP engagement and will do so when the time is right.  |  |  |
| **66.** | **LPC Risk Register/Strategic Business Plan:** |  |  |
|  | The Committee are aware of the risk register and business plan, which were circulated with the meeting papers.Any member to feedback to TF if they have any queries.  |  |  |
| **67.** | **Contract Changes:** |  |  |
|  | None outstanding. |  |  |
| **68.** | **Any Other Business:** |  |  |
|  | KB – Postponed discussion on Pharmacy Ambassadors. |  |  |
|  | **Action Log** |  |  |
| 57.58.61.61. | MB & KB will investigate billing and clarify advertising element to sponsor. NS to talk to Steve regarding PSNC levy to monthly.Roll over the budgeting for first 3 months till elections. AH to explore provider company options in more detail and bring back to the March meeting. AH to progress with SGM and ballot for 20 Feb date and continue discussions outside this meeting so it can be formally put to contractors. | MB/KBNSAHAH |  |
|  | **Date of next meeting****Wednesday 15th March 2023****Location: The Apex, Bury St Edmunds** **10am to 4pm** |  |  |

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