

## DORSET LOCAL PHARMACEUTICAL COMMITTEE

16<sup>th</sup> January 2020

Drawing Room, Merley House, Merley House Lane, Wimborne, BH21 3AA

### Attendees:-

#### **Independent:-**

Robin Mitchell (RbM), Roger Mitchell (RgM), Frank Dwomoh (FD)

#### **CCA:-**

Alan Bean (AB) (from 12pm only), Claire Woollard (CW), Gabriella Horvath (GH), Jane Hallett (JH) Janette Best (JB),

#### **AIMp:-**

Richard Maiden (RhM)

#### **In attendance**

Amanda Moores (AM) Chief Officer, Joao Da Cal (JDC) Services & Implementation Lead

09.00	1.	<p><b>WELCOME, APOLOGIES FOR ABSENCE</b></p> <ul style="list-style-type: none"> <li>❖ Apologies for absence – Sara Diamond (SD) Administrator; Jose Aguiar (JA) CCA Representative; Gary Warner PSNC Regional Representative</li> <li>❖ LPC members time – a request for any comments - None received.</li> <li>❖ Conflicts of interests – a request for any LPC members interests not already declared – None received</li> <li>❖ Action Plan (AM)</li> <li>❖ Time Keeper (RgM)</li> </ul> <p>Expenses form to be completed and submitted to Treasurer either before meeting/during morning coffee break only. Claims to be submitted before end of financial year.</p>	
09.05	2.	<p><b>MINUTES OF DORSET LPC MEETING 07.11.19</b></p> <ul style="list-style-type: none"> <li>❖ Accuracy - minutes agreed</li> <li>❖ Review of Action Plan               <ol style="list-style-type: none"> <li>1. HLP team approach still on action plan</li> <li>2. MSO meeting feedback - not a local list available of errors, please use National Database</li> <li>3. Waitless App - Community Pharmacy has now been added to the app without details of waiting times. Offers users of the app information about when to use community pharmacy and that no appointment is necessary</li> </ol> </li> </ul>	<b>AB/RM</b>
09.10	3.	<p><b>Matters Arising from minutes of 07.11.19 (for items not elsewhere on the agenda and/or identified by members prior to this meeting</b></p> <ul style="list-style-type: none"> <li>❖ Statistics for CPCS requested by RM, discussed under AOB</li> </ul>	
09.15	4.	<p><b>Matters arising from reading list – see separate circulations (for items identified by members prior to this meeting and placed on supplementary agenda if necessary)</b></p> <ul style="list-style-type: none"> <li>❖ Espranor</li> </ul>	
09.25	5.	<p><b>SPEAKER:</b> Theresa Larcombe, Senior Pharmacist, Medicines Optimisation Team, Dorset CCG</p> <p>Theresa was introduced to the meeting and shared details of her role which is supporting delivery around PCNs and integration of community pharmacy to meet needs of NHS plan.</p> <ul style="list-style-type: none"> <li>❖ Formulary is now available on SystmOne in all Dorset surgeries using that system. This will support ensuring the correct items get prescribed and there should be less issues with wrong items being chosen. Problems might arise where there is an element when a</li> </ul>	

