

## Community Pharmacy Arden (CPA) – Meeting 5<sup>th</sup> March 2025

Citrus Hotel London Rd, Ryton-on-Dunsmore, Coventry CV8 3DY

### Minutes Open Approved at May Meeting

<b>CHAIR</b>	Sam Griffiths (SG)
<b>MEMBERS attending</b>	Jas Heer (JH), Bal Heer (BH), Faye Owen (FO), Theresa Fryer (TF), Mike O'Donnell (MD), Baljit Chaggar (BC), Sumeet Randhawa part (SR)
<b>IN ATTENDANCE</b>	Fiona Lowe (FL)Eva Cardall (EC)
<b>MEMBER APOLOGIES</b>	Bal Heer
<b>Guests &amp; Observers</b>	Arran Konkon (AK) – CPCL; Andrew Warner (AW) – LMC; Tony MC (TmC) – Project Lead for Pharmacy Faculty ICS; Sarah Johnson (SJ) – ICB head of primary care contractors for the ICB; Georgina Cady (GC) – ICB works in primary care contractors; Tim Sacks (TS) – Director of Primary Care; Dani Jennings (DJ) – foundation year pharmacist at Leyes Lane, Kenilworth; Liam Stapleton – Facilitator (LS)

#### 1. Welcome, DOI, Minutes AOB, matters arising 9.15 – SG

SG suggested changes to mins –clarification on PCS abbreviations – Pharmacy Contraception Service and Primary Care Strategy to avoid confusion. Plus, an amend on page 3 for clarity re NPA.  
No changes to DOIs and no AOB tabled

#### 2. Market Entry – 9.30 – FL

FL shows the spreadsheet, available on Box, for Market Entry and explains how we use the database for keeping record of this. Bulkington DSP just approved. Brief discussion on how difficult it is to counter DSP applications. Two further DSP applications in progress.

Group discussion around focussing on stopping new ones and proper regulation of existing ones.

10 DSPs plus the one approved yet to open. When refer to Pharmdata / NHSBSA dispensing data – only 3 provide dispensing services outside of the ICB area.

Group discussion on DSP Application

JH briefly mentions the two recent approvals of two pharmacies in Coventry.

FL explains how the approved pharmacies will be recorded on the PNA.

MoD asks if any core hour changes applications are being approved. FL explains that some are looking to move their core hours into what they previously were supplementary hours – none approved as yet. ICB / OWM pushback is generally lack of data provided with requests demonstrating change would not impact patients.

JH mentions that Sandwell have published good information around core hours and that he believes the office of the West Midlands do not understand the regulations. SK seconds this view.



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

#### Finance – TF

TF shares Budget for 24-25 summary and shares that we are within 20k of the required reserve.

**Decision:** LPC members agree that claims must be made within two months of attending an LPC meeting or other LPC related event as per Expenses Policy and that this will be enforced from April 2025.

Levy increase to CPE from 2025 (detail in CEO report on box)

MOU accounts – LPN funding may be one more year but thereafter going to be held by ICB and may not be available. After April 2026 – staff additional hours will need to be reviewed to see if any remaining MOU Funds are available to extend for a few more months or will revert to contracted hours.

SG: We are thinking of doing a shared ‘housekeeping account’ for HW and Arden. For all joined activities. Wayne (H&W Treasurer) is going to look into this and option to have ‘bookkeeper’ role provided by Susan with a few extra hours a week.

#### Coventry & Warks

- Levy to CPE £80,030
- Levy holiday ends at end March 2025
- Estimate for end of year £195,000
- Contingency held within reserve total = £54,102 (less £10,000 EA no longer needed)
- Reserves = Est £151,000 excl. contingency = 52%
- Budget 25-26 on website £288,000
- Accountants pencilled in May & June – for end of June completion



#### MOU Accounts

Finalise figures in March but both CPCLs will spend the ICB funds controlled by CPCLs by end of March 2025.

