

Minutes of the Meeting held Thursday 30th November 2023, virtually via MS Teams

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 (11am)	MB
Chris Kenny	CPL Treasurer and Member AIMp rep	CK
Christine Stafford	CPL Member CCA rep	CS
Rob Severn	CPL Member CCA rep	RS
Chris Mulimba	CPL Member Independent rep	CM
Blazej Jasnowski	CPL Member AIMp rep	BJ

In attendance

Tracey Latham-Green	CPL Chief Officer	TLG
Alison Ellis	CPN Administrator (minute taker)	AE

In attendance between 1000 and 1100

Lindsey Fairbrother	CPE Regional Representative	LF
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Apologies

Andrea Mudamburi	CPL Member Independent rep	AM
John Broomhead	CPL Member AIMp Rep	JB

Abbreviations

4PPC	Four Pillars of Primary Care	LDC	Local Dental Committee
CO	Chief Officer	LMC	Local Medical Committee
CCG	Clinical Commissioning Group	LOC	Local Optical Committee
CP	Community Pharmacy	LPC	Local Pharmaceutical Committee
CPAF	Community Pharmacy Assurance Framework	MYS	Manage Your Service
CPCL	Community Pharmacy Clinical Lead	NIHR	National Institute for Health Research
CPE	Community Pharmacy England	NHSE	National Health Service England
CPL	Community Pharmacy Lincolnshire	NRF	Non-Recurrent Funding
CPPE	Centre for Pharmacy Postgraduate Education	PACEF	Prescribing and Clinical Effectiveness Forum
CPPQ	Community Pharmacy Patient Questionnaire	PCN	Primary Care Network
CPN	Community Pharmacy Nottinghamshire	PCAG	Primary Care Advisory Group
CRG	Clinical Reference Group	PCCC	Primary Care Commissioning Committee
DMS	Discharge Medicines Service	PCSE	Primary Care Support England
DOC	Declaration of Competence	PCTOG	Primary Care Transitional Oversight Group
DOI	Declaration of Interest	PEQ	Patient Experience Questionnaire
GDPR	General Data Protection Regulation	PGDs	Patient Group Directions
GP	General Practitioner	PhAS	Pharmacy Access Scheme
GP CPCS	General Practice Community Pharmacist Consultation Service	PMS	Pharmacy Management System
HW	Healthwatch	POD	Pharmacy, Optometry and Dentistry
HWB	Health and Wellbeing Board	PQS	Pharmacy Quality Scheme
ICB	Integrated Care Board	RPS	Royal Pharmaceutical Society
ICSS	Integrated Care Systems	SIP	Systems Improvement Programme
IP	Independent Prescriber	STPs	Sustainability & Transformation Partnerships

IPMO	Integrated Pharmacy & Medicines Optimisation	ULHT	United Lincolnshire Hospitals NHS Trust
LiSH	Lincolnshire Sexual Health	UOL	University of Lincoln

Minutes:

Item	Details	Resp.
3011/1	<p>Welcome, introductions, apologies and resignation</p> <p>Apologies passed onto the committee from John Broomhead.</p> <p>Andrea Mudamburi had advised the Chair by email that due to work pressures she unfortunately needed to resign from the committee. The committee thanked her for her input since her appointment to the committee in 2022.</p> <p>Blazej Jasnowski has now moved from Co-op Pharmacy to an Independent pharmacy.</p> <p>Points raised by members:</p> <ul style="list-style-type: none"> • Constitution says that the LPC can appoint to the committee without the need for going out to vote by contractors. • Blazej is now an independent contractor and so could move across to the independent vacancy. This then leaves an AIMp vacancy. BJ has the experience, and is familiar with how the LPC works and fully committed to the LPC. This was agreed by all members. • Members discussed whether committee is still representative of the contractors in Lincolnshire due to all the change of ownerships etc. recently – more independent pharmacies. TLG agreed to review the numbers of contractor groups and check proportionality of places on the committee. Already had a CCA vacancy and now an AIMp vacancy. 	

