



COMMUNITY PHARMACY Lincolnshire

Minutes of the Meeting held Tuesday 16^h March 2021 via Microsoft Teams platform

Chairman

Paul Jenks	CPL Chairman and LPC Member CCA rep	PJ
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LPC Members present

Marc Brooks	CPL Vice-Chairman and LPC Member AIMp rep	MB
Blazej Jasnowski	CPL Member AIMp rep	BJ
John Broomhead	CPL Member AIMp Rep	JB
Jon Norman	CPL Member CCA rep	JN
Rob Severn	CPL Member CCA rep	RS
Chirag Ahir	CPL Member Independent rep	CA
Chris Mulimba	CPL Member Independent rep	CM

In attendance

Tracey Latham-Green	CPL Chief Officer	TLG
Hazel Sisson	CPL Admin Support Officer	HS

Apologies

Chris Kenny	CPL Treasurer and Member AIMp rep	CK
Les Guiblin	CPL Member CCA rep	LG
Sai Koneru	CPL Member CCA rep	SK

Abbreviations

CPL	Community Pharmacy Lincolnshire
CPPE	Centre for Pharmacy Postgraduate Education
DMS	Discharge Medicines Service
DOC	Declaration of Competence
GDPR	General Data Protection Regulation
GP	General Practitioner
GP CPCS	General Practice Community Pharmacist Consultation Service
ICSs	Integrated Care Systems
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
MYS	Manage Your Service

NIHR	National Institute for Health Research
NHSE	National Health Service England
NRF	Non-Recurrent Funding
PACEF	Prescribing and Clinical Effectiveness Forum
PCN	Primary Care Network
PSNC	Pharmaceutical Services Negotiating Committee
ULHT	United Lincolnshire Hospitals NHS Trust

Minutes:

Item	Details	Resp.
16/3/1	Welcome, introductions & apologies	
	<ul style="list-style-type: none"> • Apologies from those committee member's unable to attend were passed onto the committee. 	
16/3/2	Committee Governance	
	Declarations of Interest <ul style="list-style-type: none"> • RS informed the committee that he was no longer a member of Hull LPC. Competition Law Guidelines <ul style="list-style-type: none"> • The committee acknowledged that there was no change to our stance on this matter. 	All
16/3/3	Notes from the previous meeting	
	Matters Arising <i>Meeting Papers</i> <ul style="list-style-type: none"> • The committee was asked to read through the minutes of the previous meeting before the committee meeting so to spend less time reviewing minutes. • Any points to be raised should be included in agenda points or AOB. <i>CCA Vacancies</i> <ul style="list-style-type: none"> • PJ informed the committee that SK will resign once a new CCA member is in place (19/1/11). • PJ commented that CPL had been advised of a replacement CCA member for Enrico but despite contact from PJ or HS there had been no response. <ul style="list-style-type: none"> ○ PJ to speak to Lloyds contact to follow up. <i>CPL Website - Discharge of Medicines</i> <ul style="list-style-type: none"> • The committee was informed that this was all ready to be published on the website. 	All PJ PJ
16/3/4	Update from Chair and Chief Officer	
	Update since last Committee Meeting <i>GP CPCS</i> <ul style="list-style-type: none"> • PJ briefed the committee on engagement meetings: <ul style="list-style-type: none"> ○ First meeting took place in February. <ul style="list-style-type: none"> ▪ Marisco Medical Practice – did not attend. 	

