



13/5: CPBC May Committee Meeting

Key Outcomes

The committee received updates on national contract negotiations nearing completion, expected all services including new IP service to be funded within existing global sum. Black Country achieved best regional performance on clinical pathways (105.4% of planned target) and blood pressure checks (102.4% above target). Committee agreed to implement co-chair structure with Nav and Scot to share workload, establish weekly emergency meeting slot for urgent ICB matters, and organise technician training events in late June covering contraception, DMS, and Pharmacy First services.

Decisions Made

- **Executive:** Nav and Scot voted in as Co-Chairs with Mal as Vice-Chair
- **Contract position:** Committee acknowledged negotiations at final stage with uplift lower than previous 18%, IP service and all enhancements contained within global sum, no multi-year deal agreed
- **Leadership structure:** Approved co-chair arrangement with vice chair role retained for constitutional compliance, effective immediately until April 2027 elections
- **Stock shortage letter:** Committee to review amended ICB letter by Monday evening meeting, final approval Wednesday, letter to include national advocacy work and joint branding with ICB
- **CGL scheme:** Committee to analyse contractor data using Ready Reckoner calculator, recommend adoption if financially beneficial for majority
- **Technician training:** Two evening/weekend sessions end of June in Sandwell/Walsall and Dudley/Wolverhampton areas, covering pill, EHC, blood pressure, DMS claiming via station rotation format

Contract Negotiations Update

- **Timeline:** Final negotiations stage, vote to committee imminent, backdated to April 2025, one-year deal only
- **Financial envelope:** All changes including IP service within fixed global sum, margin excess expected to be written off, no additional funding for new services
- **IP service concerns:** National IP service inclusion raises concerns about adequate reimbursement, clinical framework requirements, data sharing agreements with GPs, potential for service to consume resources without proper compensation
- **CPD time:** Likely to secure half-day per month protected time for professional development, notification process to ICB rather than approval required
- **Business rates:** Abatement factor proposal similar to dentists submitted to government, ongoing advocacy but no commitment secured

Service Performance

- **Clinical pathways:** Achieved 8,493 vs 8,100 stretch target (105.4%), ranked first among 11 regional ICBs
- **Blood pressure:** Delivered 9,840 vs 9,600 target (102.4% achievement)
- **Contraception:** 28,957 consultations completed (371% above 7,800 target)
- **Pharmacy First gaps:** £255,000 unclaimed monthly across Black Country due to contractors not meeting thresholds, 94 pharmacies affected, 16 contractors between 26-29 consultations needing minimal effort to reach 30
- **DMS completion:** Currently 60% completion rate, trusts refusing to open additional wards until 80% threshold achieved, Dudley performing strongest with highest referral numbers



Governance & Operations

- **Meeting attendance:** Indy and Ali each missed two meetings, approaching three-consecutive or six-total threshold for removal, attendance register to be implemented using existing expense claim system
- **CPLO reporting:** Weekly Monday 9-10am meetings with Stephen, Jas, Indy and Sukhy to continue, one committee member to rotate attendance, monthly Teams presentation to full committee with case studies, HubSpot access restricted to exec team due to contractor confidentiality concerns
- **Meeting structure:** Weekly Wednesday emergency slot established for urgent ICB items requiring rapid turnaround, exec committee to triage and escalate to full committee as needed
- **Minutes process:** AI transcription to be sanitised by relevant presenters during meeting, draft watermarked version circulated to committee only before publication

Blood Pressure Service Updates

- **Specification changes:** New hypertension case-finding spec releasing imminently, five-year restriction on repeat checks for same patient, GP referrals for routine checks prohibited but ABPM referrals permitted, caps on excessive claims to be implemented
- **Contractor concerns:** Verbal GP referrals create audit risk without documented evidence, contractors need clear guidance on acceptable referral mechanisms, spec clarity needed on clinical exceptions to five-year rule
- **Overclaiming concerns:** One pharmacy reported doing 1,000+ blood pressure checks in three months with suspicious patterns.
- **Stock Shortage Management:** Dapagliflozin switches created patient complaints when pharmacies cited shortages despite wholesaler availability, GPs receiving conflicting information from practices versus pharmacy claims
- **Letter revisions needed:** Remove LPC-only branding to joint ICB/LPC, add national advocacy work being undertaken, soften contractor obligation language to acknowledge unprecedented circumstances, include GP 28-day prescribing reminder
- **Systemic issues:** Concessions arriving too late (April concessions published early May), contractors dispensing at loss unsustainable, national solution required rather than local workarounds, WhatsApp groups helpful but not primary solution

Contractor Support Issues

- **"Poster Pharmacy" visit:** Discovered £5 consultation fee poster citing "NHS funding changes," vaccinations being administered by non-qualified staff without proper PGDs, pharmacy under investigation with services suspended
- **Follow-up actions:** Report submitted to ICB and GPhC, neighbouring GP practices confirmed inappropriate blood pressure referrals and multiple pricing discrepancies (£5-£20 consultation fees), superintendent not responding to contact attempts
- **Other complaint:** Practice pharmacist reported pharmacy refusing progesterone supply due to 80p price difference, citing aspirin losses as justification, escalated to regional office

Pending Confirmation

- **CGL callback scheme:** Awaiting committee decision on recommending new payment model to contractors, finance team calculating impact using contractor-specific data
- **Hypertension spec:** Final wording on five-year restriction and clinical exceptions to be published "very soon"
- **CPE reporting data:** Request for Black Country contractor breakdown of stock shortage and price reporting submissions to national portal still outstanding, CPE citing confidentiality concerns
- **Office holder status:** Nick's employment classification (PAYE vs office holder) requires resolution with potential holiday pay implications



Action Items

- **Stephen/Nav:** Schedule Monday evening meeting to review stock shortage letter, finalise by Wednesday for ICB approval
- **Committee:** Run CGL Ready Reckoner calculations for sample contractors, present recommendation to full committee for AGM announcement
- **Stephen:** Contact MOG chair Anna Stone and JFG organisers to add committee representatives, create shared meeting tracker with attendance assignments
- **CPLOs:** Prepare monthly Teams presentation with 6+ case studies for committee review, maintain HubSpot documentation of all contractor interactions
- **Stephen/Committee:** Organise two technician training sessions end of June, secure venues in Sandwell/Walsall and Dudley areas, arrange sponsorship from suppliers and Optum for DMS claiming station
- **Sukhy:** Amend stock shortage letter with national advocacy content, add 28-day prescribing reminder, change to joint ICB/LPC branding, circulate to committee by Friday
- **Scot:** create an action plan tracker for main committee and governance (same as finance have) and upload to drive as live document
- **Nick:** Implement attendance register using expense claim system, complete asset register for RPC self-assessment, upload previous year accounts to website
- **Executive:** Review subcommittees make up following exec changes
- **Executive:** Send out forecasting and budgeting to Sukhy and ICB now agreed
- **All committee:** Review draft minutes for March and April meetings, approve via email for publication

Present:

Navinder Matharu (Co-Chair)
Scot Taylor (Co-Chair)
Bhupinder Malhi (Vice-Chair)
Harpal Bhandal
Rimi Baden
Alison Crompton
Sukhy Somal (ICB)
Jas Heer (CPE)
Stephen Noble (Chief Officer)