

**MINUTES OF COMMUNITY PHARMACY DERBYSHIRE COMMITTEE MEETING**

held on Tuesday 20<sup>th</sup> January 2026

Peak Pharmacy HO, Buttermilk Lane, Bolsover, S44 6AE

MEMBER	CATEGORY	18.03.25	20.05.25	15.07.25	16.09.25	20.11.25	20.01.26
Ben Eaton (BE) Chair	AIMp / IPA	✓	✓	✓	✓	✓	✓
David Holmes (DH) Vice-chair	CCA	✓	✓	✓	✓	✓	✓
Darryl Dethick (DD) Treasurer	AIMp / IPA	✓	✓	✓	✓	✓	✓
David Evans (DE)	AIMp / IPA	Y	A	A	✓ Part	✓ Part	✓
Justin Gilbody	AIMp / IPA	✓	✓	✓ Part	✓	A	✓
Nitin Lakhani (NL)	Independent	✓	A	✓	✓	A	A
Matthew Hind (MH)	Independent	✓	✓	✓	✓	✓	✓ Part
Lindsey Fairbrother (LF)	Independent	✓	✓	✓	A	A	✓
Yasir Pirmohamed (YP)	Independent	✓	✓	✓	✓	✓	✓
Andrea Smith (AS)	AIMp / IPA	✓	✓	✓	✓	✓	R
Amanda Kelly (AK)	CCA	✓	A	✓ Part	✓	✓	✓
Khuram Ahmad (KA)	CCA	A	✓	✓	✓	✓	✓
Nick Hunter (NH), Chief Officer	Officer	✓	✓	A	✓	✓	✓
Amanda Alamanos (AA) Engagement Lead	Officer	✓	✓	✓	✓	✓	✓
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.

**Welcome/Apologies/Introductions/Announcements**

Andrea Smith has resigned from the committee as she has moved from BJ Wilson to Peak Pharmacy. Peak have put forward Andrea for the IPA place and waiting for decision.

Attended

- Paula Whitehurst, Community Pharmacy Integration Programme Manager, ICB (PW)

		<ul style="list-style-type: none"> <li>• Kelly Wood, Sexual Health Team, Derbyshire Community Health Services NHS Foundation Trust</li> <li>• Dr Lakhvinder Dhamrait, LMC</li> <li>• Abi Stott-Marshall, Healthwatch Derbyshire</li> <li>• Becky Butterworth, CPE LPC Engagement and Support Manager</li> <li>• Kirsten Atkinson, Priest &amp; Co (KirstenA)</li> </ul> <p>Apologies for absence</p> <ul style="list-style-type: none"> <li>• Dr Andrew Mott, NHS Derby and Derbyshire ICB</li> <li>• Shazia Patel, Community Pharmacy Clinical Lead, NHS Derby and Derbyshire ICB</li> <li>• Beth Ralph, LOC</li> <li>• Nicky Doherty, Director of Place and Partnerships, NHS Derby and Derbyshire ICB</li> <li>• Nitin Lakhani, LPC member</li> <li>• Matthew Hind, LPC member (pm)</li> </ul>
		<b>GOVERNANCE</b>
1	1.1	<ul style="list-style-type: none"> <li>• <u>Declarations of interest – any changes let AE know</u> No changes raised.</li> <li>• <u>Reminder regarding committee privilege</u> A reminder was given regarding committee privilege and competition law compliance.</li> <li>• <u>Competition Law check re agenda items</u> Nothing raised from the governance committee.</li> <li>• <u>Governance committee update</u> No concerns raised</li> <li>• <u>Governance documents – review and sign off/adopt</u> <ul style="list-style-type: none"> <li>➢ <u>Risk Register</u> Worked through the risk register and made changes to the ratings. All approved and review again in 6 months' time.</li> <li>➢ <u>Finance self-assessment</u> Worked through the finance self-assessment after DD had completed notes etc and all approved. Review again in 12 months.</li> <li>➢ <u>Health &amp; Safety relating to home working documents</u> Workplace assessment – need to ensure that staff have everything needed to work safely – AA will complete review for AE and NH will review AA. Complete before the March 2026 committee meeting. AA has added to the governance tracker – review in 12 months' time.</li> </ul> </li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Action: AA and NH to complete workplace assessments before March 2026 committee meeting</b></p> </div>
	1.2	<p><u>Approval of minutes from 20<sup>th</sup> November 2025</u> Minutes were agreed as a true and accurate record of the meeting held on 20<sup>th</sup> November 2025 after a couple of spelling amendments were made.</p>

