



## Community Pharmacy Cheshire and Wirral



### Meeting Minutes

For the Zoom meeting held on Wednesday 9 June 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>Nadia Ali</td><td>CCA</td><td>NA</td></tr> <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>David Crosbie</td><td>CCA</td><td>DC</td></tr> <tr><td>Ian Cubbin</td><td>Independent</td><td>IC</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>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> <tr><td>Lee Williams</td><td>Independent</td><td>LW</td></tr> </table>	Nadia Ali	CCA	NA	Paul Barry	CCA	PB	Daniel Byatt	AIMp	DB	David Crosbie	CCA	DC	Ian Cubbin	Independent	IC	Andrew Hodgson	Independent	AH	Heather Johnson	CCA	HJ	Rachel Jones	CCA	RJ	Wesley Jones	CCA	WJ	Anna Mir	CCA	AM	Dane Stratton-Powell	CCA	DSP	Stephen Thomas	CCA	ST	Lee Williams	Independent	LW	<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>James Wood</td><td>PSNC</td><td>JW</td></tr> <tr><td>Paul Charnley</td><td>CMHC</td><td>PC</td></tr> <tr><td>Jackie Bene</td><td>ICS</td><td>JB</td></tr> </table> <p><b>Apologies</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Stuart Dudley</td><td>Independent</td><td>SD</td></tr> <tr><td>Katrina Worthington</td><td>CCA</td><td>KW</td></tr> </table>	Suzanne Austin	PSM	SA	Sara Davies	EO	SDa	Adam Irvine	CEO	AI	Gary Pickering	PSM	GP	Alison Williams	BSO	AW	James Wood	PSNC	JW	Paul Charnley	CMHC	PC	Jackie Bene	ICS	JB	Stuart Dudley	Independent	SD	Katrina Worthington	CCA	KW
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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 new member Paul Barry (Well) who will be covering for Katrina Worthington during her absence; introductions were made. Apologies were received from SD and KW. 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>• CPAF which will be open between 28 June to 24 July and this has been communicated to pharmacies.</li> <li>• There is currently an option to bid to be part of a national contraception pilot and NHSE is looking for groups of Primary Care Network (PCN) leads that are willing to take this forward. A message was circulated on Tuesday with a response required by</li> </ul>																																																																						

	<p>Thursday; understandably feedback from members was that some contractors may be unable to commit due to a short time to feedback and lack of detail.</p> <ul style="list-style-type: none"> <li>• Most Cheshire and Mersey pharmacy COVID sites have Pfizer and AZ vaccines; 2 sites have Moderna. Supply is currently patchy. Of the 5 million vaccines delivered nationally through pharmacy a million of those have been delivered in the northwest. This has done a huge amount for the standing of pharmacy with them viewed as the 'go to' profession.</li> </ul> <p>The Delta variant is spreading across Cheshire, generally in the younger age groups, with large pockets in some areas eg Winsford.</p> <ul style="list-style-type: none"> <li>• The Mersey Internal Audit Agency (MIAA) has rationalised some of their medicines optimisation workstreams to focus on others and are still trying to see where this will fit into the new Integrated Care System (ICS) structures.</li> <li>• Integrating NHS Pharmacy and Medicines Optimisation (IPMO) is making slow progress in the area.</li> <li>• There is a C&amp;M task and finish group looking at the environmental impact of inhalers. Community pharmacies will be asked to help support this work by ensuring that there is no wastage with any Ventolin stock being used up.</li> </ul> <p>Events are being planned by the CCG to share information and timescales with contractors.</p> <ul style="list-style-type: none"> <li>• An interactive PDF has been finalised for the MDS work (Assisted Medicines Taking) – there is a strong focus on training. Several northwest LPCs have been involved in completing the 'dispensers' content.</li> <li>• The draft Christmas and New Year rota has been shared with LPCs. Saturday 25 December, Sunday 26 December and Saturday 1 January are not bank holidays so normal contractual hours will apply.</li> <li>• Tony Jamieson (a Wirral Contractor) is leading a project on medicines safety and improvement and a CPPE training pack to support learning. The plan is to promote this across Cheshire and Merseyside.</li> </ul>
4	<p><b>Ian Cubbin/Stephen Thomas - PSNC Report</b></p> <p>PSNC met on 18/19 May. ST/IC updated members on the following:</p> <ul style="list-style-type: none"> <li>• Negotiations remain ongoing; the timescale that the government want the negotiations completed within is extremely tight.</li> <li>• The Year 3 contractual framework will not be agreed by the PSNC committee until there is agreement on the COVID costs element.</li> </ul> <p>Whilst the negotiation for Year 3 continues a decision was made to discuss the pre-registration training grant (which is in the drug tariff) and the future of both undergraduate and pre-registration foundation training.</p> <p>ST is involved in one of the regulatory work streams and IC is involved in the educational work stream.</p> <ul style="list-style-type: none"> <li>• The PSNC committee has agreed to postpone elections for a year to allow the Review Steering Group (RSG) time to complete its work. Therefore, the current term for committee members will be 5 years (to the end of March 2023) rather than the previous 4 years.</li> </ul>

