



## Community Pharmacy Cheshire and Wirral



### Meeting Minutes

For the Zoom meeting held on Wednesday 14 July 2021, 9.00am-4pm

<b>1</b>	<p><b>Present</b></p> <p><b>Members</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>Stuart Dudley</td><td>Independent</td><td>SD</td></tr> <tr><td>Nick Goodwin</td><td>Independent</td><td>NG</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>Wesley Jones</td><td>CCA</td><td>WJ</td></tr> <tr><td>Dane Stratton-Powell</td><td>CCA</td><td>DSP</td></tr> </table>	Paul Barry	CCA	PB	Daniel Byatt	AIMp	DB	Ian Cubbin	Independent	IC	Stuart Dudley	Independent	SD	Nick Goodwin	Independent	NG	Andrew Hodgson	Independent	AH	Heather Johnson	CCA	HJ	Wesley Jones	CCA	WJ	Dane Stratton-Powell	CCA	DSP	<p><b>In Attendance</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>Tee Weinronk</td><td>Contractor</td><td>TW</td></tr> <tr><td>Nick Thayer</td><td>Keele Uni</td><td>NT</td></tr> </table> <p><b>Apologies</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Nadia Ali</td><td>CCA</td><td>NA</td></tr> <tr><td>David Crosbie</td><td>CCA</td><td>DC</td></tr> <tr><td>Rachel Jones</td><td>CCA</td><td>RJ</td></tr> <tr><td>Anna Mir</td><td>CCA</td><td>AM</td></tr> <tr><td>Stephen Thomas</td><td>CCA</td><td>ST</td></tr> <tr><td>Lee Williams</td><td>Independent</td><td>LW</td></tr> </table>	Suzanne Austin	PSM	SA	Sara Davies	EO	SDa	Adam Irvine	CEO	AI	Gary Pickering	PSM	GP	Alison Williams	BSO	AW	Tee Weinronk	Contractor	TW	Nick Thayer	Keele Uni	NT	Nadia Ali	CCA	NA	David Crosbie	CCA	DC	Rachel Jones	CCA	RJ	Anna Mir	CCA	AM	Stephen Thomas	CCA	ST	Lee Williams	Independent	LW
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<b>2</b>	<p><b>Welcome, Apologies and Expressions of Interest</b></p> <p>DSP chaired the meeting and welcomed members, including Nick Goodwin who has filled the vacant independent seat.</p> <p>Apologies were received from NA, DC, RJ, AM, LW and ST from 10.30am.</p> <p>No expressions of interest were received.</p>																																																																			
<b>3</b>	<p><b>Suzanne Austin - Chair of the Cheshire LPN</b></p> <p>SA updated members on the following LPN/NHSE business:</p> <ul style="list-style-type: none"> <li>• Dr Amanda Doyle has replaced Bill McCarthy as the new Northwest Regional Director.</li> <li>• CPAF Lite is open and LPCs are receiving weekly reports detailing which contractors have and have not submitted a return.</li> <li>• GP CPCS activity is slowly increasing across the footprint.</li> </ul>																																																																			

