

Community Pharmacy Herefordshire & Worcestershire (H&W LPC) Meeting 16th March 2023

LOCATION: Woodland Room, Worcester Woods Countryside Centre, Worcester Woods Country Park, wildwood Drive, Worcester. WR5 2LG

Also, via MS Teams link.

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); Mitesh Bhalla (MB); CCA Vacancy;*

IN ATTENDANCE (non-voting): *Claire Salter (CS) – part only; Eva Cardall (EC)*

APOLOGIES: *Fiona Lowe (FL); Salman Ahmad (SA); Akwal Singh (AS); Wayne Ryan (WR); Mitesh Bhalla MB for pm*

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

Main Meeting – 09:40 am.

DOI: No changes to members declarations.

Minutes: Open and Closed sections – no amendments raised.

AOB: N/A

Market Entry: Nothing for Herefordshire and Worcestershire specifically.

Action tracker: all actions ok.

Matters arising not discussed

Declaration of SGM result: New constitution passed.

Anurag welcomed everyone to the meeting with a welcome to Alison as guest. He apologised for not joining in person but has been affected by train strikes and Covid.

ICB Update to include IP.

Alison started the update advising that she has a list of items to go through with the committee and a few key things that she needs views from the committee on.

Covid Spring Booster Programme

Out of the 21 pharmacies that applied to provide the booster programme there are 20 that the ICB will be working with going forward. The programme will run between April and June but will be targeted for smaller cohorts of eligible patients that need the boosters. There has been a new vaccine that will offered and a total of three different vaccinations on offer.

Pharmacy Connect

A resource for all ICB information to be made available to contractors enabling them to use their ODS Code and password to access the system. There will be further updates and information on progression of the resource in the spring.

DMS

Wye Valley Trust (WVT) have started looking at numbers and information received from that analysis is already showing that there are real benefits to DMS especially as medications are being checked and corrected. Herefordshire & Worcestershire Health and Care Trust (HWHACT) started referrals yesterday (15th March) with one referral sent and 2 pending. There is still work to be undertaken to get Worcestershire Acute Trust to the stage of being ready to send referrals.

Easter Rota.

Easter rota is out and the ICB have had more involvement than they used to in the creation and collation of the rota alongside Fiona.

Pharmacy Contract.

The PSNC concerns and briefings have been escalated to the directors of the ICB which in turn has raised concerns as to what the ICB can do and how they can help. Hopefully there will be some news within the next 2 – 4 weeks.

Annexe C.

Annexe C has been updated for out of hours services. The contact numbers can be added to a secure place. The new providers are sending a lot more 111 referrals to pharmacies than when the service was provided by west Midlands Ambulance Service (WMAS).

Blood Pressure Checks.

Blood Pressure checks are not actively being promoted or encouraged as the specification needs to be altered nationally before the service is further promoted and pushed forwards.

Smoking Cessation Advanced Service.

There is a meeting taking place regarding the commencement of Herefordshire service from Wye Valley Trust. The decision as to start date should be made imminently. Also waiting for the specification to change to enable Reg Techs to deliver the service once the HMRC concerns regarding VAT are investigated. Worcestershire is further behind than Herefordshire. Potentially looking at a referral start date of the 3rd to 4th week in April.

NHS Emergency Contraception.

NHS EC is not starting as the PSNC are pushing to not start this service until other pharmacy issues are sorted, this will be addressed in the next financial year.

Enhanced Services.

There are still 35 contractors across Herefordshire and Worcestershire who have not claimed their annual palliative care fees of £400 and 9 contractors who haven't claimed for antivirals, £300 to be claimed additional Tamiflu drug re-imburement costs. All contractors have been sent information on how to claim from the ICB via their NHs.net email account and CS from the LPC has also followed up by phone and email adding clear instructions on how to claim.

MP Visit.

MP Nigel Huddleston visited the Evesham Boots Retail Park Branch where he was taken behind the scenes and fully briefed on the issues pharmacy are facing, the size of the portfolio of work pharmacies are being asked to undertake and the limited resources in the sector. The details from his visit have been published on the ICB website and will be added to the new communications brief to be cascaded out by the ICB tomorrow.

Alison's Assistant.

Will be starting soon and they will be attending the May meeting to be introduced to the LPC.

Community Pharmacy Interdependent Prescribing Pathfinder Programme.

The expression of interest has been put in place for pharmacies with Independent Prescribers (IPs) to hold clinics for patients and put a prescription onto the spine. All 42 ICS' across country have put in EOI, which has been through regional moderation with national moderation coming next. The EOI contained 2500 words on what the service would look like and what would be required. Some areas have expressed that they will be looking at Asthma and the green agenda, some looking at contraception. The national programme will open up options to pharmacies. The funding, to include clinical sessional rate, digital and IT costs and project support costs will be a contract between each individual ICB and pharmacy contractor involved. Sally Rowberry (SR) asked if there had been much interest from community pharmacies? Alison Rogers (AR) responded that there have been very small numbers in response to the service, only put in for a small number of pharmacies, under 5 in Hereford with the possibility of achieving 3. It will only be viable if there is a regular locum, employed pharmacist or supervisor at the pharmacy. It is meant to be embryonic and pathfinder service. Looking for at least one pharmacy to participate so that the ICB has some experience of it and what it means to be in the programme.

