

Minutes of Meeting of East Sussex Local Pharmaceutical Committee

Date: Thursday 13th May 2021 starting at 9:30am
Location: Zoom conference call
Present: Craig McEwan, Chair, Sarah Davis, Vice Chair, Paul Antenen, Treasurer, Susan Khlef, Marie Hockley, James Greives.
In attendance: Sandra Lamont (SL), Communications & Engagement Lead, Micky Cassar (MC), Administrator, Julia Powell (JP), CEO, Sunil Kochhar PSNC rep (for PSNC update part of meeting only), David Clark, Deputy Regional Manager GPhC.

1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting. It was noted that Michaela Tytherleigh is resigning from the LPC.

CCA reporter: Marie Hockley

Next Stepper: Sarah Davis

2: Apologies for Absence

Shammi Radia, Susan Waghorn, Michaela Tytherleigh

3: Governance Matters

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

The members were reminded by the Chair of the LPC constitution and the Nolan principles.

4: Minutes & Matters arising:

The minutes from the last meeting on the 11th of February 2021 were reviewed. The minutes were virtually signed off as accurate by the Chair.

Mark Donaghy has been appointed to represent Sussex at the new format Area Prescribing Meeting.

Actions in progress:

192 – Establish what is happening to contractors more widely with LIVI prescriptions in East Sussex. - LIVI meeting cancelled due to Covid. – The LIVI issues now appear resolved so action complete.

198 – Contact local police and councillors regarding the potential patient safety issues of longer substance misuse treatment periods. – Complete.

200 - Create a training proposal and bring to November meeting. - Waiting for PSNC training days announcement.

5: LPC officer nominations for Chair, Vice Chair & Treasurer

The LPC constitution states the officers need to be elected on an annual basis. For 21/22 the following were nominated:

Chair - Craig McEwan proposed by Marie Hockley, seconded by James Grieves

Vice Chair - Sarah Davis proposed by Marie Hockley, seconded by Craig McEwan

Treasurer - Paul Antenen proposed by Marie Hockley, seconded by Sarah Davis

Committee subgroups:

Finance: Paul, Susan, vacancy

Market entry: Craig, Sharon, Shammi

Governance: Sarah, James, Marie

5: GPhC Update – David Clark, Deputy Regional Manager

The members were given an update from David Clark with regards to work conducted during the pandemic including supporting pharmacies to allow them to focus resources on delivering care to the public as a priority. Routine inspections were stopped but these have now recently restarted on a smaller scale (inspections would have still been carried out if the risk of not attending was greater than attending). Inspections for pharmacies which had been rated poor or had an action plan in place were on hold due to Covid but have now restarted. The Covid rapid response team was also created to respond to enquiries including signing the back of prescriptions etc. FAQs have also been populated on their website including good practice updates.

The members were updated on Codeine Linctus intelligence led inspections (due to the volume of codeine linctus purchase volumes being a cause of concern) and learnings from these. Conditions were imposed on 35 pharmacies nationally who in summary 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 included pharmacists often being aware of individual sales but no visibility of the high monthly sales numbers. Pharmacies were also found to have insufficient controls to prevent repeat sales or to identify trends in requests. There was limited information within SOPs and sales 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 however people requesting codeine linctus can be well rehearsed, believable or aggressive.

The members were updated as to emerging insights from Covid19 pharmacy vaccination sites. This piece of work was important to understand in real time the key drivers of success for a pharmacy vaccination sites and to help new sites with these insights and to assure and help improve the quality of pharmacy services for patients. Emerging key themes learnt from this were: Clear leadership – where everyone in the team fully understands their role and responsibilities. Culture of continuous improvement – with the patient at the centre. Well-designed site – where people can easily maintain social distancing.

Emerging common challenges found from this were: short timescales, recruitment, and training within those timescales. Reliance on external suppliers and delivery date, vaccine supplies, people turning up without an appointment.

Emerging top tips:

- Don't underestimate the number of staff you will need
- Allow more space than you might expect for storing the consumables (PPE etc)
- Start slowly at first and allow enough time
- Make sure you have system login details set up and ready
- Make sure the marshals outside have a list of appointments

Emerging top tips 2:

- Have a spare vaccinator
- Train your volunteers thoroughly and appoint someone to lead them
- Visit another site
- Do a dress rehearsal
- Complete the patient vaccination cards as much as you can in advance

Summary: all sites can learn from each other in order to continually improve and safely provide a good quality pharmacy led Covid19 vaccination service (there are more examples of notable practices on their website).

