



DORSET LOCAL PHARMACEUTICAL COMMITTEE

9th July 2020

Zoom - Remote Meeting

Attendees:-

Independent:- Robin Mitchell (RbM), Roger Mitchell (RgM), Frank Dwomoh (FD)

CCA:- Janette Best (JB) (Chair), Gabi Horvath (GH), Jane Hallett (JH), Jose Aguiar (JA), Di Wood (DW)

AIMp:- Richard Maiden (RhM)

In attendance

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

9.00	1.	<p>WELCOME, APOLOGIES FOR ABSENCE</p> <ul style="list-style-type: none"> ❖ Apologies for absence - GW ❖ Action Plan (FD) ❖ Time Keeper (GH) ❖ Conflicts of interests – a request for any LPC members interests not already declared ❖ Expenses form to be completed and submitted to Treasurer via email 	
9.10	2.	<p>MEMBERS MOMENT</p> <ul style="list-style-type: none"> ❖ LPC members time – a request for any comments <p>Members talked about what their key issues/areas of work and what they would like to take forward.</p> <p><u>The top priorities discussed were:</u></p> <ul style="list-style-type: none"> *Responding to PHD regarding their communications to pharmacy advising of their decision not to support Dorset pharmacies with top up payments for locally commissioned services. *Supporting contractors and pharmacy teams with providing the flu service; top priority is making the service a success this year, with the likely huge increase in demand. Risk assessment for staff using consultation rooms. Safe and practical ways of assessing patients for the 10 minutes after injecting, support and guidance for vulnerable and shielding staff members. *Support for pre-reg pharmacists. *Mental wellbeing of all pharmacy staff. *Supporting pharmacy teams with the “new normal” ways of working; PQS and HLP. *Lack of PPE available for pharmacy staff and having a consistent guidance across the board. *Reinvigorating work with our PCN’s. *Looking at ways to improve contractor engagement and our communications to contractors. *Concern around the lack of endorsement for what community pharmacy does and the expectations of what is expected from pharmacy. <p>ACTION: AM/SD/JDC List of all services and how to offer them safely to be developed and sent to contractors.</p>	AM/SD/JDC
9.55	3.	<p>MINUTES OF DORSET LPC MEETING 14.05.2020</p>	

		<ul style="list-style-type: none"> ❖ Accuracy – No amendments received. Members agreed this was an accurate reflection of the meeting. ❖ Review of Action Plan – One outstanding; MP visit information to be added into the monthly briefing – Members agreed this is not currently a priority. 	
10.05	4.	<p>Matters Arising from minutes of 14.05.2020 (for items not elsewhere on the agenda and/or identified by members prior to this meeting)</p> <ul style="list-style-type: none"> ❖ None 	
10.15	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>The group discussed the significant variation in EPS utilisation and noted that EPS for Dorset was only 40% at CCG level.</p>	
10.25		COFFEE	
10.40	6.	<p>FINANCE (RgM)</p> <p>Members discussed the draft budget for 2020/2021. Members to review and submit comments / queries regarding the draft accounts for 2019-2020 to allow sufficient time for the Treasurer to address these ready for formal approval at the September meeting.</p> <p>ACTION: SD to circulate the draft accounts to members – COMPLETED</p> <p>ACTION: Members to provide comments/queries on the draft accounts to RgM by 24/7/20</p> <p>As previous years the Annual Report and Accounts, once approved, will be circulated to contractors in preparation for the AGM.</p>	<p>SD</p> <p>ALL</p>
11.10	7.	<p>UPDATE – Gary Warner, PSNC</p> <p>GW commented about the success of Wednesday’s initial Independent Pharmacy Review meeting, which ran very smoothly despite a few technical issues at the start. Some very positive recommendations have come out of the Review and PSNC are looking forward to working closely with LPC colleagues.</p> <p>GW advised the group that negotiations on the pharmacy COVID-19 funding has now formally begun following several months of representations by PSNC. The Department of Health and Social Care & NHSE&I have recognised the significant effort made by community pharmacy in supplying advice and medicines during the early stages of the pandemic and there is acceptance that costs have been incurred. PSNC are very aware contractors will be keen to know more about discussions around how and when the advanced funding will be repaid, but negotiations could last for many weeks.</p> <p>GW urged contractors to continue collecting data of costs incurred.</p>	
11.40	8.	<p>DISCUSSION – Independent Pharmacy Review</p> <p>RbM and AM attended the PSNC Conference. Prof. Wright spoke at length about the questions submitted by LPC’s and then attendees were placed in breakout rooms to discuss the findings in more detail which included ways to improve negotiation outcomes, improving transparency for contractors at all levels, ways to enhance listening to the contractor voice, increase efficiencies and ways of reducing risk to the systems.</p> <p><u>The current make-up of LPC’s is:</u></p> <p>15 – 97 contractors = 21 LPC’s 100 – 200 contractors = 31 LPC’s 200 – 300 contractors = 8 LPC’s</p>	

