



<p>1</p>	<p>Present</p> <p>Members</p> <table border="1" data-bbox="264 645 823 1189"> <tr><td>Paul Barry</td><td>CCA</td><td>PB</td></tr> <tr><td>Daniel Byatt</td><td>AIMp</td><td>DB</td></tr> <tr><td>Ian Cubbin</td><td>Independent</td><td>IC</td></tr> <tr><td>Jemma Grossman</td><td>CCA</td><td>JG</td></tr> <tr><td>Andrew Hodgson</td><td>Independent</td><td>AH</td></tr> <tr><td>Heather Johnson</td><td>CCA</td><td>HJ</td></tr> <tr><td>Rachel Jones</td><td>CCA</td><td>RJ</td></tr> <tr><td>Wesley Jones</td><td>CCA</td><td>WJ</td></tr> <tr><td>Dane Stratton-Powell</td><td>CCA</td><td>DSP</td></tr> <tr><td>Stephen Thomas</td><td>CCA</td><td>ST</td></tr> </table> <p>In Attendance</p> <table border="1" data-bbox="855 645 1385 860"> <tr><td>Suzanne Austin</td><td>PSM</td><td>SA</td></tr> <tr><td>Sara Davies</td><td>EO</td><td>SDa</td></tr> <tr><td>Adam Irvine</td><td>CEO</td><td>AI</td></tr> <tr><td>Stephen Riley</td><td>NHSE</td><td>SR</td></tr> </table> <p>Apologies</p> <table border="1" data-bbox="855 969 1385 1294"> <tr><td>David Crosbie</td><td>CCA</td><td>DC</td></tr> <tr><td>Stuart Dudley</td><td>Independent</td><td>SD</td></tr> <tr><td>Jack Eckersley</td><td>Independent</td><td>JE</td></tr> <tr><td>Anna Mir</td><td>CCA</td><td>AM</td></tr> <tr><td>Gary Pickering</td><td>PSM</td><td>GP</td></tr> <tr><td>Alison Williams</td><td>BSO</td><td>AW</td></tr> </table>	Paul Barry	CCA	PB	Daniel Byatt	AIMp	DB	Ian Cubbin	Independent	IC	Jemma Grossman	CCA	JG	Andrew Hodgson	Independent	AH	Heather Johnson	CCA	HJ	Rachel Jones	CCA	RJ	Wesley Jones	CCA	WJ	Dane Stratton-Powell	CCA	DSP	Stephen Thomas	CCA	ST	Suzanne Austin	PSM	SA	Sara Davies	EO	SDa	Adam Irvine	CEO	AI	Stephen Riley	NHSE	SR	David Crosbie	CCA	DC	Stuart Dudley	Independent	SD	Jack Eckersley	Independent	JE	Anna Mir	CCA	AM	Gary Pickering	PSM	GP	Alison Williams	BSO	AW
Paul Barry	CCA	PB																																																											
Daniel Byatt	AIMp	DB																																																											
Ian Cubbin	Independent	IC																																																											
Jemma Grossman	CCA	JG																																																											
Andrew Hodgson	Independent	AH																																																											
Heather Johnson	CCA	HJ																																																											
Rachel Jones	CCA	RJ																																																											
Wesley Jones	CCA	WJ																																																											
Dane Stratton-Powell	CCA	DSP																																																											
Stephen Thomas	CCA	ST																																																											
Suzanne Austin	PSM	SA																																																											
Sara Davies	EO	SDa																																																											
Adam Irvine	CEO	AI																																																											
Stephen Riley	NHSE	SR																																																											
David Crosbie	CCA	DC																																																											
Stuart Dudley	Independent	SD																																																											
Jack Eckersley	Independent	JE																																																											
Anna Mir	CCA	AM																																																											
Gary Pickering	PSM	GP																																																											
Alison Williams	BSO	AW																																																											
<p>2</p>	<p>Welcome, Apologies and Expressions of Interest</p> <p>DSP chaired the meeting and welcomed members.</p> <p>Apologies were received from DC, SD, AM, GP and AW.</p> <p>No expressions of interest were received.</p> <p>Following the April LPC meeting, DSP contacted Nick Goodwin and he outlined the conversation with members; Nick's resignation notice was received into the office today (8 June 2022).</p> <p>AW will contact those independent contractors who expressed an interest when the committee last sought to co-opt to see if they would still be interested in filling a position; AW will refer those who are interested to the S&R sub-committee.</p>																																																												
<p>3</p>	<p>Stephen Riley (SR) - North West Regional Senior Pharmacy Integration Lead at NHS England and Improvement</p> <p><i>(Present for this agenda item only)</i></p> <p>SR described the local regional structure and the links with the national team also. Please see the slides for a structural chart.</p> <ul style="list-style-type: none"> 2 new roles within the integration funding – Integrated Care System (ICS) community Pharmacy Clinical Lead and Band 7 NHS Trust Implementation Support to help land things like the Discharge Medicines Service (DMS) or similar services. 																																																												

