

## Minutes of Meeting of East Sussex Local Pharmaceutical Committee

**Date** Thursday 9<sup>th</sup> May 2019 starting at 09:30  
**Location:** Barnsgate Manor, Herons Ghyll, Uckfield, East Sussex, TN22 4DB  
**Present:** Craig McEwan, Chair, Ramiz Bahram, Mark Weston, Paul Antenen, Treasurer, Marie Hockley.  
**In attendance:** James Wood, Chief Executive Officer, Sandra Lamont, Communications & Engagement Lead, Hinal Patel, Service Development Support Pharmacists, Micky Cassar Business Administrator.

### 1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting.

Next Stepper appointed: Mark Weston

CCA Reporter appointed: Marie Hockley

### 2: Apologies for Absence

Julia Powell, James Grieves, Stacie McLeod, Sarah Davis

### 3: Governance Matters

The Chair asked if there were any changes to the Declarations of Interest, none raised.

### 4: Minutes of the last meeting

The Chair asked the members if they had read the minutes from the 14<sup>th</sup> March LPC Meeting and if there were any issues with the accuracy. The Chair signed the March LPC minutes as a true account of the last LPC meeting.

### 5: Matters arising

The members reviewed the action log and a progress report was provided against actions not covered elsewhere on the agenda.

CD issues with reporting and support – ongoing discussions with NHS England and at CDLin and therefore this is in progress.

SL is in the process of creating a contractor satisfaction survey.

TCAM items – AHSN work ongoing to create a dashboard with data that can be shared with contractors at the end of each month. HP is meeting with them on the 20<sup>th</sup> May 2019 and an update will be provided at the next meeting.

Work to produce a refreshed statement / guidance with regards to MDS dispensing is being progressed.

Support NHS England regarding sign ups to Anenta is an ongoing piece of work.

### 6: Finance

The members were given an update on the East Sussex LPC Accounts, South East Forum Accounts and Community Pharmacy Surrey & Sussex Accounts at the financial year end position. The members were shown the levy and expenditure over the last ten years, which demonstrated the federated LPC structure is financially beneficial by reducing costs and delivering better value. This should be highlighted in the newsletter and the annual report. The current rate of levy was discussed, and members agreed to continue as is for 2019-20 as outlined in the budget. The Chair thanked the treasurer for his work.

**Action:** SL and PA to create an article re the financial benefit of CPSS for the newsletter and to feed into the annual report.

### **7: LPC Management & Admin, Inc CEO Report**

The members were shown the timetable to prepare for the committee AGM. The format of the AGM was discussed, and it was agreed there should be something else incorporated to raise numbers, possibly TCAM / services / CPSS updates, local presentations, maybe PSNC presence, PCNs, engagement with GPs. By then we will know who the clinical directors of the PCNs are. Progress with the community pharmacy contractual framework negotiations between PSNC and government, if the information is available prior to the AGM maybe the options of approaching Simon Dukes for a video was discussed. The venue for the AGM was discussed and it was agreed to scope out Uckfield Civic Centre as a preferred choice.

The July LPC meeting draft agenda was shown to the members and discussed. It was suggested that it would be good for GPhC to attend. It was agreed to look into shortening the morning sessions and take out generic items of business out of the morning and put in the afternoon. It was agreed that an evaluation of the new format meeting will be done at the end of the day and approx. a week after the event to allow for reflection.

Transfer of Care around Medicines using PharmOutcomes (TCAM) – is live in East Sussex, the Kent Surrey Sussex Academic Health Science Network (AHSN) are working in partnership to roll it out across Kent, Surrey and other parts of Sussex. The members were shown the draft LPC position statement and asked for their opinion and feedback. The commissioning of the services part was raised as it is important, and a discussion was had about the audience for the document. It was also raised that the document should include expectations from each team, including a line in this statement that TCAM relies on everyone in primary care working together. It was also discussed to know how aware / engaged GPs are and if they are all signed up to it. Surrey are rolling out TCAM from September 2019 in three areas and there is a GP engagement event for this in that area.

**Action:** JW Finalise the policy position once discussed with the other LPCs.

The 7-day MDS guidance document was reviewed by members and discussed. The aim was acknowledged to make the guidance stronger for pharmacies, especially to be clear about what is contractually obliged. A template letter will be included for pharmacies to use for inappropriate requests. It was asked that something be added around that some practices are doing 56-day scripts (and other periods of treatment.) for blister packs and add, recognise that there is no provision for instalment dispensing on FP10.

