

## Pharmacy Thames Valley Committee Meeting

Wednesday, 15<sup>th</sup> November 2023  
10am-1pm Online

### Summary Minutes

#### Item

#### 1 Welcome, Apologies & Introductions

**Present:** Robert Bradshaw (Chair), James Famakin (Vice Chair), Ian Dunphy (Treasurer), Corrin McParland, Rajiv Patel, Vikash Patel, Olivier Picard, Alex Stacey, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

**Apologies:** Mel Meziane  
Natasha Wahie has resigned from the committee.

Gary Warner (GW) joined the meeting to provide the CPE update (see point 7 below).

#### 2 Declarations of Interests

GW declared his interest in EMIS.

#### 3 Approval of Minutes of Previous Meeting

The minutes of the previous meeting were agreed as a correct record.

#### 4 Action Log Review & Sub Committee Updates

Introduce GW in the next LPC newsletter.

HEE have confirmed our IP training funds can be used to incentivise DPPs. Debbie Street, the Workforce Lead, is working to identify potential DPPs.

CSO visited all Marlow pharmacies and spoke to the practice twice. A limited number of GP CPCS referrals have been received from Marlow but these are now sent via NHSmail so can get missed. CSO to investigate and find out how many referrals have been made.

Provider Pays issue now resolved, awaiting final spreadsheet.

CP PCN Lead funding still pending in BOB. Unlikely to progress in Frimley due to funding issues.

Engagement sessions will be finalised as soon as Pharmacy First dates are released.

Business Plan – no further comments received, publish on website.

#### Treasurer Report

Accounts have been circulated and regular Finance Sub Committee meetings are being held.

There is still a small amount of cash to be transferred from Bucks LPC. This should happen shortly, and the Bucks accounts will then be closed.

Current balances were confirmed. We are accruing interest which needs to be addressed or we will become liable for corporation tax. Currently investigating new bank accounts as a sole trader.

## Item

Backfill remuneration was discussed. It was felt it is important to ensure rates covered member expenses to enable consistent attendance. It was agreed, given current locum rates, that the daily rate should be increased from £300 to £350 per meeting, with a review in March 2024. Any exceptional claims above this level to be evidenced and considered on a case-by-case basis.

It was agreed that the expense claim period should be extended from 4 weeks to 8 weeks (apart from at financial year end to ensure there were no accruals). The move to Xero will be complete by April when we will also be moving away from Airtable for expenses (which was GB's subscription) to Expense In which includes a receipt option. Once these changes are complete the Expense Policy will be updated accordingly. Manual receipts can be provided in the interim.

GB has not undertaken any work this financial year; termination of relationship to be confirmed.

Chase CPE for guidance on NI allowance and corporation tax issues. Accountant working on claiming refund from HMRC.

Budget to be recirculated for comment, then sent to CPE.

Treasurer thanked for all his work on the finances.

## 5 Chief Officer Update

See slides. DD highlighted the following points:

### National Services

Hypertension – there have been some quality issues and too few ABPN checks as a proportion of total checks completed.

Covid vaccination – good numbers in BOB (around 140,000) but low in Frimley, thought to be largely due to PCN intervention. Stock availability is an issue, with NHS expecting mutual aid, which, combined with short expiry dates and reduced payment rate, means numbers are dropping off rapidly now.

Flu vaccination – numbers are lower in Frimley than BOB, where promotion and organisation has not been as effective. CPE and other healthcare bodies are all working with the NHS to try to ensure earlier decision-making and communication going forward.

### Local Services

Local services reviewed and confirmed we will be pushing for rate increases as services come up for renewal.

The Frimley Ondansetron service is unlikely to be renewed when it expires in December.

Funding has been confirmed for a Minor Ailments service across the whole of BOB, starting the first week in December, aimed at those on low incomes and their children. Reporting and claims will be via PharmOutcomes. Referrals will be either via GP CPCS or walk-in and a rate of £6 will be paid per consultation regardless of the referral pathway (plus the cost of medication and the GP CPCS fee where applicable). The service will cover a very limited formulary initially to get pathways set up, and there will be tight criteria around evidence, which pharmacies will need to check. Patients will have to be registered with a GP in BOB. Data on pricing etc will be reviewed monthly with the ICB. The LPC will run a webinar during the first week in December.

It was felt this was a lot of work for little compensation and £10 would have been a more reasonable rate. DD agreed but said it was important to build something for the longer term.

## Item

We should see an increase in GP CPCS referrals going forward which will make a more reasonable combined fee. Specification to be shared for comment. The service will run for 4 months initially and be reviewed in the new year.

