**CLOSED MINUTES OF THE DERBYSHIRE LPC MEETING**

**held on**

**Tuesday 17th May 2022**

**Holiday Inn, South Normanton**

|  |  |  |  |  |  |  |  |  |
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| **MEMBER** | **CATEGORY** | **18.5.21** | **20.07.21** | **21.09.21** | **16.11.21** | **25/1/22** | **22/3/22** | **17.5.22** |
| Andrea Smith, Chair | AIMp  |  |  |  | A |  |  |  |
| David Evans, Vice Chair | AIMp |  |  |  |  |  | A |  |
| Darryl DethickTreasurer | AIMp |  |  |  |  |  |  |  |
| Peter Cattee | AIMp | \* |  | A | \* | \* |  | A |
| Ben Eaton | AIMp | A |  |  |  |  |  |  |
| Garry Myers | Independent | R | R | R | R | R | R | R |
| Nitin Lakhani | Independent |  |  |  |  |  |  |  |
| Matthew Hind | Independent |  | A | A |  |  |  |  |
| Lindsey Fairbrother | Independent |  | A | A |  |  |  |  |
| Baldev Bange | Independent |  |  |  |  |  |  |  |
| Kevin Kiang | CCA |  |  |  | A |  |  |  |
| Jackie Eeles | CCA |  |  |  | A | A |  |  |
| Inderpreet Chohan | CCA |  |  |  | A |  |  |  |
| David Holmes | CCA |  |  |  |  |  |  |  |
| Neelam Sohal | CCA |  |  |  |  | A |  |  |
| Tom Watson | CCA |  | A | R | R | R | R | R |
| Jackie Buxton Chief Officer | Officer |  |  |  |  |  |  | R |
| Katherine Newman (Support Officer) | Officer |  |  |  |  |  |  | A |
| Tania Cork Chief Operating Officer | Officer |  |  |  |  |  |  |  |

 Present / A Apologies for absence / Absent X / R Resigned/ S sick/ N/A Not applicable \* Member unable to attend all or part of meeting due to attendance at a meeting elsewhere on behalf of the LPC on the same day

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| **1.** |  | **Welcome/Apologies/Introductions/Announcements** |
|  | 1.11.2 | Andrea welcomed everyone to the meeting, especially to Tania Apologies received from PC, CK and SB  |
| **2.** |  | **Declaration of Interested (DoI)** |
|  | 2.1 | There was a discussion regarding DoI from members and that employed persons should also submit their DoI. All must be received by next LPC meeting. It was agreed that the Chair will reserve the right to refuse a member to take part in the meeting if DoI are not received. All DoI’s should be visible to contractors and thus sighted on the website  |
| **3.** |  | **Approval of minutes from previous meeting** |
|  | 3.1 | Previous minutes approved |
|  **4.** |  | **Competition Law (CL)** |
|  | 4.1 | TC and AS informed to committee the importance of abiding by CL. It was agreed that DE would be the CL lead, thus checking minutes and during the meeting any issues that may breach CL. It was also agreed that all committee members should also be aware of breaching CL |
| **5.** |  | **Matters arising from previous meeting** |
|  | 5.1 | None arising |
| **6.** |  | **Review of action points (By exception)**  |
|  | 6.16.26.36.46.5 | TC informed the committee of the new lay out for action to ensure each action was tracked. In KN absence JE documented the actions for this meetingOutstanding actions• a number of actions outstanding due to the changeover of Chief Officer. These will be addressed asap* MOL – DD and TC informed the committee that a meeting has taken place with the MOL to discuss recent issues. MOL team have started a recruitment process in order to address some of these issues.
* TC to obtain contractor applications tracker from JB
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| **7.** |  | **Reports** |
|  | 7.17.27.37.47.57.6 | * Finance and Audit

Minutes now produced from the audit committee and will be shared with the members.Last years accounts are completed and will be handed to the accountantNo levy holiday going forward due to adequate reserves and RSGPSNC direction for allocated funds such as MOU and not invoice. Allocated funds to remain separate from levy income and spend * Governance

All DoI are called for from the membersThe governance group keep an attendance register GDPR may need to be re-visitedThere was a discussion around Glossop pharmacies coming on board and any change of ownership in relation to election votes next year. TC informed the committee that there is likely to be 7 pharmacies from Glossop and work has started to bring them on boardThere was a discuss around access to Dropbox – it was agreed that it is correct at the moment CCA vacancy discussed, and the Governance group have requested a replacement* Comms

Working a alongside Arch Communications to ensure update comms using social media and newspapers. Scripts for the videos are almost complete * Chair

