

MINUTES OF COMMUNITY PHARMACY DERBYSHIRE COMMITTEE MEETING

held on

Tuesday 21st May 2024

Peak Pharmacy Head Office, Bolsover

MEMBER	CATEGORY	21.9.23	21.11.23	11.01.24	12.03.24	21.05.24
Andrea Smith (AS), Chair	AIMp	✓	✓	✓	✓	✓
Darryl Dethick (DD) Treasurer	AIMp	✓	✓	✓	✓	✓
David Evans (DE) Vice Chair	AIMp	✓	✓	✓	✓ * Part	A
Ben Eaton (BE)	AIMp	✓	✓	✓	✓	✓
Nitin Lakhani (NL)	Independent	A	✓	A	✓	✓
Matthew Hind (MH)	Independent	✓	✓	✓	✓	A
Lindsey Fairbrother (LF)	Independent	A	✓	✓	✓	✓
Yasir Pirmohamed (YP)	Independent	✓	✓	✓	✓	✓
David Holmes (DH)	CCA	✓	✓	✓	✓	✓
Bethan Chamberlain (BC)	CCA	✓	A	✓	✓	✓
Amanda Kelly (AK)	CCA	A	✓	✓	✓	✓
Khuram Ahmad (KA)	CCA	A	✓	✓	✓	✓
Nick Hunter (NH), Chief Officer	Officer	✓	✓	✓	✓	✓
Amanda Alamanos (AA) Engagement Lead	Officer	✓	✓	✓	✓	✓
Chris Kerry (CK) Services Lead	Officer	✓	✓	A	A	✓
Alison Ellis (AE) Business Support Officer	Minutes	✓	✓	✓	✓	✓

✓ Present / A Apologies for absence / Absent X / R Resigned/ S sick/ N/A Not applicable * Member unable to attend all or part of meeting due to attendance at a meeting elsewhere on behalf of the LPC on the same day.

1.	Welcome/Apologies/Introductions/Announcements Guests attending
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		<ul style="list-style-type: none"> ▪ Shazia Patel, Community Pharmacy Clinical Lead (SP) ▪ Kirsten Atkinson, Priest & Co (Comms Consultant) (KA) ▪ Karen Barker, MOL(lead pharmacist) ▪ Marie Davies, MOL (Pharmacy tech) ▪ Rebecca Cousin, MOL (pharmacy tech) ▪ Ben Milton, LMC (Local Medical Committees) Chair
	<u>1.1</u>	Andrea welcomed everyone to the meeting.
	<u>1.2</u>	<p>Apologies received from</p> <ul style="list-style-type: none"> ▪ Steve Hulme, Medicines Management, ICB (Integrated Care Board) ▪ Matthew Hind, LPC member
2.		Governance
	<u>2.1</u>	<p>Declarations of interest</p> <p>Governance update</p> <ul style="list-style-type: none"> ▪ <u>Revised Governance documents</u> No comments received on the updated governance documents and were agreed for formal sign off. The documents will be added to the website. ▪ <u>Declarations of interest from July 2024</u> Members need to complete by 1st July 2024 and AE will send out the documents to members prior to the next LPC meeting in July 2024. ▪ <u>Election of officers – July 2024 (nomination forms sent out separately)</u> <ul style="list-style-type: none"> ➤ <u>Chair</u> AS struggling to find the time for chair as well as superintendent pharmacist day-job role. Happy to stand as vice-chair David Evans has agreed to take on the role of Chair. No other member put forward for Chair. Thanks were given to AS. David Evans to be Chair - proposed by AS and seconded by David Holmes – all members voted in favour. ➤ <u>Vice-chair</u> As discussed under the Chair position – AS happy to take on the vice-chair role. No other member expressed interest in the role. Andrea Smith to be vice-chair – proposed by BE and seconded by LF – all members voted in favour. ➤ <u>Treasurer</u> DD confirmed he would be happy to carry on the role of Treasurer. No other member expressed interest. Darryl Dethick to be Treasurer – proposed by AS and seconded by NL – all members voted in favour.

