

# Minutes of Meeting of West Sussex Local Pharmaceutical Committee

**Date** Wednesday 1<sup>st</sup> July 2020 starting at 09:30  
**Location:** Zoom conference call  
**Present:** Mark Donaghy, Chair, Gemma Staniforth, Vice Chair, Alan Salter, Treasurer, C J Patel, Nisheet Patel, Sara Paxton, Yola Barnard, Sam Ingram, Sam Grieve.  
**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.  
The Chair welcomed new member Sam Grieve from Boots representing CCA.  
Next Stepper appointed: CJ  
CCA Reporter appointed: Gemma Staniforth

## 2: Apologies for Absence

None

## 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 6<sup>th</sup> May 2020 LPC minutes and if there were any issues with the accuracy. The Chair virtually signed the May LPC minutes as a true account of the meeting.

The action log was reviewed with the decision log.

The expenses policy has been updated to include online meetings; the members agreed to the amendments.

**Decision:** members agreed to sign off the updates to the expenses policy.

Actions in progress:

- Annual report updates in the agenda
- SL to work with HW & Regional access SW progress with area team for support services. These will be picked up in the second half of the year.
- Revisit service evaluation tool Q2 – HP to update later in the meeting
- Freedom to speak up guardian – in progress of operationalising

The Levy change came into effect as of 01/06/20 (slight delay as processes stood down at BSA). Surrey levy is a matter of decision next week. Once all three committees have made decisions regarding their Levy, a communication will go out to contractors highlighting decisions.

**Action:** Issue communication regarding Levy to contractors (SL).

An update was provided about the actions taken regarding dental issues. Concerns were previously raised by members regarding practices going live on EPS phase4 without sharing this go live information. Awareness is being encouraged through the Newsround, with the general thrust of the advice being to discuss with local practices when they are going live.

It was raised at the last LPC meeting that NHSE&I regional team in the Essex region have issued a blanket allowance to pharmacies that they can do phone MURs via phone, without completion of PREM2 and if similar could be agreed with NHSE&I in the South East. It had been discussed with NHSE&I, however it was noted that there are no regional powers to implement this, and that

other areas might be working beyond their remit. The regulations give the regional team have 2 weeks to respond to a PREM2 form, however after LPC representations they have agreed to shorten this period and are working on a 48-hour turnaround. It was discussed what would happen if they do not respond within this time as the patient would be waiting for a service, it was agreed that managing patients' expectations guidance would be beneficial

David Clark – Regional Manager for GPhC has been invited to a contractor webinar in July to give an update. The date is yet to be determined

**Action:** Set up webinar update (JW/MC)

### **5: PSNC Update – Sunil Kochhar**

The members were given a brief update on what PSNC are working on including - The Pharmacy advice audit, Independent pharmacy review, LPC conference 16/09/20 (with further details available soon), Pandemic delivery service ends at the end of July, it may be advisable for contractors to highlight this to their patients. Flexible provision of services (covid related) up until 01/09/20, MUR 70% high risk target, Staff risk assessment needs to be done in the next three weeks. It was highlighted that some contractors are still unaware of the MYS portal leading to missing out on payments, MP visits are being encouraged especially during COVID with good work stories.

It was raised that there are still issues with PPE including not being entitled to free PPE and difficulties with supply. Pharmacies have invested a lot of funds protecting people and do not know whether they will be reimbursed. PSNC have conducted an audit re expenses due to Covid to gather evidence. It was advised for contractors to contact the council local resilience forum teams, where there are difficulties in sourcing PPE for short term mutual aid only. CPSS have published all the links for mutual aid for PPE across Surrey & Sussex.

**Action:** Sunil to feedback to PSNC and NPA concerns around PPE and cost.

**Action:** JW to discuss PPE matters further with CJ.

It was raised that PQS would be in 2 phases and that if the participating in phase 1 will be a gateway to phase2. Efforts were made to simplify the procedure but Covid has disrupted this. Communications should be clear in phase 1 what will be needed in phase 2.

**Action:** Sunil to feedback that PQS needs to be simplified and that 2 phases can sometimes lead to being locked out of the second phase should you accidentally miss something in phase.

### **6: Independent Review**

33 recommendations were highlighted from the review and they were broadly aligned to the LPCs submission to the survey in January. There were some main differences including the future role of the LPC, the term lengths of LPC members, the size of contractors per LPC and the LPC support role.

Members noted the LPC actions so far around the review, which included coverage on our website, news stories, and publication of our survey response on the LPC website.