	<ul style="list-style-type: none"> • It was also suggested that TLG look at what the numbers would be like if move to a 9 person committee as that is currently the position with the vacancies. • Once TLG has completed the contractor review , if an AIMp vacancy is still appropriate then will contact AIMp for replacement member. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Action: TLG to review contractor numbers and proportionality of members on the LPC including moving to a 9 person committee.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Action: Once the proportionality review is complete TLG will contact AIMP (if have a place vacancy) and ask for them to organise a replacement member.</p> </div> <p><i>Post Meeting Note: With a confirmatory vote via email, Community Pharmacy Lincolnshire (CPL) decided to reduce the size of the committee to nine members as CPL believe this properly represents the contractors in the area for which the LPC is formed, taking account of the financial envelope within which the committee operate, to ensure economy, efficiency, and effectiveness for the pharmacy contractors in Lincolnshire. Due to the many recent changes of ownership, the proportion of seats allocated to each contractor type was also recalculated. This is now as follows:</i></p> <p><i>CCA 3 AiMP 4 Independent 2</i></p> <p><i>The Chief Officer will contact the CCA and AiMP to advise them of the changes and any actions that need to be taken.</i></p>	TLG
3011/2	Committee Governance	
	<p><u>Declarations of Interest (DOI) & Biography</u></p> <ul style="list-style-type: none"> • The committee acknowledged that BJ needs to change and sign DOI form and biography update on the website regarding pharmacy he is representing. 	All

	<ul style="list-style-type: none"> PJ reminded all the committee to check and update their biographies if necessary. <p>Competition Law Guidelines</p> <ul style="list-style-type: none"> The committee acknowledged that there was no change to our stance on this matter. 					
3011/3	Notes from the previous meeting					
	<p>Minutes</p> <p>The committee agreed that they accepted the minutes were a true and accurate record of the meeting held on 21st September 2023</p> <p>Thanks were given to Chris Kenny for taking the minutes at the last meeting and the committee recognised that this was not an easy task to undertake as well as contributing to the meeting.</p> <p>The committee considered the outstanding action on the action log.</p> <ul style="list-style-type: none"> <u>EHC</u> <p>Asked for better process – still on the to do list but going to drive in a different way – going through the ICB to commission – by 2025 all pharmacies will be offering initiation of contraception and feels wrong that they can't provide EHC. Will have a reasonable business case for this with the ICB. Need to think about timing and other services going on. Council will not change their contract. Consider involving Healthwatch in conversations – TLG will mention in her meeting with Healthwatch in January 2024. Agreed to close the action and replace with this.</p> <table border="1" data-bbox="309 1756 1307 1951"> <tr> <td data-bbox="309 1756 1307 1854">Action: TLG to talk about EHC with Healthwatch in January 2024</td> <td data-bbox="1321 1756 1471 1854">TLG</td> </tr> <tr> <td data-bbox="309 1854 1307 1951">Action: Review who speak to regarding the EHC service – ICB etc</td> <td data-bbox="1321 1854 1471 1951">PJ</td> </tr> </table>	Action: TLG to talk about EHC with Healthwatch in January 2024	TLG	Action: Review who speak to regarding the EHC service – ICB etc	PJ	
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	<ul style="list-style-type: none"> ▪ <u>Accountants</u> Accountants had asked for a copy of the constitution and members details for those with access to finance accounts regarding Information and Data Governance principles. CK reported that this still needed to be completed and will keep as an action. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Action: CK to send across copy of constitution and details for TLG, PJ, CK and MB for assurances on Information and Data Governance principles.</p> </div> <ul style="list-style-type: none"> ▪ <u>Branding</u> This has all been completed. ▪ <u>Newsletter</u> This was completed ▪ <u>Financial reporting</u> This has been completed by TLG and PJ ▪ <u>Paypal</u> Not been completed ▪ <u>Payroll management</u> Not completed yet 	CK
3011/4	Presentation from Regional CPE Rep	
	<p><u>For information and Discussion</u></p> <ul style="list-style-type: none"> • Lindsey Fairbrother, CPE Regional Representative attended the meeting <ul style="list-style-type: none"> ▪ Pharmacy First <p>Highlighted that need to ensure contractors are ready for implementation. LF stated that as a contractor / pharmacist she has concerns because GP practices that they don't already have referrals from will probably just signpost.</p>	

