



Minutes of the Meeting held Tuesday 17<sup>th</sup> January 2023  
via Microsoft Teams platform

Chair

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

Marc Brooks	CPL Vice-Chair and LPC Member AIMp rep	MB
Chris Kenny	CPL Treasurer and Member AIMp rep	CK
Blazej Jasnowski	CPL Member AIMp rep	BJ
John Broomhead	CPL Member AIMp Rep	JB
Christine Stafford	CPL Member CCA rep	CS
Rob Severn	CPL Member CCA rep	RS
Chris Mulimba	CPL Member Independent rep	CM

In attendance

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

Apologies

Andrea Mudamburi	CPL Member Independent rep	AM
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**Abbreviations**

4PPC	Four Pillars of Primary Care
CO	Chief Officer
CCG	Clinical Commissioning Group
CP	Community Pharmacy
CPL	Community Pharmacy Lincolnshire
CPPE	Centre for Pharmacy Postgraduate Education
CPPQ	Community Pharmacy Patient Questionnaire
CPWM	Community Pharmacy West Midlands
CRG	Clinical Reference Group
DMS	Discharge Medicines Service
DOC	Declaration of Competence
DOI	Declaration of Interest

GDPR	General Data Protection Regulation
GP	General Practitioner
GP CPCS	General Practice Community Pharmacist Consultation Service
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICSs	Integrated Care Systems
IPMO	Integrated Pharmacy and Medicines Optimisation
LDC	Local Dental Committee
LMC	Local Medical Committee
LOC	Local Optical 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
PCAG	Primary Care Advisory Group
PCCC	Primary Care Commissioning Committee
PCSE	Primary Care Support England
PCTOG	Primary Care Transitional Oversight Group
PDAF	Pe-Delegation Assessment Framework
PEQ	Patient Experience Questionnaire
PGDs	Patient Group Directions
PhAS	Pharmacy Access Scheme
PMS	Pharmacy Management System
POD	Pharmacy, Optometry and Dentistry
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
RPS	Royal Pharmaceutical Society
SIP	Systems Improvement Programme
STPs	Sustainability and Transformation Partnerships
ULHT	United Lincolnshire Hospitals NHS Trust
UOL	University of Lincoln

#### Minutes:

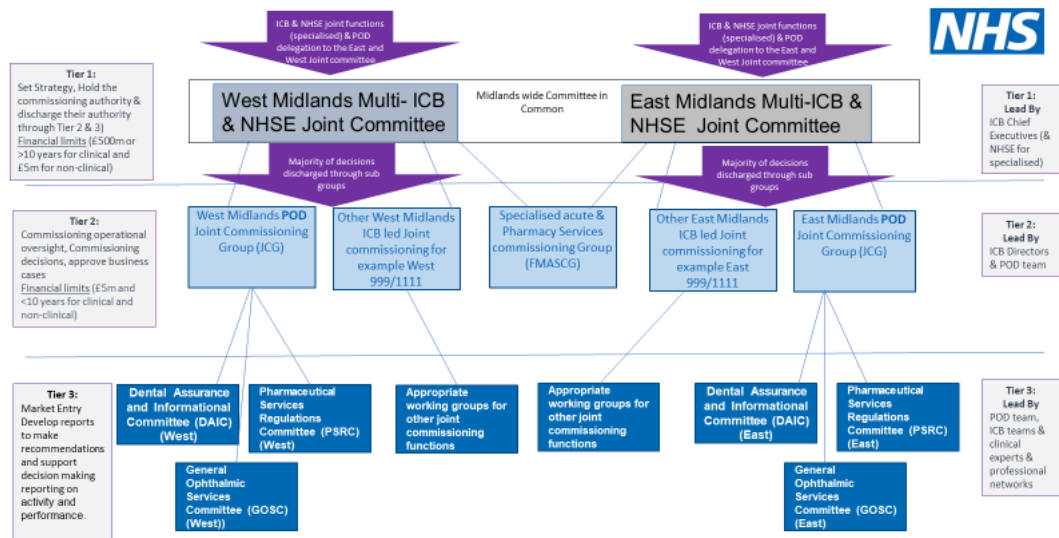
Item	Details	Resp.
<b>17/01/1</b>	<b>Welcome, introductions &amp; apologies</b>	
	<ul style="list-style-type: none"> <li>Apologies passed onto the committee from AM.</li> </ul>	
<b>17/01/2</b>	<b>Committee Governance</b>	
	Declarations of Interest (DOI) & Biography <ul style="list-style-type: none"> <li>The committee acknowledged that there are no changes to be made to DOI's and/or Biographies.</li> <li>PJ reminded the committee to check and update their biographies if necessary.</li> </ul>	All

