## CPWY Minutes CPWY Working to represent, support



Location:	Village Hotel, Capitol Boulevard West, Tingley, Leeds, LS27 0TS
Date:	Wednesday 20 <sup>th</sup> July 2022

1.1 Present 1.2 Apologies

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CCA	FA	Apologies
CCA	MA	
CCA	РВ	Apologies
CCA	AB	
AIM	СВ	Apologies
Independent	DB	
AIM	WC	
Independent	AC	Apologies
Independent	МН	
Independent	MI	
CCA	NK	
Independent	ASa	Apologies
CCA	SS	Apologies
Independent	ASm	
Independent (Wakefield)		
	CCA CCA CCA AIM Independent AIM Independent Independent Independent CCA Independent CCA Independent CCA Independent	CCA MA  CCA PB  CCA AB  AIM CB  Independent DB  AIM WC  Independent AC  Independent MH  Independent MI  CCA NK  Independent ASa  CCA SS  Independent ASm

## 2.1 In Attendance

Ruth Bucha	an	Chief Executive Officer	RB
Kathryn Ke	lly	Head of Operations and Support	KK

WELCOME TO THE MEETING	
Apologies were noted. MH, MI and NK joined the meeting via Zoom.	
Mubasher Ali and Nasrat Khan, both representing the CCA, were welcomed to the	
meeting. New CCA member Paul Barry was unable to attend this meeting.	
COMMITTEE GOVERNANCE	
Members were asked to note the contents of the LPC Code of Conduct and inform	
the Chair of any changes to their Declaration of Interests.	
Members were asked to note the Competition Law Compliance Guidelines.	
Attendance list from previous meetings was shared with members for information.	
MEETING OBJECTIVES	
Members considered what the CPWY objectives were for this meeting.	
MINUTES OF THE LAST MEETING	
The minutes of the meeting on 18 <sup>th</sup> May 2022 were proposed as a true record of the	
meeting by ASm and seconded by WC. These were signed virtually by MI.	
MATTERS ARISING AND REVIEW OF ACTION POINTS FROM THE MINUTES	
Clinical Waste	
Feedback had been sought at the last meeting around a possible move to cardboard	
boxes by waste contractors. RB reminded members that issues with waste collections	
Item closed.	
	<ul> <li>Members were asked to note the contents of the LPC Code of Conduct and inform the Chair of any changes to their Declaration of Interests.</li> <li>Members were asked to note the Competition Law Compliance Guidelines.</li> <li>Attendance list from previous meetings was shared with members for information.</li> <li>MEETING OBJECTIVES         Members considered what the CPWY objectives were for this meeting.         </li> <li>MINUTES OF THE LAST MEETING         The minutes of the meeting on 18<sup>th</sup> May 2022 were proposed as a true record of the meeting by ASm and seconded by WC. These were signed virtually by MI.     </li> <li>MATTERS ARISING AND REVIEW OF ACTION POINTS FROM THE MINUTES</li> <li>Clinical Waste</li> <li>Feedback had been sought at the last meeting around a possible move to cardboard boxes by waste contractors. RB reminded members that issues with waste collections should be raised with Aneneta Ltd and if continuing to be unresolved to advise CPWY.</li> </ul>