	<ul style="list-style-type: none"> ▪ Regional NHSE Team ▪ LMC ○ CPL would like the patient to phone to make an appointment. <ul style="list-style-type: none"> ▪ Useful to manage patient expectations. <ul style="list-style-type: none"> • LMC confirmed that they are happy with this suggestion. ○ GP and PCN Lead joined the second meeting. <ul style="list-style-type: none"> ▪ Answers and reassurances where provided. ○ Next meeting has been arranged. • PJ informed the committee that the next would be Swineshead Medical Group. <ul style="list-style-type: none"> ○ Pharmacies are switched on. • The committee was informed of positive feedback following a presentation by PJ and TLG at the LMC meeting. • A committee discussion followed around d data. <ul style="list-style-type: none"> ○ PJ informed the committee that data has been requested from NHS Regional Teams, but they are currently focused on COVID. • PJ declared his interest as a CPPE Tutor and provided updates. <ul style="list-style-type: none"> ○ He reminded the committee to ensure MYS training is undertaken. ○ Palliative Care – self directed training might be helpful. ○ Shared Decision Making – three days of workshops and training. ○ Safeguarding learning is also been revisited. <p><i>CO update</i></p> <ul style="list-style-type: none"> • TLG thanked the committee for sending in DOI and bio information. • TLG informed the committee that she has been attending numerous Teams and Zoom meetings. • TLG commented that The Lifeguard Project bid was submitted at the end of March by University of Lincoln. • TLG informed the committee that she has sent letters of introductions to Lincolnshire MP’s. • TLG have contacted neighbouring areas none are rolling out DMS until end of April. • TLG commented the voice of Community Pharmacy needs to be heard in ICSs and has contacted Opticians, Dentists and LMC. <ul style="list-style-type: none"> ○ A joint letter is to be written to be sent to CCG. • TLG informed the committee that she is trying to access support from STP to upskill pharmacists to become Independent Prescribers. <ul style="list-style-type: none"> ○ New training in pharmacy degrees for them to become qualified independent prescribers. <ul style="list-style-type: none"> ▪ A committee discussion followed. 	<p>TLG</p> <p>TLG</p>
16/3/5	Finance Update	
	<p>Finance report and budget</p> <ul style="list-style-type: none"> • PJ commented that CPL is in a good position and that a clean budget would be in place for the next financial year. 	

	<ul style="list-style-type: none"> • TLG talked the committee through the proposed budget (see meeting paper 5). <ul style="list-style-type: none"> ○ Some support costs have been cancelled e.g. Survey Monkey. ○ Insurances to be investigated with PSNC. ○ Options around paying Chair and Treasurer was discussed. <ul style="list-style-type: none"> ▪ Potential of 4-6 hours a week for Chair Role. ▪ Increasing from 4½ hours to 6 hours per month for Treasurer Role to reflect work around Market Entry. <ul style="list-style-type: none"> • Following a committee discussion, it was agreed that paying as an appointment should be an option after using this year to see if this is the correct amount of time for both roles. • No need to keep timesheets for an appointment role. <ul style="list-style-type: none"> ○ It was agreed that these do provide transparency, however PJ commented that this takes around an hour each month to compile which is not claimed. • More beneficial to have expectations in a post. • Both TLG and PJ attend some meetings which provides business continuity. • It was acknowledged that in the future if a different person became Chair this would need to be revisited as to what would be appropriate for them and the committee. • RS commented on having a job description for the Chair role. • JN commented that governance needs to be in place. <ul style="list-style-type: none"> ○ Performance guidance is potentially needed. ○ PJ commented that there is a need to be held accountable for these paid hours. ○ MB commented that it was a good idea. Need to future proof CPL and needs to be accountable. ○ JN commented on the potential of timesheets been required if there was a change of Chair. ○ CA commented on the possibility of reviewing on a next appointment basis. ○ Following discussion, the committee approved the proposed budget. 	<p style="text-align: center;">TLG</p>
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	<ul style="list-style-type: none"> ○ A basic Chair job description will be formulated for the next year. <ul style="list-style-type: none"> ▪ PSNC website has a useful job description. ● The committee was asked to consider how to spend reserves and feedback. <ul style="list-style-type: none"> ○ TLG – maybe support PCN Leads ○ RS – CPCS implementation ○ RS – PCN development money from NHSE ○ PJ – PCN Leads need support, back-fill for development. ○ PJ – Potential of upskilling CPL committee. ○ CA – commented on the huge gaps in GP knowledge of CPCS. <ul style="list-style-type: none"> ▪ A committee discussion around CPCS followed. ● In conclusion it is noted that: <ul style="list-style-type: none"> ○ Proposed budget has been agreed. ○ Increase in Treasurer hours to 6hrs a month has been approved. ○ Monitor Chair hours ○ Description to be written for Chair role. ○ Performance management aim. 	All
16/3/6	Meeting Planning	
	<p>Streamlining and economic efficiency</p> <ul style="list-style-type: none"> ● PJ briefed the committee around the background of meeting paper 6. ● The committee was informed that CPL is taking the lowest level of levy from Contractors that is possible and that CPL Executives don't feel a levy increase is the right message. ● The committee considered the proposal of changing the structure of future meetings. <ul style="list-style-type: none"> ○ Quarterly face-to-face meetings with virtual meeting held in-between. <ul style="list-style-type: none"> ▪ The potential of holding face-to-face meetings in May, September – AGM, November and March – Budget Approval. ▪ Virtual half-day meetings via Teams in January and July. ▪ Update reports circulated by email in between. ▪ Place holders to be kept in place for evening meeting (if required). ○ This would provide CPL with an efficiency saving. ○ JN commented that half day Teams meetings are important and should continue and not be "if needed". <ul style="list-style-type: none"> ▪ The committee agreed. ● Following discussion, the committee agreed the proposed changes with the amendment to hold half day Teams meetings and to keep the placeholders in for the evening meetings. 	
16/3/7	Grant Funded Support for GP CPCS rollout	
	<ul style="list-style-type: none"> ● PJ briefed the committee around the background of meeting paper 7. <ul style="list-style-type: none"> ○ Proposal to use some of the NRF to provide contractors with a set of books to assist in the roll out of the GP CPCS service and other core pharmacy services. 	

