



1	<p>Present</p> <p>Members</p> <table border="1"> <tr><td>Paul Barry</td><td>CCA</td><td>PB</td></tr> <tr><td>Danny Butler</td><td>Independent</td><td>DBu</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>Stuart Dudley</td><td>Independent</td><td>SD</td></tr> <tr><td>Jack Eckersley</td><td>Independent</td><td>JE</td></tr> <tr><td>Jemma Grossman</td><td>CCA</td><td>JG</td></tr> <tr><td>Heather Johnson</td><td>CCA</td><td>HJ</td></tr> <tr><td>Andrew Hodgson</td><td>Independent</td><td>AH</td></tr> <tr><td>Rachel Jones</td><td>CCA</td><td>AM</td></tr> <tr><td>Wesley Jones</td><td>CCA</td><td>WJ</td></tr> <tr><td>Anna Mir</td><td>CCA</td><td>AM</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>	Paul Barry	CCA	PB	Danny Butler	Independent	DBu	Daniel Byatt	AIMp	DB	Ian Cubbin	Independent	IC	Stuart Dudley	Independent	SD	Jack Eckersley	Independent	JE	Jemma Grossman	CCA	JG	Heather Johnson	CCA	HJ	Andrew Hodgson	Independent	AH	Rachel Jones	CCA	AM	Wesley Jones	CCA	WJ	Anna Mir	CCA	AM	Dane Stratton-Powell	CCA	DSP	Stephen Thomas	CCA	ST	<p>In Attendance</p> <table border="1"> <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>Gary Pickering</td><td>PSM</td><td>GP</td></tr> <tr><td>Alison Williams</td><td>BSO</td><td>AW</td></tr> <tr><td>Pam Soo</td><td>NHSE ICS</td><td>PS</td></tr> <tr><td>Jonathan Griffiths</td><td>NHSE ICS</td><td>JGr</td></tr> </table> <p>Apologies</p> <table border="1"> <tr><td>David Crosbie</td><td>CCA</td><td>DC</td></tr> </table>	Suzanne Austin	PSM	SA	Sara Davies	EO	SDa	Adam Irvine	CEO	AI	Gary Pickering	PSM	GP	Alison Williams	BSO	AW	Pam Soo	NHSE ICS	PS	Jonathan Griffiths	NHSE ICS	JGr	David Crosbie	CCA	DC
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2	<p>Welcome, Apologies and Expressions of Interest</p> <p>DSP chaired the meeting and welcomed members.</p> <p>Apologies were received from DC.</p> <p>No expressions of interest were received.</p> <p>This was the last meeting of the current committee. DSP thanked all members for their continued contribution, and in particular to those members who will not be joining us on the journey from 1 April.</p> <p>IC thanked DSP for his hard work and guidance as the Chair that he has continuously undertaken for the committee, particularly during recent trying professional circumstances.</p>																																																																			
3	<p>Guest Planning</p> <p>Members discussed the guest items in preparation for their attendance.</p>																																																																			
4	<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"> Contractors who require a CPAF visit have been identified and will be informed shortly. 																																																																			

