Community Pharmacy Herefordshire & Worcestershire (H&W LPC) Meeting 17th November 2022 - OPEN MINUTES

LOCATION: Room 23: Basepoint Business Centre; Crab Apple Way, Vale Park, Evesham, WR11 1GP

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); CCA Vacancy*

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

APOLOGIES: *Mitesh Bhalla (MB); Danielle Brennan (DB);*

GUESTS: *Alison Rogers (AR)* ICB – Pharmacy Integration and Medicines Assurance Lead

Executive Meeting

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

LPC Transformation & Funding Strategy

RSG – Wright Review Contractor Vote agreed by significant majority to allow an increase in PSNC Levy to LPCs. Originally this was indicated to be about 45% increase on 21-22 Levy.

Expectation that overall, Contractors Levy would not rise as a total across LPCs in England.

PSNC have determined that needed to review the Levy setting process to LPCs as had not been updated for many years. It further decided to do this in line with NHS income instead of items alone. This has led to some anomalies where a Contractor (usually high volume or high value DSP) has disproportionately affected our LPC.

We are a LPC which matches ICB Footprint and has a loose federated model with CP Arden – AHW shared team / office function & same CEO. For shared office, kit and office team we pay 38% total based on Contractor numbers across AHW (319 total).

Key things asked to consider and share with Contractors ahead of a SGM in January 2023:

- Are we aligned to NHS ICB Geography? **Yes**
- Are we around 200 Contractors? **122 (120 pay levies – 2linked to Bsol) – but loose Federation – we have 319 across AHW**
- Can we pay the increased PSNC Levy without increasing Contractor Levy? **No – due to anomaly – already accepted by PSNC & CCA Teams that we would need to pass on Levy whether stayed as CPH&E or merged it would impact meaning H&W portion of levy would need to increase .**
- Who could we merge with if appropriate? **CPA, Shropshire, Gloucestershire – all would lead to increased levy and reduced support in a larger geography impacting Contractors (CW LPC view is to stay as are but tighten up the federation across AHW).**

PSNC Levy to the LPC indicative increase:

- **LEVIES from PSNC to us - We currently pay £38,742pa**

- Next year (2023/24) indicative figure c£86,145pa – this is an increase of £47,403 pa
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- Note this is the highest increase in the Country!
- Average PSNC levy to LPC per Contractor averages at £409 --- ours will be £852!

- **<u>Reason for anomaly – which has impacted handful of LPCs</u>**
- Changed from Item related to total NHS income as derived from FP34s (NB LPC Levy to Contractors is already split by NHS income rather than items – but we don't see that)
- Levy to the Contractors from the LPC currently £134,000 when we charge full year (recently been 75-80% with levy holidays applied)
- **We have one Contractor in our LPC who have the equivalent income of 100 pharmacies**, although item wise 29,000 – 30,000 per month but with an **AIV of >£230 vs national average of £9**. Items not excessively high – so different from the P2U scenario
- Currently, the pharmacy is paying 43-45% of the Contractor Levy – so the rest of the Pharmacies having been paying considerably below national average for many years even without the levy holidays!

Options Appraisal:

	Assessment Criteria	Weighting (1-10, where 10 is most important)	Option 1: <no change>		Option 2: <merge CPA>	
			Score (10 = high)	Rationale / Comments	Score (10 = high)	Rationale / Comments
Desirability	Matches NHS boundaries (ICB, having a representation and governance structure (LPC members) at a system level	8	10	ICS Footprint, very rural with large geography - representation at IPMO, WF etc - close relationship	8	2 ICS - very large geography -- already work as a group with shared team including CO - would reduce LPC Members size
	Able to invest executive resource to undertake system and place-based work.	8	10	Good stable team - invested in E&S Officer	8	May reduce capacity with fewer overall Members
Feasibility	Likley to have support of two thirds of each LPC committee locally and support at a special meeting of contractors	10	10	LPCX and Contractors likley to be happy with way operate as have already got a loose Federation and shared team	6	Will be less popular with LPC - Contractors - hard to guage interest in the process - but lijke local support
Viability	Able to meet increased contributions to PSNC, without having to increase contractor levies	10	4	Due to the huge increase in PSNC Levy - skewed by 1 high turnover Contractor - we will need to increase the levy in line with PSNC increase whether stay as is or not	4	Members and some Team hours may be reduced. Due to the huge increase in PSNC Levy - skewed by 1 high turnover Contractor - we will need to increase the levy in line with PSNC increase whether stay as is or not
	Size of 200 contractors or above	8	8	As standalone LPC 122, as federated model 320	10	2 ICS and 320 Members
Local	Other criteria to be locally determined - rurality - travel - ability to cover f2f meetings	4	10	Local and team able to reach all areas and Members cover all areas	6	Team same - although may be fewer hours and less Member resource and hard to cover geography