	<p>Competition Law Guidelines</p> <ul style="list-style-type: none"> <li>The committee acknowledged that there was no change to our stance on this matter.</li> </ul>	
17/01/3	<b>Notes from the previous meeting</b>	
	<p>Matters Arising</p> <ul style="list-style-type: none"> <li>The committee acknowledged that there were no matters arising from the minutes of November's meeting.</li> </ul>	
17/01/4	<b>Update from Chair and Chief Officer</b>	
	<p>ICS Engagement and Progress (incl PCTOG, PCAG)</p> <ul style="list-style-type: none"> <li>The system continues to prepare for delegated commissioning of POD (Pharmacy, Optometry, Dentistry) services from April 2023. Nottingham will be the lead commissioner for POD in the East Midlands. This is good for us as we work closely with Notts LPC and Nick had let me know prior to this meeting that Notts were leading POD delegated commissioning.</li> <li>Also attended 4PPC meeting on 19<sup>th</sup> January - these will move to quarterly from April 2023 to ensure there is a forum for joint concerns to be discussed and to minimise silo working in the system. Key concern remains across the four pillars re lack of extra funding in the system after inflationary pressures are taken into account (as noted by Matt Gaunt, Director of Finance ICS) to achieve the strategic goals of the ICS. We meet again in March when the full details of delegated service extent will be known and shared. TLG reminded the system of the cross pillars report provided in August 2021, suggesting areas when improvements could be made. It was agreed this could be a starting point for looking at practical steps for improvements in the system - report re-shared to Sarah Jane Mills, Primary Care Lead, along with a presentation regarding how pharmacy can support their frailty work.</li> <li>TLG attended the Primary Care Transitional Oversight Group (PCTOG) on 4<sup>th</sup> January. A new flow chart outlining governance was shared at CO's request after the meeting (see attached). The GP currently sitting as Primary Care Representative on the Strategic Board is due to retire in March and we have been pressing for recruitment to begin since early autumn. It was confirmed that the recruitment paperwork is currently being prepared and will go out in the next few weeks leaving just two months to fill the post.</li> <li>The ICS are considering launching a high fluoride toothpaste intervention in care homes. We (and Kenny Hume the LDC Chair) have noted that community pharmacy engagement is key around supply and that toothpaste should continue to be made on prescription to individuals. Yinka Soetan from the ICS is also concerned about supply. CPL have made it clear that local pharmacies would need to be made aware of any likely increase (and perhaps subsequent decrease) in demand so they can plan accordingly. <ul style="list-style-type: none"> <li>PJ commented that in the past Care Homes were provided with a supply of OTC Paracetamol causing similar issues, recognising that high fluoride toothpaste would require a different approach as a prescription-only medicine.</li> <li>PJ informed the committee that he had responded to an enquiry from a local care home this morning about keeping a stock of CD's rather than multiple individual prescriptions.</li> </ul> </li> </ul>	

- PJ commented that he had responded appropriately to their enquiry.

### ICS Delegated Commissioning Governance Arrangements

- The **governance arrangements** for the delegated and devolved functions will be through joint committee arrangements. The current East Midlands and West Midlands collaborative Commissioning Boards will transition into formal joint committees, with quarterly Committees in Common where both East and West Midlands Boards will come together as 11 ICBs for decisions that require a whole Midlands planning footprint. The governance framework is illustrated below



### PCAG

- PJ informed the committee that there had been two PCAG meetings since the last CPL meeting.
  - First of these meetings involved introductions with John Turner and Andrew Clark. Useful conversations but nothing tangible for pharmacy from this meeting.
  - Second meeting was GP focused group but included update from each POD representative.
  - Helpful to have Sarah Jane Mills involved as this drives the meetings.
- Direction of travel feels good, a positive movement.

