

Community Pharmacy Surrey & Sussex

On behalf of East Sussex, West Sussex and Surrey LPCs

Minutes of Meeting of West Sussex Local Pharmaceutical Committee

Date Wednesday 9th October 2019 starting at 09:30
Location: The Old Tollgate, Bramber, Steyning, BN44 3WE
Present: Mark Donaghy, Chair, Alan Salter, treasurer, Marie Hockley, Yola Barnard, CJ Patel, Sara Paxton, Sam Ingram, Nisheet Patel.
In attendance: James Wood, Chief Executive Officer, Hinal Patel, Service Development Support Pharmacist, Sandra Lamont, Communications & Engagement Lead, Micky Cassar, Administrator.

1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting.

Next Stepper appointed: Yola Barnard

CCA Reporter appointed: Sam Ingram

2: Apologies for Absence

Gemma Staniforth, Marie Hockley.

3: Governance Matters

The Chair asked if there were any changes to the Declarations of Interest, none raised.

4: Minutes of the last meeting

The Chair asked the members if they had read the 10th July 2019 LPC minutes and if there were any issues with the accuracy. The Chair signed the July LPC minutes as a true account of the last LPC meeting. It was raised that the action regarding YB sharing guidance needs to be amended to "if possible".

The progression regarding the 7-day guidance is ongoing and a meeting is taking place shortly with Julius from the LMC and JW. It was discussed what level of involvement the LMC should have in this and that Ideally, we would like the cooperation of the LMC prior to issuing our guidance. We want to draft into the guidance that if a practice has not been following this guidance that there would be benefits of a transition period, not just ceasing 7-day prescriptions immediately.

Action: The LPC be shown the draft guidance prior to the LMC.

It was raised that there is a place for 7-day prescriptions for housebound patients etc. We need to make it clear that delivery is not a contracted service. An ideal question for a patient to establish if they need delivery is to question if the GP visits them at home. The letter that we have sent to CCGs regarding our delivery stance could be distributed as guidance to pharmacies.

Action: members to review each other's DOI to be put back to next meeting.

Action: add numbers of contractors who attended the AGM meeting to the minutes.

5: Primary Care Networks

The members were given an update as to the PCNs in West Sussex. Information has been collated and atlas software has been used to map all pharmacies in S&S and align them to PCNs, we have asked pharmacies to validate this bearing in mind prescription flow etc. The final list of PCNs will then be published. Yesterday PSNC published some final guidance re PCNs. Pharmacies who want to claim PQS need to come together and evidence this and appoint a PCN lead. We have had some

interest from potential leads and hopefully in January a training session will be available for all once appointed. There are three potential ways this will work, they may decide together, there may be more than one lead volunteer and also there may be no volunteer. We need to establish what we will do in these scenarios (19 PCNs in West Sussex). Once the final lists next week are published, we can email the individual PCNs with guidance and advice. It was raised as a concern that there needs to be a fair and transparent process of appointment. It was suggested a face to face meeting in each area, maybe facilitated by an LPC member. The members were asked if anyone had any views as to how we do this. It was suggested each member take two PCNs each, contact all involved and arrange a meeting and at this meeting agree who the lead should be. It was suggested that the volunteer information should be shared as if a lead can be supported and established with no intervention this would be ideal. It was suggested a map where the volunteers are would potentially assist but the governance in relation to this needs to be considered. As an LPC we need to make sure everyone has an equal chance to become a lead, it was suggested we should oversee that this is done however the LPC does not hold the responsibility of that governance. It was asked if there is capacity to second one person to organise and take charge of this piece of work. There may be some funds that can be used for approx. one month of this work however it needs to be agreed if the same level of support should be offered to all even where there is one volunteer. Red / Amber / Green the PCNs.

Action: review if there is capacity for a secondment for a project lead for PCNs.

CPSS to send out the group email to trigger communication and set out a really clear brief. Final point will be to email all and list who the leads are and allow for any issues to be raised if people have moved on etc. They need to be able to commit to the role at least until the end of the financial year but preferably longer. It was asked what we do if nobody comes to the meeting, no one is interested. This needs to be flagged to the LPC so we can start encouraging people to identify. The venue needs to be neutral and accessible to all. It was highlighted there will be a webinar for those interested in becoming a lead to answer questions and for more info. Also, if there are any issues, as a plan B, we can create one event for anyone who wants to attend and if they are unable to attend can send a deputy. We don't have time to advertise for a project manager but there are some possible candidates, by December this needs to be set, and all must be on track until then. Project manager skills will be vital.

