**Minutes of Norfolk & Suffolk LPCs Committee Meeting**

**Wednesday 17th January 2024 from 10am to 4pm**

Wingfield Barns, Church Road, Suffolk, IP21 5RA

Suffolk Committee Members Attendance

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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 | A | 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 |
| **Norfolk Committee Members** |
| Geoff Ray (GR) Chair Chris Ball (CBall) TreasurerMike Hebron (MH) Simon Ingham (SI)Ben Ampomah (BA) Darren Wales (DW)Alastair Huong (AH) on both LPCs Gurpreet Kular (GK) |
| **Officers and Guests** |
| Tania Farrow (TF) | P | Lee Doherty – SNEE ICB Community Pharmacy Clinical Lead | A |
| Tony Dean (TD) | P | Lauren Seamons (LS) | P |
| Myra Battle (MB) | P |  Lucy Archer - SNEE ICB Head of Pharmacy & Optometry and theCovid19 & Flu Vaccination Programme | A |
| Kristina Boulton (KB) | P  | Charlotte Bowles (CB) | A compassionate leave |
| Sharon Gardner (SG)CP Clinical Lead, NHS N&W | P | Emma Murray (EM)Quality Pharmacist, NHS N&W | P |
| Gregg Syder (GS)Project Officer, NHS N&W | P |  |  |

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| **Agenda Item JOINT SESSION** | **Action by** **Whom** |
| 1. | **Welcome, Introductions & Apologies** for Absence Geoff Ray (Chair of CP Norfolk) welcomed all committee members to our second joint committee meeting with CP Norfolk and CP Suffolk.All members asked to please consider venue choices and options for future meetings.CB, and Katie Friend (Norfolk Committee) and MA (Suffolk Committee) have given their apologies. Work is ongoing regarding merger progress and the employed team are aware of the HR process which includes using Clyde & Co.AH explained that he is working with GR and others to progress and issue letters for employed teams and work to suggested timelines to ensure a smooth transition.New committee to decide any changes to the terms and conditions. LS has been looking into staff handbooks.  |  |
| 2.  | **Minutes & Matters Arising** will be covered in afternoon sessions.See section 8. |  |
| 3. | **Declarations of Interest**- specific to the matters of the morningAH asked regarding declarations of interest. No declarations made.  |  |
| 4. | **Merger of Suffolk & Norfolk LPCs**Update on actions required for successful merger and progress to date.* **Election Update:** Confirmation of actions to date and associated timelines for next steps.

New committee will be made of the following representation:5 CCA1 AIM6 Independents Nomination forms and election details have been sent out to the Independents.31st January 2024 is the deadline for nominations. TD has advised the CCA that they will have 5 places to fill, awaiting confirmation of representatives. JJ will be the AIM rep for the new committee, come the 1st April 2024. If over 6 independents come forward, then we will need to put a vote to contractors. Conversations with those independents could also be done firstly to confirm their commitment to going through to the voting phase. If 6 nominations are received, then those independents would automatically join the committee. If not enough come forward the new committee can appoint someone to fill additional places, historically though we have gone out for expressions of interest. Nominations forms are available to take away or fill in today and return to TD. TD to set a date for the election process, is likely to be 7th or 8th February 2024. Each contractor can vote for up to 6 representatives and the most picked individuals will be selected as members.* **Governance/IT/Underpinning Policies and Procedures** etc.: Progress to date and next steps to include discussion about the suggested approach to the adoption of the CPE Governance framework.