### Strategic Board

- PJ provided the committee with an update:
  - Increase in need for GP appointments.
  - Manage quality improvement.
  - No additional funding, pressures acknowledged.
  - Current service aligns with rest of Primary Care.
- CPL is in a good position and TLG & PJ continue to work to maintain this.

## PSNC Regions

- TLG attended a PSNC meeting where it was proposed as one of two options that Lincolnshire be moved from the Midlands PSNC region to the North. The CO vigorously opposed this, as both working practices and NHS commissioning align to the East Midlands and we work closely with Nottingham to ensure maximum economy, efficiency and effectiveness. Additionally, this was not in line with RSG recommendations. CPL were strongly supported by colleagues in the Midlands.
- The final regions have now been agreed and CPL will stay as part of the North and East Midlands PSNC region moving forward with the following membership:
  1. Derbyshire LPC
  2. Lincolnshire LPC
  3. Nottinghamshire LPC
  4. Leicestershire and Rutland LPC
  5. North Staffordshire LPC
  6. South Staffordshire LPC
  7. Shropshire LPC

NHS Regions (7)	Future PSNC Regions (10)	Number of reps (10)	Number of pharmacy premises	Number of Independent premises (0-9)
East of England	East of England	1	1,163	555
London	North London	1	1,170	757
	South London	1	628	374
Midlands	West Midlands	1	994	465
	East and North Midlands	1	904	346
North East and Yorkshire	North East	1	649	268
	Yorkshire & Humber	1	1,178	434
North West	North West	1	1,632	653
South East	South East	1	1,514	514
South West	South West	1	990	227

	<p>Lifeguard Project and GP Healthcare Professionals contact</p> <ul style="list-style-type: none"> <li>Soft launched 9<sup>th</sup> Jan, Full launch 23<sup>rd</sup> January. Local GP practices have been asked to ensure their Healthcare Professionals Only (back door) phone number is up to date on DOS via both the LMC and the ICS primary care bulletin both to help this service and other services such as GPCPCS, prescription queries etc. TLG and CK planned to attend Boston PCN meeting on 19<sup>th</sup> January, however this has now moved to 26<sup>th</sup> January, and neither can attend. Queries around Lifeguard that would have been discussed there (along with other items) were dealt with in a separate Teams meeting and Boston PCN are now engaged with the pilot.</li> </ul> <p>Community Pharmacy West Midlands</p> <ul style="list-style-type: none"> <li>Meeting on 10<sup>th</sup> January - TLG and PJ attended. Useful to maintain links across the Midlands but need to ensure the remit expands to include East issues and not just West priorities.</li> <li>This has a cost attached - £428.22 for financial year 2022/23. We will need to decide if we wish to continue membership as from April 2023 or if the East Midlands meetings we are organising will suffice. <ul style="list-style-type: none"> <li>A committee discussion followed. <ul style="list-style-type: none"> <li>RS commented on concerns in how the money will be spent.</li> <li>Happy with collaborative working.</li> <li>Interested to see how new PSNC regional meetings plan out.</li> <li>TLG and PJ are unable to attend the meeting on 12<sup>th</sup> September 2023. <ul style="list-style-type: none"> <li>Someone from the committee should attend. <ul style="list-style-type: none"> <li>Dates to be shared with the committee.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li></ul>	All
<b>17/01/5</b>	<b>Finance update</b>	
	<p>Finance Report (incl recent payments list)</p> <ul style="list-style-type: none"> <li>CK shared the management report on screen to the committee. <ul style="list-style-type: none"> <li>CK briefed the committee.</li> </ul> </li> <li>RS commented from a Governance perspective there is the need to have visual access of the bank accounts to cross reference to the information showing on the accounts spreadsheets. <ul style="list-style-type: none"> <li>PJ also has access to the bank accounts.</li> <li>HS can access both the bank accounts and accounts spreadsheets.</li> <li>CK commented that the spreadsheets do reconcile to the bank accounts and can show the details on the banking app at face-to-face meetings to PJ &amp; RS.</li> <li>Bank statements to be included with the meeting documents moving forward.</li> <li>PJ commented on the need to be as transparent as possible.</li> </ul> </li> <li>The committee had no questions regarding the accounts spreadsheets and approved the payments list.</li> </ul>	CK, HS
<b>17/01/6</b>	<b>Chair and Treasurer pay from April 2023</b>	
	<p>For Discussion and Decision</p> <ul style="list-style-type: none"> <li>TLG briefed the committee around the background of meeting paper 6.</li> </ul>	

