Community Pharmacy Herefordshire & Worcestershire (H&W LPC) Meeting 19th January 2023 (open minutes)

LOCATION: Via MS Teams

CHAIR: *Anurag Hegde (AH);*

MEMBERS CP H&W LPC: *Wayne Ryan (WR); Sally Rowberry (SR); Akwal Singh (AS); Jeetendra Patel (JP); Salman Ahmad (SA); Anurag Hegde (AH); Danielle Brennan (DB); CCA Vacancy;*

IN ATTENDANCE (non-voting): *Fiona Lowe (FL); Zoe Ascott (ZA); Claire Salter (CS)*

APOLOGIES: *Mitesh Bhalla (MB);*

GUESTS: *Alison Rogers (AR)* ICB – Pharmacy Integration and Medicines Assurance Lead; *Ali Roberts (ALR) ICB - Associate Director, System Development & Strategy*

Executive Meeting

(AH, JP, WR, FL + ZA) 9.30-11.00am (closed)

Main Meeting – 11.00 am.

DOI: No changes to members declarations.

Minutes: Open and Closed sections – no amendments raised. Action ZA / FL to separate closed and open and share open ones with SKS for the website.

AOB: N/A

Market Entry: Nothing for Herefordshire and Worcestershire specifically.

11:06 am Salman Ahmad (SA) joined the meeting.

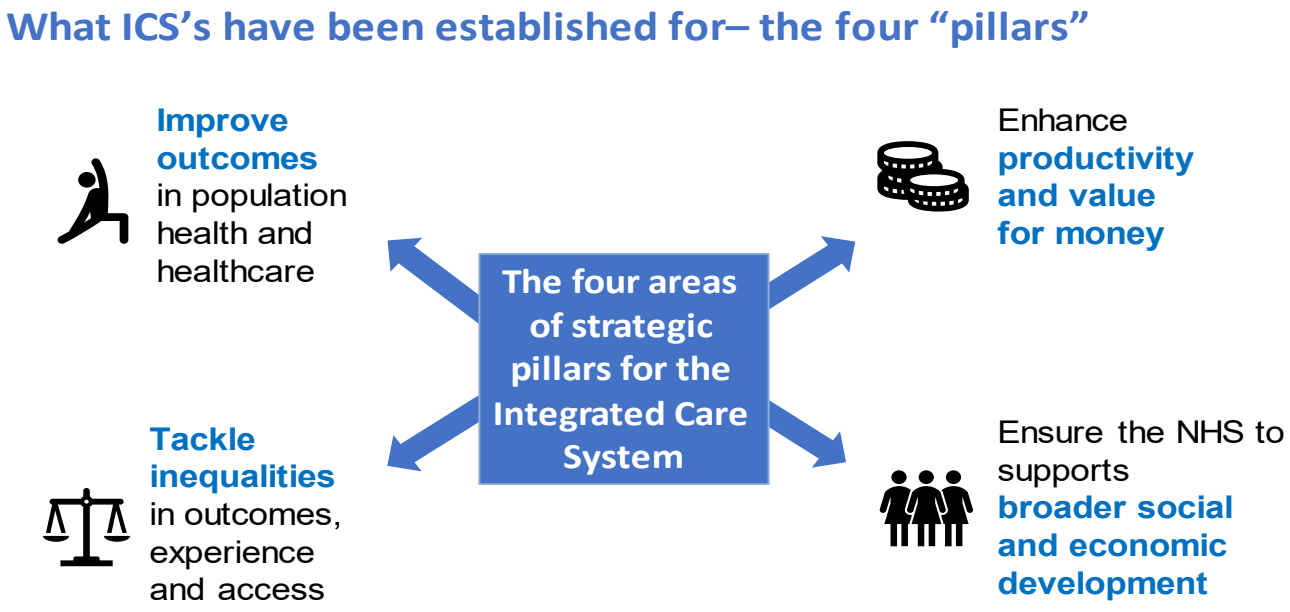
Alison Rogers (AR) started her update by sharing that Ali Roberts (ALR) ICB - Associate Director, System Development & Strategy will be joining the meeting shortly. AR continued to say that we need to look at where we are and where we need to be by the end of March Quarter 4. AR appreciates what a difficult position pharmacy is in and how well pharmacy coped over Christmas. There seems to be more recognition and publicity for pharmacy in the media currently.

