

# **Pharmacy Thames Valley Committee Meeting**

Wednesday, 4<sup>th</sup> September 2024 Hampton by Hilton, High Wycombe

### **Minutes**

#### Item

#### 1 Welcome, Apologies & Introductions

**Present**: Robert Bradshaw (Chair), Ian Dunphy (Treasurer), Danielle Brennan, Khal Khaliq, Rian Kumari Lall, Shelton Magunje, Corrin McParland, Vikash Patel, Olivier Picard, David Dean (Chief Officer), Kevin Barnes (CSO), Lorna Girling (Minutes)

Apologies: James Famakin (Vice Chair), Alex Stacey

#### 2 Declarations of Interests

None.

Shelton Magunje and Lorna Girling to submit DOI.

#### 3 Approval of Minutes of Previous Meeting

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

#### 4 Action Log Review

ID now has shared access to the action log.

AGM and annual report have been completed.

RB and DD attended the regional CPE meeting which was informative.

DD responded to the coroner's request for regulation 28 where a lady passed away when she took her husband's medication by mistake. Will share best practice with contractors to prevent a similar action happening.

Still using AirTable for backfill expenses until final invoice received from GB, although this will remain ongoing for now a new method for backfill expenses is required – ID/DD/LG will look into and alternative solution and report back to the committee.

Corporation tax - the advice surrounding the Corporation Tax is that it will have to bepaid for this financial year. The LPC are able to claim the allowance for employers as itis not NHS money. This has been paid for the past 3 years the LPC is in credit of £14k soit is all covered and above board, therefore, we are in a good position when we are dueto file the accounts.

DD went through the remaining action points on the action log and this will be updated accordingly and the following actions will also be added for the next meeting:

- Get referral data from GP surgeries for specific PCN to analyze issues
- Contact pharmacies with unopened referrals or high uncontactable rates to improve communication
- Work with PCN lead to improve GP communication pathways and get updated patient contact details

DD/ID/LG

Action

SM/LG



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		Action
	<ul> <li>Follow up on lack of DMS meeting with local CCG</li> <li>Contraception training – CPPE can deliver face-to-face evening training DD will look into local venues for. A third of pharmacies have not registered for the service so this will be a work in progress.</li> <li>Remind practices of one day of training booked for referring CPCS conditions.</li> </ul>	DD KB
	Treasurer Report	
	See accounts. ID highlighted the following points:	
	PCN and contractor training money has been budgeted for and reimbursed from training fund. Supervisory is coming out of NW account – all on track.	
	ID requires projections for the proposed part time pharmacist ID/DD to work out projections before recruitment. Will require the position to be 3 days per week we are looking for a candidate with the necessary clinical and coaching skills and preferably	ID/DD
	locally based. DD to provide committee with job description template for agreement before commencing with recruitment of Part-time pharmacist 2/3 days per week (16-24 hours) - will also need to look at an interview process.	DD
	ID would like to discuss financial projections and budgeting for salaries and pharmacist	DD/ID
	employment costs with DD.	DD/ID/LG
	RB discussed the possibility of increasing the levy charge for all contractors. DD and ID will discuss the financials and report back to the committee.	
	VP - Final data for covid numbers – DD no still waiting good numbers of contractors applying final list should be next week.	

## 6 Chief Officer Update

See slides. DD highlighted the following points:

Share the news of promising figures from all services with an increase overall.

EHC and NHS update were given.

Great news that CPTV obtained 100% completion rate for CPAF and DSP.

Market entry – recent report from NPA highlighted West Berks have the lowest provision in UK due to pharmacy closures. In the area there has been 6 closures, 28 changes of ownership, 16 new applications (9 of which were refused).

CPPE are going to provide face-to-face training for the Contraception Service early next year. The LPC will pay for venue costs which will be covered by the budget.

On 10<sup>th</sup> October CPTV will be hosting a visit from Paul Rees, NPA.

Supply chain meeting on 12th September

MP Engagement – comms around this to encourage all contractors to write to their MP has gone into the Digest. DD requested that all committee members write to the MP in their constituency.



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### 7 IPA Update

Leyla Hannbeck joined the meeting and discussed the IPA's direction and funding challenges. The IPA's strategy is to liaise with decision makers and also to feed in from the Economic Review Group to present accurate data on pharmacy funding.