	<ul style="list-style-type: none"> <li>SA enquired about any news on an advanced COVID vaccination service for the winter. ST shared that Alistair Buxton is currently in discussions, but it is very early days.</li> </ul>
5	<p><b>Stephen Thomas - Review Steering Group (RSG)</b></p> <p>ST updated members on the following RSG business:</p> <ul style="list-style-type: none"> <li>Two engagement webinars have recently taken place (1 LPC and 1 contractor forum (made up of contractors who indicated that they wanted to be part of the discussions and be involved in some testing of the thinking)). DSP/AI attended the LPC webinar. The webinars presented a draft ‘project plan’ on how decisions are going to be made to take the review forward and comments were taken at both events.</li> <li>There are 33 recommendations to be taken forward. The group need to consider the order in which they are tackled, the work involved with each of them, any consequences of the change including any engagement that needs to take place, etc.</li> <li>A webinar is scheduled for the whole contractor base on 14 June. One of the key pieces of feedback will be the timeline and how the project will be taken forward and, again, there will be an opportunity for comments and questions</li> <li>The RSG are considering the voting process and how this might run. The initial position is that a contractor vote will take place in December following a 4-week engagement period. However, this might get pushed back to January.</li> <li>It is important that contractors are communicated to without bias and the LPC needs to consider their involvement in the project.</li> <li>Whilst it is relatively straightforward for the RSG to engage with the CCA and AIMp, it proves more difficult for independent contractors. The group is trying to achieve engagement through the webinar process, the contractor forum, RSG website, newsletter and articles.</li> </ul> <p>LPCs are being asked to think about how else they may be able to reach independent contractors and ST asked for member thoughts.</p> <ul style="list-style-type: none"> <li>IC shared that the independent members of the RSG have been liaising quite closely with the NPA; members of NPA are also members of AIMp but it is unclear where their representation sits.</li> <li>ST stated that the group had asked the membership bodies eg Numark to distribute messages on their behalf.</li> <li>AI proposed that the LPC could arrange unbiased events/webinars as the project plan progresses. It was suggested that it was discussed on a MALPS footprint to best to support this (AI to take to the Regional Joint Working Group (RJWG) in the first instance).</li> </ul>
6	<p><b>Delaying LPC Elections 2022</b></p> <p>Members discussed the PSNC delayed elections (Item 4) and noted that the LPC follows the same cycle as the PSNC.</p> <p>IC made the proposal to defer elections for independent LPC elections and for the term of office to be extended to 31 March 2022; ST seconded this proposal. The proposal was unanimously agreed by all members present.</p> <p>To delay our elections, CPCW will need to make an amendment to our LPC Constitution which will require contractor ratification at a Special Meeting.</p> <p>This meeting will take place in conjunction with the AGM on 15 September (AW to manage process).</p>

