

Minutes of Meeting of Surrey Local Pharmaceutical Committee

Date: Wednesday 28th July 2021 starting at 09:30
Location: Conference call
Present: Hemal Chudasama, Vice Chair, Sejal Patel, Neha Vyas, Jaymil Patel, Tanith Galer.
In attendance: Julia Powell, Chief Executive Officer, Sandra Lamont, Communications & Engagement Lead, Marie Hockley, Service & Development Lead, Micky Cassar, Business Administrator

1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting.
CCA Reporter: Hemal Chudasama

2: Apologies for Absence

Andrew Jackson, Purvi Shukla, Anish Prasad, Rupri Bhasin.

3: Governance Matters

The Vice Chair asked if there were any changes to the Declarations of Interest, nothing raised.

4: Minutes & Matters arising

The Vice Chair asked the members if they had read the 12th of May 2021 LPC minutes and if there were any issues with the accuracy. The Vice Chair virtually signed the May LPC minutes as a true account of the meeting.

The action/decision log was reviewed.

Actions in progress:

- 189 – Begin scoping out joint accountant – this is in progress as there is new PSNC finance guide that needs to be reviewed. – in progress - JP to review over the next few months as the accounts are now received from last financial year.
- 217 – JP to review Finance and Government documents and feedback actions at the July LPC meetings. - in progress - LPC Governance document would normally be reviewed (how the LPC compares against the governance elements) at this meeting however PSNC are in the progress of re writing this and once released this will be reviewed and completed.
- 223 – JP and AP to review budget and bring proposal of use of surplus to the July LPC meeting. - in progress - will be discussed later in the meeting
- 224 – 6-month LPC running cost be produced. - in progress - will be discussed later in the meeting

5: Early Careers Programme update – Ritienne Fenech & Alice Conway

The Vice Chair welcomed Alice and Ritienne to the meeting.

The members were given a presentation on the Early Careers Programme. They were updated on the key changes to early career pharmacists which are taking place, the impact of these changes and advised how HEE is supporting these changes.

The role of the pharmacist is changing and will play a much greater role in providing clinical care to patients from their first day on the register. Pharmacists will be trained to have skills and knowledge to work across sectors. The training will produce adaptable pharmacist professionals who will be confident and capable of operating in multi-professional teams across a variety of healthcare settings to meet diverse and changing patient needs. There will be a transitional change in training requirements for current trainee pharmacists (new foundation) year starting 2021. A pilot led by CPPE and NHSE demonstrated that pharmacists need significant support on transition into general practice therefore a trainee pharmacist placement will result in an earlier transition. There is a need to start securing a pipeline of adaptable, competent, autonomous clinicians to deliver the vision of the NHS long term plan.

The key changes in terminology will be (from July 2021) – The pre-registration training year will be known as the foundation training year. Pre-registration trainees will become known as trainee pharmacists; pre-registration tutors will become known as designated supervisors.

There are 4 key changes, the first being a new set of interim learning outcomes (ilo's), to assess the full 5 years of education and training and to transition to post-registration. The second being the learning outcome's allowing the future proofing of pharmacists so they can adapt and provide clinical care to ever changing patient needs. The third being the foundation year focus on performance and practice with strengthened supervision and the fourth change

incorporating skills, knowledge, and attributes for prescribing to enable pharmacists to independently prescribe from the point of registration (this is a transitional change to be fully implemented by 2026/27).

HEE will support these changes and have started work on a practice-based assessment strategy, an e-portfolio and a range of virtual learning and information resources. The aim is to develop wider education networks at ICS level to enable local collaboration and innovations in these areas and beyond which will be facilitated by early careers training programme directors (EC TPD's).

The members discussed the issue with staff retention and that with a lack of NHS contracts in pharmacy where IP's can use their skills, which GPs have, this may further affect staff retention issues. HEE need to amend their changes to focus more on retention. This has been raised in previous meetings with HEE and will be raised again.

Action: JP to raise workforce retention issues with HEE.

HEE are working on achieving more work placements to be incorporated at undergrad level before degree completion, at this time they are waiting to hear what funding may be available. It was highlighted that HEE only have Oriol data to establish where trainees are located and therefore if any trainees outside Oriol can be flagged to HEE so they can support. Coaching training is available and further details will be available shortly.

Action: Circulate in newsletter asking for people who have a trainee pharmacist to get in touch directly with Ritienne and Alice for further information on how they can support.

Action: Alice to feedback to JP with regards to available coaching.

The e-portfolio will shortly be release by NHSE however in the meantime the templates are available on the HEE website which can be downloaded and then once the e-portfolio is available this can be updated.