7.2	cncs	
1.2	CPCS  Members had requested data around how much winter access funding had been given	
	Members had requested data around how much winter access funding had been given to the 79 GP practices in the area who had signed up to the CPCS Local Incentive Scheme	
	and the number of referrals from these practices. This information has not yet been	
	received but the agenda item will be closed.	
7.3	Rebates	
7.5	Data requested at the last meeting around the correlation between rebates and	
	prescribing has been received and shows no correlation unless there has been a	
	formulary change. Item closed.	
7.4	Leeds Drug and Alcohol Service Review	
	Members feedback received at the last meeting has been fed back to the commissioner.	
	Item closed.	
7.5	PCN Leads and Deputies	
	Outputs from the discussion at the last meeting have been used to prepare a framework	
	for future work. Item closed.	
7.6	CPWY NHSmail	
	Feedback requested by MH around the value of NHSmail to CPWY has been given. MH	
	has passed this back to the team who requested the information. Item closed.	
7.7	Calls to Patients	
	The importance of GP and PCN pharmacists clearly identifying who they are to patients	
	during telephone calls, raised at the last meeting, has fed into key messages work being	
	done by Phil Wiles. Item closed.	
7.8	HEPA Filters	
	MH to send guidance on the effectiveness of Hepa filters in relation to the coronavirus,	
7.0	when this is available, for inclusion in the News Digest. Item closed.	
7.9 8.0	All other items have been completed or are agenda items.  HOW WE WORK AS A COMMITTEE	
8.0	This agenda item was an open discussion and focused on the importance of good,	
	honest, respectful debates and how to move forward collectively if the outcomes do not	
	meet expectations. Members discussed these points at length as well as the use of	
	social media platforms.	
	RB highlighted the ICS's wish to work collaboratively with CPWY and a meeting is	
	planned with officers and Medicines Optimisation Leads. This will be an agenda item at	
	the next meeting.	
9.0	RISK REGISTER	
	Members discussed what the content of the risk register should be and whether it	
	should include contractor risks which CPWY are unable to mitigate against.	
	Members decisions for inclusion were:	
	Risks to the organisation and to strategic developments  Advantage of CRIANA	
	Acknowledgement that risks to contractors may affect the work of CPWY	
	CPWY/ICB not absolutely co-terminus and the impact on funding from ICB      RSC sharpes such as:	
	RSG changes such as:  Change to committee size and import of any reduction.	
	<ul> <li>Change to committee size and impact of any reduction</li> <li>Mix of members CCA/AIM/Independents</li> </ul>	
	Potential change of levy	
	DB will update the risk register to reflect this discussion and circulate for review prior	
	to the next meeting.	DB
	Members to review and feedback to DB to enable the updated register to be brought	
	to the next meeting.	Members
10.0	REVIEW STEERING GROUP – David Broome	
	The RSG website link was shared with members.	



	Following the outcome of voting in favour of the RSG proposals work will now begin to	
	take forward these proposals for change. PSNC is developing a toolkit to support LPCs in this process, but levy figures will be needed before action can be taken.	
	MI thanked DB for the work he has done as a member of the RSG. DB advised members	
	that he has been appointed the chair of the PSNC Resource, Development and Finance	
11.0	subcommittee.	
11.0	PSNC UPDATE – David Broome	
	<ul> <li>Update links to the PSNC/LPC meetings were shared with members.</li> <li>CPAF has been released to contractors with 10 questions to be answered.</li> </ul>	
	<ul> <li>DB reminded members of the importance of feedback to PSNC around over</li> </ul>	
	tariff pricing and advised that Drug Tariff work is still ongoing.	
	<ul> <li>CPCF negotiations are awaiting ministerial sign off but this is delayed due to</li> </ul>	
	changes in the ministerial teams at DHSC and HM Treasury.	
	<ul> <li>Members asked about PQS and PCN Leads. DB advised that there is nothing he</li> </ul>	
	can update on around these as national negotiations cannot be divulged.	
	<ul> <li>Workforce challenges and VAT issues around only pharmacist delivered service</li> </ul>	
	being VAT exempt are being discussed.	
12.0	INCLUSIVE PHARMACY PRACTICE INITIATIVE	
12.0	This item follows a query at the last meeting by MH around CPWY's engagement with	
	the initiative. RB asked MH to outline what the expectation from CPWY is. Points	
	included:	
	<ul> <li>Understanding the groups CPWY represents and whether CPWY reflects</li> </ul>	
	contractors. RB noted that HEE has data in the community pharmacy workforce	
	survey on the diversity of contractor teams, however, members of the committee	
	are either elected or appointed by CCA/AIM.	
	Equality impact assessment for new proposals	
	Climate change agenda around office, hybrid, or homeworking	
	Work around diversity	
	Events in Ramadan	
	<ul> <li>Promotion of Pride and disability months</li> </ul>	
	MH highlighted the option of bi-lingual labels noting the adherence variation	
	between white and BAME communities. RB noted that bi-lingual labels had	
	previously been discussed and CPWY endorsement rejected by the committee due	
	to risk.	MH
	It was agreed that bi-lingual labelling would be added to the next agenda for discussion.	
	MH to liaise with Written Medicine to present for this agenda item.	
13.0	LPN UPDATE – Mohammed Hussain	
	MH gave a verbal update to members. Key points included:	
	• The Core20PLUS5 approach to support the reduction of health inequalities at	
	national and local levels.	
	The Marie Curie REACT project which looks to reduce admissions for palliative care	
	where this could be done in virtual wards. Access to palliative care drugs through	
	community pharmacy was discussed. RB noted that information of contractors	
	providing this service can be found on Service Finder and contactors providing the	
	services are considered by NHSE when reviewing bank holiday openings.	
	Smartcard certificate expiry and the impact of the June expiry date. Lloyds were	
	impacted for a number of hours. NK noted that issues are still being experienced.	
	MH suggested raising this with Lloyds or with him directly. Work is being done to	
	randomise smartcard certificate expiry dates to smooth future impact.	