1.3	<p>Matters arising from previous meeting on 20<sup>th</sup> November 2025 (not on the agenda)</p> <ul style="list-style-type: none"> <li>• <u>Action tracker</u></li> </ul> <p>16 – Bank account access – DH and AE have now received access to the bank account and will be working with DD on processes for payments and authorisation. Completed.</p> <p>59 – MP lobbying – template letter can be sent through to any member wishing to send to their local MP. Still waiting for confirmation of the pharmacy visit by Samantha Niblett MP. YP and DE said that they were happy to host a MP pharmacy visit. All MPs have been invited via LinkedIn to the CPE drop-in session.</p> <p>95 – Once the ICB cluster staffing arrangements have been finished will review who need to invite to committee meetings – Dr Dave Briggs may not be the right person.</p>
2	<p>Concerns have been raised regarding delays and administrative errors from PCSE/EMPCT. As noted, <i>most of the issues are basic administration errors</i>, escalation to PCSE has not yet received a response but NH not happy with how the request was handled by Vanessa Hails as forwarded the whole email string to PCSE.</p> <p>2.1 <u>Contract applications</u></p> <p>2.1.1 Application for a consolidation By: PCT Healthcare Ltd Staying: 9-11 Patchwork Row, Shirebrook, NG20 8AL Closing: 18 Main Street, Shirebrook, NG20 8DG <b>Closing date for comments – 16<sup>th</sup> Jan 2026</b> Response sent attached</p> <p>2.2 <u>Decisions</u></p> <p>2.2.1 Application for distance selling pharmacy By: Connect AF Pharma Ltd At: Room 4, 3 Stand Road, Whittington Moor, Chesterfield, S41 8SW <b>Refused 26.11.25</b></p> <p>2.2.2 Application for distance selling pharmacy By: Getglo Aesthetics UK Ltd At: 1<sup>st</sup> and 2<sup>nd</sup> Floor, Bath Street, Ilkeston, DE7 8AH <b>Refused 27.11.25</b></p> <p>2.2.3 Application for change of ownership From: Bestway National Chemists Ltd T/A Well To: Wellcare Partnership Ltd At: 40 Nottingham Road, Somercotes, Alfreton, Derbyshire, DE55 <b>Approved</b></p> <p>2.2.4 Application for distance selling pharmacy By: NH Pharm Ltd At: 91 Victoria Road, Pinxton, NG16 6NH <b>Refused 19.12.25</b></p> <p>2.2.5 Application for distance selling pharmacy</p>

