



Date Time	March 8 th . 2021, 7.30- 9.15pm	Chair	Dan Attry (Mob: 07973 632548) (dudleypc@gmail.com/chair@dudleypc.org)
Venue	Zoom online meeting	Chief Officer	Stephen Noble (Mob: 07856 309573) (ceo@dudleypc.org)
Present	Dan Attry (DA) Stephen Noble (SN) Michelle Dyoss (MD) Thomas Thomik (TT)	Aman Grewal (AG) Nick Holden (NH) Amjid Iqbal (AI) Abul Kashem (AK)	Sabrina Kaur (SK) Mo Kolia (MK) Scot Taylor (ST) Vijay Lad (VL)

	Details	Actions
Open & Closed section	<p>1. Welcome, apologies and Declarations of interest (DA) - there were no apologies or declarations of interest</p> <p>2. CPDO update (MD) - LFT has reached to over 20,000 tests to date (1% positive) and has expanded to other areas. Five places of worship are being provided by pharmacies with two half-day sessions a week, and 147 tests have been performed so far. Halesowen College has also been supplied with a testing service for staff and students, 130 tests on foundation students the first day, testing within pods. Registering for the service online has been a problem when it went down, plus submitting test results has also had its' problems, new tests crashing the system. Pharmacies were made aware of the problems, but patients have still been contacted by the pharmacies testing. Testing for new variants would be done on a postcode basis, with pharmacies in those areas moving from LFT to PCR tests. National pharmacy service for LFT is due to be announced (March 29th.), where tests are collected only from the pharmacy to test at home. This would work alongside the present LFT service. CHS looking at producing resources for other areas that hadn't been as successful. A resource pack was being looked at by CHS, paid for by the LPC's. NH and TT thought this was a good idea, as only £100-200 was the likely cost. SK thought as Dudley pharmacies had been successful, then funding for this wasn't necessary. DA asked MD about figures tailing off, and she said this may be due to tests being available to use at home as there had been some cancellations. Many people still aren't aware the service is available through pharmacy. MD gave an example of promotion the council had done and how successful it had been. Patients could be rebooked in for more testing, increasing footfall. DA suggested the committee look at the proposed national service and the impact that might have and decide before the next meeting. MD detailed the eligibility for the service and said it had been extended until June. VL asked if any negative feedback had been heard on the testing, MD replying that previous issues had been addressed but nothing had arisen more recently. A signposting sheet had been sent 'round, with MD wanting any comments or omissions to be raised. A web-based meeting on October 12th. around services was being organised, which MD wanted to attend, at a cost of £190.</p>	<p>Committee to look at possible funding of £100-200 for an LFT resource pack</p>



3. Chief Officer update (SN)

- SN pointed out some items in the Drive. This included a presentation from CPNY on pharmacy future, a Birmingham Covid resources overview, needle exchange and the S&OC notes from February. A decision was made not to approve the loan write-off, but other means of offsetting the loan were being looked at. The spending by CHS on services wasn't equitable across CPWM's LPC's. A spreadsheet detailing PQS Part 2 declarations was actioned, with those contractors that hadn't yet claimed being reminded to do so. SN showed the committee the CPWM website, detailing Dudley's and other LPC area sites for LFT. These were embedded on webpages and carried details of the pharmacies offering the service and their booking portals. The 'Near Neighbours' video resource webpages had also been embedded on CPWM's website. These showed videos produced in several languages on Covid vaccination. DA asked if individual LPC's could update the sites, but SN said that this wasn't possible. He was updating the site around once daily, and that other LPC's could link into their own websites. DA thought that here needed to be a discussion with Jeff Blankley on some billing for the work undertaken. SN also showed some video resources, including Covid testing and DMS.

