

Herefordshire & Worcestershire LPC – Meeting 24th March 2022 Community Pharmacy Herefordshire & Worcestershire

CHAIR: Duncan Murray

MEMBERS H&W LPC: Wayne Ryan (WR); Sally Rowberry (SR); Mitesh Bhalla (MB); Akwal Singh (AS); Abdul Mannan Nawaz (AM); Jeetendra Patel (JP) (virtual); Salman Ahmad (SA); Anurag Hegde (AH);

IN ATTENDANCE (non-voting): Fiona Lowe (FL); Kathy Robinson (KR); Zoe Ascott (ZA);

APOLOGIES: Abdul Mannan Nawaz (AM);

GUESTS: Alison Rogers sending a report – in Box Mo Kolia and Bayer – Hypertension & AF discussions

Expense Policy: Closed

Accounts: Closed

Minutes: signed off. Any amendments send to ZA.

DOI:

AOB:

Market Entry: Closed

PCN Leads:

Vacancy in Kingfisher – AH to push in the Boots store.

Discussion over NHSE funding the EMIS system for GPCPCS.

SR – soft launch of GPCPCS in North and West this week, seems to be going well.

MB – testing GPCPCS referrals.

Alison Rogers CCG - LPC Notes (AR could not attend in person): Closed

Views on intervention scheme and care home scheme:

KR – have previously given a detailed service plan, it was put on hold due to covid. FL – think need to develop from scratch, at least what we think should be included in it. FL – easier to say what we think should be in it.

LPC split to come up with main points:

Group 1: WR, SR, WR, AH, SA – work on care home scheme

Group 2: FL, ZA, KR, AS, MB – work on intervention service.

Group 2 – Intervention scheme:

Clinical intervention

High risk drugs

Paid for activity (per activity fee)

Robust feedback loop to practice based pharmacist, so know whether the intervention has been taken up and acted on it.

Mechanism for referral

Could have additional fee if a change is made.

Certain parts of formulary sections

Small categories

Opiate dosing

Group 1 – Care home scheme:

MOCH – as a commissioned service, but what do CCG want and what is there budget?

FL – think want us to suggest.

3 options from group:

- 1) Best option would be MOCH, but may be slightly discriminatory against the smaller pharmacies that could not offer
- 2) Commissioned to take on a care home, to go in once a month (used to do) could update the spec, do on a clinical level and look at medical optimisation.
- 3) MUR on patients already supplying

FL – not looking to replace MOCH. Largely absorbed into the PCNs. Problem is that there is not enough of them. FL – could almost do a medication review to then refer into them.

Trying to find what is not already covered.

An option could be advice and training.

Action – write up proposal and feedback to AR.

Further discussion on the new stop smoking service.

FL – there is another £120,000.00 from NHSE to each system, AR is trying to put in a case for some of the funds to be spent in community pharmacy as it does include stop smoking and DMS, meant to be allocated by the end of March 2022. No one has seen a DMS referral yet.

GPCPCS:

Starting to get going. Discussion over hay fever being sent out, WR – want fexofenadine, MB – it is a P though, so maybe it is that they want it for free. FL – surgeries should not be prescribing for hay fever any way. WR – guidance is now that if you can buy from a pharmacy than you should, MB – but GPs technically have to prescribe if that is the treatment needed. A lot comes to managing expectations. Need a message to practices that patients have to buy some treatment.

Testing the service is picking up. The CCG has pushed and not given as an option, will not get their winter access money. Generally speaking, it is going well, but small numbers. Malvern are going live in April. North and West have had a few tests. Droitwich has started. Bromsgrove have done one test but did not like. Malvern are having training on the referrals. PCC are supporting, won contract nationally to support GP end, they will only work virtually and only 3 people across the whole of midlands. Some GPs are saying they will wait until have training with PCC, so are using as an excuse to not start. They are going to help North and West and South Herefordshire. FL – fairly confident that GPCPCS will be up and running in all areas by the end of April.

Have sent out adverts for a service implementation role but no response as yet.

FL – pharmacies need to be consistent with the service and make sure they are ready and prepared to receive referrals.

