

Minutes of Meeting of West Sussex Local Pharmaceutical Committee

Date: Wednesday 10th February 2021 starting at 09:30
Location: Zoom conference call
Present: Mark Donaghy, Chair, Alan Salter, Treasurer, C J Patel, Sara Paxton, Yola Barnard, Vice Chair, Sam Ingram, Sam Grieve.
In attendance: Sandra Lamont, Communications & Engagement Lead, Hinal Patel, Service Development Support Pharmacists, Micky Cassar, Business Administrator, Julia Powell, Sunil Kochhar PSNC rep (PSNC part of meeting only), David Clark, GPhC Deputy Regional Manager (GPhC part of meeting only).

1: Welcome & Introductions

The Vice Chair welcomed the members and guests to the meeting.
CCA Reporter appointed: Sam Ingram and Samantha Grieve

2: Apologies for Absence

Sara Paxton. It was noted there is a CCA member vacancy at this time.

3: Governance Matters

The Vice Chair asked if there were any changes to the Declarations of Interest, Julia Powell advised she has an interest in Lloydspharmacy, her current employer.

4: Minutes of the last meeting

The Vice Chair asked the members if they had read the 4th of November 2020 LPC minutes and if there were any issues with the accuracy. The Chair virtually signed the July LPC minutes as a true account of the meeting.

The members reviewed the action log:

177 – SL to investigate who is using WhatsApp. - H2 plan

211 – Revisit service evaluation tool Q2 - in Q2 plan

219 – Operationalise freedom to speak up guardian arrangements via LPC - Documents drafted, ready for JP to review.

247 - Ask for local advertisement of NHS App to promote to patients to re-order their own prescriptions.

251 - Possible taster sessions on officer role and to highlight PSNC training days - awaiting 2021 PSNC schedule of LPC training

5: Covid

It was noted that there is no data to indicate how many staff members have been vaccinated. It was also highlighted that correct information needs to be relayed to BAME as there appears to be a resistance to get vaccinated in this group. It was highlighted there is a £10.00 payment to vaccinate people at home and this applies to both pharmacy and GPs.

6: Guest Speaker David Clark

The members were given a GPhC update on Covid-19 pharmacy-led vaccination sites. Community Pharmacy will be delivering as part of a much wider and connected whole system approach – hospitals, mass vaccination sites, PCN sites and community pharmacy. All operating under a clear hierarchy of professional and clinical leadership which community pharmacy is part of. Commissioning assurance framework in place. The service will be commissioned by NHS England and NHS Improvement. Readiness checklists devised by the NHSE&I with input from GPhC. Virtual readiness visits being led by NHS teams supported by GPhC inspectors. As a pharmacy-led service it will be regulated by the GPhC. Standards for registered pharmacy premises apply at all sites and any associated sites are under the responsibility and governance of the main pharmacy.

The role of the GPhC is an independent regulator providing independent assurance. Ultimately about patient safety and upholding trust and public confidence in pharmacy. Assurance and improvement in quality of services. Supportive, critical friend, sounding board, understanding concerns/risks and pressures, signposting to sources of information, and getting answers as appropriate. They are not technical and clinical experts, not the commissioners of the service and they do not do contract monitoring.

Their overall approach to the regulation pharmacy commissioned vaccination site is supportive, pragmatic and proportionate. Their primary consideration will always be patient safety, joining NHSE&I readiness visits to gain targeted assurance that their standards will be met when sites “go live” delivering vaccinations. Sharing learning