Action tracker – matters arising not discussed **–** move to next meeting

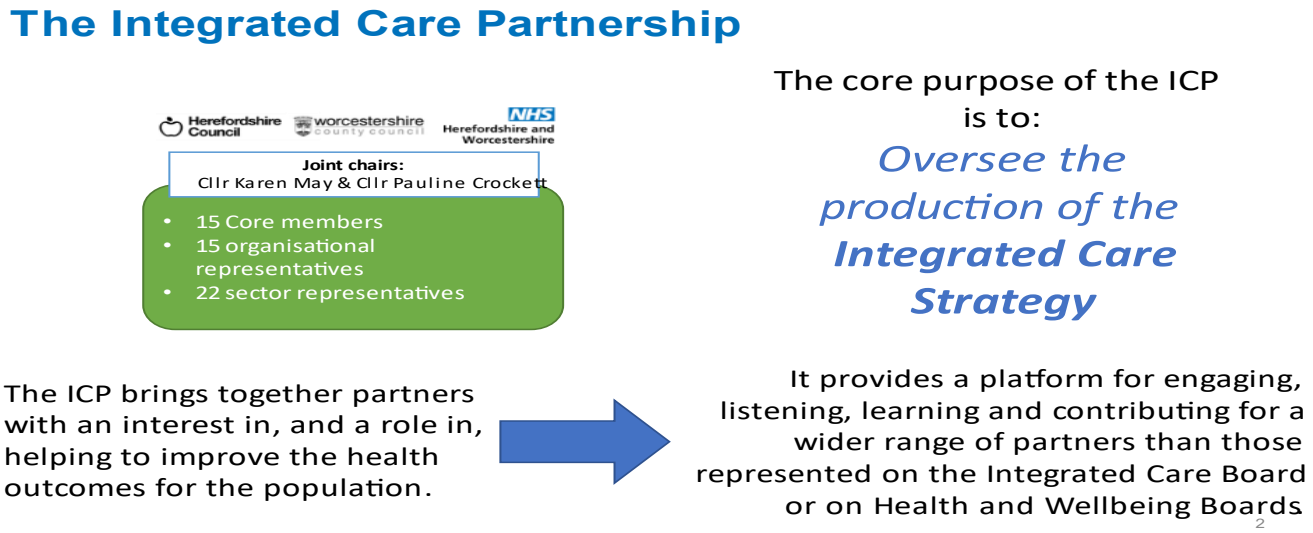
ALR joined meeting at 11.09 am.

Anurag Hedge (AH) welcomed ALR to the meeting and introduced himself. ALR commented that she welcomed being given some time on the agenda, introduced herself as ICB Director of Strategy and explained that she was attending the meeting to share an overview of the Integrated Strategy across Herefordshire and Worcestershire. She explained that it is a live piece of work that is still developing and encouraged members to ask questions after the first 3 – 4 slides where she will pause.

ALR shared slide 1 which contained the strategy on the right hand side of the slide, talked about its involvement with the Health and Care Act, the devolution of CCGs into ICBs and the Integrated Care Partnership which is formed of members of the ICB and Local Authority to bring together health



and care in the agenda.



Even though Herefordshire and Worcestershire is one of the smaller ICS in terms of population size the geographical area is vast. This is a unique opportunity for community pharmacies in Herefordshire and Worcestershire to engage with the Integrated Care Partnership Assembly, sector reps and carers and get a broader perspective around the assembly. The 10 year strategy sets a vision for integrated care and there is lots of good work taking place in the area with primary care networks and collaborations. The strategy document will be shared across the ICB in Herefordshire and Worcestershire.

Slide 2 – ALR explained that the ICB had developed the strategy to deliver on 4 strategic pillars. The two pillars on the left are fundamental and come from the learning from the pandemic and approaches that need to be taken moving forwards. The two on the right will never go away and focus on the finite financial envelope, reducing duplication of

work and ensuring that patients get access to the right service first time. The NHS support is not refined solely to the NHS but has broader aspirations on partners and should address local need and joint strategic needs. This has been discussed with public health colleagues and areas of challenge looked at. The strategy will work across Herefordshire and Worcestershire to share learning on common areas of challenge to how to work together to effect change.

Slide 3 shows the existing engagement and conversations that have taken place to develop and start the strategy. The first green box talks about good health and wellbeing for everyone and shares four areas that the strategy will focus on to work together with communities to enable everybody to enjoy good physical and mental health and live independently for longer.