	<ul style="list-style-type: none"> <li>Integrating NHS Pharmacy and Medicines Optimisation (IPMO) are currently looking for an independent facilitator for an event planned to gain the opinion of all stakeholders. SA has passed the email addresses for LPC CEOs on to the organisers.</li> <li>Topics discussed at the last Mersey Internal Audit Agency (MIAA) Meds Optimisation meeting included Blutec (hospital), an update that the stoma project has gone live, IMPO, Age-Related Macular Degeneration (AMD (hospital)) and Direct Oral Anti Coagulants (DOACs).</li> <li>Nationally, community pharmacy COVID vaccination sites have delivered over 8 million doses. All sites stock a combination of AZ, Pfizer and Moderna vaccines. Currently, the slowest group coming forward for vaccination is young men. There is now a push for the nearly 18s to be vaccinated. Pharmacy sites are getting lots of credit and praise. Phase 2 is expected to extend beyond September and overlap with Phase 3 (which will start on 6 September). EOI for Phase 3 will be sought soon. There is no certainty about whether flu and COVID booster vaccines will be given at the same time and this is causing planning issues for contractors.</li> <li>There is a recycling task and finish group looking at more environmentally friendly inhalers with a potential inhaler waste scheme.</li> </ul>
4	<p><b>Ian Cubbin/Stephen Thomas - PSNC Report</b></p> <p>IC/ST updated members on the following PSNC business:</p> <ul style="list-style-type: none"> <li>PSNC met on 6-7 July.</li> <li>IC updated members on the current discussions and negotiations taking place with DH.</li> <li>Process for claiming COVID related costs and some of the guidance the team should be aware of around pharmacies that either closed or merged during the claim period; PSNC will be issuing some guidance shortly.</li> <li>The PhAS scheme is likely to be re-visited and updated.</li> </ul>
5	<p><b>Stephen Thomas - Review Steering Group (RSG) Update</b></p> <p>ST updated members. Points to note:</p> <ul style="list-style-type: none"> <li>An LPC event and a contractor forum event took place during June to discuss how the RSG proposes to get to an end point. Feedback was gathered and a much wider contractor event took place at the beginning of July when a roadmap was shared.</li> <li>Now that the planning has taken place the group can start the discussions about what recommendations will be made to contractors and how the vote will take place. Due to the nature of the changes to the representation structures, as far as national and local negotiations are concerned, the vote needs to be considered carefully to ensure that everyone can stand behind the result. The RSG are considering 4 possible options.</li> <li>More RSG engagement webinars will take place at the end of July to share possible structures and ideas will start to be floated, however, it is very much a work in progress and the final vision will evolve.</li> <li>Following these webinars, the group will work through the summer and present something early and late September to ensure that everyone remains involved in the decision-making process.</li> <li>A 4-week engagement period will take place prior to the vote but the date still needs to be agreed.</li> </ul>

**6 Tee Weinronk – Wirral Independent Pharmacy Contractor**

*(Present for this Item Only)*

TW attended the meeting to share her experience having been involved in the Wirral Patient Care Record Pilot. Points to note:

- The initial aim was for two community pharmacies (independent and multiple) to be involved in the pilot, however, due to IT complexity issues the multiple company did not take part.
- Each person at the pharmacy, who was going to have access to the record, was required to have an NHSmail address and the weblink through to the pharmacy computer needed to be set up; the latter initially proved problematic but was resolved when it was established that it was the N3 provider that was causing the blockage - the website address needed to be placed on the whitelist for the N3 provider
- Teams at the hospital and in the pharmacy met virtually to establish how they would operate, and the pharmacy staff undertook a quick Zoom training session around logging onto and navigating around the system.
- With patient consent, the pharmacists and pharmacy technicians were able to directly access the Cerner health record at the Wirral University Teaching Hospital (WUTH) using the patients full name, DOB, postcode and gender.
- Information visible included admissions, bloods, x-rays and different reports but more importantly the discharge summaries that the doctors receive.
- TW confirmed that the system is saving the pharmacy a lot of time and phone calls and believes that it is the way everyone should be working especially with the new Discharge Medicine Service.

Questions:

- HJ asked what the next steps are. The ideal would be to roll this out across the whole of the Wirral, and they have allocated a project manager. Pippa Roberts, Director of Pharmacy for WUFT is very keen for pharmacies to have this access.
- SA asked whether there were any plans to publicise the success of the pilot? TW did not know.
- WJ shared that he was part of a task and finish group trying to roll out the Greater Manchester care record and is aware of the stumbling blocks that CCA companies are having to support. He would be keen for the LPC to try and influence consistency around how it is implemented and shared that there may be some additional IT costs for some contractors.
- WJ asked how TW signed up to access the records. TW had to provide a list of people who would need access and gave assurances that they had undertaken the SCR training.

ST shared that the PSNC Community Pharmacy IT group and NHSX (a joint unit of NHS England and the Department of Health and Social Care) met at the beginning of July to discuss this type of model. They agreed there needs to be a uniform, national data sharing agreement as well as a standard Application Programming Interface (API).