	<ul style="list-style-type: none"> <li>• TLG explained the reasoning behind including discussion of the Chair and Treasurer Honorarium from April 2023 today, was because figures are needed to enable the budget proposal to be finalised.</li> <li>• CK and PJ both declared an interest and left the meeting at 10.30am.</li> <li>• TLG queried was it appropriate for them to stay or leave? Querying whether their input was needed? <ul style="list-style-type: none"> <li>○ The committee was made aware that the option was given to both PJ and CK prior to this committee meeting asking them to make comments about the roles and both confirmed that they are happy with the proposal detailed in meeting paper 6.</li> </ul> </li> <li>• The committee discussed meeting paper 6. <ul style="list-style-type: none"> <li>○ It was agreed that the Treasurer rate would be linked to the back fill rate, paid at 6 hours per month, giving an annual payment of £2160 from April 2023 based on 6 hours per month, in line with other local pharmaceutical committees. No additional payments for holidays etc are payable and the role is not pensionable, as it is an appointment not an employed post.</li> <li>○ RS queried why the Chair of CPL should be paid differently to other Chairs elsewhere, who received pay based on backfill rates which are subject to increases and decreases. It was noted that many of the meetings attended, and work done by the current Chair fall within the remit of a Clinical Director appointment – these elements are highlighted in the job description that was produced and agreed last year and for which the next Chair will also be appointed. If the backfill rate were reduced in future, to adjust payment downwards for this form of work would be inappropriate due to the skills and experience needed to perform the role. The committee agreed that the suggested Band 8b NHS Salary point was correct for this role.</li> <li>○ In the case of the current Chair, it was noted that for certain elements of the role backfill was paid to his employer and this supplementary rate predominantly covered additional work outside of the traditional Chair role, as noted above. If a new Chair were to be appointed who could not take on the Clinical Director elements of the current profile, an assessment would be made of the meetings to be attended by the Chair and how these would be paid, with any adjustments made to the Clinical Director contracted hours and therefore pay. It was agreed that the payment for the current Chair should be aligned to band 8b and that CPL would thereafter agree any potential uplifts annually. Therefore, from April 2023 the incumbent Chair appointment payment would be £8986 per annum based on 6 hours per week. No additional payments for holidays etc are payable and the role is not pensionable, as it is an appointment not an employed post. <ul style="list-style-type: none"> <li>▪ Proposed by MB.</li> <li>▪ Seconded by BJ</li> <li>▪ Committee members present all agreed.</li> </ul> </li> </ul> </li> <li>• CK and PJ re-joined the meeting at 11am.</li> </ul>	
17/1/7	<b>Services Development Plan</b>	
	<p>DMS</p> <ul style="list-style-type: none"> <li>• TLG briefed the committee around the background of meeting paper 7.</li> <li>• ULHT have still not started or provided a timetable. <ul style="list-style-type: none"> <li>○ Discharge needs to be managed area by area e.g. cardiology.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• LPFT will be sending electronic referrals from February.</li> <li>• The committee discussed how we engage with Contractors to complete referrals. <ul style="list-style-type: none"> <li>○ DOC is needed but it is an Essential Service so Locum's should also need.</li> <li>○ RS queried whether SH (Stuart Hellon, employed by CPL through NHSE funding to support CPCS and other service implementation) could chase down unactioned DMS on system. <ul style="list-style-type: none"> <li>▪ NHSE have data, SH is in contact with Mike at Notts LPC. <ul style="list-style-type: none"> <li>• TLG to liaise with Mike at Notts LPC about data around DMS.</li> </ul> </li> </ul> </li> <li>○ A committee discussion followed.</li> <li>○ PJ queried whether we should publish a services update newsletter to bring things together. <ul style="list-style-type: none"> <li>▪ Services webinar with SH to be created and recorded. <ul style="list-style-type: none"> <li>• Include link to webinar on newsletter.</li> </ul> </li> </ul> </li> <li>○ TLG informed the committee that SH is aware at some point his focus will move from GPCPCS to DMS.</li> </ul> </li> </ul> <p><i>GPCPCS</i></p> <ul style="list-style-type: none"> <li>• TLG informed the committee that SH has been doing good work with GP's.</li> <li>• Feedback from GP's is that some Contractor feedback needs improvement in some cases. <ul style="list-style-type: none"> <li>○ Remind people that feedback goes into clinical record of patient and needs to be clinically appropriate.</li> <li>○ Need to ensure locum knows that the pharmacy is signed up to undertake GPCPCS referrals.