	<p>First time sector has had new money invested into pharmacy and need to make it work. Contractors are very positive but there is a lot of work to do before the service starts.</p> <p>Maybe need to explain to pharmacies how the £2000 set up fee should be spent – how much time give to staff to do training etc.</p> <p>PJ asked if there is there any scope for capturing consultations that don't meet the gateway criteria but where pharmacists have done all the consultation work and examination, so can prove that this activity is being done but not funded. LF has raised this point with CPE already and she suggested that maybe this information could be captured using PharmOutcomes or pharmacy IT system. Sore throat is the main pathway as need to go through fever pathway first – should be paid for this – LF will clarify with CPE.</p> <p>LF asked members to also raise with CPE the data capture around reaching the gateway criteria in pathways and the work involved for no payment if don't reach criteria for service.</p> <p>LPC should check in with contractors and ask how they are getting on with the service and referrals after March 2024.</p> <p>Clinical pathways will be useful to share with GP practices and LMC to explain the service that pharmacy is providing.</p> <p>Committee raised concerns that some pharmacies will not meet the training requirement by beginning of service. Also, what happens during the rest of the year when have new pharmacies set up etc – where will they get training?</p> <p>Locums – discussed that some locums refuse to provide services in the pharmacy; contractors need to be saying to locums that if not providing the services that they are contracted to do then will not be employing them – to do this there needs to be some flexibility from NHSE around breach notices and locums refusing to provide the services.</p>	
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	<ul style="list-style-type: none"> ▪ <u>Contraception Service</u> <p>Lincolnshire have 5 pharmacies signed up to Tier 2 pilot – need to ensure they transfer across by 30th November 2023 so they get the 3 month transition time.</p> <ul style="list-style-type: none"> ▪ <u>Governance guidance</u> <p>CPE are working on clearer guidelines, declaration of interest and KPI's and will be sent to LPCs asap.</p> <ul style="list-style-type: none"> ▪ <u>Workforce survey</u> <p>Also need to encourage contractors to complete the mandatory workforce survey.</p> <ul style="list-style-type: none"> ▪ <u>Negotiations</u> <p>Government turmoil and election has stopped the discussion around increased funding, and this will probably not happen now until after the election.</p> <p>Over delivery on margin is being written off.</p> <p>Bundling services together is still on the table and it is a concern – need to get contractors signed up to Pharmacy First, Hypertension service and Pharmacy Contraception Service. Also need to ensure that locums are aware of the webinars etc.</p> <p>Members raised that with all the new pharmacies that are going to be chasing prescriptions to try and get business up and running and offering services, like delivery, for free will damage the other pharmacies around them and also the negotiation nationally. Need to realise that need to work together. LF will raise this with James Wood @ CPE.</p> <ul style="list-style-type: none"> ▪ Rise in national living wage from April 2024 	<p>LF</p>
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	<p>Rise is over £1 per hour and will affect pharmacies – could increase wage bills by £1000 a month.</p> <table border="1" data-bbox="312 461 1305 1061"> <tr> <td data-bbox="312 461 1305 622"> <p>Action: LPC / Members to raise with CPE the data capture around reaching the gateway criteria in pathways and the work involved for no payment if don't reach criteria for service.</p> </td> <td data-bbox="1321 461 1305 622">PJ/TLG</td> </tr> <tr> <td data-bbox="312 622 1305 752"> <p>Action: LF to raise with CPE the data capture around reaching the gateway criteria in pathways and the work involved for no payment if don't reach criteria for service.</p> </td> <td data-bbox="1321 622 1305 752">LF</td> </tr> <tr> <td data-bbox="312 752 1305 920"> <p>Action: LF to raise with CPE concerns around new pharmacies and them chasing prescriptions and offering free services which will damage exiting pharmacies and national negotiations – need to remind them to work together</p> </td> <td data-bbox="1321 752 1305 920">LF</td> </tr> <tr> <td data-bbox="312 920 1305 1061"> <p>Action: LPC to ensure that locums are aware of all the webinars and training being organised for Pharmacy First, Contraception and Hypertension services.</p> </td> <td data-bbox="1321 920 1305 1061">All</td> </tr> </table>	<p>Action: LPC / Members to raise with CPE the data capture around reaching the gateway criteria in pathways and the work involved for no payment if don't reach criteria for service.</p>	PJ/TLG	<p>Action: LF to raise with CPE the data capture around reaching the gateway criteria in pathways and the work involved for no payment if don't reach criteria for service.</p>	LF	<p>Action: LF to raise with CPE concerns around new pharmacies and them chasing prescriptions and offering free services which will damage exiting pharmacies and national negotiations – need to remind them to work together</p>	LF	<p>Action: LPC to ensure that locums are aware of all the webinars and training being organised for Pharmacy First, Contraception and Hypertension services.</p>	All	
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3011/5	Finance update									
	<p>Finance Report (incl recent payments list)</p> <ul style="list-style-type: none"> ▪ CK briefed the committee around the background of meeting paper <ul style="list-style-type: none"> ▪ Management report, accounts spreadsheet and bank statements included in meeting papers. ▪ Bank accounts have been reconciled to November 2023. ▪ Movement in Number 2 Account is true to running costs. ▪ Running tight to budget. ▪ Committee reminded to claim back-fill promptly. <p>CK proposed that the payment list was approved. Reconciled to accounts exactly and moving across £1,600 per month from non-recurrent funding to cover work being completed under MOU. Predicted to close the current financial year at budgeted amount.</p>									

