

Open Minutes 25/05/2023 Community Pharmacy Herefordshire & Worcestershire

Members attending: Wayne Ryan (WR), Mitesh Bhalla (MB), Akwal Singh (AS), Jeetendra Patel (JP), Salman Ahmad (SA), Anurag Hegde (AH), Danielle Brennan (DB) (part),

In attendance: Chief Executive Officer (CEO) - Fiona Lowe (FL), Services & Engagement Officer S&EO - Eva Cardall (EC),
In shadow attendees (Joining Committee on 1st July 2023) Amarjit Tandy (AM), Carl Rose (CR)

Apologies: Sally Rowberry (SR) (Plus CCA Vacancy)

Guests: Alison Rogers (AR), Siobhan Hemans (SH), Caroline Horton (CH), Martina Smith (MS) all from ICB. Tony McConkey (TM) from WYT.

CLOSED Exec Meeting – FL, WR, AH, JP

Main Meeting Opens at 10.45

FL shows agenda. Goes through minutes from March – no comments from members. No additional declaration of interests made.

Declaration of Interests shared – new incoming Members will need to complete confidentiality form and DOI for July Meeting. No changes for current Members

Agenda item – market entry - FL

COO and change of hours and WPS

The increase in COOs and the expected increase in change of hours notification since the 100-hour changes in particular outlined. We keep this all updated on our database. WPS is looking to close with immediate effect. There is concern that they will not last beyond tomorrow. FL has sent them the requirements for notice and ensured NHSEI and ICB informed. They do a large number of items per month, 10,000 per month. We need to have a think about how they go about this closure process and the impact this will have on other pharmacies. **Action: FL & EC work on COO pack for contractors to navigate processes, such as digital. To involve NHSEI and ICB plus review PSNC documents.**

Agenda item - ICB guests

Committee introduce themselves and welcome guests.

AR introduces herself as Pharmacy integration and medicines assurance Lead role for ICB. Introduces Siobha Hemans (SH), Pharmacy Integration and Medicines Assurances Pharmacist, Caroline Horton – Primary Care Commissioning Manager team for ICB and Martina Smith also a Primary Care Commissioning Manager.

Also joining guest Tony McConkey Chief Pharmacist from WVT and Carl Rose from Crest introduced.

AR: Documents on box for view before this meeting. Overall objective is how we can all work together over the next six months. We meet at medicines and pharmacy board each month and working through a number of objectives.

Access and Recovery plan as shown to GPs (slides on box) the plans had an extension and are due from practices at end of June. We are looking at those plans and working to ensure pharmacy is adequately considered and included in a practical way.

DMS – Wye Valley and TM's team working well on that. Have one meeting a month. The Health and Care Trust have started and have got Worcester Acute Trust working towards starting. Lots of interesting information coming out of the DMS.

GPCPCS – SH picking up on this service as one of her main objectives. It is under a new level of scrutiny. SH is organising the PCN and accountability of building relationships to drive up referrals and success of said referrals.

FL gives an overview of the performance of areas across the area. An event for Contractors around services opportunity and ensuring claiming correctly will be held on 28th June in Worcester. Details are on the LPC website and have been circulated.

AR: Across the Midlands we are 4th out of 11, we are not doing badly when measured against population.

Annex C updated end of March in order so that pharmacists could manage their referrals and escalate if necessary. In a few weeks we will have more to share with you in terms of digital support and advice on escalation. Worcester Acute interested in referrals to CPCS so watch this space for referrals from them in the future.

Common Conditions Service – we don't have any more information around this new PGD-led service yet. We will let you know as soon as we do. Aiming to be in place for October/Winter rush.

Contraception Service – Midlands team doing webinar next week 6th June 7-8pm.

Stop Smoking on discharge – WYT have started referring to Community Pharmacies. Pharmacies that have received referrals have not always been ready and it has been difficult to manage. If you are signed up, you must be ready to receive referrals. Worcester Acute will start in mid-July we think. We need more pharmacies to sign up in Worcestershire.