<p><b>7</b></p>	<p><b>James Wood (JW)– PSNC Director of Contractor and LPC Support</b>  <i>(Present for this Item and Item 9 Only)</i></p> <p>JW introduced himself to the committee and explained what his role as Director of LPC and Contractor Support covered.</p> <p>JW talked to some slides which will be shared with members.</p> <p>JW thanked the committee for taking the time to feedback LPC thoughts on PCN Lead funding going forward which was helpful; JW and DSP had a follow up conversation.</p> <p>He gave an update of PSNC’s current priorities which included funding of covid costs, year 3 CPCF negotiations. Other areas covered included, PSNC and LPCs, PSNC and LPC Elections 2022, GP referrals into CPCS, ICS and Integration, LPC plans for 2021 and some topical flags.</p> <p>JW touched on the recent coverage of the ending of the contract between Taulia Inc and NHS Business Services Authority (NHSBSA). PSNC are in discussions with DH regarding the Pharmacy Earlier Payment Scheme (PEPS) and will publish a story shortly.</p> <p>Following the presentation JW was happy to answer any questions or hear any concerns; he was also keen to understand where the LPC was up to in terms of GPCPCS, DMS, LPC plans which could be fed back to PSNC.</p> <ul style="list-style-type: none"> <li>• AI shared that the LPC took a view to support GP CPCS and invested LPC funds to provide additional resources to ensure that the service is successfully embedded across the LPC footprint.</li> <li>• GP gave an overview of activity since he joined the team, including successes and challenges, and SD explained her role in the go-live process. GP confirmed that it is being approached practice-by-practice rather than by PCN.</li> <li>• DMS is patchy and varied across the LPC footprint with a number of trusts live but numbers are low, one area (Macclesfield) sits under a separate Academic Health Science Networks (AHSN) so the LPC is not sighted on the numbers and Leighton is not live.</li> <li>• AI confirmed that the delay to the LPC elections had been discussed and supported; a contractor vote will be held in September.</li> <li>• The local health and care record exemplar – we have a guest attending today and AI is registered for a webinar in July. JW shared that PSNC are trying to pull together a package of resources. AI shared that it would be helpful to have an exemplar service which clearly demonstrates the value of the service; it would be helpful if it were an off the shelf structured pack allowing local commissioners to take easy decisions to deploy it or not.</li> </ul> <p>DSP thanked JW for joining the meeting.</p>
<p><b>8</b></p>	<p><b>Paul Charnley (PC) – Digital Lead, Cheshire &amp; Merseyside Health and Care Partnership</b>  <i>(Present for this Item Only)</i></p> <p>PC talked to a set of slides (which will be shared) and explained that a project was sponsored in Wirral to connect community pharmacies into the shared record arrangements.</p> <p>Main points:</p> <ul style="list-style-type: none"> <li>• A small pilot was run with Tee Weinronk to demonstrate it was possible and PC talked through the process.</li> <li>• There is fund available in Wirral to help move this forward this financial year and the opportunity to bid for funding for this and the next 2 years to make this a more sustained programme of work. How is it then rolled out and what resources would pharmacies need (training, support, helplines etc) needs to be worked out and PC would be interested to hear from anyone who would like to volunteer to be part of this work.</li> </ul>