	The NHSE announcement that the organisation is expected to be 30/40% smaller	
	than the current combined size of NHSE, HEE and NHS Digital by the end of 2023/24	
	and likely loss of individuals and the potential impact on the work of CPWY.	
	WEST YORKSHIRE PRIMARY CARE AND MEDICINES OPTIMISATION UPDATE	
14.0	NHSE UPDATE- Dawn Ginns & Neil Coulter	
14.1	Clinical Waste	
	NC is leading on clinical waste in West Yorkshire working with Gill Sealey. NC updated	
	on:	
	National procurement plans	
	Responded to issues raised at the last meeting:	
	<ul> <li>Anenta will pursue service issues on behalf of contractors. Issues should be</li> </ul>	
	logged via the online portal.	
	<ul> <li>Members had expressed concerns around increased returns and storage</li> </ul>	
	capacity. NC advised that Anenta has produced guidance around segregation.	
	NC to share this guidance with CPWY.	NC
	Anenta to help cascade a message to GPs around sharps bins and not sending	
	patients to community pharmacies as this is not a pharmacy contractual	
	requirement. They will also help with a message to DSP around their contractual	
	requirement with regards to clinical waste.	
	RB to confirm if the issue reported at the last meeting around the appropriateness	RB
	of the size of sharps bins is a GP or secondary care issue.	
	<ul> <li>Members noted the need for patient education around returns.</li> </ul>	
14.2	CPAF	
14.2	The CPAF screening survey for 2022 will be open between 18 <sup>th</sup> July and 31 <sup>st</sup> August 2022.	
	NHSBSA will contact contractors via pharmacy NHSmail to inform how to conduct the	
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	survey, which is via MYS. Contractors who do not have access will be sent a link to	DG
14.3	complete the survey. <b>DG to share MYS access issues with CPWY. CPCS</b>	DG
14.5		
	extended to the end of September 2022.	
	Pontefract UTC referral pilot has been extended to March 2023.  Well in Consultation against a leave him Contambon 2023 leaking at	
	Walk-in Consultation service is aiming to launch in September 2022 looking at	
	community pharmacies where GP CPCS referrals are not being received.	
	Data was shared with members.	
	There will be a fuller discussion at the next meeting.	
14.4	Bank Holidays	
	DG updated members on the activity in pharmacies who opened over the early 2022	
14.5	bank holidays.	
14.5	The ICB become a statutory body from 15t July 2022 and it is expected the community	
	The ICB became a statutory body from 1 <sup>st</sup> July 2022 and it is expected the community	
14.6	pharmacy delegation will happen from 1 <sup>st</sup> April 2023.	
14.6	Unplanned Closures	
	Information around June 2022 unplanned closures was shared with members. There	
	were 124 closures across 34 contractors. It was noted that a small number of 100-hour	
	pharmacies are struggling and are regularly on the list. CPWY will work with NHSE to	
	support pharmacies.	
	Members expressed concerns around the impact on patient care.	
	There was also concern that contractors who follow the rules may be penalised over	
	those who were not reporting and that NHSE should treat such more robustly.	
	It was noted that NHSE needs to be mindful of the pressures on community	
	pharmacy and that there will be closures due to Covid and locum issues.	



