

## Pharmacy Thames Valley Committee Meeting

Wednesday, 17<sup>th</sup> January 2024  
10am-4pm Hampton by Hilton, High Wycombe

### Summary Minutes

#### Item

#### 1 Welcome, Apologies & Introductions

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

**Apologies:** Alex Stacey, Vikash Patel  
Mel Meziane and Rajiv Patel have resigned from the committee

#### 2 Declarations of Interests

None

#### 3 Approval of Minutes of Previous Meeting

The minutes of the previous meeting were agreed as a correct record except that the backfill amount should be £350 and not £360 - AD to amend.

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

DD reviewed the Action Log and highlighted the following points:

PCN Lead Funding – request for funding from Frimley still pending, BOB expect to start work in April. A new PCN has been formed in Oxfordshire named Spires.

GP CPCS from Marlow Surgery – currently receive one referral a week on NHSmail. from February referrals should be automated and come through PharmOutcomes.

NI and Corporation Tax queries – CPE have not yet resolved this and are now seeking guidance from their auditors.

Independent candidate vacancy – no nominations received so far, closing date 31<sup>st</sup> January. Raise at the upcoming engagement events.

API changes – still awaiting details for circulation. Clear communication important as details will go into the patient record.

##### Treasurer Report

Dionne is now on board, terms of engagement to be provided.

Relationship with GB will terminate at the end of the financial year and he will invoice once work on the Air Table element is complete.

Move to Xero will also be at the end of the financial year.

Backfill has now increased to £350, this will be reviewed in March.

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The expenses policy has been updated, final amendments will be made once the backfill claim process is complete.

Building budget for next year. We will need to review committee meeting and contractor engagement costs but other categories should be roughly the same. Finance Sub-Committee to meet to review and present at March meeting.

Treasurer unable to set up new banking arrangements online due to the LPC structure, face-to-face appointment required. As the LPC is likely to be liable for corporation tax, it will be worth moving funds to a high interest account.

No Finance Sub-Committee was held as there were no updates.

DD showed the accounts. Treasurer to provide everyone with a copy of their claims for the last financial year before the next meeting so we can ensure everything is up-to-date before year end. Percentage column queried. Making a small loss but along expected lines. No levy adjustment should be required in the next 2 or 3 years.

Engagement Events being funded from the training budget. Costs for the 3 Pharmacy First Engagement Events and 2 ENT events are around £12.5k.

We need to push for protected training for Pharmacy First. It is not just about money but availability of workforce. When we talk to PCNs and ICBs we should ask to be included in the training, this would strengthen relationships as well as upskill staff. Key that we support all pharmacies to ensure we deliver and meet the thresholds. Work required with teams not just pharmacists. Referrals are important as pharmacies won't necessarily identify patients as they are too busy.

## 5 Chief Officer Update

See slides. DD highlighted the following points:

Pharmacy First – 93% of pharmacies now registered, chasing those outstanding.

Key to ensure pharmacies do their 1 consultation in February and 5 in March so that none of the money is reclaimed. UTI service gives an indication of engagement in pharmacies. We have requested weekly data so we can monitor GP referrals.

Pharmacy counter team will be key. We should share the counter staff material with GP reception staff. There is a Virtual Outcomes module to share with GPs.

Lateral flow – two thirds of pharmacies have signed up, but some pharmacies are not delivering. Contacted those concerned.

Oral contraception – a third of pharmacies have signed up so far.

Reviewed service performance of pharmacies in our LPC.

Flu – reviewed the figures, one of the issues was the PharmOutcomes template not being available. It is important this is launched for 1<sup>st</sup> September so patients can book both Covid and flu vaccinations on the National Booking Service.

Responsibility for vaccinations is being moved to ICBs, this could be good as we may be able to act earlier and they may be keen to move vaccination to pharmacy. Question whether ICBs looking after the budget would mean they would distribute stock although too late for next year as orders will already have been placed. Possible supply may be centralised as for Covid although ICBs won't want to be left with stock, the cost of which would then come off their budget.

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IP Pathfinder – pharmacies have been selected but the IT is not ready, this is now expected to launch in April.

BOB ICS Strategy Day – DD and RB attending this on 20<sup>th</sup> March and asked any other pharmacist committee members interested in attending to email him.

