

Committee Meeting Minutes

Thursday 21 March 2024
Zoom

In attendance:

Mike Hewitson - Chair (MH), Steve Costello (SC), Vas Alafodimos (VA), Liz Hall (LH), Roger Mitchell - Treasurer (RgM), Richard Brown (RB) (Chief Officer), Juliana Bridle (JBr) (Administrator), Keith Ndlovu (KN) Richard Maiden (RM)

Apologies: Ellen Wood (EW), Greg Dziedzicki (GD),

8.30am	PRESENTATION – Daiichi Sankyo - Sarah Hall
	<p>Minutes from previous meeting agreed and no matters arising from previous meeting.</p> <p>MH would welcome more visibility with regards to pharmacy number and changes. With several Boots pharmacy closures, this is leading to confusion. Would like to have regular updates regarding any changes.</p> <p>Action: JBr to send PCSE Market entry decision notifications to the committee. RGM to also speak to the BSA for a list of all contractors paying a levy to us. Will provide the committee with a report in April.</p>
	<p>Treasurer report</p> <p>Next meeting will go through yr end results and will be presenting the budget. Will need to discuss available finances for the annual pay review. Contracts will need to be reviewed and renewed.</p> <p>Finances remain stable. Bank balance today is £43,160, plus the £100,000 invested in mid Nov into high interest account, which has since generated £1,095 interest over the 4 months.</p> <p>No current cash flow issues.</p> <p>RgM Proposed that we keep the money where it is and review at nxt meeting. 2nd by MH, all agreed.</p> <p>ICB money</p> <p>Money, we hold for the ICB, RB has keeping track of the hrs that Mandy West and Richard Maiden have been giving to Pharmacy First (GPCPCS).</p> <p>Anticipate we will be drawing down £21,000 from ICB leaving £53,000 remaining in that reserve.</p> <p>RB requested to continue using the £20,000 agreed by the committee to keep the operations team on the additional hrs beyond the previously agreed end of March. Current tracking shows that £12,000 to £15,000 has been used to date. Keep on a regular review to coincide with tracking of finance performance. Incoming data will provide a clearer picture of the progress made.</p> <p>Treasurer doesn't see any issues carrying on into April but will need to review in May once the budget has been set.</p> <p>Extension for authorisation for CO to continue drawing from the allocated budget until the end of May.</p> <p>No objections. All in favour.</p>

	<p>Treasurer reminded the committee that the CPE levy will be increasing by 18%, which will be around £14,000.</p> <p>RgM requested more time on May’s meeting agenda for the budget.</p> <p>MH proposed if the remaining ICB money (£77,000) could be transferred to the high interest account. It is currently accruing interest of £85 a month. After discussion, the committee agreed that an amount of £50,000 could be moved, with the remaining to stay in the current A/C to allow for the levy increase. All voted in favour.</p> <p>Action: RgM to put £50,000 of this into the high interest account</p>
	<p>VA raised:</p> <p>As he did not attend the last meeting, the question regarding 0 based budgeting exercise. Treasurer confirmed that it had been agreed that we would wait until the whole quarter was done so that we can work from those accounts. Minuted at last meeting. RgM explained change to 0 based budgeting.</p>
	<p>Chief Officer Update</p> <p>Public Health Dorset</p> <p>Tracy Manders (TM) has been seconded from the ICB as the agreed temporary operations support for Dorset contracts. PHD were delighted that CPD had agreed to sign off this additional support. Tracy has done a couple of days over March supporting pharmacies with use of the portal.</p> <p>To proceed with a targeted approach through April and May by visiting key locations to grow capacity. Just a few details to be ironed out to ensure that TM can continue to be seconded to us into the new financial year.</p> <p>Payment for TM - We will be invoiced for her hours by Fi Arnold. This will appear in next yrs finances as total hours will be invoiced. Agreed maximum spend for her time £2,800.</p> <p>Feedback of Dorset Contracts: Portal was difficult to navigate, and the process was very drawn out. However, support was very helpful.</p> <p>Committee Would like to track activity/progress to be able to give a picture of the value added to contractors. Annual report will need to show a breakdown this.</p> <p>MH asked RB to arrange a meeting with PHD in September/October to review the progress. Action: RB to arrange a PHD meeting for Sept/October</p> <p>MH raised how can we encourage a team-based approach – with techs and other suitably qualified pharmacy staff supporting contract delivery, taking it away from the pharmacists - lowering cost of provision. A need to focus on education this year.</p> <p>Performance</p> <p>C/O displayed the BSA data - claims from pharmacies up to November shown– number of CPCS consultation claims from general practice where MW has a target of 1000 per month by end of March. November was the best month yet, with almost 1,900 claims, this includes NHS 111 referrals. The Number of pharmacies claiming has also increased to the highest level ever. Big improvements being made.</p> <p>New medicines Service – November best month ever also highest proportion of pharmacies making claims.</p>

Hypertension case finding

Active pharmacies now over 50%. JB target was to get over 50% by March 2024.