				Results				
Option 3: <Formal Federation CPA>		Option 4: <Federation + Shropshire / Gloucestershire>		Option 1: <no change>	Option 2: <merge CPA>	Option 3: <Formal Federation CPA>	Option 4: <Federation +	Total possible score
Score (10 = high)	Rationale / Comments	Score (10 = high)	Rationale / Comments	Score	Score	Score	Score	
8	Unlikely to make much difference as most savings already happened	6	Complicated - additional ICSs but not same NHS Regions	80.00	64.00	64.00	48.00	80.00
10	Unchanged	8	Reduce capacity - large geography and competing meetings	80.00	64.00	80.00	64.00	80.00
10	Unchanged	4	Large goegraphy and no current relationship - LPCs not likely to approve	100.00	60.00	100.00	40.00	100.00
4	Due to the huge increase in PSNC Levy - skewed by 1 high turnover Contractor - we will need to increase the levy in line with PSNC increase whether stay as is or not	4	Due to the huge increase in PSNC Levy - skewed by 1 high turnover Contractor - we will need to increase the levy in line with PSNC increase whether stay as is or not	40.00	40.00	40.00	40.00	100.00
10	320 Members but 2 separate LPCs	10	would be 400-500	64.00	80.00	80.00	80.00	80.00
10	Unchanged	4	Large rural areas with different NHS teams - challenge to be effective	40.00	24.00	40.00	16.00	40.00
				404.00 84.17%	332.00 69.17%	404.00 84.17%	288.00 60.00%	480.00

Financial position was discussed.

Executive committee view on transformation – stay as we are but tighten up federation with CPA.

Main Meeting – 11.15am

DOI: No changes to members declarations.

Minutes: Open and Closed sections decided, must close finance section and CCG comments. Accounts passed the accepted votes.

AOB: N/A

Market Entry: Change of Ownership for Ogles Pershore.

Action tracker – matters arising: discussed.

AR joined meeting at 11.30am.

Aim to discuss strategy piece from the assembly.

ICB news – AR:

Interim Director of pharmacy and medicines, job share, Ann Hadley and Fiona Bates.

Integrated care partnership strategy – covid-19 pharmacies are doing really well, shows the benefit of more pharmacies (from 8 to 21). Local authority warm spaces initiative, offering warm spaces for people over the winter, sort term, will use a college, if any other sites can offer it.

Bid in for monies to support PQS around palliative care, provide support to pharmacies on an education piece and support stocking, 16 meds

Bid in for monies to support PQS around palliative care, provide support to pharmacies on an education piece and support stocking, 16 meds in the list, will not be decommissioning the pharmacies already providing the palliative care service. Will know w/c 28th whether successful bid. Will work with the LPC. FL – ZA is collating PQS information presently. FL – training would be beneficial for those who are already stockists and those who tick they are holding the 16. Bid is for £3,500.00 to support.

AR – hoping the palliative care and antiviral pharmacies have now claimed. AR to resend invoice template.

ICB have employed a position for primary care - pharmacy/optometry/dental contracts. AR to introduce at January LPC meeting. Working one day a week with AR on pharmacy.

EHC PGD in Hereford has been chased with commissioners.

ICB has asked community pharmacies to complete the IP survey. LPC to encourage. AR need to know how many pharmacists are out there with IP qualifications. There is a programme to be commissioned by pharmacy contract, very early stages and will be niche, most likely 2 sites per ICS. What to put across pharmacist's views early on. Responses to survey will just be received and read by AR. To start getting pharmacies working closer with PCNs and practices. There will be a national formal EOI for the programme, but have an opportunity as an ICS to show support. Need to look at minor injury and illness data, ED data, out of hours data. If IPs offer something different, then it is placing the right person in the right place at the right time. There is a huge number of consultations that go through these pathways that could be handled by pharmacists in a local setting. Further discussion on IPs. Members agree to encourage survey completion.

NHS reservist programme – work force initiative, almost like a workforce bank. Interest for vaccination centres. Not sure what it means for Pharmacy, AR looking into. Part of the goal was to bring staff back into the NHS. AR will send further details to FL.

Hypertension – FL – will encourage signed up pharmacies to be prepared and active. Discussion over the Shape Atlas tools and showing the activity of service vs sign up.

AR – also looking at BP outliers. When not finding people needing an ambulatory there is an issue. National snapshot feels low at 5% needing an ambulatory. AS – issues over needing a proper referral fee. FL – BP and PGD services the GPs can just say 'go to the Pharmacy' not like CPCS with the proper referral service.

FL – trouble is that also need sufficient numbers of pharmacies looking for it and checking frequently.

DMS – AR – pharmacy technician who is doing some before Christmas, so should see some referrals in Hereford. The digital integration is a different debate as to how make more slick at the hospital end. AR – still trying to get hold of Worcester and how it can work integrated. Working on the digital integration piece.

