Community Pharmacy Arden (CPA) – Meeting 5th March 2025

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

Minutes Open Approved at May Meeting

CHAIR	Sam Griffiths (SG)
MEMBERS attending	Jas Heer (JH), Bal Heer (BH), Faye Owen (FO), Theresa Fryer (TF), Mike O'Donnell (MD), Baljit Chaggar (BC), Sumeet Randhawa part (SR)
IN ATTENDANCE	Fiona Lowe (FL)Eva Cardall (EC)
MEMBER APOLOGIES	Bal Heer
Guests & Observers	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

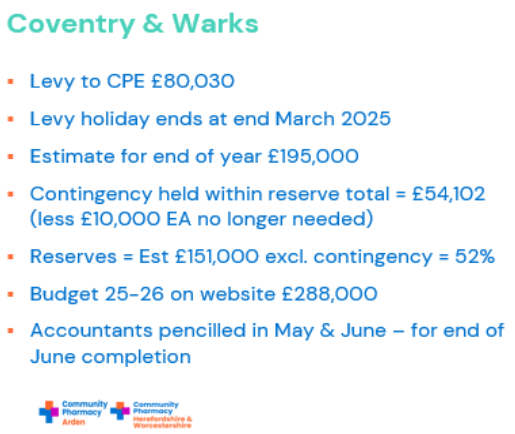
Finance – TF

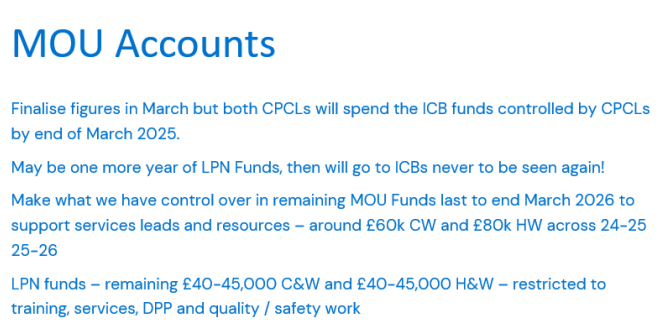
TF shares Budget for 24-25 summary and shares that we are within 20k of the required reserve.

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.





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

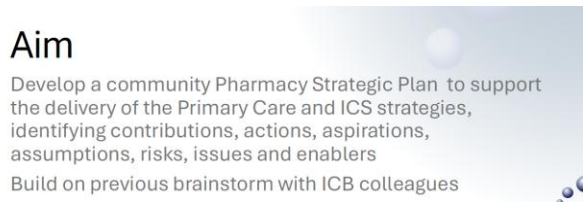
Coventry & Warks

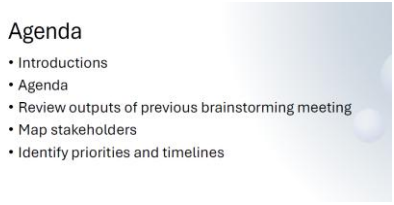
- Primary Care Strategy – GP centric
- Mapping across PC to CP
- First Meeting with ICB 26th Feb am in Coventry for strategy work
- Second Meeting at March LPC meeting – some contractors may attend
- Follow up in April – June 2025
- Aim for completion of sharable draft by July meeting and to present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

