



DORSET LOCAL PHARMACEUTICAL COMMITTEE

13th May 2021

Zoom - Remote Meeting

Attendees:-

Independent:- Robin Mitchell - Chair, (RbM), Roger Mitchell (RgM), James Tibbs (JT)

CCA:- Janette Best (JB) Di Wood (DW), Jane Hallett (JH), Mandy Jones (MJ), Elizabeth Hall (EH)

AIMp:- Richard Maiden (RhM)

In attendance

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

8.30	1.	<p>PRESENTATION – Louise White, Boehringer-Ingelheim, louise_2.white@boehringer-ingelheim.com Topic: Type 2 Diabetes</p>	
8.45	2.	<p>PRESENTATION – Amy Gates, Kora Healthcare, amy.gates@korahealthcare.com Topic: Hypomagnesemia video</p>	
9.00	3.	<p>WELCOME, APOLOGIES FOR ABSENCE</p> <ul style="list-style-type: none"> ❖ Apologies for absence – GW ❖ LPC members time – a request for any comments ❖ Conflicts of interests – a request for any LPC members interests not already declared ❖ Action Plan (RgM) ❖ Time Keeper (RhM) ❖ Expenses form to be completed and submitted to Treasurer via email 	
9.05	4.	<p>Introduction to new LPC members</p> <p>Amanda Jones – Well Pharmacy, Sherborne – CCA member James Tibbs – Holdenhurst Pharmacy, Bournemouth – Independent member Elizabeth Hall – Lloyds Pharmacy, Verwood – CCA member We currently still have one CCA member vacancy.</p> <p>LPC Buddies (AM)</p> <p>Due to having a few new members join the committee, AM has allocated each a buddy to support and guide them in their new Dorset LPC role:</p> <p>Janette Best & Elizabeth Hall Roger Mitchell & James Tibbs Jane Hallett & Mandy Jones Richard Maiden & Di Wood Robin Mitchell & CCA representative when confirmed.</p>	
9.10	5.	<p>ELECTION OF OFFICERS (AM) (Held in Camera)</p> <p>(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> <p>AM opened the meeting with election of the Chair, Vice Chair and Treasurer:</p>	

		<p>For voting:- Two nominations received for RbM to the position of Chair. Proposed by JB. Seconded by DW. Unanimously agreed by all committee members present. 8 votes in total. No proxy votes.</p> <p>For voting:- Two nominations received for JB to the position of Vice Chair. Proposed by DW. Seconded by RbM. Unanimously agreed by all committee members present. 8 votes in total. No proxy votes.</p> <p>For voting:- Three nominations received for RgM to the position of Treasurer. Proposed by JB. Seconded by DW. Unanimously agreed by all committee members present. 8 votes in total. No proxy votes.</p> <ul style="list-style-type: none"> ❖ Confidentiality agreements and declaration of interests received from all Members. ❖ Adoption of standing order – Amendments suggested, will be voted for at July meeting. <p>ACTION: RgM suggested proposal to amend section 7 of the Standing Orders so that AIM is included for membership of sub committees. This will be considered at the LPC meeting in July.</p> <ul style="list-style-type: none"> ❖ Annual appointment of sub committees: <p>Steering Group - Chair, Vice Chair, Treasurer and Chief Officer as members, with SAIL & Administrator also attending the meetings.</p> <p>Governance - (which will include the Treasurer for financial insight only) – EH, JB, JH, RhM</p> <p>Contract Applications – DW, JT, MJ, RgM (with RbM & JB to support where required)</p> <ul style="list-style-type: none"> ❖ Expenses policy <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 2021-2022. Unanimously agreed by all committee members present. 9 votes in total. No proxy votes.</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. Unanimously agreed by all committee members present. 9 votes in total. No proxy votes.</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 2021-2022. Unanimously agreed by all committee members present. 9 votes in total. No proxy votes.</p> <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>SAIL role to be reviewed September 2021.</p> <p>Annual review of remuneration of Administrator - Committee members thanked SD for her contributions for 2020-2021. Committee members proposed a 2.5% increase in salary, which will be back dated to 1st April 2020 and an increase in hours from 24 to 26 per week. Unanimously agreed by all committee members present.</p> <p>Annual review of remuneration of MAPD Contract - Committee members thanked AM for MAPD contributions for 2020-2021 and agreed that the contract, as agreed in May 2020, with an increase to surplus hours to 150 per annum to cover the current level of work required. Unanimously agreed by all committee members present.</p>	<p>ENC A</p> <p>RgM</p> <p>ENC B</p> <p>ENC C</p> <p>ENC D</p> <p>ENC E/F/G</p>
10.30		COFFEE	