The next band of boxes are split into eight and show the commitments required by all partners to enable collaborative working. The three boxes below have a life course approach and contain common areas for challenge. The pink and yellow boxes highlight areas of focus for the strategies. Six strategic enablers are listed at the bottom of the slide. Opportunities for digital integration come up in all engagement conversations, workforce retention and recruitment challenges in the broader sectors, responsible officers in the ICB and broader roles that weren't in place when the ICB was formally the CCG. It is a plan on a page and very much in draft at the moment. ALR invited any comments, queries, and feedback.

AR commented that pharmacy is not directly mentioned however, this strategy will be a useful reference for us to work on a pharmacy strategy going forwards. Pharmacy is at a state of flux through the national contract and other aspects need to change to ensure financially pharmacies can survive and sets pharmacy services in that context. The strategy will make pharmacies more visible in primary care and in the ICS as a whole.

AH commented that there are different entities in Herefordshire and Worcestershire and there is a requirement to have a joint effort to work towards the community and this is an overarching aspect to encourage. AH asked if there is a local plan to be worked upon to support recruitment for care providers? ALR responded that she is not aware of one and advised community pharmacy to link in with the local voluntary sector and local authority in place. It is the Pharmacy Faculty that are developing the workforce pharmacy strategy and Fiona sits on this group as well as the Medicines and Pharmacy Board. AR commented that this group will discuss and present the independent prescribing rights for clinical services and that it has come a long way in Herefordshire and Worcestershire.

JP raised the issue that there are lots of services for pharmacies to provide to support customers and pharmacies rely on other professionals to sign post patients to pharmacy to provide the services. There needs to be more to promote the services to healthcare professionals to encourage more signposting to pharmacies.

ALR commented that perhaps the connections are not right and that is a useful example. The plan needs to be promoted as a joint forward plan for the next 5 years.

AR contributed that interdependencies are there and some services rely on interdependencies. This would be a good use of the minor ailments service and there is no required formalisation for referrals to this service all that is required is enough outcome data on the services to be able to move on to the next step. In terms of the blood pressure service, still awaiting the change to the specification which will then take out the waiting time for people to say what they want to do. ALR (referring to slide 3 and maximising opportunities) said that the ICB are committed to number six as this is fundamental and also number four the number of areas by healthcare professional. They are seeking to address all of this from a strategic level and the ICB will be going on a journey to demonstrate the outcomes. AR commented that to date it has never been recorded what usage pharmacies get already; this would give more potential, confidence, and a brighter financial future. There are national datasets and infographics covering usage of pharmacy and services – less around the outcomes that result.

JP asked regarding the faculty for workforce as at the end of last year they were funding the independent prescriber for optometry, but nothing has been mentioned as being funded for pharmacists. He commented that there needs to be the same platform for all in the sector. Pharmacy struggles to get supervision and therefore are not able to undertake much independent prescribing when they should be doing independent prescribing.

AR answered that optometrists have no pathway and currently don't fit with governance. There are 3000 places available to community pharmacies to train pharmacists with the mentorship element changed to a 2 year expectation to mentor and pathfinder sites are being sought Funded posts are being provided by HEE – 3000+ places. Independent Prescribing | Health Education England (hee.nhs.uk) . In 2026 all pharmacists that graduate will automatically be trained as independent prescribers. Optometry has not developed as far as the integrated fund and therefore work as pharmacy at the moment. Digital is the big issue with shared local record being a must. This needs to be in the next phase and will act as a layer of safety to safe medicines use.

ALR commented that the integrated care strategy can cover the depth and breadth with no single sector on a page for Herefordshire and Worcestershire. Does community pharmacy have a page highlighting what it does for other health and care colleagues to understand? What is on offer at specific levels as this might be helpful for other sectors? Can something be created collectively as a system?

AH commented that he sees great value in this aspect and that work has not been directed or deferred previously and followed up on. JP agreed with AH and further commented that local things happen on local working days and unless there is funding pharmacies are struggling to get their workforce out as there are no staff to cover at the moment.

AR suggested a broad infographic plan on a page with patient facing information that is up to date. ALR commented that this would be really helpful and useful as a comms tool for other sectors to gain understanding of community pharmacy. The ICB could look to support this especially knowing that there is already a short video that has been completed highlighting community pharmacy. AR commented that it is important to convey messages and information to other healthcare professionals to ensure that pharmacy is acknowledged and pharmacy has an important place. Covid 19 has raised the profile of community pharmacies with 75,000 vaccinations being delivered by pharmacists. Pharmacists can reach people that other professionals cannot reach. SR commented that she agreed that momentum needs to continue to be raised and for community pharmacy not to phase back into the background. It is good to hear that pharmacists delivered a third of the autumn boosters.

