Community Pharmacy Herefordshire & Worcestershire (H&W LPC) Meeting 16th May 2024

Perdiswell Young Peoples Leisure Club, Perdiswell Park, Droitwich Road, Worcester, WR3 7SN – Activity 3 Main Meeting Time: 09:45 – 15:30 (Subgroup meetings first)

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 Bhanda (HB), Carl Rose (CR), Paul Rowley (PR), Lucy Corner (LC), Amarjit Tanday (AT);

IN ATTENDANCE (non-voting): Fiona Lowe (FL), Eva Cardall (EC), Zoe Ascott (ZA);

APOLOGIES: Alison Rogers (AR);

GUESTS: Margaret Reilly and Don Beckett - Healthwatch; ICB: Siobhan Hemans, Caroline Horton and Gemma Wareing

START & FINISH: 09:00 – 15:30 – including visits 14.30-15.30

Subgroups:

Governance Group Meeting - Lucy, Carl, Sarah, Zoe:

- Minutes approved, Risk Register approved, Market Entry no significant change relocation discussed.

Closed Meeting

DOI: circulated and signed

Minutes: approved by Governance Committee with Finance section closed.

AOB/Matters Arising: N/A

Market Entry and PNA:

Feedback from NHSE Leadership event – 18th April:

Governance Group Feedback:

Finance and Executive Update:

Open Session

Guests introduction.

ICB and Strategy Update, Caroline Horton:

- 4 IPs have started the course. Need to ensure 6 remaining places are filled. LPC helping to support.

- Stop smoking service spec proposal – Alison has fed back Herefordshire council but has not heard back from Worcestershire council – want LPC to comment on – LPC have fed back, more funding. Proposal is voucher scheme and support for patient, much better to do from the same place.
- 3-year plan – slides on box – now more updates. Changes within primary care team so other focuses currently. Alison will pick up.
- Pharm refer licences into Pharmacy First Service, ordered for Bromsgrove and Malvern, AR will pick up. Licences for 12 months. Bromsgrove starting in June, Malvern to be confirmed. Already started at Coventry UTC, who are doing 7-10 a day. EC will go and train and prepare with the sites. Good potential, same pharmacy first service from any other route, only difference is someone will have seen that patient face to face so in theory should be the most appropriate patient. Kidderminster MIU will follow.
- PCN support initiative – draft from national team. LPC to comment on it in due course. Has to be joint decision between ICBs and LPCs. Used to be funding for PCN Pharmacy Lead, from community Pharmacy, under PQS, funding assigned now, the same as previous £1000.00 per PCN per year, ideas to look at to make the most of that funding, link PCNs together rather than each PCN. Contacted roles.
- 6 month engagement plan discussed – PCARP (primary care active recovery plan) – In box.

PCARP deliverables 24/25 for the next 6 months

- **Targeted interventions**
  - Targeted closer work on hypertension prevention.
  - Targeted population service support with the use of Shape Atlas as identification tool to increase uptake of services by underserved communities.
- **Greater flexibility**
  - Awaiting PGD legislation updates to enable pharmacy technicians to conduct some consultations
- **Quality of referrals**
  - Encouraging greater pick up by pharmacies and appropriate referrals by GP practices, towards complete episodes of care
- **Data**
  - Awaiting Pharmacy First data with the intention to analyse and have assurance on deliverability of the service; in addition to supporting engagement of key stakeholders

- Still do not have any pharmacy first data – North West and South West have had theirs. Really difficult to get progress on so much work without the data information.
- OTC medicine sheet – needs to be updated – for practices for drugs restricted. Gave the list to surgeries.
- Palliative care and anti-viral monies can now be claimed by Pharmacies. Need to push Pharmacies to claim.
- MFA disruption being worked on within the ICB and messages will go out to the GPs.
- Pharmacy Connect – Hereford local IT system – Pharmacies need to sign up for it to be beneficial. From multiple point of view, it is seen as another place to upload information. IT security is also an issue for multiples. ICB to push.
- British Hypertension society meeting, EC is attending. Call for Expressions of Interest for hypertension case finding in dentist and optometry – part of the pathway will be to refer to community pharmacy – LPC has not been involved at all. Numbers will not be high, and no targets, will be treated as pilots but initial findings show a successful way of detection. FL – pharmacy should be consulted if being referred into. FL asked for a copy of the spec and locations. Discussion over the problems of not being consulted. Further discussion on service in due course.
- DMS – should see progress from Worcester Acute
- Annual reports – regional newsletters and health videos are being translated, out for comment currently.