The members were given an update on reforms to initial education and training for pharmacists:

Overview:

- New standards for initial education and training of pharmacists published, introducing important changes to ensure pharmacists are equipped for their future roles.
- Implementing the 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 prescribing medicines.
- Changes will be gradually made to implement these reforms.

What these changes mean for you:

- The pre reg training year will be known as foundation year training year from the summer 2021 onwards.
- Pre reg trainees will be known as trainee pharmacists.
- Tutors will be known as designated supervisors.
- Learning outcomes replace the performance standards.

What these changes mean for trainees:

- For those who have already secured a training post for summer 2021 it will be valid for the foundation training year.
- Those applying for training posts to begin in summer 2021 must continue to apply through the current systems.
- They will not have to pay additional fees for their foundation training year.
- MPharm degrees will continue to be awarded after four years and trainee pharmacists will continue to be employed in fifth (foundation) year.

The registration assessment:

- Helps to reassure patients and the public that pharmacists have the knowledge and skills needed to practice safely and effectively.
- Moving to a common registration assessment throughout the UK and delivered online.
- The first online assessment was held March 2021 in Pearson VUE's Covid secure test centres.

Next steps:

- An advisory group of stakeholders is continuing to work with them to facilitate and oversee the implementation of the standards.
- The statutory education bodies (HEE, NES and HEIW) are working with them and other stakeholders on plans for implementation in each country.

Equality, diversity, and inclusion strategy consultation (open until 12th July 2021):

Their five-year strategy sets out how they will:

- Proactively use their regulatory influence to help tackle discrimination within pharmacy and support the reduction of health inequalities for patients and the public.
- Reflect a wider range of voices and lived experiences of stakeholders in everything they do.
- Support pharmacy professionals in providing person centred care that recognises and respects diversity and cultural differences.

Their three themes:

1. To make regulatory decisions which are demonstrative, fair, lawful, and free from discrimination and bias.
2. To use their standards to proactively help tackle discrimination in all pharmacy settings and to make sure everyone can access person centred care fostering equality and health outcomes
3. To lead by example and demonstrate best practice within our organisation, holding ourselves to the same high standards we expect of others.

6: PSNC Update, Sunil Kochhar

The members were updated that most of PSNC work is confidential as under negotiation now. The next PSNC meeting is next week, and funding will be discussed.

Q&A:

The following was raised / asked:

- The daily comms are good but the context could be more engaging to encourage people to click through.
- Simons blogs are good and should continue.
- The emails are good and one a day is fine. Order of importance might be good. Different colour depending on importance might be good.
- DMS is not working well, people do not understand it and inappropriate referrals are being sent through from the hospital. Low referrals by the hospitals.
- Pharmacy contract and services – 5-year plan initially had all the services listed on there, but now ad hoc info is being received about the pilot sites. Could PSNC provide national feedback on how pilots are doing e.g., Hepatitis C no sign ups in Sussex to date. Communication on the timelines and information about where the pilots are running and how they are doing would be helpful.
- CPCS – it would be good to know how successful it has been financially for contractors and see some evidence from PSNC – what is the perception from outside the NHS. It was highlighted there is some data available for CPCS which SK will circulate. PSNC goal is to get a self-referral system as well as the current NHS 111 and GP referral pathways.

Action: SK to obtain CPCS data.

- If GP CPCS takes off, those pharmacies who are open longer hours will receive increased referrals and need sufficient staff to manage them. This involves further cost which may not be compensated by the service payments.
- The PSNC website changes should be in place by September.

There should be an update on the Wright Review after the PSNC meeting taking place next week. The Review Steering Group has webinars on the 24th and 25th May for LPC's and Contractor Forum members.

Sarah Davis to attend CCA member meeting on the 18th May (webinar at 19:00).

7: CEO report

SDSL recruitment – Many candidates applied, these were shortlisted via an anonymous screening exercise by Julia Powell and Sarah Davis looking for key characteristics for the role from the job description. From this screening the Exec team were updated on the screening process and next steps agreed. Two people were selected for face-to-face

interview. A competency-based interview process including a presentation on how to engage key stakeholders and contractors with GP CPCS was used. A scoring process was used with one candidate excelling. This candidate has been offered the role and will start on the 12th July.