May be one more year of LPN Funds, then will go to ICBs never to be seen again!

Make what we have control over in remaining MOU Funds last to end March 2026 to support services leads and resources – around £60k CW and £80k HW across 24-25 25-26

LPN funds – remaining £40-45,000 C&W and £40-45,000 H&W – restricted to training, services, DPP and quality / safety work

#### Meeting format

**Decision:** LPC members agree that we will move to all f2f meetings after May 2025.

#### Vacancy

SG discusses team situation. Recruitment is proving tricky. Chief Officer report details this team situation.

**Decision:** Discussion and agreement by the LPC to progress with plan to recruit and possibly have temporary contract to support in addition. Team under pressure due to vacancy and long-term sickness.

Self-assessment – Governance Group to review next meeting – Governance Chair FO indicated that draft scores and action plan looked correct.



## C&W

- Draft version reviewed and scored, and action plan started
- Final version received took account of our comments
- Action Plan to be updated each meeting and reviewed by governance subcommittee in May

## 4. Strategy Session

### Coventry & Warks

- Primary Care Strategy – GP centric
- Mapping across PC to CP
- First Meeting with ICB 26<sup>th</sup> Feb am in Coventry for strategy work
- Second Meeting at March LPC meeting – some contractors may attend
- Follow up in April – June 2025
- Aim for completion of sharable draft by July meeting and to present at September AGM

### C&W

- LPC Strategy on website with key priorities agreed at last LPC Meeting
- Integration, primary care strategy, supply chain and OC key components
- Post CPCL leaving – no sign off on replacement yet – LPC to pick up some of work
- Communication Plan drafted to trial and review in May
- To work on external communications and media
- Visits July and September

Guests Arrive for **Strategy Session with Liam Stapleton (LS)** – looking at how community pharmacy can better link in with PCS (primary care strategy) and support the delivery and Primary Care and ICS strategies. Liam gives agenda – introductions, agenda, review outputs of brainstorming meeting, mapping stakeholders and identify priorities and timelines

### Aim

Develop a community Pharmacy Strategic Plan to support the delivery of the Primary Care and ICS strategies, identifying contributions, actions, aspirations, assumptions, risks, issues and enablers  
Build on previous brainstorm with ICB colleagues

### Agenda

- Introductions
- Agenda
- Review outputs of previous brainstorming meeting
- Map stakeholders
- Identify priorities and timelines

### What we want from this meeting

- Builds and feedback on previous work
- Identification of stakeholders
- Prioritisation of
  - Actions
  - Opportunities
- Timeline
  - Short
  - Medium
  - Long
  - Aspirational

Guests were welcomed and introductions made. Three tables were set up with a mix of stakeholders and LPC members on each table to assist integrated discussion.

An introductory meeting had been held in February with some members of the LPC, ICB and PCNs. The slides presented shared the outputs of this session and the guests and LPCs members inputted so that a revised version would be shared after the meeting. Much of the changes were updated live at the meeting.

LS shares SWOT analysis from Strategy meeting on 26/02/2025. Groups discussed the SWOT findings and LS updated the outputs. Lively discussions had with great engagement. Feedback was taken from the table

discussions. LS records the feedback – The updated version is below and shared with Committee for further comment.

## SWOT analysis



Some of the points noted in relation to SWOT

**Strength:** using pharmacy teams.

**Weaknesses:** 'pharmacist always being available'. 'Perceived by the weakest link' is preferred over 'work on lowest common denominator'. CH would like 'lack of governance' as 'lack of enforcement of governance'. Several preferred statements are discussed. LS has recorded these and will update them.

JH says a weakness that hasn't been picked up is a reliance on others within the system, lack of local funding, lack of referrals from GPs etc. Some of these come under assumptions or enablers etc later.

FL group discussed how community pharmacy has become good at 'coping'

SK: not using IPs is also a weakness (as well as an opportunity)

FL adds that not being able to find DPPs is a weakness also (and a threat)

Non-registration of patients is also a weakness, added by CH.