		<p>300 – 400 contractors = 6 LPC's 400+ = 3 LPC's Only 17 LPC's fit the suggested criteria of 200+ contractors. PSNC has proposed they set up a Working Group with LPC's to review the recommendations and work on proposals in time for the September conference. Members discussed ideas on the ideal makeup for the Working Group: *Smaller LPC's should have representation. *All geographical locations covered. *A diverse representation. *PSNC – more of an empowering representation required. *Fresh blood with different backgrounds. *Every LPC to have a connection with someone on the working group who they can interact with. *Open and honest culture – transparency. *Consider David Wright to continue as an advisor. *Working Group chaired by PSNC Chair or CEO. ACTION: Any suggestions on the make-up of the working group for PSNC/LPC during the summer to be sent to AM.</p>	ALL
13.00		LUNCH	
13.30	9.	<p>UPDATE – Public Health Dorset The PHD letter sent to Dorset contractors to explain what is happening with commissioned services was not what was initially shared with the LPC for agreement. PHD removed all information around finances even though previous discussions had suggested they would pay contractors the average fee from last year's activity. Members are all in agreement that this is unacceptable and PHD's response is not conducive to a collaborative relationship going forward. Dorset is one of the only Local Authorities not to protect pharmacies payments and Dorset contractors deserve an explanation. ACTION: Response letter to be prepared to PHD email regarding funding. ACTION: Letter for contractors regarding the PHD position on funding.</p>	RbM RbM
13.45	10.	<p>WORKPLAN ❖ PCNs – Everyone was in agreement that we need to reinvigorate our work with PCN's. AM requested mentors make contact with their PCN Leads. ACTION: Members to contact their relevant Community Pharmacy PCN Leads ACTION: SD/AM Webinar to be arranged for community pharmacy PCN Leads ❖ GP CPCS – AM is in the process of establishing the first two PCN areas who will participate, so work is under way. We are also starting to look at Project Management to drive this forward, the role will be for two days a week. This person will be liaising with Pharmacies and GP Practices, so as well as Project Management experience will need to be able to communicate at all levels. ACTION: RgM to ask Ellen Wood if she would be interested in project managing the GP CPCS pilot - COMPLETED ACTION: AM to ask Mandy West if she would be interested in project managing the GP CPCS pilot ❖ NHS111 CPCS – Is running and we hope to start seeing more patients, but there is a real concern about working in the consultation room again and keeping patients and pharmacy staff safe. No one</p>	ALL SD/AM RgM AM