</li> <li>○ The committee agreed that details of who these comments have come from is required as this needs to be actioned.</li> <li>○ TLG suggested including an item in newsletter showing examples of good and bad feedback. <ul style="list-style-type: none"> <li>▪ TLG and PJ to work together to create information on what could make things better for all to be published in newsletter and on website.</li> </ul> </li> <li>○ It was acknowledged that issues originate from both sides, SH is highlighting this to all concerned and is working to make relationships better between GP and Pharmacies.</li> </ul> </li> </ul> <p><i>Hypertension</i></p> <ul style="list-style-type: none"> <li>• The committee discussed Hypertension Case-Finding. <ul style="list-style-type: none"> <li>○ JB commented that some pharmacists do not realise that if a GP refers this patient can be included and other criteria is negated. <ul style="list-style-type: none"> <li>▪ This message needs to be passed onto all Contractors.</li> </ul> </li> <li>○ The committee acknowledged that the initial blood pressure could be undertaken by most pharmacies. It is the ambulatory blood pressure test that might be more of an issue. <ul style="list-style-type: none"> <li>▪ PJ commented that there is evidence of some pharmacies sharing ambulatory blood pressure monitors.</li> </ul> </li> <li>○ MB commented that there is good scope for Contractors to undertake this service and would be happy for SH to visit Lincolnshire Co-operative branches.</li> </ul> </li> </ul>	<p>TLG</p> <p>TLG, SH</p> <p>TLG, PJ</p>
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	<ul style="list-style-type: none"> <li>▪ Vanessa Drive – Gainsborough have experienced issues with referrals to GP and it might be useful for SH to be involved.</li> <li>○ The committee considered to make contact with all contractors who are signed up to this service to make them aware of what is involved. <ul style="list-style-type: none"> <li>▪ PJ and TLG to write an email to all those on the list covering details of the service requirements.</li> </ul> </li> </ul>	PJ, TLG
<b>17/1/8</b>	<b>Contraceptive Pilot and New National Service</b>	
	<p>For information and decision</p> <ul style="list-style-type: none"> <li>• TLG briefed the committee around the background of meeting paper 8.</li> <li>• PJ informed the committee that a National Service has been delayed.</li> <li>• There are 15 pilot sites in Lincolnshire.</li> <li>• The committee considered the target of 10 per pharmacy before the pilot concludes at the end of March is ambitious.</li> <li>• The committee discussed the proposed leaflets and posters. <ul style="list-style-type: none"> <li>○ QR code links to NHS central website.</li> <li>○ List of pharmacists to be removed from the leaflet, this will enable leaflets to be used following the conclusion of the pilot as the QR code should link to an updated website.</li> <li>○ Website address to be added to leaflets and poster.</li> </ul> </li> <li>• The committee discussed and agreed for the leaflets and posters to be printed and circulated to: <ul style="list-style-type: none"> <li>○ Relevant community pharmacy PCN leads.</li> <li>○ University of Lincoln.</li> </ul> </li> <li>• Printing costs to be paid for from the 'LPN Funding MOU'.</li> </ul>	TLG, HS, MB
<b>17/1/9</b>	<b>Meeting Venue June 2023</b>	
	<p>For decision</p> <ul style="list-style-type: none"> <li>• TLG briefed the committee on the challenges of sourcing meeting venues <ul style="list-style-type: none"> <li>○ Increasing costs at all venues.</li> <li>○ White Hart is closed to meetings due to potential refurbishment.</li> <li>○ The Showroom, Lincoln is booked for March.</li> <li>○ Other possible venue could include New Life, Sleaford</li> </ul> </li> <li>• Following discussion, it was agreed to trial The Showroom in March and consider future venues after this point.</li> </ul>	
<b>17/1/10</b>	<b>Elections - Practicalities</b>	
	<p>For information (Returning Officer etc.)</p> <ul style="list-style-type: none"> <li>• TLG shared on screen the timetable of elections to the committee.</li> <li>• Following discussion, the committee agreed that it was happy for TLG and HS to continue working to the timetable and keep the committee updated regarding progress if the delay to be proposed in the SGM is approved. <ul style="list-style-type: none"> <li>○ <i>'Proposal to delay elections for LPC membership by a further 3 months. Currently member Terms of Office expire on 31<sup>st</sup> March 2023.'</i></li> </ul> </li> </ul>	TLG, HS
<b>17/1/11</b>	<b>MP Engagement 2023</b>	
	<p>For information (also suppl. Paper – RT event)</p> <ul style="list-style-type: none"> <li>• TLG informed the committee that she would be writing to Karl McCartney and Sir Edward Leigh with possible dates for them to visit a pharmacy.</li> <li>• TLG informed the committee that George Foote (PSNC) had requested that all MP's in our area are contacted to encourage them to sign the letter</li> </ul>	TLG

