**Pharmacy Thames Valley Committee Meeting**
Tuesday, 6th September 2023

10.00-16.00 Hampton by Hilton, High Wycombe

**Summary Minutes**

| **Item** |  |
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| **1** | **Welcome, Apologies & Introductions****Present**: Robert Bradshaw (Chair), James Famakin (Vice Chair), Ian Dunphy (Treasurer), Corrin McParland, Mel Meziane, Rajiv Patel, Vikash Patel, Natasha Wahie, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)**Apologies**: Olivier Picard, Alex Stacey NW advised that Nick Hale has left the LPC as he is no longer with Boots |
| **2** | **Declarations of Interests**None |
| **3** | **Approval of Minutes of Previous Meeting**The minutes of the previous meeting were agreed as a correct record. |
| **4** | **Action Log Review** |
|  | **Finance**There is a CPE Treasurer Training Day later in September so some items will be held over pending updated advice. The first Finance Sub Committee meeting was held earlier in the week and no queries had been raised regarding the accounts. Issues with tax references/corporation tax being resolved with support from our accountant, Dione Hicks (DH). The LPC insurance and ICO details are correct. The provisional budget for the reminder of the financial year will be presented at the November meeting when the final merger issues have been resolved. DH would be prepared to take on the bookkeeping role at a similar cost to GB. ID proposed we go ahead with the change. All agreed. ID to action before next meeting. The expense receipt issue will be resolved once the move to Xero is complete.ID suggested moving the training account to Starling, which allows for the separation of different tranches of money. Chase Bank is also an option. The balance is currently in excess of £85k so we may need to open accounts with multiple institutions. We need to consider the potential tax implications if we select high interest-bearing accounts, and also need to ensure it is simple to add and remove signatories.The expense policy will be revised following the CPE Treasurer training.**General Actions**Issue re online referrals is a national problem but has been raised with the ICS and will also be flagged with the LMC. Further issues related to the recent system change. CSO to visit practice.CD 111 issue raised with SCAS.Virtual Outcomes – Bucks pharmacies have been included at no extra cost.JM unable to attend but had sent a video message (see CPE section below). No response received from CPE rep, Chair to raise lack of engagement with CPE.CP PCN Funding – BOB have been unable to recruit a project manager. The LPC offered to take on the role, but it was felt this would not be acceptable to the LMC. A possible candidate has now been identified. Frimley haven’t had funding signed off. The LPC has training funds ring-fenced for use when lead recruitment has been finalised.The database is now complete and working well.HEE have agreed the use of the existing IP money for DPP supervision. Awaiting confirmation of further funding from ICSs. Looking to start by offering DPP funding to those that have already raised queries to see if this will help.Contractor engagement sessions on hold until common conditions service agreed (unlikely to be until January now). |
| **5** | **Chief Officer Update**See slides. The following points were highlighted:DD reviewed LPC stats and services. Face-to-face training for BP checks will be part of the proposed contractor engagement sessions.One Recovery are looking to move away from Supervised Consumption and move patients to Buvidal with no funding. The LPC is aware and are raising issues with potential risks for pharmacies, and looking at potential for pharmacies to do the injections and receive payment. The Bucks contract is currently up for tender.Oral Contraception – some pharmacies doing the training in the hope additional funding will be made available. Potential numbers are huge.Flu/Covid Health and Inequalities funding is available, interested parties need to complete a form which the LPC will share.Market Entry – no supplemental statements have been made to any PNA at this stage but we are aware that there is local pressure in Newbury, Woodley and areas of Oxfordshire. There have been 2 market entry applications, one in Bracknell and one in Banbury, the LPC will respond accordingly.IP Pathfinder Proposal – there will be no activity fee, only £198 morning or afternoon 4-hour sessional fee. The LPC is waiting for further clarification on funding and the conditions which will be included.Reduction in pharmacy hours – LPC carrying out an analysis of gaps and approaching ICSs re potentially commissioning extra hours.Provider pays – urgent follow-up with those that have not yet signed up.CSO to confirm number of dispensing doctors not on EPS in Bucks. |