AR raised the following question to Wayne Ryan (WR) What would you like to see of pharmacy in the next few years? WR responded that he is not sure that pharmacy knows what it will look like in the next few years with the

increase of more services and less traditional dispensing of medicines as there will be mor ability to offer more as the dispensary side becomes more automated. Akwal Singh (AS) commented that he feels an impasse as to adding anything else on for community pharmacy due to current workforce issues. He commented that he has seen these types of presentations previously and nothing ever comes of them; starting form square one again. It's normally difficult to engage with the ICB; pharmacy needs to see action and get funding. Salman Ahmed (SA) agreed with AS that high level services can be delivered in community pharmacies but then community pharmacies need to be able to refer to other professionals for example when out of hours as sometimes pharmacists see patients first. Dannielle Brennan (DB) suggested trials where pharmacies give advice and patient care daily that don't sit under the services that pharmacists can claim for as they can't claim for general advice unless the advice given leads to an over the counter sale. This needs to be discussed and mentioned in future. AR the government need to be tracking activity under the minor ailment scheme as the activity in pharmacy is not captured and it is not documented how pharmacies cope. WR commented that pharmacies use the PGDs so that they can prescribe and provide something on a prescription under a specific protocol which isn't available if the patient walks through the pharmacy door.

AR shared a slide to illustrate the quarter 3 December Herefordshire and Worcestershire data. This slide demonstrated how many UTI patients between 16 – 64 were offered diagnosis, advice and a supply of antibiotics for 449 patients. UTIs are a common presenting ailment and patients will often present at Emergency Departments and GPs for treatment. The PGDs need to be national. Another good example of a PGD service is impetigo. There were 19 patients who received a consultation and antibiotics. The Midlands are already working with and referring into these services. JP commented that the PGDs are Midland and National for now and that all the services need advertising nationally not just by independent pharmacies. JP also suggested that there be more visits at LPC meetings so that there is the opportunity to speak directly to people rather than people come and give small presentations. ALR commented that she would need to think about how this would work and what the schedule could look like. AR mentioned that this would be good in terms of openness and transparency, it would be a good way to harness innovation and give insight into what is happening. ALR confirmed that the purpose of her attendance today was to bring out using the Integrated Partnership Assembly, to talk and engage with pharmacy as she has not attended this meeting before and it is useful to connect regarding the strategy and develop solutions together and forward plan. ALR thanked the committee for their feedback and information and AR thanked ALR for attending, she also thanked committee members for giving ALR a common-sense view of the situation in pharmacy and reminded the members that there will be lots of chance for change coming in pilots where data will need to be collected and the positives taken forwards.

ICB news – AR:

CPCS mentioned in planning guidance and on the government's cards and policy. More referrals are coming in. Some PCNs are doing well such as HMG, Kingfisher, and Nightingale.

DMS has moved along with Wye Valley Trust already referring, the Health and Care Trust beginning imminently and the Acute Trust will have significant numbers of referrals as they have funded pharmacy time to do this.

WR mentioned the BP service and the existing specification acting more as a deterrent to providing the service as it is well recognised that for example on a Friday afternoon there would be nowhere available to refer the patient on to if it was identified that they needed further intervention. There needs to be a new specification in place to improve this service provision.

SCS on discharge service from the three local hospital Trusts will commence on the 7th March. Herefordshire area is covered in terms of an adequate number of pharmacies to deliver the service whereas more are required in Worcester City, Redditch and Bromsgrove. AR asked members to encourage sign up in their respective areas. JP mentioned that some services specify that the pharmacist has to deliver the service and not a registered pharmacy technician which can defer from the service being used. AR shared that there could be up to 90 patients referred in Worcestershire each week, sign up for the service is on PharmOutcomes, training needs to be completed and monitors purchased. JP mentioned the funding for the service to purchase the monitors and also that the LPC used

to calibrate the monitors, and this will need to be factored into the costing. AR confirmed that this is a national specification. SR mentioned that there is a start up fee and that she had expressed an interest in providing the service to NHSI at the start of December but hasn't received a response. SA commented that his pharmacies would sign up as soon as possible.