	<ul style="list-style-type: none"> ▪ Minor Illness Manual ▪ Little Book of Ref Flags ○ Message to be made clear that these are been provided from NRF and not from Contractor monies. • The committee was asked for their thoughts, a committee discussion followed: <ul style="list-style-type: none"> ○ CA queried how much this would cost and what funding was left? <ul style="list-style-type: none"> ▪ Minor Ailments NRF approx. £37,000 left. ▪ Cost of books and associated costs equals approx. £6,000. ○ JN commented that this was a good idea and would increase visibility in pharmacies. ○ PJ commented that these are good books to use. ○ TLG commented that by placing a bulk order customised printing on the cover can be arranged for the Minor Illness Manual. • In conclusion the committee confirmed their agreement to go ahead with this proposal including the printing of postcards containing contact information for CPL and reminding them of the support offered by CPL to be despatched with the books to Contractors. 	TLG
16/3/8	Public Facing Website	
	<p>Design and Hosting</p> <ul style="list-style-type: none"> • TLG briefed the committee around the background of meeting paper 8. <ul style="list-style-type: none"> ○ Draft website has been created using much of the basic data from Staffordshire LPC's public facing website with their permission. ○ Contains link to pharmacies NHS webpage. ○ Costs potentially £45 a year to host. • PJ commented that this would stop patients clicking through to CPL website and contacting CPL who then have to direct them onwards. • RS queried whether the list of pharmacies updates automatically? <ul style="list-style-type: none"> ○ TLG commented that this would need to be done manually but was not an onerous task. ○ TLG also commented that services need to be manually changed. • The committee agreed that they were happy to launch the website. <ul style="list-style-type: none"> ○ It was acknowledged that this could be included in the postcards. 	TLG
16/3/9	Reaffirmation of Committee Roles	
	<ul style="list-style-type: none"> • The committee was made aware of the requirement to reaffirm committee roles: <ul style="list-style-type: none"> ○ Chair – PJ ○ Vice Chair – MB ○ Treasurer – CK • The committee was informed that all Executives are happy with their committee roles. <ul style="list-style-type: none"> ○ RS proposed that all Executives continue in their roles. 	

