

Minutes of the meeting of Community Pharmacy North East Central (CPNEC) held on 21 November 2024 at Chester-Le-Street Cricket Club, Ropery Lane, Chester-Le-Street. DH3 3PF

**In attendance:**

Emma Morris  
Paul Arnett  
Jamie Rotherham  
Andrea Dickinson  
Jovan Wong  
Joy Cooper  
Lee Middleton  
Ian Mensforth  
Derek Roberts  
Kathryn Brown  
Raminder Sihota  
Rob Pitt  
Ann Gunning  
Geraint Morris  
Greg Burke

**In attendance:** Hassan Malik, Observer

LPC/073/24	<b>Apologies for absence: Sami Hanna</b>
LPC/074/24	<b>Introduction.</b> Emma introduced the meeting and welcomed Hassan. Emma reminded members of the Nolan Principles and, if appropriate, to declare any interests.
LPC/075/24	<b>Heather Frith, Sunderland City Council</b> Heather reminded the meeting of the public health options paper; it includes a review of all the primary care services. The community pharmacy contracts have been extended until 31 March 2025 and the council is reviewing its options with regards how to contract beyond that. Heather reported that the stop smoking services (SSS) activity rate is not huge. The council will review the fee structure and consult with the LPC as part of this exercise. <b>Action: Heather.</b> Andrea commented that the training requirements of the SSS is an obstacle to provision; the recent move to online training has been a significant improvement, more training dates are required though. <b>Action: Heather to feed this back to council colleagues.</b>

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The council is considering removing the need for an additional DBC check.

Ann explained that, with effect from 1 April 2025, training requirements will be consistent across NENC. Kathryn suggested that, as part of service fee structures, there should be a set-up fee included. Heather reported that the council is considering a set-up fee for the SSS.

Paul suggested that there should be better advertising of the public health services.

Ann reminded members of the cytisine and varenicline PGD service which is scheduled to be launched across the ICB in February; it will be managed by PSNE Ltd. Heather confirmed that the council supports the service.

There was a discussion regarding the ban on single use vapes. Emma mentioned that the South Tyneside SSS provide a vape as part of its service.

With regards to EOHC, the DBC obstacle is being removed. With effect from 1 April 2025 the CPPE declaration of competence will be introduced. EOHC is managed through PharmOutcomes in Sunderland. Ian mentioned that we can expect more EOHC clients when the Pharmacy Contraception Service becomes mandatory as part of the pharmacy first “bundling” in April.

Heather reported that the council is looking into more digitalisation of services e.g. appointment booking online/via apps and that the council will work with the LPC on this. Lee emphasised the importance of LPC involvement; any new system must be user friendly for patients and pharmacy teams. **Action: Heather**

Heather mentioned the Links for Life website and suggested that a link to the site could be included on the CPNEC website.

Heather explained that the council does not own the platform via which the C Card service is managed. The council commissioners have advised the service that they are keen to see a more digitised service. Andrea commented that currently the service is too cumbersome. Also, the training requires a full day; it is not cost effective for pharmacies to provide the service. The PO template also needs simplifying.

Rob suggested making training available on demand. Jamie commented that the training requirements in Durham are much less onerous. Hassan suggested introducing QR codes at each participating pharmacy; clients scan the code and fill in their details online.

Raminder requested information sheets for each service to include detail such as fee structure, training requirements. Heather was in favour of the suggestion and agreed to take it back to council colleagues. **Action: Heather**

There was a discussion regarding the content and tone of a recent email circulated to pharmacies regarding stock holding of NRT products.

Heather updated members regarding the procurement of the LARC service. The training requirements are being reviewed. The one day

	<p>practical training will take place at the women’s health hub. Heather said that procurement will be contacting her next week with further information. The service will be managed by PSNE Ltd.</p>
<p>LPC/076/24</p>	<p><b>Minutes of the CPNEC meeting and AGM held on 10 September 2024</b></p> <p>The content of the minutes was accepted as a true and accurate record of the meetings. <b>Action: Greg to include on the CPNEC website.</b></p>
<p>LPC/077/24</p>	<p><b>Governance session</b></p> <p>Andrea and the Governance subgroup lead on this item. The group had met in July and produced an action sheet (copied to members) the content of which was discussed with Greg at a further meeting on 7 October.</p> <p>Members agreed the following actions:</p> <ul style="list-style-type: none"> <li>• Greg to liaise with the Governance subgroup regarding the content of the Privacy Policy. It needs to be amended to reflect that, on occasion, CPNEC will use apps/web platforms to survey pharmacies.</li> <li>• Committee to determine its key performance indicators</li> <li>• Ensure clarity of staff job roles</li> <li>• Include an “officer update” standing item on CPNEC agendas</li> <li>• Greg and Andrea to meet in January to discuss the communications actions in the Governance subgroup paper.</li> <li>• Update the Declarations of Interest page on the website to include the sentence: “the declarations of interest were most recently updated on 21 November 2024. Contact Greg Burke for details”.</li> <li>• Agreed to establish a generic email account to be accessible by the officers. Consensus that we should wait until a new LPC name has been determined (see below).</li> <li>• Change the LPC “business” address and use c/o Millers Pharmacy, 22 Cheapside, Spennymoor, Durham DL16 6DJ</li> <li>• Notify appropriate organisations of the above change of address</li> <li>• Conduct a Strategy Review</li> <li>• Develop a SMART strategy action plan</li> <li>• Produce Terms of Reference for the Services Subgroup</li> <li>• Appoint subgroup leads and deputies</li> <li>• Subgroups feedback topline actions to CPNEC meetings</li> <li>• Services group to meet bi-monthly</li> <li>• Finance subgroup to meet in December</li> <li>• <b>Constitution</b></li> <li>• Determine a new name for the LPC</li> <li>• Agree on other further changes to the constitution e.g. committee attendance threshold</li> <li>• At appropriate time, consult with contractors and convene a Special General Meeting or wait until the AGM</li> </ul>

