

Minutes of Meeting of West Sussex Local Pharmaceutical Committee

Date Wednesday 11th March 2020 starting at 09:30
Location: The Old Tollgate Hotel, The Street, Steyning, Bramber, BN44 3WE
Present: Mark Donaghy, Chair, Gemma Staniforth, Vice Chair, Alan Salter, Treasurer, Yola Barnard, C J Patel, Nisheet Patel, Marie Hockley, Sam Ingram.
In attendance: James Wood, Chief Executive Officer, Sandra Lamont, Communications & Engagement Lead, Hinal Patel, Service Development Support Pharmacists, Micky Cassar Business Administrator.

1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting.

Next Stepper appointed: C J Patel

CCA Reporter appointed: Gemma Staniforth

2: Apologies for Absence

Sara Paxton.

3: Governance Matters

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

Appointment of officers: The members were reminded of the nomination closing time (12.00pm).

If more than one nomination was to be received, a vote will take place at the May LPC meeting. If not, the officers will be appointed this afternoon.

Contractor numbers in West Sussex LPC area were reviewed. The LPC contribution to CPSS for 2020-21 will remain the same, based on 160 contractors.

4: Minutes of the last meeting

The Chair asked the members if they had read the 16th January 2020 LPC minutes and if there were any issues with the accuracy. The Chair signed the January LPC minutes as a true account of the meeting.

The action log was reviewed.

Action: pass on the details of action line – this is ongoing. Coastal CCGs have provided details of interpreting services they use. The next step is to establish how community pharmacy can access these free of charge. Drs have access to this service and pharmacy also need access especially if workload from other sectors is being transferred to pharmacy. Ongoing, SL to gain support for translation line access from Healthwatch.

Action: Ultra home hub – remains open, the CCG have committed to replying with a formal update on timescales.

Action: MDS guidance – draft has gone to LMC meeting and should be able to be published as soon as they have approved the final version.

Security / violence in pharmacy. PSNC have set up a national group to monitor violence in pharmacies.

Eileen Callaghan has been invited to attend an LPC meeting; this is likely to be in May. It was discussed that it could potentially be beneficial for Sussex LPCs to have joint meetings where guests that cover areas across the patch can attend. The committee were happy with this option should it be beneficial.

Action: Look into logistics of shared Sussex LPC meetings to benefit guest attendance.

WhatsApp contractor broadcast channel – legalities discussed. It was raised there are several approved NHS apps which are secure and can handle patient data.

Action: CJ to pass on the name of the NHS app. SL will also raise with others to establish if anyone else is using WhatsApp. Local information could be useful in these communications especially with self-isolation etc.

Action: SL to investigate who is using WhatsApp.

5: Business planning 2020-21

The members reviewed the forward planning agenda. This does not include guest speaker's CCG mergers – Sue Carter Medicines Management Lead should be invited. Jay Voralia is moving to B&H CCG. Eileen Callaghan is the Medicines Management Senior Lead. Healthwatch Chief Exec should also be invited. The new CDAO is Julie McCann from 1st of April. It was suggested Julie be invited to either an LPC meeting or the NHS England meeting. It was requested to highlight to the new CDAO officer the limitation of space in the CD cabinet and it would be good if all out of date items could be disposed of now as it creates extra workload having to count the out of date items along with all other items.

Action: Update the forward planning agenda with the guests

The members reviewed the operating plan. Most of the resources required to produce this are covered by the CPSS budget.

The members discussed what level of support the LPC should provide for repeat contractors who have difficulties complying with the contract. It was agreed that the LPC continue as usual but may limit to one chaser contractor call. There is however a reputational risk if breach notices increase and therefore support needs to continue. It was raised that there should be a record of who gets the support and if it is repeat non compliers, they need to be highlighted however performance management is not the role of the LPC.

Contractor support & development: HP will provide HLP self-evaluation in November as it was extended last November for a year which will potentially lead to quite large numbers. Locum staff guide will be created for services. Role out of EPS4 and TCAM pathway support will continue and support for HEP C testing in April. CCG reorganisation – revisit all the local CCG services to map them as they merge. Complete mapping exercise of the commissioning plans of the CCGs and ICS hope to do this by including summer 3rd year students doing an internship with CPSS. Christmas & Easter directed opening: work will be done to review this and development including consultation in June time to follow.

