Community Pharmacy Herefordshire and Worcestershire (CPHW) Meeting- PYPLC, Worcester on 16/01/2025

Main meeting started 10.00 (Executive Meeting 9.15-10.00)

CHAIR	Jeet Patel (JP)
MEMBERS	Wayne Ryan (WR), Akwal Singh (AS), Jeet Patel (JP), Harpal Bhandal (HB), Paul Rowley (PR), Amarjit Tanday (AT)
IN ATTENDANCE	Fiona Lowe (FL) Eva Cardall (EC)
MEMBER & OTHER APOLOGIES	Lucy Corner, Anurag Hegde, Carl Rose, Sarah Frewin Zoe Ascott, Patrick Gompel, Conor Price, Gemma Wareing
Guests & Observers	ICB: Alison Rogers (AR), Caroline Horton (CH), George Eldridge (GE), Siobhan Hemans (SH), Gemma Wareing (GW) and Lisa Siembab (SB) Community Pharmacy PCN Engagement Lead PCN: Yvonne Coats (YC) and Liz Brooke (LB) – H&W Pharmacy Ambassadors

Welcome, DOI, Minutes, AOB, matters arising

Minutes

Minor error in min re: meeting locations, FL will amend otherwise approved.

Closures, Market Entry, PNA

Closures and Market Entry

Discussion around how to close a 100hr business and move a standard hour business into the premises and the issues surrounding this. It is not allowed under the regulations for an application to relocate into an already existing pharmacy with a NHS contract.

PNA

FL: We are in process of the PNA in our area. The main complexity is the lack of definition around what constitutes a 'gap'. There is a lot of pressure from MPs and Councillors, e.g. Malvern MP has raised concerns. This process is owned by the Health and Wellbeing Board who are under a lot of pressure from

the public regarding lack of access. Everyone is expected to feedback on these, there will be a template provided.

FL: There is the impact of bordering areas PNA and members will be allocated PNAs to review:

Gloucestershire: WR

CW: EC and FL

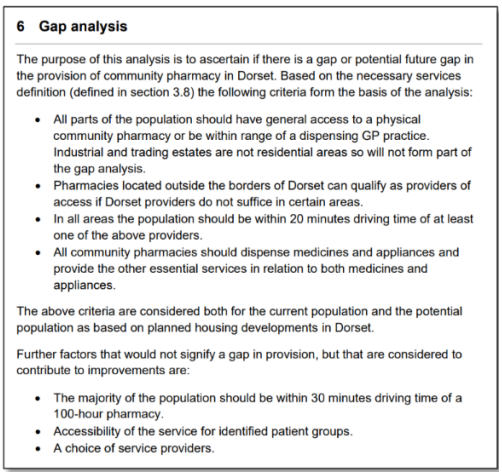
Staffordshire: JP

South Birmingham: PR

Sandwell: HB

Dudley: AM

From the Dorset PNA 2022 - 2025:



6 Gap analysis

The purpose of this analysis is to ascertain if there is a gap or potential future gap in the provision of community pharmacy in Dorset. Based on the necessary services definition (defined in section 3.8) the following criteria form the basis of the analysis:

- All parts of the population should have general access to a physical community pharmacy or be within range of a dispensing GP practice. Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Dorset can qualify as providers of access if Dorset providers do not suffice in certain areas.
- In all areas the population should be within 20 minutes driving time of at least one of the above providers.
- All community pharmacies should dispense medicines and appliances and provide the other essential services in relation to both medicines and appliances.

The above criteria are considered both for the current population and the potential population as based on planned housing developments in Dorset.

Further factors that would not signify a gap in provision, but that are considered to contribute to improvements are:

- The majority of the population should be within 30 minutes driving time of a 100-hour pharmacy.
- Accessibility of the service for identified patient groups.
- A choice of service providers.

The above members are to review the PNA for these areas and feedback on border impact on our area and potential gaps and any useful information regarding how a 'gap' is defined in these PNAs. We have been looking at the Dorset definition of a gap from their last PNA as a starting point for ours this year.

ACTION: To send the PNAs and template to each member as above so they can review and feedback (EC and FL)

ACTION: To review the PNAs as above (all) possibly for March.

FL raises the question around is there a viable argument for a well-funded evenings and weekend rota. This would potentially address gaps better than saying a new pharmacy would be needed.

F2P

FL: there has been some noise around the lack of completion of some mandatory surveys. Also, remembering that DMS is an essential service.

