

Pharmacy Thames Valley Committee Meeting

Wednesday, 15th March 2023
10.00-16.00 Holiday Inn, High Wycombe

Summary Minutes

Item

1 Welcome and Apologies

Present: Robert Bradshaw (Chair), Akin Adeniran (Vice Chair), Ian Dunphy (Treasurer), Shelton Magunje, Corrin McParland, Vikash Patel, Olivier Picard, Barrie Prentice, Natasha Wahie, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

Welcome & Apologies: Apologies from Ketan Amin & Andrew Jones. RB welcomed Natasha Wahie to the committee. Yinka Kuye joined as a guest for the morning session.

2 Declarations of Interests

None

3 Action Log Review

Financial arrangements – Xero has been set up and there should be a smooth transition. Currently investigating corporation tax – little exposure but clarity required around liability. Transfer to Xero will involve payroll shift and streamline invoicing. Ready for the end of the financial year and to hand over to the new committee.

CP PCN Lead funding – proposals have been submitted.

Vaccination logging – this was a communication issue with surgeries rather than a funding issue. YK to make contact with the Covid Vaccination Group as there have been a couple of admin issues.

TAPR – see PM session.

KB mileage – resolved.

4 Updates from Committee Members

Each committee member provided a personal business update. Major issues around supply chain, workforce and general financial pressures.

5 Chief Officer Update

See slides attached. The following points were highlighted:

BOB – financial challenges and undergoing restructure. Workforce Lead, Debbie Street, is supporting with IP DPPs and building a register. Other systems have funded supervision but this is not the case on our patch.

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Frimley – restructure underway there too. NHS will be “moving” to Sussex and supporting system teams. Some systems are misunderstanding delegated commissioning.

Services

- Slough Substance Misuse – working with Turning Point. Good start with the team. Major improvement on previous service with Slough CC.
- NMS Anti-Depressant Pilot – 16th May mental health and wellbeing webinar. Specialist mental health GP running session with Samaritans and Pharmacist Support.
- Cancer Diagnosis Pilot – this will be launched in Oxfordshire first, mainly in areas of deprivation. Initially limited to 2 areas – bowel and upper respiratory. This appears to be a good decision as Kent, who were still trying to cover 6 areas, are now not progressing with the pilot. The clinical protocol should come out on 17th March, EOIs to go out the following week. Financials not satisfactory and will need reviewing before the service is rolled out.
- Covid – new vaccine - contains fish and requires dilution - could be challenging.
- Flu – numbers in Frimley and Berkshire West declined this year, probably due to co-administration. VP confirmed most were co-administered this year as this had been pre-planned. OP said the staggered approach had helped. BP confirmed co-administration made GP vaccination more viable.
- PCN Funding – approved in BOB. £400pm per pharmacy to allow 1 day per month for PCN work. Still awaiting details of work required, but looking at CPCS, NMS, Hypertension. Equates to £240k for our contractors. There is quite a significant amount of admin to be done, LPC support was offered for a fee but the system is appointing a project manager instead. Intending to interview PCN Leads, IT platform currently unclear.
- DMS – numbers still lower than we would like. Sometimes the referrals are not sent by the practices – there may be a training issue. Frimley DMS figures are probably Eton NOMADs.
- Sainsburys Lloyds closures – attended 3 council meetings to make representations on behalf of community pharmacy. So far, the only supplementary statement being put in it is for Littlemore. NHS have supplied a closure checklist. Currently 34 branches up for sale.

6 ICS Update - Frimley

Yinka Kuye (YK), Community Pharmacy Integration Lead for Frimley ICS, introduced herself. She has been in the role for 4 months, having been a pharmacist for 27 years. Her recent experience is in education, training and workforce development but was keen to be back in community pharmacy. Frimley structure still being clarified, should be released by the end of March/ April.

IP Pathfinder proposal has gone through regional moderation. Two EOIs in Frimley, one for UTI plus service, where prescribing will be outside the of the current PGD, and the other Pharmacy First Plus. Selected a Payment by Results model but open to sessional payment if needed as we believe this is the preferred payment model by the national team.

DMS – working hard to get up and running. Issues with IT system at the Trust, trying to engage to increase the referral rates, even if referrals are by via NHS mail.

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NMS Pilot – mental health training (date TBC). The training will be open to all pharmacies, not just those on pilot.

CPCS – doing well in terms of sign-ups. Opportunities to do more, both in terms of referrals and completed consultations.

Community Pharmacy Integration – asked committee to consider how we can progress, areas of best practice, etc. Please let YK know if you have any ideas on how we can better integrate CP into the system.

YK also works for CPPE so is happy to take feedback relating to that as well.

7 #SaveOurPharmacies – LPC Action

Reviewed recent press coverage and social media communications and asked everyone to support the campaign. Should the LPC be more political? We don't really have a choice but we need to ensure we don't upset any area of pharmacy. Who are we asking to save the pharmacies? We should be aiming a lot at the NHS but ask Healthwatch, patient groups, etc to speak on our behalf. The local element is key, making the message personal. MPs aren't the decision makers. The campaign needs to be more specific, for example "x number of pharmacies are closing due to lack of funding". We won't get more for dispensing but we need to ask the question. We need to talk about real time cuts.