<p><b>LPC/078/24</b></p>	<p><b>LPC self-assessment</b></p> <p>CPE has been asked on several occasions for the updated LPC self-assessment document; it has not been published. The meeting therefore completed the 2018-19 version. The committee split into its subgroups and each completed a relevant section. The groups fed back to the main meeting; the self-assessment was completed accordingly. <b>Action: Develop a work programme/actions to improve the self- assessment.</b></p> <p>There was consensus that the committee needs to consider how it spends its money and delivers value for money. Also, the committee needs to ensure that it makes best use of the full meetings bearing in mind that they are contractor funded.</p> <p><b>Action: The Expenses policy needs to be updated to include this entry: “all expenses for Chief Officer are approved by an unrelated third party. An expenses management report is presented to the LPC by the Treasurer at least six monthly.”</b></p> <p><b>Action: Include a standing agenda item for feedback from the Regional LPC.</b></p>
<p><b>LPC/079/24</b></p>	<p><b>Services coach</b></p> <p><b>Update from Jamie</b></p> <p>Jamie informed the meeting that some GP practices are not making Pharmacy First (PF) referrals. Multi Factor Authentication (MFA) is difficult to navigate on systmone; he suggested developing an MFA training video. Jamie outlined the difficulties he has experienced in accessing some surgeries however, on a more positive note, some surgeries have contacted him to request further training. Kathryn asked for copies of the guidance documents the coaches have to assist with logging in.</p> <p>There are still examples of pharmacies rejecting referrals. Pharmrefer is a major obstacle to practices making referrals. There was a discussion about GP levels of enthusiasm for the PF service.</p> <p>It is still proving difficult to obtain the data. Geraint reported that he is hopeful of securing a commissioned PF walk in service.</p> <p>There was consensus that CPNEC must continue to promote PF.</p> <p><b>Action: Raminder suggested that CPNEC should produce more positive press about the service, for pharmacies and practices.</b></p> <p>Rob expressed concern that if the £645m is not spent it will be taken back from community pharmacy.</p> <p><b>Jamie’s role</b></p> <p>Jamie left the meeting for this section. The committee voted unanimously to extend Jamie’s coaching role until 31 July 2025. Emma informed Jamie of the decision.</p> <p>At this point Geraint shared with the meeting a draft communications article the vaccination and immunisation board wanted to share with providers. Members were concerned about some of the content and provided Geraint with suggestions as to how it could be worded</p>

	appropriately. Paul acknowledged that it could be too late for this year but stated that the Board should be encouraged to make the necessary changes for next year.
<b>LPC/080/24</b>	<p><b>NENC Consultation – 7-day prescribing/MDS Guidance</b> There was a detailed discussion in relation to this topic. Members expressed their concern at some of the content of the draft guidance. <b>Action: Greg to liaise with members outside the meeting and draft and submit an appropriate response.</b></p> <p>Rob informed the meeting that he is unable to represent the Region at the NTAG meeting on 21 January. <b>Action: Greg to source a deputy.</b></p>
<b>LPC/081/24</b>	<p><b>Part 2 asthma pilot proposal</b> Joanne Rowell, PCN lead, joined the meeting for this item. Joanne provided members with the background to the service proposal. Members had also received the detail with the meeting papers. Members provided Joanne with feedback to inform her discussions with the commissioners:</p> <ul style="list-style-type: none"> <li>• Members were concerned that the information received gave no indication of an activity fee. An appropriate fee structure for participants must be assured</li> <li>• members also commented that the patients should all be under the care of an asthma nurse. How would this pilot add to that, is it a duplication?</li> <li>• members suggested describing the discharge medicines service to the working group and suggesting it as an option.</li> <li>• There was a discussion about developing a PharmOutcomes template for the service. Emis (PharmOutcomes) could do it but that would be expensive. It could be produced locally, if the pilot goes ahead, at a cost of £2k.</li> </ul> <p>In summary, in the current form, CPNEC is not enthusiastic about the service.</p>
<b>LPC/082/24</b>	<p><b>Action log</b> The meeting updated the action log.</p>
<b>LPC/083/24</b>	<p><b>IT Hardware</b> Greg briefed members on the result of the survey conducted on PharmOutcomes. It was agreed that CPNEC will purchase Ipads and covers for all Sunderland pharmacies, using the money provided by Sunderland CCG to Sunderland LPC. <b>Action: Greg and Lee</b></p>
<b>LPC/084/24</b>	<p><b>Business cards/lanyards</b> The meeting advocated sourcing lanyards and business cards for PCN leads. <b>Action: Greg to liaise with North of Tyne LPC.</b></p>
<b>LPC/085/24</b>	<p><b>PharmOutcomes licence 2025</b> Emma provided the background and history of the NENC PharmOutcomes super licence. There was a discussion about whether CPNEC needs a PharmOutcomes (PO) licence, in Durham the platform is used only for MECATS, Sunderland place does not use the platform at all.</p>

