Pharmacy Thames Valley Committee Meeting

Wednesday, 15th May 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, Khal Khaliq, Rian Kumari Lall, Corrin McParland, Vikash Patel, Alex Stacey, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

Apologies: Olivier Picard

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

Action Log to be converted to a Google Sheet and shared with all that have actions for updating.

EHC East Berkshire – the Local Authority have contacted pharmacies direct regarding contract renewal. Due to their interpretation of PSR, the LPC have not been consulted on the new contract. The LPC therefore circulated a statement advising contractors that rates have not been reviewed and that they should think seriously before signing up. Currently unclear what the level of engagement is. The issue may be resolved with the introduction of a national EHC service in 2025.

Paul Rees of the NPA cancelled at short notice. It was agreed to invite Leyla Hannbeck from the IPA to either the July or September meeting.

The CGL contract is up for review in October. Currently in discussion regarding possible move to a more holistic approach to looking after their patients (ie to include annual face-to-face consultations).

New Governance documents now completed by full committee.

Contraception & Hypertension Training organised for 30th June 2024.

Working with BOB to continue IP Pathfinder project.

PCN Leads – see KB update below.

Finance Update

The HR & Finance Subcommittee Meetings have been held, the budget finalised, and sent to CPE.

The expense claim process has been circulated to new members.

Most backfill claims now received, the remainder to be forwarded to ID ASAP.

Outstanding Corporation Tax and NI issues have been resolved.

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Year End Accounts – the end of year accounts have been signed off and are ready for inclusion in the Annual Report. (The £65k profit showing on the accounts simply reflects the timing of the levy payments.) RB and ID to send their input for the Annual Report to DD.

The TV LPC contractor levy is by far the lowest in the South East. Request an updated list of LPC levies from CPE for comparison. Reserves will need to be reviewed later in the year in view of services, etc.

Natwest account has been set up for training monies. ID confirmed bank balances. Annual running loss is about £27k, as expected, so we have approximately 3 years' worth of reserves.

Variance report – DD said budget figures need to be included to make sense of the figures. ID to ask DH to incorporate.

DD asked all members to review the accounts and send any queries to ID.

5 Chief Officer Update

See slides. DD highlighted the following points:

DD reviewed the LPC dashboard.

Contractor participation – around half of contractors have signed up for the Pharmacy Contraception Service, almost all for Pharmacy First. Smoking Cessation locally is monopolised by third party providers such as Solutions4Health.

Pharmacy First - DD showed CPE's GP Pharmacy First animation. An additional patient-facing version will be available shortly for digital screens in pharmacies, patient groups, etc. DD and KB are attending Health & Wellbeing Board meetings to promote the service and community pharmacy in general.

Some GPs are reticent to refer. They may be due to some historical issues, some trust issues, and some may feel that pharmacies are encroaching on their roles. Dispensing practices are concerned about losing patients. Frimley ICB are introducing some small incentives to refer as part of their PMOS scheme, details to follow. It was agreed it was important to constantly reinforce the message that PF involves clear clinical frameworks. DD confirmed the LPC is having these conversations every day. KB also continues to train practices where required with remaining funding.

DMS – Frimley ICB has the lowest percentage of hospital discharge referrals. A regional webinar is being held on 4th June. All Trusts should be attending to share best practice, etc.

Oral Contraception and Hypertension Case Finding – training has been set up, details have been added to Joy app, and the LPC will be ramping up comms to pharmacies, and engaging with Sexual Health service providers.

Local Services – all contracts have now been reviewed and are up to date. KB is chasing outstanding substance misuse contracts, particularly in Bucks and West Berks. The next big review will be CGL in October.

Naloxone is a paid service in West Berkshire, other providers are looking at adding it.

Minor Ailments service – funds are still available due to a slow start; the service has therefore been extended until the end of March 2025.

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NHS Update

RSV vaccination could potentially be given to pharmacy for over-75s from September (National specification still to be agreed).