	<ul style="list-style-type: none"> <li>• Whilst the work is currently stalled this is likely to be bigger than the Wirral and should perhaps be considered at a Cheshire and Merseyside level.</li> <li>• He went on to explain what they have in the way of shared records and the options they have had for access. He also picked up on handling Information Governance concerns, establishing Data Sharing Agreements with community pharmacy organisation and to discuss the next steps.</li> <li>• ST stated that for companies that operate in many different locations the various platforms used create incredible IT complexity. His preference would be for it to operate on a Cheshire and Merseyside level and asked if the Cheshire and Mersey platforms were the same. PC confirmed that they are two different ones and entirely understands the concern. He will take the concern to NHSX (a joint unit bringing together teams from the Department of Health and Social Care and NHS England and NHS Improvement) and NHS Digital with a request for them to try and come up with a more national framework.</li> <li>• Wirral have asked PC to engage with community pharmacists to help with new models of care, care home management, etc so there is a drive at a local level.</li> <li>• From an information governance point of view PC asked who would sign off the agreement. ST stated that for most of the large CCA companies this would be handled at head office level. There is a CCA digital group that would give access to the 8 leads CCA (through NHSX).</li> <li>• DSP asked whether the pharmacies involved in the pilot had used the care record any differently to the basic access of SCR. PC explained that the SCR is based on data flowing out of the GP system which results in a delay so access to timely data during the pilot has been useful. PC is more than happy to write up the benefits of the pilot. AI will ask Tee Weinronk to attend the July meeting to give an overview to the committee.</li> <li>• DC asked if there was any linkage in with PharmOutcomes. PC stated that the COVID vaccine data in PharmOutcomes is a demonstration how data can flow into EMIS with the data being included in the shared record. This would need to be discussed at a national level to allow for commonality.</li> <li>• AI asked where the social care data sits in terms of visibility, what is appropriate to see and how is this decided. PC stated that in terms of safeguarding, social care is very sensitive about what information they share. It would need to be a very detailed conversation about what pharmacists would find useful when appropriate.</li> <li>• AI asked PC if he knew what was happening in Warrington; PC confirmed that they will adopt the Cheshire and Merseyside layer.</li> </ul> <p>PC will take the information discussed today back to the Healthy Wirral Digital Group chaired by Paula Cowan and will continue to push this forward.</p> <p>DSP thanked PC for joining the meeting.</p>
9	<p><b>Jackie Bene – Chief Officer, Cheshire and Merseyside Health and Care Partnership</b> <i>(Present for this Item Only)</i></p> <p>JB attended to talk to the committee about Integrated ICS Development, Transformation Bids and Community Pharmacy.</p> <p>JB spoke to a set of slides (which will be circulated). Main points:</p> <ul style="list-style-type: none"> <li>• JB arrived in Cheshire and Merseyside from Greater Manchester in April 2020. Her role was impacted due to the pandemic, which has accelerated the development of STPs into ICSs.</li> </ul>

- JB gave some background on how they had got to where they are and the timeline for continued development and key milestones.
- There are 42 ICSs nationally and each will need to establish a Health and Care Partnership. She confirmed that Cheshire and Merseyside have a robust Health and Care Partnership that has all membership that the guidance says it should have. In July they will go to a fully democratic political leadership membership.
- Strategically each place needs to set its agenda and plan against the local HWB strategy and Joint Strategic Needs Assessment (JSNA).
- The current Partnership Board has a wide membership, and the composition of the membership reflects local democracy with local elected councillors in addition to local NHS representation. The NHS is a national body, and funding comes through central government so there must be a separation of how the funding flows, and this will be the responsibility of the future NHS Body. JB shared details of the membership of this board and their responsibilities.
- JB shared that they are on track to meet the key milestones.
- JB summarised that they have been working with commissioners on what functions are most likely be commissioned at place.
- The transformation programme has been around for several years. The process up until this year was that the CCGs asked for submissions of programmes and then determined which ones they would fund. JB has put a process in place to try and refocus the programmes into the key aims of the ICS ie reducing health inequalities and improving population health whilst trying to achieve some things at scale in terms of efficiency. Resubmissions of all of the programmes was requested, evaluated and recommendations were made by the ICS, so they are more focussed on place and inequalities. There are still opportunities for scale work that will involve medicines management and pharmacy optimisation. The programme board has been re-established to that there is oversight of milestone achievements. The next opportunities for new and innovative transformation programmes will not be until 2022/23.
- Governance is still being worked on and it may be that oversight of the medicines and pharmacy optimisation programme could be by the Provider Collaborative, but this may be reviewed.
- JB outlined the information and clarifications are still required.
- AI stressed that where we fit into a provider collaborative or indeed Primary care Networks still needs further work. AI would be interested to understand where JB sees community pharmacy potentially fitting in. JB acknowledged that it was a great concern for not only community pharmacy but for other providers in primary care as to how they fit in and how their voice is heard. It is important that this is considered very carefully over the next few months. She emphasised that the data contained in the slide pack reflects national NHS guidance. The Primary Care Forum has been set up to allow primary care in its widest sense to be represented in terms of its relationship with the ICS; this is yet to