	<p>By: The Castleward Clinics Ltd At: Unit 3 St Peters Mall, Derby, DE1 2NR <b>Refused 02.01.26</b></p> <p>2.2.6 Application for distance selling pharmacy By: Meds Direct Ltd At: Unit 37 Derwent Business Centre, Clarke St, Derby, DE1 2BU <b>Refused 09.01.26</b></p>
2.3	<p>Responses received</p> <p>2.3.1 Application for Distance Selling Pharmacy By: Anthus Pharma Ltd At: 12 Toton Close, Unit E2, NG10 3TP <b>No decision made yet</b></p>
2.4	<p>Litigation</p> <p>2.4.1 Application offering unforeseen benefits SHA 26750 By: Prescription Hub Ltd At: Breckland Rd, Chesterfield, S40 3DD, S40 3LJ <b>Comments received</b></p> <p>2.4.2 Application for distance selling pharmacy SHA 26804 By: Getglo Aesthetics UK Ltd At: 1<sup>st</sup> and 2<sup>nd</sup> Floor, Bath Street, Ilkeston, DE7 8AH <b>Closing date for comments – 15.01.26</b> Response sent in folder</p> <p>2.4.3 Application for distance selling pharmacy SHA 26827 By: Connect AF Pharma Ltd At: Room4, 3 Stand Road, Whittington Moor, Chesterfield, D41 8SW <b>Closing date for comments – 07.02.26</b></p> <p>Applicant stated that they had not included SOPs as they had not been finalised - no point in including them as how are the ICB meant to make a decision when they have not got the full documentation in place.</p> <p>Therefore, should be refused as the applicant has failed to confirm safe provision of pharmacy services not face to face.</p> <p><b>Response – highlight that the applicant has still failed to confirm safe provision without face-to-face consultation as do not have final SOPs.</b></p>
2.5	<p>Amendments to contractor list <b>Nothing received</b></p>
2.6	<p>Amendment to hours <b>Nothing received</b></p>
3	<p>Finance and Audit</p>

3.1 Budget and spend update – November / December 2025

- Discussion regarding un-utilised monies  
£12,000 – less than budget  
£10,000 – professional fees were higher than budgeted

Account 1 - £97,000 20.01.26

5 months expenditure currently in the account.

3.2 CPE levy 2026/27

Up to £85,869.00 at the most (2%) - £1500.

There were some grumblings with those on the webinar on how they felt it was unfair as they had been given big increases in levy, but this means that their contractors are earning more income from dispensing and services.

3.3 Budget 2026/27

Need to approve before 1<sup>st</sup> March 2026

Not done a zero budget but looked at each individual line.

NHSBSA levy income has gone up over the last few months – average £1000 above what was budgeted. Income £10,000 higher than last year.

Salary - £26k higher for the year – mainly due to Engagement Officer salary being paid out of the LPC account rather than from NHSE funding.

Meeting costs – about the same as this year.

Expenses – lower than last year – looking at the run rate currently.

Communication – left the same as last year.

Employment allowance is under the VAT line - £10,500 this current financial year. Accountant is claiming for previous years, but this has not been included on the budget.

Budget is £5000 more than the income coming in – taking out of the reserves. Feel that there is no need to raise the % levy.

**All members agreed the budget – this will be finalised and sent across to NHSE by AE.**

**Action: AE to send across the proposed 2026/27 budget to NHSE by 1<sup>st</sup> March 2026.**

3.4 Finance briefings / webinars update

DD, AE attended and found very useful. Advised others to read through the slides from the webinar.

Personal Liability

Committee is an unincorporated body and therefore members are personally liable. LPC have liability insurance, but this does not cover the accounts side of the committee.

Low likelihood that there would be any problems as have the finance committee set up ensuring that never have this situation.

