

## Pharmacy Thames Valley Committee Meeting

Wednesday, 11<sup>th</sup> May 2022

10.00-16.00 High Wycombe Holiday Inn

### Summary Minutes

#### Item

#### 1 Welcome and Apologies

**Present:** Robert Bradshaw (Chair), Akin Adeniran (Vice Chair), Navjot Chohan, Andrew Jones, Corrin McParland, Vikash Patel, Olivier Picard, Barrie Prentice, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

**Apologies:** Ketan Amin, Joanne Collins, Ian Dunphy, Sonam Kotecha, Shelton Magunje

#### Morning Session (joint meeting with Bucks LPC)

#### 2 PSNC/RSG

Janet Morrison was unable to attend but sent a pre-recorded segment. James Wood, PSNC LPC Support Director gave a presentation on the RSG Proposals. In the event of a positive vote, all LPC changes will need to go to contractor vote, along with a revised constitution. There is an opportunity to ask questions on the RSG web site and all responses will be published.

The following points were made:

- The 12-year maximum term will commence in 2023.
- It has yet to be decided if the 1-2 year review would be through self-evaluation.
- More core funding is required to ensure better outcomes for contractors by investing a bit more; it is not just about generating higher funding but also value protection.
- There is an argument for decentralisation as proving CP can deliver on CPCF would strengthen the CP negotiating position, and a lot of that delivery is supported by LPCs. There is, however, a clear case for more core funding as without it there may be nothing for LPCs to support.
- A recent comment from PSNC that the reason some contractors are in trouble is because they can't manage their businesses was unhelpful.
- The benefits of a yes vote are well documented but the drawbacks if there is a no vote need to be clearly communicated.
- PSNC are encouraging contractors to vote yes as the current proposals represent the best consensus outcome achievable at present. JW said using a no vote as a protest against PSNC would be a great shame when the idea is to introduce positive change. A no vote would put the DH in an even stronger position, make the sector look divided, and make it appear that the sector is voting against good governance.
- It needs to be clearly explained what a yes vote means for individual contractors.
- PSNC would support LPCs with changes required such as constitutional and HR support.
- It was suggested that PSNC should set out clear KPIs prior to negotiations, and publish detailed outcomes afterwards, improving accountability and transparency. The proposals will bring more transparency by building up audit review functions and via the council.

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- There was some disappointment with the extent to which the RSG has followed the Wright Review recommendations. The suggestion had been that anything that was negotiated by PSNC would come back to contractors for a vote. In the current proposals there is little direct responsibility by PSNC to contractors. Simply being told that PSNC are “doing their best” is not sufficient - a significant shift is needed on the £2.59bn.
- JW said it would have been preferable to have a council to take proposals back to but the sector could not agree on the principles needed to create a council. These proposals move us forward but hopefully will be a precursor to further changes in 1-2 years’ time. For this to happen the different parts of the sector will need to agree.
- It was felt that clearly setting out the review process might give contractors more confidence to vote for the current proposals, ie if they knew that a yes vote now would lead to further changes in the short term.
- CCA, NPA and AIMp had very different views – there needs to be compromise and a shared vision - at least the conversation has started.
- In terms of direct feedback for the process – RSG needs to better articulate the no position and consequences of a no vote, and clarify the negotiations that weren’t agreed.
- For the LPC, engagement needs to be a priority.

### Afternoon Session (Thames Valley LPC Only)

#### 3 Yousaf Ahmed (YA), Frimley Chief Pharmacist

YA joined the meeting. He has been in post for 6 weeks. He moved from Scotland where Pharmacy First and Minor Ailments embed community pharmacy in the minds of both politicians and the public. He was shocked by the disparity in funding and the view of CP in England. It was felt in Scotland CP is seen as an asset but in England as a cost. In Frimley ICB, YA wants to utilise and fund CP better. He is looking at how to get CP read and write access to patient systems as this is vital. He wants to look at a funded Pharmacy First scheme across Frimley as although DH are looking at a nationwide Pharmacy First scheme he doesn’t want to wait and would rather do a piloted, researched proof of concept. He is currently working out what this looks like and recruiting a CP Lead (Frimley is the first system to do this).

CCGs will cease to exist on 1<sup>st</sup> July and commissioning will be via the ICBs. There have been some Pharmacy First/Minor Ailments schemes around the country, but these required excessive administration which would need to be streamlined and less arduous. In Scotland in some pharmacies the counter staff do the paperwork and the pharmacist just vets it; in others it is done during the consultation. The previous scheme had a passport system with 3 items so you didn’t have to set the patient up every time. This circumvents some of the GDPR issues. A key thing is to reduce the potential for abuse of the system. To decide which ailments to include you could start by asking GPs where they see the most waste. The Frimley population is very diverse and areas such as Slough and Windsor might need to be marketed differently. GP CPCS is a challenge in poor areas and could be linked in. A national booking system would allow for triage but conflicts with the idea of CP being accessible and available for walk-in.

