**LPC Exec ” Zoom Call” on Wednesday 13.5.20. 9:30am till 3:30pm**

**Peter Whitaker (chair) Emma Waller (Vice Chair) Fivos Valagiannopoulos (Treasurer) Kyle Hepburn Anne cole (host)**

**Officers: CEO Michael Lennox, Yvonne Lamb,**

**Apologies for Absence Mary Pennington.**

AGENDA:

* **Chair** – thanked all the officers for their hard work over the last few weeks, thank you to Anne for supporting officers also, check in with all in call about how we are, Honest feedback it has been tough few weeks’ we have all been impacted by covid in either working life, personal life but all feel we are in better place as things return to some normality.
* **Update on Provider Company**: The provider company process has not moved forward due to the workload and circumstances of the last few months. Now that things are starting to settle, Michael will have a conversation with neighbouring LPC’S on how to move this forward, we don’t expect to hear much until after summer months/early Autumn – See Action document.
* **LPC-REVIEW** – Details from review, we shall know more in June /July with a schedule of rollout over the Summer, we will potentially have actions from September.
* **Governance and Finance –** Fiv updated the exec on Financial matters, Budget is looking healthy as there is no outgoings, no committee expenditure (Travel expenses, Venues etc. as no face to face meetings) PSNC conference been cancelled. Some extra hours have been authorised for Michael/Yvonne due to workload the previous 8 weeks, but this has been agreed by CCG to be paid using PCN money. Yvonne and Mary now in a place to revert back to normal working hours (Yvonne does not work Friday’s and Mary does not work Mondays or Fridays.)
* **Pharmoutcomes –** Yvonne done some cleansing work on our Pharmoutcomes platform as we had some Pharmacies using two platforms etc, Pharmoutcomes platform is now updated and duplicates removed – revised invoice requested and been received from Pinnacle- See actions on cross referencing the invoice to SCC, NHSE, TP and royal united hospital in Bath.
* **PCN Networks-** Over the last 8 week’s some Mentors/Leads and Officers have established and connected with each PCN system and have been on daily/weekly calls. This has been successful in successful working relationships for our Pharmacies, We are not there yet and we still have some work to do in some areas that are a little tricky to manoeuvre Bridgwater, Frome and Taunton Tone Valley. Re connect with PCN Leads – see separate notes
* **People –** New ways to reach contractors during the covid pandemic Dedicated Phone line, Dedicated Covid Email address, re-worked the bulletin to keep it local. Website has seen a large increase in access as well as tweeting, Facebooking etc. We will be launching a drop in zoom call once a week for All Pharmacies to connect with LPC. Contractor’s do not need to be on for the full hour, it’s a drop in, drop out, Yvonne will capture any questions that cannot be answered there and then and send out via bulletin etc. We will try this for a period of time and monitor activity.
* **MAS –**Emma updated us to a change in MAS from silver sulfaszaline to Hydrogen Peroxide 1% cream for impetigo. Refer to Actions sheet.
* **Shielded Patients –**Michael and Yvonne have been working with Justin Harrington Digital lead from CCG on how Pharmacies can get better access to their list of shielded patients rather than using SCR. We have tried 3 methods so far two of them didn’t work. Next week all Pharmacies should receive a list from their practices of their shielded patients who are nominated to their Pharmacy, they will receive these lists into their nhs.net email addresses.
* **Restoration/ Recovery –** We agreed that the ways of working for contractor’s going forward will be changed to include social distancing etc which may impact on services and training going forward. Though some changes will be required we still need to move forward as services bring revenue. At this moment in time SCC and CCG have said we can do telephone consultations for EHC, Champix and MAS. SCC would ideally like anyone under the age of 18 needing EHC to have some face to face consultation, to ensure safeguarding is considered. CPCS service is running low.
* **Prescribing Amounts –** Committee members have reported that in some areas Prescribers have increased the amounts from 28 days to either 56 or 84 days in some cases. There is a real risk to contractors financially if this was to continue, Michael will approach CCG to ask for normal prescribing habits to resume to protect Contractors.
* **Distance Selling Pharmacies –** There has been increase activity with DPS’S during COVID, however there has been increase in demand at these sites, which they also struggled to maintain influx of requests. It has been noted that in some cases DSP’S are asking for 3 weeks’ turnaround for prescriptions. Contractor’s should start to focus on rebuilding post covid to ensure these patients remain in community.
* **NMS Service.** The NMS service is one way in which community Pharmacists can make a difference and provide excellent care. At the moment there is a movement for those patients receiving warfarin being switched to a DOAC, this does present some challenges as the rules around consent have not changed and therefore gaining written consent is a definite barrier to this service at this time. PSNC have recognised this and are in discussions with NHSE to work through this barrier.
* **New Contract, PQS COVID Revenue.** There has been no guidance on the PQS element so far but LPC has recognised that Pharmacies have not been reimbursed properly for costs due to the covid Pandemic. There are however some things we can remind contractors to claim for Tax relief from SCC for businesses etc. Highlight this in bulletin.
* **Services.** Alcohol pilot, some discussion around reconnecting with this, should we relaunch if safe to do so, when is best time to ask contractors to adapt to new ways and re-focus on the new normal, reconnect with services in particular to maximise potential revenue for contractors.
* **Care Homes.** A discussion was had around structured medication reviews for patients in Care homes. There are a few barriers to this but it was agreed we should let the multiples lead on this with CCG if it’s something they want to be involved in.
* **Pro-Delivery Manager-** This is an app to assist those volunteers helping across Somerset for deliveries to the shielded/Vulnerable Patient Groups. It is active in Wales and we discussed if we could use this APP to help contractors manage this more effectively in our county. This brings some governance to the delivery system using a wide network of volunteers. Costs £20k for six months and Somerset County Council are keen to pilot this.