

Minutes of Meeting of West Sussex Local Pharmaceutical Committee

Date: Wednesday 5th May 2021 starting at 09:30
Location: Zoom conference call
Present: Mark Donaghy, Chair, Alan Salter, Treasurer, C J Patel, Yola Barnard, Vice Chair, Sam Ingram, Sam Grieve, Sara Paxton, Becky Harrison, Nisheet Patel.
In attendance: Sandra Lamont, Communications & Engagement Lead, Micky Cassar, Business Administrator, Julia Powell, Sunil Kochhar PSNC rep (PSNC part of meeting only).

1: Welcome & Introductions

The Vice Chair welcomed the members and guests to the meeting. New member Becky Harrison was welcomed to the committee.

CCA Reporter appointed: Yola Barnard

2: Apologies for Absence

None

3: Governance Matters

The Chair asked if there were any changes to the Declarations of Interest. Nothing raised.

4: Minutes of the last meeting

The Chair asked the members if they had read the 10th of February 2021 LPC minutes and if there were any issues with the accuracy. The Chair virtually signed the February LPC minutes as a true account of the meeting.

The members reviewed the action log:

219 – Operationalise freedom to speak up guardian arrangements via LPC – Complete.

251 – Possible taster sessions on officer role and to highlight PSNC training days – No further dates available at this time.

211 – Revisit service evaluation tool Q2 – JP has reviewed and updated – Complete.

265 - Members to urge PCN leads in their area to have discussions with their Clinical Directors re the adoption of GP CPCS. – Update to follow.

266 - SK to establish what stance PSNC have with regards to the Ask Ani Scheme – This is a voluntary scheme and therefore there is no payment.

267 - JP to contact NHSBSA with regards to implementing the 5% levy reduction – Complete, the first payments have already cleared the account at a previous rate, this should not have occurred as the amendment was supplied in time.

Action: JP to raise with NHSBSA that the levy reduction should have been applied as of April.

268 - AS to send wording to SL to update contractors re the levy reduction – Complete.

5: LPC Officer nomination 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 nomination received for Mark Donaghy. Yola nominated – Nish seconded.

Vice Chair nomination for Yola Barnard. Mark nominated – Alan seconded.

Treasurer nomination for Alan Salter. Mark nominated – Yola seconded.

6: PSNC Update

There are a lot of confidential matters currently as negotiations are ongoing. PSNC are still fighting for the advance payment to be written off, this is still under negotiation. There is a 2-day PSNC meeting in a couple of weeks and the members were asked if they have questions they wish to be raised at the meeting. Issue to raise are the lack of traction of GP CPCS and also simplifying DMS payment uploads. The issues with the GP CPCS service were raised and discussed, pharmacy have lost MUR funds and establishment payments with nothing replacing the income. The lack of awareness of GP CPCS with GPs is frustrating. It was also highlighted with regards to DMS that there again is a lack of awareness with some hospitals using paper discharge forms. It was raised that in Kent, PCN leads have been engaging with PCNs and getting GPs onboard with GP CPCS. One way of encouraging GPs to get involved would be to highlight that their workload will lessen benefiting both parties. It was discussed that rather than going through 111 and then attending pharmacy, patients are self-referring and therefore there is no fee going to pharmacy, PSNC are working on this. It was highlighted that a lot of services have been stuck at the same fee for years, some of which

are below minimum wage, and do not appear to be reviewed as no one appears to know who is in charge. NPA are working on this at this time and trying to progress with HEE. There should be an update re the Wright Review shortly.

7: CEO report

The first month has included lots of stakeholder engagement, individual LPC member meetings and contractor visits. Policies and procedures are also being reviewed and a policy tracker has been created. The operational plan has been created and will be reviewed later in the meeting.

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. The two PCN areas, Coastal & South Downs Care Partnership PCN and Foundry Healthcare Lewes PCN will be pilot sites. Both of these PCNs will be included in meetings with regards to referral pathways, training and how this will work within PCNs. After this a further 11 PCNs (5 in West Sussex) will become early adaptors (Cissbury Integrated Care PCN, Angmering, Coppice and Fitzalan (ACF) PCN, Central Worthing Practices PCN, Haywards Heath Village PCN and Haywards Heath Central PCN). After these 11 PCNs are up and running it will be rolled out across the patch.