### Opportunities

Better use of techs; Left shift from hospital; More opportunities around prevention; GP contract will now require Update Record which will be an advantage to pharmacies. Untapped potential also opportunity.

## Threats

Group discusses these, some crossover with other sections.

## Assumptions, issues and risks

### Assumptions

- Contract negotiations promote resilience of network
- Network remains static
- Progress on digital
- Engagement from key stakeholders
- Money follows workload
- Workforce is available and pipelined
- Supply chain is fixed
- Innovations are managed down the line to achieve productivity improvements
- The right incentives are provided to drive behaviour
- 10 year plan for NHS stays
- Integrated networks don't create problems
- Change is managed effectively

### Risks

- Workforce migration to general practice (MPharm & Ptech)
- Focus on resilience general practice without recognising impact on system
- Medicine distribution changes
- Lack of engagement (pharmacy and general practice)
- Changing demographic
- No change in culture
  - Within primary care
  - With patients
- Not seen as part of primary care (Primary Care and GP often used interchangeably)
- Withdrawal of good will
- Unmanageable & unrealistic thresholds for services
- Lack of recognition

### Issues

- Lack of data & access to data
- Lack of analysis
- Lack of timely data
- Lack of appetite to collect data
- Impact of branded generics & efficiency drivers
- Lack of recognition of non funded work

Break – 11.00-11.20

Part 2 Session 11: 20

## Vision and mission

### PCC Mission Statement

PCC is dedicated to supporting Primary Care in achieving the delivery of high quality, patient-centred, sustainable healthcare within Coventry & Warwickshire with the ambition of improving the health & well-being of our workforce and local communities. By providing a unified direction for Primary Care, PCC will work alongside system partners encouraging community care to flourish throughout our ICS. PCC will promote Primary Care as the bedrock of our health system and provide the strategic leadership required to enable the co-development of future models of care.

### PCC Vision Statement

To realise the incredible potential for Primary Care to lead and be at the centre of our high-quality, dynamic, integrated healthcare system which maximises the health & well-being of our population. Care will be well-resourced and delivered by a motivated, fulfilled, and appreciated workforce within our local communities.

Guest arrives 11.35 – Tim Sacks TS – Director of Primary Care

Great discussion was had with all contributing and how this work could be followed up. Some practical quick wins and longer-term ideas were suggested.

AW acknowledged that Community Pharmacy was key part of Primary Care and should be integrated and that closer working was key for patients and GPs as well as pharmacists. He would be happy to be part of an implementation group to follow up on the plan pulled together from this work. LPN, LPC, ICB, LMC, NHSE

Some discussion about Pharmacy First and IT and challenges around referral process. Triage tool to text to QR code to booking slots – to be investigated. SK to engage Jackie Buxton to see if would count as a GP Referral. TS very keen on any quick wins.

There is a LRC meeting end April where some of this work could be discussed. Spend to save and build on government 3 shifts and the funding following the work are key components.

The following slides capture the main points:

### Key themes

**Primary Care Strategy**  
 Prioritising prevention ...  
 Improving access ...  
 Improving resilience ...

**Themes**  
 Prevention  
 Access  
 Resilience  
 Personalised Care

**Fuller stocktake**  
 Streamlining access ...  
 Proactive personalised care ...  
 Helping people stay well for longer...

### Pharmacy contributing

- Cost neutral contribution to meet neighbourhood/place/ICB needs (e.g. identification and signposting e.g. frailty)
- Focus national services to meet local needs at zero cost locally (e.g. HCFS supporting heart health management)
- Locally commissioned service (at neighbourhood, place or ICB level) to meet clearly identified needs in collaboration with system (e.g. inhaler technique checking, falls focused medicines review). Investment needed for this; need to move away from in-year budget balance and adopt a spend to save mentality. Opportunity to subcontract from secondary care.