Both ICSs are going through consultation and having to make cuts. Frimley will be reduced from 5 to 2 Places (north and south).

Branded Generics – DD and GW both contacted the ICBs about the move to branded generics and this has now been paused.

The Oriel closing date is approaching. Engagement from pharmacies has been really low.

ENT – 2 events have been organised (18<sup>th</sup> February for Frimley and 17<sup>th</sup> March for BOB). It is likely BOB ICB will be prepared to fund a further event.

## 6 CSO Update

See slides. KB highlighted the following points:

GP CPCS – new data allows us to see which pharmacies are dropping referrals, making it easier to follow up. NHS are sending letters of concern to pharmacies that aren't opening referrals. Possible that some patients walk in to a pharmacy and don't say they have been referred which is why the WWHAM questions are so important. Many patients are not aware of CPCS. Difficult as we can't advertise it and the GPs rarely do so as they tend to stop-and-start the service.

KB showed the benefits of GP CPCS by GP practice.

Substance Misuse – regular meetings are held with providers for all 8 contracts.

“Via” in Berkshire West have agreed not to claw back overpayments on supervised consumption and needle exchange.

New Hope – no payments made for 6 months last year. Payments were finally made at the end of November but we have yet to see a breakdown.

One Recovery have been appointed in Bucks, we are looking for at least a 20% increase in renegotiation.

Cranstouns – new contract due April 2024.

Minor Ailments for BOB – 50 sign-ups so far. 1 claim in December, 11 in January. Hopefully this will be extended in the new financial year. Raise at the engagement events. It was felt set-up fee and £15 consultation fee would have been a more realistic as SOPs, training, etc required and we now need to prioritise services. If extended it equires a training event, promotion, and awareness needs to be raised by GPs that are referring via GP CPCS.

## 7 CPE/CCA/NPA/AIMp Reports

**CPE** – no update

**CCA** – no update

**NPA** – the NPA were involved in the ITV pressures programme the previous week. The new CEO, Paul Rees, will be more visible. They have done a deal with ECG for Pharmacy First training. A new insurance deal has been negotiated which includes everything except Independent Prescribing. They

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are continuing to raise awareness in the media. They are currently undertaking a big piece of work on pharmacy supervision – firm belief that pharmacists should be in the pharmacy. Focus, as elsewhere, on Pharmacy First, Hypertension and the Contraception service.

**AIMp** – meeting not until February. Bone of contention about GPs having pre-regs next year. Oriel is not a great platform for employers or potential employees.

## 8 Governance

There are 2 new documents – a Code of Conduct and Governance Framework which are now applicable to both CPE and LPCs. RB went through the Nolan Principles which are aimed at those in public life, such as selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.

Governance changes reviewed (see slides attached). The documents have been created to build in recommendations from the RSG. There will be a review in 2025. KB attended a webinar on 10<sup>th</sup> January to review the changes. DD asked whether the committee had any questions or concerns about the new framework. Important that any declarations of interest are clearly raised. Clarification required on any guidance, thresholds/terms for declarations of interest.

It was felt that the LPC was already compliant with new guidance. All members voted in favour of adopting the new framework. All members to sign before 1<sup>st</sup> April 2024.

## 9 Pharmacy First

DD reviewed the agenda for the Pharmacy First Events. The evening will start with dinner (if pre-booked), followed by an introduction to the service. Run through some examples - sore throat or UTI are the most commonly presenting conditions. Review one of the pathways looking at red flags and gateway points, and show a Virtual Outcomes presentation with a feverPAIN consultation. The committee viewed the acute sore throat module. It was felt the first line of triage was important to ensure a consultation was likely to result in a fee. Details around Pharmacy First funding not required - the evening is aimed at those delivering the service, the focus should be on that delivery. There will be a short period for questions, followed by an ENT session from 20.00-21.30. Those not requiring otoscope training will be offered a session with DD and KB with general questions.

OP suggested we run an additional “mop-up” face-to-face session in February/March.

## 10 AOB

Committee Representation – AIMp had raised the issue of proportionate representation at CPE and LPCs. Confirmed we have adjusted our representation to allow for recent market changes. This has meant a move from 5 to 3 CCA members, 2 to 3 AIMp members and from 4 to 5 independent members.

**Next Meeting** – 10am-1pm, Wednesday 13<sup>th</sup> March 2024, Online