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.

Frimley ICS will be using Virtual Outcomes, using this buys the GP CPCS module which then gives a training module for Community Pharmacy and for GP surgeries. Frimley ICS have given the LPC funding to purchase the licence. Sussex are looking into this and once this is decided the same course of action would take place.

The members discussed how to raise awareness of GP CPCS. It was highlighted that should contractors contact their surgeries they should make the LPC aware so as to avoid any direction issues and avoid different referral pathways. It was suggested that there should be a standard communications toolkit for all to use. These communications need to be targeted to motivated advocates and champions who can further this work including PCN leads. There are currently two funding bids under consideration (one with HEE and one with the CCG) for funds for future PCN lead training but training outcomes need to be agreed first.

Action: SL to create a communication plan including a standard communication toolkit for use to encourage GP CPCS.

Action: Encourage engagement with surgeries to highlight GP CPCS.

The members discussed the risk of direction versus the risk of not getting the service up and running. It is hoped that the two pilot PCNs will be up and running by June with a further 5 PCNs in July. The lack of referrals were raised and this has been with PSNC at the bi weekly calls between PSNC and Chief Officers. JP will be attending LMC liaison meetings and will be covering GP CPCS and DMS. The members agreed that it would be beneficial for a member of the LMC to attend one of the LPC meetings.

Action: Ask Julius Parker or Richard Brown to attend an LPC meeting to discuss GP CPCS.

The members were given a DMS update. To date there is no full data as the service only went live 15th February however in West Sussex the Western Trust are doing 200 referrals a month which is a top performer. BSUH is due to go live in June. SASH has a new Chief Pharmacist, and they are trying to implement both EPMA and DMS into their rollout. Due to this there has been a delay in the rollout which is extending the go live date by 6 months. JP is meeting with Lisa James from the AHSN this Friday to progress DMS and will discuss if referrals can be sent via NHS mail in the meantime. Talks are also taking place with community trusts in the locality to see if they wish to come on board (via NHS email, send to GP and CP at the same time).

There are two new people in post looking at pre reg year foundation course. Alice Conway has been seconded to this role across Sussex and would like to attend our next LPC meeting to discuss changes.

Action: Members agreed to invite Alice Conway to the LPC meeting.

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 a number of contractor issues with Anenta waste collection, and the members were asked to feedback any examples to JP

Action: Feedback complaints with Anenta to Julia.

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 reviewed the Q1 operating plan. 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.

Action: Members to promote the free Health Champion training.

The members were updated as to progress with the AGM (scheduled for September) and the annual report. The members discussed if the AGM should be face to face and it was agreed it should. The members were asked to think about potential speakers.

Action: MC to look into AGM venue.

Action: The members were asked to consider speakers for the AGM.

8: 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. 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.

9: Service development & support

The members were updated with regards to February's PQS data. Out of the contractors eligible for part two, five did not submit their declaration despite prompting by the CPSS team. 3 of these contractors claimed aspiration payment and therefore clawback will occur. Overall, across Surrey & Sussex there was a 98% completion rate which is up slightly from last year.

The Pharmacy Collect Service has proved popular across Surrey and Sussex with only three pharmacies not signing up (one in West Sussex). Feedback has indicated it has been easy to implement. The service has impacted on the

lateral flow testing service with the demand reducing around 60% however no further significant reduction is expected.

Five EOIs have been received for the Hastings and Crawley Lung Cancer project. These contractors will be contacted for next steps with a training day 19th May (backfill funded).

The members were updated with regards to the supervised consumption service, with a full year of data now available. Last year showed an 85% decrease in supervised consumption income. JP has attended a meeting with the CGL Chief Pharmacist, there is also a PSNC proposal of how the service could change in the future looking at the overall health of the individual rather than just supervised consumption. The Chief Pharmacist has raised this at national level and the Chair of the meeting is writing a letter to PSNC with their thoughts. The LPC have asked for a copy of this letter. JP has attended a meeting with Mark Weston from Lloyds where the PSNC proposal was discussed. It was proposed to Mark Weston to increase the fee structure in the interim until a longer-term plan is in place. 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.

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.

