

Community Pharmacy Herefordshire & Worcestershire (H&W LPC) Meeting 14 th March 2024

Perdiswell Young Peoples Leisure Club, Perdiswell Park, Droitwich Road, Worcester, WR3 7SN

Main Meeting Time: 09:30 – 15:15 (Subgroup meetings first)

Box Links – available for members

CHAIR: Anurag Hegde (AH);

MEMBERS CP H&W LPC: Wayne Ryan (WR); Akwal Singh (AS); Jeetendra Patel (JP); Anurag Hegde (AH); Sarah Frewin (SF); Harpal Bhandal (HB); Carl Rose (CR); Paul Rowley (PR); Lucy Corner (LC); Amarjit Tanday (AT);

IN ATTENDANCE (nonvoting)

Fiona Lowe (FL); Eva Cardall (EC); Zoe Ascott (ZA);

APOLOGIES Alison Rogers

GUESTS (afternoon) ICB – Pharmacy Integration and Medicines Assurance - , Siobhan Hemans and Caroline Horton Contracts Manager

Governance Group Meeting

Lucy, Carl, Sarah, Zoe

ToR Governance from CPE Scope Plan for new Gov Framework – some slight amendments made.

Agree ToR and outline plan and frequency of meetings - Propose meet at each f2f meeting when other subgroups meet.

Elect Chair – Lucy Corner

Documents formalised.

Services Group

Eva, Am, Paul, Jeet, Harpal,

External Pack – review services pack and old PCN pack Review Local Services including Herefordshire SCS opportunity.

List of inserts for an external service pack Local Service action plan, elect Chair

Finance and Market Entry

Fiona, Wayne, Anurag, Akwal (Jeet in another group)

AOB:

Discussion over PharmOutcomes MFA and matches to MYS.

There are different options for the MFA. Action – HB to send a video guide. LPC do need to be mindful on advice given out to contractors.

Discussion over behaviours on WhatsApp when situations such as this happen.

Pharmacy First - Declaration date is 15th, up to 3 months to claim.

Minutes:

No contentious parts – members signed off and happy to publish on website. Governance groups are going to look at minutes in advance for accuracy and to check any open or closed parts.

Feedback from groups:

Executive Group: CLOSED SECTION

Governance Group:

- Chair = Lucy Corner
- ToR agreed and slightly amended.
- Agree to meet every LPC meeting.
- DOI every meeting, but formally reviewed every 2 years
- HR risks to look at every meeting
- Review the minutes before sharing with committee members
- RAG rating to look at once CPE have published.

Services Group:

1. Elect Chair for subsequent meetings – Jeet Patel elected
2. Review of services guide
3. External Pack –
 - a. Eva to share what CPA have decided and are working on currently – need to work for alignment on ideas between two LPCs ideally.
 - b. review old PCN pack
 - c. decide outline of what a new version would contain.
 1. Page 1 – CPHW overview +
 2. Page 2/3 – PFS Staffs , minor illness . Circle cpe (faq) – midlands pack, - idea is to find and reuse what already exists.
 3. Page 3 – BP

4. Page 4 – OC

4. Local services overview, contracts and payment terms – focus on EHC in Worcestershire payment being low.
5. Agree actions and set date for interim meeting
 - a. Eva to circulate draft outline of pack by end of March
 - b. Eva to set up group call or email conversation to reach final draft for meeting review in May.

Services Update 14th March 2023:

Local services: **Costs section closed.**

Discussion over the low payment for the EHC in Worcestershire and how contractors and LPC are not supportive of it. Need to make contractors aware of how low it is only providing for a higher fee. The council commission the service. EC spoken to Hereford as well and the payment needs to be £15 when renewed.

Capacity and interest level in Pharmacy is a barrier with services.

Discussion over the smoking services in Herefordshire. Expectations are high from the commissioner. Layla is speaking to the pharmacies and trying to gather information on what price there would be more interest in the service. Discussion over if pharmacies are signed up to a service they need to provide.

Majority of pharmacies have not claimed their annual retainers.

