**Committee Meeting – 17th January 2025**

**ONLINE**

**Attendees:**

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| **Present:** Rajshri Owen (RO) Chief OfficerViral Patel (VP) – Chair & CCA Representative Altaf Vaiya (AV) – Treasurer & Independent ContractorShezad Alimahomed (SA)- CCA Representative Rahul Patel (RP) – Independent & IPA member Nadya Jethwa (NJ)- Independent ContractorGareth McCauge (GM) – Service Support Facilitator Satyan Kotecha (SK) – Vice Chair & Independent ContractorShoaib Haji (SH)- Independent ContractorKishan Kotecha (KK)- Independent ContractorRon Gregson (RG)- CCA Representative Aadil Mitha- Independent Contractor | **Apologies:** Vin Mistry- Service Development Lead Kate Blockley-Smith – Administrator **Guests** **Lindsey Fairbrother**- CPE Regional representative and independent contractor (Delayed due to locum issues)**Paul Gilbert (PG)-**Clinical Lead LLR ICB **Luke Cleaver (LC)-**Leicestershire & Rutland County Council |

**Welcome**

VP welcomed everyone to the first meeting of 2025 and informed the committee that the meeting was being recorded. VP reminded the committee of the Vision, Mission, and Values.

VP invited committee members to submit any changes to their Declarations of Interests (DoI). None were received.

RO reminded the committee that she will be circulating copies of the DoI form for 2025 to ensure that records are accurate and UpToDate. RO also informed the committee that policies will recirculated to ensure accuracy.

**Approval of Previous Meeting’s Minutes**

The minutes from the 8th of November 2024 meeting were approved by Rahul Patel (RP), and Satyan Kotecha (SK) seconded the approval. No changes or further questions were raised.

VP asked the committee to submit invoices asap. SK raised attends multiple meetings so will consolidate his invoice, so it reflects monthly activity. This will prevent multiple invoices being submitted. VP acknowledged this and agreed this action moving forward.

AV reminded those committee members who have outstanding invoices.

SK informed the committee that the Executive Committee had discussed the Expenses Policy and the need for it to be updated with regards to sanctions (only 50% being paid of total invoice) relating to the Treasurer receiving late invoice outside of the time, this will support cashflow. RO reiterated this will be put in from immediate effect. The committee agreed this action. RO agreed she will amend the existing policy.

**Paul Gilbert- Pharmacy First Improvements (Same Day Hubs)**

PG outlined to the committee that he wanted to use his time to have a discussion on how we collectively can improve Pharmacy First.

PG reinforced the ICB are thrilled with the results of PF but reinforced the delivery can be variable. PG highlighted the intention to review the number of same day hub commissioned (currently 9 in LLR); with view to reduce capacity in some way and use PF to pick up those with the low acuity conditions. By reducing the options for GPs to refer will force them to refer via PF pathway into Community Pharmacy.

SK –Highlighted the importance of the need to feedback to practice that this patient did not need to be referred. PG agreed and said triaging in hubs is being looked at.

NJ- we need to educate the practice more so as well as staff at the hubs to reinforce the PF and referring to community pharmacy. We need to ensure the message is filtered down and at the moment it is not working.

SK – The IFF funding stipulates that the PCN pharmacist role contractually must engage with community pharmacy with funding associated to it. PG confirmed he was aware of this.

SK – If the ICB are disinvesting can the ICB use a portion of that disinvestment to support CP services become business as usual. PG confirmed he has asked and could be an option for next year. He invited the committee to respond by what areas we should focus on.

GM- practices referring to hub can you confirm this is being done by reception team? PG responded it’s an easy place to put your overflow. GM suggested using the resources of Karen from Kalu as the reception staff high turnover and training are issues that need to be addressed.

AV-regarding engagement with surgeries, the buy in from practices has been terrible. It feels CPs are taking the lead and trying but there is no engagement coming back.

RG- we have learnt from high deliverers so others can benefit; but are GPs doing the same?

SK- we need to articulate what the offer is and understand what the barriers for practices are to prevent them from referring through a questionnaire.

SA- how do we fit into their strategy, so it becomes important to them.

RP- Tools available to support disparity in pharmacist service delivery, including a software called DemDx which can standardise support.

RO- pull together KPIs/ what good looks like. Can we as a committee give this some thought to feedback.

PG – concluded the overflow capacity will be removed, and this will force practices to refer into PF. Also made the committee aware he has now been made permanent.

No further questions were raised.

**Chair’s Report – VP**

VP gave his report. VP congratulated the team for all that they have achieved in 2024.

Flu vaccinations have been strong. 1 year anniversary of PF will be marked to. PF thresholds increasing so we will continue the F2F visits via the services team. PACRP drive continues throughout the year. Social media has picked up momentum and encouraged the committee to share/ like.

No questions or additional points were raised during this segment.