	<p>Reserves guidance was 50% of year's expenditure – now more flexible</p> <p>Trust relationship has no end (MOU) – unless there is something specifically written in the document. All future MOUs will have this in place. If monies are left over, then should be given to charity but if asked for the money back then would have to give back. If used for the purpose of the MOU, then not taxable income but if used for another purpose then would need to pay 19% corporation tax on this amount.</p> <p>The MOUs we have are before ICBs so the responsibility is with NHS commissioning board (region) – would need to ask Jackie Buxton if can use and would need documentation to sign off the risk. Can put forward a case for what the funding can be used for. AA agreed to meeting with Jackie Buxton to discuss the MOUs currently have funding for and if and how this can be used in the future - maybe DMS and integration of services.</p> <p>We had quite distinct MOUs for the Wellbeing and Osteoarthritis project.</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Action: AA will write to Jackie Buxton, ask if can use the outstanding funds for Wellbeing and Osteoarthritis project for different – maybe DMS and also add in that can use on integration of services.</b></p> </div> <p>BE showed the committee a pocket leaflet of pharmacy services that Staffs LPC have produced – wonder if can use some of the MOU funds to create these for Derbyshire contractors. Also asked Paula Whitehurst if the ICB would look at funding this.</p>
4	CPE update
4.1	<p>Lindsey Fairbrother, CPE Regional Representative</p> <p><u>CPE update</u></p> <p>Negotiations not started yet Think that the government will impose another 1-year deal. CPE are stating that no more activity if do not get any more funding.</p> <p>8% decrease in pharmacies since 2021. Majority of income is from dispensing still.</p> <p><u>Committee members</u> Has Modi, Jardines and Mayank Patel, Pearl Chemist Group now members for IPA on CPE committee – were already observers at the committee meetings. Also meant that needed one more independent –there were 16 candidates for this place - Dervis Gurol was voted on.</p> <p><u>Subcommittees</u> <u>Service development</u> Vaccination issues – wanted to have pharmacy use NBS but stopped this so can use local booking systems Permission for offsite vaccines – this needs to be changed – not sure how it got added back into the contract. On the new sign-up form there is a request drop down box for offsite.</p> <p><u>IP pathfinder</u> – what's going to happen from April 2026.</p>

National solution for independent prescribing?? – pathfinder only continues to March 2026. What happens to foundation trainees DPP if no prescribing.

Funding

Negotiations not started yet – need them to start asap – likely to be a one-year imposition. Discussion on supervision changes, branded generics – looking at solutions, real time payments.

Legislation

Supervision changes 2026 – lots of confusion – asked James if can send out some simple comms

Asking for pre-agreed closing for learning time.

Comms

Tender for public affairs consultancy at the moment.

No positive noises from ministers and treasury at the moment in terms of increase in core contract funding.

Medium term plan

- Lots of opportunities for community pharmacy.

Attended all party conferences.

Negotiations

- Index link for activity and inflation
- Need sustainable foundations
- Is there a different way of getting feedback from contractors – need a unified response

Policy work

- PA consulting – support with negotiations
- Pharmacist flexibilities - one of the pathfinder
- Pharmacists wishing to be IP but no DPP so can't improve

Sector poll on patient abuse – CPE are collaborating with Pharmacist Support on a future webinar.

Issues for LF to take back to CPE committee

DE – period of treatment – extra fee if hit more than 42 day supply- used to have. Need to have back as 56 day prescribing is crippling some pharmacies.

Get rid of restrictions on PGDs especially if have an IP. Being able to prescribe slightly out of scope so do not need to go back to GP for changing the prescription.

Childhood flu – remove the barriers to deliver. Appetite from the system but need to make easier – e.g. offsite approval

	<p>Ensure that following proper processes to breach pharmacies for lack of opening – ensure that this is being equally and fairly. Also, when a pharmacy has been closed for a significant period and has new owners there should be a process for them to comply with regarding opening again.</p> <p>In some circumstances LPCs may have to decide that they do not represent a contractor for the greater good of all contractors. CPE to provide guidance</p>
5	Reports
5.1	<p><u>Chairs update</u> Spent time talking with solicitors re redundancy package and ensuring process followed.</p>
5.2	<p><u>Chief Officer update</u> Numerous meetings attended over couple of months along with annual leave around Christmas / New Year Attended CPE conference, CLOT meetings for region, IPMO, ICB f2f meetings, workforce meetings, catch ups with Shazia Patel. Helped with LPC HR and contractor support.</p> <p>Most time spent dealing with Market Entry issues and been a lot of appeals to review and respond to on behalf of LPC.</p> <p>Contractor support on the below</p> <ul style="list-style-type: none"> <li>○ sharps queries</li> <li>○ Nomination issues - RxWeb + Titan nomination report – also raised with CPE</li> <li>○ Help finding DPPs</li> <li>○ Pregnancy PEMs queries</li> <li>○ CPAF concerns + full questionnaire + inspection visits</li> <li>○ Pharmacy visits</li> <li>○ dispensing doctors and list cleansing</li> <li>○ Bank Holiday directions and opening queries and advice</li> </ul>
5.3	<p><u>Engagement Lead update</u> Some of the meetings attended by AA in Nov / Dec.</p> <ul style="list-style-type: none"> <li>● Seasonal vaccinations subgroup</li> <li>● Vaccinations and Immunisations Delivery Board</li> <li>● Midlands Regional Pharmacy First Oversight Group</li> <li>● JUCD IPMO Leadership &amp; Programme Board</li> <li>● Pharmacy Cell</li> <li>● Pharmacy First Task &amp; Finish Group</li> <li>● Derbyshire System Routine &amp; Selective Vaccination Programme Subgroup</li> <li>● CPD/ICB Primary Care &amp; Pharmacy Directorate</li> <li>● Derbyshire System Routine &amp; Selective Vaccination Programme Subgroup</li> <li>● EOL Medicines Working Group</li> <li>● Operations Team Meetings</li> <li>● Sexual Health Alliance</li> <li>● MaPCOG</li> <li>● Derbyshire Health &amp; Wellbeing Board</li> </ul>