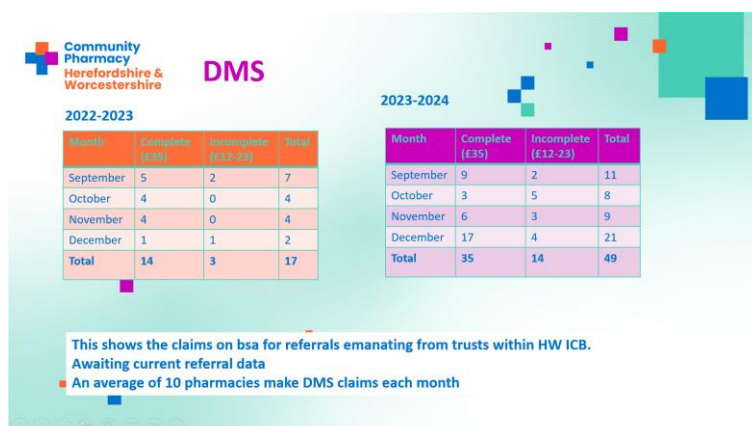
Local Service opportunities –

Opportunity for SC support and supply in Herefordshire

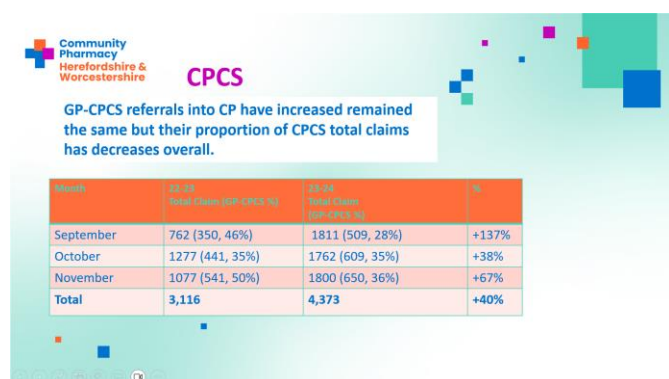
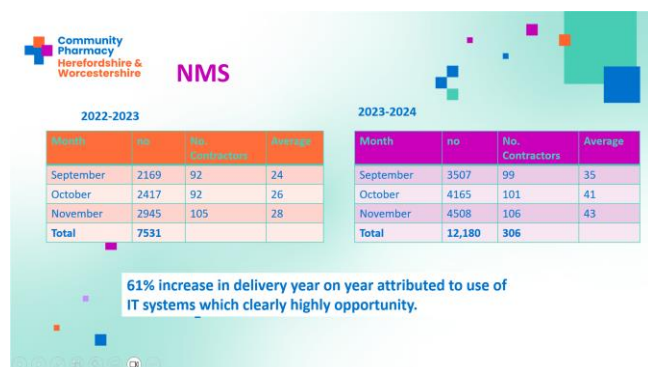
Council is commissioning and wants to focus on areas with higher population density and greater need with 3-4 pharmacies participating initially.

Local Service proposal –

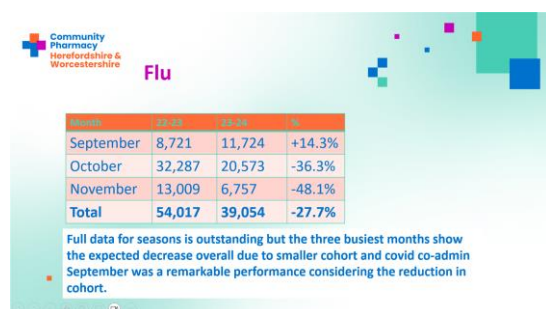
ICB funded CP Prescription Intervention Service, awaiting final spec proposal.



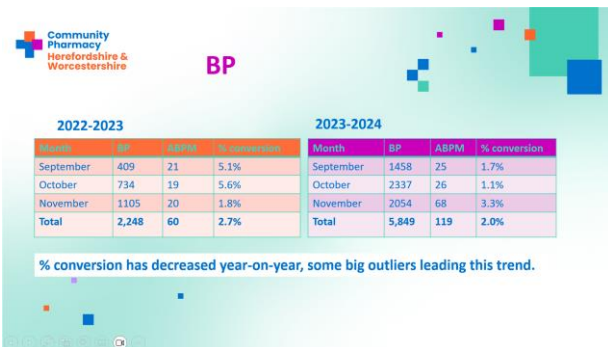
Discussion over PharmOutcomes and claiming. DMS is an essential service, pharmacies must pick up referrals.



Cover referrals from all sources, figures in brackets are from GPS – so decrease in referrals. The referrals from 111 are increasing.



Flu 2024 not starting until October, not September. Could use the month for a different focus to fill the gap.



APBM's are looked at as part of the verification process. APBM must be looked at if patient is eligible.

