**Minutes of Suffolk LPC Committee Meeting**

**Wednesday 19th July 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 | 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 | Martin Howe (MH) CCA | P |
| Vicki Hitchings (VH) Ind | A |  |  |
| 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 | Nicki Joy - CPPE | P |
| Kristina Boulton (KB) | P |  |  |

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| **Agenda Item** | **Outcome** | **Action**  **By Whom** | **Action**  **By When** |
| **14.** | **Welcome and apologies:** |  |  |
|  | NS welcomed everyone to the committee meeting and thanked everyone for their commitment in terms of attendance.  Apologies from AS, VH, MP.  *This meeting was kindly sponsored by Pfizer Limited, through provision of stand space/brief discussion. They had no input into the content of the meeting.* |  |  |
| **15.** | **Conflict of interest declaration:** |  |  |
|  | No conflicts of interest declared. |  |  |
| **16.** | **CCA report** |  |  |
|  | **CCA Questions**  Q3 CCA questions sent through, main topics were around the provider company briefing which was discussed at recent provider company discussion with Essex LPC / HLP Ltd. Extra insurance for members with an additional cost of £500. It was agreed that this would need to be a decision for the new committee and budgeted in following the merger.  Action – TF to talk to other established provider companies to understand more on their operations and governance arrangements.  Action- TF to include insurance considerations into merger discussions.  GM agreed to report against them for this quarter. | TF  TF |  |
| **17.** | **Minutes of the last meeting and actions arising:** |  |  |
|  | Reviewed minutes of last meeting and actions.  Minutes signed off. |  |  |
| **18.** | **Financial Report:** |  |  |
|  | Report circulated to committee – income is up vs the budget, service income is looking good.  Expenses are mostly underspent, some monies spent toward the merger so far.  Net surplus this month and having monthly CPE charges is helpful.  Service income should be some of the integration money supporting the ICS, so should have £5,900 split over the year and be ringfenced by Steve.  Action – NS to check with Steve on where integration money is being shown, and ask about the Development Account line.  Proposed end-of-year accounts circulated to the committee from Larking and Gowen.  Draft annual report – circulated with the papers, need to add in accounts and the link. Page 6, Sept 2023 needs changing to Sept 2022 so will amend.  **Accounts and draft annual report accepted by the committee.**  Merger – Meeting with Norfolk to discuss merging budgets in Q3, and do so as a zero budget format. Work ongoing to put a proposed budget for the merged committee, so money into from each LPC should be equal and any excess may need to be returned to contractors as a levy holiday; need to have ongoing discussions.  September contractor AGM – will be in the same format as previous, so will be from 3pm to 4pm following the committee meeting.  Contractors can join either face-to-face or online.  Potential for a joint contractor event with Norfolk from October onwards as we should have a better understanding of the Pharmacy First scheme details and other service announcements.  NB: Please make sure you submit your claims on time.  **Final claim for the meeting is 31th August 2023** | NS |  |
| **19.** | **Services Update:** |  |  |
|  | **Locally Commissioned Public Health Services**  MB shared slides on services 2022-23 and what income has been generated. EHC is the service that is delivering the highest income for contractors locally.  EHC – 43 signed up for 23-24  Payment has gone up 33% to £20 per consultation plus cost of drug.  Action – KB to chase Suffolk Public Health team for feedback on EHC poster.  Enhanced DBS check is needed every 3 years.  Chlamydia Screening – 27 signed up.  Low provision with 28 providing in 2022-23.  Payment £4 per kit supplied. Increase in payment of 100%.  **Can order for free from PharmOutcomes.**  Chlamydia Treatment – 29 signed up for 23-24 (This is a referral service).  £20 per consultation plus cost of drug.  Stop smoking – 13 signed up for 23-24.  **Still waiting for the news SCC offers, so service isn’t being optimised, as One Life service ceases.**  Recommended the use of NHS standard contract. Talk of having a hub and a landing page for the Feel Good Suffolk website or via info link. This should help drive traffic to one place for locally commissioned services, the timescales though are tight.  Harm Reduction – 68 signed up to the 19-24 for needle exchange, Prenoxad and supervised consumption.  Difficult as we are competing with Turning Point who are the commissioner.  Needle exchange – 10 signed up for 23-24 with Q1 numbers being 1,253  NHS health checks – 8 signed up for 230-24.  Increase payment for £27 per completed check.  Main provider is GP surgeries.  Will share with social prescribers what sites are signed up.  Comms. need to go out to end the existing service on the 30th September, which has been flagged with SCC. It will be difficult currently during this transition phase till the new contracts are shared and the detail on how patients access these is known.  Action – KB to liaise with SCC so comms. for contractors on the changes with locally commissioned services is shared.  **Advanced Services and update on SNEE Integration Project**  TF shared slides on NMS provision, CPCS with a peak when GPs were incentivised to put referrals though, hypertension service has had a steady increase in delivery, DMS data for each hospital and referral numbers from PharmOutcomes shared. SCS data shows we have just started referrals.  Next steps for the project were shared, focusing on DOAC patients and how we might be able to get a baseline for the data.  ICS is looking at establishing a pharmacy dashboard to ensure service outcomes are visible and can then be supported to maximise. | KB  KB |  |
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| **11:30-11:45am** | **COMFORT BREAK** |  |  |
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| **20.** | **Appraisal Process 23-24:** |  |  |
|  | Template 360 appraisal form was circulated with the committee papers.  TF suggested using this for her appraisal for this year in line with Norfolk’s approach.MB and KB will be on the existing template.  **The committee agreed to take that approach for this year.** |  |  |
| **21.** | **Update on progress in the local implementation of the RSG proposals and further discussion on next steps:** |  |  |