Maternity pilot SCS – not moved since last meeting, further updates next meeting

Hypertension Service – SH will be looking at this service. There will be closer scrutiny regarding BP checks conversion to AMBP monitor. We would like to see some feedback from pharmacy on how this is going. Open the floor to views from committee.

Comments were as follows:

- Boots and others are doing quite a few, generally just doing walk-ins. Its easy to find the numbers.
- If referrals come for ABPM – need to manage the use of the one ABPM machine available in most pharmacies and not over promise.
- Appointment arrangement would work best – not on demand referrals or large numbers at a time – other areas looking at appointment options
- Generally easy to find patients now as opportunistic but limited by ABPM and Pharmacist time – this will be eased by utilising Technicians where available.
- Wider issue is the workforce issue and pharmacy closures. We would like to do all these services and do more of them, but the situation becomes untenable without funding and resource.
- Figures shared: 767 BP checks in total for month: 626 opportunistic, 105 referrals and 27 ambulatory BP. A larger number of ambulatory provisions would be expected – 5-10% plus.

Agenda item – Workforce - TM

TM provided an update on the Pharmacy Faculty. Workforce is a major risk for everybody. We raised this as an issue 18 months ago. Faculty has representation from each sector. We included Pharm Technicians and assistants. We have met regularly. We have not had resource to move things forward previously, but HEE have now released funds to us, a 12-month project manager to come in and help us and develop our strategy. Farzana will be starting in June. Recent HEE survey will be essential for establishing our baseline. There will be lots of consultation with stakeholders. Going forward there will be regular updates for LPC and requests for engagement.

Committee comments:

- The primary way to solve Workforce will be a case of cash. The services are lovely but emphasis needs to be on evidenced based service. This rhetoric has been going around for almost 20 years.
- Discussion about difficulty of encouraging young people to come back to Herefordshire and Worcestershire when graduating.
- FL draws attention to the funded trainee Technician / Pharmacist roles as mentioned in chat by CR (in Dorset) and DB (in Gloucestershire) and their success. TM expands saying there is some opportunity here with funded placements for techs in various pharmacy settings from HEE.

The trainee foundation pharmacists – group discusses that Community Pharmacy is the least popular placement in pharmacy sector and HW is also hard to recruit into. Since Oriel came in, we have seen less and less uptake. Around 68% of available Community Pharmacy places taken up nationally. Other sectors 100%.

TM leaves the meeting

Return to ICB agenda item - AR

PharmOutcomes (PhO) licence. ICB have paid for a licence for PhO. All payments for antiviral and palliative care will be done through this and won't need submission of claim via paper invoice.

ICB have put together a document on Pharmacy Intervention Scheme and feed this into the practice, they are required to process the changes agreed with patient. They match categories in CIF money. The details we will put to you to look at. It would be remunerated on a £14 per consultation. Think consultation would be best face to face. It was agreed that telephone consultation with patient may be needed if they do not come into the pharmacy. It is a decision on if you would like to be contracted for this service and it would start in July.

General agreement that the service would be welcomed. Specification to be shared and comments to go back to AR ahead of commissioning.

Clarifications raised:

- Remote consultation would ideally need to be included in specification as an alternative to face to face
- If GP surgery do not make change, can we do a second service and be paid for that.

ACTION: AR to provide LPC with Service Spec which we will communicate to all members by end of June and include option for telephone consultations.

ROTA – ICB is working through Bank Holiday rotas. We are having a meeting with Birmingham and Solihull NHSEI Hub, who will do all administrative work. We will have a better understanding of this then.

Covid Antiviral treatment in pharmacy

AR: Contentious issue around pharmacy provision of this. In Herefordshire & Worcestershire we will only be using Paxlovid. The existing CMDUs will retain prescribing and clinical assessment. There are significant interactions. Not GP prescribing. Then when prescription arrives in pharmacy there will be a message to say that all assessments have been

done. Pharmacist can focus on dispensing and counselling of the drug. There is no delivery service. Representatives will collect from the pharmacy. Only expecting 40/month, maybe less in summer.