Community Pharmacy Herefordshire & Worcestershire

Service Group Mini Agenda

1. Elect Chair for subsequent meetings
2. Review of services guide
3. External Pack –
 - a. Eva to share what CPA have decided and are working on currently – need to work for alignment on ideas between two LPCs ideally.
 - b. review old PCN pack
 - c. decide outline of what a new version would contain.
4. Local services overview, contracts and payment terms
5. AOB

Agree actions and set date for interim meeting

Chief Officer Update

CLOT, Team, Stakeholder, Contractor Support Visits, IPMO, Foundation Trainees, Joint Working Groups, Pharmacy Integration. Herefordshire Wellbeing Hub. CPE Update – see slides on Box

Plan Contractor Visits – proposal: May & July half a day meeting and half day visits – in pairs (Members and Team) – some will be done by Team outside of meetings. Aim to do 3-4 Worcestershire PCNs in May and 2 Hfd City ones at July Meeting as in Hereford & ICB / Taurus / Secondary Care/ PCN leads to LPC Meeting.

IPMO - MPPB

- CPA
 - Savings – linked to increase uptake and referrals to CP Advanced Services, huge deficit to overcome
 - Opportunities to look at invest to save with ROI > 3:1
 - POD Meeting
 - H&H addition proposal to some palliative care sites with funding
 - Representation on PLACE and Provider Collaboratives being sought
 - Primary Care Strategy – input required
 - Foundation Trainee support with DPPs being investigated
 - IP Programme delayed
 - UTC to Pharmacy First
- CPHW
 - Intervention scheme and push on CP services priorities for ICB
 - Representation on Assembly, Herefordshire & Worcestershire Clinical Forums
 - Requested Provider Board and Prevention Group representation
 - Requested Medicine Safety Group Membership
 - Pharmacy Strategy and Faculty well established
 - Joint Plan LPC – ICB
 - Engagement with Primary Care Director
 - Foundation Trainee contact provided
 - IP Programme delayed
 - MIU to Pharmacy First

Joint Working Groups

- Pharmacy First
 - First meeting held and priorities agreed
 - See meeting notes on Box
 - NHS Funding allocation £5k per LPC – possibly more from latest LPN funds (£10k spent per LPC already on packs and training)
- Others
 - Hypertension – kick off meeting 21st March
 - Oral Contraception – Kick off meeting 12th or 15th April
 - NHS Funding allocation £10k per LPC per Group

NHS – Midlands – MapCog and Integration

- Extended care service to be decommissioned at end March including the two not in Pharmacy First – no consultation – no due process and funds appear to have been reallocated outside of pharmacy – JCG meeting end Feb to rubber stamp – but impact assessment nor consultation not undertaken – Letter to go from West Midlands LPCs to JCG.
- A new dashboard been developed for OC and will be available soon – data likely to be monthly 1-2 months behind. BP one will be developed too – Eva and I on this working group
- Phf data – will come from variety of sources to start with – some from EMIS ITK referrals and some from NHSBSA – frequency and how in depth unknown at present
- Post verification information being looked at and outliers – some concerns BP in particular especially ABPM : BP %
- CPCS – GP referrals Jan 2024 1070 HW and 780 CW
- Lung Health pilot going well
- Awaiting final version COO
- 29th Feb Tier 1 QC discontinued – remind pharmacies to opt in

Service	Referral Source	Referral Type	Referral Date	Referral Status	Referral Outcome
Extended Care Service	GP Referrals	Primary Care Referrals	2024-01-01	Completed	1070 HW and 780 CW
Oral Contraception	GP Referrals	Primary Care Referrals	2024-01-01	Completed	1070 HW and 780 CW
Pharmacy First	GP Referrals	Primary Care Referrals	2024-01-01	Completed	1070 HW and 780 CW
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After complaints, Herefordshire and Worcestershire are looking at recommissioning or using the lost funds to put back into pharmacy. Will most likely have to recommission for 3 months as due process as not been followed. Do not want pharmacy to lose money that is additional to the global sum. One of the arguments for decommissioning was confusion on who provides.

NHS Midlands – Market Entry

- Lot of issues with quality and timeliness of information coming through
- Had meeting with Midlands Contract team who undertook remedial work and produced trackers and feedback to queries for us
- Some new UFB coming through where been particularly Boots closures
- Some consolidations refused
- Still large number of closures and COO
- CPHW – March 1st will be 117 down from 127 – consolidation one waiting on outcome and one refused
- CPA – March 1st will be 186 down from 206 – several planned to close / consolidate – Supplementary statement may be required

Need to be involved in PNA development from the start, FL does sit on group. Discussion over pharmacies moving from 100-hour pharmacies to 72 hours. Discussion over a rota for late nights and weekends.