Covid 19 Vaccinations – advise AR if know contractors that want to provide the spring boosters as the temporary planning regulations have changed and there will be more pharmacy sites required to deliver the vaccinations.

AR has a new person to help her in her role starting on the 11th April who will be working on and helping with national services.

Pathfinder programme – the info is to be covered by sessional IPs to prescribe. The survey that was sent out before Christmas is going to be sent out again as AR trying to find out how many IPs there are and that are not committed to anything else. There seems to be some hesitancy to complete the survey as there have only been 4 responses so far, the corporate multiples must have plans around this. DB confirmed that Day Lewis are supporting the course and funding it for pharmacists. There is no-one in Herefordshire and only one enrolment date for the course per year. All pharmacies get notification of the course. SA commented that his pharmacies do not have any IPs as there is no funding currently. He knows of potentially one to two locums that work in other areas and will complete the form for AR. Locums can be included as part of the plan if they are regularly working in Herefordshire and Worcestershire. AH to find out how many in Worcestershire and advise AR. AR copied the LPC into the survey and asked CS to reissue and encourage completion.

AR will be looking at the Easter rota and the three May Bank Holidays next week which is a lot of work to complete as Easter needs to be as clear as possible to avoid confusion.

Digital Platform – there is money available to work on a digital platform to share information, it will be accessible to primary care and secondary care colleagues. Need to express what we would like to see or want. Action – feedback requirements (completed)

There is an additional £10,000 available from NHSE to come to aid ARs role. Need to decide how would like to spend this and what the money needs to be used for. There is no timeline allotted to the money and it could be used for DMS, SCS, patient safety, evening learning sessions. Plan out over the next few meetings potential use of the money to come up with an innovative plan to help pharmacies in the next year. Anything involving digital or workforce is already being worked on.

AR asked the members what they need from her in terms of data – more or less? PCN meetings? Practice meetings? What is required to get organised for pharmacy? DB commented that a streamlined way to send over and make surgeries aware of services and bring it all together on the same page would be useful. AR shared a slide illustrating the three proposed main points for a single landing page for community pharmacy and GPs formed on Team.net. The link to the site is https://teamnet.clarity.co.uk/Topics/Public/37aadd3e-ca37-4770-9efa-afbc00b8fd17 One mechanism for one email to practices and internal health professionals for internal emails only which would be a useful development for practices. Members not aware of such an email but commented that not all pharmacies/branches check the emails routinely. JP mentioned the need to have back door numbers for surgeries. These are included on the PCN footprint and LPC can share. Action – share the back office emails and numbers again to pharmacies.

There were no further questions raised for AR and AH thanked her for her very informative and helpful update.

SR reminded members that she would not be partaking in the afternoon session.

Afternoon session commenced at 13:00 with FL joining the meeting.

Frequency of meetings – FL asked what members would prefer, whether face to face, a half day a full day, on Teams, which day as to ascertain whether something different should be adopted. Potential to interact with Coventry and Warwickshire as everyone is good and productive when in a workshop setting working on meaty pieces. The strategy

will be due to be renewed in the Autumn. FL asked members for their thoughts. WR commented that he didn't feel that half a day meeting would work as members would still claim for a full day. The pre-reading in preparation for the meeting would add into the full day. FL emphasized that if to look at face to face meetings then their must be attendance from everyone no split between having people in the room and then some on Teams. There could still be a split between face to face and Teams meetings throughout the year in order to keep down costs and mileage claims. Should the number of LPC meetings be reduced and a working day be introduced instead? For example instead of the September meeting and AGM and November meeting have the normal September meeting and then use the afternoon to plan for the AGM or do some of the strategy development or a piece of work such as update the PCBN packs, there is plenty of work coming from the national calls. It was suggested that it may be useful to have a HW day and invite local system representatives, contractors and PCN leads then have the AGM vote at the end. This would remove the November meeting and maybe just a smaller catch up with a split into groups maybe more effective. AHW Execs will need to meet once or twice a year. A lot of the future items coming up will be national and local. Alison will need to do quarterly reviews on concentrated topics. Topics could be chosen to suit skills and interests of the group. One meeting a year could then become a face to face project workshop with the AGM elements added in at the end.

Contractors will require a lot of support going forwards as the new contract will commence in 2024. The LPC needs to be more productive. Potentially stick to 5 meetings and rework the action focus, not a full day on teams unless add in an executive and finance part to the meeting and link in with CPA to do joint topics such as Sage and Xero. FL commented that SAGE for C & W has disappeared.