	<p>Mark Brooks seconded the proposal and all members approved</p> <p>CK gave an overview of the budget for 2024/25, including use of non-recurrent funding reserves to support services implementation.</p> <p>It was acknowledged that CK and TLG had spent a lot of time on the budget – this has made clearer the reserves and NHS funding pots CPL currently have. Meets the constitutional requirements and very open and transparent on where the funding is from. Good oversight of where the money is being spent – need to do a run rate mid-year and ensure have reserves to cover any overspend.</p> <p>Used inflationary rate of 5% for costs on the budget</p> <p>Service Implementation and Support Lead contract costs including any redundancy is included in the MOU money.</p> <p>Have enough money in the reserves to cover equipment costs for the LPC.</p> <p>RS proposed that the budget was approved and CS seconded. All members approved.</p>	
3011/6	<p>Update from Chair and Chief Officer</p>	
	<p>Being drawn into issues with new pharmacies – TLG has pushed back to the Primary Care Contracts team to say that the LPC cannot performance manage as represents the pharmacy.</p> <ul style="list-style-type: none"> ▪ <u>Incentive Scheme</u> Continue to push for this and now have LMC backing. ▪ <u>Primary Care Advisory Group</u> Moved items from November agenda to December 2023. ▪ <u>PNA</u> 	

	<p>Have been asked to meet regarding changes in pharmacy numbers due to consolidations, closures and COO etc.</p> <p>Usually have a lull in number of meetings in December but doesn't seem to be the case this year as so many planned in diaries already.</p>	
3011/7	Services Update	
	<p>The Chief Officer provided a written update on progress in service implementation and development (see item 7 for this meeting).</p> <ul style="list-style-type: none"> ▪ <u>DMS</u> 2/3 patients don't have any medication reconciliation undertaken within ULHT, strengthening case for DMS. ▪ <u>GP-CPCS</u> Still have practices that refuse to use the service. Decided to go through PCNs as better access to the right people. ▪ <u>Hypertension</u> Service finder is now active. <p>The committee agreed to:</p> <ul style="list-style-type: none"> • <i>Support the continued services development work of the Executive team.</i> 	
3011/8	Primary Care People Group Funding Bids	
	<p>Community Pharmacy Lincolnshire had prepared three short-notice bids to the Primary Care People Group fund for supporting workforce as detailed in the paper for item 8 and its associated appendices. The bids were considered during week commencing 6th November and LPC received feedback on Wednesday 15th November.</p> <p>The topics covered were</p> <ul style="list-style-type: none"> ▪ Lifeguard Pharmacy Extension, Expansion and Bridging 	

	<p>£20,840 – reserve bid – which means that needs more detail; in particular, is the training available elsewhere? Needs to be delivered at scale and involve LPFT.</p> <p>This is a project that have worked on previously – going to restart pilot and extend to East Lincolnshire and then make into a service. Includes £2000 per pharmacy plus some backfill for pharmacist.</p> <ul style="list-style-type: none"> ▪ Developing Pharmacy Technicians Approved the bid – £9,990.00 The CO has contacted the relevant individuals to acquire a purchase order and send over a request for payment. There are no date parameters to spend the money. ▪ Teach and Treat – Increasing independent prescribers in community pharmacy and supporting Designated Prescribing Practitioners. <p>£19,900 – reserve bid – which means need more detail. Involve Kevin Thomas and Teresa Ogungbesan for input. The</p> <p>Action: The CO will complete the required work to resubmit the two reserve bids by the deadline.</p> <p>There were 120 bids in total for the pots of funding and the LPC had 1 approved and 2 more going through so good outcome for Community Pharmacy.</p> <p>The committee agreed for CO to continue to work on the 2 remaining bids.</p>	TLG
3011/9	<p>Meeting Venue and Dates, Face to Face, June & Sept 2024</p>	
	<p>Introduction and summary</p> <p>Cheaper to hold the meetings at Washingborough Hall and these costs have already been included in the proposed budget.</p> <p>Dates agreed Thursday 14th March 2024 – virtual meeting</p>	