**There is no new money!**

Investment in new locally commissioned services must come from savings created.

### Pharmacy contribution - prevention

- Identification of need / signposting (frail, dementia, high risk, Lunghealth)
- Involvement in locally coordinated campaigns
- Social prescriber / care coordination
- Primary prevention**
  - Screening (BP, AF, diabetes, cancer (moles, prostate), alcohol, healthcheck, obesity, smoking, mental health)
  - Contraception (prevention of unwanted pregnancy)
  - Vaccination (flu, covid,
- Secondary prevention**
  - DMS
  - Screening for iatrogenic disease
  - Diabetes – maintenance (HbA1C & BG levels, promoting foot/eye check)
  - Heart failure
  - Frequent fliers
  - AKI, sick day rules

### Pharmacy contribution - access

- Pharmacy 1<sup>st</sup>
- Oral contraceptive supply
- Blood pressure
- Urgent supply (emergency supply)
- Urgent care setting
- Mapping national services to local need
- Coordination of opening hours (rota)
- Access to medicines (palliative care, supply chain, vaccination)
- Signposting & Signposting Plus
- Active referral
- PNA – mapping of need vs mapping of delivery
- Campaigns to promote available services to public and professionals

Manpower – pipeline – training facilities – drive change

### Pharmacy contribution – resilience

- Pharmacy 1st
- Contraceptive service
- Urgent care link to Pharmacy 1st
- DMS
- PCS
- HCFS + BP monitoring- create joined up working
- Vaccination
- Opening hours
- Management of longterm conditions
- Review of frequent fliers
- Portfolio working (resilience of workforce)
- Improved comms
- Repeat management- NHS App with eRD
- Digital opportunities

### Pharmacy contribution – resilience of community pharmacy

- DPP support / coordination
- Support for foundation pharmacist training
- Understanding the roles of other services / professionals
- System for comms for supply chain problems
- Communities of practice
- Clinical supervision
- Protected learning time
- Shared records
- Managed pharmacy closures if/when they occur
- Identify “red flags” and intervene with contractors who are at risk (e.g. requests to amend core hours), provide a more sympathetic approach
- Identify who to contact for what for contractors within the ICB



### Pharmacy contribution – personalised care

- Management of long-term conditions
- Diabetes - reinforcing
  - Sick day rules
  - Managing hypos
- Undertaking annual action plans & triage
  - Asthma
  - COPD
  - Diabetes
  - Heart failure
- Weight management
- Deprescribing opportunities
  - Identifying
  - supporting



### Enablers

- Facilitation re workforce – development
- Toolkits – identification of appropriate and promotion
- Digital
  - Shared information
  - Communication routes
- Introduction to the ICB area
- Facilitation of local relationships – lunchtime facilitated meeting
- Coordination of local health promotion campaigns
- Promotion of pharmacy service (public and professionals)
- Sharing the ICB expectation of the pharmacy service
- Practical action, engagement and implementation plans
- Regular, ongoing strategic and implementation meetings between ICB and LPC
- Measuring impact
- Signposting resource



### Stakeholder mapping – engaging with plan

High influence/power	Keep satisfied	Manage closely
Low influence/power	Monitor	Keep informed
	Low interest	High interest



### Priorities and timeline

Short term	Medium term	Long term	Aspirational

Committee agree to look at the stakeholder mapping and prioritisation (short, medium and long and aspirational) and feedback by Easter.

Lunch then guests leave

### 13.45 JH update CPE

- Report on cost of pharmacy business will be published in due course (Economic Review). NHSE own document and have not said when they will publish it. It provides a useful benchmark in assessing where we are currently.
- Negotiations are in progress.

### Services Update

EC shared the pharmacy services update excel with local services detail and lists as provided for PNA. See Box for details.

No AOB, CCA Questions same as January and meeting closed at 14.30

### **Minutes approved 8.5.25 LPC Meeting**