When the e-portfolio is available can you advise so we can advise contractors.

Action: Advise contractors once e-portfolio is available.

6: Market entry

Nothing awaiting any response.

Agreed:

Consolidation – Paydens – Epsom

Change of ownership and Relocation – Lloyds to Dev and Kalher Associates – Oxshott

Change of ownership – Courts Pharmacy to JCL (UK) Ltd – West Molesey

DSP – HAAA Pharma Ltd - Addlestone

7: GPhC Update – David Clark, Deputy Regional Manager

The members were given an update from David Clark with regards to work conducted during the pandemic and new ways of working due to the pandemic including supporting pharmacies to allow them to focus resources on delivering care to the public as a priority. Routine inspections were stopped, restarted but have again ceased however if there are significant concerns a visit will take place. The Covid rapid response team was 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 36 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. Conditions have also been placed on one individual due to the conditions placed on a pharmacy simply relocating the problem by staff movement.

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 Covid-19 pharmacy vaccination sites. This piece of work was important to understand in real time the key drivers of success for a pharmacy vaccination site 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. If a pharmacy is already delivering the service safely, they are likely to be lower down a priority visit in phase 3 of the Covid vaccination. Good practice example sites are posted on GPhC's website. In phase 3 there will be smaller sites but space for social distancing still important and clear signage to assist with safety measures.

Emerging common challenges found from this were: short timescales (which may become even shorter with the roll out of phase 3), recruitment, and training within those timescales. Reliance on external suppliers and delivery date, vaccine supplies, people turning up without an appointment.

Emerging top tips:

- Do not 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 to continually improve and safely provide a good quality pharmacy led Covid-19 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 (this has now closed):

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.

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

8: CEO report

The members were given a brief update as to the new Service Development & Support lead, Marie Hockleys first few weeks. This has included handovers and lots of contractor interactions by Marie. The members were also updated as to the recent resignation of Sandra Lamont, Communications and Engagement Lead for CPSS. A CPSS Exec meeting will be scheduled to discuss the next steps in recruitment.

The members discussed the AGM (which will be held online) and suggestions for a speaker were discussed. The members agreed that a speaker from RSG would be beneficial as would a speaker from GPhC. It was suggested that it would be beneficial to contractors if a professional discussion (in smaller groups) could be included if this will be part of this year's re-accreditation/validation. A workplace burnout talk would also be good especially due to pressures due to covid. There may also be aspects of support for PQS (currently under negotiations).

Action: JP to approach RSG or GPhC to see if a speaker can attend the AGM.

CPAF update: The deadline for the short survey was last Saturday. One week before this deadline 130 contractors had not completed this questionnaire, 2 days prior this number had decreased to 75. These 75 contractors were contacted directly by CPSS which resulted in 12 contractors across Surrey & Sussex not completing the questionnaire by the deadline (6 in Surrey which consisted of 4 IND and 2 CCA contractors).

GP CPCS: £300.00 set up and engagement fee – 75 contractors had not claimed by 5th July (deadline 7th July). These 75 contractors were contacted by CPSS to inform them but at this time there are no final figures.

Frimley ICS now have Virtualoutcomes in place for training (funded by the ICS). Frimley are live on GP-CPCS. We have 2 PCNs within the Frimley ICS, North Hampshire & Farnham PCN is not live yet, but Surrey Heath PCN is expected to go live within the next month. They are using the EMIS integrated/PharmRefer system which is beneficial for ease in GP surgery for referral and easy for pharmacy to use via PharmOutcome. With regards to Surrey Heartlands ICS, again Virtualoutcomes has been agreed and paid for by Surrey Heartlands ICS and this is now in roll out with training being conducted for those PCNs going live first. They will also be using the EMIS/PharmRefer system. There will be 3 deployment waves across Surrey and training has been scheduled to enable swift roll out before any winter pressures start. Once go live dates are identified contractors within the PCN will be contacted directly by JP to ensure they are set up and ready to go.

DMS update: data has been received for the various live acute trusts which will now be received from AHSN monthly, this data will allow follow ups with contractors who have received referrals, but not accepted them and also if accepted but not completed to make sure they are aware of the process. Also highlighting that the DoC training must be done (PSNC have flagged that a number of pharmacies have yet to do this). The members reviewed referral rates

from across Surrey & Sussex. As this is an essential service and data is now available for non-completion, contact will be made with pharmacies to drive completion rates up.