| **6** | **CSO Update** |
|  | See slides. The following points were highlighted:**GP CPCS**BOB have funded training for practices for GP CPCS. The LPC will train the Cookham practice and one Maidenhead practice but any further training in Frimley will require funding. Query whether referrals had dropped due to “unofficial” referrals. Difficult to judge but is probably not all that common as the referral gives the surgery a record and helps prevent repeat patient calls.Frimley ICS have simply asked the LPC to follow up any unopened referrals but BOB are trying to introduce an official process. Agreed we need to investigate if there are issues with specific pharmacies. CSO shared BOB’s CPCS Unopened Referral Policy. It was felt a main cause of unopened referrals is where locums are not able to access the system. CSO confirmed it doesn’t need to be the pharmacist that opens the referrals, a process should be put in place for another member of staff to open and flag them. Query if there is any way around consultations that you suspect were CPCS but aren’t sure. Agreed asking whether the patient has been referred should be part of your WHAM questions in your initial discussion.Query re data on CPCS minor conditions. Confirmed data was switched off in 2022 and hasn’t been switched back on. This relates to licencing issues as a result of the Provider Pays model. All the LPC sees is claims data which is way too late, and also doesn’t show what is not being claimed.Flu data is available. Pharmacies have gone from 8% of all NHS flu jabs in 2019 to nearly 40% in 2022. It was felt there would be a lot of issues with vaccines being in the wrong place this year. **DMS** Referrals continue to be low in Oxfordshire and Frimley due to staffing issues and poor IT pathways. |
| **7** | **Treasurer Report** |
|  | See action log review (section 4 above). |
| **8** | **CPE/CCA/NPA/AIMp Reports** |
|  | **CPE** – the meeting watched a video provided by Janet Morrison which summarised current issues and provided an update on negotiations. The video is available to view at: <https://youtu.be/nNxN5hmwMEM>.**CCA/NPA/AIMp** – no update. |
| **9** | **Business Plan Update** |
|  | The updated business plan draft was shared. Committee to review and share any comments before the next meeting. The development of a Community Pharmacy South East Region should enable a stronger voice across the patch around targeted issues. |
| **10** | **KPMG BOB ICS Primary Care Strategy Focus Group** |
|  | Following CO meeting with KPMG, the committee were asked to provide input from a community pharmacy perspective into the BOB ICS’s Primary Care Strategy. The main points raised were:1. Access
* IT – read/write access to patient records;
* physical access – hours, flexibilities;
* communications – pathways – CP, OOH, Emergency Depts, opticians, dentists, etc.
1. Long Term Condition Management – hypertension, AF, diabetes.
2. Prevention – smoking cessation, weight loss, alcohol abuse, etc.
3. Workforce – training, set-up, support levelling the playing field.
4. Contracting and Finance – financial viability (CP can’t deliver a service at breakeven - goodwill has now been exhausted), access to tendering.
5. Working at Scale – importance of volume to ensure routines are in place, consider CP first when things need to be done at scale - pharmacy is very flexible and adaptable.
6. Estate – insurance costs (eg for blood work), clinical bin collection, utilisation of vacant space, availability of system-owned building space, super hubs, funding for (additional) consultations rooms.
7. Technology (including decision support software and EHR access) – simple and accessible.
8. Clinical Governance.
9. Representation and voice on ICB at strategic, operational and provider level.

CO to summarise the points above and circulate to the committee before sending on to KPMG. |
| **11** | **AOB** |
|  | **Representation** – NH has left. Contractor representation needs to be reviewed prior to his replacement being confirmed.**Sub-Committees** - HR and Governance committees meet on an ad hoc basis as required, only Finance is held regularly in advance of each LPC meeting. The HR Sub Committee is not responsible for performance reviews. AD confirmed that at least 3 months’ notice will be provided. RP to support the governance committee and complete the CPE self-evaluation when it is available. AS to replace NH on HR Sub-Committee.  |

**Next Meeting** – 10am-1pm, Wednesday 15th November, Online