Further discussion on GPCPCS.

LPC are promoting and making pharmacies aware of PCNs and GPs going live, telling them to make sure they are prepared and to ask if they need any advice.

Discussion over importance of checking NHSmail accounts.

Workforce:

Ideal if there was a system training hub.

PNA:

HW will have two separate PNAs. Patient surveys have gone out and the date has closed, they have received a lot of responses. The pharmacy survey is currently still live, would like to have 100% of pharmacy responses. LPC are encouraging pharmacies to complete.

FL – made clear that 'gap' means there would need another pharmacy, not that we want one open at 7am, makes it an opinion from survey.

It needs to be completed by October including a consultation period. Asked Commissioners of the lists of Services and who does what, have also asked NHSE about advanced services and up to date list with opening hours. There has been a lot of change in pharmacies opening hours, and do not want it to appear as there is a gap if people are not opening at weekends etc.. wording needs to be carefully considered.

FL – will be useful to get an acknowledgement that if additional hours are required then could request a rota. WR – agree why pay for a whole pharmacy contract, when can pay for an extra hour. WR and AH to take back to CCA.

CPWM/PSNC/RSG:

RSG update was given yesterday. They are saying that most of the original proposals in the Wright Review have been accepted by the sector, 28/33 recommendations - [RSG March 2022.pdf](#)

There is still a lot of details to follow.

LPCs will need to match their ICS. HW are already matched to the ICS.

There might be pressure from the smaller LPCs and ICS's.

Trying to get down to 39 to 42 LPCs, currently 65.

There 5 areas that could not be agreed on are the recommendations that revolve around PSNC.

There is now a timeline for the process, around Easter they will take the feedback from this week's sessions.

FL – from the LPCs point of view can afford the increase in Levy.

There were a lot of comments on how can the 'spokes' change without knowing what is happening with the centre.

Proposal to be published w/c 25th April, then there will be roadshows and some events. The Contractors will be given 4 weeks to complete votes. Requirement that 2/3 of sector vote, and of that 2/3 then 2/3 need to agree. AIMp and CCA make 2/3 of the sector overall.

All agree that governance is important, and a robust process is necessary.

FL – even if the contractors vote it all through then locally the LPC has to get it through if it was say a merger.

Training Proposal:

Proposal Link: [H+W Pharmacies development sessions.pdf](#)

Assumptions: Virtual Sessions, 7-9pm (max), 20 per group (maximise interaction and group learning), run approx. every 2 months

Each session: topic in context, models and uses, examples, handouts to create an overall toolkit

6 sessions: Self Discovery Resilience, Motivating & Influencing others, Coaching and Mentoring, Change part 1, Change Part 2, Programme Summary

FL and AH speaking to them next week.

Cost – approx. £18 per head.

MB – think any conflict management should be encouraged. MH – already training sessions for this.

FL – could use our NHS money to offer, or just try and see how it goes.

AH – different sessions would apply to different people, depending on what they need.

WR – can take whole package and split up over the year. Could take the first 20 places and see how they fill up.

FL – use as a sort of training hub.

WR – good to have something in place for the LPC funds.

All members approve of proposal.

Members give their joint thank you to DM as his last meeting as an LPC Member and Chair.

Appointment of New Chair and Vice Chair

Chair: AH

Vice Chair: JP

*Mo Kolia (MK) director and superintendent from Knights Pharmacy joins the meeting. Introductions made. **CLOSED session.***

Bayer representatives: Hypertension and AF – CLOSED

Guests leave meeting.

Members all think it is too much forward thinking for a service we do not know enough about. Would also need more information from the pilot. Will be interested to see what the plan for the PCN offer will look like.

CCA questions – WR covered.

The event planned for 28th April may get postponed depending on the engagement with the Trusts.

PCN LPC Leads have been revised (on box).

At the next LPC meeting it will be useful to think about buddying with Contractor, use the pharmacies within the PCN linked to as LPC Lead. Could do Contractor visits or phone calls for feedback. Members to prepare for next meeting.

AOB: N/A

Main Meeting closed.