6: PSNC Update

The LPC conference has taken place. There was a talk on PCNs and collaboration, it was highlighted that lead pharmacists need to be appointed. MP Jo Churchill gave a positive talk. There was a collaboration workshop which could have been supported more. There was a need for PCN guidance which was not available at the time. The PSNC independent review was raised and feedback regarding what this review should look like needs to be given to Simon Dukes by JW. Michael Lennox gave a talk regarding PCN mapping and prescription flow. It was suggested for future annual events if we can invite the LMC. Burnout was raised on the agenda and pharmacy support (charity) would be happy to run a workshop on our behalf. PSNC roadshow – Reigate 1st September. It was not so well attended by Surrey & Sussex. We should encourage people to go as this is a good opportunity to voice opinions and ask questions etc.

It was raised that in the past PSNC have not really dealt with national services and these need to be negotiated at each LPC, if there were more national ones there could be more support. It was also raised that there needs to be results / outcomes from PSNC and that contractors need to see what the PSNC are doing and see where their funding is going - Quantify work. Delivery of service affects services going forward, how do we support contractors who are not engaged in services. If all contractors engage, a service is more likely to continue, how can we support contractors. Up

until CPCF the push was local - now with the 5-year contract, they have mapped out all the national services and we should push and support these. It was discussed the level of funding to PSNC and that this money is not just for commissioned services but also support and how is this valued. Pharmoutcomes was outsourced and there was a specific levy that was used for this, PSNC did not set this up. We would ask the review to consider a one-off levy to cover these costs rather than an ongoing increase of levy.

Action: Independent review feedback to be given to Simon Dukes by JW.

7: Finance

The members were shown the West Sussex and the CPSS accounts. Both PSNC payments have been made. Electronic payments are all up and running. The hard copy of the annual accounts to be sent to AS. The members were asked if they would be happy to do the published annual report again next year which they agreed.

The members were shown the HMRC guidance letter with regard to LPC payments. It was asked if we should get a declaration signed by members that they have read and understood this guidance. The CPSS committee were thanked for their work on the AGM.

Action: to send out the expense form (both pdf and word) to all LPC members.

8: Local Matters

EU Exit – SL is part of a Brexit resilience planning group for the communications side. They have reviewed implications in our patch socially. Messages of support and advice to give to staff re workforce issues from the government could be supported by us. At a local level contractor could be contacted to see what the policies would be for nonattendance of staff due to travel problems, no fuel etc. This has been raised by SL at NHS England. The members were asked if there were any communication suggestions with regards to this. Monthly deadline tracker could include prompts to look at daily guidance. The NHS have been asked what would happen if contractors are unable to enforce their contracts. There should be guidance as to who to contact to see where there is a pharmacy available, this should not be left to pharmacies. It was also suggested that there should be give and take as pharmacies will try to open and should they miss an hour, they need to make this up, but this should not be enforceable in these circumstances. At this time members were asked to flag issues and things that need to be pushed back to NHS England / PSNC for answers and advice. We should issue contacts for pharmacies, so they know who to contact and policies re unplanned closures etc.

Action: SL to continue in the forums and actively pursue the fuel issue.

Action: Establish if there is guidance as to who to contact to see where there is a pharmacy open.

Action: Send out a comm re who can be contacted re unplanned closures etc.

9: Mark Weston – Contracts manager for LloydsPharmacy re substance misuse services in West Sussex.

The members were given an update from Mark Weston who oversees pharmacy contracts on behalf of other organisations. Needle exchange – as of 10th Nov 2019 CGL are moving from packs for needles to pick & Mix to reduce waste and cost. This does mean that the pharmacy needs to know what their patients needs are and a training visit will take place at every pharmacy from the 14/10/19 to make sure all staff know what to do. The change over of the new stock is 10/11/19. There may be storage and bins issues, in WS they will have safe single disposable units and options of a small, medium or large bin. FCOM frontier online ordering portal, there will no longer be paper ordering. It's a simple ordering system, there are only around 20 products and you should get your order within 5 days but quicker if high risk pharmacy. It was raised that it causes issues having pick & mix as it takes more time with the patient. A solution around this is one mil hit kits, so if your