	It was highlighted that all areas of primary care should be subject to the same level	
	of scrutiny. There have been messages sent out by GP practices saying not to	
	contact them unless it is a medical emergency and issues with not answering the	
	telephone for lengthy periods. <b>DG to raise this with GP colleagues and feedback</b>	
	at the next meeting.	DG
14.7	Future Meetings	
	DG asked that members consider topics for future meetings to be added to a forward	
	planner.	
	Suggestions include:	
	Phase 5 Covid vaccinations decision process	
	Decisions taken at Place – these need to be fair and equitable to all providers	
	Update and delivery of advanced services – it was noted there needs to be an end-	
	to-end picture. A large number of hospital trusts are not ready to refer into the	
	Advanced Stop Smoking Service. This is not a failure of pharmacy, but a failure of	
	the system.	
15.0	PRIMARY CARE UPDATE – Parveen Akhtar – Bradford	
	Apologies were received from Parveen Akhtar.	
16.0	MEDICINES OPTIMISATION UPDATE – David Wardman – Leeds	
	DW updated members on the development of the ICB in Leeds. DW noted that there	
	are different prescribing polices across the West Yorkshire area and the decisions will	
	be taken based on what is right for the population served.	
	DW presented slides to members around population health and population health	
	planning. Key points included:	
	Moving the focus from activity and efficiency measures to outcome for groups of	
	people considering health inequalities.	
	The biggest improvements in health and wellbeing are gained from collective resources.	
	Recognition that primary care includes community pharmacy.	
	• Leeds is the fastest grown urban area with a diversity of needs. The plan is to offer	
	a service that helps to reduce the health gap between Leeds and deprived Leeds by 10%.	
	• Requirements across the ICB area will be delivered as such, but local requirements should be available if needed.	
	Members are concerned around how consideration of other providers can be	
	ensured if CPWY is not present at discussions. There needs to be transparency,	
	flexibility, working together and trust for this to move forward as planned.	
	DW expressed the importance of sharing of learnings with an emphasis on working	
	differently.	
17.0	PRESENTATION FROM SPONSOR	
	This meeting was sponsored by Chiesi Limited and was attended by Charlotte Lees and	
	Adam Darnbrough who presented to members and took questions.	
18.0	CPWY TEAM UPDATES	
	Team update reports were shared with members for information and for members to	
	ask questions or seek clarifications. None were received.	
19.0	CONTRACT APPLICATIONS AND AMENDMENTS UPDATE	
	This was shared with members for information.	
20.0	TREASURER'S UPDATE – David Broome	
	The operational and services summary finance packs were shared with members for	
	information.	



	DB asked members, with regards to succession planning, to consider if they would be	
	interested in finding out more about the role of the treasurer. <b>Members to contact DB</b>	Members
	if interested in shadowing the Treasurer role.	Members
21.0	REGIONAL MEDICINES OPTIMISATION COMMITTEE (NORTH)	
21.0	No update has been received since the last CPWY meeting.	
22.0	COMMITTEE MEMBER BLOG	
	Thanks to members for blogs which have been submitted. Next ones due are:	
	August – William Chapman	
	September – Amanda Smith	
	October – Sab Shah	
23.0	RESOURCE AND PERFORMANCE SUBCOMMITTEE	
	Due to Vicki Roberts resignation, there is now a vacancy for a CCA member on this	
	subcommittee. MA agreed to cover today's meeting. AB to liaise with other CCA	AB
	members regarding this membership.	
24.0	CONTRACTOR ITEMS	
	None received.	
25.0	MEMBERS' ITEMS	
	None received.	
26.0	CCA REPORTING QUESTIONS	
	These will be completed by AB.	AB
27.0	ANY OTHER BUSINESS	
	ASm informed new member about the Committee Telegram group and the Connect	
	Telegram group.	
	Members confirmed that a buffet lunch, served outside the meeting room, was the	
	preferred choice rather than lunch in the restaurant.	
	MI announced that this would be his last meeting as chair. KK to coordinate	KK
	expression of interest communications and member voting as required.	
28.0	MEETING OBJECTIVES	
	Objectives were reviewed and all objectives were met.	
29.0	DETAILS OF NEXT MEETINGS	
	Meetings will be held at the Village Hotel, Leeds South and will commence at 9.30am	
	prompt on the following dates:	
	Wednesday 21st September 2022	
	Wednesday 16th November 2022	
	Wednesday 18th January 2023	
	Wednesday 15th March 2023	
30.0	CLOSED SESSION	
	This session of the meeting was held with the Finance and Performance Subcommittee	
	and discussed the following:	
	Contract applications	
	Bundle checks  Bit least teacher	
	Risk register	
<u> </u>	Insurance	