**Chief Officer’s Report – RO**RO gave her report, highlighting the following:

LPN funding – announced we have secured £50k for 2023/24 and 2025/26. Working on a submission which has now been approved and awarded. Includes 2 initiatives PCN engagement lead extension for further 6 months and Order Only What you Need initiative. PO has been raised.

Events – Open House has now been cancelled. Going forward will be a different format. On will be hosting the CPPE contraception F2F event fully booked 51 delegates. Included in the workshop we will include our open house.

Curry Night – Jan 31st has been organised for CP, Lindsey, Paul. No agenda lets come along connect, collaborate and cross pollinate.
Safeguarding webinar: RO informed the committee about the Safeguarding Event scheduled for Feb 2025 which would focus on protecting babies and small children in collaboration with ICON.

Kaenect – currently in go live phase. This is a phased launch.

EOI- FPTP have been sent. WTE have now confirmed 2026/27 will be mandator cross sector placements. RO confirmed she will continue this work hoping to secure more cross placements with UHL and LPT. UHL and LPT have committed to making this BAU.

ADHD stock list with LPT- RO confirmed this is being reviewed weekly with Anthony at LPT. RG – can we set a date for the service to end, and advance notify contractors. RO confirmed she will pick up with LPT. AV- confirmed this has been helpful to LLR contractors and we do need to consider terminating the service. SK – stipulated that can ask LPT to keep workings in the background in case we have to restart the service.

RO also updated the committee on the PERT issues as out of stocks continue to be challenging. RO confirmed we have promoted iEthico platform.

**ADHD Medication Stock Management**
AV discussed the ADHD medication stock management service

AV noted that the service had been useful but was seeing a decline in demand. He proposed that the service could be "mothballed" rather than completely shut down, allowing it to be revived quickly if needed.

Chief Officer (RO) confirmed that the service would remain available for contractors but might be phased out eventually.

**Treasurer’s Report**

Altaf Vaiya (AV) presented the Treasurer’s Report

AV discussed ongoing financial matters, with attention on pending claims, particularly from Rahul Patel (RP) regarding a CPE event.

AV also suggested reviewing the expense submission policy and proposed a change that would reduce reimbursement for late submissions by 50%.

**Service Development Lead – RO presented VM’s report**

RO presented the slides.

SK- Green agenda we always look at inhalers. But SK suggested we revisit the RecylePen initiative. RO – agreed to pick this up.

**Service Development Facilitator Report – Gareth**
GM presented his slides. GM provided updates on the Discharge Medicines Service data.

GM shared data showing that Leicestershire had significantly exceeded the target for discharge referrals, with UHL hospitals playing a key role in this success.

Ron Gregson (RG) raised a question about tracking claims and whether they were being properly followed through. GM confirmed that efforts were being made to track claims, ensuring all data was in order.

RO discussed how GP collective actions could affect the service, noting that PCN leads were now in post.

**CPE Regional Update – Lindsey Fairbrother (LF)**
Lindsey joined later in the meeting and presented her update.

LF- said Janet was holding on to idea that something will be coming before the end of the month.

LF highlighted impact of budget on contractors. Negotiations are due to relationships and influence. Political link is crucial.

LF discussed Pharmacy First and the need for new funding for expansion of services. She stressed that new conditions would not be added to the service without new funding.

LF also touched on the gateway criteria review and mentioned that CPE was working with NHSE to simplify and make these criteria more viable for the sector.

SK raised a question about expanding services, asking if the addition of new services was still under consideration. LF responded that while expansion was under review, funding would need to accompany any new service additions.

LF – asked the committee to encourage contractors to complete the Pressures Survey.

RO – raised concerns around FPTP cross sector placements NHSE WTE. This activity is not generating income for contractors. LF – agreed to feedback. RO also raised the ADHD stock from LPT which the LPC is not commissioned to deliver.

**Luke Cleaver Leicestershire & Rutland County Council**
Luke presented his presentation.

LC – met with RO to explore CPs and procurement route. This led LC receiving feedback about the existing tender/ procurement channels. LC provided the feedback that was collated as part of the poll. 89% of CPs mentioned cost challenges.

Several themes highlighted, including funding challenges resulting in business closures and complexity of processes which is bureaucratic and labour intensive.

EOI will be released soon, and all CPs that meet standards will be brought on board, if they meet the standard.

RO- confirmed the need to evaluate services at 3/6/12 month intervals.

AV- Procurement is important to CPs. We need to simplify the process; we don’t have the resource to do this.

SK- activities completed by CP that support social care which has not been captured in the presentation. Where does that sit and who commissions that? LK – agreed to pick this up.

**Future Strategy**
(VP) Chair highlighted the need for capacity and stock management strategies. He mentioned that the iEthico platform was being reviewed for its ability to support stock management and discussed the potential for expanding its coverage to more items.

**CCA Update -VP**

VP – highlighted the new self-assessment guide including new appraisal form.

VP also highlighted skills assessment for committee members to have a think and feedback where gaps lie.

**AOB**

RP asked for RO information and resources on MPs visits.