Healthwatch Worcestershire Update, Margret Reilly (engagement Officer), Don Beckett (Director):

Community Pharmacy Herefordshire & Worcestershire (H&W LPC)

16.05.24

Don Beckett, Director
Margaret Reilly, Engagement Officer

What is Healthwatch Worcestershire (HWW)?

If you live, work or study in Worcestershire we are the independent champion for publicly funded health and social care services

The Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012), outlines the main legal requirements of Healthwatch

Local Healthwatch (LH) established in April 2013 – more than 150 LHs in every LA in England

- A Not-for-Profit/Social Enterprise - community-focused
- Commissioned by Public Health, Worcestershire County Council (Grant from central Govt)
- Links to Healthwatch England (HWE), Care Quality Commission (CQC)

What is Healthwatch Worcestershire?

Core statutory functions:

- Use patient/carer feedback to improve the quality of services
- Monitor the quality of services
- Check that commissioners and providers are involving those who use their services, giving them opportunities to feed back their experiences
- Provide information and advice to members of the public, and encourage people to have their say

Examples of our Work - Reports published on website

- General Practice
- Urgent Care - MIU and A&E
- Children, Young People and Parents
- Adult Social Care
- Mental health services
- Hospital discharge
- Learning Disabilities/Autism
- Dental Services
- Covid 19
- LGBT+ experiences of health and social care
- Rough sleepers and homelessness
- Carers
- Black Asian and Ethnic Minority Communities

Business Plan - Key theme of reducing Health Inequalities
Annual Report 2022-2023

Discussion

- Public Feedback
- Pharmacy First
- HWW Summer Engagement

Contact us

01386 550 264

info@healthwatchworcestershire.co.uk

@hwworcs

www.healthwatchworcestershire.co.uk

Freepost RTEE-GKAT-SRLR
Healthwatch Worcestershire
Civic Centre
Queen Elizabeth Drive
Pershore
WR10 1PT

Healthwatch Discussion:

- Enter and view policy discussed where Healthwatch have the right to go into any provider and view their work. Has to be 'reasonable'. All about user experience. Reports go to provider of the service, ICS, and if recommendation made the provider must respond to it.
- Healthwatch chair has a place on the Health and Wellbeing Board.
- Influence in a number of ways.
- Feedback Healthwatch receive about pharmacy is very little, which is usually a good sign as if not happy then they contact Healthwatch. Things they do hear: Medicines shortages, short notice pharmacy closures and lack of information or signposting, lack of blister pack and Dossett boxes, Sharps disposal – large bins.
- Healthwatch England found good feedback for pharmacy first, frustrations are the same as local.
- Members agree these issues are not a surprise.
- Heath Watch England report was also around cost of living and paying for prescriptions.
- MR – discussed last PNA and targeting groups who would not usually respond to a survey – around privacy in a pharmacy setting and personal information being shared across a counter and taking medicines in a public space.
- MR – work with people who are deaf and vision impaired and feedback in actually understanding what their prescription is and finding the information when they get home.
- FL – meds shortages is outside pharmacy control, information provided nationally. Try to engage 7 days between ordering and needing, it is being worked hard at nationally by CPE – lobbied from the top. Healthwatch can put information in their bulletin.
- Discussions over accessing information from different sources.
- Further discussion over shortages issue, pressure on pharmacies and the work pharmacies do on the phone to try and resolve any medicine shortage issue. Understanding of context is important, not just a pharmacy not having the medicine.
- Difference of acute and repeat medication discussed. Repeats are sometimes done remotely or ordered in for the next day.
- Relationship between GP surgeries and pharmacies discussed and impact that can have on patients with waiting times etc.
- Supply chain instability discussed, and the knock-on effect.
- FL to pass on posters and leaflets around shortages and 7-day ordering.