4. Committee meetings

a. Area Clinical Effectiveness committee

- this was short and around Covid vaccination SOP signoff, and vitamin D supplements for people in care homes. The risk of hypocalcaemia was deemed low.

b. Prescribing sub-committee

- unfortunately, this meeting was missed. TT asked if someone would take this over as he was leaving the committee, but no-one put themselves forward.

5. Minutes of last meeting (DA)

- these were read and approved by the committee

6. Action points arising and discussion (DA)

- EHC training was put out to contractors to get a response but with little back from them. No POD issues had been sent to DA, with AI taking up his problems directly. SN, TT and NH had responded to the levy holiday process. SN had readvertised for the SCG PCN role, but with no response. VL was happy to continue in the BH PCN lead role with support from DA and SN. He was getting used to the contractors within the PCN and with the Clinical Director.

7. Contract application sub-committee report (SN)

- there were no new contracts, only a change of hours for Village Pharmacy, Kingswinford

TT to circulate future PCC meeting details to committee when available

SN & MD to discuss EHC training, any POD issues to DA, AI to feedback POD resolutions. MK to pick up with two contractors showing an interest in PCN lead



8. Finance & governance sub-committees (DA)

- DA, SN, TT and NH had met two weeks before to discuss the transition to NH becoming the new treasurer. NH and TT were due to meet up the next day. DA reminded the committee that Darren Reeves had conducted an LPC self-evaluation when joining the LPC as a new, outside assessor. The results had been put in the Drive for this month. Someone to assist in finance was highlighted, which TT had taken on. It was good governance to have a finance sub-committee, ensuring everything is correct going forward. DA reminded the committee that it was everyone's responsibility regarding the LPC funding and finance, but the small group can highlight concerns and to have oversight. DA outlined one of the issues that an LPC had had regarding finance. He asked for three or four members, suggesting NH, TT (as an interim), himself and one other. DA suggested AI as he had previously shown interest, to which he agreed. Another assessment was on governance, with a governance sub-committee making sure everything done by the committee on behalf of contractors and PSNC being correct along guidelines. DA thought that himself, MK and AK were on a previous sub-committee. GDPR compliance, declarations of interest and expenses policy were previously covered, with DA reminding the committee that they need to keep their DoI's up to date. MK and AK agreed to continue in the role, with MK suggesting that a separate sub-committee meeting needed to happen. DA said that this needed to happen, probably not every month. He also suggested that the committee needed to revisit the self-evaluation document to see whether any more sub-committees needed to be formed, such as services and contracts. These need to be discussed in detail before the main meetings. VL and ST said they were happy to sit on a contracts sub-committee.

9. Finance, accounts, and budgeting (TT)

- TT said the balance of account stood at £110,485.12. Starting from March, a levy holiday was in place, to be reviewed after two and three months. TT and NH were going to have a series of handover meetings, TT saying that he was going to support NH in his new role of treasurer after March. There will be the PSNC levy to be paid in April, approximately £10k. DA checked that the levy holiday would run March, April, and May, which would reduce the balance by around £30k. TT agreed, and that represented income, but overall, the balance should come down to around £70-75k. The committee can decide when to reinstate the levy which was simple to do. TT also asked for expenses claims to be put through promptly. DA asked if a draft budget would be available for the April meeting, which TT agreed it would be. DA suggested a sub-committee meeting to discuss this, with TT suggesting before the end of March.

DA to draft a Terms of Reference for the finance sub-committee

Committee to revisit self-evaluation document and to see which sub-committees need to be revived

TT and NH to agree a draft 2021-22 budget to be forwarded on to SN and on to the committee and to schedule a sub-committee meeting