Representation: engage with newly appointed MPs, maintain space on Medicines optimisation board. LPC representation with NHS England across their new structure. Preferred option is standardisation across area prescribing groups.

Communications & engagement: Joint annual report, building on West Sussex annual report from last year. There is a budget in the CPSS account however distribution costs will need to be added from individual LPCs.

Action: Create a joint CPSS annual report.

Mailchimp is covered in the CPSS budget. 2 contractor events in the area and one CPSS area event which will be funded by both the CPSS event budget and the LPCs budget. PCN lead event will also take place.

The independent review recommendations: JW will bring forward the recommendations for considerations as and when known and consider contingency plans in the meantime.

The SE Forum: This year will meet twice as a forum with S&S organising one meeting and Kent the other. It was proposed that contractors contribute £ 1.00 / contract.

LPC funding – digitalising bookkeeping, funds have been set aside in the CPSS budget for this.

The members agreed the operating plan.

6: Finance – Alan Salter

The members were given an update as to the West Sussex LPC finances. The current CPSS payment was reduced slightly. The members approved the accounts.

The Budget figures were reviewed by the members. PSNC will not increase their levy this year however there is a £750.00 cost for the review. CPSS contribution will remain the same as last year. The training event unspent budget from last year was proposed to be rolled over to cover at least 2 contractor facing events although it was suggested a further CPSS wide meeting contributed by all three LPCs is also held. It was proposed that the contractor levy be reduced by 2.5%. It was asked if the printing budget could be included in the budget for next year. All members agreed the 2.5% levy reduction, it may however not be possible to get this actioned until May 2020. The committee thanked AS for his work over the course of the year

Decision: To reduce the contractor levy by 2.5%.

Action: JW/MC to action levy adjustment with NHSBSA

The officer's honorarium was discussed in a closed session (without the Chair, Vice Chair and Treasurer). This was in budget for 2019-20 and it was proposed this be paid the officers in the usual split. The members agreed to this. This funding is from last year's budget with the same amount being proposed for next years budget. The Chair, Vice Chair and Treasurer were thanked for their contributions.

The CPSS proposed budget was reviewed by the members and agreed.

6: Service development update by HP

The members were shown West Sussex data. 2 contractors did not reach the PQS gateway threshold, one of which did not want to take part. Across CPSS 97.7% have met the gateway criteria. The evidence checklist feedback was good, and people found this very helpful. It was asked if the questions could be made available to view beforehand as its helpful to know what the questions are. It was suggested that perhaps for the next year contractors struggling with PQS could be buddied up for support.

CPCS update: the members were shown referral data. It was highlighted that due to larger amounts of pharmacies doing CPCS than NUMSAS the number of referrals may seem to have reduced but this is possibly due to the spread between more further pharmacies. It was asked if CCG wise this data could be shared. Rob Proctor and his team will be revisiting the 111 providers to make sure they push referrals to CPCS where appropriate. It was raised that there seems to be variations across the country regarding referral numbers. There are three further things that may impact, DoS profile is currently based on a 24-hour referral system and testing is being done on 12-hour referrals (6 hours for sore throat). Also, SEACamb are both 111 and 999 providers, they have highlighted that they can triage in house 999 calls that could be handled by 111 and they will start to refer these to CPCS. NHS 111 online, rather than calling 111 for urgent supply side of CPCS starting 01/04/20. This will extend to minor illness from July should testing work. SoP needs to be updated and ID of the patient checked upon arrival. NHS England will be communicating these changes as soon as possible to allow pharmacies to be prepared.

Action: HP to look into sharing referral data by CCG.

The flu data was reviewed by members, season ending 31/03/20.

Reducing drug related death meeting – there may be opportunities here, alcohol IBA service extension, substance misuse arrangements, once outcomes know JW will share.