		<p>patient requests a specific choice of medicine. It is hoped access to the formulary will support conversations between community pharmacies, GPs and CCG.</p> <ul style="list-style-type: none"> <li>❖ TL thanked the LPC for their support at the CCG PCN event at Hamworthy Club on 15<sup>th</sup> January. Discussions about the Palliative Care Service Specification. Palliative Care could potentially become a nationally commissioned service as set out in the 5 year CCPF plan. When that time comes it is likely that NHSE will review services that are already in place, such as in Dorset. The current service in Dorset is due to expire on 31<sup>st</sup> March 2020. Dorset CCG are keen to see the service continue uninterrupted and have updated the current service specification to reflect inflationary rises in costs and also to simply process. Moving forward the CCG are keen to see that the geographical needs of the service within Dorset are maintained and current providers will be asked to continue service provision. The CCG is aware that with potential consolidation and closures in the future any gaps identified would provide opportunity to other contractors to show EOI. The CCG will work with individual contractors to sign up to the new service specification. TL stressed that the service is not about centralisation of access to palliative care medicines. It is about ensuring extended access beyond a patient's regular community pharmacy opening hours, particularly late night, weekends and bank holidays. Current system is working well, and demand is relatively low, as community pharmacy does have 95% of the stock list. All but one of the current providers has said they are happy to continue with providing the service. RM asked for clear selection criteria to be more specific within the specification as to how community pharmacies are selected and it must not feel like a "selective few". TL stressed this is not a newly commissioned service, just a renewal of current service. The LPC are being asked to review and comment on the updated service specification. Request that within the spec that it is stated that the first port of call, for DN and palliative care providers is to use regular community pharmacy and the those pharmacies commissioned to the provide the palliative care service should be used when needed out of hours. There will need to be clear signposting as to who is providing the service. Suggested that a date is added in to the spec to state how long the service will be available and with a statement that when a national service gets implemented, Dorset scheme will then transfer to national service. CCG to review access and any potential gaps if a provider closes or merges. Medicine optimisation email address to be corrected on draft document. Discussions about process for messaging and submitting claims needs to be agreed. CCG would wish to use Microsoft teams, but this is unlikely to be workable for community pharmacy. TL to discuss with PHD if their licence can be used to post messages and claim forms on PharmOutcomes. The Medicines Complete Palliative Care formulary is a useful tool to expand clinical knowledge and competency. There is no expectation for community pharmacists to expand knowledge beyond current clinical knowledge, but CCG would wish to share potential resources for pharmacists to access should they wish.</li> </ul>	
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10.30		<b>COFFEE</b>	
10.45	6.	<p><b>SPEAKER:</b> Gary Warner, PSNC Representative ❖ PSNC update - not available as GW gave apologies.  ❖ Pharmacy representation review. The pharmacy representation review is an independent review being conducted by University of East Anglia. It is an evidence based review of the current situation, with the opportunity for contractors to be included and opinion of LPCs been asked. The review will look at current and future needs. It is believed that PSNC as it stands at the moment is not sufficiently funded for their current role. The review should not be seen as a criticism of LPCs but there is a huge difference in variance of how different LPCs operate and support their contractors in the country. Some belief that representation is ideal at 300 contractors per LPC. There are currently 69 LPCs and potentially this would reduce to 38 if each represented 300 contractors. There will be a review of an LPC remit as the current structure has been in place for over 30 years. University of East Anglia will gather all responses and make recommendations in their report. Report will be passed on to PSNC to pursue and give feedback to LPC for approval. Any changes have to go through PSNC committee, before it gets sent out to LPCs. Official report from the review is to be published towards end of April beginning of May. JDC gave an update on a focus group meeting attended. JDC will send out a meeting report with attendees and questions asked. All committee members were asked to read and take notice of CCA document and CCA viewpoint on the review. All committee members to provide availability for either conference call or attendance at Merley House to discuss the information from the review during February 2020. There will be a survey that needs to be completed and questions to answer. This will require full committee input and if there is no consensus, different views must be captured. The response will be a whole committee response.</p> <p><b>ACTIONS:</b> JDC to complete meeting report with details of attendees and questions asked AM to share CCA document with members All committee members to provide availability to attend meeting to discuss output from the review JDC to request details of any Dorset contractors attending the January focus group in Taunton</p>	<p><b>JDC</b> <b>AM</b> <b>ALL</b> <b>JDC</b></p>

12.00	7	<p><b>Provider Company - SW LPCs</b></p> <p>A provider company is a company set up to allow pharmacies to collaboratively work together and provide services. LPCs are not providers of services and historically have not been actively involved in provider companies. A provider company could submit a bid/negotiate services on behalf of members of the company. This could be beneficial when a commissioner is looking for a single provider/lead provider for a service. The previous South Central LPCs provider company has been wound down and any money returned to contractors. The LPCs in the South West are now looking at starting a provider company and have sent an invite for Dorset LPC to consider joining. Since the SC LPCs company was established guidance has changed. Opinion from LPC is that a provider company could potentially be beneficial, but do not feel it would be appropriate to make a decision at this time given the potential changes with the Pharmacy Representation Review. SW LPCs are developing a provider company anyway, so joining later may well be an option. LPC to consider on a meeting agenda in the new financial year.</p>	
12.30	8	<p><b>Espranor – Held in Camera</b></p> <p>PHD has suggested that Espranor will be the preferred option for buprenorphine prescriptions going forward, which will have an impact on community pharmacy. Potentially this may have already started and committee members were asked to check when in pharmacies if Espranor prescriptions are being issued in Dorset, as it would be useful to obtain this intelligence on ground. PHD is currently preparing a document on the reasons for the change which will be shared with the LPC. They have been asked to provide evidence of need for the change as well as the impact on the community pharmacies, as they did when looking to implement changes to needle exchange services. The lead prescriber from AWP has offered to attend the next LPC meeting with PHD to discuss. Members confirmed the discussions would be contractual discussions, so these would be between PHD and LPC only.</p>	
12.45	9	<p><b>PRESENTATION – Steve Thornback, Thornton Ross Ltd</b>  <a href="mailto:stevethornback@thorntonross.com">stevethornback@thorntonross.com</a> Topic: Zeroderma and Flexitol range of emollients</p>	
13.00		<p><b>LUNCH</b></p>	
13.45	10	<p><b>PRESENTATION – Sandra Tanner, Lilly UK</b>  <a href="mailto:tanner_sandra_rachel@lilly.com">tanner_sandra_rachel@lilly.com</a> Topic: Lilly diabetes medications (SGLT2 inhibitor, GLP1 RA, Lilly insulins and devices)</p>	
14.00	11	<p><b>Transfer of Care Around Medicines (TCAM)</b></p> <p>DCH was previously involved in a pilot of TCAM. This original pilot has since ceased but DCH would like to start sending discharge information to community pharmacies once again. Discussions about expectations, capacity and work level within pharmacies raised concerns about being able to deliver this effectively. There is no desire to add to the workload for pharmacists without the ability to access funded services. Need for any service to complement the Medicines Reconciliation Service which will be a nationally commissioned service and is due to be launched during 2020/21. No further details are available at this time. Concerns about whether there is capacity within the current resource of the LPC to support this and would it cause confusion by launching TCAM and then replacing it very soon after with the national service for medicines reconciliation. Suggested that any information shared concentrates on medicines reconciliation. It should only be seen as information sharing and not a service as it is not commissioned or remunerated. Screens from PharmOutcomes shared and options discussed. Members wish to see</p>	