	<ul style="list-style-type: none"> • SR's role has 3 main priorities – Champion Pharmacy (make sure it's considered in all the relevant places and ensure we get the best value out of it), Lead Integration of Pharmacy Services (particularly the clinical engagement with other professions and the service implementation and delivery support) and System Leadership & Co-ordination (Stakeholder engagement, supporting on the clinical governance oversight and programme alignment) • Community Pharmacy Clinical Lead role – crucial for services reliant on referrals into community pharmacy. • SR's Key Goals were described – recruit structures across each ICS, support implementation of recently commissioned community pharmacy services, support transition of community pharmacy commissioning responsibility into ICS – ensure that the ICS Clinical Community Pharmacy Lead roles are linked in. • Role is funded by the Pharmacy Integration Fund (PhIF) for now but will hopefully move into core NHS funding in some years. • Idea with services is to try to harmonise services where appropriate. Gave the example of the Minor Ailments Service (MAS) in Greater Manchester as a way of unifying. • Public Health services are less clear with the delegation. Ability is there, but whether it'll move quickly or not is clear. • Clinical Governance systems and arrangements for local contract teams were not going to be sufficient and so it's to ensure there is capacity within the regions to deal with it. • 2026 challenge of delivering structured practice for the prescribers was raised as a concern and asked how it fits into SR's role. Whilst it isn't SR's role, he will be working closely with Health Education England (HEE) who have also had an influx of Pharmacy Integration roles and need to establish ways of working with them. Expected there will be someone with a specific remit for the placements within that team. • Query around DMS support elements – whilst NW looks great, it's patchy and driven by the big 3. • PGDs and CHAMPs – issue with sexual health provision cited as an example. ICS level task and will be part of the 8c's role to link in at that point. • Funding systems for delivery expected to be similar going forwards to the current system of implementation support delivered by LPCs. SR's role will be influencing how ICSs spend pots of money – not instructing. <p>SR to return once a quarter. AW to liaise and invite</p>
4	<p>Ian Cubbin/Stephen Thomas - PSNC Report</p> <p>PSNC met on 18/19 May; IC/ST updated members on the following PSNC business:</p> <ul style="list-style-type: none"> • There have been significant changes to sub-committees at PSNC. <ul style="list-style-type: none"> ○ Gary Warner is leaving PSNC after several years due to a change in his business structure and has been replaced as the Chairman of the Service Development subcommittee (SDS) by Fin McCaul. Fin will also sit on the Negotiating Team which is a huge commitment (2.5 days whilst in negotiation, 1.5 days estimated whilst not in negotiation). ○ Mark Burdon has also resigned and has been replaced as the Chairman of the Resource Development and Finance (RDF) subcommittee by David Broome. • Announcement on the Year 4 negotiations are due very soon. • Timing of future negotiation critical for the post 5-year contract. • Changes in the NHS regulations are being brought about and will be announced at the same time as Year 4.

