

DORSET LOCAL PHARMACEUTICAL COMMITTEE

A meeting of the Dorset Local Pharmaceutical Committee will be held on Thursday 14th May 2020, remotely on Zoom. **If you are unable to attend please notify Sara Diamond at the LPC office via email – admin@DorsetLPC.org.uk**

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| 9.00 | 1. | <p>WELCOME, APOLOGIES FOR ABSENCE</p> <ul style="list-style-type: none"> ❖ Apologies for absence – No communication from GW; CW apologies from lunchtime; JDC apologies from 2.30pm ❖ One CCA vacancy on the committee – no communication yet received about filling the position ❖ LPC members time – a request for any comments ❖ Conflicts of interests – All members have now returned their declaration of interests & confidentiality agreements to the office ❖ Action Plan (CW) ❖ Time Keeper (JB) ❖ Expenses form to be completed and submitted to Treasurer via email | |
| 9.05 | 2. | <p>ELECTION OF OFFICERS (AM) (Held in Camera) (Nominations are requested for the election of officers – please forward nominations to Amanda Moores prior to this meeting. NB. Postal/Proxy votes are accepted – but please send an email to AM to authorise the individual attending and voting on your behalf).</p> <ul style="list-style-type: none"> ❖ Election of the Chair For voting:- Robin Mitchell elected to position of Chair. ❖ Election of Vice Chair For voting:- Janette Best elected to position of Vice Chair. ❖ Election of Treasurer For voting:- Roger Mitchell elected to Treasurer. ❖ Confidentiality agreements and declaration of interests SD confirmed all committee members have now returned their signed confidentiality agreements and declaration of interests. ❖ Adoption of Standing Orders RbM proposed to look at the language used within the document at a later date. The committee agreed no amendments were currently required to the Standing Orders and to continue with the current document for 2020-2021. Unanimously agreed by all committee members present. 8 votes in total. No proxy votes. Annual appointment of sub-committees ❖ Steering Group - Chair, Vice Chair, Treasurer and Chief Officer. ❖ Governance (which will include the Treasurer for financial insight only) – JA, JH, RhM ❖ Contract Applications (membership should include a mixture of representation; minimum size 3) – GH, FD, New CCA representative when appointed, RgM <ul style="list-style-type: none"> • It was at this point that CW advised this would be the last Dorset LPC meeting she would be attending as a CCA representative due to resigning from her position within Lloyds. The committee expressed their thanks and sincere gratitude for the many years of hard work and dedication CW has shown, not only to Dorset LPC, but also to community pharmacy as a whole and expressed how her knowledge and expertise would be greatly missed. ❖ Expenses policy | <p>ENC A</p> <p>ENC B</p> |

