

# **Pharmacy Thames Valley Committee Meeting**

Wednesday, 23<sup>rd</sup> November 2022 10.00-16.00 Holiday Inn, High Wycombe

# **Summary Minutes**

#### ltem

## 1 Welcome and Apologies

**Present**: Robert Bradshaw (Chair), Akin Adeniran (Vice Chair), Ian Dunphy (Treasurer), Ketan Amin, Andrew Jones (AM only), Corrin McParland, Barrie Prentice, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

Apologies: Shelton Magunje, Vikash Patel, Olivier Picard

# 2 Declarations of Interests - None

# 3 TAPR – update on proposals and progress (see slides).

**Frimley** – CO confirmed he had approached Surrey and Hampshire LPCs regarding options for Frimley. Both had responded that their committees had voted unanimously to maintain the current structure. PSNC and CCA are aware and, whilst not ideal, they are not overly concerned.

**BOB** – the TV TAPR sub-group met with Bucks on 21<sup>st</sup> November. Their whole committee had expressed a wish to attend but only 2 members joined the meeting. The CCA also attended. The sub-group reiterated the reasons for merger (the RSG mandate requiring LPCs to be co-terminus with one or more ICS, to have at least 200 contractors, and to deliver the increased PSNC levy without increasing the contractor levy) with the details to be resolved by the new committee. Bucks' focus was on costs and a concern that a merger could result in higher levies for Bucks contractors. It was confirmed that the Thames Valley levy per contractor is in fact lower than Bucks. It was agreed the decision should go to contractors for a democratic vote, that the two LPCs would draft joint communications, and that it would be raised again at the next Bucks LPC meeting. PSNC will provide voting materials and there will be an independent returning officer.

The breakdown of CCA, AIMp and Independent contractors in Bucks and Thames Valley is similar. AIMp and CCA are behind the merger. One third of contractors can call an SGM if required. Given that both committees are missing CCA reps, it might be useful for the current CCA reps to sit on both LPC committees to improve communications and promote clear messaging. The current Bucks Chair and CO are not employed, potential tax and NI liability needs to be investigated before any merger. **Vote** - the Committee vote on whether to hold a Special General Meeting (ideally in January) to ask

- 1. adopt the new PSNC model constitution;
- 2. extend the current committee term by 3 months to 30<sup>th</sup> June 2023;
- 3. pursue a merger with Bucks LPC (retaining the Frimley status quo for the time being).

All attendees voted in favour. Confirmation of the vote to be sent to PSNC.

## 4 Action Log Review

contractors to vote to:

CSO to provide a proposal on one-off mileage expenses.

CSO had spoken to Reading CC who are insisting needle exchange data is provided in the current format, however, the contractor doing the majority of the needle exchange delivery isn't providing it. It was felt commissioners don't understand the pressure contractors are under.



Changes to banking arrangements are on hold until the move to Xero and potential merger are complete.

Treasurer confirmed accounts had been produced earlier for this meeting and that he has stressed the importance of them being as up-to-date as possible.

Accounting arrangements need to be reconsidered when the new committee takes over on 1<sup>st</sup> July.

### 5 Chief Officer's Report

CCA reps to raise awareness of current CCA vacancies on the committee.

ICB Update (see slide)

- Currently in a transition period between the NHS team handing over to the ICSs. BOB have introduced a POD meeting (pharmacy, optometry & dentistry) but there has not been much progress so far. NHS commissioning at this level is minimal.
- Frimley don't have a POD arrangement. It is still unclear where pharmacy stands but a meeting is being held next week.

Local Service Development

- The Frimley UTI service is now up and running.
- Substance Misuse in Slough the existing service has been extended for now but a new contract is being negotiated with Turning Point to start in April; in Reading the CGL contract has been renewed with an increased payment for the supervised dose and needle exchange.
- GP CPCS –as EMIS triages patients, GP CPCS referrals are often easier than the walk-ins.
- NMS Antidepressant Pilot (see slide for detail)
  - Bracknell and RBWM pharmacies have been selected for the pilot.
  - $\circ$   $\;$  It is only a relatively small addition to the current NMS service.
  - o it hasn't simply been added to the current spec due to the sensitive patient group.
- Cancer Pilot

#### Inderjit Sanghera (IS) joined the meeting

- The main difference with this is the referral directly to secondary care.
- the payment structure needs clarifying or amending as pharmacists are currently being asked to do five times more work for no extra money. IS confirmed they are looking at the fees and awaiting more detail.
- AJ said it would work well in pharmacies where there is a regular pharmacist but felt it could be risky where we have locums and that haven't been trained. He said if CP is going to be a pipeline directly into secondary care for cancer referrals there could be a risk of medical negligence if cases are missed. He was concerned how well this been worked through and said we need to look at it in detail and make sure every pharmacist is trained and equipped. It was felt we should be doing this already to a degree. IS agreed and said it is a change of focus rather than a completely new way of thinking.
- IS said the Cancer Alliance have been funded to lead on the pilot but they don't have experience engaging contractors, etc.
- IS said this is very much a pathfinder pilot to see if it is going to work, and that multiples and independents may work differently.



