

MINUTES OF THE COMMUNITY PHARMACY STAFFORDSHIRE AND STOKE-ON-TRENT(CPSSOT)**held on****Wednesday 9th August 2023****Thea Pharmaceutical Ltd**

MEMBER	CATEGORY	04/07 /2023	09/08 /2023			
Lucy Dean (LD) Chair	AIMp	✓	✓			
Raj Morjaria (RM) Vice Chair	independent	✓	✓			
Andrea Hawkins (AH) Treasurer	Officer	✓	A			
Chris Ward (CW)	CCA	✓	✓			
Jonathan Bridgett (JB)	CCA	✓	A			
Jeet Patel (JP)	CCA	✓	✓			
Indy Grewal (IG)	Independent	✓	A			
Lee Ison (LI)	Independent	✓	✓			
Eleanor Lawton (EL)	CCA	✓	✓			
Alex Zahorodhyj (AZ)	CCA	✓	✓			
Helen Watton (HW)	AIMp	✓	✓			
Hema Morjaria (HM)	independent	A	✓			
Simon Hay (services Manager) (SH)	Office	✓	✓			
Gillian Mason (GM) (IT Support Officer)	Officer		✓			
Tania Cork (TC)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 CP on the same day.

1.	Welcome/Apologies/Introductions/Announcements
	Chair (LD) and TC welcomed everyone to the meeting. Apologies received from AH, IG, JB.
2.	Declaration of Interested (DoI)
	<ul style="list-style-type: none"> • SH – Central Health Solutions • TC - Thea • Members were reminded that, if they haven't already, they should submit their DOI. • Electronic Signatures are acceptable
3.	Confidentiality Forms

	<ul style="list-style-type: none"> Members were reminded to submit their Confidentiality Forms.
4	Approval of minutes from previous meeting and Competition Law approval
	<ul style="list-style-type: none"> Amendments highlighted to be completed. Previous meeting minutes to be uploaded 72 hours after the meeting once they have been signed. ACTION: Send any amendments through promptly so the printed copy can be amended prior to the meeting ACTION: Minutes to be amended, emailed to Ellie, Lucy and Tania, signed and uploaded to the website.
5.	Matters arising from previous meeting
	<ul style="list-style-type: none"> None
6	Action Log
	<ul style="list-style-type: none"> ACTION: GM to sort drop down boxes with AH for action log. Rewrite actions as new business/start new sheet
7	Reports
	<ul style="list-style-type: none"> FINANCE -Committee was informed how much money was in the accounts at the end of this month, wages still need to go out, but the levy has been paid. We are still looking at what is left from allocated funds from NSLPC and SSLPC. Shropshire have asked if they could use us for payroll to pay their CO. It wouldn't cost anymore to XERO but would cost AH admin time. LD highlighted that it may need a separate XERO account for HMRC purposes and may be too complicated. ACTION: LD/TC to liaise with Richard Barnett (Accountant) about HMRC implications and the time needed to sort. ACTION: GM to look at data sharing implications GOVERNANCE and COMMUNICATIONS – Nothing to report. CHAIRS REPORT – future meetings LD will share what she's been doing. We need to ensure that we are supporting contractors first and foremost. CHIEF OFFICERS REPORT – the number of meeting TC had attended was noted by the committee. If any are not worthwhile then it may be better to stop. If there is a conflict of meetings there may be other committee members that could go instead ACTION: TC to look at her diary and if there are any conflicts then she will ask for support. CD Lin- TC confirmed that assurance visits are from the GPhC and that they are keeping an eye on RP register and balance checks. Targeted Lung health checks – UHNM sending smoking referrals from meeting. AZ received a PDF referral to pharmacy inbox. ACTION: AZ to forward to TC for investigation. Smoking cessation services and issues surrounding the patients that can be referred. RM highlighted issues and offered to attend meetings. SERVICES REPORT –SH shared a PowerPoint presentation with the committee. Hypertension Case Finding Service: Commissioners need to understand that some patients are turning down ABPM, there are also issues with some pharmacists not knowing how to use ABPM or that the pharmacy doesn't have one. There are also issues with surgeries using text messaging to get patients to submit BP readings. It was suggested that this was shared with Tunde and Sam. ACTION: SH to add trend lines/bar charts to the presentation for next time. GM shared the Primary Care CPCS Dashboard with the committee.
7.	Merger progressions
	<ul style="list-style-type: none"> It was reported that CPSSOT now have ICB recognition. Also, Payroll, PAYE and XERO have been sorted.