PH Meetings:

Procurement procedure learnings, one benefit is 3+ years. The original tender has reopened until 27/03 and contact has been made with all pharmacies who have not responded. The contracts awarded from the original tender would have been awarded.

PNA recommendations – supplementary statement with changes will be produced. PharmOutcome training (05/03/20) took place. Public health is publishing training dates for the whole year and as soon as received will be shared.

Action: Share PH training dates.

Service evaluation tool has been shared with the public health team; this will be finalised at the April PH meeting.

Substance misuse contract- meeting with CGL has taken place. One hit kit confirmed, the same delivery of service. The members were asked if they agree with this (for the SLA). Template on PharmOutcome rather than fax is ongoing.

The members were asked if they were happy with just a one hit pack.

Decision: the members agreed on the move to one hit packs.

Swap over – the members were asked for their preferred swap over time.

Decision: the members agreed April.

CGL are keen to do a needle exchange training (evening) and potentially tag sexual health services on to this. The members were asked if they would want to do this training evening.

Decision: the members agreed to this, preferably 2 events.

The members were consulted on dates for these events, it was suggested May. If HEP C service is up and running by then this could be covered too.

It was asked if collection of needle waste has been raised / been an issue to highlight to HP.

Action: relay issues with needle waste to HP.

BP+ - looking to extend to other pharmacies before the end of the pilot. 20/21 evaluation tools should be available soon. CCG pharmacy network meetings – aim to have 3 per year. East Sussex contraceptive service has gone live. Royal Surrey went live in Surrey 02/03/20.

TCAM work for a June / July launch for West Sussex area is in hand. Looking at ways to support contractors is still in discussion.

It was suggested that a proposal date calendar for future events be created to avoid overlap. CCGs are organising lots of meeting so if we can work with them and co-produce it would make sense. CPSS are meeting to look into this and will bring something to the next LPC meeting.

Action: look into an events calendar / mapping.

7: Market Entry

The health and wellbeing board want to revisit the 2018 PNA to see what progress has been made. Recommendations should have been attributed to an individual. Some of the updates are from the LPC, some from NHS England. Pockets of deprivations were discussed and the recommendations re minor ailments schemes. The health and wellbeing boards strongly recommends there should be a minor ailment service. Our emphasis is to ensure there are no gaps in services to protect existing contractors. They are looking to provide a supplementary statement in the next quarter and then produce a new PNA for April 2021. It was raised “infra structure independent” area near Henfield needs to be taken into consideration.

Action: put on future agenda PNA 2021.

Action: follow up re infrastructure independent Henfield area.

The members reviewed the tracker.

8: PSNC Update

The independent review response has been submitted. David Wrights team are writing the report with recommendations and it should be shared with LPCs and PSNC prior to the May meeting. Each LPC can nominate 2 members to attend the annual meeting 05/05/20. This day is not to make decisions about the recommendations, just for the review team to relay the

recommendations. CJ is attending on behalf of another LPC. MD volunteered to attend, SI is on streaming list and a further volunteer should make themselves known to JW.

Action: Find further member to attend the LPC day.

Rotational dates for the PSNC regional rep was discussed. It has been discussed that a webinar or live streaming could be involved, and this is ongoing to set.

Action: PSNC rep engagement.

The GP contract was reviewed by the members. It was suggested a further column be added of what LPC can contribute. NMS referrals build in work potential.

9: Local matters by JW

Covid19 update: Members discussed potential covid related activities which should be supported by the LPC. The members discussed if contact could be made with heads of pharmacy schools to encourage students and staff to help out in pharmacies, and CCGs technicians etc.

Action: SI to get contact details of heads of schools + Vice Chancellors.

The letter to GPs re repeat prescribing - CCG colleagues should also prioritise this. IND contractors could be encouraged to consider contacting MDS patients to let them know that they may not get this service for the next few weeks or prioritise 2 hours a day to complete MDS prescriptions. Business continuity plans have assisted with the pharmacy closures so far. NHS England issued a SoP, local PH team organise deep cleans. These contacts need to be published.

Action: publish details of who to contact re deep cleaning.

