**North Staffs and Stoke Pharmacy Committee**

Minutes of the meeting held on Nov 30th 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 |  |  |
| Elliot Patrick (EP) |  |  |
| Raj Morjaria (RM) |  | A |
| Hema Morjaria (HM) |  |  |
| Harpal Bhandal (HB) |  | A |
| Ellie Lawton (EL) |  |  |
| Peter Walker (PW) |  |  |
| Lucy Platt |  |  |
| Ben Morris |  |  |
| Soura Kafaji (SK) |  |  |

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

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

**Standing Items**

*1121-1* **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

*1121-2* **Apologies:** PW

*1121-3-* **Governance/Declarations of Conflicts of Interest (DOI):** verbal confirmation taken of DoI.

*1121-4-* **Power to act:** these will be discussed during the meeting

*1121-5-* **Minutes from previous meeting**: all agreed andwill get wet signature once we all meet physically again

*1121-6-* **Matters Arising: None**

*1121-7-* **Finance:** LPC Figures

1. LPC figures – TC presented the figures to LPC committee members as healthy and within the recommendations of surplus and reserves
2. Allocated funds  - All allocated funds are accounted for, in main amount comes from holding money for the LPN
3. budget - TC reported that the LPC is within budget figures set
4. Report from finance subgroup  - EP and HB gave an update from the finance subgroup held at the beginning of Nov 2021. All paperwork is in order, no outstanding invoices to be paid, within budget. The subgroup agreed that we would meet in February to set the budget for 2022 and re-look at accounting spreadsheets to ensure to match the needs of the LPC

*01121-8* **- Action Tracker;**

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| --- | --- | --- | --- | --- |
| Month of Meeting  | Action  | Lead  | Due Date  | Comments  |
| Sept  | Due to CCA resignation TC to inform CCA office for replacement   | TC  |   | Completed and awaiting reply  |