	<ul style="list-style-type: none"> Jackie Jasper is reviewing a recent issue in Crewe regarding a disruptive patient. Unlike GP colleagues, pharmacies do not have access to the Dangerous Patient list and members discussed the pros and cons of having access to this type of information. There is a NW working group looking at the availability of Designated Prescribing Practitioners (DPP). Dr Jonathan Griffiths attended the last LPN to talk about the Primary Care Framework. Professor Ian Ashworth has been appointed as the Director of Population Health for NHS Cheshire and Merseyside. A working group has been established to look at any potential PNA implications caused by pharmacy closures, early closures, reduced hours etc. The group is made up of representatives from CWAC and CE Public Health, NHSE and AI. IC stated that he has raised issues nationally regarding the challenge of wholesale changes to patient nominations (available space, costs, staff (recruitment)). The COVID Spring Booster programme will run from 3 April to 30 June. The initial cohort will be care homes, with the over-75s and immunosuppressed patients from 17 April.
5	<p>Ian Cubbin/Stephen Thomas - PSNC Report</p> <p>PSNC met via Zoom on 1/2 February; IC/ST updated members on the following PSNC business:</p> <ul style="list-style-type: none"> DHSE Concession prices and NHSE regulatory easements. The state of finances and challenges across Community Pharmacy and what actions can be taken. PSNC has been targeting MPs to ensure that they fully understand the situation and a briefing has been produced. Members shared their own experiences of trying to engage with their local MPs. HRT pre-payment certificate (PSNC has published information about this). Members discussed several potential problems when this starts on 1 April. The imminent Primary Care Recovery Plan. The NHS England Help Us Help You campaign and PSNC's response to this. The national interest in pharmacies closing.
6	<p>Pam Soo (PS) – Clinical Lead for Pharmacy Integration, ICB, NHS Cheshire and Merseyside <i>(Present for this agenda item only)</i></p> <p>PS attended the meeting to discuss the Pharmacist Integration Fund Prescribing Pilot and the service design elements of the MAS harmonisation work. Main points:</p> <ul style="list-style-type: none"> Pharmacist Integration Fund Prescribing Pilot and EOIs <ul style="list-style-type: none"> Cheshire & Merseyside put an EOI in, in line with EOIs that went in from Manchester and Lancashire & South Cumbria. The funding request is based around minor ailments services and prescribing as a core offer which would support CPCS. There are 2 additional services to add - Respiratory Review and Selective Serotonin Reuptake Inhibitors Drugs (SSRID) prescribing. They will know if they have been successful end of March/beginning of April. In the meantime, they will ask contractors to be party to 2 forms of EOIs – a general one (concept, description, bid, funding unknown) and an EOI when the financial details are announced. Second EOI when financial details are known. There are lots of steps in the process with tight timelines and deadlines (national aspiration to start the pilot within the first quarter) – formal sign-off from the ICB, engaging with contractors, keeping LPCs informed.

- Want to have a good, functional pilot involving approximately 20 forward thinking pharmacies.

Comments/Questions:

- IC asked PS to confirm how the pilot would work. PS explained that the pharmacist must be *employed* by the community pharmacy with no option to lift and shift a PCN pharmacist to do PCN commissioned clinics within a pharmacy setting. However, a PCN pharmacist who potentially works part time or wants weekend work could have dual employment in a PCN for PCN clinical and in a CP for CP commissioned clinics. NHSE have undertaken a survey to understand the number of contractors who are IPs/working towards, and she shared the figures. The EOI will be shared with COs before it is sent out to ensure that the design is the best that it can be.
 - ST asked if there will be a requirement that a patient will need to be referred to a different pharmacy for the dispensing element. A requirement of the service and stated in the EOI is that the contractor, through tight policies and procedures, ensures that patients and professionals are safeguarded against one individual prescribing, clinically checking and self- dispensing their own prescribing.
 - The range of conditions is as wide as the pharmacist speciality and skills for the minor ailments section of the service.
PS has recently met with CPPE to discuss a one-day training course – basic knowledge underpinning, clinical examination, recording keeping. This will give assurance to the ICB that the clinical skills have been noted and covered off.
ST will share some information with PS about a minor ailment’s skills course run by Bangor University.
 - MAS Harmonisation
 - Currently there are 8 commissioned services with a variance of a minor ailments scheme – solely OTC, PGD led, a combination - across 9 places.
 - ICB signed off a broad programme to harmonise services, with minor ailments being identified as the first one. To take this forward, papers and options have been shared with several committees. PS has drafted an SLA to underpin this service, and this will be circulated to LPCs shortly.
 - The harmonised service will consist of both Tier 1 (OTC) and Tier 2 (PGD). They have considered Tier 3 for PGDs which places a higher burden on the pharmacist for clinical skills.
 - Work is ongoing on the templates, paper consultation form and PharmOutcomes.
 - The priority for the clinicians, is how they manage existing service PGDs from 31 March as the ICB doesn’t yet have a process for signing off PGDs.
 - Until a harmonised service is in place, Places can extend their PGDs and services from 31 March. However, on review by microbiologists, some of the PGDs were found not to be clinically appropriate at this time and so some PGDs will cease from 31 March.
 - The OTC formulary has been harmonised.
 - The ICB need to understand any financial impact before this is adopted.
- Comments/Questions:**
- WJ asked whether the service will be commissioned under and NHS standard contract and will the PGDs follow the SPS template. PS confirmed that the service will be commissioned like an advanced service by the ICB, PGDs will follow the SPS template, and that the SLA will be linked to the national framework.
 - DSP asked PS to elaborate on the comms plan. PS stated that comms for this service will be key as there is currently a massive disparity in levels of usage across