	<p>get underway but there are two Pharmacy representatives on that forum (AI and Louise Gatley).</p> <ul style="list-style-type: none"> <li>Community Pharmacy is commissioned by a variety of different means (LAs, CCGs) and there is quite a difference across the ICS about what is being commissioned. AI asked if there is enough flex at place level for this to continue. JB stated that this is all to be determined but one of the advantages that must be taken is to get the benefits of standardised commissioning whilst being mindful of the needs of local populations in place.</li> <li>Community pharmacy is the most common point of interaction from patients for any kind of clinical intervention out of hospital and SA asked what kind of engagement there was already with community pharmacy on the Out of Hospital cell and is there anyone there representing them. JB acknowledged that there was no pharmacist on that cell. It was set up very rapidly to address COVID but it is now undertaking a refresh so there will be an opportunity for JB to feed pharmacy representation into a workshop that is taking place next week. SA will share her contact details with JB.</li> <li>The East Cheshire place was listed under the Acute Sustainability Programme on the overview slide and as SA does a lot of work in this area she asked for more detail. JB explained that the sustainability issue is the size of the trust and will need a different solution in the future for providing a medical workforce.</li> <li>ST asked JB to confirm his understanding that the funding for services will flow in at ICS level and head down to place - where would the contract be held would it be at the place level or at an ICS level. JB stated that this would more than likely be at place level but that is yet to be determined. The starting block is everything into the ICS and some contracts will still be held at an ICS level and some will be delegated to Place and /or providers.</li> <li>We, as an LPC, represent contractors for Cheshire and Wirral (half of the geography for the ICS) and DSP asked how we are best to set up ourselves up as a representative body to interface with a system of that size. JB relied that as much as possible the ICS is trying to operate as Cheshire and Merseyside. It is tricky to understand how meeting each representative professional body could be done fairly with the limited resources of the ICS. No firm agreements have been made but once the established infrastructures are in place there will be ways developed to have concerns heard.</li> </ul> <p>DSP thanked JB for joining the meeting.</p>
<p><b>10</b></p>	<p><b>Minutes of CPCW Zoom Meeting – 21 April 2021</b></p> <ol style="list-style-type: none"> <li>The minutes were accepted and signed.</li> <li>Outstanding actions/updates: <ol style="list-style-type: none"> <li>Item 3d - The Declarations of Interest (DOI) form is outstanding from AH, WJ, and LW).</li> <li>Item 4 - Nick Goodwin (Vicars Cross) has been co-opted to the vacant independent seat (AW will send governance documents to him)</li> <li>Item 14d - AI/DSP/IC will draft their sections of the Annual Report and forward to AW for sign off at the July LPC meeting</li> <li>Item 14e – a comprehensive discussion took place around equipment requirements to allow for guests/members to join physical meetings via</li> </ol> </li> </ol>

