

Pharmacy Thames Valley Committee Meeting

Wednesday, 20th July 2022

10.00-14.00 Online

Summary Minutes

Item

1 Welcome and Apologies

Present: Robert Bradshaw (Chair), Akin Adeniran (Vice Chair), Ian Dunphy (Treasurer), Ketan Amin, Andrew Jones, Sonam Kotecha, Shelton Magunje, Corrin McParland, Vikash Patel, Barrie Prentice, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

Apologies: Olivier Picard

Resignations: Navjot Chohan, Joanne Collins

2 Declarations of Interests

None

3 Action Log Review

Bank Account – Chair is on the account, needs to contact Lloyds for login details. Out of date signatories to be removed.

EPS – Meeting held with Healthwatch in June, no issues raised to-date.

Sustainability – work being done by both ICBs.

Oxfordshire Implementer – Orla McBride recruited for Berkshire West, other demand limited at present so no plans to recruit further.

DMS – Data required. Raise with Inderjit Sanghera (see point 4 below).

Sustainability Lead – AJ agreed to take on role.

SPOC Representative, East Berkshire – KA agreed to take on role.

Healthwatch Visit – ID said the visit has been positive on the whole. Healthwatch plan to visit pharmacies on a more regular basis given increased services. When available, share link to reports with contractors so they know what to expect. A number of informal GPhC visits were also reported.

Pharmacy Complete Training – still awaiting PQS details.

UTI Sign-up in Frimley – now good coverage.

Finance Sub-Committee – meeting held. Sub-Committee to meet again to agree the year end accounts during the second week in August.

RSG – many contractors were very pleased to have had contact with the committee. It was suggested each committee member ring a couple of contractors before each meeting although some members found they only reached locums.

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4 **Guest: Inderjit Sanghera (IS), Regional Senior Pharmacy Integration Lead**

IS introduced himself – he started with Boots, moved into secondary care, medication safety, and was then Deputy Chief Pharmacist in a hospital trust. He has also done some work with PCNs. His current role is newly created and funded by the Pharmacy Integration Fund. This is an advisory role about breaking down barriers and moving the long-term plan forward, covering the whole South East region. He is currently building relationships and would like to drop in to some Thames Valley pharmacies.

In terms of current issues, he raised:

Smoking Cessation – he is in contact with the SE tobacco manager, to find out what is happening with referrals. Part of the reason referrals are low is because each Trust should have a tobacco rep/team who are still being recruited.

DMS – problems with data. The national team this week say they should be able to share March, and April to June data shortly which will help us see where the issues are. Meeting the Chief Pharmacists to investigate. Attended a DMS Steering Group in Kent/Medway which was very effective so this may be a way forward.

Regional Chief Pharmacist role is currently vacant so they are dividing responsibilities between the team.

Each system is recruiting a Community Pharmacy Integration Role. They will be “on the ground”, not just highlighting issues but sharing best practice and liaising with the Trusts as well on any issues (IG, IT, etc). Also looking at pilots for clinical services such as cancer.

Independent Prescribing – workshop tomorrow, discussions with acute Trusts about placements, etc. DD said we need a supervision register. Issue with DPPs which needs to be addressed. Future services may include an IP aspect rather than using PGDs. Advised CP needs read/write access to summary care records. Funding for the IP element of the pilot through the PCNs.

IS to be invited to future meetings.

5 **Guest: Tracy Daszkiewicz, Director of Public Health for Berkshire West**

New to post and keen to develop the relationship with pharmacy. TD asked for comments on where services are falling down. AJ said there had been disengagement with PH services due to overcomplicated PGDs and taxing training requirements. He asked about priorities. TD said spend on Smoking Cessation is very high and ineffective. Unclear why the private provider decision was made. Feels it is important to keep local services local which allows the building of relationships and extending services. High staff turnover and poor handover causing issues, as well as a lack of understanding of CP.

Smoking Cessation was moved to a private provider 3-4 years ago. CP could sub-contract but it was not a viable service. Condom distribution is attached to EHC. Sexual health testing is now online but would be a good service for CP. Supervised consumption is another area we could help with. Hepatitis vaccinations can support supervised consumption services too. TD said in Wiltshire they moved chlamydia from nursing to CP which was very successful. This then allows a broader conversation. Would be keen to have a condom service separate from EHC in pharmacy. Confirmed these are all areas CP has done before and happy to do again but there is more that can be done to support GPs.

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Important to make any services as simple as possible, not just in terms of payment but process in general. Promotion of services in local areas is key, whether it is marketing, or going into schools, etc. TD said she was keen to develop a collective brand to promote pharmacy.

When Smoking Cessation was moved out of pharmacy in 2013-14 the lack of a provider company meant CP was excluded. TD said it is possible to exempt pharmacies from procurement processes. Simplicity is vital but so is volume which is why services such as flu vaccination and hypertension work well.

Worth reviewing health checks. Previous services had been unnecessarily overcomplicated.

