

Date Time	Thursday Jan 8 th . 2025, 10.00am-4.00pm	Chair	Harpal Bhandal (Mob: 07834 015500) (harpalbhandal@hotmail.com)
Venue	Zoom	Chief Officer	Stephen Noble (Mob: 07856 309573) (ceo@cpblackcountry.org)
Members	Harpal Bhandal (HB) Stephen Noble (SN) Alison Crompton (AC) Sukhy Somal (SS)- ICB	Rifat Asghar-Hussain (RA) Olutayo Arikawe (OA) Jaskaran Pannu (JP) Scot Taylor (ST)	Bhupinder Malhi (BM) Arvinder Sagar (AS) Rimi Baden (RB) Indy Grewal (IG)

Details

Open section	<ol style="list-style-type: none"> Welcome, apologies and Declarations of Interest (HB) Last meeting's notes were approved
Action Points	<ul style="list-style-type: none"> No action points
Quick recap	<p>The meeting began with a presentation about a digitally enhanced asthma review pilot program seeking pharmacy partners, followed by updates on community pharmacy matters including committee composition, funding concerns, and service implementation challenges. The group discussed various proposals for community pharmacy leadership roles and management approaches, including the implementation of CPLO roles and associated financial arrangements. The conversation ended with discussions about governance structures, operational updates, and financial matters including claims processing and sponsorship funding.</p>
Next steps	<ul style="list-style-type: none"> <u>Stephen: Send out WhatsApp poll to committee to determine preferred date/day for February full-day meeting</u> <u>Stephen: Forward Remington invoices to Nick and Finance subcommittee when received</u> <u>Stephen/Committee: Keep committee updated on Remington CPLO implementation progress</u> <u>Stephen: Send details about Remington contract/implementation to Scott</u> <u>Stephen: Send contraception social media campaign details to committee for sharing on LPC feeds</u> <u>Sukhy: Chase status of winter planning/out-of-hours funding proposal</u> <u>Sukhy: Raise question about prioritizing palliative care pharmacies in rotas during 4pm OWM meeting</u> <u>Stephen: Draft communication about DMS claiming process with Sukhy's input</u> <u>Harpal: Work with Mal to resolve MYS claiming issues for DMS</u> <u>Alison/Rimi/Mal: Form governance subcommittee and begin work on self-assessment</u> <u>Stephen: Invite Rob Seven to present local data dashboard at next meeting</u> <u>Stephen: Send invoice to Lauren for AGM sponsorship</u> <u>Stephen: Check with Suki about MPPN sponsorship money process</u> <u>Stephen: Update meeting schedule to Mondays and inform committee</u> <u>Sukhy: Review and potentially update palliative care service with input from Mal</u> <u>Stephen: Share Remington contract decision with Sukhy</u> <u>Stephen: Schedule first meeting with Remington and PCN CDs about data monitoring metrics</u> <u>Sukhy: Send details for remaining 3 sponsor invoices to Stephen</u> <u>Stephen: Recirculate Quality Act assessment policy if needed</u>

- [Sukhy: Create joint poll about stock shortages for RPS and send to WhatsApp group](#)
- [Sukhy: Share public health campaign data collection requirements when available](#)
- [Stephen: Update declarations of interest and FPP forms on Google Drive](#)
- [Stephen: Reach out to Tanya Korg about governance calendar](#)
- [Alison: Contact Lucy Dean about governance calendar](#)
- [Stephen: Book meeting room for February full-day meeting at golf club](#)
- [Stephen: Send meeting invite for February meeting once date is determined](#)
- [Sukhy: Attend 4pm meeting with OWM about rotas](#)
- [Sukhy: Share patient ordering policy implementation plan when available](#)
- [Sukhy: Send comms about BARS referral system to Sandwell practices](#)
- [Sukhy: Build dashboard for tracking practice-level metrics with BI team](#)

Summary

Asthma Pilot Program Pharmacy Partners

Antony from Smart Respiratory presented a digitally enhanced asthma review pilot program, seeking community pharmacy partners for a national pilot involving 500 patients (250 per arm) using sensor technology to monitor inhaler usage and adherence. The program will be remunerated with payments structured across three touchpoints, and Antony requested expressions of interest from pharmacies to participate. Following Antony's presentation, Jaz provided an update on the CPE meeting, discussing the interim committee composition, pending mandate for 2026-2027, and concerns about funding, margin resets, and the challenges of implementing new services without additional investment.

