



## Norfolk LPC

### Minutes of Meeting Held on Thursday 26th January 2023

At Roundwood Conference Centre <https://www.roundwood-norwich.co.uk/>

	Agenda Items	Actions
1	<p><b>Attending</b> Chris Ball, Caroline Steels, Dee Hebron, Jainaba Njie, Sharon Gardner, Simon Ingham, Guppy Kular David Lewis, Alister Huong</p> <p><b>Also Attending</b> Tony Dean (Chief Officer), Lauren Seamons (Deputy Chief Officer) Charlotte Bowles (Support Officer), Nicki Joy (CPPE Regional Tutor East Of England) Hazel John and Lee Blakeney (Sanofi)</p> <p><b>Welcome &amp; Apologies for Absence</b> We welcomed our new CCA Member, Jainaba Njie (Boots) into the vacancy created by Julian Snowling's departure.</p> <p>Geoff Ray and Ben Ampomah both sent apologies for the meeting.</p> <p><b>Review Minutes</b> of the meeting held on 24<sup>th</sup> November 2022. These minutes are already available on the LPC website as agreed by Committee.</p> <p><b>Declarations of interest</b> Jainaba completed her declaration of interest and her confidentiality agreement at the meeting. Other members were reminded to inform the LPC team if any changes were needed.</p> <p><b>Sanofi Sponsorship of this meeting</b> Hazel John and Lee Blakeney The meeting was kindly sponsored by Sanofi, through the provision of stand space/brief discussion. They did not have any input into the content of the meeting Updated Committee on current products and workings with ICS to look at cost savings across the area and changes from Novo rapid to Trurapi. Attleborough, Acle and Elmham surgeries are to pilot with Trurapi, and pharmacies will be communicated with details. Training is available for pharmacy teams- contact <a href="mailto:hazel.john@sanofi.com">hazel.john@sanofi.com</a> for more information.</p>	<p><b>TD</b> to follow up with Rishma.</p> <p><b>CB</b> to upload onto website along with new photographs onto Committee area of website.</p>
2	<p><b>Matters Arising (Not on this Agenda)</b> <b>Smartcard/Video ID,</b> <b>DL</b> raised issues with having to duplicate the steps of the process to raise an application, and pointed out this was a simpler process elsewhere.</p>	<p><b>DL</b> send issues to Lauren for a follow up.</p>

	<p><b>DH</b> updated Committee after attending the Smartcard training (completed during the meeting) If people are having connection issues she suggests using the live chat function for support. Training was completed in just over 30 minutes.</p> <p><b>DSP Application</b></p> <p>Total Access Health DSP Application (Bowthorpe) - this has been rejected.</p>	
3	<p><b>Transforming Pharmacy Representation (TAPR), Constitution, and Elections</b></p> <p><b>TD</b> gave background information for new Members and as an update for others.</p> <p><b>AH</b> provided information around current discussions across the EOE. All Members agreed to an SGM in February being set and communicated to extend the Committee term of office until 30<sup>th</sup> June 2023 and to adopt the new model PSNC constitution.</p> <p>After a long discussion it was agreed that the way forwards with reconfiguration to ICS footprint remains complex, and still dependent on decisions by LPCs and Contractors in other areas. AH will seek further discussions, and the matter will return to the agenda at the March 2023 LPC meeting.</p>	<p>SGM date for a virtual evening meeting 23<sup>rd</sup> February 7.30pm. Papers and information to follow.</p> <p><b>AH</b> to arrange meeting with Chairs and Vice Chairs of other LPC areas and feedback on actions from this at the March meeting.</p>
4	<p><b>PSNC (Community Pharmacy England) Election of Regional Representative.</b></p> <p>A brief discussion of the election for PSNC regional representative took place, noting that the Region would now be contiguous with NHSE East of England regional boundaries.</p>	
5	<p><b>Public Health Services Update</b></p> <ul style="list-style-type: none"> <li><b>CGL- Core MAT service rollout</b> <ul style="list-style-type: none"> <li>Naloxone and Needle Exchange</li> </ul> </li> </ul> <p><b>LS</b> New contracts have been sent out and will go live from 1<sup>st</sup> Feb. Naloxone and Needle exchange contracts to follow.</p> <ul style="list-style-type: none"> <li><b>Chlamydia Treatment sites needed</b> <ul style="list-style-type: none"> <li>+ new PGDs</li> </ul> </li> </ul> <p><b>LS</b> new PGD will include Ella one. Looking for pharmacies to provide Chlamydia treatment.</p> <ul style="list-style-type: none"> <li><b>PH Services 4% uplift &amp; review</b></li> </ul> <p><b>LS</b> Extra payments will be seen in quarter 3 and paid in quarter 4. Discussions are currently ongoing with regards to the 23/24 contract prices.</p>	<p><b>CB</b> to contact Sharon or Dee for a list of Boots pharmacies that could support with treatment.</p> <p><b>CB</b> to share support documents for end of month claims with Committee for feedback.</p>