DMS

Claiming process needs to be sorted.

Contraception supply

Only 5% of pharmacies offering it.

PCN's

Data can be transferred to each PCN at a PCN level.

A data pack can be produced for PCN leads.

Action: RB & JBr – to look at how to produce a PDF for PCN's

Gaining traction within our PCN's.

Currently 10 PCN lead vacancies.

Next quarter of meetings have been arranged.

Claims process can be made via PharmOutcomes.

Keep tracking progress.

C/O expressed his concerns around achieving the 15-20 targets for Pharmacy claims going forward. They need to be hitting the gateway to receive the payments.

There is a pattern of seasonality with the various conditions.

Pharmacies seeing more self-referrals.

Other comments:

Receiving inappropriate referrals. To encourage pharmacies to communicate with surgeries in the first instance. Ongoing problems to be referred to MW.

Liz queried what to do when Locums are not willing to do pharmacy 1st.

Pharmacies can make it mandatory. Dependent on company policy.

Difficulties with payment claims – Deadline extensions communicated to contractors.

Currently receiving more walks in – Sometimes issues with maintaining staffing levels to manage this.

Action: RB – to update committee on availability of data from PharmOutcomes.

IP Pathfinder

Digital Prescribing system - Cleo solo – is not yet sorted. Meeting to be re-scheduled after easter. CO has expressed how poor a roll – out this has been, both locally and nationally. The contractors who have put themselves forward are losing money every month due to the delay.

CO to continue to convey his and the committee s discontent.

Governance Policies

Governance Framework

RgM asked for clarification about 'External Independent Chair" point 11 and point 14. Clarified by RB. Couple of typos amended. Otherwise, all happy with this document and happy to share.

Code of conduct

MH proposed that Declarations of Interests for each Committee member should be published on the website. All in favour.

Action: JB –To update website with Individual Committee member declaration forms.

	<p>Sub Committee</p> <p>1.1 – 3 people from the committee (non-exec team) to be elected to the subcommittee. 3 people from the committee (non-exec team) will need to be elected to the subcommittee. Does not need to be sectorial balanced. Request for EOI. Documents proposed by: RgM 2nd – Vas All in favour.</p> <p>Action: JB – To add governance documents to the website. Review in a years’ time.</p> <p>Committee stopped for coffee break at 10.30am</p>
10.45	<p>PRESENTATION – Chiesi – Carolyn Butchers Update on respiratory portfolio</p> <p>Action: JBr to share Carolyns details with contractors as a contact for placebos.</p>
11.00	<p>Workforce – Richard Maiden</p> <p>RM showed a breakdown of his ideas for the workforce proposal. How the committee can help.</p> <p>Issues and challenges:</p> <ul style="list-style-type: none"> • Location and cost of living • We don’t have a pharmacy school in Dorset • Retention of pharmacy staff – particularly support staff – competitive salaries <p>Independent Prescribers</p> <p>An IP survey produced by RM shows that there are currently 13 IPS in community pharmacy. 5 would like to start within the year and a further 3 within 2 yrs.</p> <p>CPD aims to reach out by:</p> <ul style="list-style-type: none"> • Contacting Trainee Pharmacists • Quarterly IP training drop in sessions • Create a training page on CPD website • Measure success - Aim to have 80% of pharmacists interested in IP training enrolled by the end of 2024. • Support by showing qualified IP’s how they can use their IP Training <p>Thoughts/feedback from committee – Drop-in sessions, Funding advice. How they can use it in practice.</p> <p>Trainee Pharmacists (TP’s) in draft mode as waiting for official data from NHS Dorset</p> <p>For the current yr 2023-2024, numbers tbc. 1 known.</p> <p>RM ran a workshop in Feb on Oriel registration for 2025-2026 intake. There are currently 34 community CP Trainee Pharmacist places advertised through Oriel for the 2025-2026 intake. 13 of these are split placements. Pharmacies registered for Oriel 2025-2026 will be notified if they have been allocated a TP in Dec 2024.</p> <p>CPD to continue to engage with regional TP meetings with NHS Dorset and NHSE Southwest.</p>

