

# Community Pharmacy Surrey & Sussex

On behalf of East Sussex, West Sussex and Surrey LPCs



## Minutes of Meeting of Surrey Local Pharmaceutical Committee

**Date:** Tuesday 8<sup>th</sup> October 2019 starting at 12.00  
**Location:** DoubleTree Hilton Woking, Victoria Way, Woking, GU21 8EW  
**Present:** Rupi Bhasin, Chair, Hemal Chudasama, Vice Chair, Anish Prasad, Treasurer, Andrew Jackson, Jaymil Patel, Sejal Patel, Henal Ladwa, Aron Berry.  
**In attendance:** James Wood, Chief Executive Officer, Hinal Patel, Service Development Support Pharmacist, Sandra Lamont, Communications & Engagement Lead, Micky Cassar, Business Administrator, Sunil Kochhar, PSNC Representative SE Region  
**Observer:** Kamal Mahasuria

### 1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting, also new member Aron Berry.

CCA Reporter: Hemal Chudasama

Next Stepper: Henal Ladwa

### 2: Apologies for Absence

Charlotte Sealey

### 3: Governance Matters

The Chair asked if there were any changes to the Declarations of Interest, Hemal Chudasama has updated his DoI and this is available on the CPSS website.

### 4: Minutes of the last meeting

The Chair asked the members if they had read the 10<sup>th</sup> July 2019 LPC minutes and if there were any issues with the accuracy. These were signed off as accurate by the Chair.

### 5: Matters arising

The members reviewed the action log and a progress report was provided against actions not covered elsewhere on the agenda. It was highlighted that some members bank details still need to be passed to AP

There is also still one outstanding DOI for the website (Aron Berry) – MC to chase.

There needs to be a governance lead review with JP and JW.

**Action:** Governance review between JP and JW.

### 6: PSNC Update – Sunil Kochhar

The members were given an update from Sunil Kochhar (PSNC) who advised LPCs keep contractors on track and up to date. Feedback from the LPC conference – key message prescription numbers are not the future, services are. Lots of pharmacies are looking to start charging for deliveries and maybe a position statement could be formulated from the LPC (possibly linked with Kent LPC), there is advice in the drug tariff. There has been discussion from the Equality Act point of view re delivery charges. This does contain advice regarding reasonable considerations. Premises business rate reduction was raised and if there was any more information. PCN engagement was discussed - there needs to be consistent messages to contractors. Leadership day (January) is being looked into. PSNC commissioned independent review – is on the agenda for November. The 5-year plan,

CPCS – PSNC need to show delivery, communication is vital between GPs and pharmacy. If we come together as a sector and deliver there will be a strong positive future and it is the LPCs role to get contractors to engage in CPCS and deliver it well. CPPE are doing a training day in Sevenoaks on CPCS in December. There is one in S&S in March run by CPPE however, CPSS have a budget for events and CPPE are happy to work with CPSS to do an event in November. We will need the NUMSAS / DMIR data. It was asked if there will be a clawback regarding the overspend last year - it is expected that this should be resolved at the November meeting. Consultation on reimbursement – expectation regarding timings was discussed. Shilpa Shah is the new Kent LPC CEO. LPC conference - it was discussed that the PSNC levy may be raised but there is no confirmation or time scale at this time. There will be an independent review on what PSNC and LPC provide contractors with and feedback is to be passed by JW to Simon Dukes. The paper regarding this was shown to members, standardisation of LPCs is an aim. Relationships are a lot stronger on a local level and this enables the LPC to work efficiently however there will be variance between LPCs. Feedback was given regarding the structure of LPCs with our example of CPSS and a discussion about how the review could support LPCs looking to move to the joint structure. It was raised that in general contractors are happy to pay PSNC if they get results and value for money and a discussion was had about how LPCs and PSNC need to make sure that we are providing value for money. Efficiency and services being commissioned nationally was raised – should the review look at the skill set needed. Centralised model, national services but local intelligence needed also funding comes from different areas therefore it is accepted that national and local need to work together. The 5-year CPCS deal has set out a more of a national model. Even with implementation of national models there needs to be local input. It was raised that we need more transparency from PSNC regarding what they are negotiating / thinking about negotiating.

Action: JW to pass feedback to Simon Dukes re the independent review.