LS shared power point presentation regarding merger progress. A new name has been formally agreed as Community Pharmacy Norfolk & Suffolk and domain name purchased. A new logo from CPE has been sent through that is in line with the rebranding guidelines. Website template has been provided from CPE for free and as a team we will transfer over the appropriate pages. Might be more time-consuming, however it should mean we have a chance for good housekeeping and move over only what we need. GR – new committee could decide to have a website group to help stop calls coming into the officers. Any interested parties would be welcome to review the new website. Contractor engagement to also be considered for the new committee, when Pharmacy First is launched .We could run a drop-in session. DW, will help to build what good looks like and sharing best practice – need to consider what ICBs can support with too.A feedback form on the newsletter would be useful. Announce the new website and new committee and who’s who so those individuals are visible to all contractors from March.IT provider – Echo internet will help to merge the two Microsoft licenses. Existing domains will be forwarded to new tenancies. Audit of IT equipment and phones, record assets, assess for fitness, renewal requirements, economies of scale for phone contractors and the need for aligning across officers. Staff handbook undergoing review based on the Clyde & Co.template. Will need the new committee in place to support this workstream and other polices that may need to be put in place. The governance framework and code of conduct were both reviewed and all LPCs are expected to agree to these. New committee to ratify. The governance framework mirrors that of CPE and asks for LPCs to make decisions in the best interest of all Contractors. The Committee will consider and read documents, suggest any amendment at the March meeting and we then adopt the new Governance Framework and Code of Conduct. Publish the adopted version after the next meeting on our website. A governance subgroup would need to be set up to ensure there is a process in place for any concerns going forwards.* **Financial matters**: Progress report to include:

NS, CB and Steve Cullum (Suffolk bookkeeper) all met to discuss finances and to see what each committee did finance wise. CB has done a mockup budget for the new organisation, no extra cost for Norfolk contractors and Suffolk’s levy would come down, so no extra contractor costs as a result of the merger which is a positive. Payroll, book keeping etc are different across the patches so the new committee would need to agree to what’s best. Some clarity on the pros and cons would be useful to aid decision making. Whilst being mindful not to just look at the cheapest but what is easier to manage too and supports officers. GR – CPE has financial templates that we are using to help define the new budget. We don’t 100% match, however we can quite easily see where there are differences. Steve has done some work to harmonise both budgets. Payments for honorariums will need deciding on and aligning. Another meeting between NS, CB and SC before the March meeting will take place to then present the findings to the committee. Finance governance framework will steer the work too. Merging payrolls too will be a task, need to move payments to the same date and current bank accounts remain separate to stay below the deposit security level. Pensions are also run by separate companies. Norfolk have implemented a levy holiday to reduce reserves before merger. A/L meeting with LS, TD, TF has occurred and will change so the officers’ holiday year will run from April to March in line with Suffolk. Changes to the committee’s name on the accounts to our new organisation, Community Pharmacy Norfolk & Suffolk (Norfolk & Suffolk Local Pharmaceutical Committee) will also need to be done / looked at as we will be trading under a new name come April 2024. It is important that salary payments to officers etc. can continue with no interruption.NS & CB finance actions include:* Accounts and bank accounts to be aligned
* Update on preliminary zero-based budget for the merged committee
* Proposal for future financial working (including structure re: Treasurer, bookkeeper, external support for payroll etc.)
* Closure of yearly accounts and requirement for individual Annual Reports and Accounts in 2024.

Action - NS & CB to work on list of financial actions points within minutes and prepared in readiness to present to the March committee meeting, * **Date and venue for April meeting of new committee**