Dispensing doctor audits – within the South East there are 2 dispensing doctors with huge numbers of patients outside of their area. They have been given a few months to rectify, which could impact local pharmacies.

CPAF – the main issues commonly identified are: SOPs, safety reporting, not updating NHS website at least once a quarter, and not advertising a complaints mechanism. We will put together a "top tips" for future CPAFs. DD said the LPC can support with CPAF visits and the letter should advise contractors that they are entitled to have an LPC representative in attendance.

Market Entry

DD has set up a Google Map for market entry, which is linked from our website, to show closures, applications, etc. The normal process is to object to any new contractors, but take a neutral stance where an existing contractor is looking to open an additional site. When a DSP application goes in, we can't object on location grounds as they need to offer national scripts, however, we do specify the terms they need to comply with. We don't object to consolidations, although they do sometimes get refused and become closures. DD usually responds within a day and can provide additional information if required. Some LPC have a sub-committee to manage market entry but this can cause delays. The committee confirmed they are happy with the current approach.

BOB Primary Care Strategy – DD has been working closely with BOB on their Primary Care Strategy and pharmacy is an integral part. DD, ID and RB attended a BOB Primary Care Strategy meeting in April with around 160 attendees including primary and secondary care, volunteer groups, local authorities and patient representatives. The strategy will be released shortly, and three priorities have been identified – Non complex same-day care (ie Pharmacy First), Integrated Neighbourhood teams (still in its early stages), CVD (BP checks fit in perfectly). They are looking at a formal referral process to optometry and dentistry.

Frimley don't currently have anything in place.

Both ICBs are currently going through consultation again.

Digital Engagement – DD showed LPC website and digest stats. Digest opener rate is extremely high at around 80%.

6 LPC Workforce Discussion

The committee held a closed workforce discussion after which the following items were minuted:

The LPC Committee meetings in November (currently face-to-face) and January (currently online) should be swapped ie so that November will be online and January face-to-face.

DD to review the LPC team structure and put suggestions to the committee on any additional roles or changes.

Following AD's resignation, create an Engagement Officer job description so the role can be advertised as soon as possible. The candidate should have a healthcare background, ideally in pharmacy, and live on the patch. The role will continue to be home-based, and might suit a part-time member of pharmacy staff. Advertising needs to be done carefully so as not to poach

contractor staff. DD to advertise on Linked In. ID said it is worth paying if using Indeed or a similar resource to ensure high quality candidates.

AS joined the HR sub-committee.

7 CSO Update

See slides. KB highlighted the following points:

KB reviewed the available Pharmacy First data. This reflects high numbers of rejected referrals which will need to be investigated further when more data is available. The PharmOutcomes MFA issue could have had an impact.

NHSBSA have rejected 50 clinical pathway claims, KB has passed a few of these to Enimed for investigation.

Still have issues with pharmacists not fully understanding the gateway criteria and processes. CPE have a issued a good "When to claim" document – include in the next digest.

Minor Ailments – 208 consultations have been carried out by 16 pharmacies, most by the top two. The service has been extended until end March 2025.

PCN Leads – we have 51 PCNs in BOB, 35 PCN Lead applications have been completed, some we are awaiting paperwork, 3 currently vacant. McParlands have a pharmacy that can cover one of these (Little Chalfont PCN).

Hypertension case-finding – GP referrals are much higher in Reading than elsewhere so Enimed Reading is supporting (KB thanked VP for their support).

8 CPE/CCA/NPA/AIMp Reports

CPE – as GW was not in attendance, DD presented his slides (see attached) and highlighted the following points: an audit on consultations will be launched in June; the LPC will be liaising with CPE to identify potential MP candidates to raise pharmacy issues with; CPE will be relaunching the LPC self-assessment framework in July.