Funding and Stability Negotiation Update

Jas presented an update on the objectives of the FOM negotiating team, which include closing the funding gap, stemming closures, and ensuring the stability of the medicine supply chain. She highlighted the results of sector polling, regional workshops, and roadshows, emphasizing the need for contractors to attend local events. The discussion touched on the challenges faced by contractors, including insufficient SENCO funding and unpredictable revenue streams. Jas also mentioned the importance of the NHS app for real-time visibility on medication and the desire for a more reliable and transparent funding model. She addressed concerns about the increased CP budget and levy, explaining that it was a committee decision and that the sector lacks leverage to negotiate effectively. The conversation concluded with a discussion on the new Category H tariff and its potential impact on margins, with Jas acknowledging that contractors' input was not fully considered in its introduction.

CPLO Role Proposal Discussion

Jas and Indy discussed their proposal for the CPLO role, emphasizing their experience with the IP Pathfinder service and their suggestion to train CPLOs to ensure they understand community pharmacy's capabilities. They proposed a structured engagement program and a single payment system to manage CPLOs effectively. Harpal raised concerns about the rebate and reporting system for branded generics, which Jas agreed to investigate further. The group also discussed the challenges of the Mounjaro system and the need for improvements.

Community Pharmacy Leadership Proposal

Jaswinder and Indy presented their proposal for a community pharmacy leadership role, highlighting their experience with the Pathfinder model and their ability to collect evidence supporting community pharmacy as a viable solution. They discussed the triage system used for referrals and emphasized the importance of appointment-based services over walk-ins. Harpal inquired about the finances, and Jaswinder explained that the budget covers 28 PCNs for 28 days of work, with the possibility of undercharging to ensure the project stays within budget. The discussion also touched on the recruitment of CPLOs, the governance structure, and the use of ICB data for risk stratification.

CPLO Management and Pay Alignment

Jaswinder and Indy explained their approach to managing CPLOs, emphasizing their HR expertise and commitment to fair pay while managing contractor relationships. Navin highlighted the need to align LPC and ICB priorities, with Jaswinder agreeing on the importance of consistent advocacy for community pharmacy. The group discussed concerns about potential pay disparities, which Jaswinder addressed by clarifying that contractors set their own rates. Stephen confirmed that the arrangement had been approved by Community Pharmacy England and included budget flexibility for future needs. The conversation ended with a consensus that the proposed management approach was a viable solution, with plans to review the arrangement in the future.

CPLO Implementation and Financial Planning

The committee discussed the implementation of CPLO roles and the need for committee members to get involved in supporting these roles. They agreed to postpone a vote on the matter to allow for further questions. The group also addressed the financial aspects of the arrangement, including the need for forecasting and budgeting, and discussed the potential for reviewing fees if necessary. They emphasized the importance of regular communication and monitoring of the program's progress, with plans for weekly meetings in the first six weeks and monthly meetings thereafter.

Meeting Break and Agenda Review

The meeting took a short break, with participants agreeing to reconvene at 12:15. Stephen shared his agenda and mentioned that Sukhy would return around 2 PM. The group discussed the possibility of voting later in the afternoon and reviewed the agenda for the next segment. They decided to take a 15-minute break, during which some participants planned to have lunch.

Meeting Claims and Sponsorship Issues

Stephen discussed issues with screen sharing and agenda items, including declarations of interest and LPC notes. He addressed concerns about under-forecasting due to lack of claims for external meetings and the need for AGM sponsorship money. Stephen mentioned submitting claims for £1,400 and requested a receipt for sponsorship funds, which are still pending. Navin confirmed that Lauren from DemDX had not paid, and Stephen agreed to send an invoice. The group discussed the £3,000 payment for a meeting, which is split between BSOL, with uncertainty about sponsorship funding from MPPN.

Committee Decisions and Operational Updates

The committee discussed several key topics including financial matters, governance structure, and operational updates. They agreed to move forward with Remington to deliver and manage CPLOs under the MOU, with the LPC paying one monthly fee from MOU funds held on a 50-50 basis alongside the ICB. The committee also decided to hold a full-day face-to-face meeting in February, with a vote to be conducted via WhatsApp to determine the exact date. Sukhy provided updates on various initiatives including the contraception social media campaign, palliative care coverage, and the national public health campaign. The committee expressed concern about the tight 14-day window for submitting claims and agreed to review this policy. They also discussed the need to strengthen the governance structure, with Alison leading efforts to establish a more robust framework.

AOB

**Signed
by the
Chair**