AS updated committee on exec board meetings* Chief Operating Officer

Paper shared for information* Support Officer

Paper shared for information |
| **8.** |  | **Patient Safety and CD LIN** |
|  | 8.18.28.3 | AS and TC informed members that this will be added as a permanent agenda item. Current NatPSA for Potassium Permanganate tabs. CD Occurrence Report (October – December 2021) previously shared to the committee and it was recommended that members read and take back to their teams. Suggestion to add links for CD incident reporting and CD destructions to website. |
| **9.** |  | **National and regional updates** |
|  | 9.19.29.39.49.5 | Workforce – highlighted issues with recruiting, retaining and rises in wages bills across pharmacy team due to minimum wage and PCN recruitment.Overall funding- Rising costs especially inflation which sector cannot pass on to consumers unlike other sectors. PSNC members clear that despite rejection of most recent bid for uplift we must seek further funding .Efficiencies- Our figures show pharmacies operating very efficiently and by end of Y4 if services frow as assumed rates , community pharmacies would have absorbed 37% on top of funding reductions versus 2015 base line. The output of this is pharmacies simply do not have capacity to take on m ore services. It is really frustrating that work supposed to free up capacity within the sector through the 5 year deal has not yet been delivered. Services and Patient demand- The two pharmacy audits completed over the past 18 months have shown the high number of people seeking advice on minor conditions or within existing health conditions. This trend is continuing with people with more serious conditions seeking our advice when they cannot access GPs. PSNC view is this must be fully funded and scope for the use of PGDs. Supply issues continue to place a demand on pharmacy staff time and the liquidation of DE pharmaceuticals will not help. All of the above pharmacy teams are doing for free at the moment.RSG taking up a lot of time, LPC to support PSNC to ensure contractors vote |
| **10.** |  | **RSG** |
|  | 10.110.210.3 |  <https://pharmacy-review.org/contractor-proposals/> Update given by TC via PowerPoint presentationReorganisation into 7 regional teams (we will be Midlands)Limit committee membership to 12 years from April 2023New governance subgroup to help set up a governance framework for local and national organisations, working alongside PSNC’s working sub committees with membership drawn from PSNC and LPCDeliver improvements in oversightBuild in a review of implementation of the overall proposals after 1-2 years to evaluate effectivenessIncrease the contributions that the LPC make to PSNC – currently playing £34,000 yearly which will increase in the 1st year by £8,000 to £42,000 and then in the 2nd year by a further £8,000 to £50,000. The increased contribution will give an additional £1.5m p.a. for the PSNC beginning April 2024 Better distribution of the levy according to each LPCs share of local prescription itemsPayment from LPC to PSNC will be visible to contractorsThere will be a need to ring fence a transformation fund as we will have to use our levy and reserves for our own transformationWorking with other national pharmacy bodies and LPC to shape the development of a new national vision for community pharmacy in England (the LPC will need a seat on this)Rebranding the LPC to Community Pharmacy Derbyshire and the PSNC to Community Pharmacy EnglandRecommendation to reduce committee size to 10-12LPC to adopt a new model constitution focusing on local servicesLPC to drive efficiencies by reviewing boundaries and committee sizesLPC to more closely align with NHS ICS and the number of LPCs to reduce from 68 to 39-42. If it represents 200 or more contractors then it can provide better value. 200 is the minimum number required to get a seat on the PSNCEnsure every LPC has access to the existing network of provider companies needed locally (for us this is Community Pharmacy Central Health Solutions)**Contractors Voting**The vote opens in 2 week (27/5/22) and contractors have 3 weeks to vote. If the vote is yes, the changes will start in 2023 so the new LPC is fully functional by 2024. 67% of contractors need to vote for a vote result to stand. When the result is announced, we will need to follow up. *Comments and Questions by Committee** We need to make sure they have KPIs and that the LPC can still function with the increased contributions
* The increase from £34,000 to £50,000 equates to 47% increase.
* The PSNC only wants to know what levy is paid in and what it has paid for and we need to distinguish between allocated funds and levy and use up allocated funds for training.
* Concerns were expressed over the number of seats on PSNC, the change in the committee size and structure and the number of employed officers.
* It was agreed not to hold extra events as PSNC are covering this.

 **Comms**Members to speak to pharmacies to encourage them to vote |
| **11.** |  | **PNA** |
|  | 11.1 | Is onboard and has been sorted and a draft will be ready at the end of June with an expected finish by October 2022. |
| **12.** |  | **Funding update and discussion** |
|  | 12.112.2 | Funding for wellbeing project – from the primary care wellbeing work with LMC,LOC,LDC  TC shared with committee the ways that others are carrying out the wellbeing projects. * GP Fellows are adding wellbeing information to a newsletter to GPs and they have arranged a support event on men’s health for GPs and staff
* Optometry have nominated wellbeing champions and given them a goody bag as a bonus
* Dentistry have nominated wellbeing guardians and put on wellbeing learning events.