The members reviewed the Q1 operational plan and progress made. Funding for PCN lead support has been requested from HEE and the training hubs, at this time awaiting decision on funding from them. The AHSN funding request for GP-CPCS has been declined. The members reviewed the Q2 operational plan. There are several EOIs circulating now including BP+ and Ondansetron service. Palliative care increase in funding in Surrey has been achieved. Preparation work for website move, flu and covid vaccination services are high on the agenda for July and August, JP is meeting with the LMC on Friday to discuss the annual flu letter and working together moving forward to deliver these services. Recommendation that if someone is in residential care, they can have the Covid booster with the flu vaccine but no recommendations for any other cohorts at this time.

Regional meetings:

- 4 LMC liaison meetings – JP has presented at all on GP-CPCS and DMS and now has a slot on agenda each month for current topics. JP gave a presentation to the LMC Chair, 2 senior medicines management team and a medicines optimisation group Chair around pharmacy remuneration after it had been raised that pharmacy contractors had asked to alter prescriptions from generic to a branded product (where generic shortage).
- PCN pharmacist meetings are starting, not just PCN GP surgery pharmacists but community pharmacy PCN leads are also invited – West Sussex had a conference in July and have asked JP to present at their September event on GP-CPCS. JP also presenting at East Sussex and Surrey PCN events in August. When these dates are available, they will be circulated should anyone wish to attend. Looking at possibilities to secure PCN lead funding to enable them to be able to attend events like this as they are during the day.
- NHS England meetings are taking place every two weeks. The deadline for submission of the PCN business continuity plans (for PQS) by the PCN leads was end of June, out of our 65, 32 were outstanding, chased by CPSS and all were received by NHSE by the deadline meaning no claw back from PQS payments for contractors.
- Covid phase 3 booster EOI is currently in circulation, JP is meeting with NHSE on Friday to review the contractors who have expressed interest. Next steps: the CCG are responsible for collating all the PCN EOIs they have until Friday to submit their list. NHSE will then review and if gaps are identified pharmacies in these areas may be contacted. A virtual visit will then take place (often involving GPhC) and if the site is fit for purpose, they will move to a priority site and start the process of getting up and running. There is a Contraception pilot going live shortly in Portsmouth (3-4 PCNs in the area) for people who would normally go to GP to be able to simply attend pharmacy. This is the first level of a planned roll out in terms of expanding sexual health services, starting with contraception then HRT then at specialist level, implants.
- There appears to be a lack of awareness of PharmOutcomes provider pays. NHSE currently hold the PharmOutcomes licence for the CPCS service but will no longer pay for this licence after September 2021. Therefore, if contractors want to continue offering CPCS they need to fund their own IT system. There are 4 current systems accredited to provide full IT for CPCS. These are sonar, PharmOutcomes, Sonar, Cegedim and Positive Solutions. Cegedim and Positive Solutions can only be offered to those on their dispensing system. Contractors need to decide by 30th of August which IT system they would be using for CPCS. Newsletter article will be produced to make contractors aware of the 4 options. This is for 111 referrals and any GP referrals that come via NHS mail.

Action: Create a newsletter article to make contractors aware of the 4 options.

- ICS – pharmacy commissioning and restructure update: Pharmacy commissioning is to be devolved down to ICS level for them to manage (pharmacy, optometry, and dentistry). This will take place either from April 2022 or April 2023, therefore not all ICS's are expected to take on pharmacy commissioning from April 2022. The majority will likely do this from April 2023 mainly due to the fact that the ICS's are still structuring themselves and will not be ready in April 2022 to take this on. This means the pharmacy contract is still negotiated nationally so the ICS's are not able to alter our national contract therefore reimbursement will remain as per our pharmacy contract agreed at a national level. It is still vague what responsibilities ICS's will take on from NHSE and which ones NHSE will retain. NHSE are currently responsible for market entry, CPAF, pharmacy complaints and it would appear that performance management will remain with NHSE. Further details will be available over the next few weeks and by October the 14th an announcement will be made as to which ICS's will take on the pharmacy contract from April 2022.

With regards to the ICS structure, Frimley ICS will remain as it is. Surrey Heartlands restructuring – The ICS is already aligned to the CCG. Job descriptions and interviews and restructure for the med's management

team is in process and should be in shadow form by October. If any LPC members want to be involved in their restructure, please let JP should you wish to attend any meetings.

Elections and CPSS agreement: PSNC are moving their elections from 2022 to 2023 due to the RSG timelines. It was proposed that the LPC mirror this and move elections from April 2022 to 2023 which is a change in the model constitution. The members were asked to vote to move elections to 2023, if agreed the outcome will need to be taken to full contractor voting at a September EGM.