A Minor Ailments Scheme is simple to sell on the basis of reducing A&E and GP time, it is about making it easy for pharmacies to do it there and then. There also needs to be an easy way to refer patients back to the GP where necessary. Some pharmacies might struggle if they received large volumes right away. It would be better to start small with a research-backed programme.

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The LPC thanked YA and confirmed they were keen to support any scheme going forward.

PGDs – YA said UTI PGDs were being rolled out. There had been some backlash from the NHS but they were pushing ahead. The priority is to get the record updating aspect sorted out. Connected Care is being trialled and could be used as a vehicle.

Frimley are taking David Webb (Keith Ridge's replacement) to CP. They have appointed the main roles for the ICB. The Integrated Care Partnership (ICP) is yet to be formalised. They would like it to include LPC/CP representatives but without it becoming too unwieldy; this will probably not come online until the Autumn.

## 4 Declarations of Interests

None

## 5 Chief Officer's Report

See attached presentation. DD highlighted the following points:

- Only 11 ICSs in England are working on a delegated model. Frimley will go live on 1<sup>st</sup> July. BOB are not as far forward as Frimley.
- Joint meetings have been held with LOC and LDC.
- PCN Lead development funding ideas included: backfill; a half day on vision and strategy; a meeting to support one another and advise how to approach the CDs and build a community; revisit the initial training for new leads; a day, supported by the CSO, to attend PCN meetings or to visit the CD; try to get involved in local meetings. It was agreed to revisit initial Pharmacy Complete training, and provide targeted support to PCNs in disadvantaged areas (with a focus on engagement between pharmacists and CDs in 15-20 PCNs).
- DMS – Indirjit, the new Regional CP Support lead, will be invited to the next meeting.
- Uncomplicated UTIs – need to drive sign-up in Frimley.
- Emergency Medicines Supply – rejected service in Oxfordshire as no set-up fee.
- Substance Misuse – different contracts and review dates. DD thanked BP for his input.
- Oral Contraception – poor choice of PCN and very complex service. Will become a national service but needs simplifying.
- Hypertension PCN LES – chase for copies of submission to be sent to applicants.
- Anti-Depressant Pilot – PCN has been chosen. Another national service next year.
- Hypertension Case Finding – By early summer all Boots branches are expected to be online. Some patients are being sent without referral. It was clarified that written referrals aren't required and all cases can be claimed on MYS. Some practices have provided patient lists or a letter saying people will be sent ad hoc.
- Smoking Cessation Hospital Referral – all should be signed up even though referrals will be low; there is a £1,000 set-up payment.
- Provider Company – there are successful provider companies set up in areas such as West Midlands, Essex and Greater Manchester. It was suggested we sign up with one of these who will monitor bids and tender on our behalf for a small fee. In the past some contracts were written to exclude pharmacy and the provider company should be tasked with not just making the proposals but also influencing the contracts.

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### 6 CSO's Report

See Report attached. The following points were highlighted:

- Concern about GP CPCS referrals all being pushed to the end of the year, although this could be a positive as referrals might become ingrained.
- DMS – work is duplicated as you have to enter details on MYS as well. This has been raised with PSNC. Pinnacle have now produced a reconciliation tool to support.

### 7 Treasurer's Report

- The Treasurer was absent so the Finance Committee will meet separately.

### 8 AOB

- **RSG Proposals** – If the vote goes through the LPC should:
  - Approach Bucks and confirm Thames Valley LPC are happy to merge;
  - Review committee size (recommendation 10-12, suggested 11 as an odd number is preferable);
  - Hold vote for Chair, Vice Chair and Treasurer.
- To engage independent contractors it was agreed the LPC should call asking them to vote and telling them where to find information. (Appendix A of the proposals provides a good summary.) AD to allocate and circulate lists.
- The RSG recommendation is a name change to CP Thames Valley.
- **2022 Award Winners** – The 2022 winners are Keycircle (Berkshire) and Topside (Oxfordshire)
- **NPA Prince Charles event** – great coverage and PR for community pharmacy.
- **Future LPC Meetings** – the 20<sup>th</sup> July meeting will be held on Zoom. It was agreed to move the September face-to-face meeting to **7<sup>th</sup> September** before the flu vaccinations season begins in earnest.

**Next Meeting** – 10am-1pm, Wednesday 20<sup>th</sup> July 2022, Online