2.2	<p><u>Approval of minutes from previous meeting including from a competition law perspective</u></p> <p>Members approved the minutes as a true and accurate record of the meeting held on 12th March 2024.</p> <p>No issues with competition law were raised. Minutes will be added to Community Pharmacy Derbyshire website.</p>
3.	<p>Matters arising from previous meeting on 12th march 2024 (not on the agenda)</p>
3.1	<ul style="list-style-type: none"> ▪ <u>Action tracker</u> Updates given to points on the tracker. 3.1.1 <u>Virtual Wards</u> Need to be mindful of impact of global sum re prescribing if move over to Community Pharmacy. Very small at the moment – but this could be thousands in future. Also need to be aware of who is responsible for the prescribing and where the cost sits and may transfer to. Example in Notts – using EPS so better quality of prescriptions coming through. Looking at sending through FP10 prescriptions direct from consultant and need to get rid of the barriers for this which are created by financial silos rather than legal or clinical reasoning. Links to Virtual Wards and NMS etc. 3.1.2 <u>Derby City Public Health Services</u> Progressing discussions – see under officer reports. 3.1.3 <u>Otoscope training – SP organise with AE</u> SP has not contacted the LPC regarding this training and also contractors have not been in contact with the LPC asking for this . maybe should focus on the seasonal parts – skin conditions and bites etc. 3.1.4 <u>Clinical Notes training</u> Clinical notes training – notes going direct to the gp records so need to have correct info. Wait to see if get any requests – include in newsletter and poll on LinkedIn etc
4.	<p>Pharmacy First</p>
	<p>Shown some data in the Pharmacy First oversight group meeting and also CCA have released their own data. 2 x pharmacies that do not have consultation room so not able to sign up. Not had any complaints re provision – some niggles from GP's. Referrals are disappointingly very low.</p> <p>BE – started off well for referrals but now dropped off. Nearly all walk in's now. NH / AA flagged in CPM meeting last week and felt that maybe they were pushed to refer re winter pressures and now dropped off because there is no longer a System incentive.</p> <p>Need to flag to ICB re inappropriate referrals being referred back to the surgery but then they are refusing to send anything else through, stating that the pharmacy are not providing. Have received lots of anecdotal comments – this data backs up CCA figures of 80%.</p>

	<p>Raised with CPE regarding the extra work from those that do not meet the gateway – reply is that in part the £1000 is to cover the walk-ins that don't get through gateway although referrals lower than expected so will be captured as part of the advice audit. Could also be down to pharmacists being conservative / cautious and could actually have reached gateway.</p> <p>Discussed the data and some points raised were:</p> <ul style="list-style-type: none"> ▪ Need to move towards being more self-sufficient if not getting referrals – need to get the appropriate / quality signposting quantity increased so less that don't reach gateway. ▪ What's in it for surgeries? ▪ Posters / advertising to public is aimed at being a walk in service and so GP surgeries feel no need to refer as nationally advertised as walk in. ▪ If push walk in's then need to have GP's onboard and be able to refer back into the surgery when need to. Some pharmacies are doing this by email. ▪ If have trainee GP's then the surgeries may give the MAS patients to them so not refer to pharmacy. ▪ Targets are for Clinical Pathways and mainly the walk in's are for MAS. ▪ Feedback that need to have a simpler pathway for GP's to refer – it's a cumbersome process that they don't get paid for. <p>Comms sub committee discussed locums:</p> <ul style="list-style-type: none"> ▪ Potential to cause reputational damage – not completing properly or at all in some cases. ▪ CK went to a pharmacy where had 26 referrals that the locum had not closed down so the pharmacy lost money for these. ▪ Most of the anecdotal problems is when locums are in place ▪ GPhC need to pick up on this as professional accountability ▪ Needs to be fed back to Regional team (Jackie Buxton) as they provided the webinar for locums and then can maybe go through this on the next one. ▪ Some locums are refusing to do the service because not being paid extra for doing this. ▪ Need to be on locum forums to try and get the message across and focus on certain points ▪ Mindsight of pharmacists is that still focused on supply and not services never mind clinical services.
5.	Market Entry
5.1	<p>Market Entry applications</p> <p>5.1 Contract applications</p> <p>5.1.1 Unforeseen benefit application By: LP SD Five Ltd At: Derby Road, Sandiacre, NG10 5HZ Closing date: 17th June 2024</p> <p>Interest: KA, DH (Boots), DD (Peak), AS (BJ Wilson), BC (Well)</p> <p>Boots closed 22nd March 2024. Just closed and not a consolidation so not protected – PNA not supplied a statement re gap so supports that shouldn't be approved – although not a consolidation the fact that the HWB didn't produce a supplementary statement identifying a</p>