- Hypertension
  - 194 pharmacies are now signed up. At a recent presentation to healthcare staff a challenge had been raised by two GPs around pharmacy involvement and finances.
- Flu Vaccine
  - Oxfordshire flu vaccination figures are excellent, but Frimley numbers are down.
    GPs are only doing co-administration in many cases. It has been the best year for stock availability. The only issue had been the provision of incorrect vaccines, although these may have been coding rather than delivery errors.
- Contractor Workshops
  - It was suggested that we investigate whether the EHC March workshop could result in accreditation for providers.
- Other Business
  - A PCN funding model is being trialled in Surrey Downs.
  - Frimley Shared Care Record pilot 5 Day Lewis pharmacies taking part.
  - Workforce Survey chasing participation.
  - The committee were reminded to complete the PSNC survey.

#### Services

- There were concerns around the Palliative Care service being viable, particularly as it requires regular reporting which is very time consuming.

#### Shape

The Shape tool, which is available to all committee members, we demonstrated.

#### 6 Inderjit Sanghera (IS), Pharmacy Integration Lead

- IS confirmed that two Community Pharmacy Clinical Leads have been appointed and they will be invited to the next LPC committee meeting.
- NMS NHS Antidepressant Pilot
  - The purpose of the pilot is to expand NMS into depression and understand support and training requirements for CP, and also allow us to test NMS support through the follow-up stage.
  - $\circ$  The pilot will also identify datasets that should be shared with the GP.
  - The IT pathway is currently being resolved.
  - $\circ~$  Two introductory webinars for the selected pharmacies on a choice of either 23  $^{rd}$  or 30  $^{th}$  November.
  - There is quite a lot of training but they are looking at combining it into a single 2-hour webinar.
  - We also need to look at SMR.
  - CP Independent Prescribing (IP) Programme
    - IS discussed the benefits of IP. Newly qualified pharmacists will all be IPs from 2026.
      PGDs are likely to be replaced by IP services going forward.
    - $\circ$   $\;$  It is difficult to promote IP at the moment as it doesn't lead anywhere.
    - One of the stumbling blocks is the lack of DPPs. Ideally we need registers of IPs and DPPs. Someone is being appointed to work on this.



• When the funding for GP pharmacists finishes in 18 months, this is likely to bring many pharmacists back to CP.

# 7 CSO's Report

See Report attached. The following points were highlighted:

- GP CPCS
  - Frimley and BOB are 1<sup>st</sup> and 2<sup>nd</sup> in the South East for overall GP CPCS referrals.
  - There are some challenges in Frimley where practices aren't referring appropriate patients. CSO will be providing a couple of advice sessions but has advised that any training beyond that will require funding.
  - CSO reviewed the stats. Sometimes patients contact the pharmacy after the GP CPCS referral is closed so it is worth leaving the referrals open for a time.
  - Around a quarter of referrals are not even being opened.
  - There is a setting in PharmOutcomes to set up GP CPCS referral alerts.
- DMS Thames Valley figures are disappointing compared with other areas in England. The CP Pharmacy Leads will be tasked with supporting this.
- 111 Referrals
  - The dashboard has still not been updated.
  - The online 111 service has been updated to take minor ailments from 31/10/2022.
- PCN Leads
  - The ICB feel there is a need for CP PCN Leads but the LPC have insisted they must be funded. Various options are being explored.
- PQS
  - The LPC is supporting engagement in the absence of PCN Lead support and will be running an evening session in January.
  - Awaiting final list of pharmacies stocking palliative care meds which will then be circulated.

# 8 Treasurer's Report

- Cash on hand Current Account £112,681, Training Account £103,357.
- The accounts are running as expected and following the budget quite closely. The HMRC issues are being resolved. There is a query around £4k which may have been miscategorised.
- We would need to check tax years and arrangements with Bucks if we merge.
- Ask accountant to provide brief notes on any discrepancies in future.
- We will continue to use the HMRC mileage rate as otherwise there are tax implications.

## 9 PSNC/NPA/CCA/AIMp/SPOC Updates

## PSNC, AIMp – no update.

**NPA** – An LPC Connect newsletter has recently been circulated.

**CCA** – recent communications have been around TAPR/RSG expectations.



### APC Update

Frimley – chase invitation from Frimley. There is an issue with Dexcom as they are expecting pharmacy to provide a service for no fee.

BOB – meeting 22/11/2022. Nothing too contentious. Attempting to switch some patients from Metolazone to Xaqua but it isn't available. Out of stock at Alliance. IPs are prescribing it.

#### 10 AOB

Daily Mail & NHS articles – double-page spread article from 22<sup>nd</sup> November. LPC raise awareness. MPs - arrange contact with MPs such as Anneliese Dodds and James Sunderland (Bracknell MP whose aide attended the Westminster hypertension event). APPG lead may be useful.

Flu – circulate a flu press release.

Finances – a third of pharmacies were facing serious financial issues.

Concession prices – the current system is not sustainable, prices have increased across the board and the model is broken. Having the concession list come out towards the end of the month makes it impossible to budget. Contractors need to rely on drug comparison software and can easily spend 2hrs a day chasing stock. Only the pharma companies and wholesalers are making money.

Workforce – everyone is facing struggles with workforce. We need to encourage young people to join the profession, promote CP as a great place to work, and encourage apprenticeships and training. Apprenticeship schemes are useful and provide higher quality candidates than advertising direct for entry-level staff. LPC to raise awareness of apprenticeship schemes.

Next Meeting – 10am-1pm, Wednesday 18th January, Online