GP-CPCS update - Two contractor webinars have taken place with 140 contractors signing up. This engagement will allow those contractors attending to claim their £300.00 engagement payment before the 5th July. Annex F checklist needs to be completed first and then they can claim via MYS. The recording is on the website with slides and FAQ. In Sussex there are now meetings every two weeks to progress the rollout, with Tim Crowhurst (Primary Care) now working with Ciara Okane to project manage this and move it forward. EOI for early adopter PCNs have been received. In Sussex 2 will go live first followed by 10 after that. In East Sussex, the first PCN to go live will be Foundry Healthcare Lewes PCN. Learnings from this regarding referral pathways etc then quickly allow a further 4 PCNs to start – High Weald PCN, ALPS Group PCN, Hastings & St Leonard PCN and Rural Rother PCN.

There are 3 different referral pathways for GP-CPCS. A template document sent via NHS mail. Pharmrefer allows part of the GP template to be prepopulated and sent via PharmOutcome. EMIS is a fully integrated system (cost 5 pence per patient) which therefore for compatibility and efficiency is the best option however a large proportion of GP practices in Sussex don't use it. In East Sussex all do but in Brighton & Hove and West Sussex there is a mix of different systems. A proposal has been put forward to the ICS is that EMIS is used where it exists, and where not they would use Pharmrefer. It costs 3 pence per patient to use Pharmrefer. A working group and NHS Digital are looking into funding this cost for 2 years which needs to be prioritised. If funding is refused there are two other options, the surgery funds themselves (approx. £200.00 / year per surgery) or PCN funded. NHS mail could be used to start the pilot sites immediately, but this will be reviewed once the outcome of the funding proposal for the integrated system is decided.

The members were given a DMS update, to date there is no full data as the service only went live 15th February, but JP will circulate once received.

Action: JP to circulate DMS data once received.

Meetings are being held once a month which all acute trusts attend. AHSN are still supporting Surrey and Sussex to implement the DMS service across the patch. Julia Powell has offered at the Surrey TCAM board meeting to support with training for the Pharmacist and dispensing team in acute trusts, at the next meeting in Sussex she will offer to do the same. BSUH is not currently live but in implementation phase with a start date of 22nd June. Community trusts probably won't use PharmOutcome (due to the lower number of discharges compared to acute trusts) but they could use NHS mail. It was highlighted that information with regards to what forms can be seen and treated as a referral, even from trusts that are not live with DMS should be put in the newsletter.

Action: Include information in the newsletter of the different formats DMS can be received.

Pre reg changes update: as part of this change HEE have funded 2 roles in Surrey & Sussex - Early Years Pharmacists, on a temporary 12-month contract to help support this change in the pre reg year across all sectors of pharmacy with Alice Conway seconded to this role to cover Sussex. The members agreed to ask her to attend the next LPC meeting for an update with regards to what the changes mean for pharmacy and particularly community pharmacy. The members discussed what support from the LPC should be provided and how all the pre reg tutors can be identified. It was agreed to raise awareness of the changes in the newsletter and create a survey monkey.

Action: Invite Alice Conway to the next LPC meeting.

Action: Put info in the newsletter re changes and send out a survey monkey.

The members were given an update as to the HEE Careers project to develop a web-based careers resource platform for people interested in a pharmacy career to discover all the various roles. This project is nearly ready for launch and was initially aimed at Kent Surrey and Sussex, but they are now looking at making this a national resource with schools of pharmacy expressing interest in linking this to their websites. They are looking to apply for several awards and recognition for this moving forward. There is a meeting scheduled later today and the expectation is to be ready for launch by the end of June.

Regional meetings update:

NHS England confirmed that CPAF, which was postponed last year will happen this year. A short survey consisting of 11 questions will be sent out in June / July to all community pharmacies. From this, some will be selected for the full survey which will take place in September. Any identified site visits will then take place over the winter period.

It was highlighted that there have been several contractor issues with Anenta waste collection, and the members were asked to feedback any examples to JP. It was raised that in the early days of Anenta those pharmacies that generated a lot of waste appeared to be on a quicker turnaround which seems to have stopped.

Action: Feedback complaints with Anenta to Julia.

Action: JP to ask Anenta if there is an option for high volume users to get a more regular collection.

CCG – A bid has been put in for some funding for PCN leads, either for additional training or for backfill so they can visit clinical directors and contractors, at this time waiting to hear if the bid has been successful. A bid has also been submitted to HEE for funding for training for PCN pharmacy leads, again waiting to hear back.