There was no formal communication to pharmacy upon the first surgery closure as there was to GP practices and CCGs etc. It needs to be established how communications of closures will flow from NHS England. It was discussed if members of the public should be asked to volunteer to deliver medications. If it is planned it would allow for filtering. Healthwatch may be able to assist with this. The members discussed the best means of dealing with communications "look out for your neighbours". The LPC & CPSS have plans in place to provide core services.

Action: contact CCGs and universities to ask them to start planning to assist CP.

Action: Contact CCG colleagues re repeat prescribing.

Action: chase the contacts that should be published by NHS England.

Action: Coordination of closures

Action: Sec 226 medicines supply

Action: Publish business continuity SoP – who to contact.

Action: investigate the prospect of using volunteers to deliver medication – message "Help your neighbour". Make sure community pharmacy is being considered as part as the planning

Action: Pull together all Covid-19 related actions

Ray Lyon – child & adolescent monitoring service (CHAMS). Bio Melatonin will become a licenced product. PCNS: there has been a complaint from a contractor who had unofficially put his name forward to be a lead. There will be a response however should this go further an LPC member should review the actions. Moving forward - a PCN work plan regarding coordinated communications, expectation managing of the individual and the role etc. The LPC will support the leads and will assist with recommendations should they be asked. It was discussed if there was a timetable for support for the PCN leads. There are plans for a face to face event (should be May). The locum situation has led to postponing once. GS has created a presentation for the meeting with her clinical lead (editing the PSNC presentation), it was suggested this be distributed sooner rather than later as an example which may help others. The webinar date should be available by next week.

The members thanked Julia Powell for her assistance with supporting the PCN lead appointments. The members discussed feedback from the meetings so far. Joint employment model for a clinical pharmacist has been discussed at one.

Action: Distribute GS example presentation.

10: LPC Management & Admin

The members discussed their feedback of the joint January LPC meeting. The feedback was positive, the members were asked if there should be more or less joint meetings. The quality of speaker benefited from the joint meeting and it was suggested there is limited scope for this.

Decision: one of 5 LPC meetings to be a joint LPC meeting.

Healthwatch meeting has taken place across the south east jointly with Kent and the new contracts, PCN and a number of other topics were discussed. Pilots have been discussed with NHS. Rob Proctor will possibly become aligned with just the south east. The contract monitoring process has been supported, there have been visits. HLP event has taken place to support pharmacies become HLP. LPC agenda – AHSN support for TCAM rollout has been secured (up to £100K in kind benefits to system implementation) and this should be signed off this Friday. MDS guidance – it was raised that care agencies need to be sent the same information. There is a form to use should a pharmacist believe that blister packs should be used. It was discussed that if a GP thinks they are that vulnerable they should be giving 7-day prescribing. The guidance does not suggest that funded commissioning is an option. Most professional guidance however states it shouldn't MDS shouldn't routinely be used.

11: Reports from other meetings

NHS England meeting: PPV of MUR / NMS – learnings: consent forms not signed, clinical information on the consent forms, some pharmacies claiming 3 completion fees rather than 1. Travel pathways are being updated every hour re Covid19. Hub & Spoke discussed. CPPE have a new tutor, Sue Mills and there are 2 new workshops for CPCS. CPSS exec: discussed using the webinar platform more this year. CPCS implementation team will regroup in the autumn for the next stage of the implementation.

Area prescribing meetings:

AS attended Horsham & Mid – branded generics were discussed. Concern re merger of the CCGs, cost saving targets for next year, Horsham & Mid Sussex are good at achieving these targets and now they will be part of coastal & West.

GS attended – peer review took place. Lithium audit schemes are being done by CP and clinical pharmacists so is this something that could be done together. MHRA updates were shared. The meds management team have moved to Causeway.

CJ meeting cancelled.

APC – coastal, interest in Sussex partnership did not seem aware that melatonin was being discontinued and replaced by a med that is highlighted as not being suitable for children. Its unlicensed in children.

12: AOB

It was raised that dates for contractor events need to be set – a plan will be created and brought to the May LPC meeting. CPCS support event would be good, to share experiences and good work examples (training evening in May). CPSS wide conference was raised as an option.