	<ul style="list-style-type: none"> There have been issues with emails but its hopeful that this will be sorted once Derbyshire have set up all their own emails and can be removed from the account. ACTION: GM is sorting out website name change with CPE to cpstaffsstoke.org.uk and add re-direction link to North Staffs site and upload bio/photos of committee when sent. Also, to include a QR code that can be used on communications. Comms group want focus on what should be on the website and newsletter and not social media as they're not sure that is what contractors want. Clyde and Co – feedback received is that they are expensive and time consuming. There was a discussion about whether we need a 12-month HR package or ad-hoc work. ACTION: Members to send to TC details of any local HR companies/packages so we can look at prices.
8.	Patient Safety
	<ul style="list-style-type: none"> Any information here could also be included in the “Did you know” section of the Newsletter. If there are any queries or issues that need to go into the bulletin, let TC know by text/WhatsApp or Teams. ACTION: Contact GM if you need support on Teams
9.	Greener NHS
	<ul style="list-style-type: none"> Pencycle – CPSSOT can't support more pharmacy sign ups until we know what funds are left. CRISPs (Carbon Reduction Impact on Synchronised Prescriptions) looking at the carbon footprint around non syncRx. TC is visiting a pharmacy that uses the Pharma Delivery APP. Once the data from this pharmacy has been analysed, will look for other pharmacies that use the app to analyse their data too. The second phase would be to look at what would it cost the pharmacy if they were paid to synchronise the medications. It was queried whether this is something a future POD could do. There was a discussion around prescriptions for split boxes of insulin pens and concerns were raised about patient safety if boxed were split due to many pens having a similar look. ACTION: TC to speak to Medicines Optimisation about insulin pens and prescription quantities. ACTION: Members to email TC some of the greener initiatives carried out in their pharmacy. ACTION: GM to add Website section on NHS Sustainability
10.	Commissioner reports
	<ul style="list-style-type: none"> The NHSE report from Andy Pickard was shared with the committee. Concerns were raised about how much workload there is and how money is held back until 7 day follow up box is ticked. And that no other profession is held to the same accountability. It was queried whether we could see the data about the number of consultations versus the number of 7 day follow ups, even if we can't see which pharmacies. This could then be monetised in the newsletter to highlight the loss that is being made. ACTION: SH to look into what data is available ACTION: Create a stakeholder map. ACTION: Remind pharmacies to claim for the 7 day follow up on the Newsletter. ACTION: To think of any ideas for spending LPN money and let TC know. TC to look at what funds are remaining.
11	Closed meeting
	ACTIONS:

	<ul style="list-style-type: none"> • Governance Committee – look at government website to look at different contract types available for staff and what model to use. May need legal advice. Need to align all staff to same contract model. • Investigate how to change self- employed staff to employed staff and what KPI are needed. • SH to share with LI and EL how long people have been working for LPCs and what hours they have been doing.
12.	CCA Questions
	<ul style="list-style-type: none"> • It was agreed to change who reports on the questions each meeting. This meeting JP reported. <p>ACTION: send electronic CPE table for access to members area.</p>
13	PCL Report – Sam Travis (Virtual)
	<ul style="list-style-type: none"> • IP Pathfinder Project Confirmation has been received that all five areas that were applied for have been approved. All five areas applied for have been approved: CPCS Plus, hypertension, depression, anticoagulant clinic and prescribing management. Sam will come back with more information as she gets it. • Additional funding will be available from ICB for a project manager to support the roll out. • Smoking cessation service: A number of pharmacies signed up to the service by August 2022. The trust has now started referring significantly more patients, but these aren't being picked up by pharmacies. ACTION: check and deregister any pharmacy that is no longer able to offer the smoking cessation service and check that pharmacists are trained. • Tier 2 contraception pilot: This is closing soon, and invites have already gone out to specific pharmacies to join the pilot. The service is due to go live nationally in October. • ICB is looking for any pharmacists interested in antibiotic stewardship to do a soundbite for world antibiotic awareness week in November. Anyone interested should get in touch with Sam. • There is a small number of pharmacies who haven't sorted out the provider pay for PharmOutcomes. ACTION: TC and SH to chase up any pharmacies that haven't yet responded. • GP365: CPCS Dashboard is now sent twice a month. Information on blood pressure service and tier 1 contraception service have been added to GP265. • It was raised that we need to ensure that money currently spent on the local extended care services which will be lost with the national scheme should be kept for the contractors. • ICB are looking into a supply scheme to support patients who are exempt from prescriptions getting OTC medicines from CPCS for free.
14	ICB Medicines Management /Optimisation Report (Virtual) – Susan Bamford (SB)

