**North Staffs and Stoke Pharmacy Committee**

Minutes of the meeting held on Sept 28th 2021. The meeting was held at 1.00pm via Teams due to the COVID-19 pandemic

**Present:**

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| Committee member | Present | Apologies |
| Nita Allen (NA) - Chair | ü |  |
| Elliot Patrick (EP) | ü |  |
| Raj Morjaria (RM) | ü |  |
| Hema Morjaria (HM) | ü |  |
| Harpal Bhandal (HB) | ü |  |
| Ellie Lawton (EL) | ü |  |
| Peter Walker (PW) |  | A |
| Lucy Platt | ü |  |
| Ben Morris | ü |  |
| Soura Kafaji (SK) | ü |  |

**In Chair:** Mrs Nita Allen (NA)

**In attendance:** DrTania Cork (TC) Simon Hay

**AGM**

**Chair**

**NA** thanked all members for their continued support and commitment during 2020-21

**Chief Officer**

TC summarised the achievements of the LPC for 2020 to 2021.  The report was accepted by the committee, NA voted and RM 2nd the vote

**Treasurers Report, Financial Declarations and Approval of LPC documents**

Accounts cover period from 1st April 2020 to 31st March 2021.   The accounts were endorsed by the committee as NA voted to approve the reports and HM 2nd the vote.

The constitution changes were discussed and voted – 82 votes were received by post and before the deadline, all committee members also voted to agree that changes would be made to include a delay in elections and so the four-year term would go to 5 years, until the Independent Review had been completed.

**Standing Items**

*0921-1* **Chair:** NA welcomed all members to the meeting and noted that a CCA member had resigned (VG). NA thanks VG for her contributions to the LPC during her time on the committee. TC will notify CCA office of a replacement

*0921-2* **Apologies:** PW

*0921-3-* **Governance/Declarations of Conflicts of Interest (DOI):** verbal confirmation taken of DoI. TC has sent out new DOI forms and reminded everyone to complete asap please

*0921-4-* **Power to act:** these will be discussed during the meeting

*0921-5-* **Minutes from previous meeting**: all agreed andwill get wet signature once we all meet physically again

*0921-6-* **Matters Arising: None**

*0921-7-* **Finance:** Bank accounts looking healthy, all expenses paid up to date. The PSNC levy letter dated 15th February 2021, set out arrangements for flat PSNC funding in 2021/22, and the expected funding arrangements to support the next stages of the Review Steering Group (RSG)’s work. It highlighted the likely ask of the network of LPCs to match fund the £90,000 originally allocated to the RSG by PSNC in 2020/21. The RSG asked PSNC to support the collection of funds through a delineated levy, the approach taken to co-fund the Wright Review. This was set after careful consideration of the likely RSG costs and to match PSNC contributions from the previous year. This request has been allocated on the same basis as the ongoing PSNC levy and will be payable with the H2 2021/22 PSNC Levy on the 1st October 2021. Our LPC RSG costs are just over £965.80 - all committee members voted that this should be paid by our LPC.

Finance subgroup met in June and are due to meet again in October.

*0921-8* **- Action Tracker;**

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| --- | --- | --- | --- | --- |
| Month  of Meeting | Action | Lead | Due Date | Comments |
| July | Signing LPC minutes  Check what other committees are doing to enable signatures of LPC minutes | TC |  | Electronic signatures are acceptable |
| July | DOI  Chase up committee members | TC |  | still waiting for some |
| July | HR  Details for HR company Clyde&co for staff handbook etc | NA |  | awaiting hard copy of pack to arrive, invoice is all paid |
| July | ENT service  When will this be launched again? | TC | asap | early 2022 |
| July | Annual report  Chair and Vice chair to write their section | NA/PW | asap | completed |
| July | Face to face meeting  Find a venue where we can hold a face to face meeting | TC | Sept | January venue available |