FL: Concern on fee of £2.50 per dispensing. Do we restrict the service to a limited number of pharmacies? It is already in Drug Tariff and can be prescribed and dispensed. PSNC were unhappy with the proposed remuneration and risk.

Committee votes to restrict supply to 35 pharmacies involved already in Palliative Care service. **ACTION: AR to push out comms to these pharmacies regarding stock holding.**

Covid-19 vaccines

AR: ICB do not have details on the Autumn Winter Programme. We will provide details later on this summer.

FL: Its important that people keep their stockholding up to date for covid vaccinations as we ended up in a situation where we could not get allocations into pharmacies as data entry was poor. Pharmacies and Practices showing a lot of stock erroneously. So must be disciplined to record stock figures correctly and on time, so as not to reduce allocation to the pharmacy and the system.

DB: Foundry – only one person is able to access system, getting another user that can access the site and change figures is almost impossible. **AR to look into this.**

Independent Prescriber Pathway

AR: Our programme is going through the process of approval and it is anticipated that it will be approved. Form to find IP CPs has gone out and I have had six reply to date which is very promising. Finances are not yet finalised and digital detail also. LPC to send out an email asking if any others interested.

Regulatory Changes

FL: A lot of 100hrs have already made applications. Forms haven't come out yet nor has the guidance. Where to send it into is also unclear. Break changes are a positive thing really but considering whether to go for this option and then lengthen the day is tricky.

Community Pharmacy Animation

AR: SH is working on this currently. Will be available in 15 different languages

Pharmacy Connect

AR: There will be a username and login Herefordshire & Worcestershire ICB Sharepoint called Pharmacy Connect. Make sure your Head Offices have advanced notice and will allow access to Sharepoint. Will have some overlap with LPC website. Will have lots of information, contracts, details of other pharmacies etc. Hoping that platform will be well used. SH has also been working on a service availability view that pharmacies can share with GP surgeries to manage time and workflow.

SH: The main idea is to have a live messenger type of service. We have discussed with IT specialist if a diary would be a possibility and if pharmacies could share this with practices.

SH shows Pharmacy Connect homepage and screenshots of messaging service (taken from Welsh system).

Committee responds positively to the platform idea. JP asks about whether this gives licence to pharmacies to not provide services at certain days of the week, contrary to their contract to provide for all of opening hours. AR - This is not the intention and will need to be clarified on the platform.

Pharmacy Contract

AR: Would a webinar in a few months to introduce the ICB team, out objectives and also to showcase the Pharmacy Connect site. Would this be useful to anyone?

Consensus was that online with on demand option would be most useful with contact information included.

JP raised the issue around DMS importing claim data in MYS. It is hoped this will be sorted nationally.

FL raises the invitation for ICB involvement at 26/10/2023 face to face AGM workshop meeting in Worcester at Perdiswell Young People Leisure Centre.

ICB and other guests left the meeting

Agenda item - PSNC Meeting Feedback

FL explains what was covered in meeting: recovery plan, global sum. A recording is available on the Members area of the PSNC website.

(DB left meeting 1.30 for urgent call)

Agenda item – Closed Feedback from Executive Meeting.

Members approved the recommendations made by the Executive in relation to HR governance and draft accounts.

Members to contact 6 of their networks to promote 28th June Event and remind them to claim for their services.

ACTION: Feed back on contacts made at next LPC meeting.

CCA questions were completed by JP – all questions had been covered in the meeting – Jas PSNC Rep to be asked to July or September meeting. **ACTION: Get JH confirmed for appearance at upcoming HW LPC meeting – agreed to attend September meeting**

Meeting closed 14.30

Minutes signed off at July LPC Meeting.