	<p>Thursday 20th June 2024 – full face to face meeting</p> <p>Thursday 26th September 2024 – full meeting including AGM.</p> <p>Thursday 12th December 2024 – virtual meeting</p> <p>Thursday 13th March 2025 – TBC</p> <p>TLG agreed to look at costs for holding more face-to-face meetings during the year rather than virtual.</p> <p>TLG will send out meeting invites to members.</p> <table border="1" data-bbox="311 898 1305 1070"> <tr> <td data-bbox="311 898 1305 981"> <p>Action: TLG to review costs for holding more face-to-face meetings during 2024</p> </td> <td data-bbox="1321 954 1461 987" rowspan="2"> <p>TLG</p> </td> </tr> <tr> <td data-bbox="311 981 1305 1070"> <p>Action: TLG to send out meeting invites to all members and staff</p> </td> <td data-bbox="1321 1032 1461 1066"> <p>TLG</p> </td> </tr> </table>	<p>Action: TLG to review costs for holding more face-to-face meetings during 2024</p>	<p>TLG</p>	<p>Action: TLG to send out meeting invites to all members and staff</p>	<p>TLG</p>	
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<p>3011/10</p>	<p>Support for Pharmacy First & Vision</p>					
	<p>The Chair noted that he had attended the CPE meeting in London in October, along with the Treasurer and the Chief Officer where the vision was discussed.</p> <p>Community Pharmacy Lincolnshire had already shared the vision widely with the Integrated Care System in Lincolnshire and have seats on several strategic committees and working groups within the ICS. CPL continue to work with colleagues from General Practice, Optometry and Dentistry as part of the four pillars of primary care to enhance and increase the primary care voice within the healthcare system.</p> <p>The Pharmacy First service and other contractual negotiation conclusion information was discussed</p> <p>The possibility of supporting contractors further was discussed</p> <ul style="list-style-type: none"> ▪ <u>ENT training</u> 					

	<p>Have £3100 from Connected Pharmacy funding that has been allocated to use for Pharmacy First. LPC role is not to train contractors – should commission someone else to provide this training re liability etc.</p> <p>When would do the training? What is the demand? Previously held ENT training and didn't fill all the places and had to chase round and offered to Co-op Pharmacy.</p> <p>Will be signposting to CPPE event – 4th February 2024 – Leicester – only 120 places for Midlands pharmacies.</p> <p>There is nowhere in the specification that says need to do face to face training.</p> <p>Do the LPC put on one day training for Lincolnshire contractors? If there is more demand then ask ICB / Faculty if they have any funding. Only use non-recurrent funding and not LPC reserves.</p> <p>Members all agreed.</p> <ul style="list-style-type: none"> ▪ Differences between CPCS and Pharmacy First specification Current CPCS service spec states If patient does not attend the pharmacy, then pharmacist must attempt to contact patient – Pharmacy first service spec. now says that pharmacist should consider whether they need to contact the patient using the referral information received; now able to use clinical judgement. ▪ LPC actions Suggested that put together a timeline of deadlines for national training and info sessions and then add in local events around those dates. TLG agreed to do this. <p>Stuart and TLG will also ring round all independent pharmacies to ensure that they are aware of the service and receiving the information from CPE.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Action: TLG to put together a Pharmacy First timeline with all the dates for national training and info sessions plus any local events that are organised</p> </div>	<p>TLG</p>
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	<p>Action: Stuart and TLG to contact all independent pharmacies to ensure aware of the Pharmacy First service and receiving all the information.</p> <p>Action: TLG and PJ to look at additional ENT training session for Lincolnshire contractors</p>	<p>TLG/SH</p> <p>TLG/PJ</p>
<p>3011/11</p>	<p>Foundation Training</p>	
	<p>For information and discussion The Chair provided a verbal update around concerns relating to Foundation Training</p> <ul style="list-style-type: none"> ▪ Summary points. <p>Changed training grant – 2025 starters – increased amount Requirement to find a DPP and support trainee pharmacist is with the pharmacy.</p> <p>Need to commit in January 2024 for starters in August 2025 and DPP needed 2025. HEE suggested they will provide support and facilitate in finding a DPP, bur how and what level of support is unclear.</p> <p>Trainee will need to spend time in community pharmacy as part of their training even if in a hospital placement.</p> <p>LPC are being asked to facilitate placements and get involved in conversations – LPC cannot commit to anything as it’s an employer decision. CK agreed that it is not the LPC’s place to help facilitate.</p> <p>None of the process is dovetailed and all working independently – some of the skills that trainee pharmacists need to develop to be able to deliver pharmacy services may be challenging, as they are not permitted to deliver the services under the service specs.</p> <p>CK agreed to chase up CPE regarding the question that has previously been sent to them.</p> <p>Community Pharmacy hold all the cards at the moment – large multiples are considering their positions and may not be offering as many places as previously. They will be influencing on behalf of all contractors regarding the challenges (e.g. the need for DPPs) and funding issues.</p>	