EC asks question around sign-up process used in CCAs and Independents to clarify if there is a mismatch between what pharmacies understand they can do.

Contractors tend to control the sign-up part of MYS and stores are not registering or deregistering themselves. Group discusses the OC event and shares code

Finance

WR gives overview of the finance, highlights large amounts paid to CPE each year. Budget wise we are where we expect to be.

Next year, once we know what CPE are raises their levy by then we will know by how much we need to increase ours, such that we are not ending up with 20k spent above income. Reserves are now approaching what we would like to keep them at.

WR looking at option to pay CPE.

More information on Box, with copies of P&L etc.

JP raises point around LPN and MOU money supporting with salary payments now and how this may look in the future if we do not have such funds made newly available. FL confirmed it is likely that 25-26 LPN funds will be the last. Agreement that will have a meeting with other Treasurer in April / May and look at any joint efficiencies in the way treasurers work, bank accounts etc and involve office team member. Look to reduce reliance on MOU Funds for resources and staff as gradually move responsibility to Levy funded accounts, It was noted that we pay £108,000 a year currently and this is likely to increase for 25-26, we are waiting on the exact amount (estimate extra £5,000). This is proportionately one of the highest in Country despite being a small LPC) We have just raised the levy in line with the second increase introduced in 24-25 by CPE as agreed in our SGM to £16,960 per month = £203,520. This leaves the LPC less than £90,000 to run on, which is very challenging.

Break

11:15:

Preparation for Guests

FL: We have had some questions on WhatsApp from contractors to put to Alison Rogers (AR). We have some other guests from ICB and PCN, we have ICB: George Eldridge re: vaccinations (GE), Siobhan Hemans (SH), Caroline Horton (CH)coming. PCN update from Yvonne Coate (YC) (Herefordshire) and Liz Brooke (LB) (Worcestershire). AR will want to discuss PERT issue and if we are interested in any service proposal for supplying unlicensed versions. Jas Heer (JH) coming with CPE update.

JH arrives

11.30: CPE update

CPE Regional Representative November Committee Meeting Slides are on box

JH says it is now highly unlikely we will do PQS this year, sent letter to Steven Kinnock to raise issue of this loss of funding. This went ignored and we were told we would resume discussions in January.

Deal for 24/25 still not agreed. Letter from NHSE is overdue, was expected in January.

JH: CPE has done as much as possible in terms of getting out the information to contractors.

NPA statement issued last week (Pharmacy contract offer must meet five 'tests', says NPA - The Pharmacist) IPA have sent out something similar. Main issues are inflationary pressure and activity growth.

The NPA said a new settlement offer must meet five tests:

1. Increased funding

The offer must be 'an above inflation increase in the global sum for pharmacies' that makes 'significant progress' towards mitigating 'devastating real terms cuts over the past decade'. It must also cover real terms cost increases in 2024-25 and 2025-26, including National Insurance and National Living Wage increases, the NPA said.

Earlier this week, Community Pharmacy England (CPE) said that contractors were in 'financial crisis' and warned: 'Without urgent help, the sector is close to collapsing.'

2. Payment in arrears

The association also called for pharmacies to receive payment in arrears for 2024/25 'as a matter of urgency in one lump sum to prevent further financial damage and closures'. And it said there must be 'no further clawbacks for the 2024/25 period'.

The NPA has previously claimed that the government owes the sector £108m per month for dispensing at a loss.

3. Equitable and transparent core funding, not dependent on other health providers

Core funding from 2025/26 should be 'delivered equitably and transparently', and should not be dependent on the actions of other health providers, the NPA said.

Pharmacy leaders have previously called for Pharmacy First to become a self-referral model, to reduce dependence on GP referrals.

4. Roadmap to reform the sector and the Drug Tariff

The NPA also called for the government to set out 'a clear roadmap to reform of the sector and the Drug Tariff'.

The NPA said this would enable the sector 'to deliver the government's NHS 10 year plan ambitions to move care into the community', and would also 'restore pharmacies to a sustainable financial position'.

5. Mechanism to review funding regularly

The NPA also said that a new mechanism needs to be established for reviewing funding regularly, to ensure that funding increases annually 'at least in line with costs', and to avoid 'a repeat of the catastrophic huge real terms cuts of the last decade'.

In an advisory ballot run by the NPA in England, Wales and Northern Ireland late last year, some 99% of participating pharmacy owners said they were willing to limit their services unless funding is improved.

Any action will only work if we have a high percentage of participation from our contractor base. Possible collective action is causing some concern at ICB level.