10.45	6.	<p>WELCOME OBSERVERS</p> <p>Members welcomed Gabi Horvath, Area Manager for Rowlands and Mike Hewitson, Independent pharmacy owner and member of the Review Steering Group Committee.</p>	
10.50	7.	<p>MINUTES OF DORSET LPC MEETING 11.03.2021</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 <p>MyMHealth Presentation – Pending response from CCA members of the committee</p> <p>DCR - Ongoing</p>	<p>ENC H</p> <p>ENC I</p>
10.55	8.	<p>Matters Arising from minutes of 11.03.2021 (for items not elsewhere on the agenda and/or identified by members prior to this meeting - None</p>	
11.00	9.	<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) - None</p>	
11.15	10.	<p>Financial update (RgM)</p> <p>The committee looked at the Treasurers Dorset LPC unaudited Management Information for April 2020 to March 2021. Total income for the year is on budget. Final accounts to be submitted to Albert Goodman for auditing and a finalised version will be available for members at the July LPC meeting. 2020-2021 has been an extremely busy period. Main sources of income are contractor levy and meeting sponsorship. Due to the ongoing COVID-19 situation there has been a huge reduction on costs incurred for travel, venue hire and refreshments expenses. Members agreed for a face-to-face meeting for July and possibly September committee meeting but to continue with the majority of meetings via Zoom.</p> <p>Renewal of VirtualOutcomes License – Dorset LPC has the percentage of users in the country, with 82% of contractors using the platform. In April 2021 there were 58 courses accessed by Dorset, which consisted of a mixture of multiples and independent contractors. Everyone who has signed up to VirtualOutcomes actively uses the platform. We are also using the DMS and GP CPCS courses to support the roll out of the services with secondary care and GP practices.</p> <p>License renewal for the year is the same as last year at £2,440.00.</p> <p>For voting:- RgM proposed to continue with VirtualOutcomes as a valuable tool for contractors, where we have the ability to influence content and use to support services. Seconded by RbM. Unanimously agreed by all committee members present. 9 votes in total. No proxy votes.</p> <p>ACTION: RGM, VirtualOutcomes license renewal approved & Treasurer to settle invoice as per T&C's</p>	<p>RgM</p>
11.35	11.	<p>RSG session (Mike Hewitson) – Mike spoke to members about what has progressed during the Review Steering Group sessions of which he is a member.</p> <p>Background – The Wright review was reported in June 2020 with wide-ranging recommendations to reform the system of representation in England. The RSG was established and met in December 2020. The RSG comprises of 10 members, plus a non-voting Chair. There are 4 CCA, 2 AIM and 4 independent members. The RSG is not a decision-making body but is there to engage, steer and lead.</p>	

		<p>Principles – No decisions have been made. The RSG is trying to be clear and transparent. Vision for the future will be developed strategically and focus on the long term. System should deliver best value for contractors and optimise the use of resources. Changes will be implemented in a controlled and measured way.</p> <p>Timelines – Hope to have contractor vote completed by the end of the year. Stakeholder input into the design likely in the autumn. New structures to be in place during 2022.</p>	
12.20	12.	Check in with members and scene setting for the afternoon.	
12.30	13.	<p>PRESENTATION – Barry Chapman, Chiesi, b.chapman@chiesi.com Topic: Trimbrow in Asthma</p>	
12.45		LUNCH	
13.15	14.	Afternoon set-up	
13.45	15.	<p>Dorset ICS update – Katherine Gough (KG) Workforce planning and placements – A lot of work has been going on looking at getting enough trainees through to feed the needs of the county. There is a 10% vacancy rate in pharmacy roles across the county. As part of the workforce plan the last few years Dorset CCG have been looking at ways to increase the numbers. They are looking at assisting people to relocate into the county, but there are massive issues with finding properties. Another initiative is “growing our own” and for the last 2 years we have had HEE funding for this. The CCG are still actively looking for training placements within Community Pharmacy for Pre-registration Pharmacy Technicians (PTPT). There has been great success and feedback from pharmacies who already have a trainee in place. Please make contact with KG team if any pharmacy would like to host a PTPT. They are really keen for large multiples to come forward as well. Covid Vaccinations – Places offering the vaccinations are now moving to Pfizer. Letter is due from Keith Ridge to support any questions around preparation and looking after the Pfizer vaccine. ICS development – 2 sets of planning programmes underway. Transformation and Transition. Everything is a bit vague currently and they are hoping for further information from NHSE&I with further details. There are many focus groups working on ICS development currently and we anticipate that it will see things coming out and plans are in place for June. GP CPCS – All positive and the service is progressing well. Priorities – It is all about reset and recovery. Roughly half of the CCG medicines team have been redeployed to assist with the Covid vaccinations. Hoping for some level of normality from the end of May. There are a couple of vacancies on the team which the CCG will start to look at recruiting for. They are planning on offering their network meetings again, over a lunchtime with the possibility of one or two evenings per year which they would like community pharmacy to attend. These meetings will be about sharing information and putting names to faces. ACTION: LPC to obtain & cascade information on PTPT & Pre Reg placements to contractors and pass EOI's back to KG</p>	AM
14.30	16.	<p>Review of activities from last year:</p> <ul style="list-style-type: none"> • What has worked well? 	