	<p>Smaller chains and independent pharmacies may not be aware of the problems or potential pitfalls.</p> <ul style="list-style-type: none"> ▪ <u>What can the LPC do?</u> <p>Write to CPE and raise concerns – although as focusing on Pharmacy First may be too late for this year due to cut off being January 2024.</p> <p>Ask individual companies to contact their representatives (NPA, AIMp, CCA)</p> <p>Individual companies will look at how they can deliver, and this may mean reduced places which will result in students completing their degree and having no placement / job afterwards.</p> <ul style="list-style-type: none"> ▪ <u>Plan the committee agreed to:</u> <p>Cannot do anything now as too late because deadline is January 2024 and focus is on Pharmacy First. Review again at the March 2024 meeting</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Action: Foundation Student training to be added to the March 2024 meeting agenda for review</p> </div>	TLG
3011/12	Welcoming New Contractors	
	<p>For information and discussion</p> <p>TLG visiting Alford and Grantham Pharmacies (previously Lloyds). Sent through welcome info to all new contractors which includes useful information e.g. where to get ODS code.</p>	
3011/13	Market Entry Responses	
	<p>Lots of activity regarding change of ownerships – getting confusing</p> <ul style="list-style-type: none"> ▪ DSP in Market Rasen 	

	<p>Closing date: 8th December 2023</p> <p>CK has compiled a response and will send to members for comments back by 30th November 2023.</p> <ul style="list-style-type: none"> ▪ DSP in retail outlet in Bourne <p>Closing date: 8th December 2023 Will recirculate the application and use the same response agreed for the Market Rasen application.</p> <p>Comments to CK by 8th December 2023</p> <ul style="list-style-type: none"> ▪ Unforeseen benefit – Spalding <p>Closing date: 28th December 2023</p> <ul style="list-style-type: none"> - Regulation 18 –reasonable choice. They already own 2 of the local pharmacies so this is reducing the choice. - Not identified specific characteristics and - not highlighted innovation – just business as usual and transferring across what they already do. <p>Will not satisfy these 3 points so feel that a minimal response is needed to keep involved in the process.</p> <p>Comments to CK by 8th December 2023</p> <p><u>PNA</u> PJ will highlight to Tony McGinty the risk of increasing the number of pharmacies reduces the funding available to all.</p>	<p>CK</p> <p>All</p> <p>All</p> <p>PJ</p>
3011/14	<p>AOB</p> <p>Nothing raised</p>	
	<p>Meeting closed at 12.30pm</p>	
	<p>Date of Next virtual meeting</p>	

	Thursday 14th March 2024 – Half-Day MS Teams meeting 0930-1330	
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Action Log from November 2023 Meeting

Min No.	Action	Deadline	Resp.	Completion Notes
3011/1	Action: TLG to review contractor numbers and proportionality of members on the LPC including moving to a 9 person committee.	ASAP	TLG	Completed
3011/1	Action: Once the proportionality review is complete TLG will contact AIMP (if have a place vacancy) and ask for them to organise a replacement member.	ASAP	TLG	Completed – full 9 member committee in place before end of December 2023
3011/3	Action: TLG to talk about EHC with Healthwatch in January 2024	Jan	TLG	
3011/3	Action: Review who speak to regarding the EHC service – ICB etc	Next Meeting	PJ	Verbal discussion with LCC representative Thurs 11 th January. Tony McGinty will review and see if he can progress on issues re contracts.
3011/3	Accountants: CK to send across copy of constitution and details for TLG, PJ, CK and MB for assurances on Information and Data Governance principles.	ASAP	CK	
3011/4	Action: LPC / Members to raise with CPE the data capture around reaching the gateway criteria in pathways and the work involved for no payment if don't reach criteria for service.	ASAP	TLG/PJ	Complete – has been discussed at various system meetings and implementation plan for pharmacy first launch being developed with ICS TLG/PJ involved.