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| | | <p>Committee members confirmed they had received and read the expenses policy and agreed no amendments were required and to continue with the current document for 2020-2021. Unanimously agreed by all committee members present. 8 votes in total. No proxy votes.</p> <p>ACTION: RgM Yearly statement of claims for LPC members to be prepared COMPLETED</p> <ul style="list-style-type: none"> ❖ Expenses claim form <p>All members agreed the expenses form which was last amended back in 2018 is still fit for purpose. JB proposed to continue with the current document. Unanimously agreed by all committee members present. 8 votes in total. No proxy votes.</p> <p>ACTION: RgM & JA to check expenses form template, SD to then circulate new form COMPLETED</p> <ul style="list-style-type: none"> ❖ Social media policy <p>Committee members confirmed they had received and read the social media policy. The committee agreed no amendments were required to the social media policy and to continue with the current document for 2020-2021. Unanimously agreed by all committee members present. 8 votes in total. No proxy votes.</p> <ul style="list-style-type: none"> • Group discussed the need to ensure we are up to date and aware of all relevant guidance available to support us going forward with virtual meetings. AM & SD have discussed and agreed to add another level of security for our virtual events by requesting invitees pre-register as a participant prior to the meetings. <ul style="list-style-type: none"> ❖ Roles to support the work of the LPC <p>Committee members confirmed they had received and read the role profiles/job descriptions for the Chief Officer, Services & Implementation Lead and Administrator.</p> <p>Annual review of remuneration of Administrator</p> <p>Committee members thanked SD for her contributions for 2019-2020. A salary increase was agreed by all committee members present.</p> <ul style="list-style-type: none"> ❖ Annual review of remuneration of MAPD Contract. <p>Committee members thanked AM for MAPD contributions for 2019-2020 and agreed that the contract, as agreed in May 2018 in terms of the surplus hours, would remain available to cover the current level of work required. A proposal was made for an increase to the value of the contract from May 2020.</p> | <p>RgM</p> <p>ENC C</p> <p>RbM, JA, SD</p> <p>ENC D</p> <p>ENC E</p> <p>ENC F</p> <p>ENC G</p> |
| 10.25 | 3. | <p>MINUTES OF DORSET LPC MEETING 19.03.2020</p> <ul style="list-style-type: none"> ❖ Meeting Minutes accuracy – No amendments received. Members agreed this was an accurate reflection of the meeting. ❖ Review of Action Plan – 2 ongoing <ul style="list-style-type: none"> • LPC going forward - members to reflect on their time and commitment and to bring ideas for new and smarter ways of working to the May LPC meeting – To be discussed under agenda item 9. • Members to submit ideas to AM for future collaborative working for pharmacy to better support each other in the current climate – To be discussed under agenda item 9. | <p>ENC H</p> <p>ENC I</p> |
| 10.30 | 4. | <p>Matters Arising from minutes of 19.03.2020 (for items not elsewhere on the agenda and/or identified by members prior to this meeting</p> <ul style="list-style-type: none"> ❖ None | |

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| 10.35 | 5. | <p>Matters arising from reading list – see separate circulations (for items identified by members prior to this meeting and placed on supplementary agenda if necessary)</p> <p>❖ Committee members all in agreement that due to the current circumstances not receiving the weekly reading list circulated from the office was a good thing on top of the huge amount of reading, information and guidance that is currently out there.</p> <p>It was commented by the committee members who have been attending the fortnightly NHS webinars that they have been be interesting and very beneficial.</p> | |
| 10.45 | | COFFEE | |
| 11.00 | 6. | <p>Financial update (RgM)</p> <p>The committee looked at the Treasurers Dorset LPC Unaudited Management Information for Apr 19 – Mar 20.</p> <p>Final accounts to be submitted to Albert Goodman for auditing and a finalised version will be available for members at the July LPC meeting.</p> <p>2019-2020 has been an extremely busy period. Overheads increased by more than 9%. Main reason for the increase is due to our contractor events; PCN, CPCS & WIMS events. Off the back of that there has been a significant increase in funds available from sponsorship for some of the events. Other revenue has increased due to £6,425 from NHS England for support for WIMS, £1,663 from CCG in relation to work by the CO for Medicines Optimisation and some ongoing admin support for CPSW.</p> <p>Overheads, £4,000 of which related to payments that should have belonged to 2018-2019.</p> <p>Budget for the coming 12 months will commence shortly and will be presented at the July meeting. Treasurer proposed to prepare a standard budget as opposed to the zero based budget as discussed last year. Chair confirmed agreement.</p> <p>PSNC levy for the coming year assumption is 5% but there has not been any increase for many years and there has been no communications from PSNC. No charge received for the Pharmacy Representation Review as of yet.</p> <p>Due to the current COVID-19 situation there is not likely to be any costs incurred for venue hire or refreshments but on the flipside we may not have funds coming in from sponsorship.</p> <p>ACTION: SD to explore possibility of sponsors for July LPC meeting. Chair thanked the Treasurer for his update.</p> | SD |
| 11.20 | 7. | <p>PSNC Pharmacy Review (AM)</p> <p>LPC conference should have been held on the 5th May where the review would have been presented by Prof. David Wright with discussions on what to do going forward. The Review Steering Group working with Prof. Wright are due to consider the draft report at the start of June. The report was written pre COVID so Prof. Wright is reviewing some of the work done since the pandemic. Plan now is there will be a virtual conference at the beginning of July. The request by the LPC's is that the meeting will only be attended by PSNC, and two representatives from each LPC. It has also been requested that no press be in attendance. The plan is to send out the report prior to the meeting (timing to be agreed) to give time for questions to be submitted. There will then be another meeting in September, with</p> | |