	<p>virtual means if necessary. Members agreed that if these facilities are required the LPC should be investing in the appropriate equipment.</p> <p>AI will consider the best options and was given a budget of up to £1,500 for the purchase of the equipment with a goal of having the equipment in time for the LPC AGM in September.</p> <p>v. AI updated members on progress on the HEE/Metaphor work stream which remains in progress.</p>
<p><b>11</b></p>	<p><b>Feedback</b></p> <p>a) MALPS (26 May 2021)</p> <p>AI shared that Jonathan Griffiths attended the last meeting to talk about the ICS, primarily focussing on the Primary Care Leadership Forum.</p> <p>b) Member Feedback – Important Items and Context for Team</p> <p>AI shared a summary of member thoughts from the April LPC meeting; there were no builds on these.</p> <p>June points:</p> <p>i. AI asked members for their thoughts about the restarting of the blood pressure service in pharmacies. After discussion, members would support the service if it is properly resourced, and the provision limitations are removed; AI will feedback.</p> <p>ii. Although practices were instructed to go back to business as usual from 1 April several frustrations were raised by members, including:</p> <ul style="list-style-type: none"> <li>○ Many patients are being sent to pharmacies by practices to have their blood pressure checked before they are prescribed the pill, for example.</li> <li>○ Notes on prescriptions for new inhalers for the pharmacist to demonstrate use (the obligation remains with the prescriber).</li> <li>○ Some patients are still struggling to get through to practices which in turn is putting pressure on pharmacies.</li> <li>○ Some back-door practice numbers are not working.</li> <li>○ Rather than phoning the practice, some pharmacies are being asked to use online portals to log queries or put in an email.</li> <li>○ An example was shared of a Wirral practice who have indicated that patients will only be allowed to order online, and they will no longer be accepting paper orders. This is clearly putting patients at risk by limiting the ability to order medication. Members estimate that this would affect up to 30% of patients.</li> </ul> <p>SDa stated that she has been speaking with Cheshire CCG in relation to patient ordering. They are taking the approach that they do want practices to move towards a more internet-based ordering system, but they are not moving towards a paperless system.</p> <p>Members should feedback any examples to SA who will pass onto NHSE.</p> <p>AI/SA will speak to LMCs to try to better understand what practices are being told with a view to go to the CCGs with examples, as necessary.</p> <p>iii. AW will pre-circulate the link with the LPC papers a week before the meeting to allow members to add detail prior to the meeting.</p>
<p><b>12</b></p>	<p><b>Engagement Officer Feedback</b></p> <p>SDa shared a presentation (will be circulated) to update members on her activity since the last LPC meeting.</p> <p>a) GP CPCS GP and Pharmacy Guides</p>

	<p>The contents were shared on screen. SDA asked members to signed off the documents before they are circulated to contractors. These were approved.</p> <p>b) Structured Engagement Officer Conversation discussions for Mar/Apr/May.</p> <p>SDa asked the LPC for some direction as to when face-to-face visits may start to take place. S&amp;R will pick this topic up at their next meeting (July) once the government has issued a statement.</p>
<b>13</b>	<p><b>Service Dashboard</b></p> <p>AW pre-shared some graphs to show total income, national service and local service income from January 2018 to December 2020. There were no questions or further action.</p>
<b>14</b>	<p><b>Topics for Discussion</b></p> <p>a) Situational Report</p> <p>i. GPCPCS (provided by GP)</p> <ul style="list-style-type: none"> <li>○ The challenges to the service that GP received during his initial meeting with the Wirral GP Board members have been addressed in the presentation he is now sharing with subsequent stakeholders. He is stressing that this service benefits the surgery at zero cost to them as the funding is coming from pharmacy.</li> <li>○ GP screen shared a copy of his activity tracker which demonstrates his interactions/activity to date, and he highlighted some of the figures to members which clearly demonstrates that referrals increase following training. He will continue to use the tracker to gauge the success of the training.</li> <li>○ GP is experiencing pockets of resistance but where he has been able to provide the training they are on board. He is hopeful that by the July LPC meeting there will be an increase in the figures.</li> <li>○ SDA is regularly reviewing the data and contacting contractors at the appropriate time.</li> <li>○ 90% of pharmacies are signed up to the service so communication in the initial stages is going to be key to get it embedded.</li> <li>○ Whilst the national dashboard for this service is not currently available to the LPC AI reported that CPCW had dealt with 37% of the GPCPCS referrals in the northwest and we represent 17% of the contractors.</li> <li>○ He shared some heat maps with members which show the percentage of practices that are showing as engaged with GPCPCS and the number of referrals since going live in November.</li> <li>○ DC asked how the LPC was choosing surgeries to train; there is a mix of GP approaching practices, but practices are also getting in touch.</li> <li>○ WJ asked GP about his plans to maintain contact and regularly communicate with surgeries who have not yet expressed an interest – would they know how to express an interest at a later date. WJ would like to see a percentage of practices that are being trained up and the percentage that are going live. GP stressed that he had shared a lot of information, including a flyer which details what is available and his contact details. He has also produced a Key Facts document.</li> <li>○ WJ asked whether any targets have been set for the surgeries (national figure is 6% of referrals from practices). GP explained that NHSE want 500 referrals a week across the northwest.</li> </ul>