	<p>which PSNC is facilitating from MP's to Health Secretary by Friday 20<sup>th</sup> January.</p> <ul style="list-style-type: none"> <li>○ Short timescale acknowledged. <ul style="list-style-type: none"> <li>▪ TLG to contact Lincolnshire MPs – workload permitting.</li> </ul> </li> <li>• TLG asked the committee for comments regarding how to approach MP letters moving forward. <ul style="list-style-type: none"> <li>○ Querying whether this approach would be okay: <ul style="list-style-type: none"> <li>▪ 'How funding does not align with real world'</li> </ul> </li> <li>○ MB commented on inflationary pressures.</li> <li>○ Possible example would be identifying a Red Flag for Cancer.</li> <li>○ How much money pharmacy saves the system if a pharmacist talks to a patient about prevention of an asthma attack.</li> </ul> </li> <li>• PJ informed the committee that PSNC want to hold a round table event with Victoria Atkins MP. <ul style="list-style-type: none"> <li>○ Dental stakeholder event has taken place, engagement work was undertaken.</li> <li>○ PSNC would host and push forward. The committee was asked how we would get contractors and the right people around the table. <ul style="list-style-type: none"> <li>▪ Need for real-world perspective. <ul style="list-style-type: none"> <li>• Boots have reduced supplementary hours in Louth.</li> <li>• Recruitment issues.</li> <li>• Verbal and physical abuse.</li> </ul> </li> </ul> </li> <li>○ The committee was asked for thoughts and ideas? <ul style="list-style-type: none"> <li>▪ Is it worth our time in doing? <ul style="list-style-type: none"> <li>• CK commented that engagement with our MPs was something we should be doing.</li> <li>• MB commented that this was a good idea.</li> </ul> </li> <li>▪ Possible attendees could be committee representatives. <ul style="list-style-type: none"> <li>• Contractors in this area are Boots, Lincolnshire Co-op, Warwick Healthcare and some Independents.</li> </ul> </li> <li>▪ MB commented that we do not want this event to be overtaken by non-pharmacy issues. <ul style="list-style-type: none"> <li>• Would encourage attendance by PCNA and ICB.</li> <li>• But would not want Adult Care or Public Health to attend.</li> </ul> </li> </ul> </li> <li>○ PJ commented on the need to work around MPs for timings.</li> <li>○ The committee was informed that PSNC will do a lot of the work involved but CPL has the contacts.</li> <li>○ PJ commented on the need to work with pharmacies around the real-world voice.</li> <li>○ Support and engagement for national services.</li> <li>○ Locally we would struggle to get any funding from ICB.</li> <li>○ CPL will assist where we can, possibly providing data and identifying a couple of contractors who could attend.</li> <li>○ Following discussion, the committee agreed that they are happy for TLG to respond to George Foote about arranging the round table event. <ul style="list-style-type: none"> <li>▪ PJ and TLG to finalise details and feedback to committee.</li> </ul> </li> </ul> </li> </ul>	<p>TLG</p> <p>TLG, PJ</p>
17/1/12	<b>MOU Funding addition: Extension of Service Implementation Post</b>	
	For Discussion and Decision	
	<ul style="list-style-type: none"> <li>• TLG briefed the committee around the background of meeting paper 12.</li> </ul>	