**Business Agenda**

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| --- | --- |
| *1121-09* | **LPC/ PSNC hybrid conference**Good feedback for the hybrid sessionTC attended in person and Nita virtuallyFirst PSNC meeting held as hybrid – some delegates were at the venue and others joined virtually.PSNC Update· Challenges for the sector – acknowledged that everyone is struggling regardless if multiple or independent. This is due to COVID related absence, workforce, financial squeeze and capacity, low staff morale and impact of minimum wage increases. Workforce was highlighted as the biggest issue facing the sector.· Covid Costs – most contractors have now had full payment - £240 million given to 10,000 contractors. Outliers are being checked by the NHSBSA. There may be a post payment verification process.· CPCF annual review – pushing for this to be completed as soon as possible so that negotiations for next year can start. Hope to highlight the capacity and financial issues the sector is facing. Enables the PSNC to show the government how much value pharmacy is delivering.· Evidence gathering is crucial for to back up negotiations going forward. This will take place in the new year.o Informal consultation advice audit – Jan/Febo PSNC contractor survey to establish what the challenges are and the impact on staff. Launching soon.· Year 4 negotiationso Commence after completion of annual reviewo Given spending review an uplift is not expected.o Need to focus on what can be done within current funding to free up capacity. For example changes to regulation.o LPCs have already given feedback on PQS 22/23o Scoping to start soon with aim to complete by April 2022.· Services updateo Contractors reporting that they can’t cope with much more.o Increased walk-in and phone demand (need to quantify this via survey)o Covid services are still ongoing- pandemic delivery, LFDS, covid vaccinationo Flu vaccination – amazing performance – as of conference date £3.6 million vaccs delivered.o CPCS – NHS are incentivizing GPs to start this.o DMS – continuing to press for more trusts to send referrals.o Smoking cessation – detail to be announced soon.o Hypertension case finding- surprising that many contractors are delivering the service already. This will increase in the new year.o Pharmacy 1st will be discussed in year 4 negotiations. – more conditions using PGDs· Beyond year 4 - Focus on releasing capacity, legislative changes, demonstrating value through evidence, building advocates for pharmacy, vison planning and working with NHS to further understand how changes to NHS structures impact contractors.· Workforceo PSNC is working with trade bodies on this but comes down to funding and impact of PCNs on Community pharmacy workforce. Work with NHS to promote overseas recruitment of pharmacists.o Independent prescribers (IP) – plan for Ips once qualified eg use IP instead of PGDs for services but will need to be transitional. Also new IP services linked to hypertension case finding.o Recognize that PQS is a burden for workforce – aim is to deliver it April onwards.o Mandatory COVID vaccs are not required in community pharmacy as we are not governed by the CQC.Richard Catrell (NHS England) – Deputy Chief pharmaceutical officerNext steps for pharmacy and medicines optimizationo Outlined several documents that LPCs should read for working with ICSo Education and training of pharmacists and career developmento Sectors need to work together at every level under the leadership of a chief pharmacist.o LPCs must engage with ICS pharmacy leaders.o Cap PCN recruitment of community pharmacists.Review Steering group update (RSG)Focus groups were conducted last month and highlighted that views must be balances to achieve unity across the sector. Also consideration given to ICS structures when proposing possible structures of pharmacy representation.Next stepso Outline voting process – concern about 1 vote I contract process which will be in favor of multiples.o Decision making process to include shaping options, producing a detailed proposal and the overall all path to change.o The prospectus will be release in December with further focus groups in January.o Vote and result will be by March 22Marc Donovan – Chair of Pharmacy Workforce group (AIMP, NPA, CCA) HEE and PSNC are observerso Priorities are Capacity, capability and cultureo Website – communitypharmacyworkforce.como Report highlighted that there is a 9% vacancy rate and most are open for >26 weeks and that there is a training need, only 5% of pharmacist have an IP qualification. There is a problem recruiting and retaining staff – careers website. Currently 3000 pharmacists working in PCNs.Solutionso Funding of IP - £16million through NHSI is not enougho Proactive recruitmento Portfolio opportunities – working across 2 sectors – more attractive roleo Support pharmacy teams to take on additional tasks so pharmacists can deliver services |
| *1121-10* | **Pharmacy system leadership**TC informed the committee that these meetings are now face-to-face in Stafford. The members are those that head up each sector of pharmacy in the system, including the LPN Chair – Andy Pickard. The main work streams are based around and focus on medicines optimisation – we had Dr Conor Jamieson – Regional Antimicrobial Stewardship Lead to present to us what he thought were the key issues that we should consider as an ICS re AMS. After discussion with the group CJ is now in favour of our extended care services and will be working with AP and the team to ensure the service takes on board AMR measures. The main priorities are 33% reduction in Primary Care antibiotic prescribing (June 2021) compared to 2013 baseline • 14% reduction in broad spectrum antibiotic (Watch & Reserve) use in acute hospitals (June 2021) compared to 2017 baseline some of the topics discussed are;Primary Care InformationMental Health Information Urgent and Emergency Care Planned Care Workforce - at the Pharmacy Leadership Group Richard Cattell (RC)(Deputy Chief Pharmaceutical Officer) confirmed that there are conversations ongoing around the ‘capping’ of the PCN pharmacist recruitment, in order to protect workforce in other areasCap for Pharmacy Technicians has now been removed.TC informed the group about Connected Pharmacy programmeThe aim of the programme is for an integrated approach with an agile, confident, and competent workforce. The launch event for the programme is planned, followed by a series of virtual development workshops, and is open for Pharmacists and Pharmacy Technicians. The first launch has gone well and we are in cohort 2 which will be early February TC asked for help to champion the programme in the systems. Flyer with launch event details will be shared once developed. |
| *1121-11* | **ICS update** The Integrated Care System (ICS) Board is responsible for agreeing, overseeing and leading on the delivery of Together We’re Better’s transformational health and care strategy for Staffordshire and Stoke-on-Trent.The Board meets monthly and is made up of senior responsible officers from each of our work [**programmes**](https://www.twbstaffsandstoke.org.uk/about-us/our-work)(who also serve as senior clinicians or executives in our partner organisations). Also in attendance are Healthwatch, NHS England, GPs and senior members of Together We’re Better’s Executive team. People Programme Board i. Pharmacy Workstream ii. Apprenticeship update InformationMish Irvine - Associate Director of ICS People ProgrammePrem Singh - Chief Executive Officer TC updated the group regarding the ICS transition. TC noted that work is ongoing, and Chief Executives from the system are helping to form the ICS structure and function. TC confirmed that the ICS will become an ICB and Places will become PBP (Place Based Partnerships), TC noted that the ICS will be a statutory body, but the system will have a strong emphasis on partnership working.The Chief Executive for ICS post is likely to be advertised on w.c 1st September 2021, which is a nationally lead process that will be locally supported. Following this, other board level roles such as Director of Nursing, Medical Director and Finance Director will be appointed to. After this, the Board will decide on functions needed to operate, whilst awaiting People Operating Model for the ICS.TC noted that individual organisations are also transitioning into the ICS, and health and wellbeing work is ongoing to support staff throughout the transition. The new People Operating Model will be the responsibly of the People Programme. TC explained that she is keen to understand how PCN networks can support on the journey to becoming an ICSTC shared a pharmacy update – the Medicine Optimisation Plan has been submitted to NSHEI. A business case is to be submitted to support the appointment of a Nominated Pharmacist Lead within the ICS |
| *1121-12* | **PCNs update** All PCN areas are filled except one – Hanley, Bucknall and Bentilee. TC has advertised the vacancy. CCA also to help recruit a lead |
| *1121-13* | **National Services**1. Hypertension case finding

