



DORSET LOCAL PHARMACEUTICAL COMMITTEE

18th November 2021

Zoom - Remote Meeting

Attendees:-

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

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

AIMp:- Anisa Prifti (AP)

In attendance

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

8.30	1.	<p>PRESENTATION – Amy Gates, Kora Healthcare, amy.gates@korahealthcare.com</p> <p>Topic: Video on Magnesium oral and IV, talking about dose, levels in IV and oral</p>	
8.45	2.	<p>PRESENTATION – Stuart Grieve, Teva UK, stuart.grieve@teva.com</p> <p>Topic: Promotional product presentation on Teva UK’s respiratory portfolio.</p>	
9.00	3.	<p>WELCOME, APOLOGIES FOR ABSENCE</p> <ul style="list-style-type: none"> ❖ Apologies for absence – all members present ❖ Action Plan (MJ) ❖ Time Keeper (JT) ❖ Conflicts of interests – a request for any LPC members interests not already declared ❖ Expenses form to be completed and submitted to Treasurer via email <p>AIM member appointed - Anisa Prifti of Day Lewis Pharmacies plc has been appointed as our AIMp representative. Anisa was on the committee as an independent representative from Dec 2017 – June 2019 and we are very pleased to have her back working with us.</p>	
9.05	4.	<p>ELECTION OF CHAIR & VICE CHAIR (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> <p>Due to a change in circumstances RbM stepped down as Chair of the committee at our Steering Group meeting. Members thanked RbM for his commitment and dedication to Dorset LPC and Community Pharmacy for the last 7 years.</p> <p>For voting:- JB put herself forward as Chair. Seconded by DW. Unanimously agreed by all committee members present. 10 votes in total. No proxy votes.</p> <p>For voting:- DW put herself forward as Vice Chair. Seconded by LH. Unanimously agreed by all committee members present. 10 votes in total. No proxy votes.</p> <p>AP to replace Richard Maiden on the Governance Sub Committee, to join Treasurer (for financial insight only), LH, JB & JH.</p>	
9.30	5.	<p>MEMBERS MOMENT – what is happening in your world & key issues or concerns</p> <p>Topics discussed were:</p>	

		<p>*Community Pharmacy Dorset flu vaccination successes, including some good examples for practices and pharmacies working together to get patients vaccinated.</p> <p>*The start of collaborative working between Central Bournemouth and Bournemouth East PCN's.</p> <p>*Positive use of PCN WhatsApp groups to communicate for flu and stock issues.</p> <p>*Great feedback received from Leads and contractors for Dorset LPC assisting in arranging the PCN/PQS events.</p> <p>*Massive workforce issues and the knock-on effect this is having with pharmacy closures.</p> <p>*Workforce issues highlighting areas which are still not communicating effectively within their networks.</p> <p>*Work pressures, stress levels and the wellbeing of pharmacy staff is still a huge concern, compounded by the stress levels and anxiety of patients directed to staff.</p> <p>*GP CPCS not moving forward.</p> <p>*Lack of support for LPC members within their companies.</p> <p>ACTION: JT knows of a surgery in Southampton that has 2000 Fluad vaccinations spare if anyone is interested.</p> <p>ACTION: All contractors to be following Business Continuity Plans in the event of pharmacy closures. CCA representatives to raise with HO/Area Manager to ensure all pharmacies follow company business continuity plan including contacting PCN lead, area manager, surgeries and other local pharmacies as well as answering the door and the phone.</p> <p>Expectations of LPC members & Barriers to engagement – Members discussed the importance of responding to requests and emails, within a timely manner, and agreed that for the committee to work effectively, for community pharmacy, each member needs to be engaged in between committee meetings. It was suggested, as we have a lot of newer members, to use our members' moment section of the day to get to know each other better and have some fun. A few members expressed their desire to see some face-to-face meetings reinstated as an opportunity to spend time together and feel more part of a team. Members were encouraged to use the buddy system to touch base with each other.</p> <p>ACTION: Re-affirm that ALL members should keep up to date with LPC briefings, respond to requests and actions when necessary and in a timely way. All members of sub-committees should contribute to requests and actions specific for their group</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p>
10.30		COFFEE	
10.45	6.	<p>MINUTES OF DORSET LPC MEETING 09.09.2021</p> <ul style="list-style-type: none"> ❖ Accuracy – version 2 agreed as a true reflection. ❖ Review of Action Plan – Ongoing action for members to feedback to Katherine Gough any PCN pharmacists that are not communicating well as part of PCN. <p>ACTION: Governance SC to review GDPR document and bring any proposed amendments to next meeting.</p>	<p>ENC A</p> <p>ENC B</p> <p>EH to lead/ JH/JB/ RgM/AP</p>
10.55	7.	<p>Matters Arising from minutes of 09.09.2021 (for items not elsewhere on the agenda and/or identified by members prior to this meeting)</p> <p>* SmokeStop letter to PHD – A letter was sent to Jen Spencer which included an invitation to join us at our November committee meeting. The invitation was declined. They have requested a meeting with Area Mangers, so we have</p>	