with the sector quickly by capturing notable practice case examples and sharing other insights during support calls. 194 readiness visits have taken place so far nationally, 10 sites are up and running in Surrey & Sussex (1 site in Midhurst, West Sussex). The feedback so far has been very positive, and learnings have included not to underestimate the staffing levels necessary, including for marshals on the door, data input (easier to do as you go along) and it is also advised to allow more time between appointments to start with. The next steps of ongoing support and assurance will include the continued use of support calls aimed at assuring the quality of the service, improving this quality and the consistency of the vaccination service across the pharmacy sector. Intelligence led visits to pharmacies will only be carried out in exception if particular patient safety concerns arise. It was highlighted that space is very important to be able to carry out this service also at this time the pharmacy needs to be open between 8am and 8pm 7 days a week with a goal of 1000 vaccinations per week. To accomplish this number a minimum of two persons vaccinating is recommended, with associated two consultation rooms etc. It was highlighted that every PCN has a reserve list which is to be used if there are any leftover vaccines. The members discussed this as it is vital that no vaccine should be wasted. GPhC were thanked for their support in this matter and praised for handling of vaccination sites in a supportive role rather than a purely a regulator whilst still being able to follow their primary role of protecting public safety.

Codeine Linctus was discussed and the issues surrounding it which including county lines, gang related organised crime. Awareness needs to be raised of the GPhC findings in recent intelligence led inspections that focused on high volume purchases of codeine Linctus. Just taking enforcement action is not sustainable and communication needs to be used to reduce the problem. Inspectors have completed 30 intelligence led inspections where the volume of codeine linctus purchased was a cause for concern. The GPhC has imposed conditions on 34 pharmacies which were not adequately identifying and managing risks associated with sales of codeine linctus and did not have adequate safeguards in place to ensure sales were managed safely. Key findings from inspections have included: pharmacists often had an awareness of individual sales of codeine linctus but no visibility of the high numbers of sales per month – lack of auditing by RP or superintendent. Pharmacies had insufficient controls to prevent repeat sales or to identify trends in requests. Limited information within SOPs and sales of medicines protocols to support pharmacists and staff. 100 hour or extended hour pharmacies with changes in staff and pharmacists over the day and week struggled to monitor and control sales. Some repeat sales were made knowingly. People requesting codeine linctus can be well-rehearsed, believable, or aggressive.

The next steps for GPhC will be to continue to focus primarily on patient safety outcomes, acting swiftly, robustly, and fairly. Using their communication channels and engagement proactively as a powerful regulatory tool to anticipate potential problems in individual pharmacies and to raise awareness of issues across the whole sector to enhance patient safety. This will involve intelligence led inspections where appropriate and if necessary, they will take statutory enforcement action. Also, greater use of communication channels. This will be in the form of contact and engagement with pharmacies where appropriate to explore why purchase numbers are so high, LPC engagement (briefing at committee meetings, contractor webinars and/or agenda item at contractor meetings), Blogs, Twitter, wholesalers and CDLOs.

Action: SL and DC to make contact to move communications forward.

There are newly published standards for initial education and training of pharmacists which introduce important changes to ensure pharmacists are equipped for their future roles. Implementing these standards will transform the education and training of pharmacists so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register including by prescribing medicines. The changes will be made gradually to implement these reforms. The new standards introduce important changes to make sure pharmacists are equipped for their future roles including: a new set of learning outcomes that cover the full 5 years of education and training. Emphasising the application of science in clinical practice and including a greater focus on the key skills needed for current and future roles. Having a greater emphasis on equality, diversity, and inclusion to combat discrimination and deal with health inequalities. Key changes in the foundation training year include: the 5th year of initial education & training will become a foundation training year with strengthened supervision support, and collaborative working between higher education institutions, statutory education bodies and employers. Trainees will receive enhanced support and experience high quality education and training in all 5 years and the changes will be introduced through a staged process from July 2021. Key changes for independent prescribing will include: the standards incorporate the aim that future pharmacists receiving their education and training under the new standards will be independent prescribers at the point of registration. The underpinning attributes, knowledge and skills for independent prescribing are included in the new standards and will be an integral part of the MPharm degree, with the majority of the practical learning forming part of the foundation training year. An implementation plan is in the process of being completed setting out when the changes will be introduced. An advisory group of stakeholders will continue to work with the GPhC to facilitate and oversee the implementation of the standards. Developing a new strategy gives an opportunity to ask fundamental questions

about the purpose of fitness to practice and what it means to the public and also those on the register. It allows for review of current practices, building on improvements and addressing concerns.