	<p><b>AH</b> wanted to thank Lauren for her support and work with getting this increase as it is not happening in all areas and for looking into the service specifications.</p> <p><b>Communications &amp; Support for Claiming</b></p> <p><b>CB</b> Support documents are being worked on will be shared around LPC to gain feedback and we will continue to add an end of month support box and links in our News at the end of each month. End of month support links that were put into News have been accessed well.</p> <p><b>Regional Service Development</b></p> <ul style="list-style-type: none"> <li>• <b>Collaborative Regional Working</b></li> </ul> <p><b>LS</b> gave update on agreeing standardising services across areas and this will be discussed at the next PLOT meeting.</p> <ul style="list-style-type: none"> <li>• <b>UTI PGD</b></li> </ul> <p><b>TD</b> explained that discussions are ongoing and he will update as more information becomes available. Lots of work regionally on PGD services that can hopefully roll out across area.</p> <ul style="list-style-type: none"> <li>• <b>Minor Ailments</b></li> </ul> <p><b>TD</b> indicated that although some areas are looking into various schemes there are ongoing National discussions into a Pharmacy First scheme. We are in regional discussions to agree a preferred model for local/regional commissioning, and this is likely to favour a direct-CPCS model rather than simple provision of medication. Updates on this will be sent when available.</p> <p><b>TD</b> indicated that the ICS is looking into gathering local information around how many IPs there are currently in the area and potential desire to uptake training. Our ICS will be submitting an EoI to become a pilot site for early IP services in community pharmacy.</p> <ul style="list-style-type: none"> <li>• <b>(Direct Emergency Supply)</b></li> </ul> <p>While Norfolk &amp; Waveney already have this service, it is the intention to utilise the SLA from the North East region in the recommissioning of this service here, albeit with the local funding model retained, as it is considered preferable.</p> <p><b>Prioritisation of Service Development and the potential role of a Provider Company</b></p> <p>A brief discussion on prioritisation of service development took place. It was agreed the focus must be on those services which link in with our national contract, could be offered by the most Contractors, and for which the maximum amount of regional/national consistency could be secured.</p>	
--	--	--