TC reminded the committee of the aim for this service. Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;• At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements;• Promote healthy behaviours to patientsWe have had a number of pharmacies register to deliver the service (56) and feel that more will register in the New Year1. Smoking cessation  -

new NICE guidelines published today [https://www.nice.org.uk/guidance/ng209](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nice.org.uk%2Fguidance%2Fng209&data=04%7C01%7CJames.Gillies%40dhsc.gov.uk%7C741e163e5f9947206d8a08d9b3eaf8a2%7C61278c3091a84c318c1fef4de8973a1c%7C1%7C0%7C637738644049524994%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=GZSsijiCqaxXaXuZ0J14THoVsxKr3onV2Cnl2tzG7p4%3D&reserved=0) C) NMS – need to do 1 to qualify for transitional payment and 20 by end of Dec for the PQS pointsTC informed the group of some clinical refreshers that have been done for all pharmacists across West midlands. Jeff Blankley for BSOL thought of the idea and contacted TC. TC has recorded 6 clinical topics (3 before xmas and 3 after) for pharmacists to listen to. Short bite size learning of 25 minutes. The IT has been supported by Stephen Noble - Chief Officer, Dudley LPC and the first NMS presentation on gout is now ready and uploaded to YouTube. The link is below.<https://youtu.be/Z-N0U85bEf0>The link on CPWM's website is<https://psnc.org.uk/cp-west-midlands/services-and-ssps/new-medicines-service/> |
| *1121-14* | **Local Services**1. CPCS - NHS111, GP, kiosk

Completed nearly 1500 referrals since start of service29 practices live5 practices due to go live in DecDisappointing that virtually no engagement in Newcastle SouthMany practices shy of providing bypass number. Am taking up with NHS Midlands.Still have some issues with pharmacists not acting quickly, saying ‘ we don’t offer Extended Care’ and not referring to another pharmacy, and pharmacists not giving enough detail on post event notifications. Also got some practices sending inappropriate referrals. Pharmacies need to ring surgery and explain why the patient is being referred back rather than just telling patient to go back.Amanda Lovatt been excellent at helping to inform PCN and practice pharmacists**Next Steps** – need to encourage pharmacies to speak to their local practices and ask how it’s going1. Extended care

Concerned about some areas where there is little provision due to lack of regular pharmacists however Boots originally agreed to steadily roll out Tier 2a but seen no evidence of it yet.1. Contraception service (OCMS)