	<ul style="list-style-type: none"> <li>The committee was asked to consider how the additional MOU funding should be used. <ul style="list-style-type: none"> <li>Recommendation is that SH post is extended for 12 months and widen his remit from GPCPCS to include DMS, Contraception and other services where possible.</li> <li>TLG meets SH weekly. Formal appraisal to be arranged before the end of March. <ul style="list-style-type: none"> <li>The committee acknowledged that SH was managed appropriately.</li> </ul> </li> <li>The committee was made aware that at the end of the new contract, CPL would have been his employer for 2 years. <ul style="list-style-type: none"> <li>Redundancy allowance has been built into the budget as this is required for someone employed for 2 years.</li> </ul> </li> <li>Following discussion, the committee agreed that they were happy to extend SH's contract and the scope of his role.</li> </ul> </li> <li>PJ briefed the committee about ICS Community Lead Role and support allocated to this.</li> </ul>	
17/1/13	<b>AOB</b>	
	<p><i>Regional PSNC representative</i></p> <ul style="list-style-type: none"> <li>The committee was informed that nominations need to be submitted by 23<sup>rd</sup> January. <ul style="list-style-type: none"> <li>Lindsey will put her name forward.</li> </ul> </li> </ul> <p><i>CAS Prescriptions</i></p> <ul style="list-style-type: none"> <li>PJ commented on CAS prescriptions without GP name on CD Scripts and queried whether CPL needed to take this further? <ul style="list-style-type: none"> <li>System sees electronic script as okay.</li> <li>RS commented prescription is electronic and queried whether any information is hiding in electronic signature which we are unable to see on script. <ul style="list-style-type: none"> <li>CK commented that CAS could be phoned as the information is in the metadata which our system can't transcribe. <ul style="list-style-type: none"> <li>PJ commented that timings restrict this.</li> </ul> </li> </ul> </li> <li>Script shows Lincs CAS not GP name on electronic prescription.</li> <li>RS commented that we should help contractor with query. <ul style="list-style-type: none"> <li>MB commented that this is a practical issue, contractors need to know who to phone to raise a query with a script.</li> </ul> </li> <li>TLG to forward Teams invite to CK for an afternoon meeting with Shelley today.</li> <li>A committee discussion followed.</li> </ul> </li> </ul>	TLG
	<b>Meeting closed at 12.30pm</b>	
	<b>Date of Next full meeting</b>	
	Thursday 16 <sup>th</sup> March – Full-Day face-to-face meeting at The Showroom, Lincoln	All