	<p>the footprint. She explained how they want to publicise the service to patients with an emphasis on the service being there for people who need it.</p> <p>PS regularly briefs heads of Primary Care and medicines optimisation teams and will look at how all stakeholders can support comms when it comes to launch.</p> <ul style="list-style-type: none"> ○ SD asked PS about the funding for the harmonised service. PS outlined the current thinking which would be to use the Liverpool scheme costings to bring all Places to the same level and would see an increase across the board (except Liverpool). Some additional funding will be required. ○ IC asked how the harmonisation of this service will work with genuine health inequalities across the ICS to ensure that those with the greatest need benefit from the scheme. PS confirmed that the commissioning of the service will be reviewed; this may include, with the LPCs help, encouraging specific contractors to engage with this, and offering support (training, education, etc). ○ The recent changes with GP's having to offer an appointment on the first point of contact may be an opportunity to push for this service. ○ Some of the barriers were touched on - patients unwilling to fund their own treatment, confidence of service delivery. <p>PS is happy to attend a future LPC meeting to discuss significant updated. DSP thanked PS for her time and for sharing the useful information.</p>
7	<p>Service Extensions</p> <p>AI explained that the CCGs commissioned services end dates have been discussed and the LPC has yet to hear what will happen to any current ones that are due to expire at the end of March; there may be a requirement to meet virtually to pick this up.</p> <p>To give AI a steer, committee members shared their thoughts on any uplift negotiations.</p>
8	<p>Minutes of CPCW Meeting – 11 January 2023</p> <ul style="list-style-type: none"> a) The minutes were accepted and signed. b) Outstanding actions from the last meeting: <ul style="list-style-type: none"> i. AI spoke with Jonathan Griffiths and Fiona Lemmens and will arrange a meeting to discuss a consistent approach for patient led ordering.
9	<p>Member Feedback - Important Items and Context</p> <p>Current issues highlighted by members that pharmacy teams are finding challenging:</p> <ul style="list-style-type: none"> • Some Cheshire surgeries are currently reviewing patients with a view to changing them to 56-day scripts. SA shared that this is not Medicines Management driven and will speak with Mark Dickinson/Janet Kenyon. AI will raise a review of how the compensatory scheme access works through PLOT. • Branded Generics.
10	<p>Dr Jonathan Griffiths – Associate Medical Director, Primary Care, NHS C&M <i>(Present for this agenda item only)</i></p> <p>JGr attended the meeting to discuss the Primary Care Strategic Framework and spoke to a set of slides. Main points:</p> <ul style="list-style-type: none"> • The ICB is looking to develop a strategic framework for Primary Care that will cover all 4 contractor groups. • The ICB already commission general practice and community pharmacy and these are the groups that will be covered initially with optoms and dentistry soon after. • The framework will be detailed enough to describe a Cheshire and Mersey position while leaving it high level enough for local places to develop something more details that informs local need. • A paper needs to go to the ICB Board at the end of April.