After CPE Feb meeting there will be some more information around what actions may be suggested by CPE, depending on the outcome of the negotiations or any CPCF imposition.

JP: Any other information regarding supporting pharmacies with achieving PFS thresholds.

JH: No movement yet, it is desperately needed. Numbers of pharmacies not achieving thresholds.

JH shares anecdotally that on average for every 15 patients that comes in asking for 'PFS' only 1 is eligible for the clinical pathways.

Welcome to Guests

Vaccination Update – GE

Slides on box

Covid - Low uptake nationally and programme ends on 31st January, but pharmacy has done well. H&W highest vaccination rate in the Midlands and second in the Country.

- Across the System:
    - Over 190,000 doses administered
    - 61% uptake across all cohorts
    - 73% uptake in the over 65 population
    - Highest uptake in the midlands
- Within Community Pharmacies
    - Over 46,000 doses
    - Near 30,000 of which were co-administered
- The system is still seeing low uptake in Health and Social Care Workers.
- The COVID-19 programme had been extended until 31st January to help ease pressure on secondary care.

Flu - Runs until 31/03/2025 – lower uptake than last year

- System:
    - Over 300,000 doses administered
    - 60% in all cohorts
    - 78% uptake in 65's and over
- Community Pharmacy
    - Nearly 50,000 doses
    - The flu season is continuing, as always, until the 31st March 2025

Pharmacy Outreach

- Five areas are being targeted across Worcestershire
    - Redditch

    - Bromsgrove
    - Stourport-on-Severn
    - Kidderminster
    - Evesham
- Areas are IMD 1-3 with low uptake
- Outreaches are operating until the end of January
- Pop-up and roving models are being operated

Evaluation will follow at the end of the programme

Targets five areas IMD 1-3 with low uptake

Questions:

PR raises issue of big start in October with things rapidly slowing down and that he plans to invest in additional staff next year to manage this surge

HB: Is there any change in start date for next year? Age cohort is reducing from Autumn, 75+ and not 65+ currently and this Spring. Social and health workers to be moved to Occupational Health plans rather than NHS vaccination programme.

GE: date unknown, eligible cohort has been published.

PR: Central Procurement (like Covid) for Flu, is there any news on whether this is to be rolled out in England?

GE: Delegation of immunisations from National to ICB level is targeted from 2026.

PCN Ambassadors

LB: our role is supporting pharmacists who work in GP. We don't currently liaise much with CP. It isn't currently in the scope of the role but it is something we feel would be very useful to support cross sector working and patient care.

YC: All aware of intense pressure in all sectors but we still can see how much could be done with better collaborative working. There are some great examples of working together in other areas.

YC puts to group that any ideas or suggestion on how we could work better together.

FL: Sat, LPN chair were looking at a group forum or place for supporting pharmacists doing IP.

LB: we did a survey of GP pharmacists and set up a group on teams. Would be good to include other pharmacists doing their IP course in other sectors (community pharmacy). There is a lack of confidence in those training about how their work environment enables them to feel they have had enough opportunity to utilise their learned skills.

JH is asked about role for IPs in Community Pharmacy. He comments that PFS seems to be paving the way for utilisation of such skills in future programs.

ACTION: LB and YC to link up with LPC around support and groups for IP trainees across the sectors.

LB: More guidance to support IP pharmacists with generalist prescribing would be really helpful for IPs.

CH: Funding not there from March for ambassador roles?

LB: Funding has not been confirmed for March 2025, but it is available and is likely to be allocated to our roles continuing.

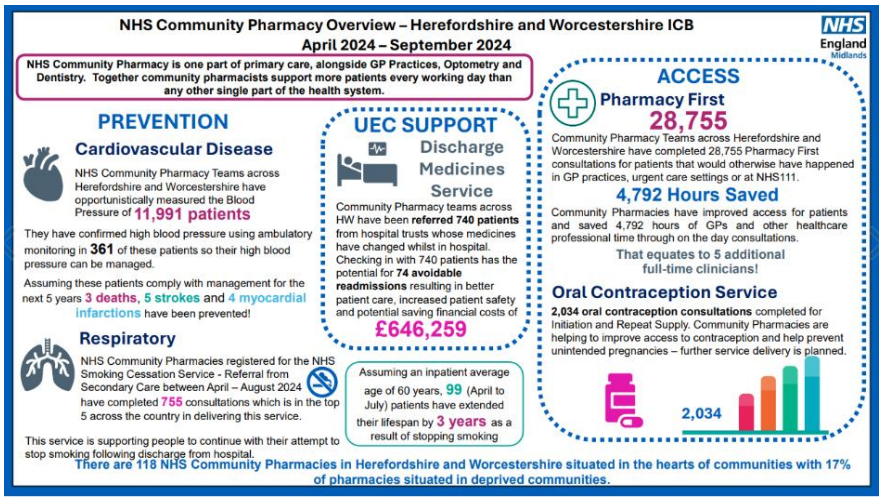
AR: From the pathfinder programs it has come out that broader prescribing for different conditions as they come through the door are exceeding the scope of the original IP pathfinder programme and needs to be evolved into other commissioned services. Issue with defining the difference between Clinical supervision and Clinical support is very important