## Action Log from January 2023 Meeting

Min No.	Action	Deadline	Resp.	Completion Notes
17/1/4	Dates which TLG and PJ are unable to attend CPWM meetings to be shared and another member of the committee to attend.	ASAP	All	Completed. TLG attending March 15 meeting and RS attending obo Notts so will also be available
17/1/5	Bank statements to be included with meeting documents		CK, HS	Ongoing process.
17/1/7	TLG to liaise with Mike at Notts LPC regarding NHSE data on DMS.	ASAP	TLG	Completed
17/1/7	TLG to liaise with SH to create services webinar and include link to recording in newsletter		TLG, SH	Postponed – see item on March 2023 agenda – develop combined webinar
17/1/7	Item to be included in newsletter and published on website providing examples of good & bad GPCPCS feedback and what could make things better for all.		TLG, PJ	Postponed – see item on March 2023 agenda – develop combined webinar
17/1/7	Email to be sent to all Contractors signed up to provide Hypertension service detailing what is expected of them.		PJ, TLG	Postponed – see item on March 2023 agenda – develop combined webinar
17/1/8	Posters and leaflets for Contraceptive Pilot to be printed and circulated to relevant contacts to enable engagement by community pharmacy PCN leads.		TLG, HS, MB	Completed.
17/1/10	TLG and HS to continue working to timetable of elections, keeping the committee updated		TLG, HS	Feb. 23 – Following publication of PSNC guidance, calculations undertaken on the required numbers for committee representation from each area e.g. CCA, AIMp & Independents. Self-Nomination forms ready to circulate to Independents and letters ready to send via email to CCA and AIMp contacts.
17/1/11	TLG to write to Karl McCartney and Sir Edward Leigh regarding pharmacy site visit.	ASAP	TLG	Completed.
17/1/11	TLG to send email to the MPs in Lincolnshire asking them to sign the letter which PSNC is facilitating to be sent from MPs to Health Secretary	20.01.23	TLG	Completed
17/1/11	TLG to respond to George Foote regarding arranging a PSNC round table event with Victoria Atkins MP	ASAP	TLG, PJ	Completed

17/1/13	TLG to send Teams invite to CK relating to a meeting this afternoon with Shelley.	ASAP	TLG	Completed.
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### **Actions carried over from previous meetings.**

<b>Min No.</b>	<b>Action</b>	<b>Deadline</b>	<b>Resp.</b>	<b>Completion Notes</b>
16/3/5	Consider how to spend reserves and feedback		All	Ongoing
23/9/3	Complete paperwork to withdraw money from PayPal	ASAP	CK, PJ	<p>25.11.21 – potential of using as a spend was discussed. Paperwork still to be completed.</p> <p>20.01.22 – paperwork has been completed.</p> <p>17.03.22 – CK commented that this was ongoing.</p> <p>19.05.22 – Balance with PayPal to be used to pay travel expenses for Chair &amp; CO. Chair &amp; CO to provide details for PayPal payments.</p> <p>21.07.22 – CK will follow up again, currently struggling to withdraw or use the funds in any way. CK &amp; TLG to meet and attempt to resolve on 10.08.22.</p> <p>15.09.22 – ongoing.</p> <p>17.11.22 – CK &amp; TLG to follow up on 23.11.22</p>
25/11/10	CK to investigate payroll management	ASAP	CK	<p>20.01.22 – on budget update</p> <p>17.03.22 – CK commented that this was ongoing.</p> <p>19.05.22 – CK advised that he had looked into this, commenting that it was easy to do as done now but would not involve a massive cost to use payroll management. The committee discussed the possible</p>

				benefits and agreed that this should be adopted. CK to arrange. 21.07.22 – CK suggested we wait until after the Wright Review but suggested the need for another person to access basic payroll tools. JB to be shown. RS commented on the importance of another committee member knowing the process as a matter of governance and oversight. To be kept on agenda.
17/11/4	CK to contact bank regarding fees.	ASAP	CK	17.01.23 – CK to contact PSNC as we no longer have an account handler contact for Lloyds. Lloyds is the recommended LPC bank.
17/11/8	Letter to be written to Rishi Sunak to be sent via Gareth Davies office.	ASAP	TLG	Completed – After liaison with committee it was agreed we would focus on supporting PSNC MP Lobbying work and not write directly to the PM at this time
17/11/8	Contact to be made with Sir Edward Leigh to enquire about him visiting Lincs Co-op Market Street, Gainsborough	ASAP	TLG	Completed – TLG has suggested dates on several occasions with no response from sire Edward Leigh. TLG will continue to support PSNC lobbying work with MPs from now onwards
17/11/8	Suggested pharmacies to be contacted about Karl McCartney visiting	ASAP	TLG	Completed – KM visiting Lincoln pharmacy 30 <sup>th</sup> March