7: Service development update

West Sussex County Council update: Meetings take place every 4 weeks. There are new commissioners for NHS health checks and smoking, Rebecca Howell and young person's lead is Julia Tilbury. WSCC have been updated with progress on PQS, Covid vaccinations, flu, DMS and CPCF year 2 developments. WSCC updated they have been focussing on Covid response and highlighted there is a new Director of Public health starting 1st of April 2021 (next meeting is in March). The restart of NHS Health Checks was discussed and the guidance around local determination. The PGDs are all live and a healthy number of signups have been received for all. Issues with flu vaccination for council staff has been taken onboard and a local service for 2021/22 is being discussed and there will hopefully be an update by June/July. The LCS 3-year contracts started last year so no further work needed at this time and there are no current gaps. Lateral flow testing meeting later on today and a soft launch is taking place in Surrey pharmacies today. With regards to the substance misuse contract, the issues with CGL were raised at the meeting including the lack of payment protection (from Oct onwards). The letter from Lloyds was circulated to the members prior to the meeting. Awareness was raised at the Reducing Drug Related Deaths panel in West Sussex. The members were asked for comment and reviewed the LCS data. The safety concern was raised regarding dosage amounts especially if there are children in the household. It was also questioned how they can justify payment protection until September and then cease especially as it is still protected in Surrey. There is a recent coroner letter on their website which relates to takeaway doses which MD will circulate.

The members reviewed the TCAM referral figures, flu advanced service figures and the LCS data for 2020/21. PQS1 declaration has ended with only 1 pharmacy (DSP) in West Sussex not participating. Only 7 contractors across the whole of Surrey and Sussex did not take part in PQS1, 98.54% met the criteria (up from 97.74% last year). The Palliative care costing tool kit was circulated to members prior to the meeting. The offer is £550.00/year. This offer is going to their finance committee this month, similar for the MAR Chart scheme the costing has been submitted and waiting to hear back. £15,000.00 has been funded by HEE for the evaluation of the Blood Pressure+ project. The evaluation has started this week and an early insight report should be ready by late March and the final report in June. Public Health meetings have been set for the year and fall 2 weeks before the LPC meetings. HP is presenting to 3rd year students in the 1st week of March about community pharmacy.

HEE have offered to fund health champion training, including the exam across the whole South East Region LPCs. The spaces available are allocated on contractor numbers giving Surrey & Sussex a total of 194 places. This training will be provided by Pharmacy Complete and will be advertised in due course. This will be offered to one place per contractor on a first come first served basis. This will be available over a 12-month period and the uptake will be monitored.

Covid vaccination and uptake with BAME staff has been raised and members were asked to promote the correct messages.

Lateral flow test update: This work has started in Brighton and Surrey and is hopefully being rolled out across the patch shortly. The aim is that the patient will spend the absolute minimum amount of time in the pharmacy, so no added services are to be bolted on to this. The service specifications are ready as they had already been created for Surrey. There is a meeting on Monday and hopefully this can go live as of 8th March. If you are a Covid vaccination site, you cannot take part in this. All consumables needed for the test are provided and for each test the pharmacy receives a £10.00 fee.

Crawley lung project has been developing for a while and there is a similar project in Hastings, both these will be funded through cancer alliance at STP level. The fees will include a day funding for the training £250.00 (for the pharmacist), the service will run for 8 weeks, they want to run it April/ May however the LPC can request this is pushed back to May/June. For every standard assessment of a patient there is a £15.00 fee and if they need referring for a chest X-Ray this fee increases to £25.00 due to the added assessment and work. The areas have been chosen due to high smoking levels and deprivation. This will only apply to pharmacies who sign up in the relevant PCN areas.

Decision: The members agreed to proceed with the Crawley Lung project but moving it to May/June time.