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| | | <p>working groups happening in July-Aug to put processes in place to support the recommendations.</p> <p>The Rapid Action Team (RAT) which was put together as part of the PSNC Covid-19 response, have been discussing various topics and work including engagement with MP's, Bank Holidays and claims, CD legislation, Market Entry, support within Care Homes and what that looks like for community pharmacy. The activities of this group will be included in the Prof. Wright review of work done during the pandemic.</p> | |
| 11.45 | 8. | <p>Review of activities during coronavirus pandemic:</p> <p>Members broke off into groups to discuss the following.</p> <p>Group one – JDC, JH, RhM, RgM</p> <p>Group two – GH, JA, RbM</p> <p>Group three – CW, FD, JB</p> <ul style="list-style-type: none"> • What has worked well? <p>Discussions & negotiations with PHD regarding transition from daily supervised have been positive.</p> <p>Volunteers planning, discussions with CCG and GP.</p> <p>Great examples of collaborative working between surgeries and pharmacies, with volunteers in certain localities.</p> <p>Progression of using digital for electronic prescribing and eRD.</p> <p>Online meeting support to cascade key PSNC info.</p> <p>GP's - Alternative meds where shortage / not available</p> <p>eRD in some cases.</p> <p>Local Pharmacies - Increased communications regarding products, patients, status.</p> <p>Substance misuse prescribers e.g, Reach - Good comms in advance of changes, proactive practical changes to improve safety e.g., moving away from SC.</p> <p>Smoking cessation - Clear comms to put services on-hold.</p> <p>Hospital pharmacies - Proactive comms regarding patient discharge and even some admissions (tray patients). Mutual support.</p> <p>Requisition of unusual meds possible.</p> <p>Patients - Most patients understanding and appreciative of pharmacy workload, constraints, etc.</p> <p>Volunteers (via official programs) - Available early, pre-screened and basic orientation. Reliable, few problems. Gov liability cover provided eventually.</p> <p>Smartcard team - Good support to quickly put new credentials in place for staff moves (within multiples).</p> <p>NHSE&I - Pandemic SOP put in place quickly providing ability to work flexibly with improved safety. Bi-weekly webinars with some useful and timely content.</p> <p>NHSE&I South West - Lots of information passed through.</p> <p>Fast response to put decisions into action e.g, bank hols.</p> <p>Positive tone to comms</p> <p>PSNC - Jumped on the issues early and initially clearly stepped up to indicate what they were doing, asks and status.</p> <p>Daily communications highlight the key points.</p> <p>Good guidance on key topics / actions.</p> <ul style="list-style-type: none"> • What has not worked so well? <p>Contractors not responding to communications.</p> <p>PCN not moving forward fast enough.</p> <p>Some GP surgeries not supplying lists of shielded patients.</p> <p>Business continuity plans to be reviewed by some pharmacies.</p> | |

