

# Minutes of Meeting of East Sussex Local Pharmaceutical Committee

**Date:** Thursday 2<sup>nd</sup> July 2020 starting at 09:30  
**Location:** Conference call  
**Present:** Craig McEwan, Chair, Sarah Davis, Vice Chair, Paul Antenen, Treasurer, Sharon Waghorn, Marie Hockley, Ramiz Bahnam.  
**In attendance:** James Wood (JW), Chief Executive Officer, Hinal Patel (HP), Service Development Support Pharmacist, Sandra Lamont (SL), Communications & Engagement Lead, Micky Cassar (MC), Administrator.

## **1: Welcome & Introductions**

The Chair welcomed the members and guests to the meeting. The Chair welcomed new member Susan Khlef who is unfortunately not able to attend today.

CCA reporter: Marie Hockley

Next Stepper: Sharon Waghorn

## **2: Apologies for Absence**

James Grieves, Susan Khlef, Mark Weston.

## **3: Governance Matters**

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

The members were reminded by the Chair of the Nolan principles.

## **4: Minutes & Matters arising:**

The minutes from the last meeting on the 11<sup>th</sup> May 2020 were agreed as accurate by the members and virtually signed off by the Chair. The actions will be picked up throughout the meeting. 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.

EHC template mirror images PharmOutcomes, if there are issues with claiming please forward the most recent version to HP to establish if it is the correct version, this is vital as if activity cannot be entered this needs to be highlighted.

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.

## **5: PSNC Update - Sunil**

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 asked if MYS data could be shared with HP to show who does not have access to MYS.

**Action:** SK to try and obtain MYS data and pass to HP.

It was asked when there is an update on the flu service, a meeting is taking place shortly and update to follow.

**Action:** SK to update when there will be more flu information available.

It was asked if PSNC are providing a template for the staff risk assessments and if these assessments may link to PQS. There is an example risk assessment on the CPSS website.

**Action:** SK to establish if there is a risk assessment template available.

## **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.

Views around timescales of recommendation implementation and the varying places various LPCs are in were discussed. Clarification of the timelines would be helpful. A lot of what CPSS have done does appear to be good practice and seems to be heading in the right direction. The terms of office also need to be clarified. It was highlighted that experience may be lost when needed most. The right person needs to be in the role, adding value. Key people like treasurers could be lost through this recommendation and there may not be an appropriate replacement. It was discussed what training would PSNC provide and if this could lead to a performance management situation.

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. It was highlighted that a significant number of LPCs are holding excessive reserves and that some of these funds are ringfenced from others so should not have been included in these costings.

It was discussed that Independent pharmacies may get better value out of the LPC as use as head office function and it was discussed what would independents be losing if they lose this functionality, they currently get from the LPC. The definition of support needs to be defined as open to interpretation which could lead to an impact on reputation. The need to speak as one voice needs to be highlighted as sometimes pharmacy can be quite divided (CCA/AIM/IND). This needs to be enabled better.

The question as to which LPC did not respond to the consultation was highlighted as it may be important to understand why they did not respond, was it due to serious objections, time management etc. The LPC should want to represent their contractors, and all should be at least at minimum standard. It was also highlighted if your LPC Chair is elected onto the new council, the Chair will be spending more time on PSNC business leading to questions of how that model will be funded. Assumption that would be funded in the CPE pot. There are various things in the report that are not costed. Attending virtual meetings etc. still has a cost.

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

- 1, kind of transition and interim what this looks like
- 2, term of office clarification
- 3, financial in particular if you are already below the £1000.00 what is the approach
- 4, why did one LPC not respond
- 5, can we agree a definition of support

6, how does David envisage enabling of one voice

### **7: Covid19**

The LPC have responded to the beneficial innovation with a copy circulated to 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.

There have been issues with East Sussex County Council who have reviewed the Surrey plan, but they have not responded. Each area will have a comms plan if this plan is activated. East Sussex & West Sussex are likely to follow Surreys plan and SL is trying to contact ESCC so they can be requested to include Surrey LPC in their distribution list if they do implement the plans.

The Staff risk assessment was raised, and it was discussed if this is a contractual obligation and if it will be funded. It was highlighted that it was advisable due to an obligation under the Health & Safety at Work Act. PSNC are however involved with NHS to include the outcomes in the Covid cost capture funding bid.

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.

East Sussex Service payment protection update: It has been agreed that East Sussex quarter 2 payment will be the same as quarter 1. However East Sussex not comfortable with sharing the figure they have paid into pharmacy. Brighton & Hove have agreed a quarter 2 payment as £300.00 per pharmacy who have signed up for an SLA and activity fees were paid (60% of the activity fees). The quarter 2 payment is still under discussion, hopefully there will be an update by the end of the week (it should be noted however B&H are the only council also paying activity fees).

CGL / Lloyds – until normal supervised consumption is resumed it is 100% payment protected (Covid prescribing). The payment will need protecting for up to 6 weeks when they come out of Covid prescribing due to scripts received in advance. Reminder to enter needle exchange and take-home Naloxone activity as needed to claim. The committee discussed how as a committee they see the return of supervised consumption on a practical level with PPE and disposal of bottles etc.

### **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.

MP letters have gone out with a good response so far. Please do give more examples of good work. Positive response so far

**Action:** Members were asked for examples for case studies and EOI of anyone who can front a quote for quick turnaround.