The members were asked for their views on the review recommendations. Varying views were given by the members, largely welcoming the review, and recognising the issues that it highlighted and including being able to support most of the recommendations. Concerns were raised about the financial implications and what it could mean for the LPC and about the issue of support. It was felt this needed further definition to understand what a future role around support might look like.

Several themes for questions to be summarised and feedback for David Wright were agreed, including

**Question:** Not all committees are in the same financial position so how that would apply to our LPC when savings and reinvestment has already been made through CPSS, others have not started this journey. Our LPC reserves are within the recommended reserves whereas some have large reserves. These large reserves should be accounted for.

**Question:** Clarity re support / representation, a definition. Larger companies may feel they already support and then end up paying again. To agree around this recommendation a standard definition is needed

**Question:** Integration fund for service development.

**Question:** External funding also integration fund. Conflict of interest.

**Question:** Some financial aspect issues and more details needed, operational person to review.

**Question:** Oversight and governance

**Question:** Next steps and David's involvement

**Question:** Clarity re comms sequence

**Action:** Themes to be formulated into questions, added to the other CPSS LPCs and submitted to DW (JW).

It was discussed what the LMC do with regards to support, recognising that they have a lot more funding. They also represent all GPs, including employed GPs with pension support and employee issues and offer support around getting started etc similar to the LPC, but they do offer more back office support (e.g buying groups).

There are big questions raised from the review with regards to funding and the savings that LPCs will have to make to meet a call for more central funding. If the recommendations are accepted, the cost saving needs would need to come from change in spend on LPC human resource or governing (members) as these are the two largest cost areas. Some may be achieved by greater collaboration with other LPCs, like the CPSS model.

The CCA view is overall supportive but also highlighted it includes its own support role, so the stance was that this is done through their own networks.

The added workload of being a Chair and doing a PSNC role was raised. Currently each sector has an equal voice, and this is important moving forward. The recommended 12-year limit for LPC members was discussed including the lack of clarity if this should start as of now. Also, the limit may lead to losing experience and should not just be done for the sake of it. New members and ideas are good, but the best person should be in the role. It was also raised that there could be an issue encouraging younger people to join LPCs and members need to understand what they are committing to rather than being designated by their employer.

It was discussed what members should be doing to engage with contractors over the review. The LPC has asked for initial views through comms etc and there is a webinar planned for July which could include updates. Asking for opinions in writing may lead to less responses than talking.

**Action:** include Review recommendations updates in a future contractor webinar (JW)

## 7: Covid19

The LPC have responded to the NHSE&I call for beneficial innovation with a copy circulated to members. It was highlighted that a good use of the Integration fund would be to look at EPS integration for dentists. The members were asked to relay good human-interest stories to CPSS for future work including MP engagement, the MP letters have gone out and the response has already been positive. If MPs do not respond civic leaders will be contacted to continue engagement work.

**Action:** Keep human interest items coming into SL (all members)

Local authority lead lockdown plans. Central government is going to hand over to local government regarding test and trace and local lockdown (if needed). Each Local Authority area will need to have an approved lockdown plan which will be in place for 6-12 months. There are 11 beacon councils leading on this across the country with Surrey leading the South East. Initially local lockdowns were thought to be at a very local level however developments in Leicester have demonstrated this may not always be the case. The LPC has made contributions to these plans, gaining commitments that pharmacy needs to remain open as an essential service (making staff key workers) as per the national service. There should be volunteer hubs available for prescription collection etc. Local delivery service consideration has been written into the plan.

Further work will be done with NHSE and Local Authorities to join up the lockdown plans. SL and JW to review and JW to work with PSNC to see if a national checklist can be created. Alongside this plan there is a comprehensive comms plan to be able to get quick and accurate information out. Community Pharmacy could be notified in three ways: once from Local Authority, once from LPC, once from NHS, there may also be other more local networks with actions they need to take locally.

**Action:** To let SL know if comms are received regarding notifications of local lockdowns, from who and what time.

**Action:** JW to work with PSNC to see a national checklist can be created (re local lockdown plans).

It was highlighted that shielded patients will not be allowed to leave their houses in a case of local lockdown which will affect delivery services so planning needs to be in place for this. The Local Authority helplines will still be in place and there will be a civic responsibility with these helplines in a local lockdown. NHS responders can be referred to by the patient themselves if there are issues with local councils. It was also highlighted that lockdown plans need to consider flu vaccinations. At this time, it is unknown if GPs are delivering this and the government are increasing the number of people who will get the flu vaccine. It should also be considered that there may be anti-body testing / vaccinations for Covid that may need to be delivered too.