		invited them to our January Owner/Managers meeting. To date we have not received any reassurance around their systems and as far as they are concerned contractors have been paid and the matter is closed.	
11.05	8.	<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>* Locum costs – Any discussions around locum costs are considered anti-competitive. NHS England are dealing with the issues of closures and are having challenges across all systems, as well as dealing with a lot of contractor applications to change hours. If a locum makes a commitment to work for a pharmacy, they should honour that. Contractors should not be held to ransom. If a contractor has evidence of a locum who cancels to work elsewhere for a higher price, GPhC would like to hear from the contractor, as this is not the standard expected from a professional.</p>	ENC C
11.15	9.	<p>TREASURERS UPDATE (RgM)</p> <p>Financial Update – Members reviewed financials for the 1st half of the year. We have a current surplus of £3,200.00.</p> <p>Suite 8 Lease - As per lease that has already been reviewed by the Governance Subcommittee and circulated to all members prior to the meeting, RgM confirmed that the concerns raised with the landlord have all now been clarified and rectified satisfactorily.</p> <p>For voting:- RgM proposed to sign the 3-year lease with Merley House. Seconded by JH. Unanimously agreed by all committee members present. 10 votes in total. No proxy votes.</p> <p>AM advised members Fiona Castle has reached out to request the possibility of Swindon & Wiltshire LPC using Suite 8 as their registered address. Using our address would be a permanent solution for them. They do not require any access rights or require storage. It would be for post only. Members discussed the implications of this and agreed, in principle, they could see no objection. It was suggested to charge a small monthly service fee of £50.00.</p> <p>ACTION: RgM to prepare a MOU for Swindon and Wiltshire LPC regarding allowing them to use Suite 8 Merley House as their postal address for a proposed service fee of £50 per month. RgM to check with landlord if second business can be registered at the address</p> <p>Public Liability Policy - RgM Proposed to move forward with quote he has received, from his broker, for £460.60 per annual, to cover £10m public liability. This quote also includes £2.5k contents insurance.</p> <p>For voting:- RgM accept the £460.60 annual public liability. Seconded by JB. Unanimously agreed by all committee members present. 10 votes in total. No proxy votes.</p>	RgM
11.45	10.	<p>SAIL UPDATE (JDC) – Positive feedback received for us arranging the PCN/PQS events. Only one PCN is still outstanding, so we might be required to hold one more evening. The three evening events completed worked really well.</p> <p>To support our contractors, we arranged an evening webinar around Atrial Fibrillation Management. We had an excellent speaker and a very informative presentation by a pharmacist with a special interest in anticoagulation. We chose this topic to support contractors with their PQS audit on anticoagulants. 17 people signed up to attend. Embarrassingly we had 15 no-shows to the event, which is very disappointing to have so many. SD sent an email out to say whilst we do appreciate everyone is very busy and other things can become a priority, sending an apology is common</p>	