Decision: The members unanimously voted to approve the move of elections to 2023. This will be taken to contractor vote at a September EGM as it involves a change to the model constitution.

The CPSS collaboration agreement is due to expire April 2022. When this agreement was set up it was agreed a review of the collaboration agreement would take place April 2022 to discuss the formation of CPSS moving forward. It was proposed to move this to April 2023 which will also allow recommendations from RSG to be taken into consideration.

Decision: The members unanimously agreed to approve the move of the review of the collaboration agreement until 2023.

The members were informed that both West Sussex and East Sussex LPC's had also agreed this. Lawyers will now be requested to draw up an extension agreement which will need to be signed by the 3 LPCs

Covid costs: Contractors have until 15th of August to make these claims. Contractors need to be encouraged to claim for all their costs. Any queries should be signposted to PSNC. NPA have been putting on events for their members with regards to this as have PSNC.

9: Service development & support

All pharmacies in Surrey apart from one signed up to the pharmacy collect service which is currently due to end 31st of August. This may continue as the LFT service has been extended until end of September so pharmacy collect service may also extend until the end of March 2022. There will be changes to the LFT tests shortly which will only be a nasal swab. The LTF service has had a reduced demand due to the pharmacy collect service.

EOI have been circulated for the Ondansetron service (Frimley) which is similar to the palliative care service. Two Ondansetron products must be kept in store (liquid and tablets) and for this, contractors receive an annual retainer fee of £1,000.00. Once this is in place in Frimley, Surrey Heartlands ICS will be contacted to see if they would be interested in the service.

The BP+ service pilot has been evaluated and the results of the evaluation have gone to public health, Linda Honey, Director of Pharmacy and Medicines Optimisation in the ICS and the cardiovascular disease working group. Public Health now want to recommission the service as a full enhanced service across Surrey. The service will be similar to the pilot with the basic BP check, weight, height and atrial fibrillation. They will pay £14.00 per patient for this service. The aim is then to support the drive for NHS Health checks, so if they then do the additional cholesterol/HbA1c check on top of the mini check, they will get on top of the £14.00 an additional £28.00 so in total £42.00. EOI has been circulated and there is no limit as to how many pharmacies can take part.

Surrey are looking towards moving from an annual Public Health contract to a three yearly contract. They are looking to adopt the same system as West Sussex - Dynamic Purchasing System (online tender system) for all public health services. As pharmacies change ownership or start services, they will periodically reopen the DPS system so contractors can offer these services at a later date. CPSS in collaboration with Public Health will be hosting a webinar on the 7th of September which will talk contractors through what the DPS is, what it will look like, what they need to do and the timescales. All the Public Health advisors will be present to discuss their services. DPS portal will then open and there will be 7 weeks to complete the application on the DPS. Contractors will then be informed if they have been successful and then Public Health will issue three-year contracts.

It was discussed with regards to Health Checks what pharmacies can do with regards to out-of-date stock (due to Covid) and training issues. If the pharmacy was already offering the service, they just need to sign up to continue. Training can be arranged with Jason Ralphs on a 1-1 basis or a webinar depending on need.

Action: JP to see if funding could be arranged for out-of-date consumables.

The members reviewed the LCS data 2020/21 Q1. Supervised consumption fees from 31/07/21 were due to revert to pre-Covid activity levels. Surrey maintained supervised consumption payments at 100% until March 2021, from 1st April until end of July this was reduced to 50%. From August onwards this is due to revert to payment based on activity levels. Conversations with Public Health suggest activity levels have not reverted to pre-Covid levels. JP has

requested this is investigated to establish if they have or not as if they have not this will impact on payments for contractors. If they have not reverted, Public Health will be approached with the example of what happened in Dorset where there was an increase in fee. PSNC have written a paper around potential changes to the service spec moving forward, not just a fee per supervision but per patient. There is a working group consisting of LPC chief officers for this and they are liaising with drug and alcohol teams with regards to this option.

Other updates:

Joint work across South-East LPCs with HEE: Health Champion places (funded) there are still several places to fill.

Pharmacy careers website: Meeting with HEE today, the website is ready to launch. This was initially a KSS piece of work but will now be adopted nationally.

Lung cancer project: (Hastings & Crawley) Training completed, and service is now live.

Palliative care service: Enhanced funding agreed across Surrey & Sussex.