NHSX will prepare some guidance for contractors on the general situation and direction of travel.

AI asked how members wanted this to progress. Whilst the benefits are apparent it will be easier for contractors to sign up once we are aware of the NHSX next steps.

	There is value in the LPC guiding key people to connect with NHSX as by being involved in the national process this would benefit us in the long term (AI).
<b>7</b>	<p><b>Feedback</b></p> <p>a) June Meeting of LPCs and PSNC DSP and AI attended this meeting on 23 June and summarised some of the topics covered.</p> <p>b) Member Feedback – Important Items and Context for Team</p> <ul style="list-style-type: none"> <li>• National pressure regarding staff availability to keep branches open due to many factors in including the availability of locums, pre-regs not being able to locum, pandemic retirees withdrawing</li> <li>• Educational changes and what is going to happen to pre-regs - needs clarity for contractors in terms of placements, prescribing plans and timelines. There are many challenges and IC shared his views</li> <li>• GPs still not fully open and inappropriate referrals to pharmacy</li> </ul>
<b>8</b>	<p><b>Services</b></p> <p>a) Wirral Naloxone Service CGL have some additional funds to spend over the next 2 years and GP shared some information, including associated fees, about this pilot which is part of the Adder programme. Currently there is no firm service specification; WJ felt that contractors would need to see the detail surrounding the pilot particularly any training requirements and who in the pharmacy would be responsible for delivering the service. IC asked what the projected outcomes of the pilot were, and GP expanded on these.</p> <p>b) Warrington Polypharmacy Service AI shared a diagram which outlined the pilot service; the service specification is awaited. WJ shared some of his thoughts on the service and some of the challenges he foresees.</p>
<b>9</b>	<p><b>GP CPCS Update</b></p> <p>GP shared a presentation with members updating them on the service and the impact that the training has had on numbers to date. Currently, GP/SDa are predominantly working on the Wirral and referrals are continuing to grow week on week. GP is in communication with 80 of the 185 practices; 24 of these have been trained so far but interest is continuing to grow. The data shows that face-to-face training is achieving better results than remote virtual training, but practices are offered both options. NT asked GP firstly, if there has been a change in GP interest in recent months and therefore whether the rate will continue to increase and secondly, what do the GPs think will be the biggest training issues and does this reflect the actual training. GP reaffirmed that interest was picking up and believes this will continue as the success stories filter through the system. GP is training the admin staff and reception team and the initial barrier is confidence in pharmacy - there are some assumptions and expectations about what a pharmacy can do and some resistance due to bad experience in the past ie with MAS. It is therefore imperative that this service is embedded and delivered well to avoid reputational damage to the profession. Many of these issues and challenges can be overcome by good communication and SDa is working with contractors to address this.</p>