NHS Health Checks – the members discussed if there were any ways the time in the consultation room can be reduced. It was suggested that parts of the service could be done remotely, but confidence is low at this time.

8: Prescribing committees

It was highlighted that moving forward there will be one area prescribing committees covering East & West Sussex and a nomination needs to be agreed. Yola nominated Mark Donaghy, this was seconded by CJ Patel, no other nominations were received.

9: Communications and engagement update

The members were reminded on the three media objections, access to information, presenting the LPC as a well-managed professional organisation and enabling others to advocate and campaign for us. Engagement piece completed with Katy Bourne, Police & Crime Commissioner regarding safety in pharmacy. CPSS are now members of the Sussex Business Safety Partnership. It has been suggested that a poster is created to promote the consequences of bad behaviour in pharmacy. This will be integrated into a larger piece of work involving contractor briefings, simplified reporting to police control rooms and training for control room staff. The National Business Crime Centre may have some resources available to fund this depending on eligibility criteria. The Home Office have released a press release on the Ani campaign, this is a voluntary scheme the LPC have urged contractors to sign up to. The members reviewed recent communications and engagement activities including the CEO recruitment campaign, Christmas campaign, MP mail out and media management. GP CPCS – EOI have gone out for pilot PCNs and NHSE&I are taking lead. Four PCN areas have come forward and a plan is being formed informing how this service works with an aim for standardisation across the patch. The members were asked to encourage their PCN leads to have discussions with their Clinical Director to encourage the roll out. An engagement plan for MAR Chart has been drawn up to involve the whole social care sector to increase awareness for anyone able to influence patients. Also, a public affairs plan (local elements) with PSNC involving briefings for MPs later this month.

Action: Members to urge PCN leads in their area to have discussions with their Clinical Directors re the adoption of GP CPCS.

10: Market entry

2 for report: one in Chichester which has been responded to (there is no gap in the PNA). DSP application in Crawley – standard response has been provided. One for decision is a consolidation application (Goring branch to close) from Rowlands, this needs a reply. Lastly a relocation application (to Napier Way Crawley) appliance contractor.

11: PSNC update

The PPE claim window deadline is the 12th of Feb. The DMS service is coming up and PSNC have a useful FAQ on their website. There have been queries from contractors about how they will receive messages re DMS if it will be via PharmOutcomes or NHS mail. The advice audit has provided good evidence for PSNC moving forward. The flu guidance letter for 21/22 has been circulated and should be read and understood by contractors. The Covid vaccination now has pharmacy hubs and there are talks about pharmacy getting involved in the second dose with smaller numbers being delivered through pharmacy. PQS has been extended to March 1st and there are lots of resources on the website about this. Recent surveys have showed some pharmacy teams are in burnout and there are PSNC pharmacy team support workshops available. The Ask for Ani program is in place and it was asked what stance PSNC have with regards to this, SK to look into this and outcome will be relayed. Sunil Kochhar is part of the community pharmacy IT group for PSNC and they are looking into spreading out deadlines for PQS etc throughout the year.

Action: SK to establish what stance PSNC have with regards to the Ask Ani Scheme.

12: Introduction to the new CEO of CPSS Julia Powell.

Julia updated the members of the outlines of work conducted so far (official start date is the 22nd of February). This has included attending the LPC meetings as an observer and conducting handover processes with James Wood the previous CEO of CPSS. Email access has been arranged as has access to OneDrive. Once she starts a team meeting will take place to establish what needs actioning immediately, after that relationship building with key stakeholders and others can begin/re-establish. The business plan needs updating and reviewing for discussion at the next LPC meetings.

13: Finance update

The members were given an update from the treasurer with regards to the West Sussex accounts and the CPSS accounts. PA has provided figures which suggest CPSS will have a surplus in the coming year. It was proposed at the CPSS Exec meeting that this would be minimised by giving each of the 3 LPCs a payment holiday of one month (February or March). The CPSS budget for the coming year should then be level and the contribution levels will remain the same. The West Sussex figures were reviewed (excluding today's meeting). It was highlighted that there is a current underspend due to reduced meeting costs/travel etc. This is likely to continue for some time, it was

therefore proposed that the contractor levy be reduced by 5% (PSNC have yet to communicate what their levy charge will be).