	<ul style="list-style-type: none"> Tariff challenge is still ongoing – Branded Generics, the discount scale and consequences of that is a really complex task to unpick. Has been in place for years and so changes could have quite large effect at local levels.
5	<p>Suzanne Austin - Chair of the Cheshire LPN</p> <p>SA updated members on the following LPN/NHSE business:</p> <ul style="list-style-type: none"> Claire Watson liaison with NHSE team. LPN chairs have a differential experience around the country. C&M have been resolute about keeping the LPN in place. CPCS referrals over the bank holiday weekend were a problem. Locums, smartcards and underlying business context seem to be the prevalent issues. There was a Mersey Internal Audit Agency (MIAA) meeting yesterday. Quite clear that the ICS will struggle for money. Deficit is huge. A lot of new Directors of Finance's in place around our system. Hypertension Case-Finding service is mentioned a lot. Provider pays model or IT elements are problematic with data visibility. Complex when other providers want to run their own models, but you can't see the visibility. Meeting with Jasmeen Islam from Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and Susie Roberts from Cheshire West and Chester (CWAC) Public Health – project to take forwards the Severe Mental Illnesses (SMI) work we've done elsewhere. COVID vaccination meetings continue, further EoI was due for June for the Autumn but no news yet. Existing contractors not thought to need to express interest. Opportunity to raise issues that operators encountered will be there. COVID anti-virals will likely move out of secondary care. Potential for a service bit like the Tamiflu service – patients will need them rapidly and the drugs themselves can have several side effects so need some element of specialisation.
6	<p>Stephen Thomas – Review Steering Group (RSG) Update</p> <p>ST updated members on RSG current:</p> <ul style="list-style-type: none"> Voting is open and encouragement to vote. Announcement will be on the Wednesday after the vote closes. Engagement figures from newsletters high and website clicks are good. Webinars have been variable with one hosting 100 contractors.
7	<p>Feedback</p> <p>a) Staff & Resource The Staff and Resource sub-committee met on 5 May to undertake their annual employee review.</p> <p>b) MALPS – 25 May AI fed back on the main points from the last MALPS meeting.</p> <p>c) Member Feedback – Important Items and Context for Team Current issues that pharmacy teams are finding challenging:</p> <ol style="list-style-type: none"> Additional services – not getting BPs done because pharmacists must do it. Some alleviation should the VAT regulations change, however committee recognised not all pharmacies have technicians to be able to do it. Pharmacist cover – paying a premium on any locum. Gaps reported around the table. Quality of locum provision seems to have dropped. Closures – have been ~1000 bricks and mortar pharmacies closing with DSPs balancing some of that. 3.5k pharmacists taken up by PCN roles and more

	<p>pharmacists drifting into other roles eg health boards. People are leaving employed work to locum for less days on same money. PCN piece still has some way to run – another ~3k roles left to fill. Guaranteed funding from 2024 ceases so may be some practices that have a decision on whether they choose to keep them on or not.</p> <ul style="list-style-type: none"> iv. GPs directing more and more to pharmacy – including people who we cannot help and so having to refer. Difficulties with patients not knowing what to do. v. Responsible Pharmacist vs Superintendent Pharmacist – LPC to consider writing to GPhC on this differentiation. Regs have been clarified in May. How we feed back to GPhC? PLOT -> PSNC -> GPhC? vi. Surgeries not always willing to adopt to new services and some issues with EPS. Post-dated prescriptions particularly a challenge when compared to eRD. Conflates the issues and complexity with locum workforce – need for highly skilled support staff to manage the processes well. vii. Phase 4 scripts appearing alongside regular scripts – can get to on the tracker but takes time and workload to discover. Patients don't understand so can't describe the process. viii. Worsening of GP – pharmacy relationships in general. Both sides the cause at times – bad experiences with one pharmacy will sometimes affect the relationship with other pharmacies. Pressure of workload also adding to this. ix. EPS – new system coming – LPC ability to lobby and make suggestions to national bodies – via PLOT to CP IT Group. x. Issue capture via Engagement Officer group – Provision and Delivery session later to set issues out. Follow up call possibly for reflecting contractors a few days after a visit. xi. Standards, Efficiencies and Workload as 3 main issues. Segregation and workshopping at the July meeting – with issues shared with committee beforehand. AI/AW
8	<p>Minutes of CPCW Meeting – 27 April 2022</p> <ul style="list-style-type: none"> a) The minutes were accepted and signed. b) Outstanding actions/updates: <ul style="list-style-type: none"> i. AI will feed back LPC comments on mental health and climate change to HB; awaiting draft document from Helen Bromley (SA to contact – believed the plan is going to board on 16/06). ii. AM and WJ will let AW have biographies for the website. iii. SD, DC and HJ will complete and return their Annual Declarations of Interest for 2022 to AW to update the LPC website
9	<p>Topics for Discussion</p> <ul style="list-style-type: none"> a) Provision and Delivery Covered under the member feedback. b) Review Results of Patient Led Ordering Survey The results of the survey were pre-circulated and discussed. Actions identified: <ul style="list-style-type: none"> i. Flow into the workshop session to capture and express issues in July AI/AW ii. CCG conversation. LMC conversation. iii. Place-based structures – keep links in place as they form. iv. Clear guidance to contractors and practices once all resolved.