10. AOB

- Dudley needle exchange contract had gone out to current contractors, VL being in communication with Anji Burford (AB) of CGL. He said that the contract had been sent on March 5th. with contractors needing to reply with an expression of interest for needle exchange and naloxone. He was unaware that the payment structure had changed in 2020 but had spoken to AB on behalf of all contractors. He felt that the fee of £1 per pack set over 10 years ago moving to £1 per supply was unacceptable. He 'phoned eight of the current providers, six were unlikely to continue with the new fee. VL was disappointed with the e-mail reply from CGL, stating how other services fees had been eroded over the years. He was made aware of a PSNC sub-group for supervised services being set up but was unaware of when the fee was reduced. He felt that the new contract was unviable and would not go ahead with it. DA felt the issue was that the contracts were not being sent into the LPC, with contractors agreeing with it last year. This was then too late for the LPC to do anything about them. DA outlined a similar issue in Sandwell and Worcester in 2020. He stated that current suppliers of needle exchange must have signed or agreed to the new terms twelve months before. VL said he wasn't aware at the time, and would not have agreed, and that the LPC wasn't aware. DA felt that the LPC now had to add weight to VL's argument, having only now been made aware of the situation, and go for £1 per pack as was paid previously. VL said that other contractors had only just realised this drop of income, but AB said that the concerns were being looked at by CGL management. VL mentioned the need for needle exchange in particular areas such as Brierley Hill. MD asked how many contractors were providing the service, which VL said ten across the Dudley LPC area. SK said that the contract was moving from Boots High Street to Market Place when High Street closed. Their contracts manager, Rebecca Butterworth didn't think the service was worthwhile given the payments structure. She was happy to share the e-mail detailing this and said that the contract at Boots Stourbridge was being reviewed every twelve months. Boots' Wolverhampton stores contracts were also being reviewed, given the additional hassle with supplying it. AI said that contractors shouldn't be bullied by CGL and the £1 per visit payment was disgraceful. Contractors should be prepared to lose services if they didn't pay sufficiently. DA said that his point was that all services needed to come to the committee first before contractors. Naloxone also needed to be reviewed because of low numbers, but DA said the £15 payment was good compared to other areas. AI said contractors needed to be more vigilant when reviewing contracts, with VL confirming most needle exchange pharmacies were unhappy and unlikely to renew contracts. ST asked whether there were other routes to supply, VL saying that it would only be direct from CGL in Lye themselves, and that they really needed to engage with the LPC.

SK to share e-mail from Rebecca Butterworth on halting Boots NX contract?

DA, SN and VL to meet Wednesday and propose a steer on going forward, contractors to be informed



DA discussed DMS/CPCS, with Michelle Haddock from Dudley Group of Hospitals meeting with DA, SN and MD on March 25th. about DMS/TCAM relaunch. He also mentioned Liam Stapleton being interested in providing some training for contractors on DMS/CPCS. He said contractors wanted a practical session rather than a set of slides. PharmOutcomes had already produced some videos for contractors, but it was if and when we should provide contractors with training. SN said that BSol and Wolverhampton LPC's had arranged training events on these topics, and he would see what the content was like. Liam Stapleton was expensive compared with the number of contractors who engaged with the training, but DA said anything must be practical. He said that PCN Clinical Directors were focussed on Covid vaccinations, and that contractors only had until June to claim their payments. VL said that to get PCN contractors to engage was hard work, but these new services were needed with the LPC facilitating this. SN said he was going to record the BSol/Wolves sessions that could be viewed by contractors, and that he would see how this might be relevant to local contractors. He detailed some of the challenges that other LPC areas had in implementing CPCS, and IT solutions that would be helpful to both contractors and surgeries. MK said contractors were not receptive to e-mails, but that they were still interested in having a training event, especially for DMS. DA mentioned the Extended Care service launched in November that had had a poor take-up. He worried that pharmacies were not engaging. MK said that NHSE were partly to blame by not informing contractors effectively. DA echoed his concerns especially on timelines and deadlines. There was no other business, the time of the meeting set at two hours for expense claims.

SN to review BSol/Wolves DMS/CPCS training meetings and report to committee for review of way forward at next meeting

11. Details of next meeting
- Monday April 12th. 2021, 7.30- 9.00pm.

Signed
by the
Chair

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