	<p>GP would be keen for members to help practice engagement if they are able to.</p> <p>SDa shared that she is reviewing the MAS data and working with contractors who are accredited but either providing no or few provisions; she will be updating committee members monthly.</p> <p>DSP asked SDa to undertake a sense check of which pharmacies have been struggling recently to meet the % commitment to deliver the service. This will allow for the LPC to support/protect contractors, as necessary.</p>
<p><b>10</b></p>	<p><b>Service Dashboard</b></p> <p>AW has continued to collate data and pre-shared some graphs to show total income, national service and local service income from January 2018 to March 2021.</p> <p>Meeting Graphs</p> <ul style="list-style-type: none"> <li>• Members took the opportunity to discuss what and how the data could be used. Members requested that graphs were split to identify the 4 local authority footprints which will more easily identify trends in specific areas and allow conversations to be had (AW).</li> <li>• Members were mindful that during the COVID pandemic service delivery had to flex and may take a while to build back to pre-COVID levels.</li> <li>• SDa will use the data to target contractor conversations with the top and bottom performers to help share best practice.</li> </ul> <p>Contractor Reports</p> <ul style="list-style-type: none"> <li>• Up until October 2019 the LPC produced individualised reports for contractors. Now that the pressures of COVID are easing and the focus returns to service delivery AW/AI have a meeting scheduled to review the report set up before to reinstating them from September.</li> </ul>
<p><b>11</b></p>	<p><b>Nick Thayer – DPharm Student, Keele University</b>  <i>(Present for this Item and Item 9 Only)</i></p> <p>NT attended the meeting to give an update on Medicines Optimisation in Care Homes (MOCH LD), a joint project between Cheshire &amp; Wirral Partnership NHS Foundation Trust, Community Pharmacy Cheshire &amp; Wirral and Keele University (funded by Wirral CCG).</p> <p>He talked to a presentation (which will be shared).</p> <p>Since moving from CPCW he has continued to support the project through his role at Keele University.</p> <p>Points to note:</p> <ul style="list-style-type: none"> <li>• NT gave an overview and brief recap of the project, a collaborative service between the mental health trust and another part of the system which in this case was community pharmacy.</li> <li>• The project gave an opportunity to test a new way of working by using the skills and expertise within different sectors in the areas that they are best placed.</li> <li>• The work has been published in the International Journal of Pharmacy Practice and BMJ Open which both show the value of community pharmacists in this patient group setting and the benefits of using this service model.</li> <li>• In the last few weeks, the work has been presented to the North Transforming Care Partnership, it has been sent to the Cheshire &amp; Wirral Partnership NHS Foundation Trust Chief Executive Board and there is a meeting planned for September to share this with the Mental Health Programme Board within the ICS.</li> </ul>