- DMS Meeting
- CPD Exec Meeting
- EM Pharmacy Stakeholders Meeting
- EM LPC Exec Meeting
- Derbyshire Primary Care Providers Meeting

Tarquin Bertrum – CVD lead for ICB – is looking at working with pharmacies where patients are identified on discharge from secondary care as having raised BP and requiring community follow up. – The intention is to utilise PharmOutcomes and the DMS process to flag these patients. AA has put him in contact with Paula Whitehurst to scope further.

▪ Contractor webinar – 13<sup>th</sup> Jan 2026

Thanks to Emma Anderson for presenting the contraception webinar – more booked on than attended unfortunately - only sending the recording to those that attended.

Next webinar is on NMS – 13<sup>th</sup> February – Shazia is asking Stephen Jones if will present on mental health.

The webinar in March is on Threshold challenge.

5.4

Services update

- Services data pack

DMS

Getting UHDB data monthly:

December

553 referrals. Completed 436. Unactioned within 72 hours = 77. Accepted – 32. Rejected – 8 (low percentage)

Number of repeat offenders – CK contacted them before she left.

Need to remind pharmacies to close them off and claim the fee.

Chesterfield data will be coming soon – 100 referrals a month

Pharmacy First clinical pathways

Minor Ailments – not receiving the data for this - national issue.

BaRs helped with referrals – winter pressures will help.

Increasing consultations – not static line – compared against the year before.

Payment thresholds

More contractors are meeting the £1000 threshold but also more not meeting lower threshold

Total unclaimed - £79,500 for November

If all contractors were at Band 6 and claimed 125 equates to £37,500 a year in funding for clinical pathways alone. £412,250 a month. Plus, threshold payments.

Noted a trend that if a pharmacy is doing higher dispensing, then they tend to do fewer clinical services. Also the size of pharmacy also affects the numbers due to capacity.

Exceeding cap

3 pharmacies – others are getting close. Reviewed every 3 months

- Boots, Devonshire Walk - Have more than one pharmacist, Sunday opening, location in shopping centre
- Vernon Street – high student population
- Peak, Burton Road

Khuram offered to do top tips document.

Pharmacies who have done less than 5 consultations – will send out emails to highlight and ask if there are any reasons / problems and promote the webinar in March.

**Action: Khuram to produce a top tips document to send through to contractors to help with hitting threshold numbers especially those that have done less than 5 consultations.**

**Action: AE contact pharmacies who have done less than 5 consultations to ask reason why and highlight the webinar in March 2026.**

Contraception

Ongoing consultations – quite static – increased following freshers' fayres – do we need to carry on with these?

Initiation consultations – increasing.

Emergency Contraception – 594 in November – need to look at the figures from public health and see what the numbers were – payment was too low and access an issue. Sent the figures to Sophie Mayer to help with screening service being commissioned.

HCFS

Clinic readings increased but ABPM remained the same.