6 Chief Officer's Report

See attached presentation. DD provided an update as follows:

- ICBs – both BOB and Frimley now legal entities. Current NHS Team will continue with LES and Market Entry for now. Marion Basra retires at the end of July, unclear if she will be replaced.
- Provider Company – in contact with 3 provider companies, discussions ongoing.
- Contractor Events – HRT event successful with c.40 attendees. Now paused for summer but scheduled Contraception for September (Gedeon Richter) and Dermatology for October (Aspire Pharma)
- Healthwatch Event – useful meeting held in June, plan to run again in Sept/Oct
- New Service Development and renewal of existing contracts
 - UTI Frimley – 15+ pharmacies now signed up
 - Emergency Medication Oxfordshire – contract agreed with £300 continuation payment and £150pa retainer
 - Substance Misuse Slough – out for tender
 - Potential partnership with ICE for mini health checks
 - Possible cancer pilot for BOB
- PCN Training – awaiting PQS details
- Substance Misuse – payments and payment structure vary across providers and areas. The CGL contract is up for renewal in Reading and they are looking to move to a “holistic” model. This involves quarterly patient reviews. DD asked the feedback on viability and the best payment model. The committee rejected the current CGL proposal on the basis that: patients would struggle with the reviews; the model wasn't well thought out in terms of what happens if the patient refuses the review, or what CP responsibility is in terms of addiction management; the sums don't add up; it potentially puts pharmacists at risk; and there is also the question of what you actually do with the information; these conversations should be done by support workers as there are many issues outside of the pharmacists' scope. In terms of payment, it has to be a “per dose” model so that it is fair. A retainer-only model is a disincentive to do volume and that it needs to be a combination of both, or a very sensible amount per dose. The retainer should cover base costs (training, review, etc), then the supervised dose should reflect the work for each patient. Bupernorphine takes much longer than Methadone.
- Hypertensive Case Finding – 172 pharmacies now signed up. Promotion now being undertaken.
- Smoking Cessation – 60 pharmacies now signed up. £200k funding remains unclaimed. Local discussions with Frimley and RBH re discharged patients.

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- RSG – PSNC/LPC Review - awaiting toolkit from PSNC with next steps. Locally we only need to consider: change of name; committee size; Bucks merger. Hold brainstorming session at the September meeting. Chair to approach Bucks LPC again to clarify our position.

7 CSO's Report

See Report attached. KB highlighted the following points:

- GP CPCS – reviewed referral figures across the patch. There is an issue with Oxfordshire system support which is hopefully being addressed. Orla McBride has now been recruited for a couple of days a week to support with practice training. Sharing data weekly where appropriate.
- DMS – low level of activity particularly in Frimley and Oxfordshire. Issues with locums not understanding the process. Can be sent links to Virtual Outcomes training timeline allowing. Some locums are demanding higher rates to do services.
- Hypertension Case Finding Service – PharmOutcomes will be going live for referrals back to GPs, costs are not yet clear. CO talking to systems regarding funding. Hypertension service is set up the best particularly as it serves the GPs without removing funding from them - frustrating not to have that level of consistency across other services. The only issue is that it is a pharmacist-only service, but this is due to tax rules. Data on the number of referrals unavailable.
- 111 CPCS – also facing data issues.
- PCNs – not much to report. Not actively recruiting for the 8 current vacancies until the future is clearer. Good PCN training held but attendance was poor.
- Query about the Lead Clinical Pharmacist role. Often someone who leads but doesn't necessarily have that title. CSO to follow-up.
- Outlook for PCNs still unclear. Funding remains an issue.

8 Treasurer's Report

- 2022/23 Budget – the Finance Subcommittee has agreed the budget and that this had been submitted to PSNC.
- Treasurer confirmed account balances. Assurance fee much higher than last year.
- CO said a PSNC levy payment seemed to be missing – Treasurer to check.
- Backfill claims – Agreed to increase daily rate in line with current locum rates. Treasurer will consider higher rate where evidence is provided.
- Treasurer to discuss tax implications of potential higher mileage rate with accountant. Alternatively HR Sub-Committee to consider a one-off payment at their next meeting to ensure CSO is not out-of-pocket.

9 PSNC/NPA/CCA/AIMp/SPOC Updates

PSNC, NPA, AIMp – no updates

CCA – only update had been regarding the RSG vote.

SPOC

- BOB – West Berkshire are beginning to align with BOB arrangements. May be moving away from place meetings so could potentially rotate attendance in future.
- Frimley – KA agreed to take on role as SPOC representative for East Berkshire.

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10 AOB

- NHS Service Finder – survey useful to circulate
- PharmOutcomes – health champion in each store should be checking PharmOutcomes. They could even call the patient and pass the phone to the pharmacist
- Complaints about pharmacies – consider how these should be handled at next meeting.

Next Meeting – 10am-4pm, Wednesday 7th September 2022, Holiday Inn High Wycombe