	<p>gap implies there is no gap. Assume reason for the Boots to close was because not viable, large rent etc. Pharmacies around 1mile – bus routes and good transport links, parking etc. though. There is adequate choice and provision, hub and spoke will provide further opportunity. Not sure what the unforeseen benefit would be – what innovation is being given?</p> <div style="border: 1px solid black; padding: 5px;"> <p>Response: No supplementary statement issued for the PNA by Derbyshire HWB re closure of Boots Pharmacy creating a gap. Numerous pharmacies around the proposed pharmacy so adequate choice and service provision. The application does not show any innovation regarding unforeseen benefit.</p> </div> <p>5.1.2 No significant change relocation By: PCT Healthcare Limited t/A Peak Pharmacy From: 9 Church Street, Staveley, Chesterfield, S43 3TL To: 18 High Street, Staveley, Chesterfield, S43 3UX Closed 18th May 2024 – CPD response attached Response: Acknowledge receipt and nothing further to add</p> <p>5.2 Decisions 5.2.1 Appeal decision for DSP application By: Quality Care health Ltd At: Unit 101 Coney Green Business Centre, Clay Cross, Chesterfield, S45 9JW Application refused after appeal</p> <p>5.2.2 Change of ownership From: Rowlands Pharmacy To: PCT healthcare Ltd t/a Peak Pharmacy At: 9-11 Patchwork Row, Shirebrook, NG20 8AL Approved</p> <p>5.2.3 Change of ownership From: Dents of Chesterfield To: Dronfield Healthcare Ltd At: Avenue House Surgery, 109 Saltergate, Chesterfield, S40 1LE Approved</p> <p>5.3 <u>Contractor support re Market Entry application</u> NH has been approached by contactor regarding advice on consolidation application. Generally would signpost to existing guidance but has asked for more advice. Committee noted and reminded NH that role is to support contractors but not provide any legal advice.</p> <p>5.3 Change of ownership guidance from NHSE and also <u>CPE guidance - Briefing 038/18: Change of pharmacy circumstance guide: ODS codes and planning required should your ODS code change - Community Pharmacy England (cpe.org.uk)</u> For information – given this because contractors had not been aware of changes and issues were arising – some think that the seller has more responsibility than they do.</p>
6	Finance and Audit

<p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p>	<ul style="list-style-type: none"> ▪ <u>March / April 2024 accounts</u> Reserves should be no more than 50% of expenditure for previous year – currently have 7 months when at lowest point when CPE levy is paid. Salary is the biggest amount that is paid followed by member backfill claims for LPC meetings. ▪ <u>Final accounts for 2023/24</u> DD will be completing by end May 2024 – AGM will need to be moved as will not have been checked by accountants in time for being sent out 30 days before 4th July 2024. Will now be 17th September 2024. ▪ <u>Update from Finance and Audit committee</u> - <u>Finance and HR survey</u> Focused around employees terms and conditions and salary – this was agreed and submitted – all anonymised. Thanks were given to DD for the work that he has put into the treasurer role. ▪ <u>Access to accounts</u> DH still hasn't been given access to Lloyds account but has received an email stating that AS does not have the authorisation needed. DD will contact Lloyds Bank and see what needs to be done. BC has a contact in Lloyds bank and asked DD if he can share the account details so that she can chase this and see if can speed the process up. AE will have access to the accounts and will do the day to day accounts spreadsheet and payments once it has been sorted for DH. <div style="border: 1px solid black; padding: 5px;"> <p>Action: DD to contact Lloyds Bank and sort out what is needed to be done to get access for DH and then will do same process for AE.</p> <p>Action: BC to try and go through her contact at Lloyds Bank re speeding the process up.</p> </div>
<p>7</p>	<p>Communications update</p>
	<p>New X (Twitter) account has been set up due to not having the login details for the original account. @ComPharmDerby – asked members to follow and send through invites to their followers.</p> <p>KA thanked LF, AK, DH, DE, re Pharmacy First questions completed. Asked members to complete if not already done so. AE / KA will send out if need them.</p> <p>Particularly useful is the Top Tips – anything that makes it easier in practice for pharmacies. Comms subcommittee discussed and will include the top tips on the website.</p> <ul style="list-style-type: none"> ▪ <u>Video content section of comms plan</u> KA attended LF pharmacy and spent 2 hours observing and recorded consultations for PF. Will be sharing on social platforms when approved. Help peers and also public to know what to expect from a consultation. Claire Deeley wishes to use the videos in the Midlands Region Comms.

