

Pharmacy Thames Valley Committee Meeting

Wednesday, 24th May 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), Ketan Amin, Andrew Jones, Corrin McParland, Vikash Patel, Olivier Picard, Barrie Prentice, Natasha Wahie, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

Apologies: Shelton Magunje

RB thanked the outgoing committee members, AA, VP and KA, for all their hard work and contribution to the LPC.

2 Updates from Committee Members

Each committee member provided a personal business update. Major issues around supply chain, Lloyds withdrawal and general financial pressures. Some improvement in workforce availability and rates.

3 Declarations of Interests

None

4 Action Log Review

NMS Antidepressant Pilot – 30 pharmacies were invited, 12 registered, 3 completed so far. Running a webinar at the end of the month, open to everybody, to talk about the service and mental health generally. Encourage participation.

Meeting held with Clyde & Co. Advised, to limit potential liability, that any ongoing arrangements with MP should remain on a consultancy basis.

CP PCN Lead Funding – BOB proposal has been accepted and they will recruit a project manager. Some training has been negotiated for PCN Leads when funding is released. Frimley are still awaiting finance approval.

Running Xero and Quickbooks in tandem in the new financial year. Draft accounts provided late, so Treasurer to review and set up finance sub-committee meeting before presenting year end accounts to the committee.

5 CSO Update

See slides attached. KB highlighted the following points:

GP CPCS – drop off in Frimley and BOB in April. The increase in Kent is driven by a funded role by the system who contacts pharmacies daily.

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Some surgery websites use “Klinik” which asks whether the patient would be happy to be referred to a pharmacy. The patient is not advised so doesn’t contact the pharmacy. The surgery are supposed to have verbal consent. CSO raising awareness of the issue and also that referrals need to be regular not one-off. One contractor has bought an audible alarm linked to PharmOutcomes which has really helped.

BOB still concerned about dropped and uncompleted referrals. Some pharmacies had complaints direct from surgeries. Details of any such contacts should be passed to the LPC.

CSO asked the committee whether they are happy for him to continue chasing individual pharmacies for GP CPCS. It was felt this was important from a reputational point of view.

DMS – no data available.

Lloyds – trying to support pharmacies through the closures, talking to PCNs, CDs and ICSs.

Pharmacy First – this should be part of core training so there should be minimal additional training required.

6 Chief Officer Update

See slides attached. DD highlighted the following points:

TAPR

- Thames Valley and Bucks Treasurers to meet up
- Funds to be transferred to Thames Valley
- NHSBSA to be notified and new levy advised (this will be the total existing levy divided between total contractors resulting in very little change)
- Check insurance details and ICO are correct

DD to send letters to Treasurer for NHSBSA etc.

Website to be updated during July to accommodate Bucks Services/New Committee etc. Local stakeholders to be informed.

It was agreed any decisions about the team would need to be taken by the new committee. MP to be advised accordingly. The first meeting of the new committee will take place on Tuesday 11th July 2023.

Regulation changes – query around whether the legal changes will risk technicians being pulled into GP surgeries. This will depend on the legal protocol adopted. Clinical checks will still need to be done by a clinician.

Business continuity plans will now be held by the ICB rather than the NHS.

7 HEE Update

Shane Costigan (SC), Regional Head of Pharmacy, NHS WT&E joined the meeting. (See slides attached)

HEE has merged with NHS England and SC is the Regional Head of Pharmacy for the new Workforce, Training & Education (WT&E) Directorate.

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They are currently working on 3 main areas: pharmacist education reforms; technicians; and integration.

Education – currently reforming MPharm (Year 1-4), Foundation Year (Year 5) and Newly Qualified Pharmacist programme (Year 6). Now, for the first time, there is placement funding provided. There is a move away from shadowing to more practical work.

Technicians – looking at apprenticeship and other funding streams for training places.

Pharmacy Integration – priorities are supervision, access to DPPs and increasing supervision capacity.

At the moment pharmacy technicians can only be trained in pharmacy or hospital but they are being absorbed by PCNs so it not surprising there has been a reduction in training. SC said they are looking at ensuring an equitable funding pot for all training settings. Also looking at working with the regulator on where training can take place. The bigger picture is how community pharmacy can afford their technicians.

In 3 years' time all newly qualified pharmacists will be IPs. It is difficult, if not impossible, to find a DPP, and some are asking for payment. SC said probably for the next 40 years there will be cohorts of prescribers and non-prescribers. Also, there is thinking around which roles need independent prescribing. About 30% of registrants are IPs currently. SC said the plan is to ensure there is funded training available for the foreseeable future. The number of DPPs is increasing but they are aware of the issue.