Test & Trace led to some temporary pharmacy closures as some of the systems were not established enough. There is now a tier system in place, which includes a greater level of enquiry for health and care settings, such as pharmacies. Mitigations and risks will then have a more considered view of what action should be taken. Contractors who need advice can get in touch with the LPC. Independents may have more issues if closures needed as cannot move staff around, but buddying may assist with this. With test & trace – the NHSE&I Regional team need to notify the LPC regarding any closures. The wording for test & trace closure scenarios would assist to highlight immediately what the cause of the closure is.

Anti-body testing: in the national guidance Community Pharmacy staff are included in the list of who qualifies for an anti-body test however the testing arrangements are locally determined. The staff team are still trying to work with local systems to operationalise this and the members were

asked for their views. It was highlighted this is becoming increasingly important due to the staff risk assessment which needs to be done (the costs of which will be added to the Covid cost capture).

**Action:** Highlight accessibility to anti body testing to contractors on a request basis JW/SL as soon as available.

### **Q2 arrangements for Locally Commissioned Services (LCS):**

LCS for West Sussex is still in discussion. There are still considerations that need to be taken into account before opening up all the services including PPE cost. CGL – affects all pharmacies across Sussex, they are still in Covid prescribing. Once they come out of Covid prescribing they need to protect income for a further 6 weeks as there will be a new pattern of prescribing.

Supervised consumption payment protection is in place until the end of July and is being reviewed monthly. One hit packs introduction was delayed due to Covid, reserves are depleting however they are now ready to go live. The members were asked if they were happy to start to move to one hit packs now with one 2 one support (rolling out in September). It was also noted that needle exchange reporting for Take home Naloxone needs to continue as normal.

**Decision:** Members agreed to start the move to one hit packs.

**Action:** HP to approach CGL to start the swap over to one hit packs.

It was highlighted the time it will take to do consultations moving forward, there will be added time with regards to PPE, cleaning and the flu season also needs to be considered. Pharmacy is not being paid for this extra time and consideration needs to be taken to see if these services can become less patient facing. Service evaluation tools are on hold currently due to COVID. The SLA and service spec needs to be adapted to reflect this. There needs to be a choice for contractors of how to provide and that needs to be a focus in quarter 2.

### **8: LPC Management & Admin**

The members were shown the Covid operating plan which has largely been delivered, anti-body testing is outstanding. Monthly webinars are included in the operating plan with the next one in July. The members were asked to pass ideas for the contractor webinar content to JW.

**Action:** Pass ideas for the contractor webinar content to JW.

Coming to the end of the Covid operating plan (set out in March) and hoping to start moving back to some of the normal LPC business in July -Sep, which was described in Q2 plan for members to scrutinise. The aim in the September LPC meeting will be to bring back a full operating plan for the remainder of the year in the usual format. There are unknowns in September especially with regards to PQS and CPCF developments for year 2. The next few weeks will include a focus on annual reports. The East Sussex focused project involves some focussed stakeholder and comms work, ahead of the public consultation on the PNA and a review of locally commissioned services.

Summer student planned research – ideally would like a summer student on an intern basis for a week or two from University of Sussex or Brighton University (3<sup>rd</sup> year student). There are 2 main workstreams for them, to go review JSNA / commissioning plans for pharmacy references & social care etc for future business cases. Also, to help design a survey for restoration reform for insight and evidence to commissioners. This will enable closer working with universities which the LPC will mutually benefit from.

CPSS are working on a basis that the AGMs will be virtual this year (in September) due to Covid restrictions. This is the safest way to proceed as documents need to start going out including full postal and electronic voting. A secure fully electronic inhouse voting system is in preparation stage. The members were asked for their views on the structure of the AGM and if they wanted an evening event including a speaker, review of the year and the accounts.

**Decision:** The members agreed on an evening AGM event starting at 7.30pm including possibly an update on flu vaccination, revalidation, PQS, PPE requirement and brief update on LCS and how these will be delivered.

**Action:** Start to put together the AGM structure & content (JW/SL/MC)

The Committee Member training analysis has been created to help highlight training knowledge and gaps to be considered. Members approved the survey and approach

**Action:** Send out link to members to complete the training analysis (for responses to be available in Sep). JW/MC

The contractor feedback survey responses were reviewed. Blister packs were raised, progress has been made and due to lower volume of MCA/MDS in Surrey, some hospital Trusts are leading to a move to 2-week supply on discharge, it was recognised a case study sharing would be beneficial. It was raised that there needs to be a level playing field between bricks & mortar and online pharmacies, apps should not automatically direct to online pharmacies and this needs to be guided nationally. The LMC are reviewing digital apps and the NHS app appears to be their choice.