	<ul style="list-style-type: none"> ○ CA seconded this proposal. ○ Committee confirmed that they are all happy and in agreement. 	
16/3/10	Grant Funded and Other Training Support	
	<p>Autumn CPPE training</p> <ul style="list-style-type: none"> • The committee undertook a discussion around training options, points of discussion included. <ul style="list-style-type: none"> ○ Face-to-face – additional contractor training. <ul style="list-style-type: none"> ▪ Autumn could see some training with social distancing. <ul style="list-style-type: none"> • PJ to speak to CPPE and GP Trainers to enquire whether this would be possible. ○ Full day training and pre-work. ○ Does CPL offer backfill? • CA commented that this was a brilliant idea but not look to backfill. More interest from pharmacies who wish to attend. • RS commented that training is not the role of CPL but would give contractors the opportunity to make money. Potentially target training to those not doing what they can? • TLG suggested using NRF monies or grant funding. <ul style="list-style-type: none"> ○ PJ commented that it would need to be made clear that this was not funded from contractor's money. • PJ commented that CPL is not a training organisation. • TLG commented that if CPPE are offering non face-to-face training should CPL see what is achievable first? • CA commented money needs to be spent in a uniform manner. Contractors who do not engage have their reasons. • The committee considered how there are: <ul style="list-style-type: none"> ○ Some contractors who do not want to engage. ○ Some contractors who are unsure or uncertain. <ul style="list-style-type: none"> ▪ CPL can assist. • The committee considered potentially offering an evening workshop which is open to all. • MB commented that timings need to be considered but the funding needs to be spent. <p>Virtual Outcomes</p> <ul style="list-style-type: none"> • Virtual Outcomes costs £2,000 a year. The committee was asked to consider whether this was value for money? <ul style="list-style-type: none"> ○ It was acknowledged that this hadn't previously been pushed. ○ Some contractors used this regularly and some did not use at all. ○ TLG commented that this was not included in the budget. ○ PJ commented that it could be funded from NRF, however this was not sustainable. ○ PJ to circulate Virtual Outcome figures to the committee. <ul style="list-style-type: none"> ▪ PJ commented that this was contractor level data and therefore was confidential data. ○ RS queried whether individual contractors can sign up? 	PJ

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ PJ commented that this can be investigated. ○ The committee considered where are we within the cycle? ○ A committee discussion followed: <ul style="list-style-type: none"> ▪ Should we be signposting and not funding? ▪ Do we find money in the budget? ▪ MB queried usage numbers? – if they are low numbers pull. ▪ CA highlight usage – depending on timescales. ▪ TLG commented that if free training resources are located, they are emailed to her and she can log free resources. ▪ 240 course views and 27 contractors are actively using. ○ HS informed the committee that the cycle ends on 30th April. <ul style="list-style-type: none"> ▪ TLG suggested funding out of reserves and decide over the coming year whether to renew again. ▪ PJ commented that we should encourage contractors to use but say that it will be monitored and reviewed. <p>Flu Training</p> <ul style="list-style-type: none"> • The committee was informed that this was not equitable by all contractors. However, could CPL facilitate but contractors pay? <ul style="list-style-type: none"> ○ MB commented that it would be better to facilitate to provide local options. ○ CA commented that some would take up some services more than others and funding should be offered. ○ RS commented that CPL should facilitate and underwrite. ○ The committee was made aware that CCA's would not like this to be funded. ○ TLG commented that there is nothing in the budget for flu training. Could potentially use reserves this year but needs to be accounted for. ○ MB commented that ultimately it is their choice and that now is the time to facilitate. ○ PJ queried whether CPL should underwrite gap? ○ TLG commented that there is £2,000 in contingency which could be used to underwrite. ○ PJ commented that more people might be in need of training this year. <ul style="list-style-type: none"> ▪ Explore with contractors first. ▪ Face-to-Face training must be completed ever 3 years. ○ To be run in July/August. ○ Expressions of interest are required now, stressing that the training will not be free. 	<p>All</p> <p>TLG</p>
16/3/11	Covid vaccination for colleagues' update	