		<ul style="list-style-type: none"> •GP CPCS has worked really well; we need to continue to drive the service forward. •DMS events giving the opportunity to network across all sectors. •Zoom meetings are very convenient, efficient and great way of cost saving. •Building relationships with other pharmacies within PCN's. <ul style="list-style-type: none"> • What has not worked so well? •Lack of support from some of our GP practices & colleagues during Covid. •Assumption that community pharmacy “would do it all”. •Lack of recognition for community pharmacy as a whole. •PHD - Lack of support and response from Dorset Council recognising the financial impact of their decisions on changes to services. •We are missing the face-to-face contact. •Unable to conduct our contractor support visits. •It has been difficult getting to speak to people within the pharmacy due to their level of work. •Community pharmacies not always working collaboratively 	
15.00		COFFEE	
15.05	17.	<p>Work plan discussions to include opportunities & challenges:</p> <ul style="list-style-type: none"> • LPC resources •Potential for what resources we could stop doing - e.g. contract applications – questions raised as to what weight the LPC has with the decision process of applications. •Sponsorship identified as fantastic resource for the LPC - Discussion revolved around the excellent work that SD does on sponsorship income and the amazing levels raised in the year. <ul style="list-style-type: none"> • Communications & engagement •VirtualOutcomes •Zoom Software & Editing Facilities •Discussion around the preference for more virtual comms with contractors rather than F2F. All agreed how “time poor” contractors are so virtual is the preferred option. •Discussion around information being sent to contractors in smaller frequent doses rather than a heavy amount of information once a month. •Suggestion was made as to whether short video or audio messages might be preferable for contractors to listen to. •Discussion around preparing a short contractor survey, specifically asking contractors perceptions and requirements from their LPC. <ul style="list-style-type: none"> • GP CPCS •Ambition to get GP CPCS to be running as broadly and as effectively as possible across Dorset. •Dorset LPC GP CPCS engagement events completed – 2 events March – gone well - remind all contractors to claim £300 engagement fee by end of June. •4 PCNs now live, another 3 planned, and a further 3 in discussion. •Next step, direct to practice opportunities verses whole PCN go live. •Review how to maintain volume of referrals post go-live peak and maintain receptionist enthusiasm and ensure patient knows to call pharmacy. •LPC to continue to work with implementation manager Mandy West, CCG & PCNs to support further go lives and keeping it alive. 	

