**Minutes of Full Committee Meeting 17th September 2024**

**Members present:** Peter Whitaker (Chair), Mila Burke (Treasurer), Shital Patel (Vice Chair), Vic Nation, Nicola McKay, Charlie (Sarbjit Jhooty), Elin Palmer

**Apologies**: James Nicholas, Steph McKinnon, Greg Dziedzicki, Florina Loliu

**Officers in Attendance:** Michelle Allen (Chief Officer), Yvonne Lamb (Engagement Officer), Cathy Lawless (Administration Officer).

**Sponsor:** Helen Cull, Pfizer

**Guests:** Sian Retallick from CPE and Shaun Green- Chief Pharmacist for Somerset ICB

1. **Welcome** and Ways of working going forward- from Peter W
* Peter and Michelle highlighted that the plan is everyone on the Committee to get more involved. To be an inclusive LPC and for smooth operational direction Michelle would take over Line Management of the Officers, Peter and James would take over the line management of Michelle. It has been noted that all members of the committee will be asked to take a more active role in the coming months and will be discussed in depth at the November meeting.
1. James and Peter to Co-Chair until mid-March 2025. If a member of the Committee would like to take over the Chair position prior to that then a vote will be taken, but in the meantime, March ‘twenty-five is the deadline.
2. Minutesfrom previous FCM and the Exec meeting in August were ratified.

**Action – Cathy to put on Website.**

1. **CCA Report**

**Action- Peter to complete report.**

Engagement with elected MPs, have asked if they can visit Pharmacy in Glastonbury or Street (Ramesh about to open in Glastonbury so this would be a good opportunity). There was a MP visit to Burnham on Sea in June ’24

1. **National Stakeholders**
* CCA – Done
* IPA – nothing noted.
* NPA Day of Action 18th November – Contractors to make their own decisions regarding what they do on the day.
1. **Treasurers Report**

**Balance in Account: £238,980.90**

**Incoming Monies:**

Contractor Levy £10,100 per month

Sponsor charge £250 per meeting every other month (conditional upon securing sponsor)

**Regular debits:**

CPE - £3,330 pcm

Payroll

**POT Expenditure:**

**Winter Access £120K – Balance £51,454.75 as of 12/09/2024**

**“Winter Access pot”**

* Money now out to all contractors –Total £64,380
* Otoscope training - £3546.00 + £619.25

**CCG PCSF £51,400 (2022/23)- Balance £4,638 as of 12/09/2024**

**“PCSF pot”**

* Peter PCN Coach £3,600K
* PCN Leads: any additional LPC instigated events beyond the NHSEI a day month coverage (circa £6000 if we do 3 x 0.5days x 13 in the year)
* ICS Locality Board work as emerges in year (circa £7,200 if we have 4Leads x6 eventsx1day @£300)
* Moneys for PCN work come out of this fund, but it will be reimbursed by ICB. Work in progress – chased repeatedly to no avail so far. Money due from ICB £3021 + £3487.50
* Some of Anne’s work is funded from this – stopped now 12/09/2024.

**CCG Digital £65K 2022/23 – Balance £33,817 as of 12/09/2024**

**“Digital pot”**

* Yvonne £833 a month as 12th of the £10K allocated in fund.
* Rest of this fund will be for platforms and licenses etc and potentially more project work as it emerges when we would need additional resources.

**CVD money 2021 – Balance £8,636.20 as of 12/09/2024**

* This can be used for the IP Pathfinder work.

**NEW POT IP training support fund – balance £65,000 as of 12/09/2024**

* To be paid to HUC for DPPs’ work as per Teach and Treat programme.

**Other updates:**

Core Balance: £75,434.95 as of 20/08/2024

Remainder of CPCS balance has now been merged into Core.

Outstanding, as above:

* Expecting PCN Leads reimbursement from ICB £3021 and £3487.50.
* Expecting Project management support fund £27,747.60.
* Expecting CPIPP MOU - Professional, Digital and Clinical Support Fees £20,000

**NB.** Reimbursement from ICB for PCN Lead monies etc has been hindered due to our bank account name not having been updated, this has now been done, invoices resent, and their paperwork completed.

**Action: Cathy and Yvonne to check for funds coming and chase if not.**

1. **AGM**

Enough contractors voted to approve accounts, and the AGM was held on the evening of 17th September by Zoom.

1. **Chief Officers Report**
* Michelle gave a presentation by PowerPoint (to be uploaded onto website with these minutes), showing where we are now on Services in Somerset.

In summary:

Figures, Somerset versus National Trend.

Sixteen contractors did not meet the minimum for the £1000/ 5 currently at Zero.

GP’S not referring/surgeries not engaged could be due to Call to action – staff training issues.