	<ul style="list-style-type: none"> <li>• He outlined the benefits to the contractors and both IC and WJ shared their experiences of being involved in this pilot.</li> <li>• He outlined options for the next steps; the trust is investigating doing some more research in this area.</li> </ul> <p>NT believes that there are three options for the LPC – to exit, a model looking at LD patients that are in the community or to further develop the care home service, expanding it beyond Wirral CCG. The two development options are not exclusive.</p> <p>IC asked what was happening within Keele and how are they looking to take it forward. NT shared that the Trust have a dedicated research unit and they are interested in 2 avenues based on the medicine’s optimisation need in this population, 1) why this patient need has come about in the first place and 2) what the impact of the interventions are is on the patients. They are very interested in this model of care and would like to see what the barriers are to success and whether this multidisciplinary model work in other settings.</p> <p>There are meetings taking place in August with an intention to apply for funding from the National Institute for Health Research (NIHR) in the autumn. This will be led by the Trust and supported by Keele.</p> <p>If community pharmacists were independent prescribers, it would be very useful to the delivery of the service. WJ highlighted the value provided without independent prescribing capabilities.</p> <p>WJ thanking NT from leading the project and believes that both models are important for the future.</p>
12	<p><b>COVID Cost Workshop</b></p> <p>AI introduced an exercise that involved members breaking out into 3 rooms (topics 1) items to be included, 2) What can we say at a private LPC briefing that PSNC/trade bodies cannot and 3) Operations tips - how to gather claim?).</p> <p>Each group fed back their findings to the full committee.</p> <p>DSP indicated that PSNC’s FAQs stated that CCA submissions will be done via head offices so the support will focus on independent contractors.</p> <p>Members supported the scheduling of a webinar (AI/team) within the next couple of weeks to support contractors, prior to them submitting their one-off claim. SDa will ring around contractors with key messages regarding the process.</p>
13	<p><b>Phase 3 COVID Vaccination Update</b></p> <p>Members had a lengthy discussion about the current situation in terms of COVID booster and flu vaccinations.</p> <p>There is a lot of unknowns and uncertainty about how the two programmes will interface with each other which is making it incredibly difficult for contractors to plan (financial risk v demand).</p> <p>There is the potential for approximately 1,000 additional COVID pharmacy vaccination sites across England. EOI will be invited from all pharmacies against the indicative specification.</p> <p>There is an expectation that the community pharmacy sector will be delivering greater flu numbers than last year. The flu specification is due to be issued in July.</p>
14	<p><b>Minutes of CPCW Zoom Meeting – 9 June 2021</b></p> <ol style="list-style-type: none"> <li>a) The minutes were accepted and signed.</li> <li>b) Outstanding actions/updates: <ol style="list-style-type: none"> <li>i. AI will investigate Mental Health First Aid training for the team (<i>in progress</i>)</li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>ii. 2021 Declarations of Interest (DOI) are outstanding (AH/LW)</li> <li>iii. AI will explore options for purchasing equipment which will allow guests/members to join physical meetings via virtual means if necessary (<i>in progress</i>)</li> <li>iv. AI will look to set up a working group for the HEE/Metaphor work stream (<i>in progress</i>)</li> <li>v. AI/SA will speak to LMCs to try to better understand what practices are being told with regards to patient ordering with a view to go to the CCGs with examples as necessary (<i>date in diary</i>)</li> <li>vi. S&amp;R will consider when face-to-face contact between the employees and contractors can resume (AW to arrange meeting)</li> <li>vii. AI will produce a slide pack relating to the ICS changes and putting it into context for contractors (<i>action will be picked up when a decision had been made</i>)</li> </ul>
15	<p><b>Topics for Discussion</b></p> <p>a) Special General Meeting (SGM) and Annual General Meeting (AGM) Planning</p> <p>The meetings will take place at 1.30pm on 15 September 2021. Contractors will be invited to join members for lunch at 12.30pm. Whilst the SGM requires just 7-days' notice, the invitation will be sent out at the same time as the Annual Report and AGM invitation (AW).</p> <p>The SGM will include two proposals:</p> <ol style="list-style-type: none"> <li>1. To delay the LPC elections by 12 months to 2023.</li> <li>2. To update the LPC constitution to explicitly state that meetings cover both face-to-face and virtual settings.</li> </ol> <p>Topics/speakers for the AGM included ST (RSG update) and AI (CPCF progress).</p> <p>To ensure good governance only postal votes or in-room votes will be accepted at the meetings.</p> <p>Members agreed that the ability to stream our meetings and to allow any guests to join virtually was important going forward. If the COVID rules remain as they are at the time of this meeting the September LPC, SGM and AGM meetings will take place face-to-face. On that basis AI will proceed to source and purchase equipment (conference camera and microphones) to facilitate this.</p> <p>b) Annual Report</p> <p>The draft annual report was pre-circulated and a small number of amendments (AI/IC) will be incorporated before AW circulates the final version to contractors before the deadline date of 16 August.</p> <p>c) National Patient Safety Programme (slides pre-circulated)</p> <p>This is the focus of the work of the Academic Health Science Network (AHSN) for the next 2-3 years and where we may get some funding streams either through the ICS or directly with the AHSN.</p> <p>AI highlighted some areas of opportunity for community pharmacy.</p> <p>d) CPCW Logo</p> <p>Members discussed the pre-circulated options for the new branding. Neither of the logos were supported and alternatives were suggested. AW will contact the design company to progress.</p>
16	<p><b>CEO Report</b></p>