Transformation – proposal to send out an updated version of what was produced in November with updated voting terms. Hoping that people come back with a "yes". If financially we are in a better position, then there may be the opportunity to do a payment holiday. FL talked through the transformation format that was completed and sent to PSNC. It is a measure of the current status and what is being proposed. It will go out with voting forms and reflects more of a move to a federation model even though LPC contractor numbers are not near 200 the Federation is >300.

SGM – this is booked for the 16th of February between 19:00 – 20:00 pm on Teams. Contractors need to ask for the link to Teams to be able to attend. The agenda is taken from the PSNC proposed agenda. Contractors will be able to vote up to two days prior to the meeting. Members will need to either join the SGM or vote prior to the meeting. The slides for this meeting will be similar to the last one and include what has been thought about, consideration for Gloucester to buy some time and possibly a change between the number of members and split as now require 10. Some pharmacies have changed from Independent to AIM and there are further changes due with some of the CCA sell offs so the ratio needs to be address for fair and adequate representation. There may also be some changes to the term for the LPC as there has been mention of an extension, this is being discussed and should be confirmed by 31 January. PSNC have decided how they will make up their 24 places, they may lose some good people depending on input .

AGM – need to be quorate with at least 4 members with Danielle, Mitesh and Sally as key members. FL urged that members need to attend.

Presentation on services from Claire Salter, Engagement and Support Officer. Slide deck on Box. In relation to the NMS slide JP asked for an increase calculation to make the numbers more meaningful and link to the PQS gateway. FL commented that the number of items a contractor is dispensing should be reflected by a 1% NMS provision. BP slide comments were that there should be a higher ambulatory uptake compared to the amount of BP measurements taken. Different ways of measuring were discussed and acknowledgment that a bigger of ambulatory referrals need to be achieved. CPCS details were shared and comments were made about the fact that it is not a triage service for surgeries and more detail needs to be completed by the surgeries to pass on to the pharmacies.

CPM – NHSE midlands region is splitting into East and West again. East will be hosted by Nottingham ICB and West by Birmingham and Solihull ICB. It is still to be determined in relation to workload division between ICBs and NHSE. The monitoring of the pharmacy contract will be the responsibility of the ICB. CPWM will be linked in with the North Midlands LPC's. the PSNC have also divided up their regions which may not match up in future to CPWM. For CPM

Susan represents the LPC for IT, Fiona for workforce and Fiona and Eva for Services. The services division have made a start on the work required on a regional basis. Other members of the group have picked up that the LPC picks up the majority of the workplan and budget work as an 80/20 rule. All market entry, newsletters, handouts and finances need to continue to be the responsibility of the LPC but there are other areas that can be looked at and potentially top three priorities need to be identified from the following – supply chain, how this is communicated and completed by pharmacies and shared with surgeries. Current Advanced Services Implementation, new Advanced services such as IP need a lot of work, MP's internal engagement and contractor engagement.

What needs to be looked at over the next 3 months?

1 How to maximise the services on the table, the current local and advanced and get them going. Get the right people in the right place to deliver services and to keep the services.

2 How to make things easy for contractors, supply chain - does this need to be a quick tick box on PhO? A lot of services aren't being performed due to time constraints not that contractors don't want to do them. There is a need to make comms and websites simple.

3 What would be useful to see on SharePoint that doesn't duplicate the website. The option is there to have pretty much whatever is required from news to a calendar, different tabs containing organograms, formularies, policies, contractual information, advisory information from ICB, discussion boards on certain topics. The form from Hoople is asking what the content is that is required - Action. Whether there needs to be the functionality of being able to send an email from there, a repository of up to date information such as the policy on MDS 7 day prescribing. Most importantly don't want the same information in multiple places. Potentially a neat mechanism to inform surgeries with a tick box to show it as done. It needs to be something that will bring people together. It needs to contain no patient identifiable data but discussions and forum tips, back copies of emails, newsletters etc. Potential to log in a couple of times a week to see the latest updates. FL asked for volunteers to try it while it is in development stage. There would be a requirement to have locum logins to enable such details as major stock supply to be useful to all.

4 New Contract and Advanced services support

The CCA questions are to be left until March once budgets have been scrutinised.

Sage to be used in preference to Xero.

Next meeting to be face to face in Worcestershire which may prove a challenge for a venue.

No other business – meeting closed at 14:41. WR, AH, ZA and FL staying on to discuss the MP visit and SGM information.