	<ul style="list-style-type: none"> JGr shared actions taken to date (including the sharing of a primary care strategy thought papers and a questionnaire which has been sent to GPs and community pharmacies (AW will push for this to be completed)) and the current situation. JGr shared Service Delivery elements of the framework and enablers. JGr is keen to understand community pharmacy views - right line, glaring omissions, approached from the wrong perspective, any groups that are not being included. ST asked JGr to explain how the output will be used. JGr explained that ideally there will be a framework document comprising of headline topics linked to any national guidance, best practice case study and high-level strategic objectives to guide places to what they will be delivering. <p>DSP thanked JGr for his time and for sharing the useful information.</p>
11	<p>Primary Care Strategic Framework – Adam Irvine</p> <p>At WJ’s request, AI shared the key thought document themes (and also shared this electronically).</p> <p>Members formed an LPC view of the Community Pharmacy Strategic Framework Feedback questionnaire which AI submitted and will share this with JGr.</p> <p>AI encouraged all members to submit an individual response to the questionnaire.</p>
12	<p>LPC Membership Update – 1 April 2023</p> <p>a) Due to the number of self-nominations exceeding the number of independent seats available a vote was undertaken.</p> <p>21 (24%) independent contractors voted and the 4 candidates receiving the most votes were Ian Cubbin, Andrew Hodgson, Stuart Dudley and Jack Eckersley.</p> <p>b) AIMp have confirmed that Angela Chiweshe (North Meols) has been nominated into the available AIMp seat.</p> <p>c) The CCA has held its selection meeting and has given member companies until 10 March to complete the process of informing unsuccessful nominees. They will share the information with the LPC following this date.</p>
13	<p>LPC Dashboards</p> <p>AW demonstrated the current dashboards to the committee and members discussed how this data may be used going forwards.</p>
14	<p>Feedback</p> <p>a) Staff and Resource</p> <p>S&R met before the meeting; this was the last meeting of the current committee and there were no proposals to make at this time.</p>
15	<p>Topics for Discussion</p> <p>a) HEE Strategy</p> <p>The strategy has now been circulated and will be picked up and discussed by the new committee (AW April agenda item).</p> <p>b) Supporting Contractors affected by pharmacy closures</p> <p>DSP raised a potential concern around the impact on contractors with the imminent closure of several Lloyds pharmacies across the footprint and how the LPC can help existing contractors navigate this change as well as supporting Lloyds staff.</p> <p>It is apparent that the operation of some stores is already changing before closure which could cause reputation damage to community pharmacy.</p> <p>A communication pack is required:</p>