	<p>Several points had already been covered elsewhere on the agenda.</p> <ul style="list-style-type: none"> <li>• AI gave a verbal update to the CPCW strategic plan.</li> </ul>																
<b>17</b>	<p><b>Engagement Officer Report</b></p> <p>SDa shared a presentation to update members on her activity since the last LPC meeting. Points to note:</p> <ul style="list-style-type: none"> <li>• The ad-hoc contractor PharmOutcomes template has been amended so that the team can record whether the contact was incoming or outgoing</li> <li>• Increasingly contractors are going directly to SDa rather than other team members</li> </ul>																
<b>18</b>	<p><b>Employee Report</b></p> <p>An employee report was pre-circulated to members. Points to note:</p> <ul style="list-style-type: none"> <li>• LFT Cheshire West and Chester are trying to launch a LFT services and held a webinar for contractors; only one contractor attended. SDa will contact CWC contractors to ensure they know about the service and how they can express an interest to sign-up to provide. Cheshire East contractors are successfully delivering the same service which is generating additional income for the contractors signed up.</li> <li>• AW shared that PSNC is in the process of upgrading their website as well as the LPCs who use their template; they have appointed a company called Make to undertake the work.</li> </ul> <p>AW outlined the process for getting the new website up and running and explained that any preparatory work required would take place during August/September. There will be no costs to LPCs other than additional support costs which AW shared with members (there is a free self-setup option). After considering the options AW will feed back to PSNC that CPCW will opt for the Self Setup: Extended Support Option (£250+VAT) and have a preference for going live in Wave 2 or 3.</p>																
<b>19</b>	<p><b>Treasurer's Report</b></p> <p>a) CPCW total money is £305,083 as of 13 July 2021</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Lloyds Bank Current Account</td> <td style="text-align: right;">£246,429</td> </tr> <tr> <td>Close Brothers 12-month notice account</td> <td style="text-align: right;">£85,905</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) The draft accounts have been returned and are currently being finalised in preparation for the annual report.</p> <p>c) The fees for publication of the MOCH findings will be funded from the Campaign Resources holding monies (AW).</p> <p>d) The finance sub-group met on Monday (12 July). Points to note:</p> <ol style="list-style-type: none"> <li>i. Members reviewed the PSNC Financial Guide, including zero based budgeting. No proposed amendments to the way the LPC operate its finances were made.</li> <li>ii. Members fully reviewed the Q1 LPC accounts. There were no points to raise.</li> </ol>	Lloyds Bank Current Account	£246,429	Close Brothers 12-month notice account	£85,905	<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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	iii. Members recommended a reduction to the statutory levy from 0.15% to 0.1% from 1 August. This was supported by the full committee (AW to arrange/inform contractors).
<b>20</b>	<b>Date and Time of Next Meeting</b> Wednesday 15 September 2021, 9am-5pm, Forest Hills Hotel, Frodsham

### Action List

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

Min	Action	Person	Update
14bi	AI will investigate Mental Health First Aid training for the team	AI	<i>Booked - 15/17/29 Nov and 1 Dec</i>
14bii	Declarations of Interest (DOI) are outstanding	AH/LW	<i>Just LW outstanding now</i>
14biii	AI will explore options for purchasing equipment which will allow guests/members to join physical meetings via virtual means if necessary	AI	<i>Complete</i>
14biv	AI will look to set up a working group for the HEE/Metaphor work stream	AI	<i>Complete</i>
14bv	AI/SA will speak to LMCs to try to better understand what practices are being told with regards to patient ordering with a view to go to the CCGs with examples as necessary	AI/SA	<i>Complete</i>
14bvi	S&R will consider when face-to-face contact between the employees and contractors can resume	S&R	<i>Met on 27 July – update required</i>
14bvii	AI will produce a slide pack relating to the ICS changes and putting it into context for contractors	AI	<i>Action will be picked up when a decision had been made</i>
6	AI will contact Pippa Roberts re NHSX	AI	<i>Complete</i>
9	SDa will undertake a sense check of which pharmacies have been struggling recently to meet the % commitment to deliver the MAS service	SDa	<i>Complete</i>
10	AW will produce dashboard graphs based on the 4 local authority footprints	AW	<i>Complete</i>
10	SDa will use the service dashboard data to target contractor conversations with the top and bottom performers to help share best practice	SDa	<i>Will be incorporated into BAU</i>
12	AI/team will organise a contractor support webinar for COVID costs claiming	AI/team	<i>Complete</i>
12	SDa will ring around contractors with key messages regarding the process	SDa	<i>Complete</i>

15a	AW will manage the SGM/AGM Invitations	AW	Complete
15a	AI will source and purchase conference camera and microphones	AI	Complete
15b	AI/IC/AW will make final amendments to the Annual Report	AI/IC/AW	Complete
15d	AW will contact the design company to progress LPC Logo	AW	In progress
18	SDa will contact CWC contractors	SDa	Complete
18	AW will feed back to PSNC the website decisions	AW	Complete – we are in Phase 3
19c	The fees for publication of the MOCH findings will be funded from the Campaign Resources holding monies (AW)	AW	Awaiting invoice
19d	AW will arrange for the reduction in the LPC levy and inform contractors	AW	Complete