Mitesh Bhalla (MB) commented that he felt that it detracts or removes resource away from community pharmacy and he is against the detraction of community pharmacy. He is not a fan of moving IPs into different sectors, they should be retained in pharmacy and there needs to be a level playing field created for this.

Pharmacist Graduates will need to be prescribing, MB asked AR how will this happen in community pharmacy and will this then pull others into pharmacy? How will this be funded? There will need to be a shift in contract style that should be around long term care and management. There will be the same sticking points, look after the burger and chips everyday happenings in the pharmacy. AR a lot of people have been waiting 25 years for this; community pharmacy has to be involved now, what will future look like? People in wrong places for wrong conditions, need to start with clinical management that gives access and gains pharmacist. A conservative model needs to be put forwards ensuring scope is left in the model to bring it forward.

Danielle Brennan (DB) commented that IPs are going towards GP surgeries, there needs to be a position in community pharmacies for them. Anurag Hedge (AH) thinks it is a good thing, recruitment and retention of pharmacists is a bigger focus at this point to maintain continuity. There is a lot of work being done around the survey, it's very lean out there on the ground, IPs are a big consideration; in principle everything suggested is good and something to be aligned to.

Mitesh resonates the point that things are idealistic, so conscious of how working for last few years, desire of most pharmacy staff is to exit. Pharmacy is already to the bone and thin, it has become very demanding work to think of anything on the periphery is hard to entertain and sound optimistic. Need to come back to the day to day, get technicians running the show with this represented in the contract. Eva Cardall (EC) commented regarding the statement from PSNC and the members, quite a different statement, proposal quite radical. This will be discussed once Alison has finished her update.

AR done EOI approved by Chief Medical officer and Director of Primary Care is being processed and awaiting pharmacies to come forward to work with the ICB.

End of AR visit. **Action: AR to send more information regarding SC service for households – preconception, pregnancy, and child up to 1 year old. Action:**

In HW we have 9 contractors who have not claimed for antiviral service (9 x £300) and 35 that have not claimed for Palliative Care service (35 x £400) + extra claims for additional stock holding. These need to be submitted by end of March. **Action: CS push claim information out again.**

Discussion on PSNC statement Monday 13th March on 5-year contract.

Group in agreement that action of government will determine next steps taken by individual contractors in regard to delivery of service but in principle all agree that provision of nationally funded services eats into global sum and appropriate funding is not available. Some pharmacies are more dependent on services income than others.

Feedback from MP visit to Boots, Evesham. Nigel Huddleston MP.

AH explained how the visit went and what was discussed with Nigel and his assistant. Nigel has a particular interest in supply chain issues. He wanted to understand our contractors' insights and experience around what caused these shortages. We discussed the issues, SR said she had large numbers of OOS, and that half of her order from AAH had been blocked yesterday due to being above tariff. Others did not have any specifics to feed back at the meeting but said they would seek information from their colleagues. **ACTION: Eva to follow up with LPC members and collate this information to feed back.**

AH went on to explain that we were having a CPMW meeting on 25/04/2023 with Taiwo, MP Coventry. At this meeting feedback from contractors would be on what we can do to make things easier for contractors/workforce issues/how to build resilience into pharmacy/revenue in services/changing regulatory aspects to allow pharmacists to be more clinical etc. LPC team agreed with the main factors that impact community pharmacy: workforce leaving for alternative roles in surgeries, lack of funding, supply chain issues, need for regulatory easement in all respects (with dispensing, hours etc), global sum insufficient to allow for more services.

Services and maximising services income

Services presentation, available on Box. Eva presented Claire's slides. Discussion on GP-CPCS difficulties and strategy going forwards. We discussed overview on PCNs and how we would target PCNs each month for intervention and respond to any issues that are fed back to LPC. Sharps contract proposal briefly discussed, explained the revised contract had reduced recording requirements to the bare minimum and increased payment from £150pa to £300 but that we still were concerned this was too low a few for work involved, explained it would go to EOI most likely.

Maximising Services Income. Discussed difficulties contractors had with claiming accurately and the concern that Pharmoutcomes data did not correlate with actual BSA claims. Discussed the benefit of doing services claim guide for all contractors **ACTION: Eva to do claim guide for contractors based on CPY document COMPLETED 28/03/2023**

Meeting close

EC: CCA questions being done by AH and JP. There are 4 actions from the meeting (lists the actions as described in red above). If there is no other business, we will bring the meeting to a close. The next meeting will be on Teams on the 18th of May. **(Now moved to 25th May due to clash with PSNC Conference)**