	<ul style="list-style-type: none"> • Politicians (regular updates) • other health professionals, including pharmacies/GP's – impact and how to prepare • patients <p>IC will draft an article for contactors to ensure they are aware of imminent changes, risk of potential impact and how they prepare</p> <p>c) Rebranding – PSNC and LPCs</p> <p>IE Brand are working with PSNC regarding a new visual design and core messaging for Community Pharmacy England from April. AW attended an IE Brand facilitated workshop for LPC representatives seeking views on the new strategy and the core messaging. The session involved a variety of exercises to gain reactions, and this will be fed back to PSNC. A similar evening session was planned for contractors to feed in their thoughts.</p> <p>PSNC are also working with some LPCs regarding partner branding to the new visual design.</p> <p>d) PSNC National Meeting of LPCs – 18 May</p> <p>Date for the diary for members. This national meeting will give LPC representatives the opportunity to discuss the key issues facing the sector and to hear PSNC's work to support contractors (AW April agenda item).</p> <p>e) Cheshire LMC Conference – 26 April</p> <p>SA will attend the Cheshire LMC Annual Conference during the morning of the next scheduled LPC meeting (AW April agenda item).</p> <p>f) NW Primary Care Conference – 29 March (Primary Care), 30 March (Allied Professionals)</p> <p>AI will send the link to SDa who will attend to 30 March event.</p>																
<p>16</p>	<p>GP CPCS Update</p> <p>GP updated members on the status of GP CPCS service, spoke to a set of slides and highlighted some key areas. There were no questions or points to note.</p>																
<p>17</p>	<p>Employee Report</p> <p>An employee report was pre-circulated to members. There were no questions. AI and SDa provided updates; slides will be shared after the meeting.</p>																
<p>18</p>	<p>Treasurer's Report</p> <p>a) CPCW total money is £292,753 as of 8 March 2023:</p> <table border="1" data-bbox="323 1563 1321 1861"> <tr> <td>Lloyds Bank Current Account</td> <td style="text-align: right;">£200,553</td> </tr> <tr> <td>Close Brothers 12-month notice account</td> <td style="text-align: right;">£119,451</td> </tr> <tr> <td><i>Less Holding Money</i></td> <td style="text-align: right;"><i>- £27,251</i></td> </tr> <tr> <td>• <i>Estates</i></td> <td style="text-align: right;"><i>£11,677</i></td> </tr> <tr> <td>• <i>Inhaler Training</i></td> <td style="text-align: right;"><i>£5,834</i></td> </tr> <tr> <td>• <i>Warrington Alcohol Pilot</i></td> <td style="text-align: right;"><i>£4,500</i></td> </tr> <tr> <td>• <i>EPS Round-Off Event</i></td> <td style="text-align: right;"><i>£240</i></td> </tr> <tr> <td>• <i>CWC PH Campaign Resources</i></td> <td style="text-align: right;"><i>£5,000</i></td> </tr> </table> <p>b) Q3 2022/23 accounts have been reviewed by the Governance and Finance (GAF) sub-committee and a draft budget was circulated to members. There were no questions.</p> <p>c) This year will see the first PSNC levy increase in eight years, supported by contractors through the vote on the Review Steering Group (RSG) proposals. The CPCW rate for</p>	Lloyds Bank Current Account	£200,553	Close Brothers 12-month notice account	£119,451	<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>
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	2023/24 is £99,513 with the first instalment (£49,756.29) being due at the end of June covering 1 April – 31 October 2023. d) Members were reminded to submit any outstanding claims to help facilitate payment within the current financial year.
19	Date and Time of Next Meeting Wednesday 26 April 2023, 9.30am-5pm, Forest Hills Hotel, Frodsham

Action List

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

Min	Action	Person	Update
6	ST will share some information with PS about a minor ailment's skills course run by Bangor University.	ST	<i>Completed</i>
9	Some surgeries are currently reviewing patients with a view to changing them to 56-day scripts. SA shared that this is not Medicines Management driven and will speak with Mark Dickinson/Janet Kenyon	SA	
9	AI will raise a review of how the compensatory scheme access works through PLOT.	AI	<i>Discussed at PLOT 30/03</i>
10	AW will push for Community Pharmacy Strategic Framework Feedback questionnaire	AW	<i>Complete</i>
11	AI submitted the Community Pharmacy Strategic Framework Feedback questionnaire and will share this with JGr	AI	<i>Complete</i>
11	AI encouraged all members to submit an individual response to the Community Pharmacy Strategic Framework Feedback questionnaire	Members	
15	April Agenda Items <ul style="list-style-type: none"> • HEE Strategy • PSNC National Meeting of LPCs – 18 May • Cheshire LMC Conference – 26 April (SA Feedback) • Closures 	AW	<i>Complete</i>
15b	IC will draft an article for contactors to ensure they are aware of imminent changes, risk of potential impact and how they prepare	IC	
15f	AI will send the link to SDa who will attend to 30 March event	AI	<i>Complete</i>
18	Members were reminded to submit any outstanding claims to help facilitate payment within the current financial year	Members	<i>Complete</i>