	<p>The need for a provider company with sound underpinning governance remains. We understand that there is to be some national guidance on this, but that the expectation is that existing provider companies will be utilised (if appropriate) ahead of seeking to form new ones.</p>	
6	<p><b>MP Visits</b></p> <p><b>CB</b> gave an update on what has been done already in communicating messages to Contractors.</p> <p>Committee suggested we contact a few independents in each constituency to see if they could support hosting an MP visit. <b>While we absolutely do not wish to exclude CCA pharmacies, it was accepted that this was a little more complex as it requires Head Office approval etc.</b></p>	<p><b>CB</b> to follow up with suggestions from Committee for MP visits.</p>
7	<p><b>CPPE- Nicki Joy</b></p> <p><b>NJ</b> provided information on current learning resources available from CPPE, including a Learning tracker for PQS.</p>	<p><b>CB</b> highlight courses via newsletter.</p> <p>Share PQS tracker.</p>
8	<p><b>NHSE/ICS Update</b></p> <ul style="list-style-type: none"> <li><b>Potential Resilience Funding</b></li> </ul> <p><b>TD</b> Has been working on an EOE proposal for funding to support communication and engagement from pharmacies and PCN/ GP practices. Work is still ongoing and the budget for this will need to be spent in this financial year. Further details to follow.</p> <ul style="list-style-type: none"> <li><b>N&amp;W ICB and Community Pharmacy</b> <ul style="list-style-type: none"> <li>- Regional Partnership CP Integration Strategy</li> </ul> </li> </ul> <p><b>TD</b> this strategy has been accepted by the Primary Care Commissioning Committee, and the CP integration strategy is being seen as a useful document.</p> <ul style="list-style-type: none"> <li>- Key Board Participation/Workstream Contacts</li> </ul> <p><b>TD</b> Pharmacy will sit under the primary care directorate which is a good thing for community pharmacy. Pharmacy representation/attendance will be invited on local boards to support integration. Norfolk LPC already has great relationships formed within the ICS and these should strengthen going forward and help joined up working and commissioning moving forward.</p> <ul style="list-style-type: none"> <li>-Band 8c Community Pharmacy Clinical Lead</li> </ul> <p><b>SG</b> announced that she has been offered this role and will be starting in the role from April 2023. She is looking forward to new challenges and continuing to work with LPC to support Community Pharmacy across Norfolk and Waveney.</p>	



	<p>- Community Pharmacy PCN Lead Pilot</p> <p><b>TD</b> EOI will be going out soon for three possibly four PCN areas within Norfolk these are based on the person working within Community Pharmacy and this role being allocated time within each month to complete. Other pharmacies within the PCN area will also be given a payment to name a key contact to communicate with and report back to the PCN lead.</p> <p>- Antivirals (New and ongoing Tamiflu)</p> <p>The ICB has approached current C-19 vaccination pharmacies around a service to provided new antivirals to high-risk patients. This is being targeted like this as the drug distribution requires access to the Foundry IT system, which only these pharmacies currently have.</p>	
9	<p><b>Education and Workforce update</b></p> <ul style="list-style-type: none"> <li>• <b>STAR update</b></li> </ul> <p><b>TD</b> feedback from the programme should hopefully deliver up to 20 new pharmacists into the area in its first year.</p>	
10	<p><b>Norfolk Medicines Support Service</b></p> <p><b>LS</b> meeting has been held to discuss service; new service spec is being written focusing on patients that need the most support. Further information and new service specification may be available at the next meeting. The new service needs to be funded correctly.</p> <p><b>TD</b> any issues with pharmacies dispensing MDS or needing support with practices please refer to LPV for follow up.</p>	
11	<p><b>CCA Questions</b></p> <p>Dee completed during the meeting.</p>	
12	<p><b>Dates of Future Meetings after May</b></p> <p>The Committee agreed that these should be discussed and agreed at the next meeting in March.</p>	
13	<p><b>LPC Staff 360 Degree Appraisal</b></p> <p><b>CB</b> all links should have now been sent round to Committee members to give feedback for staff reviews.</p>	All Committee members to please provide feedback for staff members reviews.
<p><b><u>Future Meetings:</u></b></p> <p>SGM (online) 23<sup>rd</sup> February 2023 at 7.30pm</p> <p>Thursday 23<sup>rd</sup> March 2023</p> <p>Thursday 18<sup>th</sup> May 2023</p> <p><b><u>AOB</u></b></p> <p>Committee members invoices for year-end must be submitted urgently, as per expenses policy.</p>		



--