**Business Agenda**

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| *0921-09* | **SMART Cards**  Ian Lee updated the committee on Smart Card services for pharmacists and staff in the Staffordshire area. He mentioned that all pharmacy requests must be e-mailed to the service desk for triaging to local RA agents (this includes those requiring their first smartcard) the link for the service desk is- [mlcsu.servicedesk@nhs.net](mailto:mlcsu.servicedesk@nhs.net)    For SCR access the individual needs to e-mail [https://nhs-digital.citizenspace.com/live-services/60a88897/](https://nhs-digital.citizenspace.com/live-services/60a88897/" \t "_blank) |
| *0921-10* | **Connect Pharmacy**  TC introduced Guy Lubitsh. There is Steering Group that has procured a training and development programme for pharmacy teams in all sectors across the 11 Midlands ICSs from Collaborate Consulting. NHSE&I / LPN funding has been identified to develop professionally facilitated meetings for the purpose of enhancing PCN engagement with community pharmacy and the wider Integrated Pharmacy and Medicines Optimisation (IPMO) agenda through focused training around GPCPCS and DMS. The training and meeting would also provide opportunities for networking within PCN geographies.  Specific objectives of the programme will offer participants the opportunity to:  · Work collaboratively with each other and stakeholders  · Influence and engage with local networks  · Build confidence and resilience  · Develop leadership skills and build relationships  · Lead change  · Understand the part they play in the ICS  · Partake in locally agreed projects with colleagues  The steering group consists of;   * LPN Chairs East and West Midlands x 5 * Pharmacy Integration Lead Midlands x 1 * LPC Chief Officers x 4 (TC included) * Chief Pharmacists Secondary Care x 2 * PCN Pharmacists / Technicians x 2 * CCG Lead x1 * Others representation as agreed * Associate Members: Collaborate Consulting   GL then presented to the committee about Connect Pharmacy and how this will work. He discussed the world of pharmacy and that it is in the middle of the biggest transformation of the NHS ever. For the first time we have the opportunity to connect and integrate pharmacists across systems, to serve patients more effectively. Many events will take place to • Hear virtually from key speakers/leaders • Connect with team pharmacies across your locality • Highlight and address challenges • Start your personal development journey.  The LPC’s role will be to help and support attendance at the events by pharmacy teams across all sectors, along with key stakeholders. |
| *0921-11* | **PSNC/LPC conference**  NA updated the members on the recent conference and lead a discussion around the key points.  Simon Dukes spoke about the negotiations with the government over covid costs. The total amount claimed far exceeds the government cap initially set. The PSNC fought to have the costs fully reimbursed and most contractors should start to see claims being paid at the start of October. 5% of contractors are outliers and there will be reviewed before being reimbursed.  The NHS faces a difficult winter ahead and will be unable to cope without full implementation of CPCS and DMS. We need to be wary of changes in the health bill and commissioning of local services as commissioning moves from CCGs and NHSE.  Negotiations moving forward will be difficult as the treasury will not commit to further spending on pharmacy for the next 3 years. This will have an impact on years 4 and 4 of the current contract and year one of the new contract.  Simon also reflected on how much we have achieved in the last few years and his work will be shared amongst the PSNC directors until a new CEO is appointed.  Negotiations for year 4 will not begin until a review of years 1, 2 and first half of year 3 has been completed in November. The PSNC will be focusing on the need to release capacity in community pharmacy and will hold the NHS to account for not delivering cost saving initiatives such as hub and spoke.  Alistair Buxton spoke about the new services coming on board particularly focusing on the money available to purchase equipment for the Hypertension case finding service and how LPC can leverage to get better deals for contractors wishing to purchase equipment. Incentives for GPs are now also in place to encourage engagement with CPCS.  Zoe Long and Make spoke about the website relaunch which will be taking place in for PSNC and LPC’s over the next few months.  The breakout sessions focused on identifying priorities for LPCs and PSNC for the next year and PCN lead support. The main topic for discussion was workforce pressures.  There was a session on diversity and inclusion in pharmacy from the RPS and the CCA shared the work they had done in this area.  The RSG have appointed a new project manager, Deep San Gupta who will be working full time on the project. The RSG timeline was also shared with the continued focus on communications to get more contractors engaged with the work of the RSG ahead of voting. |
| *0921-12* | **Pharmacy Technician training – cross sector**  TC explained this was an Expansion Programme, supported by HEE. The reason for this expansion programme is that demand is growing for pharmacy technicians to be available to support delivery of new service models outlined in the NHS Long-Term Plan. Pharmacy technicians have a key role in supporting the new primary care workforce, as reflected in the GP Contract 2020/21. The Purpose of this project is to support development of the required educational transformation to better enable a supply of pharmacy technicians into primary care roles, without destabilising other sectors of healthcare  TC informed the committee that in 2019/20 Project will see 40 PTPTs on a PTPT integrated training pilot. 2020/21 includes additional single sector acute/secondary and 170 cross sector. And PTPTs 2021/22 Project will see further monies to support growth in the pharmacy technician workforce.  The different settings are;  Community pharmacy – single sector • PTPTs are employed and complete their full 24 months training programme in community pharmacy  Cross sector training • PTPTs complete their full 24 months training in a minimum of two different healthcare settings  Cross sector partnerships • Partnerships will consist of a minimum of two healthcare settings • Partnership must include a community or hospital pharmacy.  TC informed the committee that she is working with MPFT to support cross sector training. |