CVD prevention data – there are still a lot of undiagnosed hypertension patients increased in Jan, Feb, Mar – this was probably to do with flu season.

ABPM – include the calibrating info in the newsletter again.

Large readings but no ABPMs – concerned about this – will be following up.

**Action: AE to include the calibration information in the next newsletter**

Communications update

- Communications plan Jan-June 2026

LinkedIn followers continue to grow

Facebook – nearly 20,000 impressions

PF website – last 28 days - 840 impressions. EC added – 56 clicks through to that page in last 28 days.

	<p>Top pages accessed is homepage, contraception, NHS111 and earache.          Top search – PF Derby, PF, PF near me, PF chesterfield. Clear understanding about PF now by the public.</p> <p>Supporting pharmacies not reaching threshold.</p> <p>PF is 2 years old – huge success on the number of consultations done in Derbyshire. Need to communicate the success and the amount of money that can be achieved.</p> <p>Press release to be created and will send through for approval – KA to create and send to members and exec</p> <p>Focus groups - excellent awareness of the LPC of those that attended.</p> <p>National tender for PR for CPE – main feedback is they need to know about pharmacy.</p> <p>CPE need to be telling the public about the difficulties pharmacies are having – should include figures etc.</p> <p>?? create a page with the figures on regarding services and payments that pharmacies can receive.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Action: KA to create a press release on Pharmacy First being 2 years old and the number of consultations completed in Derbyshire – communicate the success of the service.</b></p> </div>
6	<p><b>National and Regional updates</b></p>
6.1	<p><b>NHSE National/Regional</b></p> <ul style="list-style-type: none"> <li>▪ Bank Holiday update</li> <li>▪ Midlands Regional Pharmacy First Oversight Group</li> <li>▪ East Midlands Primary Care Team meeting</li> <li>▪ East Midlands Community Pharmacy Strategy</li> </ul> <p>Shazia is wishing to focus on leadership within pharmacy          Mentorship – don't have this set up for community pharmacy and use GP.</p> <p><b>6.2 CPE</b></p> <ul style="list-style-type: none"> <li>▪ CPE events</li> </ul> <p>LPC conference 25.11.26 – NH, BE and DH attended</p> <ul style="list-style-type: none"> <li>▪ Future of Primary Care Parliamentary Drop-In Event on Tuesday 27th January 2026. Invite MPs</li> <li>▪ Media training – 26.01.26 / 10.02.26</li> </ul>

- \* Media training for LPC Chairs and CO – 31.03.26
- \* LPC learning – Integrated neighbourhoods 20.01.26
- \* LPC learning – PrEP – Thursday 22nd January 13.00-13.45
- \* Forum of Chairs – 11.03.26
- \* CPE regional event – 10<sup>th</sup> June 2026
- \* CPE newsletters received (link to CPE website) - Newsletter archive - Community Pharmacy England (cpe.pro.uk)
- \* CPE audit results
- \* A PRESCRIPTION FOR SUCCESS – Discussion
  - o Template letter to send to ICB

Discuss in March 2026 – probably need to put in front of Clair Raybould – ask CP Lincs if they have already sent these through to Clair before sending again.

Already sent the info out to Shazia and others at ICB.

**Action: NH / AE to ask TLG @ CP Lincs if sent info on prescription for success through to Clair Raybould**

**Action: Discuss Prescription for Success at the March committee meeting**

6.3

Derbyshire ICB

- \* Medicines Optimisation Regionwide Advisory Group
- \* Derbyshire Primary Care Providers meeting
- \* Integrated neighbourhoods – YP

Meeting 13/01/26 was cancelled – next one is 24<sup>th</sup> Feb.

- LPN funding 2025/26
- IPMO Strategy 2026 – 2028

NH raised optimising care by utilising medicines – this is what should be in the strategy.

Excess inequalities fund

- First time been told can spend on vaccination
- Going to use for comms

Full year – expressions of interest – Andy Mott – need to say what the finance is and deliver target – don't put too much detail in. Put in contact with Telford and Wrekin PH as they have already done this.