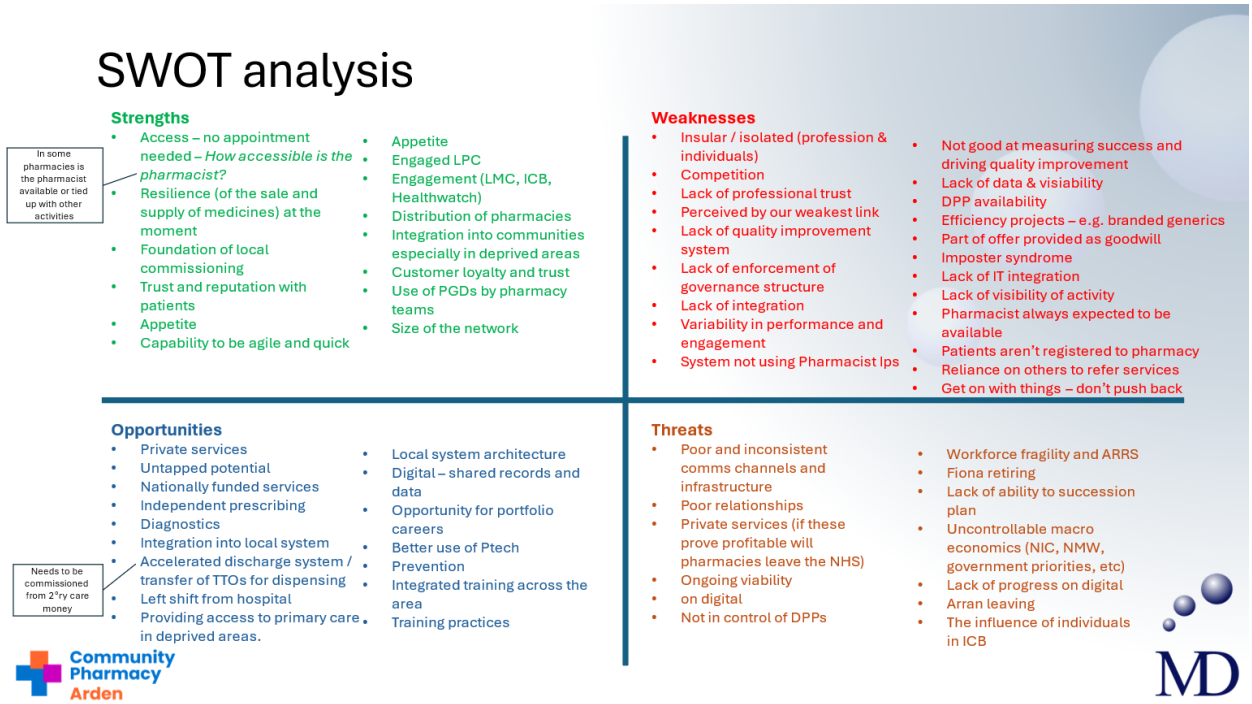




Guests were welcomed and introductions made. Three tables were set up with a mix of stakeholders and LPC members on each table to assist integrated discussion.
An introductory meeting had been held in February with some members of the LPC, ICB and PCNs. The slides presented shared the outputs of this 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.



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.

Break – 11.00-11.20

Part 2 Session 11: 20

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

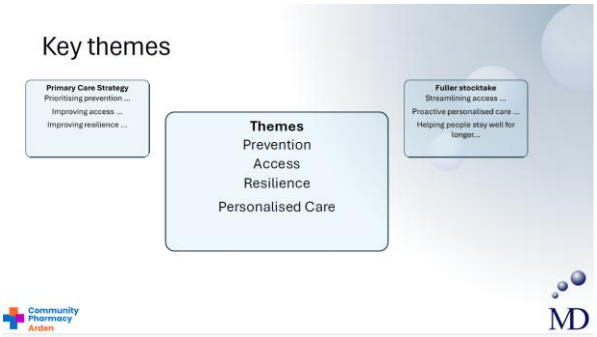
Great discussion was had with all contributing and how this work could be followed up. Some practical quick wins and longer-term ideas were suggested.