**Action – Yvonne, Michelle, Committee to help with Surgeries.**

* Pharmacy First/Hypertension, Somerset has above average levels of hypertension in the community yet uptake of the community pharmacy hypertension case finding service remains low often with a low conversion rate to ABPM. Barriers include time constraints, training issues and patient identification, Work to do to improve these numbers.

**Action – Further work needed to establish best methods of CPS support for contractors -Michelle**

* Michelle and Yvonne attend a lot of meetings, These are increasing in the first instance Officers will share with Exec to decide which need ongoing attendance and by whom.
1. Sian Retallick from CPE joined the meeting and gave a presentation.

**Action – Yvonne to send attendance list to Sian/Cathy to email presentation to Committee members. Cathy has emailed Sian for a copy of the presentation.**

Concerns raised by Committee – Premises fees/ contract hours/ reimbursement for drugs.

(ICB Primary Care Estates Guidance – regarding rents)

1. **SDAS Update from Michelle**

New fees agreed as detailed below.

|  |  |  |
| --- | --- | --- |
|  | Current fee | New Fee |
| Reimbursement for handing out kits and advice only | £1.50 | £2.00 |
| Prenoxard | £5.00 | £5.00 |
| Supervised Consumption Methadone | £1.27 | £1.91 |
| Supervised Consumption buprenorphine | £2.58 | £3.00 |
| Supervised Espranor | £2.58 | £3.00 |

**Action -Council team and Michelle to draft coms to contractors to inform them of uplift in fees.**

1. Vacancies

PMO Officer – candidate not successful.

Have investigated advertising the position through an agency and the fees are 20% of the annual salary. Currently advertising though Indeed.

Could Pharmacists do this role? Some suggestions were put forward from interested parties.

**Action – committee members to discuss with interested parties and then discuss with Michelle.**

1. **PCN Leads x 13.**

Discussion around regional funding of 49K, how best to work together to get traction on this.

1. Just using Committee Pharmacy PCN Leads
2. Hybrid, using GP Pharmacists/Community Pharmacy Leads
3. Support using PMO Officer
4. Line managed by CPS.
5. Experience PCN’s to lead and support.

Shital has agreed to be the PCN Lead for Yeovil, Nicola to reach out re Frome and Charlie to reach out re West Somerset regarding recruiting suitable leads.

**Action – Cathy to send MOU and Claim Forms to Leads we have got, will do this after Yvonnes meeting with PCNs on Weds 9th Oct. - Peter to give some time for training.**

1. EHC – Yvonne

EHC VAT was incorrect, dealt with Pinnacle and the Council. Since 2018 the funding was not updated, and pharmacies have been reimbursed for Ulipristal. Total for 2018 now 24K. This issue has not been raised by any Pharmacies that they have not been reimbursed correctly. Council is aware and have been asked to reimburse.

**Action – Yvonne to negotiate with the council for this.**

Meeting next week with the council and the Committee happy for Yvonne to pursue this.

**Action – Yvonne to speak with Peter and Michelle after the meeting.**

1. **Key Focus Goals**

National Services, maximise these.

Concentrate on pharmacy first, continue to establish current position from PCN data down to individual pharmacy to establish best targeted support that CPS could offer Current data models only supply 3 months in arrears but it will still allow for a targeted approach rather than a one size fits all.

CPS should consider ways in which it can help contractors to identify inefficiencies or bottlenecks in operational processes. Gap analysis will help in recognising areas where processes are not optimised and will be crucial in enhancing productivity. The first steps to achieving these goals is to establish the current barriers for contractors and their teams.

**Action – Michelle to set up a WhatsApp group for contractors only and complete a poll survey..**

**Action – Contact Matt Mills to see if we can use Winter Access Fund to fund a Pharmacy First Promo – Yvonne/Michelle**

1. **Pharmacy Technician Workforce**

NHSE releasing 530 training places across the West to be shared by seven areas, no date yet. All the Pharmacy needs to do is allow 1 day off per week for coursework. Application is like a tender so need to apply by stating one’s case and circumstances. If they leave within 4 months the pharmacy can replace them, if they leave within a year, they do not have to pay anything back. The Pharmacy puts them onto MYS and then they pay it monthly.

Guidance and Comms are coming soon. Need to find out if we can write a template for the application.

**Action – Michelle to let the Committee know when she hears more.**

1. **AOB**

None

1. Meeting Dates

**Full Committee 9am – 3.30pm**

Wednesday 13th November ’24 – Mount Somerset Hotel, Henlade, Taunton

Wednesday 22nd January 2025 - Mount Somerset Hotel, Henlade, Taunton

Wednesday 19th March 2025 – Mount Somerset Hotel, Henlade, Taunton

**Exec 9am**

Wednesday 23rd October – Zoom

**CPE Events**

CPE Annual Conference 7th November. **Action – Michelle and Steph to attend (TBC)**

New Members Days. **Action – Yvonne to email CPE to get dates.**