Could there be a register of DPPs? SC said there is work looking at developing a register in the South East.

What percentage of the 30% of IPs are in community pharmacy? SC said they don't have the data. It was agreed that it is frustrating that community pharmacy are doing the training but not benefiting from the staff.

Does placement funding include supervision payments? SC said not currently. There is funding for prescribers in other areas. There are different funding models across different professions and across different areas. They are trying to come to a fairer distribution. Foundation training funding varies across England in hospital settings from around £28-£33k, to £18.5k in community pharmacy. Looking at harmonising across sectors.

Even if you provide funding for technician training, they will still then be lost to other settings. SC said they are also looking at how roles within community pharmacy can provide better career progression. The first wave of new prescribing pharmacists will come into the market from summer 2025. Looking to harmonise the training offer across all systems. Oriel will be the only pathway. Currently considering cross-sector rotation and what that will look like.

Currently when you take on a pre-reg, you are responsible for that person for the full year, entering them in exams, etc. The new split placement system will make that difficult. How will this work? SC said there will be a lead employer that works with partners for cross-sector training.

What the incentive is for the lead employer? There will be more admin than the current system and will also lead potentially to more pre-regs being trained in community and moving out immediately. SC said they are hoping to have properly commissioned services in community

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pharmacy to make the sector more attractive. It is very important to make sure this works for community pharmacy as well as the trainees.

The main issues for newly trained pharmacists are salary and then proximity to home or transport links.

SC said 10,000 module places for Clinical Examination Skills Training have been launched.

The Community Pharmacy Workforce Survey should be out during the second week in June.

What can the LPC do to help NHS WT&E to help us? SC said DPP capacity building work could be a development area.

Post presentation discussion

It was agreed that the only solution is central employment, with placements being paid. It was agreed SC should be invited to return for September meeting to provide an update.

8 ICS Updates

See CEO report

9 Treasurer Report

See above.

10 APC Updates

Frimley – DD said the meeting went well. In future they are going to upload the papers centrally for general comment prior to the meeting.

BOB – no update

11 PSNC/CCA/NPA/AIMp Reports

PSNC – doing a lot more media work, engaging MPs, etc. Their next meeting will be just after our July meeting (on 12th July).

NPA – took a stance on the contraceptive service and asked their members not to participate. Recently published 10 principles about transforming the contractual framework. There is a Select Committee where the only pharmacy representative is the NPA. Query whether you still have to buy NPA insurance to be a member. Confirmed you can be a “customer” rather than a member.

CCA – all questions have been covered.

AIMp – they had had a visit from the NHS funding representative who advised there is no flexibility in IP requirements for current non-IPs.

12 AOB

Research Project – AA said he is completing a doctorate in management and leadership. His research involves how community pharmacists lead their pharmacies to transition from supply to services to align with the NHS vision. The committee agreed the LPC could help to distribute the survey to staff.

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Covid Boosters – LPCs have been asked to give feedback to PSNC about structuring the autumn booster campaign. The deadline has passed but feedback can still be provided as they are still negotiating. The following points were raised:

- Vaccine supply should be different. You have to place your order so far in advance. Each ICB should order the vaccines based on the numbers and distribute them. You should be able to request a minimum and maximum.
- The two booking systems (NBS and Pinnacle) don't talk to each other. They need to be combined by manually transferring data over, this needs to be automated.
- There needs to be a link between bookings and vaccines (Foundry) as well. They can see how many bookings you've got, that should be what is supplied. There is a lot of wasted admin time.
- It should be a standard seasonal flu-type system. This year there will be an opt-in process where new pharmacies can participate but it won't be flu-style as they don't want to relinquish the nationally controlled stock system.
- The current booking system is confusing. Patients receive multiple reminders and contacts from GPs as well as the NBS.
- IT problem when delivering both flu and Covid.
- If pharmacies bought the stock they would ensure there was no waste. The guidelines are very vague in terms of who to vaccinate. Some people are coming saying they need a vaccine but the system says they've had one. It appears some surgeries are adding their lists of invitees to the system as if they've been vaccinated.
- We need an early decision on cohorts, staggered cohorts and plenty of warning. Doing flu and Covid together should be standard.

Flu Training and Delivery – given the merger, newly qualified pharmacists, etc should the LPC should offer a way to access flu training. Agreed we should be investigate.

Next Meeting – 10am-4pm, Wednesday 11th July, Hampton by Hilton, High Wycombe