10	<p>GP CPCS Update</p> <ul style="list-style-type: none"> • AI shared the slides from GP • AI shared the new dashboard and the positive slant. Also shared the filtration • GP to collect good news stories and publish them • SDa to contact pharmacies with high numbers of referrals and capture top tips for sharing 																
11	<p>Employee Report</p> <p>An employee report was pre-circulated to members.</p> <p>AI and SDa provided updates; slides will be shared after the meeting. Additional points to note:</p> <ul style="list-style-type: none"> • Winter Pressures fund raise advanced conversation with NHSE – AI • SDa to design form to capture PCN level data on delivery and fill in for hypertension service • SDa will Gather helpful good news stories/top tips from Hypertension to share 																
12	<p>Treasurer's Report</p> <p>a) CPCW total money is £232,083 as of 7 June 2022</p> <table border="1" data-bbox="323 846 1318 1144"> <tr> <td>Lloyds Bank Current Account</td> <td>£142,530</td> </tr> <tr> <td>Close Brothers 12-month notice account</td> <td>£116,804</td> </tr> <tr> <td><i>Less Holding Money</i></td> <td><i>- £27,251</i></td> </tr> <tr> <td> • <i>Estates</i></td> <td><i>£11,677</i></td> </tr> <tr> <td> • <i>Inhaler Training</i></td> <td><i>£5,834</i></td> </tr> <tr> <td> • <i>Warrington Alcohol Pilot</i></td> <td><i>£4,500</i></td> </tr> <tr> <td> • <i>EPS Round-Off Event</i></td> <td><i>£240</i></td> </tr> <tr> <td> • <i>CWC PH Campaign Resources</i></td> <td><i>£5,000</i></td> </tr> </table> <p>b) £30k has been transferred from the Current Account into the Notice Account.</p> <p>c) The year-end accounts are currently with the accountants for auditing.</p>	Lloyds Bank Current Account	£142,530	Close Brothers 12-month notice account	£116,804	<i>Less Holding Money</i>	<i>- £27,251</i>	• <i>Estates</i>	<i>£11,677</i>	• <i>Inhaler Training</i>	<i>£5,834</i>	• <i>Warrington Alcohol Pilot</i>	<i>£4,500</i>	• <i>EPS Round-Off Event</i>	<i>£240</i>	• <i>CWC PH Campaign Resources</i>	<i>£5,000</i>
Lloyds Bank Current Account	£142,530																
Close Brothers 12-month notice account	£116,804																
<i>Less Holding Money</i>	<i>- £27,251</i>																
• <i>Estates</i>	<i>£11,677</i>																
• <i>Inhaler Training</i>	<i>£5,834</i>																
• <i>Warrington Alcohol Pilot</i>	<i>£4,500</i>																
• <i>EPS Round-Off Event</i>	<i>£240</i>																
• <i>CWC PH Campaign Resources</i>	<i>£5,000</i>																
13	<p>Date and Time of Next Meeting</p> <p>Wednesday 20 July 2022, 9am-5pm, Forest Hills Hotel, Frodsham</p>																

Action List

NOTE: Shaded rows indicate an action carried forward from the last meeting(s)

Min	Action	Person	Update
8bi	AI will feed back LPC comments on mental health and climate change to HB; awaiting draft document from Helen Bromley which should have arrived w/c 25 April (SA to contact Helen)	SA	<i>Completed – circulated 20/6 – on July Agenda</i>
8bii	Members will let AW have updated biographies for the website	Members	<i>Outstanding: WJ, AM</i>
8biii	Members will complete and return their Annual Declarations of Interest for 2022 to AW to update the LPC website		<i>Outstanding: SD, DC, HJ</i>

2	AW will contact those independent contractors who expressed an interest when the committee last sought to co-opt to see if they would still be interested in filling a position; AW will refer those who are interested to the S&R sub-committee.	AW	Complete – list provided to S&R
3	AW will liaise and invite Stephen Riley to an LPC meeting once a quarter	AW	Complete
7xi	Standards, Efficiencies and Workload as 3 main issues. Segregation and workshopping at the July meeting – with issues shared with committee beforehand AI/AW	AI/AW	Agenda Item
9	Results of Patient Led Ordering Survey - Flow into the workshop session to capture and express issues in July AI/AW	AI/AW	Agenda Item
10	GP to collect good GP CPCS news stories and publish them	GP	
10	SDa to contact pharmacies with high numbers of GP CPCS referrals and capture top tips for sharing	SDa	
11	Winter Pressures fund raise advanced conversation with NHSE – AI	AI	
11	SDa to design form to capture PCN level data on delivery and fill in for hypertension service	SDa	
11	SDa will gather helpful good news stories/top tips from Hypertension to share	SDa	