LPN update: – discussion around the PCN pharmacists in GP surgeries as there seems to be a lack of understanding with regards to DMS and GP CPCS. JP has offered to do training with them in both Surrey & Sussex. There are also discussions with Sally Greensmith at LPN to get involved in their national training days for PCN Pharmacists and to do presentations re GP CPCS and DMS.

All integrated care systems have to put in their IPMO plans to NHS England. Eileen Callaghan has emailed to ask for feedback by tomorrow with regards to community pharmacy. Call later today to review the plans. Sussex ICS putting in bid at system level – “bid to pilot a health and wellbeing support offer for staff working across primary care”. This is mainly mental health support and seems to be geared more towards GP practices and acute trusts, but ICS have asked community pharmacy if we would like to be included too.

LMC – JP attending full LMC meeting in June and attending 5 LMC liaison meeting in May and June. JP attended East Sussex liaison meeting last week and raised DMS and GPCPCS.

PSNC guidance and governance – there is a new finance pack and LPC governance checklist due to be circulated in the next two weeks. JP to review and report to next meeting to highlight any significant changes.

The members discussed if the AGM should be face to face, an evening event or just add on to LPC meeting etc. It was suggested face to face to demonstrate a willingness to revert back to normal. The members agreed to have the LPC meeting starting later and then have AGM.

Action: MC to look into AGM venue.

9: Service development & support

The members were updated on the Pharmacy Collect service. Across the whole of East Sussex only 1 pharmacy did not sign up to the service. There has been no data yet however feedback is indicating the service is running well after a stock issue in the first week was resolved. The LFT testing service was in place prior to this service and the demand for this service has naturally decreased however demand may increase again should events need an in-house test to be carried out.

The Lung cancer project EOIs have been received, in Hastings only 2 EOIs were received so further pharmacies will be approached with an aim for 4-5 across Hastings.

Action: Susan Khlef to highlight the project to her PCN (Hastings & St Leonard PCN) to try and increase uptake.

PQS update: CPSS carried out a lot of work contacting contractors in the last week of the PQS declaration window to get all pharmacies over the line. In East Sussex those that had declared part one and were eligible for part 2 all made the part 2 declaration. In total pharmacies 9 across Surrey & Sussex did not participate. 4 had claimed aspiration payment and this will be clawed back.

The members reviewed the East Sussex and Brighton & Hove SMS contract data comparison for 2019/20. Supervised consumption numbers have decreased significantly. PSNC have created a proposal around revamping the supervised consumption service, not just looking at the supervised element but additional work and payment per patient for a more holistic approach, including feedback to key workers and highlighting other services such as naloxone. JP has met with the Chief Pharmacist at CGL Mohammed Fessal (when the PSNC proposal had recently been circulated). The following week Fessal was due to attend a national meeting involving a number of national drug and alcohol service providers and the Chair of this meeting is writing an outcome letter to PSNC regarding their proposals which will be circulated to the LPC. JP also met with Mark Weston from Lloyds Pharmacy and proposals discussed and what Lloyds were doing regarding their work with CGL. The PSNC proposal was discussed, it is important contractors are not expected to do additional work for the same fee. Devon LPC have renegotiated their fee structure with Public Health with an increase in fee being the outcome. It was discussed with MW regarding a 2-tier payment system, one

fee for supervised one fee for non-supervised. CGL have been clear the length of prescribing during covid will not go back to pre-covid levels of daily supervision.

The members discussed patient outcomes and were updated that CGL have done a patient satisfaction questionnaire regarding prescribing habits and results show high amount of satisfaction, likely due to not having to attend pharmacy daily. Drug related death data needs to be obtained but is not available yet. It was suggested that contact be made with the crime prevention in Hastings Eastbourne as they may be able to give an overview. The members discussed if PSNC could do some modelling on a blue script daily and weekly model. JP to send round stakeholder model. JP is also in contact with CGL/Lloyds regarding a naloxone nasal spray and if they would commission the supply of this as well as the injections.

Action: JP to send round the stakeholder model.

Action: JP to discuss with CGL/Lloyds if they would commission the supply of naloxone nasal spray as well as the injections.

The members reviewed the LCS data year on year comparison for East Sussex and Brighton & Hove with some showing a decrease due to Covid. Hardly any NHS Healthchecks have been done as expected but Public Health are looking to get the NHS Health Check service back to business as usual and pharmacies providing this service will be contacted in due course to advise this.