3011/4	Action: LF to raise with CPE the data capture around reaching the gateway criteria in pathways and the work involved for no payment if don't reach criteria for service.	ASAP	LF	
3011/4	Action: LF to raise with CPE concerns around new pharmacies and them chasing prescriptions and offering free services which will damage exiting pharmacies and national negotiations – need to remind them to work together	ASAP	LF	
3011/4	Action: LPC to ensure that locums are aware of all the webinars and training being organised for Pharmacy First, Contraception and Hypertension services.	ASAP	All	Complete – information shared via multiple routes
3011/8	PCPG Bids – Teach and Treat, Lifeguard and approved Tech Upskilling. The CO will complete the required work to resubmit the two reserve bids by the deadline.	ASAP	TLG	Completed. All three bids approved. Requests for payment sent to ICS in December 2023 and administrative monitoring frameworks set-up. Projects to be developed in coming months.
3011/9	Action: TLG to review costs for holding more face to face meetings during 2024	ASAP	TLG	Completed. Four face to face meetings per annum will be held to be reviewed in March 2025. Next virtual meeting planned for March 14 th will now be held face to face.
3011/9	Action: TLG to send out meeting invites to all members and staff	ASAP	TLG	Completed. Venues booked until end of 2024. Committee notified by email.
3011/10	Action: TLG to put together a Pharmacy First timeline with all the dates for national training and info sessions plus any local events that are organised	ASAP	TLG	Complete – all national training booked up before local training considered. Dates shared widely to ensure access for local contractors as soon as possible. Online training and information resources

				shared in newsletter and web page updated. Key links in every issue.
3011/10	Action: Stuart and TLG to contact all independent pharmacies to ensure aware of the Pharmacy First service and receiving all the information.	ASAP	TLG/SH	Completed. At start of January 2024 Lincolnshire had highest sign up in the Midlands.
3011/10	Action: TLG and PJ to look at additional ENT training session for Lincolnshire contractors	Jan/Feb	TLG/PJ	Completed: Session booked for Sunday 25 th February 2024 paid for from non-recurrent funding outside levy income.
3011/12	Action: Foundation Student training to be added to the March 2024 meeting agenda for review	Next Meeting	TLG	
3011/13	Market Entry Responses: CK has compiled a response and will send to members for comments back by 30th November 2023. Members to respond by 8 th December	8 th December	CK All	Completed
3011/13	PNA	Jan	PJ	

Action Log from September 2023 Meeting

Min No.	Action	Deadline	Resp.	Completion Notes
15/6/3 (prev. action log)	Draft letter- EHC service is broken. To be revisited to make it commissioned via NHS potentially. Still to do. Consider wider approach to economic issues with services, notably funding.	ASAP	PJ	Verbal discussion with LCC representative Thurs 11 th January. Tony McGinty will review.
2309/5	CK to revert to accountants to advise on stance we are taking and to share constitution	ASAP	CK	
2309/11	Look at extending SH contract for a further 12 months	Jan 2023	PJ/TLG	
2309/11	Investigate organisation of a 'services webinar' once we know more details about the CCS and the financial settlement	TBC	EXEC	

Actions carried over from previous meetings.

Min No.	Action	Deadline	Resp.	Completion Notes
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	Has been ongoing since Nov 2021. TLG & CK to finalise when time available
25/11/10	CK to investigate payroll management	ASAP	CK	Update Sept 2023 To be kept on agenda.

16/03/10	Forward any key communications to TLG for inclusion in the newsletter to remind contractors of information which might otherwise be missed.	Ongoing	All	15.06.23 – Committee reminded. RS has sent a couple of key comms which was very helpful.
16/03/12	Communicate queries around what information is fed back to GP Practices. Information to be included in newsletter.	ASAP	PJ, TLG	15.06.23 – The committee was asked to feedback local intelligence.
16/03/12	Covid Antivirals holding in community pharmacy. PJ to go back and ask further questions of Yinka and Theresa, including the possibility of training.		PJ	15.06.23 – Service is currently being considered by ICS and funding streams are being investigated. 21.9.23 Teresa update later at meeting – post meeting note from Chief Officer – awaiting sign off by Finance Team as at 26.09.