pharmacy is unable to store the amount required then these one hit kits are an option. There is an issue as they are handing out needles without sharps bins. One hit packs would need to be communicated in a positive way or people may withdraw from the service due to time factors. It was discussed that we can't expect pharmacies to do more for no fee, but could they see if there any other parts of the service that can be streamlined? A total review of the service from end to end would be ideal and negotiation should take place. It was stated that the November date is not feasible, and we need to check with pharmacies first. Also, the training needs to be when it suits the pharmacy not when it suits frontier, and this would not fit with the November date timeline. It was raised that it is disappointing that this is being imposed with hardly any notice. It was raised that the bin collection issues are still ongoing. The first point of contact should be sustainable advantage, second to this, Mark Weston. The spec needs to be reviewed to make sure waste collection is made clear. This information needs to be integrated into the CPSS website. It was discussed what practical needs of what the pharmacy must do to be able to start this. Also fed back - do not deliver on a palette. The initial delivery amount should be discussed and agreed between the pharmacy and frontier by appointment. It was suggested that in the contract there should be a longer grace period. It was asked if people are not claiming if MW could pass this info to the LPC as the message may be better from LPC. MW will check if this data can be passed on. When people are not claiming MW emails them however, we would like to support from an LPC perspective. It was requested if top tips can be shared also if someone is struggling that training can be done. It was suggested that we could get permissions from the pharmacy that we can obtain their data. Also, that the msg on pharmaoutcomes should not just say out of grace but specifically say "you won't get paid".

Take home Naloxone is part of this contract which started in April 2016. Ideally every pharmacy would supply this and if patients have sharps on them, they should have a kit on them. Part of the change over to pick & mix - there will be an event where we will get as many pharmacies trained as possible – get credited at the event, no CPPE training.

Best practice to share – what people should do with their patients to make sure they are carrying. If the committee would like this training event it would help but January / February time could include pharmoutcome training for claiming. It was raised for patient safety that it would be advisable that this could be used before Christmas as there may be an increased need over this period. Pharmacist misuse prescribers could come along. WestSussexPSDA@Celesio.co.uk mark.weston@lloydspharmacy.co.uk 07408 812326. The LPC asked for a timeline of when Pick & Mix will start.

It was requested that contact is made with Public Health to make sure that they are aware of this service and that it shouldn't have come as a surprise and enforced. Also, it is a contract variation that needs a certain period of time to go through. There are also potentially distribution issues and the retainer payment. The declaration of competence takes the same amount of time if you give out 10 kits a year or 1000.

Action: HP to contact Hollie at PH to see if they are aware.

10: Service & Development Update – Matter for report

The members were shown the operating plan and what has been completed during the last 6 months. There is a TCAM publication for Surrey and East Sussex so when needed in West Sussex will be ready to go. Area manager meeting 13/11/19 webinar date. Questions as to their expectations and what they want out of it will be obtained shortly, LPC members would be welcome to join too.

CPCF, there is a CPCS meeting every Monday and now we are keeping an eye on registration, complete SOP for the pharmacy, consultation snapshot has been seen. NUMSAS side, no massive change but the template is easier and hopefully will combine with BSA data shortly. Pharmacies

need to be registered on MYS to claim for flu etc. Hopefully now there are only a few left and by the end of this week we hope this will be complete. CPCS registration bulk sign up will hopefully be done soon. There will be comms coming out shortly on how to clear your NUMSAS screen before the new service comes in (esp where TCAM has gone live). It was raised from a CCA perspective that some larger businesses may have IT issues, but it was suggested that this needs to be communicated to CPSS. The local diabetes audit needed to be started this month and we are waiting for confirmation from the LMC as to who we should direct people to and this will be communicated ASAP. Public Health meetings and the timeline of contracts: there will be a portal. However, they are running behind their timeline. When the portal is open, we will communicate, and we will make it easy and it will avoid the need for a provider company and the contracts won't need updating as often. Alcohol service, 12 more providers have signed up. Healthchecks - heart checks with the new contract. They want to make it into a 2-tier part. Screening 1st and then escalation. Draft SLA has been reviewed. Stop smoking is moving towards 6 meetings. Clause of data sharing in the SLA.

The members were shown the provider activity data and the members were asked if the data is useful to see or if we should be doing anything else with it.

Action: when advice re diabetes direction available, cascade ASAP.