The IPA has been invited to speak at some of the forthcoming party conferences which proves they view the IPA as a serious organisation.

The sector hasn't had an uplift for over 5 years since 2019 and with the knowledge that dentists and doctors recently had a 67-77% uplift, community pharmacy's uplift should be higher. Will have a better perspective after the conference on 8<sup>th</sup> October and the Pharmacy Show to see what the future contract will entail.

LH requested an updated list of non-CCA independent to periodically check representation. DD confirmed that CPTV is fully represented for all contractors CCA, Independent and IPA and currently provides these lists on a 6-monthly basis.

#### 8 CSO Update

KB highlighted the following points (see slides):

- Pharmacy Contraception Service trends
- Pharmacy Hypertension Case-Finding trends
- DMS
- Early release prisoners
- PCN BOB and Frimley
- PCN training review

Frimley very engaging, BOB work in progress.

KB shared data on pharmacy first trends, highlighting the recently produced MythBusters guides from CPE which has been shared with contractors addressing common misconceptions.

ID addressed that GPs are not engaging with pharmacies and referrals are not being dealt with promptly or consistently. Due to this lack of communication pharmacies are receiving more self-referrals. There is a need for national advertising to increase awareness of this service.

ID requested data for his PCN, as a PCN lead ID wants to set up lines of communications with GP and pharmacies in the locality.

КΒ

New PCN in Elm Park - PCN lead has not been recruited for this locality as yet.

#### 9 AGM

DD declared the AGM open. He confirmed paperwork had gone out to all contractors. 69 postal votes had been received (including Boots, Asda, Rowlands, Bestway, Hanborough, Maneph, Newdays and Kamsons independent contractors).

42 votes were received at the meeting. All votes cast were in favour of accepting the annual report and accounts. 111 in total voted in favour. The AGM was declared closed.



Action

# 10 CPE Update

Item

Gary Warner joined the meeting and gave a presentation which covered the CPE June committee meeting. GW gave an overview of the 2024/25 negotiations and explained the process of negotiations of a new contract and the timescales involved to make these deals. (See presentation slides for full details)

GW asked if there had been any contact with the new ministers, DD informed he had written to all MPs and this has also been promoted in the weekly Digest providing contractors with resources to also engage with their local MPs.

### 11 CCA / NPA Updates

CCA – More pharmacy closures slowing down and coming to an end.

**NPA** – efforts to highlight the pharmacy funding crisis including sending resources to independent pharmacies and promoting the campaign which will take place on 19<sup>th</sup> September. NPA are encouraging members and non-members to dress in black and work without lights between 9-12pm and ring their alarms for 2 mins at 9am on this day.

**IPA** – No further updates until the next meeting in October.

#### **12 BMA Collective Action**

In view of the pending BMA action DD gave an overview of the nine actions pharmacies are able to take without being in breach of contract. Discussion took place regarding the impact it will have on winter pressures. ICB policy on script switching and the implications it will have on pharmacy.

OP asked about the declaration deadline on 30<sup>th</sup> September and whether it effects flu and Covid vaccinations on PharmOutcomes, DD informed that each ICB will be send this information and some pharmacies may need to retrospectively print these off. DD will formulate a plan with the ICB to facilitate this process.

### 13 Flu/Covid Vaccinations

Storage of the vaccinations are an issue. OP asked NHSE if there is a delay in delivery would more fridges be supplied to store the vaccines (the answer was no) OP wanted to highlight the problem but was advised to go back to the manufacturer and ask for later delivery.

#### 14 New CGL Contract Discussion

Eight providers across the patch CGL floated a proposal paid to do supervision change in model to help to improve the reporting. The new model will create an increase in revenue with extra money for completing reviews on unsupervised. Structured appointments no walk-ins. OP would push back on the amount as £65/50 per initial review as he felt the amount was insufficient for the work required.

DD



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DD will request a review template used for patient from CGL to assess the amount of work that may be required by the Pharmacist. Once this has been assessed, DD will go to CGL with a proposal if the review fee needs to be increased.

OP asked whether private vaccinations for flu for over 65s can be given. As an LPC highlight to contractors for care homes to get the message across.

### 15 AOB

ID asked if a foundation pharmacist would be able to attend a future committee meeting to gain a better understanding around the working of the LPC. DD/RB good idea for engagement and for future members.

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

RB has given his apologies as he will not be able to attend committee meeting in November.