### **IP Pathfinder Proposal**

3 pharmacies have been selected in Frimley and 6 in BOB. Whilst it is disappointing there aren't more pharmacies involved, it is a lot of work and the programme will hugely increase over time. Some contractors already providing private IP services and could support if required. It was felt the rate was unacceptable and pharmacies cannot be expected to provide services at cost.

### **Committee Representation**

Contractor representation figures were reviewed. Given the changes to contractor make-up, it was agreed that the 2 current CCA vacancies should instead be filled by one AIMp and one independent contractor respectively, which will provide more proportionate representation. It was agreed to:

- Advise CCA that no replacement is required for their 2 vacancies
- Ask AIMp to appoint an additional member
- Ask for Eols in January for an additional independent member
- Hold an election for the independent candidate if multiple Eols are received.

### **Other News**

DD attended the Opticians conference and participated in panel discussions, which had been a good networking opportunity.

DD and RB have been invited to the CPE meeting in April.

No response has been received from the ICSs regarding branded generics.

Foundation students – the significant increase in funding is welcome but there is also a lot of additional work involved. On balance likely to result in lower engagement and concerns raised about the potential lack of places available for graduating students.

## 6 **CSO Update**

See slides. CSO highlighted the following points:

### **GP CPCS**

Promotion of GP CPCS has been delegated to place level with lots of variation across these. We are still providing some funded GP training (2 surgeries this month). Referral numbers have dropped from 1,800 in April to 1,300 in October with a reduction in referrals across the board. The Minor Ailments Scheme could support referrals in BOB. In October 15% of referrals were not opened. 2 contractors have received letters of concern. Whilst this has reduced slightly it is still not at an acceptable level.

## 7 **CPE/CCA/NPA/AIMp Reports**

**CPE** – GW introduced himself and apologised for lack of engagement due to unprecedented business pressures. The biggest news of the week is the cabinet reshuffle and whilst the new health minister is an unknown quantity, the Prime Minister has a personal connection to community pharmacy and is set on a "Pharmacy First" service, for which preparations are well underway with training to start right after the flu vaccination service completes.

## Item

CPE had shared with LPCs that there will be ENT training imminently but we have no further details. GW confirmed that whilst the service is not difficult, hands-on training will be required which will probably be organised regionally. GW confirmed equipment investment is minimal.

GW was asked when the Pharmacy First service is intended to start. He said the PGDs and service spec are in final review. The workflow is complicated and is just being ironed out. Expect the announcement by the end of November. The service should start within the first 3 months of next year with a gradual uptake over the first 4 weeks. In terms of IT, 4 systems should be able to provide the service. There will be service templates, a new GP record update (which will update the record fully rather than the current system which just appends a PDF), and the ability to examine the GP record in real time. The NHS are keen to make it work and are making a big investment in the system. CPCS will disappear and it will all become Pharmacy First.

GW confirmed hypertension will remain essentially the same. It appears no ABPNs have been lost which had been a concern. Contraception will change to include initiation rather than repeat supply only, which really just involves some additional advice.

There have been queries about hypertension data sent back to GPs. GW said the system is currently being tested and will be rolled out shortly. The hypertension ABPN element will not go live initially because the PDF is not currently part of the spec. It would be useful to have a single-pager for GP practices explaining the changes. GW agreed this was a good idea as there have also been a number of changes to the various APIs recently.

There is a CPE meeting next week. The RSG prioritised CPE/LPC engagement and hopefully the changes are evident. Now that funding negotiations are largely complete, focus will resume on the other RSG priorities.

**CCA** – no comments. LPC offered support if any information is required to complete the CCA questionnaire.

**NPA** – OP reviewed engagement activities and collaboration work including Ask Your Pharmacist Week. The NPA will be supporting IP services, offering level 3 courses, an apprenticeship for dispensers, etc. Support will also be provided for the Pharmacy First service. He encouraged the committee to subscribe to the NPA LPC newsletter.

**AIMp** – no update.

## 8 Future Meeting Dates

It was agreed that in 2024/25 we will move from alternate online and face-to-face meetings, to 4 face-to-face and 2 online meetings (in January and July). Dates confirmed as follows:

15th May 2024 – face-to-face

10th July 2024 – Zoom

4th September 2024 – face-to-face

13th November 2024 – face-to-face

## 9 AOB

n/a

**Next Meeting** – 10am-4pm, Wednesday 17<sup>th</sup> January, Hampton by Hilton, High Wycombe