Action: create an event plan and include a session on events in the May agenda.

Action: send out event ideas before the next LPC meeting to allow for input.

Water for inhalation issue was raised and the draft response discussed, it was raised that no one wholesaler should not be named. This will be amended.

The officer appointments were reviewed, and the nominations received for the current Chair, Vice Chair and Treasurer to remain in post.

13: Close 15:40

14: Future meeting dates & venue

LPC Committee Meetings

East Sussex LPC	West Sussex LPC	Surrey LPC
The East Sussex National, Uckfield, TN22 5ES 9.30am – 4.00pm	The Old Tollgate, Bramber, Steyning, BN44 3WE 9.30am – 4.00pm	Tyrrells Wood Golf Club, Tyrrells Wood, Leatherhead, KT22 8QP 9.30am – 4.00pm
Monday 11/05/20	Wednesday 06/05/20	Wednesday 13/05/20
Thursday 02/07/20	Wednesday 01/07/20	Wednesday 08/07/20
Tuesday 22/09/20 Short meeting + AGM – Venue TBC	Tuesday 15/09/20 Short meeting + AGM – Venue TBC	Thursday 17/09/20 Short meeting + AGM – Venue TBC
Thursday 05/11/20	Wednesday 04/11/20	Wednesday 11/11/20
Thursday 11/02/21	Wednesday 10/02/21	Wednesday 17/02/21

Community Pharmacy Surrey & Sussex Executive Committee:

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

4th June 2020 – 15:30 – 17:00 The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

8th October 2020 – 10:00 – 12:00 LPC Office, The White House, 18 Church Road, Leatherhead, Surrey, KT22 8BB

14th January 2021 – 15:30 – 17:00. TBC (Kent Venue)

31st March 2021 – 10:00 – 12:00 LPC Office, The White House, 18 Church Road, Leatherhead, Surrey, KT22 8BB

South East LPCs and Partners (Regional Meeting)

(Chairs, Vice Chairs to attend)

4th June 2020 – (hosted by Surrey & Sussex) 10:00 – 13:00

The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

14th January 2021 (hosted by – Kent) 10:00 – 13:00

Venue TBC

NHS England & Improvement

(Chairs, Vice Chairs to attend)

4th June 2020 (Surrey & Sussex) – 13:00 – 15:30. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

October 2020 (informal meeting of NHSE/I officials & LPCs CEOs – Horley 14:00 – 16:00

14th January 2021 (Kent) – 13:00 – 15:30 Location TBC

March 2021 (informal meeting of NHSE/I officials & LPCs CEOs – Horley 14:00 – 16:00

PSNC Forward Dates:

5th May 2020 – 10:00 until 16:00 National meeting of LPCs

Radisson Blu Edwardian Bloomsbury Street, 9-13 Bloomsbury St, Bloomsbury, London WC1B 3QD

*Formally the national meeting of LPC Chairs and Chief Officers, this event now gives the flexibility for **each LPC to send any two LPC members/officers**. The agenda will include PSNC briefings and discussions on current issues and NHS policy, sharing LPC ideas and expertise, and collaborative working.*

16th September 2020 – 10:00 until 16:00 LPC Annual Conference

Congress Centre 28 Great Russell St, Bloomsbury, London WC1B 3LS

*The LPC Conference remains an important event for LPCs to represent their views for PSNC to consider at its planning meeting in November, when PSNC's priorities and plans for 2021/22 are agreed. **East Sussex LPC and West Sussex LPC can send up to 3 representatives each and Surrey LPC up to 4 representatives each.***

2020 PSNC Meeting Dates

Wednesday 5th and Thursday 6th February London

Wednesday 20th and Thursday 21st May London

Wednesday 24th and Thursday 25th June London

Wednesday 9th and Thursday 10th September London

Wednesday 25th and Thursday 26th November London

2021 PSNC Meeting Dates

Wednesday 3rd and Thursday 4th February London

Wednesday 19th and Thursday 20th May London

Wednesday 7th and Thursday 8th July London

Wednesday 8th and Thursday 9th September London

Wednesday 24th and Thursday 25th November London

15: Close