## **9: Finance update**

The members were given an update from the treasurer.

CPSS annual accounts 2019-20 (final versions) have been circulated to members, the contributions from each LPC were reduced as any reserves should sit in the LPC accounts. CPSS accounts to date to July were reviewed by members. Covid rent arrangements have been raised with the LMC and response is pending. Covid has reduced costs due to travel and a forecast underspend is predicted for the year, this will be closely monitored, so that levies can be adjusted if needed

End of year West Sussex LPC draft accounts have been received from accountant and presented to members. The statutory levy fund was reduced as were the payments to CPSS. It was agreed that the member expenses would be broken down into meeting attendance inclusion. Members approved a version, subject to clarifications on some of the headings, to add to the annual report. The members viewed the West Sussex accounts YTD which did not include today's meeting costs (updated version to be sent later with this information).

## **10: Local Matters**

The members were given an update from Ciara O'Kane, Principal Pharmacist, working across Sussex CCGs, with responsibilities for liaising with community pharmacy.

Sussex CCGs merged 1<sup>st</sup> April to form 3 CCGs (East Sussex CCG, B&H CCG and West Sussex CCG) which aligns to the footprint to the council. The medicines management team has had a few changes including a Sussex Director of Medicines Management & optimisation which is Eileen Callaghan. The aim now is to work as a team across Sussex to reduce duplication, this work started prior to April but was put on hold due to the pandemic. At the start of the pandemic there was a move to either redeploy volunteers to the frontline, to pharmacy teams and to focus efforts on keeping primary care afloat. It was decided by CCGs to focus attention of primary care

so eRD has been a focus which is a national drive from NHSE. Significant progress with implementing eRD across Sussex. Medicines management team have switched nearly 10000 patients (just over 3000 in West Sussex).

They have been helping with electronic prescribing so nearly all GP surgeries are now live (except for 11 dispensing practices which are still awaiting modules to enable them to use EPS). Supporting roll out of Phase 4 which will mean nearly all prescriptions can be sent electronically. Also been working on a workstream for aligning end of life care LCSs across Sussex to ensure the same service is provided to include focus on stock holding, support prescribing and keeping GPs up to date with who is open on Bank Holidays. Ciara has also been collaborating with the LPC, NHSE, Local Councils and Healthwatch to provide up to date information on Community Pharmacy services including LCS on non EPS hot sites, track & trace queries, blister pack problems and mutual aid accessing PPE getting pharmacy staff access to testing.

Prescription ordering direction (POD) service is still going strong in B&H and High Weald, they have had an increase in call volume of over 50% during this time so staff have been moved to keep up with demand and increased the volume of people who can be on hold at any one time. CCG medicines management team also host a fortnightly Sussex medicines optimisation system call with all pharmacy leads across the services. This enables cascading of information, agrees mutual aid and escalates issues across the region and is chaired by Eileen Callaghan.

Focus also on care homes which was directed by NHSE, all care homes in Sussex are aligned with A PCN clinical director, they have a named pharmacist link as well to help align with the PCN DES which will start in October. Also starting to look at aligning area prescribing committees (was on hold for Covid but first APC is now being held in Brighton this month, West Sussex had theirs a couple of weeks ago). Starting to ask members how to get APC Sussex wide for one formulary.

Members asked several questions to Ciara:

Q: POD increase seen in West Sussex where there is no POD – what are the plans for the POD are you expanding? Or promoting the NHS App instead?

A: The hope was to link in with NHS app for POD, hope is POD will at some point roll out further. It should have rolled out across B&H by April, but this was put on hold due to COVID. It has meant they have struggled to keep up with demand. Techs have been answering calls as we want patients to use it, don't want them to go back to community pharmacy. There have been IT issues that have hopefully been sorted out now. Looking for funding to roll it out further. There was funding to sign up to as separate App which allowed the POD and staff to receive the request from that App but the NHS App is now meant to be able to do that and is now being looked into as they were the ones who told us not to pay for this separate app and wait for the roll out of their app. The hope is that they will be able to use the NHS App and whenever there is down time the POD staff will be able to get those request from the app and deal with in the background when not answering calls.