Asked members if they wish to be involved in spending time with KA and putting together some videos and show how it works in their pharmacy or just ask questions and give some tips. If members are interested then to contact KA directly.

Action: Members to contact KA if interested in producing some videos for the Pharmacy First service and any top tips they wish to share.

Hypertension is the next comms section for June – ABPM focus. Let AA, KA, AE know if interested in being part of the communications.

Action: AE to send out reminder email asking members if they wish to be involved in the comms / videos for Hypertension Service.

Also need to emphasise 'not missing opportunities' to progress walk-ins to the clinical pathways and making sure pharmacy staff are aware of the service etc. Prompting to ask questions if purchasing over the counter meds. 'Always think Pharmacy First'.

- Talking heads video with Chris Kerry
- Video with a member / contractor

Looking at doing an evening event for contractors and then run a focus group ?

September meeting would be ideal and include AGM too. Move the meeting to afternoon and then follow on with the contractor engagement event and Pharmacy First update.

- Will ask Jackie / Eleanor if they are able to forward to locums they have on the list for previous training event.
- Put together agenda for contractor engagement event asap so that can advertise early to get interest.

- Locums

Potentially have a video chat with James Soar, Rowlands

- Comms plan for June/ July

May 2024 focus on Insect bites and June 2024 will be UTI, July will be Ear Ache and using the otoscope etc

- Collaborative working

Continuing to work with ICB and have weekly content in PC bulletin. Medicines Shortage is the focus this week using CPE document. AA has been working with Michael Howard, Comms Team, Derbyshire ICB, and help with contractor survey. Not all signed up.

	<p>Cannot be added to Intranet as pharmacies do not have access.</p> <p>Generic stakeholder newsletter is to be used and added to internet that pharmacy can access. They are wanting to communicate wider than general practice and asking what info pharmacies want to receive.</p> <p>General comms – looking at profiling each member on LinkedIn and Twitter etc. KA will send through questions for members to answer. Will focus on a couple a members a month.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Action: KA to send through questions to be answered by members as part of their profile on social media and website.</p> </div>
8	<p>Reports</p>
	<ul style="list-style-type: none"> ▪ <u>Chairs verbal update</u> Nothing to add – everything been discussed in other areas of the meeting. ▪ <u>Chief Officer update</u> Sent through list of items that been involved in over the last couple of months. Covid vaccine supply – not been very organised. Forecasting and pump priming was not adequate. If pharmacies are over booking then will have ongoing problems while catches up. Problems were national. Still some high demand in certain places but mainly it has dropped off now. Future campaigns need to look at how they do the cohorts so don't have same issue on the first day and not enough vaccine. Contract was for minimum 100 vaccines, but SVOC seems to have thought it was the maximum, so this was misinformation sent down to them. Updates in spec wording etc being sent out. ▪ <u>Engagement Lead verbal update</u> Meeting with Amy Salt, Derbyshire Healthwatch regarding concerns and started developing good relationship. Emily Prokopiuk, ICB re measles and sending comms to pharmacies. Attended CLOT as NH not available. Finalised Naloxone module on PharmOutcomes. Had a meeting with Derby City PH – regarding review of services and fees for 2025/26. Really good meeting and will continue. Standard answer is no additional money. Contract until 2027 and so fees will stay as they are until then. May include establishment fees for certain services. AA now a member of Derbyshire Health and Wellbeing Board – with voting rights – this is a really good opportunity - 4 meetings a year and 2 strategy sessions. Attending CPE Social media webinar – increase inhouse skills in case cannot use KA in the future. ▪ <u>Ops Team report</u> <ul style="list-style-type: none"> - Pharmacy First 196/198 registered (2 remaining pharmacies cannot provide the service due to no consultation room) - Pharmacy Contraception Service