Want a response taskforce that can go into a nursery / school to target certain groups when underdelivering. Put the team together rather than deliver the service. £200k  
Any suitable provider.

<p>6.4</p> <p>6.5</p> <p>6.6</p>	<p><b>Public Health Services</b></p> <ul style="list-style-type: none"> <li>• EHC Decommissioning It has been decommissioned – letters went out - December 2025.</li> <li>• <u>PharmOutcomes License MOU - County</u> Reviewing the MOU. Wish us to continue to purchase and provide support. Incorporate into the MOU that LPC do not have anything to do with the finance part.</li> </ul> <p><b>Derbyshire LOC</b></p> <ul style="list-style-type: none"> <li>▪ CUES - Community Urgent eyecare Service just Google CUES Derbyshire for more information and to find a practice. Patients can self-refer, be referred from pharmacy, 111, A&amp;E or GP. These are acute conditions such as red eye, sudden vision changes, foreign body etc. Chronic conditions such as dry eye and gradual vision changes are chargeable. The standard GOS (General Optical service) sight test does not include dry eye, so this is always private. The GOS is for refractive changes i.e. new glasses. Dry Eye can self-treat with over-the-counter lubrication. If this is not sufficient many opticians offer dry eye clinics however these are always private. I have attached the Derbyshire NHS stance on Dry Eye. <a href="#">Dry_eye_prescribing.pdf</a></li> <li>▪ School Vision Screening - none in Derbyshire - advise all children to go to a local optician for a sight test. This is free for under 16's and full-time education until 19 years. Most practices do charge a top up fee for additional tests such as Corneal Topography, Ocular Coherence Tomography and Axial Length measurements. Additional tests may not be available at all practices so depends on equipment.</li> </ul> <p><b>Advertise this on the newsletter</b></p> <p><b>East Midlands Exec Team</b> Meeting held 15<sup>th</sup> January 2026</p>
<p>7</p>	<p><b>OPEN MEETING – chaired by DH</b></p>
<p>7.1</p>	<ul style="list-style-type: none"> <li>• Paula Whitehurst, NHS Derby and Derbyshire ICB</li> <li>➢ <u>IP pathfinder</u> 2538 consultations since Nov 24 to Dec 25 Pathfinder is continuing with the 4 sites Jan – March 2026. Not sure what is happening after this. Trialling Lipid point of care testing as an add on service – link with GP practices to manage. Evaluation – 210 sites in total across the country Implementation and viability <ul style="list-style-type: none"> <li>- Clinical governance</li> <li>- Supervision and support</li> <li>- Digital infrastructure</li> <li>- Skill mix</li> <li>- Funding – sessional payments was the preferred option</li> </ul> </li> <li>➢ <u>Engagement work updates</u></li> </ul>

Schools events

Chesterfield College

Forums good for getting information out to voluntary organisations

Training session for DCHS

DMS group

➤ Palliative care prescriptions

Issues re delays in prescriptions etc

Should have stock already in if part of the palliative care service.

Flagged on PMR system – comes in under acute along with other prescriptions – no other coding available.

Items on the formulary are not available anymore. Need the prescriber to be aware of the updates.

Old SLA. Better to have a core SLA and have stockists and formulary as separate documents so not tied together.

Payment to pharmacies is low and costs more to commission the service.

Reimbursement should be at the price the pharmacy bought at.

New GPs are not as confident with end-of-life care. Maybe that need to have some training available for this.

Winter health newsletter -

Spring Covid vaccines

Healthwatch volunteered to review the comms going out to patients.

Who is accessing the PF clinical pathways - demographics

67% met the clinical condition resulting in supply of antibiotic – positive that only giving when appropriate.

How much has this saved GPs?

- Highlight to those that are not providing and to GPs re referring

Dr Dhamrait highlighted that Online triage at GP practices will be increasing the referral rate to pharmacies. The BaRs template also went live at around the same time.