	<p>For reference, GP will add the numbers to the spreadsheet based on the practice patient list size.</p> <p>ii. DMS</p> <p>The national data set has not been released but AI has produced a report based on data provided by Bruce Prentice. AI prefaced the discussion that the data is by no means complete (about 90% correct) and outlined which areas the data covers. It does look like a reasonable picture compared to the rest of the country.</p> <p>Leighton's go live data is still unknown.</p> <p>The LPC is not sighted on the Macclesfield data and AI asked members in that area if they were seeing anything. The feedback was that there has been nothing via PharmOutcomes directly, but a few have been sent via NHSmail.</p> <p>WJ stated that because it is not linked to MYS there is a chance that a lot of referrals may not get claimed for. He asked how complicated is it to keep a track on how other claim for DMS referrals – do contractors claim after each stage or wait until the end?</p> <p>DSP shared the process he follows using PharmOutcomes reporting to inform what he uploads to MYS but acknowledged that it is time consuming to keep on top of the process.</p> <p>b) Topics for July Meeting (AW to add)</p> <ol style="list-style-type: none"> <li>i. AI to speak with Tee Weinronk re Wirral patient care record pilot</li> <li>ii. Annual Report Sign off</li> <li>iii. The National Patient Safety Programme who gave recently launched their medicines safety improvement plan for the next 3 years.</li> </ol> <p>c) September AGM</p> <p>With the option for virtual attendance the AGM will take place during the day as part of the LPC meeting.</p> <p>Members should consider potential guests to invite to speak at the AGM and let AW know before the end of June.</p> <p>AI will produce a slide pack relating to the ICS changes and putting it into context for contractors.</p>
15	<p><b>CEO Report</b></p> <p>Actions and points to note:</p> <ul style="list-style-type: none"> <li>• The Stakeholder Relationship Report was pre-circulated and AI highlighted some recent builds.</li> <li>• AI included the Strategy Update for ratification and will be available in the meeting slide deck. Members were happy where it was up to.</li> <li>• The HCP Report papers have been circulated to members.</li> <li>• AI made members aware of a potential risk to the regional PharmOutcomes license income as the 4 CCGs become a single ICS. This risk is on the radar, and it is an agenda item for the next RJWG agenda.</li> </ul>
16	<p><b>Employee Report</b></p> <p>An employee report was pre-circulated to members.</p> <p>Additional points to note:</p> <ul style="list-style-type: none"> <li>• SA has spoken to Janet Kenyon (Cheshire CCG) re a Ventolin pilot area in Winsford; SA will write a newsletter article to brief contractors.</li> </ul>