		<p>courtesy. Going forward we need to remind contractors for future events that sending an apology or removing themselves from the attendee list would be the minimum standards of behaviour expected.</p> <p>PQS - members to support their teams to complete the 20 NMS's by 5th January, which is one of the gateway criteria.</p> <p>EHC is working well and we have received a thanks to community pharmacy from Sexual Health services. Reminder there is a new OTC oral contraceptive available that once training is complete could be supplied if appropriate.</p> <p>Flu – Community pharmacy have been amazing. A wonderful year so far. National stock has been an issue but appears to be freely available again.</p> <p>Needle Exchange & Supervised Consumption – We are supporting the new supplier “We Are With You”, for the BCP area, to hold a service provider event on 8th December.</p> <p>Clinical Pharmacy Congress in September – JDC supported a stand, held over 2 days in London. The Friday was really busy and positive, and we had a lot of people interested in working in Dorset. JDC to follow up to establish what has happened next.</p> <p>DMS – The majority of our pharmacies who are receiving the referrals are doing what needs to be done. Anne Gilbert has been reporting to JDC monthly, from PharmOutcomes, to highlight which pharmacies have not responded and he has been following up with them and/or their Area Managers.</p> <p>Blood Pressure Monitors still unavailable – 20 pharmacies have signed up. Stock to be released in January 2022.</p> <p>PSNC conference – Meeting report to follow.</p>	
12.15	11.	<p>GP CPCS</p> <p>❖ Resource to support embedding the service</p> <p>Disappointingly Dorset figures are very poor compared to rest of the South West. Where this is working well, success is due to those LPC's having a dedicated person driving this forward. Committee all in agreement that this is a high priority and the need to support embedding the service is paramount. JDC to start work with The Vale PCN once he is back from holiday, £3,200.00 – surplus of 16 days (128 hrs) at £25 per hour available to back-fill for SAIL.</p> <p>For voting:- JB proposed for the remainder of this financial year the committee is happy to approve funds to support GP CPCS, up to the sum of £3,200.00. Seconded by RgM. Unanimously agreed by all committee members present. 10 votes in total. No proxy votes.</p> <p>ACTION: JDC to liaise with Fiona Arnold & Mandy West re providing on-site support for Vale PCN.</p> <p>ACTION: CCA representatives to check in with HO/Area Managers to ensure all pharmacies are engaged and know how to provide the service.</p> <p>ACTION: LPC mentors to reach out to their PCN leads and talk to them about GP-CPCS and feedback from their surgeries. Each member to email Amanda with the detail of the conversation - with whom, feedback and actions going forward.</p>	<p>JDC</p> <p>CCA</p> <p>ALL</p>
12.45	12.	<p>PRESENTATION – John Bosworth, HasHealth, john.bosworth@hashealth.com</p> <p>Topic: Introducing HasHealth Virtual Healthcare for Pharmacies</p>	
13.00		LUNCH	
13.30	13	RECAP & CHECK IN	
13.45	14.	WORKSTREAM REVIEW	