• Abi Stott-Marshall, Healthwatch Derbyshire

➤ Home Care Workers' Views on Infection Prevention and Flu Vaccines

Commissioned work with DDC

75% had the vaccine

Those that don't

- felt that didn't need because fit and healthy.
- Unaware of eligibility – 12%
- Difficulty with booking vaccine – if offer walk in vaccines then makes more assessable around shifts etc.
- Confusion around whether eligible at pharmacies – wording that the NHS used is not clear. Will be attending the Spring Covid vaccine meeting and will let know the same so can include in clear comms.

7.2

		<ul style="list-style-type: none"> <li>- Offering offsite vaccine clinics – need to make this simpler – withdrawn the fee for housebound patients now. Need to raise with commissioner.</li> </ul> <p>If LA are finding workplaces that need clinics set up – could be organised with local pharmacy. Care homes were not eligible this year and confused pharmacies.</p> <p>Need to have local conversations with GP's so work collaboratively.</p> <p>Making accessibility to the vaccine better – tailor to audience</p> <p>Enter and view – Goodlife Pharmacy volunteered for this Public do not know what the service is called when they are receiving any service so if ask them, they may say not aware but actually have used it.</p> <ul style="list-style-type: none"> <li>• <a href="#">Becky Butterworth, LPC Engagement and Support Manager, CPE</a></li> </ul> <p>7.3 Introduction - works with James Wood, Support, listen to LPCs – take insights and questions back Key focus – introduction calls with CO and Chairs – relationships, Put together training and development program for 2026 - Bitesize training Working with Pharmacist Support – wellbeing and resilience webinar – 26<sup>th</sup> Feb.</p>
		<a href="#">CCA / NPA</a>
8	8.1	<p><a href="#">CCA Questions Quarter 4</a> – supplied previously Already answered in detail by email</p> <p><a href="#">CCA matters newsletter – December 2025</a> For information</p> <p><a href="#">NPA connect newsletter</a> – nothing received</p>
9		<b>DEVELOPMENT SESSION</b>
	9.1	<a href="#">Strategy 2025/27</a>
	9.2	<ul style="list-style-type: none"> <li>➤ <a href="#">Update on deliverables</a></li> </ul> <p>Have another year to review AA and exec team will review and add in any further stretch deliverables needed</p> <p>Face to face events – webinars felt better as not enough content to organise an event.</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Action: AA and exec team to review strategy and if there are any stretch deliverables needing to be added up to March 2027.</b></p> </div>
	9.3	<ul style="list-style-type: none"> <li>➤ <a href="#">Knowledge Sharing</a></li> </ul> <p>5 minutes to talk about job role and what expertise / interest you have</p> <p>Darryl Dethick and Justin Gilbody gave a quick outline of their work and personal background – thanks given and KirstenA will type up the stories and send to DD and JG for approval before including on LinkedIn as part of Get to know your LPC members.</p>

		Next time – LF and DE turn.
10		AOB
	10.1	<p>Sponsorship check with committee re sponsorship from following</p> <ul style="list-style-type: none"> <li>Rizwan Akhtar - <b>RA Accountants</b></li> </ul> <p><b>He owns an accountant's company and has many community pharmacy clients – recommended by Shilpa Shah</b></p> <ul style="list-style-type: none"> <li>Jake Barclay – Tradebridge / RXbridge</li> </ul> <p>RxBridge help close the funding gap in the pharmacy sector by providing investment of up to three times a pharmacy's monthly NHS payments, enabling businesses to realise their growth ambitions or ease cashflow anxiety. You can find more info <a href="#">here</a>.</p> <p>Committee agreed that welcome to attend a future event for contractors when organised</p>
11		Next Meeting
		<ul style="list-style-type: none"> <li>17<sup>th</sup> March 2026, Peak Pharmacy, Buttermilk Lane, Bolsover, Chesterfield, S44 6AE 10am - 4pm</li> </ul>
12		Close

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

Signed:  ..... Position: .....CHAIR.....

Date: .....17/3/26