	<p>120 / 198 signed up Increasing consultations</p> <ul style="list-style-type: none"> - Hypertension 192/198 registered. Number of checks have dropped and NHSE looking at conversion to ABMP. - DMS – QTR 3 data Incomplete referrals were really high in Jan and Feb – need to do some messaging out to contractors. Data is UHDB for April - 29 rejected due to not able to contact. - Pharmdata Keep a check on pharmacy accessibility - Interesting that items are going up and hours going down. Shows spikes in referrals from GP's when they receive winter pressures funding. <p>Flu vaccines – shows good numbers for pharmacies against GP's. Showed reduction in GP's numbers prior to national service starting and when the service did come in the GP numbers stayed at the same level so not taking away from surgeries and proves that pharmacy are vaccinating those that don't access GP's.</p> <ul style="list-style-type: none"> - discussions with contractors re BP checks v ABPM's May 2024 CK spoke to number of contractors and raised key points including using pharmacy staff skill mix - Pharmacy Visits in High Peak and Buxton CK visited 3 pharmacies – had good conversations. <p>Asked members to read the report that sent through with meeting documents.</p>
9	<p>National and Regional updates</p> <ul style="list-style-type: none"> ➤ NHSE National/Regional <ul style="list-style-type: none"> ▪ NHS England 2024/25 priorities and operational planning guidance Discuss at the July meeting when going through strategy. ▪ East Midlands Primary Care Team meeting 25.04.24 Not discussed due to time pressure. ▪ MAPCOG 14.05.24 Not discussed due to time pressure. ➤ CPE <ul style="list-style-type: none"> ▪ Pricing audit 2023 ▪ Comments re Forum of Chairs ToR

		<ul style="list-style-type: none"> ▪ Pharmacy Advice Audit launching 3rd June 2024 - https://cpe.org.uk/our-news/pharmacy-advice-audit-help-gather-critical-evidence/ ▪ CPE newsletters received (link to CPE website) - Newsletter archive - Community Pharmacy England (cpe.org.uk) ➤ CPE events ▪ 22.05.24 – Digital and Social Media event @ CPE office in London – Amanda attending ▪ 23.05.24 - National Meeting of Community Pharmacy England and LPCs (online) - https://cpe.org.uk/our-events/national-meeting-of-lpcs-and-community-pharmacy-england/ ▪ 25.09.24 - Forum of LPC Chairs – National Meeting, in London, venue TBC (in the Kings Cross area), see: https://cpe.org.uk/our-events/forum-of-lpc-chairs-national-meeting/ ▪ 07.11.24 Conference of LPC Representatives in London at BMA House, see https://cpe.org.uk/our-events/conference-of-lpc-representatives-2024/ . Registration will open in June <p>All items above for information</p> <ul style="list-style-type: none"> ➤ Derbyshire ICB <ul style="list-style-type: none"> ▪ IPMO ▪ Extended Care service update <p>Not discussed – forward to July 2024</p> <ul style="list-style-type: none"> ➤ Workforce ➤ Derby City Public Health <ul style="list-style-type: none"> ▪ Discussions regarding renegotiation of fees for services ▪ Outreach work ▪ Derby and Derbyshire Local Drug Information System <p>Not discussed – forward to July 2024</p> <ul style="list-style-type: none"> ➤ Derbyshire County Public Health <ul style="list-style-type: none"> ▪ Naloxone ▪ Discussions regarding renegotiation of fees for services ▪ Draft Young Person's Sexual Health Strategy Safe, Healthy and Happy Relationships – Attachment <p>Not discussed – forward to July 2024</p>
10	CCA	
		<ul style="list-style-type: none"> ➤ CCA Questions <p>DH reported that most of the questions had been answered throughout the meeting.</p> <ul style="list-style-type: none"> ➤ CCA matters newsletter – March / April 2024