Decision: The members agreed to the 5% levy reduction and that this should be highlighted to contractors as soon as possible.

Action: JP to contact NHSBSA with regards to implementing the 5% levy reduction.

Action: AS to send wording to SL to update contractors re the levy reduction.

Honorarium payments were raised, and the members were asked for their consent for these payments to continue for the year. This was agreed.

Decision: The members agreed to continue honorarium payments for the Chair, Vice Chair and Treasurer for the year.

It was raised that Yola Barnard has recently taken on the Vice Chair role and prior to this Gemma Staniforth was in role for two thirds of the time. It was agreed that the Vice Chair honorarium be split two thirds to Gemma and a third to Yola for this period.

14: Update on regional meetings

CPSS Exec – collaboration agreement was discussed, also the levy holiday for the three LPCs to reduce the surplus. It was also discussed that Sarah Davis should receive an honorarium payment for her HR role.

SE LPC & Partners Meeting – This was attended by Mike King and Alistair Buxton from PSNC, and it was discussed what role pharmacy may have with the Covid vaccinations. HEE are building a website to increase uptake of the pharmacy course.

NHSE – Biweekly meetings are taking place. Vaccination sites going live was a focus in the beginning of January. DMS was discussed at the last meeting Sue Ladd has emailed the 5 South East LPC areas to try and establish which hospital trusts are live as consistency and clarity on live regions is needed.

15: AOB

Substance misuse update – an email response has been received from CGL, a meeting will take place to discuss issues, hopefully in March so JP can also attend.

PQS update: PCN leads have been appointed in all 65 PCN areas. There are some leads who wish to leave and some boundaries that will need to be reviewed in due course however, at this time during the PQS window things will remain the same (until 01/03/21). The members were highlighted to the plan of providing PQS clinics and were asked for any volunteers to assist if able.

16: Close

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 Please note these will be online Zoom meetings until further notice.	The Old Tollgate, Bramber, Steyning, BN44 3WE 9.30am – 4.00pm Please note these will be online Zoom meetings until further notice.	Tyrrells Wood Golf Club, Tyrrells Wood, Leatherhead, KT22 8QP 9.30am – 4.00pm Please note these will be online Zoom meetings until further notice.
Thursday 13/05/21	Wednesday 05/05/21	Wednesday 12/05/21
Tuesday 20/07/21	Thursday 15/07/21	Monday 19/07/21
Tuesday 21/09/21 Short meeting + AGM – Venue TBC	Tuesday 14/09/21 Short meeting + AGM – Venue TBC	Thursday 16/09/21 Short meeting + AGM – Venue TBC
Thursday 25/11/21	Wednesday 24/11/21	Tuesday 30/11/21
Thursday 10/02/22	Wednesday 02/02/22	Wednesday 09/02/22

Community Pharmacy Surrey & Sussex Executive Committee:

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

31st March 2021 – 10:00 – 12:00 Venue TBC

3rd June 2021 – 15:00-17:00 Venue TBC

7th October 2021 – 10:00-12:00 Venue TBC

13th January 2022 – 15:30 – 17:00 Venue TBC

31st March 2022 – 10:00-12:00 Venue TBC

South East LPCs and Partners (Regional Meeting)

(Chairs, Vice Chairs to attend)

3rd June 2021 – (hosted by Kent) 10:00-13:00 Venue TBC

13th January 2022 (hosted by Surrey & Sussex) 10:00-13:00 Venue TBC

PSNC Forward Dates:

2021 PSNC Meeting Dates

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

2022 PSNC Meeting Dates

2nd and 3rd February 2022

18th and 19th May 2022

6th and 7th July 2022

14th and 15th September 2022

23rd and 24th November 2022