**Minutes Of Norfolk LPC Meeting Thursday 23rd March 2023**

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| **Agenda Items** | | **Actions** |
| 1 | **Attending**  Chris Ball, Deidre Hebron, Ben Ampomah, Jainaba Njie, Alister Huong, Simon Ingham, Sharon Gardner, Geoff Ray, Gurpreet Kular.  **Also Attending**  Tony Dean (Chief Officer), Lauren Seamons (Deputy Chief Officer), Charlotte Bowles (Support Officer)  **Apologies**  David Lewis, Caroline Steels.  **Review Minutes** **of the meeting held on 26th January 2023.**  These are available on the LPC website after being shared for comment after the last meeting. Going forward the review of minutes will change to review and update of the live action log.  **Declarations of interest**  Committee members were reminded to ensure their declaration of interest forms were current and state any conflicts arising at the relevant item on the agenda. | TD to clarify Rishma’s intentions around Membership going forwards. |
| 2 | **Matters Arising (Not on this Agenda)**  The action log was reviewed and updated.  **TD** confirmed that the potential resilience funding for the East of England has now been awarded to ICSs to support Community Pharmacy, ringfenced under a MoU with NHSE. £360,000+ for Norfolk and Waveney to fund an integration service (as previously discussed), each pharmacy will get £2,000 to complete a list of actions, mainly around communication.  **CB** gave a brief overview of the communications report. There was a significant increase in newsletter engagement by almost 30% over the last year. Social media activity was benchmarked against similar organisations and is in line with activity of other professional organisations.  **Cancer project update**  **CB** updated the Committee on the cancer referral project being proposed by N&WICB. This would involve referring patients from pharmacy to the rapid diagnostic service (RDS) rather than the secondary care ‘2 week wait’ pathway. The RDS will triage the patient, and manage screening tests and further investigations, if needed. Even if cancer is not detected as part of this process, it may be that other conditions are, and further treatment or referral can be made for the patient, providing a better patient journey. The project will be small to start with selected pharmacies signing up. Funding will come from within the ICB. | **CB** to add actions from this meeting.  **LPC team** will update Committee and Contractors about funding when more information is available.  **CB** to update Committee once further information is available on the Cancer project. |
| 3 | **Meeting the Recommendations for the Review Steering Group- Proposal to Merge the Norfolk and Suffolk LPCs**  Discussion and votes were taken in relation to the following areas.   1. **That a formal proposal to merge the Norfolk and Suffolk LPCs be put to the respective contractors at a Special General Meeting, to be held as specified within constitution. A two-thirds majority of the Member vote in each Committee is required to approve this, which thence instructs the Chief Officers to progress the process.**   All members voted unanimously in favour of this motion. Therefore, an SGM would be called in May.   1. **That the most appropriate and achievable timescale to complete the merger process be such that the new Committee shall take office on 1st April 2024.**   All members voted unanimously in favour of this motion.   1. **That the existing respective Committees shall remain in office until 31st March 2024. This is permitted by the new Constitution. Provided this is approved, the replacement of any Member wishing to step down before that time will be dealt with under section 11 of the constitution.**   **TD** asked members of the Committee to inform him of any changes that may affect continuing membership.   1. **That a working group (which may be/ include the Executive but may also be others) be formed to oversee the merger process. It is recognised that the employed team may not be able to take part in managing some aspects of the merger process, where this involves HR consultation etc.**   The Committee agreed that the Chairs and Vice Chairs from both LPCs will discuss and invite other members from both Committees, as appropriate.   1. **That a budget be allocated for merger costs, which will primarily be utilised to purchase the necessary human resource/ legal advice required to ensure legal and due process is always adopted. It is envisaged this will be no more than £3k per committee, so approval for that amount is required at this stage.**   All members voted unanimously in favour of this motion.  **GR** Acknowledged and thanked Tony and Tania for the work that they have completed so far to get to this point. | **TD** to agree a date for the SGM to include both LPC areas. Once this is agreed then the LPC teams can get all supporting documents and communicate this to all Contractors.  **GR** and **CB** to liaise with Suffolk Chair and Vice Chair to set up meetings to discuss actions that need to be taken.    **TD** to also contact PSNC regarding HR advice as mentioned in the RSG, then GR to progress with Clyde & Co. |
| 4 | **“Save Our Pharmacies” Campaign & MP Visits**  **CB** template emails and information has been sent to contractors to lobby MPs. Anyone wanting any help or support with resources please contact CB. Although we have had many pharmacies contact MPs so far, we have only had generic responses.  **PSNC and Services/Funding- Discussion**  **TD** asked the Committee for viewsregarding the PSNC statement on haltingnew services for Y5 of the CPCF such as the national contraceptive service.Pilots and integration fund work are funded outside of the CPCF, therefore a bid has gone in for a HRT and contraceptive service to utilise Independent Prescribing skills in community pharmacy, information on whether our system is successful will be shared when available.  The Committee supported continuing work on IP pathways and the Cancer referral service. | **CB** to continue promoting the campaign with the resources available. |