	<ul style="list-style-type: none"> • TLG informed the committee that she had received no contact from contractors over the last two weeks about issues. • People will be contacted by Pinnacle to arrange their second dose. <ul style="list-style-type: none"> ○ To be monitored. • JN commented that all staff at his branch were given a second appointment when attending their first at Boston. • PJ commented that he was informed that they would be in touch. • CM commented that he was provided with an appointment for his second dose on the day of his first. • MB commented that his was done off spec but that they would be in touch regarding his second dose. • MB queried when Pinnacle be contacting people? • A committee discussion followed. • The committee was asked to let TLG know if it was getting close to the point of needing a second dose and she would follow up or work out a process with Vic Townsend. <ul style="list-style-type: none"> ○ TLG will make enquires once both she and Vic Townsend are both back at work following annual leave. 	TLG
16/3/12	AOB	
	<ul style="list-style-type: none"> • RS queried who was attending the LPC National Meeting tomorrow from CPL, as he was also attending as Notts LPC Chair. <ul style="list-style-type: none"> ○ PJ and TLG ○ RS also happy to feedback. • PJ informed the committee that he would be attending a PACEF meeting tomorrow afternoon. • PJ led discussion around direct supply of paracetamol to Care Homes by the CCG/System <ul style="list-style-type: none"> ○ Large amount of prescribed paracetamol is being returned in MDS trays. <ul style="list-style-type: none"> ▪ Concerns about prescribing costs and waste. System sourced supplies below Drug Tariff price for care homes to use as homely remedies and supplied these directly. PJ pushed back and commented that they need to be mindful of pharmacy services. ▪ Potential of oral nutritional supplements moving this way too. ▪ PJ commented he will continue to challenge on future things. • Extended Care Services. <ul style="list-style-type: none"> ○ Information about Tier 1 has been added to the CPL website. ○ The committee was informed that there have been challenges from GP Practices around Lincolnshire that a number of pharmacies have signed up but say they do not offer it when the patient arrives at the pharmacy. <ul style="list-style-type: none"> ▪ Reminder that if you are signed up, you are committing to offer the service during all your opening hours. 	
	Date of Next full meeting	
	Tuesday 18 th May – details to be confirmed	All

Action Log from March 2021 Meeting

Min No.	Action	Deadline	Resp.	Completion Notes
16/3/3	PJ to speak to Lloyds contact about proposed CCA replacement for Enrico.	ASAP	PJ	Completed Contact made 15 th April 2021 – email address provided by CCA was incorrect. Contact details have been updated and welcome extended to Milena.
16/3/3	Discharge of Medicines page on website to be updated with links.		PJ	Completed
16/3/4	Upskilling Pharmacists to become Clinical Independent Prescribers – potential of accessing funding options from STP to be investigated.		TLG	Completed Email to STP chased up. TLG noted to Vic Townsend that this was an area which should be covered in the systems meeting being organised. Added to list of ICS/STP items to be covered when ICS input meetings arranged.
16/3/5	Insurances – is this covered by PSNC?		TLG	Completed TLG arranged for free cover to be provided at renewal in July via PSNC
16/3/5	Job description for Chair role to be formulated.			Draft Chair role with PJ for review as at 20.04.21. Carry over to next minutes action log to monitor progress.
16/3/5	Consider how to spend reserves and feedback		All	Reserves allocated so far to <ul style="list-style-type: none"> • Virtual Outcomes licence for 21/22 (£2,000) • Additional PSNC payment for Wright review work (circa £747) • Potential underwriting of flu training if demand is found (£2,000). Additional suggestions welcome. Carry over to next minutes action log to monitor progress.

16/3/7	Purchase books and create postcard to form the resource package for GP CPCS rollout	ASAP	TLG	Completed Books sent out in April
16/3/8	Launch public facing website	ASAP	TLG	Completed Website launched. Pop-up added to CPL home page to divert patients.
16/3/10	Circulate Virtual Outcome Figures to committee	ASAP	PJ	Completed Circulated to committee – 16/03/21
16/3/10	Forward details of any free training resources to TLG for a list of resources to be compiled.	ongoing	All	No details received Carry over to next minutes action log to monitor progress.
16/3/10	Expressions of interest for Flu Training to be gathered – stressing that this is not free training.	ASAP	TLG	Completed Survey circulated in May.
16/3/11	Make enquires as to the process of ensuring that all have arrangements in place for having their second Covid vaccination as appropriate.		TLG	Completed System organised with CCG and circulated in the newsletter 15 th April

Actions carried over from previous meetings.

None