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| | | <p>Need to improve comms in PCN and between stakeholders so transparent with what's happening where. Variation in messages and consistency between pharmacies. GP's - Apparently no controls exercised on early huge demand for scripts. Some directing of scripts. Local pharmacies - "Poaching" e.g. not resetting nominations after acute scripts. Smoking cessation - Should have established alternative service models by now. EHC - Only recently received addendum to PGD. Hospital pharmacies - Difficult to put mutual support offer into practical benefit. Patients - Very demanding and largely unnecessary surge in March and early April. Some examples of aggressive and abusive patients. Volunteers (via official programs) - Confusing messages from pharmacy bodies regarding pharmacy obligations to screen, train, and liability cover. New Medicines Service (NMS) - Big opportunity missed as not able to provide without physical signature. NHSE&I – PPE. Procrastinating over Bank Holiday arrangements. Shifting and vague PPE guidelines (with political undertones). Bi-weekly webinar patronising at times, no ability to influence the agenda or which questions answered. NHSE&I South West - Too much information, repetitive, difficult to sort through. PSNC - Once the £300M advance came through it all went very quiet, where are negotiations now?</p> | |
| 12.30 | | LUNCH | |
| 13.00 | 9. | <p>Work plan discussions to include: Members broke off into groups to discuss the following. Group one – JH, RhM, RgM Group two – GH, JA, RbM Group three – FD, JB, JDC</p> <ul style="list-style-type: none"> • Buddy List <p>Members thanks JDC for his work on completing the buddy list and agreed for it to be sent to contractors. ACTION: SD & AM Buddy list to be circulated to pharmacies as a resource.</p> <ul style="list-style-type: none"> • Locally commissioned services <p><i>Update from AM</i> - There has been really good communications with Public Health and lots of things have been put in place. AM has received an email from Bella, of AWP, offering her thanks and positive feedback on how well pharmacy teams have been working and supporting service users, considering the pressure they have been under. RbM has put together a fantastic letter which has been submitted to Public Health Dorset summarising some of the things we would like them to consider and asking them to do what has been done in other areas, which is to continue to pay pharmacy for Public Health services as would have been doing them last year. The letter has now been acknowledged and AM is waiting for feedback. PHD have asked us to consider looking at FP10 electronic prescribing through AWP. No supervisions just for weekly collections. There are 1,500 clients in Dorset who are managed on this service currently. Prior to COVID in BCP area 80% were supervised</p> | SD, AM |

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| | | <p>consumption, since COVID it is only 20%. In Dorset it was 50/50. PHD keen to explore ways to move forward and do things differently. One thing they are suggesting is looking at buprenorphine injections, which are long lasting, to remove the need for supervision and collection.</p> <ul style="list-style-type: none"> • Mutual aid offer from secondary care Offer of help has been received from secondary care who are seeing only about a third of the usual level of patients. The group discussed if secondary care could support with eRD, dispensing or delivering and if they could be used as a contingency if pharmacies could not open. Great opportunity here to build relationships and perhaps use a WIMS type scenario. • Engaging with Community Pharmacy PCN Leads Some PCN leads have stepped up during this time and have been in regular contact with pharmacies within their network. One area we need to look at is establishing if any of our leads have been furloughed. The group agreed that having a deputy in place would be beneficial and would maintain a level of continuity. Some LPC mentors have been struggling to have regular contact with their PCN leads, but all agreed the need to continue to offer support is greater now more than ever. An area that has worked well is using WhatsApp rather than email. • Communications The need to be SMART, especially now. The need to prioritise important and urgent information. Not to regurgitate nationally available information and only communicate locally relevant issues to Contractors. All agreed to continue with our Dorset LPC monthly newsletter, but to have only top line headlines with links to more details on our website if people want to go looking for it. ACTION: SD to include information about MP visits in next monthly briefing. SD is looking into how to monitor access and hits on LPC website to better understand what value we add as a source on information and to continue keeping an eye on tweets. • Meetings in 2020/21 The group thought shorter more frequent meetings, for a few hours only, could be the way forward. Although this could present challenges with cover for part days. All agreed they would be reluctant to start evening meetings after full day's work. Quarterly Zoom owner/manager updates is a good way forward. ACTION: SD to share invite for Owners/Area Managers meeting with all LPC members COMPLETED | <p>SD</p> <p>SD</p> |
| 14.15 | 10. | <p>Next steps & work priorities Dorset Care Record – Dorset Care Record will allow pharmacies to access patient's info around medicines. Hospital information, GP information and Social Care information will be available, with some restrictions. Due to COVID-19 Dorset Care record have agreed to expedite access for Community Pharmacy. In the next week or two there will be letter going out to pharmacies about this. AM requested assistance from the members of multiples to ensure these letters are sent to the correct people within their organisations. RbM has been piloting the system. Funding has been agreed for 12 months access, it has been made clear to DCR that community pharmacy does not have the financial resource to pay for access once the 12 months are completed. This is an opportunity to show what pharmacy can do.</p> | |