Dressings – new pathways - ONPOS was discussed and the cost and VAT implications. It was suggested a freedom of information submission be made regarding this if information is not available from commissioners.

The CEO performance review was circulated to the members prior to the meeting along with 360degree feedback from the team, LPC members, stakeholders and contractors

**Action:** MC to look into booking a venue for the AGM (possibly Uckfield Civic Centre).

### **8: Market Entry Matters**

Members reviewed the market entry tracker. The rural work by NHS England about the dispensing list validation exercise is ongoing and there will be support to pharmacies once this is

complete. This will be a phased approach and the communications plan and supporting documentation to support pharmacies was presented and signed off.

### **9: New Substance Misuse Arrangements ESCC.**

The PHLSA has been updated so the data protection shows we are joint controllers. The plan is to close PharmOutcomes for a couple of hours and a date and time of 01/07/19 was suggested, it was raised that out of hours would be better. Timelines and workload was raised regarding planning and sign up. They are looking to move to a longer-term contract. The Public Health team deal with communications via PharmOutcomes.

The members were shown a presentation regarding the new contract for supervision and needle exchange (it was highlighted beforehand by Mark Weston that this was on behalf of Lloyds not his role with the LPC). This involves a CPPE declaration of competence completion. New service elements of Take-home Naloxone was explained and what pharmacies need to do. This service is recorded on PharmOutcomes and this is how invoices will be generated. CPPE accreditation will be linked to enrolment of this service. 2019 CGL East Sussex will be the new PharmOutcomes service tab (as of 01/06/19) and when this is made live the old one will not be able to be used anymore. The data for this service cannot be shared as is protected under GDPR. There is no obligation for face to face training however if there are any issues with training this can be organised. The point of contact for all contract related queries is Mark Weston 0740 812 326 [mark.weston@lloydspharmacy.co.uk](mailto:mark.weston@lloydspharmacy.co.uk). Pharmacies must ensure that all staff engaged, including locums/agency will have signed the SOPs and done the CPPE training. There are two email accounts to report any missed doses to. It was raised that this can be done on PharmOutcomes and a further discussion needs to be had to understand the best option. This needs to be clarified also when missed doses need to be reported as there is lack of guidelines. The guidance in the new SOP is “any missed dose must be reported”. It was raised this increases the workload in pharmacies and therefore the fees should be revisited as they are being asked to do more.

It was raised that if someone does not attend, pharmacies will still have to prepare and when patients do not attend this work needs to be undone and this is work that they do not get paid for. There was a clear steer from LPC members that any additional work, such as being asked to report extra data must be considered as part of the service costing and remuneration. A discussion was had about reporting realistic reporting deadlines, as the proposed could add additional pressure. It was highlighted that pharmacies need to know why they need to report. It was suggested that the missed dose fee could be reviewed.

It was raised that the EOI went out to all pharmacies however the LPC were not made aware. The declaration of competence cut off by 01/06/19 is short notice to be able to do this service. It was also raised that the time for the pharmacist is not reflected in the fee. The draft specification will be sent to HP and then reviewed by the LPC further and feedback would be provided.

Guests from CGL, ESCC and Lloydspharmacy were thanked for their contribution and LPC members acknowledged the start of new contractual arrangements was a good opportunity to work closer in collaboration.

**Action:** HP to raise with MW/ Lloyds regarding missed dose fee, service specs and SOPs for meeting on 16<sup>th</sup> May.

**Action:** MW to send the draft specs and SOPs to HP.

### **10: Communications & Engagement Report**

Comms between partners is an ongoing piece of work. Meeting with Pharma once or twice a week. Internal comms is continuing with approx. 20 items per update. PCN contracting: PSNC

have produced guidance, which is helpful, we have planned a webinar to introduce what is happening, also, we are looking at a contractor event. We are going to map all the PCNs across Surrey & Sussex. Website work is ongoing to declutter and assist with access to information. Visual identity refresh is ongoing. Mail chimp work is ongoing and the same contact lists will be used. Distribution lists work is ongoing. There have been 4 media enquiries one of which regarding security issues. The members were shown the logo rework and asked for their feedback.