		<p>should feel pressure to offer the service, but we hope pharmacies will come to the LPC for support first before they advise NHSE they will not offer the service.</p> <p>❖ Flu – Still a lot of unknowns but many pharmacies are putting processes in place to be ready for the start of flu season. We have our practical face to face training session booked at Merley House for Sunday 13th September and we have received enough interest for this to go ahead. We are pending confirmation from the venue that they will be open. There hasn't yet been much information around stock but there have been some conversations about increasing the vaccination groups. Again, as previous years we had hoped there would be a joined up approach with GP's, but we do not know what their service will look like. Each pharmacy will need to decide for itself what will work best for them. Members agreed it would be beneficial to compile a list of resources, best practice, shared experience and opinions for our newsletter and website.</p>	
14.30	11.	<p>SPEAKER – Katherine Gough, Dorset CCG, Medicines Optimisation Team</p> <p>Concerns raised that there have been a few reports around challenging behaviours of practices towards community pharmacy, for example the surgery will accept paper repeat prescriptions from patients but not from pharmacy. Practices are asking pharmacies to email everything over which is having an impact on time and prone to error. The group discussed how eRD would sort out these issues. There have also been reports of voicemail messages telling patients their first port of call for managing prescriptions is to get hold of your community pharmacy. KG advised she will send a general communication out to the Clinical Directors and requested AM send her the specifics.</p> <p>KG gave the group a general overview of how things have gone over the COVID period. At the start of the COVID period there was a rapid setup of an ICC process and a pharmacy cell which through KG reported to the Health and Social Care silver command. This was a good system of reporting up and down the chain. Through this reporting system there was an opportunity to get some great data which showed how pharmacy was not failing when we had the really busy period in March, it was due to pharmacies being given a ridiculous workload due to the peak in prescriptions and it was prescription management that was failing. Off the back of this and the national data provided by Simon Stevens, it says that practices now have to do eRD. There is to be no more stalling. Dorset CCG are working closely with the ASHN and NHSBSA because they have started work to give notification to practice of people who could be suitable for eRD. There was a big increase of eRD in the first few weeks of lockdown.</p> <p>IPMO – Locally in Dorset there has been work integrating Pharmacy Medicines Optimisation programme for few years. At the start of COVID the system had to identify one Snr Pharmacist who is the lead and all the communication information cascades through, this was set to stop at the end of March but has continued with twice weekly calls and we are now looking at turning this into the IPMO cascade. The structure within pharmacy will be the Regional Chief Pharmacist, the System Chief Pharmacist and then the system will be set up around an ICS. Going forward it is all about the "System" and everyone is very keen to continue forward with the new way of working.</p> <p>The group discussed the issue of PHD and their decision to not give protected payments. KG advised she will discuss with PHD about the long-term impact of this.</p>	

		ACTION: Share copy of PHD letter to contractors regarding funding with KG.	AM
15.00	12.	UPDATE – NHSE&I – At this present time NHSE have not agreed to the use of PharmOutcomes for recording flu and unless they pay for the license there will be no electronic platform in the South West. Still waiting for resolution of this matter and an update from the NHSE&I Regional team in the South West.	
15.30	13.	<p>AOB</p> <p>DCR – We have two webinars scheduled for contractors to join us to and hear the DCR team talk about the Dorset Care Record and have the opportunity to ask questions. Both events will be one hour long. Wednesday 15th July at 1pm and Monday 20th July at 7.30pm</p> <p>Antibody Testing – Members raised their disappointment that the Antibody testing was already coming to an end. This will be discussed with NHSE&I. AM was able to advise members that unfortunately very few pharmacy staff have booked to have the antibody test to date.</p> <p>MDS – There is currently no appetite nationally to do anything in regard to medicine compliance aids. Under the community pharmacy contract contractors have a requirement to make a reasonable adjustment for a person who would be covered under The Equality Act 2010. That does not mean you have to provide MDS; it means you have to assess a person and decide what support they need and if that support is an MDS then the pharmacy needs to provide it without any additional payment. It is highly unlikely that there will be a locally commissioned service for this. If a person does not qualify under The Equality Act a pharmacy is entitled to charge a patient for doing MDS as a private service. The Dorset Medicines Safety Officers group are currently working on an assessment document for the whole system, community pharmacies may use this too, should they wish to.</p> <p>TCAM – DCH are looking at restarting TCAM. RbM has been contacted by Anne Gilbert, Project Pharmacist at DCH, who has sent a test TCAM to the pharmacy to check they have the functionality right. AM & JDC have a meeting next week which will be looking at reinvigorating this.</p>	
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		<p>Dates of Steering Group Meetings 2020-2021: 03-09-20, 22-10-20, 07-01-21, 25-02-21</p> <p>Dates of Dorset LPC Meetings 2020-2021: 18-09-20, 05-11-20, 14-01-21, 11-03-21</p> <p>All meetings at currently being held via Zoom. If LPC meetings are face-to-face they are at Merley House, Merley House Lane, Wimborne, BH21 3AA.</p>	