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| | | <p>eRD – AM advised that CCG/PCN pharmacy staff that were working on eRD have been redeployed to support the urgent work required on care homes.</p> | |
| 14.30 | 11. | <p>AOB</p> <p>MDS – Members discussed the issues with being asked to do MDS for the sake of the carers rather than patients. Members advised to refer to documentation prepared by Wessex LMCs & LPCs as well as the information from NHSE Wessex LPN. This work has now been transferred to the Medicines Optimisation and Transformation Group (MOTG) in Dorset which will be taking this forward locally. This will require whole system input and agreement to work together to resolve the challenges.</p> <p>Wellbeing offer from PHD - The health and care system in Dorset has been working together to ensure they have an appropriate and coordinated wellbeing offer to support colleagues as they face unprecedented challenges during the COVID-19 response. SD will be sending these out and encouraging community pharmacy teams to utilise the service. Resource will be made available on website and included in the May monthly briefing.</p> <p>PPE – This comes up on the weekly call with NHSE&I South West and there have been discussions about the appropriate use of PPE. This is creating further areas of confusion now that employers are moving towards asking employees to return to work. NHSE&I SW have been asked to clarify the appropriate use of PPE and provide a webinar for community pharmacy. The plan is for it to be held on a Friday lunchtime, which is not ideal. There seems to be varying degrees of PPE used across pharmacies. The government are issuing guidance for people to go back to work safely which is completely different from the guidance the government has given community pharmacy. There is a lot of confusion around this.</p> <p>Palliative care – Most pharmacies have seen an uptake in palliative care medicines requests. Most pharmacies seem to be well stocked with key medicines. It was noted that it is important that Care Homes are aware of the new NHS SOP which now allows them to keep CD's and repurpose them if there is a shortage of the supply.</p> <p>MP comms – There is lots of info out there at the moment around engaging with our MPs. Some contractors have already made contact.</p> <p>ACTION: SD Include information about MP communications and future visits in next monthly briefing</p> | |
| 15.00 | 12. | <p>Review of action plan</p> <p>ACTION: RgM Yearly statement of claims for LPC members to be prepared COMPLETED</p> <p>ACTION: RgM & JA to check expenses form template, SD to then circulate new form COMPLETED</p> <p>ACTION: SD Explore possibility of sponsors for July LPC meeting</p> <p>ACTION: SD & AM Buddy list to be circulated to pharmacies as a resource.</p> <p>ACTION: SD Include information about MP communication and future visits in next monthly briefing.</p> <p>ACTION: SD to share invite for Owners/Area Managers meeting with all LPC members COMPLETED</p> | <p>RgM</p> <p>SD SD, AM</p> <p>SD</p> <p>SD</p> |
| | | <p>Dates of Steering Group Meetings 2020-2021: 25-06-20, 03-09-20, 22-10-20, 07-01-21, 25-02-21</p> <p>Dates of LPC Meetings 2020-2021:</p> | |

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| | | 09-07-20, 16-09-20, 05-11-20, 14-01-21, 11-03-21 All meetings are planned for Merley House, Merley House Lane, Wimborne, BH21 3AA, however they may be delivered via Zoom. | |
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