| *0921-13* | **Local Services**   * CPCS * DMS * LFT * Contraception service   TC informed the committee that the aim of the pilot is to create additional capacity in primary care and sexual health clinics and provide improved access for patients. The objectives were discussed as: • To test a model for community pharmacy teams to continue the provision of contraception supplies initiated in primary care or sexual health clinics to undertake the review and supply process. • To test an integrated pathway between existing services and community pharmacies to allow people greater choice and access when considering continuing their current form of contraception. • To identify a consistent agreed data set that should be shared with the community pharmacy independent via any specific IT system to support the referral process and feedback loop to the GP held patient record where appropriate. • To evaluate the Tier 1 service model encompassing quantitative and qualitative measures including service user experience, the experience of pharmacy staff and primary care and sexual health professionals and the safety of the service within community pharmacy. • To inform the scope and service model design for a Tier 2 service that would enable a community pharmacy initiated oral contraception service pilot.  TC informed the committee that two PCN sites have been successful in being selected to support the pilot - South Stoke East Meir – 7 pharmacies and HIPC – 12 pharmacies  Community pharmacies will offer routing monitoring of regular, ongoing oral contraception by following a national PGD. Frequency of consultations with pharmacist Supply of up to twelve months in appropriately labelled original packs will be supplied as per SPS PGD template. A national PGD template has been developed; Patients can be referred into this service when a clinical check is needed. It is envisaged that this clinical check will be done by a community pharmacist rather than in the GP practice as part of this pilot. DSPs are included as part of the service. A web-based tool is being used for data collection for the pilot. IT suppliers will be consulted for potential national rollout.  As of yet we are still awaiting the PGD and data collect IT system to be confirmed. TC is working with AP and NHSE colleagues to ensure our pharmacies are ready to implement the service.   * Sexual health tender |
| *0921-14* | **CPPE**  Hayley Berry gave a talk to the committee regarding new launches and training from CPPE |
| *0921-15* | **Flu Service**  PGD and Service Specification has now been published along with the National Protocol. The LPC organised training across the whole of Staffordshire and the take up was excellent |
| *0921-16* | **STP/pharmacy leadership group**  TC discussed with the members the STP leadership group and that as the NHS Long Term Plan ambitions and the People Plan start to impact pharmacy teams in all sectors, at all levels, it is vital that the key pharmacy leaders in the Staffordshire and Stoke-on-Trent are speaking with one voice, being clear about the direction of travel for pharmacy and medicines, and how we are meeting the challenges of the NHS Long Term Plan to support the delivery of care for our patients. Collaborative leadership at system level will be vital in the months and years ahead as we learn to live with and beyond COVID-19. The Board, once formed, will provide a focus for the coordination of the pharmacy teams across the Midlands Region, support system leaders to tackle the unwarranted variation and inequity in service provision and outcomes which was laid bare during the pandemic and drive the delivery of the long term plan objectives relevant to the pharmacy professions at system and local levels.  Both South and North LPC are on this leadership group and will have a responsibility to:   * Work collaboratively to help resolve problems within programmes and provide clinical leadership and direction * Ensure that the work of the Pharmacy System Leadership Group effectively aligns with and supports the work of the ICS and that the ICS is informed and involved in the development of system plans * Provide local leadership and co-ordination for care transformation within the ICS * Provide an accurate and transparent update on progress, risks and issues * Liaise with stakeholders ICS to ensure that they effectively inform the work to deliver: * the Long Term Plan; * the response to and recovery from the COVID-19 pandemic and * national pharmacy programmes   Delivery of national programmes   * Medicines Value Programme * Medicines Safety Programme * Antimicrobial Resistance Programme * Frailty Programme * Pharmacy Integration * Community Pharmacy Contractual Framework Implementation * AMR strategy and action plan * Workforce development |
| *0921-17* | **LPC/PSNC website**  The survey of LPCs ran in August about domain names showed a clear preference (89%) for **location.communitypharmacy.org.uk**. Going forward we will therefore use that format for the new LPC site URLs.  We are in wave 2, which has already started. TC informed the committee that she has started to clean up the old site to ensure smooth migration across to the new site. The is a portal support site where all the information and tasks are set out. TC informed the committee that there is a lot of work in ensuring the site is ready for launch.  LP volunteered to help the website work to support TC |
|  | **CLOSED MEETING** |
| *0921-18* | **MDS position statement**  TC informed the committee of an incident with a IP pharmacist in a local GP practice that demanded trays be returned from the patient to the pharmacy and the pharmacy to remove some tablets. The incident included writing some dis-respectful text on the prescriptions to the pharmacy. The incident has been reported to CCG, NHSE and GPhC.  CCG and NHSE are working together to produce a position statement that can be disseminated to surgeries regarding re-using MDS trays. |
| *0921-19* | **Dates for 2022**  All dates where agreed by the committee. It was decided to have alternative face-to-face and virtual throughout next year |
| *0921-20* | **Face to Face/ virtual meeting for 2022**  NA and EL looked at the plan on a page and made necessary changes. All members agreed to the plan – TC to put on website. |
| *0921-21* | **Applications**  TC informed the committee that no application had been submitted except those that want to close during the xmas/New Year period |
| *0921-22* | **AOB**  LFD service is very onus now and should be reported to PLOT group – TC to discuss with our PLOT lead |

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, is recorded in the following meeting’s minutes.

Signed: ………………………………………………Position:......CHAIR............. Date:............................

Signed: .................................................................Position:......CEO.................Date:............................

During this meeting, along with these minutes, there was a constant check to ensure no discussions could constitute to breaking competition law.

Signed......................................................position.............................................Date