**Action:** SL to look into list of GP email addresses for website.

### **11: Service Development Report**

East Sussex Public Health – Janet Rittman is unlikely to be replaced but this will be discussed with the Director of Public Health in a meeting which is being secured for the LPC Chair and CEO. Naloxone meeting has taken place with all different interested parties. HP met with B&H at their quarterly meeting, specs will go out after today. Domiciliary and young person's scheme – DBS will be paid. POD update rollout has been delayed due to recruitment and staff training. Care home medicines review will be done by CCG pharmacists. They are however a commissioner not a provider so this should be challenged. Update to go out to all contractors after today's LPC meeting in relation PHLA deadline (14/06/19). Smoking specs: SLA will run for two years not three. DBS will be paid for (domiciliary and young persons). Contractors will be sent an A4 briefing re SLA updates. The members were shown the new payment structure for the stop smoking service.

**Action:** HP to challenge medicine reviews being done by CCG pharmacists.

Healthchecks will soon have been active for 12 months. Where the pharmacy has done less than expected, their activity will be reviewed with their future profiling targets. There is no maximum cap and it is vital that pharmacies see the potential extra income from this service. B&H & East Sussex end of year data was shown to the members. Hep C test & treat: This is progressing, there is a draft spec and the members were asked for feedback by the 15<sup>th</sup>. There will be a supervised fee for every dose given. It is important that we know where the liability lies.

**Action:** HP and JW to look into the liability re secondary dispensing (Hep C test & treat)

The members were shown Pharmdata which was accurate as of January 2019.

The service evaluation tool was used for "Take home Naloxone" and led to good and constructive feedback. BP+ service in Surrey over 200 checks done in the first month, still some pharmacies are not live. TCAM project next board meeting on the 20/05/19, HP meeting with AHSN to evaluate the first month's data.

### **12: PSNC Update**

The annual conference will take place in September, PSNC will be looking for items for the LPC conference agenda. One potential one would be the AHSN/TCAM project to seek a consensus LPC position. Brexit was discussed as were PCNs. It was recognised that contractual framework discussions for 2018/19 had begun and interim arrangements are in place until October 2019. Mike King is retiring and being replaced by Luvjit Kandula. If you have any messages for Mike King, please pass them to MC by the end of the week.

### **13: Contractor Feedback & Members Items**

The members were shown the contractor feedback, and this was discussed

### **14: PCN Workshop**

The community pharmacy offer to PCNs on a collective basis was discussed and how they will organise themselves. Members discussed answers to three questions: Where do we take the role in prevention given the success of the HLP rollout? How will community pharmacists build working relationships centred around patients with the local clinical pharmacists, do we want to have a clinical pharmacist role locally?

We have secured a meeting with the head of primary care at NHS England SE to explore what support and insights they can provide to support community pharmacy involvement. We have put bids in for walk in my shoes type programs. Between now and July we need to work on mapping and funding. The members were asked on their view if we would be interested in the clinical pharmacist role. There was a general consensus to engage but it was recognised that it can be logistically difficult to find people, they also need to be released. It was suggested that community pharmacy may be excluded through not being able to have capacity due to funding to attend these meetings, not for lack of wanting to attend. Funding needs to be in place long term also. The general feedback is that this is a positive move, but funding is vital. It was suggested that to show engagement we need to be copied in on emails / minutes etc and we will engage when possible. Once we know the PCNs local contractor meetings may be beneficial.

### **15: Any Other Business**

FMD – the members were asked for any feedback re GPhC inspectors’ approach to FMD, unannounced visits etc. One example of a challenge where 12 points had been challenged - a lot of the items challenged were moved out of the public domain. Contractors need to be aware that they can challenge the reports and how.

**Action:** Send out a communication regarding the inspection reports and how they can be challenged.

The members were asked if they would want a PCN Contractor training event in each area. It was suggested until we have more knowledge we should stick to comms.

Mike Keen has stepped down as CEO from Kent LPC – JW did a presentation at their LPC meeting regarding how we can support in the interim whilst this role vacancy is being filled.

The rates of the LPC meeting venue are due to go up next year and MC will look into a new venue.

**Action:** MC to look into a new venue and report back for the July meeting.

### **16: Future Meetings Dates & Venue**

**10<sup>th</sup> Jul 2019** Venue: The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH, 9.30am – 4pm  
Separate meeting of all LPCs followed by combined plenary session

**17<sup>th</sup> September AGM Evening Event** – Venue to be confirmed

**3<sup>rd</sup> Oct 2019** Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough  
All day meeting to commence at 9.00am

**9<sup>th</sup> Jan 2020** Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough  
All day meeting to commence at 9.00am

**12<sup>th</sup> Mar 2020** Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough  
All day meeting to commence at 9.00am

### **17: Close**