20th March 2024 meeting is at the Diss Business Hub. 17th April 2024 was agreed upon and committee venue preference was the Diss business hub as first preference. Action – CB / KB to book April committee meeting in.  | NS & CBCB / KB |
| 5. | **CPE Update**AS gave a useful update, CPE committee are focused on delivering Pharmacy First. Changes in minimum wage and category M will really impact contractors come April.PPV checks are being done, however the clarity and expectation isn’t clear on data to hold. AS will take this back to CPE. LPCs should also have input on national negotiations, as LMCs will do via a ballot. AS to take back to CPE.  |  |
| 6. | **Regional LPC Working Update**Regional meetings continue every 3 months. Next meeting in May / June time will be face to face and thoughts are around what it is we can do to reduce duplication. We would welcome the Chairs to attend and if resources are needed what would that look like. Operational work is shared and there is potential for more regional comms. and lobbying work. Including ICBs funding and getting more consistency for contractor support and local services.  |  |
| 7. | **Feedback on this morning and confirmation of Officer priorities for the final quarter**In December officer priorities have been confirmed and available for review. |  |
| **12:30-1:15pm - LUNCH** |
| Hereafter the Committees will separate to discuss current area-specific matters but introducing a common “key workstreams” format. |
| 8. | **Minutes and Matters Arising from November’s meeting**No issues of accuracy, minutes signed off.  |  |
| 9. | **Declarations of Interest-** changes only pleaseNo conflicts of interest declared.  |  |
| 10. | **ICB Integration & Development**LA and LD have given their apologies and submitted a report. Covid vaccinations 256,000 vaccinations, 148,000 in Suffolk with 75,000 of those by CPs. Waiting to hear if there will be a Spring campaign as it may move to an annual vaccination programme. CPs were thanked for their efforts and contribution to the programme. Rota commissioningSits with H&WE who are the commissioning team and only commission those that they have to and then rely on good will of contractors. N&W are looking to take the commissioning in-house with the funding and take a different approach. SNEE Easter commissioning EoI’s to go out shortly. IP PathfinderStill waiting to see what ICB funding from April would be available to provide project support for 6 sites. May go back out to those sites and re-check their ability / readiness to be stood up.Support for launch of Pharmacy First ServiceDiscussing the service with stakeholders and others to explain the service and briefing those on the changes along with the extended hypertension and contraception service. ENT training – Will take place on Sunday, 11th February 2024 and invites have gone out, with the AM slot now fully booked and 28 places still available for the PM slot. Will look at a mop up session in March and including wider team members. Plus, how they could do more training sessions to build in clinical skills and support GP / CP integration. GP Fed have been given funding to support GP / CP integration and allow for the CP Pharmacist to train with the GP practice and to sit in on minor ailment consultations. Funding has been secured and timeframe for implementing to be post April. Hypertension Case Finding Service – Joint meeting happening now between the ICB, LPC, LMC. High providers are being looked at and seeing where best practice is. Ambulatory monitoring data also showing patients reluctance to take up AB monitoring through CPs. Work ongoing in the Howard estate in BSE, on supporting and identifying those needing the service in areas of deprivation. DMS project update – Currently in Q3 and trusts are struggling with 40% vacancy rates. Looked at DoACs as a focus for referrals and they are moving away from that due to low referral numbers. Instead they are looking at population health management data to see how many patients bounce back into hospital and to focus on those needing well managed medication post-discharge. TF will do the final report, along with recommendations. Trusts may look at having in-house funding to employ someone to drive referrals and encourage the use of DMS. Action – TF to complete final DMS project report post April 1st.ICB Update – All ICBs are reducing operating costs, however they have appointed an ICB Meds Optimisation Lead (Chief Pharmacist).11th March a Quality lead for POD will be in position. Advanced service dashboard – Would be looking at sign-ups, delivery and help to steer support and manage risk to the ICB. Committee member feedbackFeedback to LD & LA from committee members. Showed support for the clinical supervision on offer from the GP Federation. Appreciated having ICB support when flagging issues with GP practices and acting as a liaison point.TF – Recent NHS vaccination strategy will look to broaden CP role, advised that Suffolk would be a demonstrator site from March 2025 (1 out of 12).KB – Post reorg, an ICB organisation chart would be useful to ensure representational / proportional support for the sector. GPs have set up a GP collaborative for the ICB board to use a sounding board to increase their voice to the system.  | TF  |
| 11. | **Financial Update**Financial report update was sent though and circulated to committee. Figures show a healthy balance and money coming in is above budget and above previous year. Interest rates have also slightly helped. Expenditure, most is under budget and no significant overspend. Please make sure you get your claims in on time and early for the March meeting. Expense claim deadline for this meeting is 29th February 2024 |  |
| 12. | **Communications and Workforce Update**Comms – continue with newsletter, website and some social media.Merger Preparations * IT transfer
* Newsletter template
* Website build