The quarter 2 revised plan leads some space to concentrate on moving out of the Covid plan phase. It largely explains what to expect between now and next meeting but will need updating as PQS is about to be finalised. Work needed to scope work plans for the second half of the year which will hopefully be more back to normal. The CPSS team are continuing to work from home. Summer student hoping to join over summer 3<sup>rd</sup> year intern placement with University of Sussex & Brighton university. Possibly to support with restoration and recovery survey and to look at all the commissioning plans. This will also help to build links with the universities.

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.

LIVI online GP appointment system was discussed and the tie in with the CCG. LIVI traditionally did not have an ePS compliant system but they do now and want to move to phase4.

**Action:** Establish what is happening to contractors more widely with LIVI in East Sussex.

## **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. The members were given an update as to the end of year accounts for East Sussex. The Levy was reduced from the previous year. The levy has been reduced from 11p to 10p.

The members were shown East Sussex accounts for the first quarter April to June. It was highlighted that there may be opportunity for a levy holiday later in the year due to the reduction in events & costs of meetings etc. It was agreed to review in September with view of potential levy holiday. The members discussed how future meetings should look and if they should be virtual or face to face. The Wright review recommended fully virtual meetings. It was suggested that a physical meeting in November would be good if possible, at the time and then a possible move to every other LPC meeting being face to face. It was raised that interaction and body language in meetings is important.

**Action:** PA to bring proposals to the Sep meeting of suggestions re levy holidays.

The members were shown the CPSS accounts for the first quarter April to June.  
PA was thanked for his work on the accounts.

### **10: Local Matters**

The members were given a summary of the update given to West Sussex LPC by Ciara O’Kane. 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.

Ciara was asked what their view was on 3<sup>rd</sup> party apps with the answer being that practices should guide towards NHS App where possible. ePS for dentists was also raised and if this was part of the CCG workplan which it currently is not. Ciara will however see if they can influence this locally and establish what the national arrangements are. It was also asked if a date had been set for the 11 outstanding practices not using ePS which there has not but will hopefully be in the next 6 months workplan.

It was asked if there was any discussion around the new structure and the opportunities that could bring. They are working together and a good example of this is the work carried out during Covid in relation to gaps in palliative care. Eileen Callaghan has asked for proactive ways in which work can be done together. It was asked if blister packs were discussed and if there is a possibility of a commissioned service for those in desperate needs of blister packs. It was suggested it would be good to invite them to the September LPC meeting to raise and discuss opportunities.

**Action:** Invite Eileen Callaghan & Ciara O’kane to the September LPC meeting to discuss and inform their commissioning plans.

Public Health are planning a review of all the commissioning in East Sussex later this year. The PNA has been paused but will restart soon in East Sussex, to include a public consultation. LPC members agreed a wider piece of work for East Sussex, focusing on a comms and engagement, to begin over summer going into autumn. The aim is to get support from wider decision makers and share some good Covid work to influence the local environment. A local comms & engagement outline brief was circulated to members with the papers. There are some funds in budget for the annual review which may be able to be repurposed for this. There may be an additional local cost to the East Sussex LPC budget of around £500.00, which may need to be called upon, which members agreed.

### **11: Market Entry**

The East Sussex PNA is due for renewal in July however this has been paused but is likely to start in November for the public consultation. East Sussex market entry has now been un paused. There is a no significant change application from Paydens and an unforeseen benefits application in Hastings, at the icehouse, response needed by 10/07/20. JW will draft response and send to three non-interested parties for a conference call to share back on behalf of the LPC. There is also a closure following consolidation

### **10: Services & Support**

Meeting with East Sussex and Brighton & Hove every 4 weeks during Covid. Test & Trace was discussed for the East Sussex area, proactively offered Surreys lockdown plan if they want it. Oral contraceptive pilot – pharmacists were trained around the first week of March before Covid. In May and June there has been bridging activity from these pharmacies of EHC supply.

Options of HLP training discussed, whatever portal is chosen there may be joint working across East Sussex and Brighton & Hove. East Sussex County Council underwent Public Health review with results due earlier in the year but due to Covid the consultation timetable due to be released soon. The first full year of TCAM is now complete with an article on the CPSS website.

Brighton & Hove City Council are keen to work together with partners for Test & Trace. Janet Rittman has written guidance on implications for pharmacies should pharmacies need support with this.

For quarter 3-4 development will take place of the virtual / telephone consultation services with updated SLA. Plan to protect it for quarter 2 then reassess costings and timetables needed.

Work is also being done on HLP training which will be done virtually, LCS service for flu vaccine availability for council workers that do not fall under NHS details should be available by the end of July (a reimbursement scheme), Substance misuse contract in Brighton & Hove – EOI to all pharmacies who could not join.

TCAM data for the full year across Surrey & Sussex was shown to the members. The completion rate has been around 78% from pharmacies in East Sussex compared to national data which is between 40/50% (not including Covid data). Readmission rates were reviewed. 30 day and 31-60 admissions were low but

61-90 days there was an increase. The reasons for this are being investigated to establish if this is an unrelated readmission etc. The national discharge medication service likely to be launched later in the year and this will underpin TCAM. If this service doesn't work, there will be a push for TCAM to be rolled out more widely.

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.

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.

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

The reports from other meetings were circulated to members prior to the meeting and no questions were raised.

#### **12: AOB:**

The members were reminded the PSNC pharmacy audit went live in late June and ends 5<sup>th</sup> July. At this time only 22 pharmacies across Surrey & Sussex have completed it. The members were urged to remind contractors to finish as many audits as possible.

More information will be circulated on the LPC Annual Conference to be held 16/09/20 when available.

#### **13: Close**

13:40

#### **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
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)

**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)

**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:**

**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