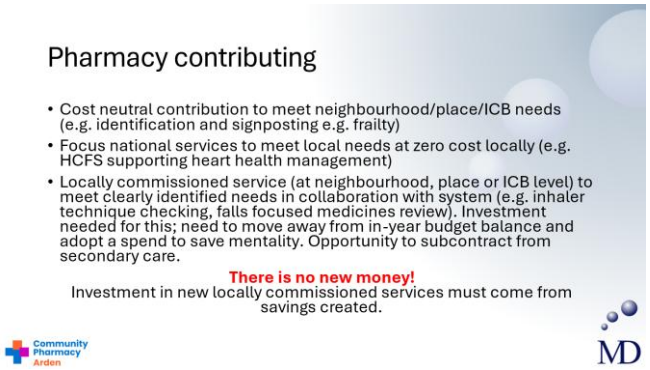
AW acknowledged that Community Pharmacy was key part of Primary Care and should be integrated and that closer working was key for patients and GPs as well as pharmacists. He would be happy to be part of an implementation group to follow up on the plan pulled together from this work. LPN, LPC, ICB, LMC,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

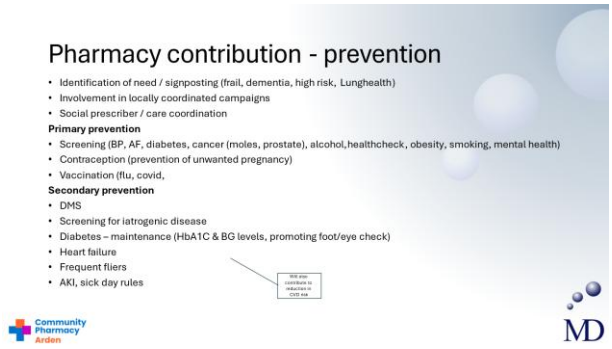
Some discussion about Pharmacy First and IT and challenges around referral process. Triage tool to text to QR code to booking slots – to be investigated. SK to engage Jackie Buxton to see if would count as a GP Referral. TS very keen on any quick wins.

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.

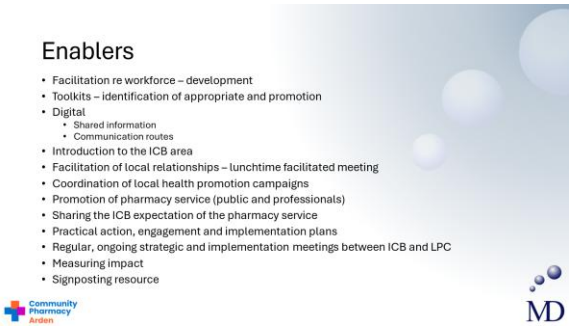
The following slides capture the main points:

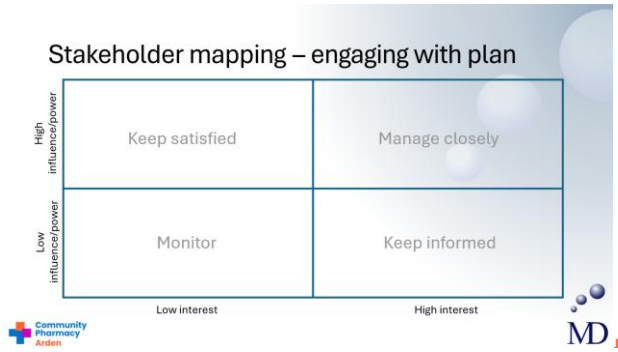


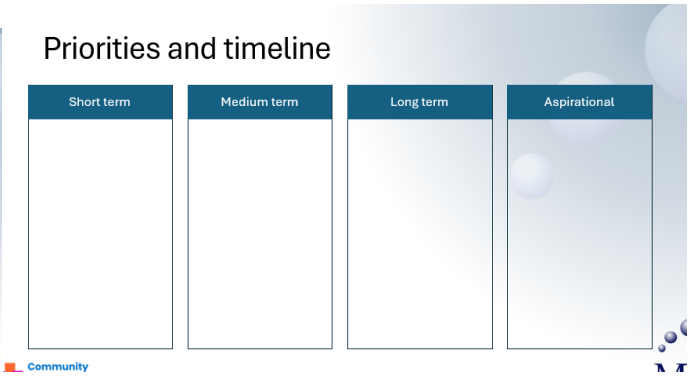




Manpower – pipeline – training facilities – drive change







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