Will require more of my time and become core workstreams as we progress the merger. WorkforceSNEE ICB - The ICB have now put in place Sarah Kench to provide dedicated workforce support until March 2024. Foundation Pharmacist survey has been sent out to contactors to map contractor support requirements.Sarah will be creating a list / bank of all DPPs in the area, they are exploring the possibility of employing locum GPs. Action – KB to send thank you letter on behalf of committee to ICB for supporting CP workforce needs, as it has been and continues to be a high priority workstream.Oriel workshop information has been shared.TD / KB continue to engage with NHS WTE regarding workforce support and initiatives. University of Suffolk - Early discussions are taking place regarding a UoS School of Pharmacy, I have offered to support their application by providing them supporting statements from committee members.Pharmacy Careers Poster - Requested changes to update the key pharmacy careers poster, one that has CPE logo and some other changes. Shane Costigan, Pharmacy Dean from the South East has said he will get costings for this and come back to me.SCC – Meeting with them regarding support for work experience placements following the HSCS meeting Tania attended. ESNEFT – Apprenticeship levy share poster went out.Pharmacy Project Lead for the ESNEFT Talent for Care Team out for advert. We would then be looking to set up a funded offer for CPs to go into schools to encourage the next generation.   | KB  |
| 13. | **Support and Public Health Services**NRT Supply Service Update – Service launched in Dec and went out in January to ask for teams to sign-up. 18 pharmacies signed up so far. In February will continue to push sign-up with SCC. Level 2 Smoking Cessation Service Update – Looking at a fee model similar to Norfolk where there is an initial payment for starting a quite attempt, followed by additional payments for a 4 week and 12 week quit. Looking at next year and having a funded training element. Referral pathway needs to direct people into pharmacies. Making sure there are trained staff can be an issue. Looking at quits and electronic self-referral pathway and areas of deprivation. Harm Reduction Service re-commissioning update – Turning Point, looking into a wellbeing service, recommissioning the needle exchange, supervised consumption and naloxone supply. Having a fee review within the 5-year contract is key.When ODS code goes, the services are still listed which causes an issue for commissioners. NHS is notified, ICB is given that notification and there needs to be a mechanism of sharing with SCC so service commissioners are notified. Action – MB to flag data issue / pharmacy changes protocol with LD at SNEE ICB. Turning Point will only use their contracts and therefore a non-standard NHS contract. Wellbeing service, would have a structured chat and could claim quarterly. Sexual Health / Health checks re-commissioning update – Proposal has been shared, Provide would be the new sexual health commissioner starting a new service from 1st May 2024.TF and LS have reviewed the proposal to help give clarity on what the service has looked like and at what re-commissioning could look like. Health Checks – Currently 10 commissioned pharmacies. Haven’t had confirmation of the new provider yet and awaiting announcement. Pharmacy First – Supporting the roll out and contractors supported for ENT. 2 contractors have not yet signed up for the service, so need to check what their reasons are in case they need support. LPC role so far has been to work with the ICB to support them.Having up to date information is key. Drop-in’s would be useful to help answer any queries and give regular Suffolk updates and to help sign-post. 1 sheet of the 7 common conditions and then the 23 that need to be a CPCS referral would also be useful to give to GPs. Action – MB and KB to look at producing supporting Pharmacy First conditions doc. Next week 7 video’s will come out to support the service, so will share when available. FAQs would be good, keep things short and easy to read if possible. This service should be mindful of Pharmacists wellbeing and how much is being asked. Comms. with GPs should be careful to consider pushing too much and having a local conversation with the Pharamcy as to what they can cope with. Managing expectation will be key. EPS – ICB is supporting the ask that EPS should be enabled through all GP practices. 4 West Suffolk practices still not live.Non-dispensing patients should have access to EPS. Branded generics – SNEE ICB will stop all branded generics switches, which is a real benefit for CPs. LPC is supportive of this change. FP10 for dressings – Will be removing FP10 and dispense dressings directly. Meds optimisations will tell us those GP surgeries that will stop FP10s, so we can let local pharmacies know.  | MBMB / KB |
| 14. | **Market Entry -** No applications for consideration. |  |
| 15. | **CCA Questions** - CA will complete the CCA questions.  |  |
| 16. | **A.O.B.**None.  |  |
| 4.4.10. 12.13.13. | **Action Log** Action – CB / KB to book April committee meeting in. Action - NS & CB to work on list of financial actions points within minutes and prepared in readiness to present to the March committee meeting, Action – TF to complete final DMS project report. Action – KB to send thank you letter on behalf of committee to ICB for supporting CP workforce needs, as it has and continues to a high priority workstream.Action – MB to flag data issue / pharmacy changes protocol with LD at SNEE ICB. Action – MB and KB to look at producing supporting Pharmacy First conditions doc.  | CB / KBNS & CBTFKBMBMB / KB |
| **Date of Next Meeting**: Wed 20th March 2024, Diss Business Hub, Diss Business Park, Hopper Way, Diss IP22 4GT.**First meeting of the new committee**: 17th April 2024 (venue tbc) |

Signed…………………………………………………………………………. Date………………………………………………..