	<p>Page on website about training offer in Dorset with incorporated links.</p> <p>PCN Leads</p> <p>Dorset has 8 Community pharmacy PCN leads in place and 10 vacancies. PCN meetings are helping to identify possible candidates to fill vacancies. SAIO team are offering offer support to current leads. This replaces the old committee member’s “buddy”.</p> <p>Considering reintroducing “PCN Lead” meetings every 6 months - Networking. Share ideas, local data, success stories. Have a topic for each meeting.</p> <p>There is currently a Leads Whatsapp group.</p> <p>LH suggested current PCN leads could call eligible candidates to discuss the role. LH</p> <p>Pharmacy Support Staff</p> <p>CPD to do more as a committee to encourage and help support staff. (MCA’s dispensing assistants, ACD’s, pharmacy technicians) so they feel valued in their role. Proving difficult to recruit and retain staff.</p> <p>Suggested:</p> <ul style="list-style-type: none"> - Create a training page on the website. - Showcase possible career and training paths, course provider options, share links, and support applications. Signpost to resources. - Offer lunchtime online training/information sessions – 6 sessions per year. Introduce guest speakers. <p>Topics:</p> <p>End of month claiming for services Career and training paths How to have difficult conversations with patients Pharmacy 1st – what part can I play? Services that pharmacy support staff can train to deliver – smoking cessation, hypertension, healthy living champion.</p> <ul style="list-style-type: none"> - Share CP job vacancies with “Our Dorset” website to advertise. <p>LH discussed her new role as Primary Care Development Lead for pharmacy. Continues to work in community pharmacy 2 days a week.</p> <p>Members were asked to adopt this workforce proposal as a formal strategy. Keith 2nd – All in favour.</p>
12.00pm	Stopped for lunch
1.00pm	<p>NHS Dorset Update - Fiona Arnold</p> <p>Hypertension case finding camp/Blood Pressure Check Service</p> <p>As part of a prescribing quality scheme that will go out to PCN’s, one of the options is focusing on and looking at CPD as a prescribing area. This will encourage connection with community pharmacy to refer patients for blood pressure checks.</p>

	<p>FA asked the committee for their input to communicate this to pharmacy contractors, and how to make the referrals manageable. FA will provide an indication of what PCN's are opting in and will provide a draft. Confirmed that surgeries will be allowed to informally refer.</p> <p>Janette Best is the SAIO lead for hypertension case finding. The ops team will help to deploy.</p> <p>Meds supply issues</p> <p>Asked for ways to encourage contractors to communicate issues they have with supply– Would like to get a feeling for what's happening locally within the system. Several issues discussed.</p> <p>Committee to go away and have a think about ways to communicate this.</p> <p>Phase 2 – Waste Campaign</p> <p>Communication has been delayed. Letter to go out to outline the way forward with implementing. Ideally all patients would use the NHS app, failing that they will be using whatever IT method the practice has in place. For patients that cannot order digitally, it is up to the GP to arrange repeat ordering, not the pharmacy. Patients will be encouraged to check their surgery website for advice on how to access. Surgeries will need to ensure this is up to date. Needs to be a transition period for patients to engage.</p> <p>Methylphenidate MR prescribing for contractors - Alternative prescription brands</p> <p>FA to share comms to go out to contractors via the Weekly briefing.</p> <p>Action: JB to add to next briefing once received.</p> <p>Pharmacy 1st</p> <p>Anything the digital team can do to make the Multi-Factor authentication for surgeries with PharmRefer easier? Looking at various solutions.</p> <p>To do some work with Dorset Health care to improve 111 referral rates for Dorset community pharmacy.</p> <p>Measles</p> <p>Awareness of comms.</p> <p>FA left the meeting.</p> <p>Vas left at 2.08pm</p>
2.09pm	Review of action plan
2.12pm	<p>AOB</p> <p>MH - Any CPE events coming up? Annual conference in Nov 2024</p> <p>MH raised that there would be a general election coming up. As an LPC we need to keep a balanced view – Provide contractors with the materials to lobby their own MP's.</p> <p>To arrange an evening webinar to outline what pharmacies can do to lobby– raise the profile of pharmacy.</p> <p>Action: Schedule a more detailed discussion for the meeting in May.</p>
	CLOSE OF MEETING