Ciara to establish if there is scope to roll this out in WS and will update JW.

CJ – electronic prescriptions any to get the dentists to do this too?

A: not aware of any plans, again will come back to you. North London have a pilot.

Q: It was asked if there is a date set for when the outstanding 11 dispensing practices will be able to use ePS and if they will be any contractual consequences if they do not.

A: No there is not a set date. It has been pushed for as would help, the problem is one of the clinical systems doesn't have a way of using it for dispensing Drs so there is no way to send the

scripts electronically to their dispensary. That would be an incentive to update software. Contractual elements would be investigated.

CCGs are now settling down after the changes, Sue Carter is still head of medicines management. APC arrangements are likely to be reviewed and rationalised down somewhat, but the LPC will likely be consulted regarding this at the time.

### **11: Market Entry**

Market entry has now been taken off pause however there are no updates since the last meeting. The West Sussex HWB have published a supplementary statement after the LPC met in May which has been linked to in a newsletter. Regulations re the PNA extensions have come into play so preparations for the next PNA revision will now start from April 2021.

### **12: Services & support**

Meetings with Public Health team every 4 weeks. Three PGDs due for renewal end of August, which had been circulated to members for comment TCAM board for Wessex recommences end of July, , it was noted that the discharge medicines scheme could be a service seen in 2020/21. A full TCAM review news story was published on the website however no West Sussex trusts were live at this time.

LPC survey restoration – need to hear from the pharmacies themselves in this quarter. The September talks with commissioners can be based on this giving us insight & evidence. The members were asked if they would rather this survey was sent to all or to a test number of pharmacies.

**Action:** Create an LCS restoration survey plan by end of July (HP)

Christmas & Easter LCS papers were distributed to members prior to the meeting. NHSE have accepted the cost needs to be examined and a new fee agreed that reflects this. Revised costings have been put forward by the LPC, this is still under negotiation. The members were thanked for their input of these costings. The correct fee should enable a plan for three years without direction. NHSE&I have also agreed to update the service specification with several improvements, such as about timings of schedules of communications. The decision will be signed off by Sarah McDonald as the lead director of commissioning for NHSE&I across the South East.

The members discussed experience and practical ways of administering vaccinations involving the use of PPE / consultation room considerations etc. When the flu spec is available it may be advisable to share these practical tips in a webinar.

### **13: For report from other meetings**

The documents were circulated to members before the meeting. No questions were raised.

The CPSS team were thanked for their work during the COVID Pandemic.

The LPN meeting took place with a good turnout. NHSE will shortly be communicating the outcomes of this meeting and are likely to be doing a webinar soon across the 5 LPCs to further reiterate who they are and their roles. Chairs used to meet with reps from NHSE, but this could now reach out to the broader LPCs.

It was highlighted that in the South East Forum accounts there are funds for HEE careers work (retention and attraction of pharmacy staff). The MoUs signed by HEE are included in the



documents circulated to members prior to this meeting. CDLin meeting was attended by Shilpa Shah from Kent LPC on our behalf and will report back in due course.

#### 14: AOB

REGO system for dental was raised and the lack of knowledge about it including at NPA level. It was also highlighted that it is difficult to know if the person who sends it to you is qualified to as you don't know if they are a prescriber. This has caused issues as it is unclear who is sending it. No letters after a name etc, it was agreed this should be in the template so this needs to be feedback. It was highlighted that the local REGO pathway had been communicated by NHSE&I and a section was available on the NPA website.

**Action:** Feedback that identification of the prescriber information is missing (JW) and to the NPA/RPS support lines

#### 15: Close 13:30

### 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
<b>Tuesday 22/09/20 Short meeting + AGM – Venue TBC</b>	<b>Tuesday 15/09/20 Short meeting + AGM – Venue TBC</b>	<b>Thursday 17/09/20 Short meeting + AGM – Venue TBC</b>
<b>Thursday 05/11/20</b>	<b>Wednesday 04/11/20</b>	<b>Wednesday 11/11/20</b>
<b>Thursday 11/02/21</b>	<b>Wednesday 10/02/21</b>	<b>Wednesday 17/02/21</b>

#### Community Pharmacy Surrey & Sussex Executive Committee:

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

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

**14<sup>th</sup> January 2021** – 15:30 – 17:00. TBC (Kent Venue)

**31<sup>st</sup> 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)

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

Venue TBC

#### NHS England & Improvement

(Chairs, Vice Chairs to attend)

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

**14<sup>th</sup> 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:

**16<sup>th</sup> 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 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