Palliative care service and MAR chart scheme update – the rate of pay had not been increased in a number of years. A costing tool was submitted for both services with an increase in the annual fee for the palliative care service (Surrey submitted the same costing tool and have now signed off this increase as of April). JP following up.

BP+ service – The Kingston University draft evaluation has been received and JP and Surrey Public Health are feeding into this for the final version due in June. This will be used to push forward further BP+ services across Surrey & Sussex.

Health Champion training has been promoted in the newsletter and twitter – Area managers will also be emailed. There are a number of free spaces, take up is low, 157 free places remaining. The members were asked to promote this training. Each pharmacy is allowed 3 free spaces.

Action: Members to promote the free Health Champion training.

Hep C service – 2 meetings coming up to discuss how to get contractors to sign up to the service. Nationally there is not a lot of uptake, it is a fairly small service and mainly for pharmacies who already do needle exchange / supervised consumption.

10: Finance update

The members were given an update from the treasurer with regards to the final annual figures for both East Sussex LPC and CPSS. The members also reviewed the Budget for 2021/2022 for East Sussex LPC and CPSS.

11: Market entry

Agreed

Change of ownership – Clarity Pharmacy – Hastings

Consolidation – Newhaven Pharmacies – Newhaven

Relocation – Ester Eshag – Bexhill

The members were updated re the PNA extension: due Oct 2022 in East Sussex and first meeting next week. Brighton & Hove have not set up any meetings yet.

12: Update on media campaigns

It was highlighted that it is important to be ready in communications. Identify opportunities, manage the media, build on relationships created over the past year. Promote pharmacy as a host for the media, broadcast filming locations. Knowing what they need, and how we can move fast with opportunities. Testing with Chanel 5 for pharmacy as a location. Develop relationships with the press. Combined annual review will be created and sent to stakeholders and reactively support PSNC negotiations. Please send in any good work examples. The members discussed when the annual report and annual review will be distributed. SL needs Chairman report etc, she will create a production schedule, but all details will need to be received at least 6 weeks prior to publication.

Action: SL to create a production schedule for the annual review.

It was asked if the LPC have visibility of locum pharmacists signing up to our newsletters and if there is any way of targeting that audience as GP CPCS may leave them behind. It was discussed the need to review the newsletter sign up system as segmenting is needed. This needs revisiting as locums are not contractors who the LPC primarily represent but by doing the segmentation will enable links with locums. This was agreed especially with regards to news on services. Mailchimp will help to identify locums. The contractors are primary audience but from an advocate and information perspective the more the better.

Action: SL to investigate using LinkedIn and other avenues to link in with locums.

13: Operating plan

Discussion of draft operating plan in breakout groups. Feedback added to final document.

Contract support & service development – Sarah / Marie

- Word change highlight instead of highlighted 2021 section.
- Challenges around area managers changing in multiples and how the LPC keep that information up to date.

Stakeholder relationships – Paul / James / Susan

- In the first bit before “we will” there is no mention of other LPCs although referred to as an action. Other LPCs should be added as stakeholders.
- Overall comment – did not have as many measures of success when compared to the other two sections. Some of the things on the left are measures in their own right.
- How easy is it to use as a document to be used as a review, does it need an executive summary or linked to a tracker.
- How do we identify on the main doc what’s to be done in each quarter, how to prioritise. Use of measures, what have we generated for the LPC. A quarterly summary with key outputs would help. Summary on a page.

Communication & engagement

- Clarity around the 5 people for media spokesperson training – what does the training look like, if there is no training should we remove as unachievable.
- Quality rather than quantity with media spokesperson.
- Is protect and promote a sub headline? Needs to be made clear, is it part of the three statements? Underline it.
- Do we need to have specific comms for locums and what would that look like?
- How are we going to increase footfall to the website?
- Awards – what would we be going for.
- What’s the output of the evaluation, what will we do with that, intro post webinar evaluation process.

14: AOB:

The members were asked to pass any potential entries for the Independent Pharmacy Awards to SL.

The members discussed when face to face LPC meetings might restart and agreed the July LPC meeting should be face to face at the East Sussex National.

Wright review meeting – need 2 members to attend regional meeting and next steps. 24th May, James Grieves, Craig McEwan and Julia Powell will attend if a further space becomes available.

15: Close

16: 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.
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 23/09/21 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)

16th 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)

16th 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 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