		<p>feedback as being optional and that pharmacies should not be chased to complete. LPC would wish to see contractors having a choice to close a referral without taking any action. Any feedback for completion needs to be as simple as possible. Feedback from pharmacies will be needed to gather data to support the need for commissioning of a funded service from community pharmacy. DCH looking to launch before the end of this financial year, Dorset LPC unable to support until end of March or beginning of April at earliest.</p> <p>LPC support DCH in principle as there is a good intention, but concerns about the delivery of this and pressure this will add to pharmacies. Suggestion for virtual webinar to launch this and keen that community pharmacy to set the scene. Soft launch needed.</p> <p><b>ACTIONS:</b> LPC members to provide feedback on content of PharmOutcomes to AM, which will then be shared with Pinnacle</p>	<b>ALL</b>
15.00	12	<p><b>WELCOME: Dorset Community Pharmacy PCN Pharmacy Leads</b> The 18 community pharmacy PCN leads were all invited to attend a two hour meeting. This was to support networking with other leads and to meet the LPC mentors who will be supporting them. Group work within PCN geographical areas looked at skills and knowledge requirements for a PCN lead; expectations of support; means of communication; development needs.</p> <p><b>ACTION:</b> Output from workshop to be typed up and shared with PCN leads</p>	<b>SD</b>
17.00	13	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>❖ Free Style Libre level of demand, and OOS situation – concerns raised, to be discussed with CCG</li> <li>❖ VirtualOutcomes has just launched training record. RM stated of limited use in current format. RM to contact Richard Brown to discuss.</li> <li>❖ HEE update – to support HLP ongoing, there will be funding provided for Health Champion training via distance learning for 100 places across Wessex. There will be two Knowledge In to Action days to support the Health Champions once they are established in their pharmacy. HEE will be supporting development of community pharmacy PCN leads through a one day event. Request has been submitted for LPC members to also attend. One Dorset workforce has also confirmed they can support the soft skills development of PCN leads, no details on what this may look like at present</li> <li>❖ CPCS data for Dorset discussed</li> <li>❖ Bing Bang Event Being held at Tank Museum on 18<sup>th</sup> March 2020. This is a careers fair for those looking at science, technology and maths careers. There has been a request for pharmacy to be present, this will be for all sectors and will be done under the umbrella of One Dorset Workforce. Expecting to have up to 40 businesses and professions represented. JDC to attend as part of the pharmacy workforce team.</li> </ul>	<b>RM</b>
17.15		<b>REVIEW ACTION PLAN (AM)</b>	

		<p><b>Dates of Steering Group Meetings 2019-2020:</b> <b>05-03-20</b></p> <p><b>Dates of Steering Group Meetings 2020-2021:</b> <b>30-04-20, 25-06-20, 03-09-20, 22-10-20, 07-01-21, 25-02-21</b></p> <p><b>Dates of LPC meetings 2019-2020:</b> <b>19-03-20</b></p> <p><b>Dates of LPC Meetings 2020-2021:</b> <b>14-05-20, 09-07-20, 16-09-20, 05-11-20, 14-01-21, 11-03-21</b></p> <p><b>All meetings at Merley House, Merley House Lane, Wimborne, BH21 3AA.</b></p>	
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