YC: DMS update around some changes to DMS referrals.

ACTION: YC to send example and detail to EC

ICB update **– AR**

ACTION: Slides will be added to Box



Discussion of ABPM % conversion and what the reasons are for pharmacies not delivering ABPM as service spec requires.

AR: There is some money to add BP or OC service to the 'local service' referral mechanism to a small number of practices to trial. Do we feel this would be beneficial?

Group thinks this would be good for improving referrals, but that it wouldn't resolve the issue of the two (GP and CPs) not using the same process or systems for recording patient's BP.

Group discusses the benefit or lack of benefit of 'local services' for OC referrals. Conclusion was that this would help embed the service.

PFS – See slides for data on service delivery. Interesting data on uncomplicated 16-65 UTIs treated in GP with nitrofurantoin (7000/month) and the potential number of these that could have been treated under PFS.

Medicines Safety Group – Wednesday 5th 10-12, we are looking for particularly good example of DMS request

PEMs- Latest shows BP checks 214 outstanding.

ACTION: Add PEM reminder to Comms for 23/1 (EC) + request for Medicines Safety group DMS stories. Sharps collection pharmacies in Kidderminster Stourport (MP concerns)

Intervention Scheme

AR: Intervention Scheme to be trialled by HB in two sites.

FL: then we can discuss add ins and fees.

There is an additional scheme proposal in which CP will offer reviews of spacers in young people and children or looking at the MARK guidance.

FL: is there scope for payment for provision of a spacer device.

Group agrees both would be good and SH says there is scope for both

PERT

800 Worcestershire and 300 in Herefordshire regularly on PERT

HB: Quotas imposed by AAH 10 and Alliance 15. This is roughly over a month. There is a Creon phone number we can give to patients. GPs need to be told to prescribe these medicines separately and correctly write the prescription.

AT: Intermittent supply.

YC: There does seem to be an issue in Herefordshire. There is a historic problem where practice pharmacists are sending patients to hospital when supply problems arise, rather than asking CP. The dispensing practices are doing this.

HB: If we can get it then dispensing practices can also get the drugs.

CORE20PLUS5

SH discusses this program which focusses on reduces health inequalities,

ACTION: Slides to be added to Box

FL recounts how patient recently contacted the LPC about Stop Smoking services in Worcester. When directed to the listed advice on the council website (link) the patient could not make contact with anyone who could offer a service. There is a need for provision of this service from CP.

LB introduces herself and her role liaising between pharmacies and primary care.

NHS Plan/Top Priorities

NHS Shifts

- Analogue to digital - concentrate on the NHSApp
- Secondary to Primary (left shift) – concentrate on the Transformation work and list of service options

- Treat to Prevention – concentrate on local service options with councils and Core5+20

Group discusses 'Analogue to Digital' shift and if this can sit within our priorities? We discuss the use of website etc and the conclusion is that for contractors it is low priority. Using the NHS App is agreed to be the best digital intervention we can make.

ACTION: to send out more information or advertising for patients to use the NHS App. Send to Alison

The 'prevention' part we are looking at smoking cessation services and for left shift we are looking at DMS delivery.

Other Priorities

FL: Internally we have our transition, my own retirement. We also have AR retirement. The self-assessment will be a priority once published. The PNA is another priority as per earlier discussion. Local services information is being collated by EC for PNA.

1. Transition Planning
2. Self-Assessment
3. PNA and local services

Plus, the 3 NHS Plan shifts. **ACTION: FL to update CPHW Priorities based on above.**

Services Update – EC

See Slides on Box

Discussion on low % reaching threshold.

AOB

Fiona raises the need to get someone on committee to be media trained. No volunteers. Will revisit the topic at next meeting with members absent today.

ACTION: Add to AOB for March meeting.

Minutes Approved – March 13th 2025