| 5 | **CGL New Service Launch**  **LS The** new MAT service launches on 1st April, forms are available on PharmOutcomes and a video explaining the service, along with all documents and calculators, can be found on the LPC website, which was included in this week’s newsletter.  **AH** thanked Lauren for her work on the project.  **TD** Lauren has put a great amount of work into developing and simplifying forms.  **ChB** asked if Pharmoutcomes has reached capacity with all the services it currently supports.  **LS**  PharmOutcomes is a data management system, now owned by EMIS, as a business they are responsible for ensuring capacity to deliver and we haven’t been made aware of any ongoing issues. Although it is a good system and widely used by community pharmacies, we must ensure that we encourage use of more integrated systems if they become available. |  |
| 6 | **ICB Update, with Emma & Catherine**   * **Intro to Catherine**, contracting across the ICBs, discussion of Bank Holidays (including new NHSE regional model proposal), current workforce pressures, etc. * **8c Role and priorities**: IP Pilot, PCN Leads, CPCS support where genuine desire to relaunch, DMS, NMSS and Emergency Supply updates, workforce and placements update. * HOSC scrutiny of pharmacy in the ICB (May) * Cancer Referral Pilot   **Discussions were had around the workstreams, and areas listed above and below.**  **Communication –** it was agreed that this is key, and the ICB needs to look at ways in which communications can be sent, received, viewed and actioned by Community Pharmacy teams. Communication needs to be a two-way system.  Now is the time to bring all four sectors (GP, Dental, Optometry and Pharmacy) together to get the best outcome for patients. 8C role should sit within primary care to ensure that pharmacy is included in all relevant discussions and workstreams looking at the bigger picture.  **Bank holiday opening** – issues with the model that is used. Norfolk is a tourist area and in the summer holiday period not having pharmacies opening in these tourist hotspot areas may cause issues with patient access to services.  Reduction in supplementary hours was also discussed and the impact on access during evenings and weekends.  **BA** activity on a Saturday has already increased and the workload is now huge with requests from patients for support. These shifts used to be quiet but because of reduced provision across the area Saturdays are now a busy day with lots of queries and support for emergency supplies etc. |  |
| 7 | * **PNA/Applications** * **DSP G&B Healthcare, Dereham**   **TD** response has been sent from the LPC.   * **Appeal by Costessey Pharmacy for Bowthorpe** (brief discussion, not for further response)   **TD** this will now be up to NHSE to comment.   * **No significant change relocation, Medsio back into Drayton surgery** (response required by 8th April) * **Implications of pending Lloyds’ Sainsburys closures** * **LPC representations regarding future surgery developments and relocations**   The above were discussed to enable the employed team to understand the feelings of the Committee. |  |
| 8 | **Business Planning & Budgeting**  **LS** shared the key stakeholders and workstreams document.  **TD** the use of more structed workstream plans along with next steps will need to be used as work with the merger progresses. These will also help to support with delegation and responsibilities.  **GR** When the merger progresses do we need to start looking at aligning with Suffolk for future workings?  **AH** Suffolk will start to look at using the PSNC templates like Norfolk already do**.**  **TD** there will be more structed support available from PSNC as part of the RSG toolkit.  **ChB** Norfolk currently uses the PSNC recommended templates for our accounts,once the exec meetings are arranged these things will be discussed and actioned as part of the process.  **TD** with potential changes on the horizon is a full business plan needed for Norfolk LPC or should the current plan be updated for an interim period?  The Committee agreed that the business plan should be updated for the next 6 months. Further planning will be dependent on the SGM outcome. | **LPC team** to look through the business plan and update for the next 6 months. |
| 9 | **Staff Appraisals and Review of Terms**  **GR** thanked all for the feedback that was given on all the employed team and confirmed that all staff appraisals had been completed. Also, thanks to the LPC employed staff for the hard work and commitment over the last twelve months. Also highlighting that the next twelve months will be some uncertainty during the merger but told all staff that the Committee would ensure that all the correct HR processes would be in place so that all involved could be sure it would be a structed process for all.  The terms and conditions for the employed team were discussed (in their absence) and the Committee agreed revised terms for 2023-4. This was communicated to the team by the Chair. |  |
| 10 | **CCA Questions**  The questions were discussed during the meeting. Sharon and Dee will submit the response and contact the LPC team if any further information is needed. |  |
| 11 | **Future Meetings Dates**  **Thursday 18th May 2023**  **Thursday 27th July 2023**  **Thursday 21st September 2023 AGM**  Tony and Tania to look at booking a date for the joint SGM for May.  **GR** meeting dates for after the September meeting will be looked at as these will need to be joint with Suffolk LPC to be ready for the merger in April 2024.  **LS** anyone who has contacts that would be willing to sponsor an LPC meeting to get in touch with her to share details, please. |  |
| 12 | **A.O.B.**  **AH** raised the subject of a provider company and the work that has been ongoing with Suffolk LPC to try and gain clarity on the local options available from a neighbouring LPC. The key director has now been asked to attend the May meeting for Suffolk to answer questions on the provider company to see if this would be a viable option. However, if this does not work out there are options available from other provider companies wider afield that could be investigated as an option. With the developing picture from the ICS this may be needed more as workstreams progress. There have been missed opportunities previously and we need to be looking ahead to prepare for future works, winter pressures for example.  **GR** it would be a good idea to share this work across both Norfolk and Suffolk LPC.  **TD** confirmed he would share this workstream and investigate how this could be used to support current and future workstreams across both borders. |  |