



## Community Pharmacy Arden (CPA) – Meeting 9<sup>th</sup> January 2025

MS Teams 9.30 am start

<b>CHAIR</b>	Sam Griffiths (SG)
<b>MEMBERS</b>	Jas Heer (JH), Bal Heer (BH), Faye Owen (FO), Theresa Fryer (TF), Mike O'Donnell (MD), Baljit Chaggar (BC), Sumeet Randhawa (SR)
<b>IN ATTENDANCE</b>	Fiona Lowe (FL)Eva Cardall (EC)
<b>MEMBER APOLOGIES</b>	Caroline Harvey, Sat Kotecha, Bal Heer (11-1 apologies for part of meeting)
<b>Guests &amp; Observers</b>	ICB representatives Arran Konkon & Taz Dhanani LMC representatives Dr Andrew Warner & Maggie Edwards

### 1. Welcome, DOI, Minutes AOB, matters arising 9.30 – SG

No changes to minutes suggested or submitted  
No changes to DOIs.

### 2. Market Entry – 9.40 – FL

Jardine Crescent appeals ongoing, appeal scheduled 30<sup>th</sup> January  
207 pharmacies in CW ~5 years ago and now around 180.  
New DSP application – Southam

### 3. Executive Feedback from Joint Executive in November – 9.45

SG: budget healthy, levy holiday for 6 months  
Transition subcommittee (SG, MOD, Anurag Hegde (HW chair), Jeet (HW)) for Fiona's retirement June 2026.  
Final review for LPC team in Jan/Feb

FL highlights importance of local work. PCN lead roles didn't all get filled for CW. Will discuss with Arran

### Finance – Terry

TF: By the end the financial year taking levy holidays we should have balances at the right levels.

FL: by April 26 we won't have MOU coming directly into our accounts. Draft budget on box with details.

FL: waiting from information from CPE to finalise the levy amounts for this year.

### Day Rate Increase – FL

Team agrees to increase day rate to £300 and half day to £150 from February 1st 2025. Ad hoc meeting rate is £30/hr as previous.

Team reports locum costs to be in range of £25-30+

If you have to get locum that exceeds the cost of £300/day or £150/half day then this can be submitted as per expense policy, within reason

**ACTION: amend policy and claim docs to update new figures**

### Visits – FL

FL: Excel on box showing visits planned for f2f meetings. We may need to up the numbers we are visiting to minimum of three per pair.

TF reminds everyone that they have not all claimed for previous meetings. Group reminded that they should submit expenses for claims within two months.

## **4. Services 10.30-11am**

Slides on Box.

Group looks at overview on delivery of PFS, BP and PCS (Pharmacy Contraception Service)

Concern around the percentage of pharmacies not hitting threshold for payment.

Group discussion leads to focus on – the need for contractors to sign up to all three services by 31<sup>st</sup> March 2025 for threshold payments, and that PCS is a very useful and viable service within the system and one that is very popular with GP surgeries.

Break until 11:10

Guests join: Maggie Edwards -LMC (MS), Andrew Warner (AW), Arran Konkon – ICB (AK)

## **5. GP update**

**Discussion on Primary Care strategy and collective action in closed mins only**

11:41 – Altaz Dhanani (AD) joins meeting

Supply Chain

JH commented earlier on how the DT terms have ultimately made the UK a very unappealing market and been the main contributor

AK on PERT: stock holding scheme has no idea how this might work or be implemented and would welcome input from LPC.

AD: This is going on IPMO agenda. ICB will come up with a plan and then this model for the system can be used in other cases of shortages also.

FL says that this working group should include a medic from GP. AW says he will join this working group

### Services Update

EC gives quick overview of pharmacy services as per previous group discussions.

AK says Palliative Care contracts should be back and signed off.

SG asks about OC service and GP perception. This is very positively received.

**ACTION: OC information clarified with surgeries, LPC and ICB and sent out to GP surgeries and pharmacies. One page updated. (Eva)**

### PCN Engagement role

AK explains the background of the role for the benefit of AW and ME. Role to increase engagement between GP practices and pharmacies.

Post-holders are now in place (with support of LPC) and letter will go out explaining this role to all pharmacies and GPs.

AW: There is a new PCN in Warwickshire North.

**ACTION: Find out details of new PCNs to update our information (Eva)**

## **6. ICB Update**

FL raises the issue of the Primary Care Strategy and lack of inclusion of pharmacy.