|  | Update on HR process – LPC officers stepped out for the committee to discuss the options for progressing the merger and structure to support implementing those changes.  Committee discussed the transitional arrangements proposal and timeline for merger and the options available and the committee agreed on Option 1.  TAPR toolkit v4 was attached for information and we are using this tool going forward.  Changes to branding – KB discussed where we are with the branding and the option to sign-up to the CP local template.  The committee voted and agreed to sign-up to the new template.  Action- TF to sign branding agreement.  Possible joint meeting venue – TF ran through the two options that were attached with the meeting papers.  **Discussed and agreed to try both venues which would be on the same dates as we already have scheduled in.**  Ideas for contractor engagement in the New Year – Focus on AGM being the same as usual, possible engagement on new services launch and then possibly a joint event in the new year.  **Proposed approach accepted** | TF |  |
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| **1:00-1:30pm** | **LUNCH BREAK** |  |  |
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| **22.** | **Community Pharmacy: Integration within the SNEE ICS:** |  |  |
|  | We welcomed LD to discuss community pharmacy integration initiatives within the ICS.  PCN Community Pharmacy Leads Pilot – Leads identified and all completed the external training sessions. Some have tried to contact pharmacies and GP practices.  Quarterly reporting is needed and just sorting our renumeration arrangements. Looking at getting the 6 PCN leads, ICB leads and LPC together. Project is to show the value of the role hopefully following full evaluation.  Action – MB to share with leads the PCN area they cover and what pharmacies /GPs are in there.  Resilience / Integration LES – Funding for this year is ready to go with a MoD. Struggled with payment infrastructure, so needs to be made easier to engage.  Primary Care Recovery Plan – East event where this was discussed with ICB leads and discussed the barriers to Implementation. Digital and visibility issues, in particular hypertension and contraception service, some funding for the materials have been agreed.  Could look into having all services on the new info link, SCC platform.  Digital seems to be a huge focus and looks to improve significantly for CP. Concerns about CPs capacity.  Working group to be set-up to look at some of these issues including TF.  Widening inequality and challenging perception has been flagged as a concern, may be about having a local discussion with pharmacies where there is no provision.  Antivirals – Service is up and running with 18 commissioned pharmacies, with the platform having gone live and should now settle in a rhythm. Training will go out to commissioned pharmacies later on this month.  Complaints and Quality Assurance – lead for complaints – Sophie Martin  Complaints resolution training has been offered.  Action - KB to work with LD to share comms. for complaints resolution training.  Regulatory Changes and PNA – Business continuity plan deadline date is coming, so wondering what the expectation is.  IP Update – DPP identified in West Suffolk, EoIs have gone out. Are looking to arrange more DPPs and who the first person will be to go forward on this.  Waiting for a HEE update on how to further support IP training.  Not hear back on the bid we put forward for the IP CP sites just yet.  National procurement – web based prescribing model or a standard EPS,  The committee thanked LD for coming. | MB  KB |  |
| **23.** | **CPPE:** |  |  |
|  | Training update from Nicki Joy.  Slides were shown that gave an array of CPPE training on offer for teams to access.  Action – KB to share the list of training and slides with teams, with a note on the PQS tracker. | KB |  |
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| **2:45-3:00pm** | **COMFORT BREAK** |  |  |
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| **24.** | **Officers Reports:** |  |  |
|  | TF, MB and KB reports submitted, some verbal update on current and future workstreams shared with the committee. |  |  |
| **25.** | **LPC Risk Register/Strategic Business Plan:** |  |  |
|  | Updated risk register and business plan were circulated with the meeting papers for information. |  |  |
| **26.** | **Contract Changes:** |  |  |
|  | Verbal update given on closures and supplementary hours.  TF gave a short update on regulatory changes and the possible impacts. A total of 424 hours has been lost in pharmacy provision just with recent closures and reduction in pharmacy opening hours.  We need to understand if there needs to be a locally enhanced service to make sure there is adequate patient access.  100 hours changes can reduce their hours to change their core hours, rest breaks or change existing lunch break, local hours plan can be put in place by ICBs, business continuity plans for temporary closures and notification to change supplementary opening hours.  This could change the pharmacy provision locally and affect the PNA. Commissioned rotas, that used to be in place meant that patients could access services and was consistent. |  |  |
| **27.** | **Any Other Business:** |  |  |
|  | MP Peter Aldous continues to be an advocate for community pharmacy and has secured a debate on the future for community pharmacy on the 14th September 2023. |  |  |
|  | **Action Log** |  |  |
| 16.  18.  19.  19.  21.  22.  22.  23. | Action – TF to talk to other established provider companies to understand more on their operations and governance arrangements.  Action- TF to include insurance considerations into merger discussions.  Action – NS to check with Steve on where integration money, sponsorship money seems high and ask about the Development Account line.  Action – KB to chase Suffolk Public Health team for feedback on EHC poster.  Action – KB to liaise with SCC so comms. for contractors on the changes with locally commissioned services is shared.  Action- TF to sign branding agreement.  Action – MB to share with leads the PCN area they cover and what pharmacies/GPs are in there.  Action - KB to work with LD to share comms. for complaints resolution training.  Action – KB to share the list of training and slides with teams, with a note on the PQS tracker. | TF  NS  KB  KB  MB  TF  KB  KB  KB |  |
|  | **Date of next meeting including the AGM**  **Wednesday 20th September 2023**  **Location: The Apex, Bury St Edmunds**  **10am -3pm**  **AGM**  **3pm-4pm** |  |  |

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