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: Prescribing committees

The members were updated that Mark Donaghy has submitted his EOI to join the merged West Sussex and East Sussex Area Prescribing Committee. The Sussex wide APC is currently obtaining governance sign off from the relevant stakeholder parties before it can fully form. An introductory meeting is set for next month.

The West Sussex Area Prescribing Committee have not had any meetings. A proposal did come out via e-mail regarding the supply of Sativex under a PFR (pay for responders) scheme however, comments were sent back that this was not appropriate for community pharmacy as they would not be able to claim a dispensing fee for the service.

The Crawley Area Prescribing meeting was attended, and a report sent to members. The next meeting is on the 11th May where GP CPCS will be highlighted. The Mid Sussex Area Prescribing Committee meeting was cancelled.

11: Finance update

The members were sent the final figures for the previous financial year prior to the meeting. The members reviewed the West Sussex accounts to date. PSNC have confirmed they are not increasing their levy this year however may be asking LPCs to match the fund of £90,000.00 which can be done through the surplus and therefore will not affect the contractors' payments. The annual accounts have been sent to the accountant and should be received back within a month.

12: Market entry

PNA deadline has been extended until October 2022. The members reviewed the market entry changes over the last three months. There has only been one new pharmacy application which is a DSP, all other updates are change of ownerships etc.

13: Operating plan

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

Contract support & service Development:

- Obtaining monthly activity data for services with a view to review the bottom 10% performers to give targeted support and assistance. (Monthly data ideal but if not available quarterly data). It was also suggested that new service data be shared with contractors.

- Essential service guides – deadline for update to be 3 months after the start of the new staff member.
- To increase PQS engagement to 97% from 95%.
- To further engage PCN leads prior to PQS workload with possible use of LPC funds to improve engagement and upskilling of the PCN leads as contractors will benefit directly from this. The members discussed if this funding should come from the LPC, and they agreed that funds could be used for backfill for PCN lead training.

Decision: LPC members agreed that some LPC funds could be used to upskill and train PCN leads by paying backfill.

Action: JP to scope training and cost.

- In the risk section not knowing what the PQS workload is should be added.

Stakeholder Relationships:

- Quantifying what success looks like in the right-hand column.
- Respond to 100% should be in the right-hand column.
- Work with Health & Wellbeing Boards to complete PNA process – It was highlighted that the LPC do not complete the process, they comment / assist.
- Define on the right-hand side clearer what the LPC is responsible for and what they are just assisting with.
- Quarterly meetings.
- Should do more with patient representation groups, surgery groups and voluntary groups.
- Reach out to LOC and LDC to attend meetings as they may be useful advocates for community pharmacy.

Communications & Engagement:

- If the LPC are successful reaching out to more people, it may impact on the aim to reduce enquiries into the office.
- Use webinars as means of communication and get the right subjects, looking into any reluctance of some to engage in webinars.
- Having media trained spokes people available, with the importance being on the right people rather than large numbers.
- Mailchimp will assist in reviewing who is viewing what.
- Investigating ways to engage with younger generation of pharmacy staff and get them involved in the LPC and community pharmacy. New social media routes, platforms etc. a Training Day for pre reg students to promote community pharmacy and the LPC was suggested in the future (2022 – 2023).
- Adding the younger pharmacy generation as a stakeholder group.

LPC planning, Management & Administration:

- Potentially have more than one joint meeting per year. One more combined meeting needs to be held and properly evaluated to establish if this is the way forward.

14: AOB

The members discussed when face to face meetings should potentially start. The members agreed that July was too soon, but that the September meeting and AGM should aim to be face to face with an afternoon LPC meeting followed by an AGM added on after.

The members discussed their experiences of GPs moving towards face to face consultations. It was suggested that a lot of staff time is engaged with vaccination rather than seeing patients. It was suggested the question should be asked when moving back to face to face consultations is likely to start as the vaccination aspect will not last forever. Electronic consultations have their place but there is a danger that vulnerable people who are unable to use the tech will simply not seek help.

Action: Julia to raise when face to face consultations will start again.

The members reviewed the NHS service finder website where back door contact details for surgeries can be found.

Action: SL to resend NHS service finder website details to members.

It was highlighted that NHS shared mailboxes need to be accessed at least once a day.

It was asked when PQS details will be announced this year.

Action: JP to ask when PQS will be announced.

15: 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.
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