### Phlebotomy

FL raises the issues of clinical waste from the pharmacy service. This part of service has never been funded but has only become an issue since waste collectors became strict on what they would collect. It has been agreed that there will be some funding for this from ICB.

AK says an agreement has been made re: uplift in fees is being arranged with UHCW and ICB. Comms will go to Fiona as soon as possible.

### Covid

FL raises issue with one pharmacy who have not been paid at all for their covid vaccinations.

Another issue around those requiring different dose schedules outside of scheme and if this will be funded. Overall, our understanding is uptake has been poor for both flu and covid. Group discusses



the potential impact of 'vaccine fatigue'. Delay in vaccine start date possibly contributing to increases seen this year.

#### DMS, PFS and data from ICB perspective

AK explains that referral issues from GEH and SWFT have been resolved and we should be getting referral data each month. The numbers are small, and we will raise this at IPMO.

AW asks if referral process to CP from GP could utilise the e-consult

#### **ACTION: Raise e-consult potential with Dan from Pharmacy IT group**

ME, AD and AK leave

#### 7. PNA 12.30-1pm

FL explains to the group that this work needs to be completed by October, so this puts a deadline of April /May for all actions pertaining to it. Public questionnaire is out, and response is low.

EC is doing a local service contact and contract overview

FL says the most difficult part is how to 'determine a gap' and how to agree on defining this. FL predicts that it will not say that there are no gaps in our geography. Discussions ongoing regarding how this will be defined and agreed. Feeding into this is the decrease of 100hr to 72hrs and the decrease in number of pharmacies over the past few years. There is no agreed definition of

From the Dorset PNA 2022 - 2025:

**6 Gap analysis**

The purpose of this analysis is to ascertain if there is a gap or potential future gap in the provision of community pharmacy in Dorset. Based on the necessary services definition (defined in section 3.8) the following criteria form the basis of the analysis:

- All parts of the population should have general access to a physical community pharmacy or be within range of a dispensing GP practice. Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Dorset can qualify as providers of access if Dorset providers do not suffice in certain areas.
- In all areas the population should be within 20 minutes driving time of at least one of the above providers.
- All community pharmacies should dispense medicines and appliances and provide the other essential services in relation to both medicines and appliances.

The above criteria are considered both for the current population and the potential population as based on planned housing developments in Dorset.

Further factors that would not signify a gap in provision, but that are considered to contribute to improvements are:

- The majority of the population should be within 30 minutes driving time of a 100-hour pharmacy.
- Accessibility of the service for identified patient groups.
- A choice of service providers.

pharmaceutical needs gaps.

FL asks the group if they have any input to make or things they would want to see in this PNA.

Group discussion leads to idea that maybe 'pharmacy per 10k population' being useful to include. Group also highlights the difference between 'would like to have' and 'need'.

Dorset model of gap/need discussed (see image to left)

FL explains how we won't be doing contractor survey as we can gather the information without this. MoD says he would be interested to see how many are doing services (MDS trays and delivery) and charging for them

#### **ACTION:**

**Group tasked with reading PNAs for info pertaining to border pharmacies when they are available**

Birmingham: MoD

Leicestershire: SK

Dudley and Sandwell: JH  
Staffordshire and Worcestershire: EC and FL  
Northamptonshire: FO  
Oxfordshire: TF

Cov and Warwickshire PNA will be sent to all in draft form as soon as available. FL will provide a template for feedback when the consultations start. We expect the first draft for C&W will be in March.

Lunch 1-1.30pm – AW leaves

8. CPE Update 1.30pm – JH  
Slides on box.  
Discussion around lack of update or news on the negotiations

#### MP Visits

Three visits planned for Cov MPs for this quarter. Will reach out to MPs as soon as we have more information on contract.

9. KPIs /RAG from CPE  
Awaiting final versions. Will be circulated once available.

10. Priorities  
Six priorities

1. Primary Care Strategy inclusion
2. Advertising and promotion of OC
3. Negotiation actions (once information available to act with pace)
4. PNA
5. Transition
6. KPI

**ACTION: Write to the CO of ICB to express discontent at our exclusion from development of the PCS.**

11. CCA Questions  
Responses are on Box. SG says he will look at them.

Approved by LPC at March 6<sup>th</sup> 2025 meeting.