We need to be balanced in our approach and seek a response from all involved. H&W Boards may be a place to start but tend to be more GP-led. Healthwatch have been strong supporters of CP in the past but can be a double-edged sword. W Berks Healthwatch seem to see their role as enforcement rather than support. Agreed it is appropriate to call out the number of pharmacies lost. We should have a way of capturing stories from community pharmacies to highlight issues. This would give us evidence to raise awareness. Dispensing at a loss, staffing issues, etc. Patients' stories are more impactful for politicians. Set up a web page about the campaign with a submission form, links and stories. It is not acceptable that price concessions are announced so late, it makes it impossible to run a business.

Advanced services - should we be chasing more referrals for CPCS? PSNC guidance is that all we are doing is eroding the fee. We are moving towards a service model, but we can't take any more work without recompense. So, is the position that we don't want new advanced services but do our best with existing ones? Existing services are activity fee-based. We do many consultations without the referrals. The government may switch on a walk-in CPCS service imminently. In Marlow the GPs are doing GP CPCS but not telling the patients. The patient is supposed to give verbal consent as otherwise GPs are directing.

8 CSO Update

See slides attached. The following points were highlighted:

Most time is taken up with GP CPCS and the different ways the systems are tackling it. Frimley is way ahead of BOB as they went live on EMIS a lot earlier. Completion rates are BOB: 62%, Frimley 61%. For the past few months circulating data to try to improve this.

When pharmacies get regular referrals, checking becomes part of their routine but some get referrals so rarely that this isn't always the case. Many pharmacy phone numbers come up as withheld and patients don't answer those calls. The practice can personalise the messages that go out. Counter assistants' training should include asking patients coming in for consultation or

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medication if they have spoken to their GP. We had been told that if a pharmacy changed their DOS they would be taken off the service but in fact this takes 30 days to feed through.

9 Treasurer Report

Actuals are roughly tracking budget. Currently checking corporation tax liability. Because we made a payment a few years ago the account is still open. Claims for backfill are much better using the Airtable system. All officers to make their honoraria claims ASAP so everything is up-to-date and transparent when the new committee come in. Closing the ability to claim 3-6 months after a meeting. Any meetings outside normal hours are paid on an hourly rate. Xero will mirror the exact format of the accounts. Disregard the budget for the first quarter. It would make sense to get all payments lined up in advance of the merger. All existing contractors will still benefit from any expenditure. Treasurer confirmed cash on hand. Continuing to do alternate meetings online helps saves costs.

10 APC Updates

Frimley – nothing to report. Dexcom is amber on formulary.

BOB – Differences were evident between the two systems at previous meeting. Looking to reduce the number of representatives. Trying to save money across the board.

11 PSNC/CCA/NPA/AIMp Reports

PSNC – GW is the only candidate to stand for PSNC representative in the South East.

NPA – elections are being held this month. Governance has been changed so board members can't be elected for more than 3 terms but some longstanding members are being transitioned to retain experience. Board is reducing from 17 to 11 or 12. There are changes to representation according to the number of pharmacies the representatives have, voted for by those of a similar size.

CCA – main focus is on TAPR with some mention of IP.

AIMp – nothing to report.

12 TAPR

SGMs for TV and Bucks were held on 9th March. Votes: TV 141 in favour, 0 against. Bucks: 46 in favour, 1 against. The merger will therefore go ahead and the new committee term will commence on 1st July 2023 with the first committee meeting held face-to-face shortly thereafter. The new committee will comprise 11 members – 5 CCA, 2 AIMp and 4 independents. Nominations for independent committee members will be invited w/c 20th March. It was agreed one independent committee place should be reserved for Bucks. When nominations are received, places should be allocated to the Bucks candidate with the highest number of votes, and the 3 highest TV candidates.

We have the domain name www.cptv.org.uk. We will be retaining the TV web site, adding Bucks services and setting up forwarding on the Bucks web site. Contractor communication to include a welcome newsletter advising contractors about contact details, web site, Signal Group, officers,

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etc. Handover will be required for finance and HR sub-committees. Returning reserves wouldn't be necessary as Bucks bring similar reserves per contractor.

It was agreed the next meeting (24th May) should be held face-to-face.

The HR committee confirmed KB's contract expires at the end of March 2025.

Treasurer said we need to hold 2 separate accounts with separate banks to minimise risk. A Starling account would allow us to hold different pots of money. The new committee may want to look for a high interest account for reserves.

13 AOB

- CMR Database funding request – Surrey/Sussex had commissioned a database and it would also be beneficial for TV. The cost would be £6k with an optional monthly hosting fee. Bucks will contribute 25%. It would make PCN management easier. We need to ensure 2-factor login and check if the committee and PCN leads would have access. All in favour. The funds will be drawn from the training account as it will support PCN management.
- PCN Leads – this may be hard to deliver – would the LPC need a non-pharmacist to do the work? Not required as BOB are employing a project manager and Frimley funding will be invested in the database.

Next Meeting – 10am-4pm, Wednesday 24th May, Holiday Inn High Wycombe