Very poor star, mainly due to external comms. More may be able to come on board1. HumanKind
* Hep B vaccination a
* £100 per pharmacy setup fee to cover training and preparation.
* Vaccination/service fee costs of £7 per administration
* F~~f~~or each dose plus the cost of the vaccine at tariff (Current DT prices for Hepatitis A/B £33.31 and £12.99 for Hepatitis B). Doses to be given at Days 0, 7, 21 and an annual booster (potential total cost of £28 plus drug costs)

Take Home Naloxone (THN) * £100 per pharmacy setup fee to cover training and preparation.
* Supply fee £8, irrespective of first or subsequent supply
* Both Prenoxad® and Nyxoid® drugs reimbursed at Tar

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| *1121-15* | **CRIS referral route**TC informed the committee of a new route to refer patients to called CRIS. This is a single point of access when a rapid response to patients needs is required but not urgent such as 999. The team will visit the patients within 2 hours. The main focus of the service is to stop admissions into hospital. TC and SH are working on a referral pathway |
| *1121-16* | **Independent review - RSG**TC informed the committee that Since our last meeting the RSG have continued to meet and make progress on some of the key fundamentals of the proposals, exploring what wider structure and governance is needed to ensure the local and national organisations are set up to deliver the best possible services to contractors.  The RSG also delivered a useful progress update at the Pharmacy Show. The slides are now available to view on the RSG website if you would like to see them.  The RSG have also recently held a second round of online focus groups – the focus of the discussion at these focus groups being representation and structure. Slides presented at the focus groups have been made available from <https://pharmacy-review.org/>  |
| *1121-17* | **GPHC inspector monthly catch ups**The GPhC have concerns regarding the fees and demands that some pharmacists are putting onto pharmacy owners.Temporary register finishes on 31st January 2022 |
| *01121-18* | **Website update**The first two websites are at go-live point this month (with a third very close behind), but this has, perhaps inevitably, highlighted some teething problems with the sites. After a long discussion with Make this afternoon, the PSNC am asking that at this stage all LPCs (barring the three who are ready) stop work on the new websitesfor what the PSNC hope will just be a period of a few weeks. This pause will allow them to work more closely with Make (IT company) and with the early adopters to get things right, ultimately ensuring that the final products are as good as they possibly can be, and also that they make the upgrade process for everyone else as straightforward as it can be.  Zoe from PSNC will be working intensively with Make, with the LPC working group and with the three LPCs who have been through the entire process over the next few weeks to iron out the issues, and report back to LPCs before the end of the month.   |
| *01121-19* | **CPWM and S&OC for CHSL**The LPC discussed the relationship between CHS and LPCs and the feeling was that our relationship with CHS should now be no different from other commissioners/lead providers, and therefore was no need for an MOULoan not the big turning point.Manner the Articles and Rules changed without consultation with LPCCPWM wasn’t informed, nor S&OC which is more significant.Not a PSNC template rather a general Articles and Rules doc (no mention of LPC, S&OC).Now posted with Company House)Directors now see CHS as standalone company that will liaise with LPCs when any tendering for services |
| *01121-20* | **PNA**Meeting started for both Staffs and Stoke. TC to bring further developments to the next meeting |
|  | **CLOSED MEETING** |
| *1121-21* | Pharmacy closures due to emergencies   |
| *1121-22* | **AOB**Jan 2022 meeting will be face-to-face full day meeting. TC needs to know which committee members will be attending, and car Reg in order to obtain parking permitTC informed the committee of her annual leave in JanuaryThe committee discussed contract and pay for SH and all agreed with a pay rise and another years contractTC asked the members is a Report for errors onto PhO to mirror Datix clinical incidents/issues back into a clinical quality/safety group would be useful – all members said yes and so TC to take back to Andy Pickard at NHSESome invoice for DMIRS pilot from Loomer Road (the pilot service ahead of GP CPCS). Have not been paid. TC has informed all pharmacies to check invoices and to contact her should any discrepancies be found  |

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