CCA – AS asked whether the LPC used the standard contract template for local services. DD said we try to encourage this and do share the template. The only difference is with Substance Misuse contracts which tend to be specific.

NPA – no update

AIMp – members weren't aware that the name was changing to IPA. The main issues are around: the current core contract (still awaiting an update from CPE); plans for the balance of the £645m that will not be spent in the current year and whether the excess will be used to cover excess margin; and whether there will be capacity to do all the services that will be enforced.

DD said we need to understand what the changes to the AIMp/IPA structure mean at CPE and LPC level. Our committee currently has exactly the right representation based on contractor breakdown, the question will be whether AIMp representation remains the same, or whether all non-CCA members will become independents. VP said although not all AIMp members agree with the changes, they understand the reasons behind them.

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9 Forum of LPC Chairs

As part of ongoing RSG/Wright Review work, CPE is creating a discussion forum for LPC Chairs which will involve attendance by Chairs at two events a year. The committee formally accepted the proposal, and completed and submitted the required form agreeing participation.

10 Pharmacy First LPC Priorities

DD asked the committee for their priorities in terms of communication, training and engagement for Pharmacy First. It was felt the problem is not so much training but at store level. We can drive this with PCN leads which will be one their main priorities, focussing on PCNs that need support and continually raising the benefits. It was agreed that consistent promotion is very important. DD confirmed KB will be supporting with this, and said we have asked for national comms to be reintroduced as both local and national communications are required.

DD said Healthwatch will be running a patient survey on Pharmacy First and he will be helping to put together the questions. Where different IT pathways are being used, these are starting to be properly embedded now. Anecdotally we are hearing that antibiotic prescribing is going down, not up. It was felt it is very difficult to plan as the volume of referrals is so unpredictable.

There is no data on DSP Pharmacy First consultations as DSPs can't receive referrals as the NHS have switched this facility off.

In summary, it was agreed that it is not necessary to undertake further training at this stage but that it is more about support, local comms and the engagement piece. DD and KB are actively engaging with Healthwatch, patient groups, H&W boards, etc.

11 Committee Training Needs Analysis (TNA)

TNA will be circulated for completion to decide committee training needs.

12 Team & Individual Photos

A group and individual photos were taken of the committee for inclusion in the Annual Report and on the website.

13 AOB

Hub & Spoke – this will make a big difference particularly to independents and wholesalers. There are 2 models – one where the hub sends completed prescriptions back to the spoke, and another where the hub sends them direct to the patient. Model 2 allows anyone to dispense a prescription from anywhere. It was felt there was nothing the LPC needed to do at this point. It was agreed that supervision changes will also have a big impact.

Flu Vaccinations – DD said concerns had been raised regarding the inclusion in the flu letter of the fact that GPs can vaccinate early for "clinical reasons". DD and KB have raised this with other LPCs (who didn't feel action was required) and CPE. CPE's position is that if GPs go outside the regulations, they will deal with it then. It was felt this would be too late. This is the one area where there has always been parity between GPs and pharmacies and it should be the same this year.

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There is a logistical issue where pharmacies have ordered vaccines which will not be used if GPs have vaccinated early. There is also the issue of Covid vaccinations and this also needs to be lined up. It was agreed that the LPC should write to CPE asking for parity with GPs, flu and Covid to be lined up (the clinical reasons for October vaccination are valid), and for the National Booking Service to be opened in August.

Independent Prescribing - CMcP said she had represented Frimley at a leadership meeting to discuss how IPs will fit in and the barriers to IP working. There were a lot of contractors there, many of whom were very vocal about funding, workforce, etc. Yousaf Ahmad, Frimley's Chief Pharmacist, was focused on portfolio pharmacists with combined hospital, GP, community pharmacy roles. They are looking to revisit the supervision issue.

GP work to rule – contractors need to contact their trade bodies to ensure pharmacies are not inundated as a result of this action.

Next Meeting – 10am-1pm, Wednesday 10th July 2024, Online