LPN – MOU NHS Funding

- £25,000 per ICB footprint for LPCs has been given to LPCs for 23-24 – can be used in 24-25 as only received February 2024
- Possibly another £25,000 per ICB footprint for 24-25 after April
- For both a joint plan between ICB, LPN Chair and LPC following MOU required
- Support the aims of the NHS Long Term Plan, improve health, increase access to Pharmaceutical Services and reduce inequalities.
- For projects to be undertaken in ICB area only and should have a cross sector element
- The draft workplan will be worked up further to include indicative timelines and deliverables.
- The Office of the West Midlands on behalf of Herefordshire & Worcestershire ICB reserves the right to terminate this agreement and reclaim any monies that are not spent, or are utilised for the purposes outside of the remit of this agreement
- The quarterly report will ask for an update against each item on the work plan and key activities planned for the next quarter; both will detail progress against outcomes

Some considerations re LPN Plan

- This is NHS-Midlands LPN funds not ICB funds
- Being held by LPC
- Licences for PharmRefer would be an option UTC/ MIU – PhF (£995+vat each)
- Extend VirtualOutcomes licence Sept 2024 (£11-12/ pharmacy/ year)
- £100 per pharmacy grant for PhF kit – tongue depressors / thermometer
- PCN visiting and collaboration backfill
- Supporting UTCs deliver on Pharmacy First
- Pushing DMS
- Shadowing in other sectors
- DPP facilitation
- Service Support Resources – External Pack
- Buses advertising Pharmacy First – see what happens nationally
- AccuRx access – GP communications

Contractor Visits

Messaging

- Supply Chain
- Surgery and other pharmacy relationships
- Other Issues
- Advanced Services
- Local Services
- LPC Team Support and network leads
- Plus meet with PCN Leads by arrangement
- RESOURCES REQUIRED and Meeting notes collation – e.g. Survey Monkey

H&W Visit Cycle – May – July

- 3 hours LPC followed by 4 hours visits in afternoon
- May – 3 Worcs PCNs – Worcester City, Malvern and D&O (Members and Team)
- July – HMG and WBC as in Hereford plus meet with Trust and Taurus. Possibly S&W (Ross) too (Members and Team)
- LPC Team to do Bromsgrove, Evesham and Upton and Pershore between meetings over Spring / Summer
- Leaves WF x2, Redditch x2 and N&W Hfd and East Hfd for 2025

Committee agree that visits are beneficial to contractors.

Integrated Commissioning of Long Term Conditions 24/25 –

- Pharmacy is included and integrated in this.
- Diabetes, CVD and respiratory are the focus as big drivers to admissions to hospitals.
- There are conditions that pharmacy can help with.
- Money is attached, additional money
- Trying to reduce the workload in the Trusts and that moves to primary care.
- What can Community Pharmacy do?
- Also, about keeping patients out of hospital.

Members agree to have discussion over lunch on ideas for this proposal of what Pharmacy could offer.

Out of Hospital – Possible Ideas for Service Development - CLOSED

ICB Update:

Siobhan Hemans (SH) (pharmacy integration and medicine assurance) from ICB attending - Alison Rogers notes for LPC meeting:

