**Minutes of CPG (Community Pharmacy Glos) May 9th, 2024**

**Apologies:** – Vas Alafodimos -CCA (VA), Peter Badham – AIM (PB), Wayne Ryan (CCA) (WR).

**In Attendance:** Andrew Lane- chair (AL), Rebecca Myers – Chief Officer/AIM (RM), Satwinder Sandha – CCA (SS), Gary Barber – IND (GB), Steve Ireland – AIM (SI), Neetan Jain – IND (NJ), Etisham Kiani – IND (EK), Will Pearce – CCA (WP), , Paul Gregg (AIM) (PG), Matt Mollens (MM), Sam Bradshaw- support officer (SB),

Via Teams – Sian Retallick – CPE / CPPE (SR)

Guests: Sarah Hall - Daiichi Sankyo UK Ltd, Sian Williams ICB

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|  |  | **ACTIONS** |
| **Welcome and introductions** |  |  |
| **March meeting minutes**  | Approved for publication.Aim Rep for Subcommittee TBC | **SB**  |
| **Officer reports** | **RM** – Summary of work – items discussed in services.Primary care offer number of items on the list for branded generic prescribing. Impact statement required**SB** – Gave a summary of work – items discussed in services.**AL**- Gave a summary of work & meetingsLooking at SW LPC’s generally, consider cost of LPC admin (newsletters, Governance, website, increasing social media presence) partner with another LPC to share costs. SR asked if critical to reduce admin costs? WP confirmed accounts OK for this year but will need to be careful for future budget with increasing CPE levy. AIMp proposed name change to IPA to include Independents. May affect future committee proportions. | **RM** |
| **Treasurer update** | Treasurer’s Report/BudgetRegistered address required for CPG, previously used Officers home addresses. Suggested using a Pharmacy. Badham HO? SI to discuss with PB | **SI/PB** |
| **Contracts** | Stonehouse additional Pharmacy proposal – discussed by committee, RM to draft contract response and share with CPG for review. Upper Rissington’ appeal letter– remains reserved location SB to forward email to SI/PB. | **RM****SB** |
| **Daiichi Sankyo**  | Presentation on Lipids. Offer to support training event, contact to be given. |  |
| **CPE Update****CPPE Update** | SR presented slides – April CPE Meeting, 2024 pressures, PFS implementation (recording activity in a day suggested), influencing ahead of general election, pharmacy workforce development group. SR asked to check if CPE can share data for PP services.Terms of reference response from CPG by end May. RM to share requested support requests emails that have not been responded to by CPE.Negotiations for 24/25 in progress – uplift of global sum and write off. Governance improvements. Code of conduct adopted by CPG confirmed to SR. SB to share slides to committeeQuestions – RM asked what if negotiations don’t go preferred way?EK – Contractors struggling with NMW increase at 10%, if funding not increased, service provision will be effected. Focus more on global sum, not margin write off. AL asked if different models proposed for next contract? Any information? SR confirmed CPE are discussing. SR to feedback to CPE.Genomics? If any interest, there is SW rep that can discuss with CPG or Contractors. CPPE have useful modules to support IP training, PFS resources. RM asked if CPPE are providing any free workshops? SR to confirm. | **SR****RM****SB****SR****SR** |
| **Workforce** | Discussed support staff in Pharmacy – always having to start from scratch – no pre trained staff around. Should be a pre- training course for counter assistance courses, so staff member can decide if they want to commit to role. Locum rates have settled. Increase in permanent roles being accepted. Reluctance of training Technicians for fear of moving on once qualified. RM asked if CPG wanted Officers to do anything? |  |
| **Social Media Strategy** | Discussions on CPG social media. Agreed that the way forward to target Pharmacies and public facing.Contractor WhatsApp group suggested to start, better way to focus information direct to contractors. Co-op SW 7 LPC’s for pubic facing campaigns.LPC social media training organised by CPE 22/05/24, committee asked RM/SB to attend. | **SB/RM****RM/SB** |
| **PCN (Primary Care Network) Leads****MM** | ICB negotiating more PCN Leads funding. Some leads are being invited to PCN meetings but currently no funding to cover. PCN Role includes; boosting referral services, feedback, face to face meetings between surgeries and pharmacies. MM asked CPG if they would be willing to fund in the interim? RM proposed, committee in favour. (1.5k max) |  |
| **ICB SW** | SW presented slides that will used to present to the board for discussion. SW to share once public.CPG suggestions; AL – Overprescribing, Community Pharmacy can help with this, business case?RM – Community Pharmacy very dependent on GP’s for referral services. Need to increase to meet NHSE criteria for funding.CPG strategic objectives. RM to provide objectives to ICB.Discussed GP connect going live, social media campaigns (public facing). | **SW****RM/CPG** |
| **Services** | DMS – 40% not actioned on PharmOutcomes. DMS Steering Group would be useful to have a Dispenser to attend meetings. SI to suggest a member of staff.PFS – Discussed uptake, PFOG is providing Reception Team online training events. More Surgeries are slowly starting referrals. Only reliable data is ICB referral data. PharmOutcomes can adapt a report if Contractors agree to share Provider Pays data with CPG.Check with Avon LPC re paperwork.  | **SI****RM** |
| **AOB** | Inappropriate nominations reported. RM to draft letter  | **RM** |
| **Meeting Dates** | 2024 meetings - July 11th, Sept 12th, Nov 14th.Venue tbc | **SB** |