		For information.
11		Open meeting
		<ul style="list-style-type: none"> ▪ Community Pharmacy Clinical Lead, Derbyshire ICB update to committee Chris Clayton, Chief Exec – SP organised pharmacy visits in January 2024. Had number of conversations on the back of these and looking at CP integration into the ICB system. Presenting to the board re CP. Asked for points from LPC members that wish to be included in presentation. <ul style="list-style-type: none"> - Biggest issue is funding and hours - Lack of integrating – no support for IT, training, locums and quality - PCN link posts – will be receiving revamp of this funding – have clear roles and outputs. <p>Challenging how can the ICB make use of current national services within the system with no additional funding?</p> <ul style="list-style-type: none"> - Can't change the national services – how do support commissioner to make best use of them? Referrals etc. <p>Members asked to let ICB / LMC aware of the issues in CP.</p> <ul style="list-style-type: none"> - Still dispensing items (sometimes more) and then doing the additional workload and services - Workforce – trying to get staff to stay in CP - Trying not to drop referrals to keep relationships with GP's - Hub and spoke – being pushed to this but IT is not ready to support – think will be 3-4 years - No stability in sector – going to be a lot of closures this year - No certainty of income for survival - PF funding is only funded to 31.03.25 so not certain for next year – targets for October really increase and then may need an additional consultation room but no confirmation that going to get the referrals / funding to cover this - Recruiting staff and remunerating etc present ongoing issues. <p>Ben Milton, LMC reported on PCN DES – don't get funding for oncosts, redundancy, training, estates etc. PCN DES runs out and no confirmation for further and don't want to be included in core as will use the funding for GP's employment. Same uncertainty re funding as CP.</p> <ul style="list-style-type: none"> - Womens health <ul style="list-style-type: none"> - PCS - Menopause IP pathfinder - Keen to help with connections into the system - AA and AS attend the monthly meetings - PH priorities and ICB work together re providing services to certain population – need to be paid for services i.e. sexual health testing. - Need to have links with ICB, PH etc. Need to know where services that being commissioned are funded and how can make best use of these locally. - Action plan meetings – AA involved – Community Pharmacy been added in strongly into the strategy.

- CPE Regional rep update
Discussed at April CPE meeting 2024
 - Election possibly October 2024. CPE are in place to make relationship with who is elected.

Negotiations

- Discussions going on re uplift
- Imposed drug tariff changes – will not help – more SSP and shortages
- Negotiating and not agreeing – the Treasury could impose anyway.
- Still doing polls asking for opinions from contractors
- Need uplift to keep pharmacies open
- Funded PA negotiating company from additional levy to help with negotiations
- CPE attending regionally – 9th July 2024 – Midlands contractor event – Janet Morrison presenting

Self assessment tool out in July 2024

Discussions re DSPs and how they are not providing national footprint

DPP to support Foundation Year students

- 2026 will be students who will not be able to complete the foundation year as not got enough DPPs. HEE will need to change criteria. Will reduce the amount of pharmacists available to work in pharmacy and adds to workforce crisis.
- DPP – needs to be a current prescriber – 90 hours of supervision and reduces workload / productivity if supervising and no funding.
- CP IP's are not currently prescribing in many cases because have no commissioned service to use it and so cannot be DPP.

- Derbyshire Prescription Service (MOL)

Started 2017/18 to reduce medicine waste. Put in place to get patients to take responsibility for their medication.

Need to reduce running costs by 30% by April 2025 – recruitment freeze means that 20% reduction.

Demand is the same but staffing capacity reduced.

Made some changes to SOPs re inefficiencies - online order form and have stopped the call back service.

Vision


- New operational model - Improved functionality of NHS App
- Asked every patient if they have the app etc and 30% say cannot use IT


April 2024 onwards

- Staff from Meds Man team will go back so reduction in staff
- Need to review model – may need to change hours or return to original scope
- Focus calls on those that cannot access IT options
- NHS app


		<p>- Challenge is that pharmacy cannot see what the patient has ordered on the app.</p> <p>Any further comments to be sent through to MOL team.</p> <ul style="list-style-type: none"> Derby and Derbyshire LMC Medical Director <p>Ben said that he finds attending the LPC meetings useful to know what is happening in community pharmacy and the issues that encountering so can help with discussions with surgeries.</p>
12		Strategy
	12.1	<ul style="list-style-type: none"> CPD Strategic priorities for 24/25 for discussion and agreement <p>Send to members and ask for comments and then will go through at the July 2024 LPC meeting.</p>
13.		<p>➤ <u>AOB</u></p> <p>Bethan Chamberlain is leaving Community Pharmacy Derbyshire as she is taking on a role in PCN rather than Community Pharmacy. Members gave congratulations and thanked for work on the LPC and will keep in contact via PCN work.</p> <p>CCA to be made aware of the vacancy.</p>
14		<p><u>Future meetings</u></p> <p>4th July 2024 – 9am to 1pm</p> <p>17th September 2024 – 1pm – 6pm followed by AGM / contractor event</p> <p>19th November 2024 – 9am – 1pm</p>

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, is recorded in the following meeting's minutes.

Signed:  Position:.....CHAIR..... Date: 4/7/24.

Signed:  Position:.....CEO..... Date: 22 July 2024

During this meeting, along with these minutes, there was a constant check to ensure no discussions could constitute to breaking competition law.

Signed:  position: CHAIR Date 4/7/24