		<ul style="list-style-type: none"> •Positive relationships need to be established and maintained between pharmacies and practices for ongoing delivery. Primary care team from CCG to engage and support with this when they step away from Covid vaccinations. •Explore what NHSE&I SW are doing to engage and encourage remaining GPs/PCNs to adopt. •Opportunity for LPC to explore PGD use for minor ailments such as UTIs or to overcome limitations of OTC licensing (similar to Avon where 5 PGDs supported) – go via primary care service development process for October as suggested by Katherine Gough. •Possibility to use IPs for minor ailment prescribing. <ul style="list-style-type: none"> • PCN Leads – support, development, mentoring •Support & Development - Pharmacy PCN Leads were funded in 2020/21 through the PQS to help contractors fulfil the PQS requirements. Some LPCs have sourced external training and support for their PCN Leads and may also have secured additional non-levy funding to support this activity. •Further information awaited from NHSE&I on the role of Pharmacy PCN Leads going forward. • Need to clarify the role of leads and funding to release them to support with GP CPCS & DMS – elsewhere money from PCNs being filtered off to support leads. Maybe some funding from NHSE&I SW? •Variance between PCNs and expectations of leads. •Support PCN leads to do ‘walk in my shoes’ experience. •Mentoring – do we still have a lead for each PCN – are they ok? Have we checked in with them recently? •Rethink which LPC member linked to each PCN - experienced LPC members to support new LPC members and consider how to influence PCN leads. •LPC Mentors to remind leads of need to share PCN conversations with LPC – support appropriate conversations and actions taken/promised. •Review best ways to communicate going forward within PCN. <ul style="list-style-type: none"> • DMS •Strengths - Good clinical interactions with hospitals, GPs, patients. Patient & carer relationships. Communication with hospital team. Real-time information. •Weaknesses - Duplication of work e.g., MYS, GPs. “Passive” service. Repeat medicines not always complete in referral. •Opportunities - CP have responded well so far. Largescale potential Carer involvement (care services). Good role for pharmacy technicians. •Threats - Role clarity regarding GP pharmacists? Might encourage MDS demand? <ul style="list-style-type: none"> • Locally commissioned services •Strengths - Existing portfolio of services with good track record. Community pharmacy capability to provide clinical value-added services. Good reputation at project level. •Weaknesses - Poor relationship at senior levels of PHD. Poor incentives for new service providers e.g., Smoking, Healthchecks. Seen as tactical service provider? •Opportunities - Review and adjust negotiating position for future commissioning. Expansion of providers (GPs stopping Smoking). Use of long-acting buprenorphine for difficult clients. Learn from other examples of services elsewhere. 	
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16.15	18.	<p>Next steps & work priorities – All members agreed that the priorities for the coming year are:</p> <ul style="list-style-type: none"> •Embedding DMS and GP CPCS - Keep the momentum driving forward and to continue to support contractors to make the service a success. •Reinvigorate our work with PCN Leads – Continue to develop strong working relationships between our leads and the LPC. <p>ACTION: AM to follow up with NHSE&I regarding inappropriate NHS111 referrals</p>	AM
16.25	19.	<p>AOB</p> <p>Face to face flu vaccination training 2021 – Members discussed the pros and cons of offering our annual face to face flu vaccination training.</p> <p>ACTION: Members to reflect as to whether it is best for the LPC to offer access to local F2F flu training to contractors (and locums) in advance of this season, and provide feedback to SD</p> <p>CCA Questions – JB explained to our new CCA representatives that after each meeting they are required to submit a meeting report to the CCA.</p> <p>ACTION: To support CCA members to complete the questions in the CCA survey, questions to be submitted in advance</p> <p>ACTION: SD to recirculate LPC finance guide & ICS white paper to all members for reading - COMPLETED</p>	ALL
16.40	20.	<p>Review of action plan</p> <p>ACTION: RgM suggested proposal to amend section 7 of the Standing Orders so that AIM is included for membership of sub committees</p> <p>ACTION: RGM, VirtualOutcomes license renewal approved & Treasurer to settle invoice as per T&C's</p> <p>ACTION: LPC to obtain & cascade information on PTPT & Pre Reg placements to contractors and pass EOI's back to KG</p> <p>ACTION: Each group note taker to send SD their notes from breakout rooms - COMPLETED</p> <p>ACTION: AM to follow up with NHSE&I regarding inappropriate NHS111 referrals</p> <p>ACTION: Members to reflect as to whether it is best for the LPC to offer access to local F2F flu training to contractors (and locums) in advance of this season, and provide feedback to SD</p> <p>ACTION: SD to recirculate LPC finance guide & ICS white paper to all members for reading - COMPLETED</p>	<p>RgM</p> <p>RgM</p> <p>AM</p> <p>AM</p> <p>ALL</p>
		<p>Dates of Steering Group Meetings 2021-2022: 01/07/21, 01/09/21 (OM), 04/11/21, 06/01/22 (OM), 10/03/22</p> <p>Dates of Dorset LPC Meetings 2021-2022: 15/07/21 at Merley House, 09/09/21, 18/11/21, 20/01/22, 24/03/22</p> <p>All meetings delivered via Zoom unless stated above.</p>	