1. **For info HW ICB Executive Leadership Team** presentation on community pharmacy today – slides for information from 05 03 2024 FL has.
2. **For info Proposal to Finance committee** later this month – funding Worcs Acute DMS digital integration plus 3 MIU PharmRefer licences plus 2 Hospital NHS Trust PharmRefer licenses – need to discuss AR PharmRefer and NHS Digital approvals etc
3. **For info Urgent care strategy-** input for information to support the above
4. **COVID-19 EOI portal** very short turnaround– specific postcode based EOIs were requested by HW ICB. To be updated
5. **For info COVID-19** wash up with George for community pharmacy views; currently sourcing local COVID-19 monies for the programme finished March 2024
6. **For info HW ICS Academy** – information on this learning training opportunities for pharmacies which all pharmacies / pharmacists and support staff are entitled to access and use the resources on there (sent separately). No link currently to the Training Hub or to GP TeamNet but raised again- would like few people to try this and let me know if problems.
7. **Pharmacy First** – no data yet (12 03 2024) although discussions with pharmacists all seem to have done more than AR would have expected. Discuss detail at next working group and via Siobhan – ICB are sending out comms but waiting for leaflets.
8. **HW ICB LPC Workplan** needs to be updated but included within Hereford Taurus newsletters and we need to send to Claire Goodall... to update and can consider different format? AR will draft something up and share.
9. **Blood Pressure Checks Service public comms + British Hypertension Society** - pilot project which AR doesn't have details yet around project for pharmacy support staff to be trained in BP; ABPM with a view to increasing blood pressure checks but will send on the details when AR has them but would be useful to think about in certain PCNs and how we might take advantage of this – no financial details yet. SHAPE Atlas now has Jan data on there so will be looking to work with PCNs and referral arrangements – Siobhan lead.
10. **For info IP programme** –looking to start “spring” – more information on launch expected later in March. Digital aspects are not ready yet. Looking at bringing in health inequalities.
11. **For info GP TeamNet** resources updated to Pharmacy First including videos for practice staff and GPs. Contraception Page for practices [Community Pharmacy \(clarity.co.uk\)](https://www.clarity.co.uk) contact Gemma for support but we can increase the provision when pharmacies are ready – the first consultations can be for POPs.
12. **Pharmacy Connect** – lots of pharmacists now being admitted to the site and we need the dashboards of service provision to be completed. Practices and hospital pharmacists are expecting this. Some companies are having push back with this. Agree it is a good initiative. Some large organisations cant authorise unless goes through head office – Pharmacy Connect do have an IT contact, AH to obtain details. AH – is a security issue as putting data on an outside platform. LC – need to be careful of the process. Still in initial stages, until more people use it the finer details won't show.
13. **4 community pharmacists starting their IP training- Pharmacy Connect DPP IP programme March 2024.** Need to test model and then get waiting list together for September starts – AR will email Wayne and you to ensure finances can move for these individuals. Process starts with an expression of interest form and process followed with criteria.
14. **Extended care PGD led services** –I have provided the HW ICB position email to OWM but we await confirmations and clarity on points from Office of the West Midlands we have requested. Question to LPC - What other PGDs if we developed a Pharmacy First HW (with same level of sign up?) ? Ears in adults, outside license products, migraine relief medication,
Pharmacy first – GPs need to refer in the correct way, patient understanding and receptionist understanding.

15. **April London meeting** – 2 x representatives from HW attending from allocated 13 places (11 pharmacists; 1 pharmacy tech place and 1 PCN pharmacist place)= 2 HW places secured just confirming 2nd representative! Suggest we brief before the meeting so have information to offer.
16. **Starting working on 3 year plan for community pharmacy** – out of hospital/ community services framework going forward. Will forward to Fiona when in draft but need to have ideas of what pharmacies see as necessary e.g. synchronisation of medicines; MAR chart provision; PGD extended care services – which ones; links to adult social care work; prevention work stop smoking in maternity/ community offer; COPD service inhaler medication reviews? Links into domiciliary care providers; What else has been done before by pharmacy we might consider in HW – over and above core NHS contract through new contracting arrangement. Intervention scheme – AR will progress. – Members have discussed and FL will pass on.
17. **PNA starts again** in August / September this year.
18. **Translation services contract** – due anytime with Nuala Woodman NHSEI
19. **Stop smoking discharge/ maternity pathways** – developing service spec for both counties...
20. **Nomination issues** – need to raise with contractors.
21. **Emis** – some practices where emis is not working in some surgeries. Surgeries will need to go through the same MFA process. Can do through NHSmail but do not want to just do it through NHSmail. All users of PO will need to do this, not just pharmacies.

PQS deadline – CPE not supporting and extracted old documents.

SH - Any pathway for diabetes prevention in Pharmacy? FL – yes could do the test and advise. FL – did have a pilot previously in Hereford. Would need to be good value for money from both pharmacy point of view and commissioner. Needs to be a robust and sustainable option considering pharmacy workforce, not just Pharmacist only service.

Is 3 years long enough to make a substantial change? FL – should be, and a good guide from a pharmacy point of view. IT is long enough to see some change. Need to look at what is realistic from capacity and money point of view.

Discussion over how booking systems could be utilised, and how they could work without increasing patient expectation.

EC – palliative care pharmacies – chasing them to make claim. DMS – data meant to be pulled on 15th April but won't have API. FL – API might not be available on 1st April. FL – think there will be a lot of pressure to push and show the value. API should simplify it from pharmacy end and should encourage the uptake.

SH – for pharmacy first, most feedback is that patients are not contactable. JP – numbers on GP pages are not always up to date, need to ask for correct contact number. SH – have a feedback form for GP and one for Pharmacy, only had 6 poor feedback forms received. Feeling is more positive. AR is sending a bulletin out to GPs with feedback included. SH to share with pharmacies as well on Pharmacy Connect. SH – encouraging GPs to correspond with pharmacies and discuss feedback or issues.

SH – stressing to the GPs that they need to involve their PPGs. Also arrange meetings with practices that did not get on well with GPCPCS.

CCA questions – completed.

Members agree that subgroup working is beneficial.

Meeting end.