Stop smoking – increase in activity, tangible figures on estimated figures. The Hereford and Worcester models are different. Matrix model in Hereford, Worcester will use community pharmacy model exclusively. AR has the figures, Worcestershire – 18 signed up so far, will be looking for more pharmacies. Proposed start dates probably Feb/March 2023. Will need a lead in time and get a plan together. There are PCN gaps and some companies have chosen not to sign up. Want to encourage a good geographical spread and patient choice. AR – there are quite a lot of stop smoking pathways. Also, a move towards using vapes and e-cigarettes in other services. Ideal if we can share the expected numbers for pharmacies.

AR – national recognition over pharmacy animation.

AR shared presentation on Integrated Care Partnership Strategy:

Collectively, as members of the ICP we are seeking to:

- Improve ***healthy life expectancy*** for the whole population.
- Reduce ***inequalities and disparities*** between those with the best and worst health outcomes.
- Do so in the ***most cost effective way*** so that we maximise value for money for the taxpayer.

The strategy we produce needs to outline how we intend to do this, specifically in relation to **issues identified in the JSNAs**.

The stakeholder briefing outlined the areas that our strategy needs to address:

- Shared Outcomes agreed following review of JSNAs
- Personalised care approach and specific initiatives
- Disparities in health outcomes, access and experience (Inequalities)
- Quality Improvement, National Quality Board Guidance for ICSs
- How the system will build the right sized, future proof workforce
- Section 75 and other opportunities for joint working, strategy and planning
- The system will industrialise predictive prevention
- Describe how services impacting wider determinants are integrated in the ICS
- How health protection issues are identified managed across the ICS
- The role of anchor institutions in better health outcomes for local people
- The right digital infrastructure, platforms and analytical capability will be delivered
- The system will adopt innovations to improve population health and reduce disparities
- The system will ensure an all-age focus addressing the needs of CYP, families and healthy ageing

Sexual Health services – FL – new advanced service for tier 1, repeat OC's, and Tier 2, initiating treatment. Similar to the Worcestershire service. So should be in a good position. FL – think it will be well used, and in a tiered system need to do well/appropriately in the first tier. Believe tier 1 is January and tier 2 is October 2023. Pilots testing other tiers ahead of being added into business as usual. AR – pharmacy are well placed to provide. Good opportunity to sign up to tier 1 and try local service so ready for tier 2 (if in Worcestershire).

AR left meeting at 12.45pm.

Constitution – have to have SGM before the end of March 2023, because committee ends at the end of March 2023. There has been an acceptance that LPCs won't be ready – so SGM would extend this committee to July, then it will be four years from April 2023 after proper elections etc.

Need to decide the options today.

FL – Transformation Background:

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Financial position: Across AHW - Refer to notes from Executive & Finance Group, shared with the whole LPC.

CPA are of the view that they want to stay as they are with tightening up the federation across AHW over next 4 years.

Points to consider:

- Decide stay as are or opt to merge – do we have that option in view of our 'liability' levy wise?
- We will need to increase levies whatever we do – PSNC want more than we took in total last year!
- Two main viable options are:
    - **Stay as we are**
    - **Formalise the Federation**
    - **PLUS** Economies required:
        - Neither would make any significant savings or negate the need for additional levy to be passed on
        - We could pass on like for like in year – or split across 3 years to reduce impact on contractors – although they have been underpaying for years – propped up by anomaly pharmacy.

Recommendations and decisions to be made:

Stay	Stay as we are + tighten up the Federation over the term of next LPC – joint finance & governance for example – account for joint spending etc
Accept	Accept the new constitution with our added bits around geography / representation
Move	Move to 10 Member LPC – as numbers fairer with % we have – 4 CCA, 2 AIMp, 4 Indep •H&W 48 CCA , 27 AIMp, 47 Indep -- total 122
Increase	Increase the Contractor Levy in line with PSNC Levy increase – over the two years by same amount – or spread over three years using up some reserves
Review	Review staffing hours - although most very low already
Consider	Consider Gloucester / Shropshire as additions to either Federation or contributor to shared office function – to help save money for all

Exec voted to match levy increase for contractors like for like each year.

Following detailed discussions over the options:

Vote:

- **All members agree to increase levy like for like over 2 years not 3 years.**
- **Stay as we are with loose federation, moving towards in next 4 years – Option 3**
- **Move towards formal federation, with individual LPCs of Arden and HW, if any other LPCs want to buy services from us, as long as cost effective/no pressure, then keep option open.**

FL to prepare external comms to Contractors.

19th January 2023 - LPC Meeting – agree face to face if can secure a venue, if cannot then Teams.

SGM – 8th February 2023 on Teams 7pm – 8pm

No AOB and CCA Questions covered.

Meeting Closed