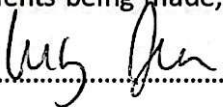
	<ul style="list-style-type: none"> • SB explained the background to the Service Level Agreement (SLA) between ICB and GP practices and how it is carried out by practices and PCNs. • SB wanted to raise awareness with the committee where there have been issues with prescribing high quantity of medicines that have been dispensed/claimed and where pharmacies should have queried. Some of these have been for controlled drugs or pain killers. Practices have been asked to investigate these and pharmacies may get some queries following on from these. <p>TC happy to offer support and guidance to pharmacies to check that prescriptions are being endorsed correctly and that no fraudulent claims are being put through.</p> <ul style="list-style-type: none"> • Concerns were raised over practices switching to 84 day prescribing without any warning and whether it could be considered a waste, however, there is no policy to support 28-day prescribing. • We need to support open conversation between prescribers and pharmacies so that the situation can improve and the relationship between surgery and pharmacy is strengthened. • SB reported that self-care has been removed from SLA this year but Sam Travis and Tunde are looking at a new minor ailments scheme. • Issues that the committee asked SB to report back are: Check that any large quantities of CDs prescribed have been highlighted to the CD Accountable officer The issue of splitting insulin pen boxes – could this be fed back to practices. What the ICB stance was on branded generics -the message going out is that people should prescribe generically. • After SB had left the meeting there was a discussion on how to support this. If a pharmacy notices a surgery repeatedly prescribing large quantities of medications and they aren't able to get it changed then they should contact CPSSOT who will intervene. We need to ensure that future conversations are discussions on how to solve the problems together. ACTION: Set up an LRC/CPSSOT shared meeting
15	<p>Budget Consideration (CLOSED)</p>
	<ul style="list-style-type: none"> • ACTION: Governance Committee- look at government website to look at different contract types available for staff and what model to use. We may need legal advice. We need to align all staff to the same contract model. • ACTION: Investigate how to change the self-employed staff to employed staff and what KPIs are needed. • ACTION: SH to share with LI and EL how long people have been working for LPCs and what hours they have been doing.
16	<p>AOB</p>
	<ul style="list-style-type: none"> • RM highlighted issues with local pharmacies claiming they are distance selling pharmacies but using a local van for deliveries and asked if this could be investigated. ACTION: To feedback local evidence to TC. • Flu vaccination start date: A letter has been sent to MPs to highlight the difficulty of having a late start for the flu vaccinations. This has also been fed back to CPE. This is affecting GPs as well as pharmacies. • ACTION: TC to arrange Lindsey (CPE Rep) to attend September -October meetings • ACTION: TC to draft the CPSSOT strategy for next meeting. • There will no CPSSOT meeting in September.

If you are unable to attend, please send your apologies to

Tania Cork taniacork@cpstaffsstoke.org.uk or Andrea Hawkins andrea Hawkins@cpstaffsstoke.org.uk

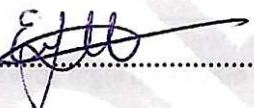
Date	time	Venue	chair
Wednesday October 11 th 2023	TBC	Dean & Smedley, Burton	LD
Tuesday 7 th November 2023	TBC	Thea, Keele	LD
Wednesday 13 th December 2023	TBC	Virtual	LD
Wednesday 10 th January 2024	TBC	Dean & Smedley, Burton	LD

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: 11/10/23

Signed:  Position:CO..... Date: 11/10/23

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

Signed:  position: LPC Member Date: 11/10/23

Feedback from subgroups

Governance:

EL: Principals better than Nolan principles but need "Power to Act" including for exceptional circumstances – to be added as a standing agenda item.

ACTION: EL to email TC with power to act information which can be fed to CPE

Communications:

AZ – focus on website to support contractors and then the newsletter. This should be bi-monthly, single A4 size with bulletins in between if needed. Pop-up "contact us" box on website for queries. Use QR codes for signing up.

ACTION: Committee members to email one line bio and up to date photo to GM (gillianmason@cpstaffsstoke.org.uk) for website

Finance:

LD went through the budget in detail, there are still some unknown costs (expenses, supplies etc). The reimbursement fee for attending meetings will be adjusted as North Staffs fee was lower than South Staffs. The levy is different between the two so there will be a slight increase for South Staffs to make it uniform. We will try to use free venues for meetings but lunches will be provided. Policy and claim form need to be updated for the next meeting. Claims for attendance need to be put in promptly so committee expenses can be more easily reviewed and budget can be more easily set. We are currently operating on zero budget.

There was a vote for levy increase for South Staffs to align to north staffs – unanimously approved.

ACTION: GM to investigate GDPR and using previous mailing list/how to send out the new newsletter out (contact Gordon at CPE)- this was discussed in the meeting that as it is a new business with a new name we may have to start afresh. Pharmacy NHS emails are available in the public domain and could be used. Personal or other business emails would have to sign afresh.