- Short term closures discussed – business continuity plans do kick in and who pharmacies have to inform – but would find inconsistencies because all have different ways of managing this. Standardised forms discussed. LPC can provide guidance but cannot enforce a template on pharmacies – Governance group to review.
- ICBs not keen on blister packs, not perceived to make a difference to patients. LC – pharmacies make a reasonable adjustment – but blister packs are not seen as that, safety aspect. Difficult area. Further discussion over blister packs and appropriate ways of removing or other ways to help. Message is to discuss with Pharmacist about managing medicine better and adjustments that can be made.
- MR – pilot / access to translation services? FL – not yet but have been asking for years. Should have the same access as GPs, do not have a time frame yet. Hoping it will come.
- FL – sharps – taking sharps is not in the pharmacy contract. Council responsibility – Worcestershire have agreed some pharmacies will collect sharps, so some pharmacies have signed off, list is not on the council website and it should be, it is a council waste responsibly – trying to get council to display lists but finding challenges. FL – would rather there be a live list so it is constantly up to date. Larger bins discussed and space in pharmacy and how much they can take in. The council hold the list but have not sent to EC upon request.
- Pharmacy First discussed - appropriate way of referring, correct messaging to patients,
- Don looked at the GP websites – of 59 sites on home scheme 7 had Pharmacy First very clear and helpful, further 14 had little link 'managing health' then through to another screen of what a pharmacists could do. 35% of all practices. Malvern town practices all had the clear messaging. FL concerned over correct message and how the referrals from GPs are being correct. Messaging extremely important, and clarity of the messaging.
- PNA due Autumn 2025 – over summer 2024 HWW gather data, run a short closed survey in local parks, like to pick a service that is universal, thinking about using pharmacy as the topic, need to make sure it takes account of PNA work, but would LPC like to know anything particularly? FL – what services they would like to see through pharmacy, are they aware of what pharmacy can provide. Usually do the survey in areas of health inequalities. JP – do you return meds back to pharmacy when do not use them. FL to feedback to MR – looking to finalise late may / early June.

Chief Officer report – members to read and feedback.

Team day Feedback:

This applies to internal and external meetings.

- Feedback from Team Day attendees (Execs & Support Office)
- *Poor behaviours seen on online meetings:*
- Camera off
- Not prepared
- Multi-tasking
- Technical issues
- Perceived less pressure to attend
- Not contributing
- Not making notes / feedback to LPC
- Perceived less accountability
- When presenting cannot see the attendees
- May be less effective at delivering outcomes

- *Some advantages of online meetings:*
- Time pressures

- Zero travel
- Reduced cost
- If follow protocols easier to chair with hands up option
- Breakout room option
- Potentially fairer opportunity to all to participate

- *What does good look like in addition to the governance ways of working?*
- Be prepared – read all papers beforehand and be prepared to contribute
- Be on time
- External meetings - make notes and share them – template available and highlight actions – these should accompany any attendance claims within 2 weeks of the meeting
- Internal agendas circulated 1-2 weeks before meeting with papers on Box
- Be present with camera on and contribute as appropriate
- If you need to do something / call in an emergency, then dial off and rejoin when completed – note apologies in the chat
- Don't multi-task – try and run a pharmacy / check emails etc – if LPC funding your time to attend you should be fully committed to the call – if you can't better not to attend and give apologies in advance and decline the meeting invitation. If it is an external meeting, see if another person can attend for you if important meeting – via Chief Officer
- Make sure you have your tech in order and follow the meeting etiquette – raising hand, using chat, introducing yourself as Member of the LPC etc
- Most of the above applies to face-to-face meetings too.

In addition, for face-to-face:

- Not have laptops / phones open unless accessing the documents for the meeting

- Meeting outputs discussed, meeting behaviours discussed when present at both online and face to face meetings. LC – CCA have discussed the same issues. Claims are being made using contractors' money, so need to be mindful of being present. Members all note.

AOB:

CPE have asked to have someone on standby to do media/spokesperson work. All members to consider whether they attend any media training courses put on by CPE.

LC has submitted CCA questions.

Advanced services, EC:

- No Pharmacy first data. Had some information but no clinical pathways so not helpful. Up on all consultations.
- DMS – still trying to push. Discussion over pulling data by trust. EC – biggest frustration is reasons for non-completion 'pharmacy not qualified' 'pharmacy do not provide service'. Completion is better but needs pushing as it is not an optional service. Doing focussed work on the pharmacies and what the push backs are. Agree it is a clunky qualified.
- Preparing external packs, main feedback from PCN colleagues is keep it short and relevant, not overly interested, how the services help them so collaborate. Keeping to 3 pages, different messages to different stakeholders.

- Useful to understand any difficulty with claims.

Pharmacy Visit procedure discussed.

PCN Pharmacy Lead discussed again. Should not be making decisions on behalf of everyone, it is a liaison role – Members to look at document on box and feedback by Monday.

Meeting end and Members leave for pharmacy visits.