Hep C service meeting: Local and national work. EOI going out to pharmacies who have a significant number of needle exchange transactions. Surrey wants to do training face to face and Sussex online via zoom. JP sits on a national study group with Hep C consultants and pharmacists. Looking into how the service can be improved, how pharmacy can offer this service to a wider audience and extend the service spec and the cohort of people this can be offered to. It was raised that a barrier to this was that you must buy Hep C packs in a bulk purchase. If contractors express interest, it would be worth looking into pharmacies purchasing together to reduce this problem.

10: CPSS website

PSNC are updating their website and as we are linked to their website, we also need to update our website. PSNC have a team providing IT support (Make) to PSNC to update their website and move to the new portal. The LPCs have received 4 different proposals in terms of support that Make can offer with 4 different costs.

- Self-Setup: Using Make support, including face-to-face and support portal. Free
- Self-Setup: Online or in-person workshop with Make's team. Extended support £250+VAT
- Managed setup: Make to install theme + training. (LPC to populate content). £1,000+VAT
- Managed setup +: Make to install & implement full website +training. £2,000+VAT

Make have provided us with estimated number of work hours for each option – the free option would be 42 hours work (however we do not have the experience so likely to take longer). The proposal is to look at being provided with some support with the preferred option from the CPSS team being the managed set up (£1,000.00+VAT cost) split between the three LPCs. PSNC held a meeting last month where the LPCs were invited. Make have streamlined this process as much as possible to limit work hours. The members discussed the options, the third option was proposed by Hemal Chudasama and seconded by Jaymil Patel (and unanimously agreed by the members).

Decision: Surrey LPC members opted for the third option.

11: Finance update

The members were given an update as to the Surrey LPC accounts and the CPPS accounts. The reserve levels were discussed. It was proposed that the levy was reduced or a levy holiday. At this time, it is unknown if there will be a fund request from PSNC for the RSG. Get 6 month running cost and then implement levy holidays to reduce the surplus to 6-month level. The members were asked if they wished to vote now which they agreed to do. It was proposed that there is a 2-month levy holiday. Hemal Chudasama proposed a 2-month levy holiday, this was seconded by Jaymil and unanimously agreed on by members.

Decision: Implement a 2-month levy holiday for contractors.

Review of member expense policy: concerns have been raised that the policy rate does not cover costs of members attending meetings as they should be cost neutral. It was proposed that expense policy be increased in line with current market rates. The rates proposed from East Sussex LPC and West Sussex LPC is £280.00/day. West Sussex have a half day rate £140.00 and East Sussex LPC have a 28.00/hour rate. This would be the set rate but if an LPC member had to pay more than £280.00 up to £350.00 they would need to provide a locum invoice. The members agreed a review date for 01/04/22 to see if locum rates have returned to normal levels. The members discussed the increase in locum rates which may be caused by vaccination clinics. The increase in locum costs has been relayed to PSNC on a number of occasions and to the ICS due to work force issues and closures. It was proposed a move to align to the other two LPCs at a £280.00/day rate and £140.00 half day rate (up to £350.00). This was agreed by the members.

Action: JP to update expense policy to £280.00/day rate and £140.00 half day rate (up to £350.00).

There is a recommendation by PSNC that there is a finance subgroup. LPC members will be contacted to see if they would want to be part of this group which would ideally consist of one CCA member, one AIMp member and one IND member.

12: PSNC update – Sunil Kochhar

Simon Dukes has resigned, and interim measures will be in place during the transition period. It was highlighted that some contractors do not realise they need to input their covid vaccination numbers weekly to claim for their work. The daily PSNC update emails were praised as good work, these will begin to reduce in numbers coinciding with changes with the website. These will become twice weekly from August and then feedback will be reviewed. The “take back your inhalers” promotional campaign by PSNC relates to NHSE to achieve zero emissions.

Covid expenses information has been shared with contractors via PSNC webinars. The main issue has been concerns around having robust evidence and the time it takes to gather this evidence (in hindsight). There is a PSNC Workshop on 2nd August.

Self-referral CPCS fees are being fought for by PSNC, health equality is vital through community pharmacy which is where the self-referral CPCS would come in.

It was raised that PSNC good at informing there will be supply issues but then there are no further updates, if there is awareness there will be shortages why is this not addressed. Sunil will feed this back.

13: AOB

The members thanked Sandra for her work over the past years.

14: 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 21/09/21 Short meeting + AGM – Venue Uckfield	Tuesday 14/09/21 Short meeting + 28/09/21 AGM – via Zoom	Thursday 23/09/21 Short meeting + AGM – via Zoom
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)

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)

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

PSNC Forward Dates:

2021 PSNC Meeting Dates

Thursday 16th September

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