	<ul style="list-style-type: none"> <li>SA informed that the committee that she will be speaking to Cheshire East and Cheshire West to agree and set up the local flu service in good time.</li> <li>CWC are still interested in an assisted tested LFT service, and they would like to do a webinar to introduce it.</li> <li>DSP asked where we were up to with our Pharmacy PCN Leads. The LPC is aware that several leads will not be continuing in their role but there has been nothing yet to prompt them to declare and subsequently fill any empty spaces.</li> </ul> <p>AI shared that two-thirds attended a recent joint LMC event so engagement is still there. The challenge will come with the ICS when there will be a different relationship to the functional one so far.</p> <ul style="list-style-type: none"> <li>Branding and Logo</li> </ul> <p>AW has a meeting to discuss a new LPC logo/branding on Monday and asked members for any ideas. The plan is to bring a couple of options to the July LPC meeting with a view to signing something off for adopting in September.</p>																
<b>17</b>	<p><b>Treasurer's Report</b></p> <p>a) CPCW total money is £283,161 as of 9 June 2021</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Lloyds Bank Current Account</td> <td style="text-align: right;">£224,507</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 accounts are currently with the accountant for auditing.</p> <p>c) The regional PharmOutcomes monies has been distributed for 2020-21. CPCW received £24,953.67.</p> <p>d) The finance sub-group will meet early in July to discuss the Q1 accounts (AW to arrange).</p> <p>e) HJ will replace KW as a member on the finance sub-group.</p>	Lloyds Bank Current Account	£224,507	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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<b>18</b>	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 14 July 2021, 9am-5pm, Zoom.</p>																

### Action List

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

Min	Action	Person	Update
10bi	AI will investigate Mental Health First Aid training for the team	AI	Ongoing
10bii	The Declarations of Interest (DOI) form was distributed to members prior to the meeting	Members	Outstanding: AH, WJ, LW
10biii	AI/DSP/IC will draft their sections of the Annual Report and forward to AW	AI/DSP/IC	Ongoing

10biv	AI will explore options for purchasing equipment which will allow guests/members to join physical meetings via virtual means if necessary	AI	<i>In progress</i>
10bv	AI will look to set up a working group for the HEE/Metaphor work stream	AI	<i>In progress</i>
5	AI proposed that the LPC could arrange unbiased events/webinars as the RSG project plan progresses. It was suggested that it was discussed on a MALPS footprint to best to support this (AI to take to the RJWG in the first instance).	AI	
6	AW to manage the process for delaying the 2022 LPC Elections	AW	<i>Noted</i>
8	AI will ask Tee Weinronk to attend the July meeting	AI	<i>On-agenda</i>
9	SA will share her contact details with JB	SA	<i>Complete</i>
11bii	AI will share member feedback on the BP service restarting in pharmacies	AI	<i>Complete</i>
11bii	Members should feedback any examples of practice frustrations to SA who will pass onto NHSE	Members	<i>No concerns forwarded</i>
11bii	AI/SA will speak to LMCs to try to better understand what practices are being told with regard to patient ordering with a view to go to the CCGs with examples as necessary	AI/SA	<i>Awaiting date from LMC</i>
11biii	AW will pre-circulate a link with the papers to allow members to add detail for the <i>Member Feedback – Important Items and Context for Team</i> standing item	AW	<i>Noted</i>
12b	S&R will consider when face-to-face contact between the employees and contractors can resume	S&R	
14b	AW will add several topics to the July LPC meeting	AW	<i>Noted</i>
14c	Members should consider potential guests to invite to speak at the AGM and let AW know before the end of June	Members	<i>Complete – No suggestions received</i>
14c	AI will produce a slide pack relating to the ICS changes and putting it into context for contractors	AI	
16	SA will write a newsletter article to brief contractors Ventolin pilot area in Winsford	SA	<i>Complete</i>
17d	AW to arrange a finance sub-group meeting early in July to discuss the Q1 accounts	AW	<i>Scheduled for 12/07/21</i>