	<p>There was recognition that PSNE Ltd does use PO to manage services provided by CPNEC pharmacies. The meeting decided that, on balance, at this stage, CPNEC should continue to purchase an annual PO licence but that the situation should continue to be monitored.</p>
LPC/086/24	<p><b>2025/26 CPNEC meeting dates</b>  The meeting agreed the dates as circulated with the agenda.  <b>Action: Greg to circulate diary invites to members, officers and Sami Hanna.</b></p>
LPC/087/24	<p><b>Directions Hourly rate – feedback from contractor</b>  Ian declared an interest. Ian provided the background to the issue; it relates to a branch of G Whitfield and changes to its Christmas Day direction made by the ICB at short notice. Ann described the ICB working group established to discuss directions and try to reach agreement on an appropriate way forward. There is consensus that, given the multiple changes to the pharmaceutical list, the 5-year rota agreed in 2021 is no longer fit for purpose. The working group did have a discussion and LPC representatives made suggestions. The decision finally taken by the ICB, i.e. to remove the 19.00-21.00 directions and instead include 14.00-17.00 sessions, was not approved by the group.  CPNEC was not directly consulted by the ICB.  With regards to the revised hourly rate of pay; this had been imposed by the ICB.  <b>Action: CPNEC to write again to the ICB outlining the case for a further increase in the hourly rate. The current rate does not cover the pharmacy costs. The letter should be shared with all CPNEC contractors.</b></p>
LPC/088/24	<p><b>Services</b>  <b>Respiratory slippage – feedback from the Pharmacy Advisory Group (PAG)</b>  Greg fed back that the PAG was supportive of the use of the slippage money to purchase ABPM machines and to work to improve relationships between professions in PCNs. With regards to the former the meeting agreed that it would be prudent to wait for the outcome of the GP ballot, being held on 22 November, as they were voting on whether to support the immediate withdrawal of the community pharmacy hypertension case finding service.  With regards to PCN engagement the meeting agreed to begin to make arrangements for events, e.g. pizza evenings, in each PCN.  <b>Action: Greg</b>   <b>Action: Pick up both elements in January and develop a formal plan of action.</b>   <b>Proposed ICB wide pharmacy PGD supply service for cytisine and generic varenicline</b>  Members had received a copy of the draft specification with the agenda. Ann provided further background and informed members that the aim is to launch the service on 1 February 2025.</p>

LPC/089/24	<p><b>Training events update</b> Ann briefed members in relation to the two pharmacy contraception services events held to date. A third one will be held on 1 December in Cumbria. A fourth one is being planned for January/February. Ann also reported that consideration is being given to delivering training for the BP case finding service in the new year.</p> <p>The meeting agreed to organising, and funding, a dermatology training session, as provided recently in North of Tyne. Members agreed that the Ramside is an appropriate venue. <b>Action: Greg and Ann to take forward.</b></p>
LPC/090/24	<p><b>Any other business</b> Greg, Ann and Jamie informed the meeting that, in response to a request from Sunderland LMC, Greg is preparing a spreadsheet listing all Sunderland pharmacies and the services they provide. It was recognised that this would very quickly go out of date but that Greg should continue and complete the document. <b>Action: Greg to encourage the LMC to engage with the Directory of Services as it will be current. Greg also to send the completed document to the LMC with the caveat that it will quickly go out of date.</b></p> <p>There was a detailed discussion about Foundation Pharmacists.</p>
LPC/091/24	<p><b>Confidential session</b> Owing to time constraints it was agreed that confidential items should be discussed at a separate virtual meeting or electronically by email. <b>Action: Greg</b></p>
	<p><b>Date of next meeting: 9 January 2025 at Chester-Le-Street Cricket Club.</b></p>