 We have £15,000 to spend on wellbeing.Options brought by the group included:* Outsourcing to a company that offers comprehensive wellbeing support packages that could be funded.
* Links on the LPC website to local NHS support services
* Mental health champion training and signposting to support groups in the area

Incentive funds – discussion around using the money for Mental health first aid and/or asthma capabilities training modules  |
| **13.** |  | **Pharmacy services** |
|  | 13.113.213.313.413.513.613.7 | **CPCS** – voice over PowerPoint from CK was played to the committee, which informed them of the local picture regarding figures, support from PCC and any issues**Extended care** - TC presented the figures for the tier 1 UTI service and the number of interactions has increased. Questions were asked by the committee about how we plan on delivering the data in the future.**DMS** - TC has taken the lead on this project in line with IMPO with aims to get it up and running focusing on high risk critical medications, cardiovascular medications and blister packs initially. All hospitals in the area will start using the DMS with patients identified in the 3 listed areas. CCG has allocated £120,000 to be used amongst the trusts to facilitate the service. **Contraception service** - TC leading on this within Staffordshire and a number of pharmacies have signed up to deliver the service. There is a need to get more pharmacies involved in this service as it gives a better message to NHSE of the benefits that community pharmacies can deliver. TC asked if Derbyshire pharmacies would like to be involved – all agreed so TC to speak to NHSE**Smoking Cessation** service - 32 pharmacies have signed up across the area**Hypertension** case finding service - 157 pharmacies have signed up. PharmOutcomes in some areas has the ability to report and feedback blood pressures to GP. TC to see if this is a module we can have for Derbyshire.**Inclisiran** supply and administration - 3 monthly cholesterol injection service then 6 months administration. Being trialled in Derbyshire area. The committee discussed the need for PGD or PSD. TC gave the information to the committee member that PGD was not needed. Should a PSD be used should there be a prescriber on site? TC to look into this and report back. |
| **14.** |  | **Contractor training – NHSE funding** |
|  | 14.114,2 | It was agreed that Skin training could be delivered for contractors. TC to chase up with LeoThere was also discussion around clinical skills, delivered by Keele uni. TC to liaise with Keele  |
| **15** |  | **Heart failure and ESOL** |
|  | 15.1 | AS informed the committee that she has had a conversation with a heart failure nurse working for Derbys South DCHS. They have data (which they could share) suggesting that patients who do not speak English as a first language are far more likely to bounce in and out of hospital with HF compared with English speaking patients. Over recent times she has seen many problems with patients taking their medicines incorrectly, not understanding hospital discharge advice, not knowing how to order their prescription medicines (MOL don’t speak their language). There was a discussion as to whether there might be an opportunity here for some kind of funded project with pharmacy, the nursing team, GPs, and hospital to look at the problems faced by this group of patients and try to work out some solutions.  |
| **16.** |  | **Strategy update from individual groups** |
|  | 16.1 | Members were divided into 4 groups to discuss a section of the business plan. Each then reported back to the whole group. Each to send TC their comments and TC to update the plan for this next year. |
| **17.** |  | **LPC website** |
|  | 17.1 | TC informed the committee members that the LPC website needs updating. Some key information is missing such as services. TC will work with KN to update asap |
| **18.** |  | **Greener NHSE agenda** |
|  | 18.118.2 | As an LPC we can make changes by sending attachments as links so not as much needs printing. Members asked for ideas of things to add to the website to support contractors and any activities/changes carried out by contractors to be added on as news.NS will be this month's campion for Greener NHS |
| **19.** |  | **CCA questions** |
|  | 19.1 | Kevin will report back to the CCA regarding their questions for this quarter  |
| **20.** |  | **GPhC update** |
|  | 20.120.2 | From June a random sampling off the pharmacy register will be visited. There will also be assurance calls which will be half hour telephone appointments where a number of questions will be asked and the answers given may indicate a face to face visit.The GPhC on Twitter has highlighted issues where pharmacies are sticking labels on Sodium Valproate cartons and pharmacies need to make sure that labels are not covering up critical information. |
| **21.** |  | **AGM planning** |
|  | 21.121.2 | AGM will be on 20th SeptPfizer will sponsor and TC is working on an agendaGuest speaker will be Mr Kartsios with a focus on AF |
|  |  | **CLOSED MEETING** |
| **22** |  | **Employee contracts and pay** |
|  | 22.1 | Extension of contract of employment past 30th June were discussed for both SB and CK.Pay was discussed for KN |
| **23** |  | **Next to Kin information** |
|  | 23.1 | It was recommended by AS that we should keep ‘next of kin’ information on record in case of emergencies – all agreed. Information to be sent to KN |
| **24** |  | **Pharmacy applications** |
|  | 24.1 | Six applications for hour changes were noted by the committee |
| **25** |  | **AOB.** |
|  | 25.125.225.3 | TC asked for help in identifying a pharmacy within the Buxton area to take part in a rota of opening during the Jubilee weekend TC gave the members information regarding CPWM and whether Derbyshire wanted to join the group at approx £2.58 per contractor. All members agreed.TC informed members that there would be an increase in FP10’s in the system due to UHDB not having capacity in the pharmacy.  |
| **23.** |  | **Summary of Action Points** |
|  |  | JE provided a summary |
| **23.** |  | **Date of next meeting: Tuesday 19th July Holiday Inn, South Normanton. Exec: Continue to meet fortnightly via teams.** |

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, is recorded in the following meeting’s minutes.

Signed: ………………………………………………Position:......CHAIR............. Date:............................

Signed: .................................................................Position:......CEO.................Date:............................

During this meeting, along with these minutes, there was a constant check to ensure no discussions could constitute to breaking competition law.

Signed......................................................position.............................................Date