		<ul style="list-style-type: none"> ❖ PCN work – expectations of Leads and mentors <p>3 successful PCN/PQS events completed. South Coast Medical still outstanding. We have 2 PCN Lead vacancies. We have already written out to the pharmacies within those PCN's. Members encouraged to reach out to their contacts to see if we can get these places filled to ensure pharmacies can meet their PQS requirements.</p> <p>Funding will be made available for our Leads and part of that will be for GP CPCS being a key role for our PCN Leads to support.</p> <p>ACTION: CCA members to ask their companies what support they are providing to their PCN leads & feedback at the next meeting.</p> <p>ACTION: PCN leads needed ASAP for Poole North and Purbeck. JB to enquire at Boots, GH similarly for Poole North vacancy, RgM to speak to Arrowedge.</p> <ul style="list-style-type: none"> ❖ PQS <p>We will keep signposting contractors to information on our website and PSNC. There is a useful log to use for gathering up your evidence portfolio. We will also add reminders to our monthly briefings.</p> <p>ACTION: Reminder to be sent to all contractors that they need to have completed at least 20 NMS for PQS gateway, currently 50 pharmacies <20</p> <ul style="list-style-type: none"> ❖ Website <p>The website refresh is on pause. We will not be moving forward with this for now but will continue to cleanse our website.</p> <ul style="list-style-type: none"> ❖ Advanced Services <p>DMS – 0 referrals from UHD (Bournemouth & Poole) due to IT issues. New Chief Pharmacist at UHD, Steve Bleakley who was at Salisbury Hospital. Referrals continue from DCH.</p> <p>PTPT funding/Trainees – There were 7 places in total in Dorset and 3 of which have gone to Dorset Healthcare. We still do not know how many will go to community pharmacy. We need between 250 and 300 trainees across the South West to make sure that every year we have sufficient workforce.</p> <ul style="list-style-type: none"> ❖ DCR <p>We did a lot of work last year around the Dorset Care Record and getting pharmacies involved and we need to start moving this forward even further now. The shared record is becoming more and more important. Dorset is going to be one of the examples case studies appearing in the national guidance. This needs to be a priority on our workplan going forward.</p> <p>ACTION: RbM to complete DCR SOP and send to AM</p> <p>ACTION: AM to review pharmacies currently engaged with DCR and then propose list of pharmacies for LPC members to target</p>	<p>CCA</p> <p>JB/GH/RgM</p> <p>AM/SD</p> <p>RbM</p> <p>AM/ALL</p>
14.30	15.	<p>PRESENTATION – Tanith Bell, Tillotts Pharma, tanith.bell@tillotts.com Topic: C.Diff, Dificlir and NICE guidance</p>	
14.45		<p>COFFEE</p>	
15:00	16.	<p>DORSET CCG/ICS UPDATE (Katherine Gough)</p> <ul style="list-style-type: none"> ❖ ICS development update <p>The process has started to move. The Chair was appointed in September, Jenny Douglas-Todd. The Chief Executive has now been appointed, Patricia Miller. All the current Directors at the CCG are at risk. In terms of pharmacy when the Chief Medical Officer is appointed then we might see some more movement.</p> <p>Current work within the system is around “upstairs at Beales” looking to shift a lot of outpatient’s activity off site and increase throughput of outpatients</p>	

		<p>and diagnostics to bring down waiting times. There is a lot of 2-year waitlist currently.</p> <ul style="list-style-type: none"> ❖ Winter pressures <p>System is gearing up for flu and outbreaks. Updating FluOOS service. Avian flu is currently circulating. Winter planning around GP CPCS discussions still taking place. Also on the agenda is Neutralising Monoclonal antibodies for COVID community based service and developing the green agenda; bringing out advice on CFC free inhalers.</p>	
16:00	17.	<p>AOB</p> <p>Workforce – RbM attending workforce meeting on behalf of Dorset LPC and community pharmacy. They have already completed an analysis of each of the sectors looking at how healthy the workforce is. This next meeting will be around looking at the outcomes from the various sectors and determine how to move forward in a productive way.</p> <p>ACTION: CCA representatives to contact head office and HR to find out how they support portfolio ways of working (multiple workplaces) and let Robin know before the ICS meeting</p> <p>Stock shortages – We have had a couple of PCNs say they are struggling with stock shortages. We used to have a process in place for this for pharmacy to follow, based on the national guidance, with a referral sheet to use for stock shortages. Pharmacy closures are now really highlighting this issue. We seem to be missing some basic things and there is a real lack of communication in some areas however, there are some PCN's who have been utilising their WhatsApp groups to establish stock availability to good avail. Members agreed work is required to establish a robust process to follow.</p> <p>ACTION: Re-visit a useful communication tool that could be used regarding communicating stock shortages and provide feedback to AM</p>	<p>CCA</p> <p>MJ/EH/DW</p>
		<p>Dates of Steering Group Meetings 2021-2022: 06/01/22 (OM), 10/03/22</p> <p>Dates of Dorset LPC Meetings 2021-2022: 20/01/22, 24/03/22</p> <p>All meetings delivered via Zoom unless stated above.</p>	