11: LPC Policy matters

The members were shown the guidelines around faxing.

12: LPC Management & Admin

It was agreed the AGM format will be the same next year as this with an evening event. The AGM accounts have been sent to PSNC/NHS England.

The members discussed the joint July LPC meeting and it was agreed the format was good but that the timing should be considered to avoid school holidays. It was discussed if a further joint LPC should take place so that those who were unable to attend last time can see how it goes which will assist in the next planning cycle 2020/21. The members agreed to have a joint January LPC meeting and then the March individual ones.

The members were updated on the progression of targets for the year including an update on the Sussex STP meetings. There will be an HLP scoping event along with leadership in January and funds have been identified for that. The members were briefed on the East Sussex CPA post.

LPN meeting raised concerns about pharmacist recruitment and this will be further discussed at the meeting tomorrow, to get commitment from the hospital chief about attendance at the pharmacy career fairs. PSNC induction day: if anyone wants to attend to let Micky know.

13: Reports from other meetings

Horsham & Mid meeting attended by AS. There were lots of discussions around what GPs do in relation to PINCER and a further pop up national report request. Brexit was discussed and how quickly the DH would be able to judge shortages. Ideally these shortages need to be communicated as soon as possible, there are issues with Fluoxetine and HRT at present. The changes in the pharmacy contract were discussed and the move to the new consultation changes. There was a suggestion that there should be a document/form/email that a patient could take back to the GP / receptionist with clear instruction from the pharmacist regarding their advice, why they have sent them to the GP, so a clear and undiluted message is provided. And clear guidance to establish pathways for us to advise patients if the patient's issue is an urgent or not and if they need to see a GP or if there is another preferable option. The signposting with OOH contact and referral mechanisms etc will be built into the Pharmacoutcomes model with CPCF.

CJ has attended Crawley prescribing meeting where they discussed shortages and delivery charges. Alliance for better care – being used for access issues for appointments, a central hub where you can get appointments outside the normal surgery, (Crawley area). Livi is the electronic online version of getting a consultation through the internet and then a prescription is sent via email, this is not EPS. The email prescription is not ideal, fax is not an option. There is a PCN event in November and all providers will be invited (in Redhill)

Coastal – MD attended, 7-day prescribing issue blister packs. There is a licence for melatonin and the electronic guidance advice is there is a licenced version available and that unlicensed versions should not be given.

JW met with Jay from Crawley Mid Horsham CCGS – he wants to get his clinical pharmacists together and he has committed that once our leads are identified there can be a joint meeting. There will also be some formal notification of CCG merges shortly.

Town pharmacist for each PCNs – is there a similar plan in coastal as they have a lot more PCNs. We should try and obtain this list of who they are and make sure there will be support to the PCN community pharmacy lead.

NHS England will be issuing breach notices shortly regarding non submission of data for NMS/MUR. At this time there will be no financial penalty, but this is being reviewed.

CD Lin: update to be circulated shortly (took place in Hampshire).

14: AOB

SL joined the Sussex communication group and there has been discussion about Flu, there will be a change in message that will support attending pharmacy for Flu jabs.

Christmas opening - Boots has been directed to open and lots of work has been carried out to implement this, some of the locations have been a challenge.

It was discussed that NHS England should be requested to provide details of which pharmacies have been requested to open around Christmas.

15: Future meeting dates & venue

East Sussex LPC	West Sussex LPC	Surrey LPC
Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough, TN22 4DB 9.30am – 4pm	The Old Tollgate, Bramber, Steyning, BN44 3WE 9.30am – 4.00pm	Tyrrells Wood Golf Club, Tyrrells Wood, Leatherhead, KT22 8QP 9.30am – 4.00pm
9th Jan 2020	8th Jan 2020	15th Jan 2020
12th Mar 2020	11th Mar 2020	18th Mar 2020

NHS England KSS Liaison Meeting and South East LPCs

(Chairs, Vice Chairs to attend)

5th December 2019 – 12:00 – 14:00. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

5th March 2020 –10:00 – 15:30. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

Community Pharmacy Surrey & Sussex Executive Committee:

(Chairs, Vice Chairs and Treasurers to attend – options for conference call dial in & skype for business available)

***5th December 2019** – 14.00 – 17.00. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

5th March 2020 –15:30 – 17:00. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

**longer running time to allow for business planning for FY year ahead*

16: Close