Action: JW to discuss with Martin Packham regarding delivery charges re recent GPhC reports

Action: SK to send response re business rates (comparison to other providers) to JW.

Action: Obtain NUMSAS and DMIRS data.

Action: SK to establish consultation on reimbursement timings.

Action: Position statement from LPC/PSNC re delivery charges.

## **7: Primary Care Networks**

The members were given an update of progress. Diabetes QPS – LMC local preferred option is being sought. PCN leads need to be appointed. All pharmacies in S&S have been mapped to a PCN and contractors have been asked to validate these. The final list with NHS email addresses and mapping will be published shortly and contractors are encouraged to engage with the other pharmacies in their PCN and see if leads can be established. It was raised that it could be helpful for LPC members to facilitate and support PCN leads. The members were asked how the LPC should support contractors to establish leads if no one comes forward or more than one volunteers for a PCN and how we can facilitate this by local resolution. In January there will be a training session for pharmacy leads. The PCN lead role description has been created. Ideally by the end of December we will have a solid list of PCNs, pharmacies within them and who the lead is. Communications will go out to the individual PCNs asking for a lead. PSNC will alert us if they receive any EOI regarding PCN leads in our area. We need to be in a position to say who the leads are by the February declaration period. Ideally, we need a lead to commit for the rest of the financial year and they do not have to be a pharmacist, although being clinical would be advantageous. It needs to be highlighted in the role description exactly what is needed and the fact that there needs to be a lead for the QPS criteria. MoU for PCNs to evidence who their lead is would be beneficial. It was raised that meetings could take place to try and establish a lead for the PCNs where no one comes forward and that LPCs could facilitate this. If this situation happened in

Surrey, the members were asked if they would support this. It was discussed that the guidance is clear that the lead needs to be locally agreed, this should try and eliminate the issue of someone agreeing to be a lead and then pulling out as this would be detrimental to the others in the PCN as they would lose the payment.

**Action:** Issue the comms to each individual PCN asking for PCN leads to be agreed within the PCN and reported back to us by a date and then if no response has been received by that date we can follow up. With the guide of what is needed (reiterating that we need the right person) and what time expectation would be. It was raised that if this comm was sent out before November that it may be missed due to other deadlines. Some CPSS resource has been identified to support this above and beyond additional capacity.

**Action:** CPSS special re PCNs to be resent.

## **8: Finance**

The members were shown the accounts from CPSS and Surrey LPC. It was agreed that any payments by LPC members that have not been taken before this financial year will be written off (as per accountants advice and in line with the expense policy) There will be a levy discussion at the January LPC meeting as part of the business planning process for 2020-21 The members discussed the payment status for LPC members. HMRC have issued their advice regarding these issues, which was noted by members. All payments made by Surrey LPC are direct to employers, where PAYE will be applied.

## **9: Service & Development Update**

The members were given an update on the operating plan and what has been achieved in the last 6 months. An email to area managers will shortly be sent out regarding what would be useful for service delivery – webinar will be created. PQS and CPCS will need a lot of focus. The AGMs were an ideal opportunity to reach out to contractors re CPCS. There is a weekly call with all the leads, we monitor sign ups, review DoS profiles, repopulations of the appendix of the service spec will also be completed. Old Pharmoutcomes referrals need to be cleared and support will be given advising how to close these, the Pharmoutcomes template for CPCS should be available soon. The aim is that all pharmacies will sign up for MYS as this is important especially for claiming. There are 30 outstanding sign ups currently across Surrey & Sussex It was raised that there had been issues using MYS to claim for flu. CPCS – with NHS 111 referrals there is now only a requirement to make one contact attempt with the patient. It is important to ask the patient if they have been referred from 111, it may also be an issue if patients bypass 111 and go straight to pharmacy. NHS England have indicated that MYS will be used in future for CPAF questionnaires. PHA 2020/21 specifications Changes / revisions discussed, mainly NHS Healthchecks. Progression on longer term contracts and dynamic purchasing system update. Variation to GDPR terms and conditions in SCC PHA contract and feedback in draft, the timescales for this contract are 1<sup>st</sup> April, there should be governance guidance Nov/Dec which will allow LPCs to give feedback prior to this being published in January, there needs to be a very clear, built in, annual review. Surrey LPC / PH annual event on 22<sup>nd</sup> October in NW Surrey CCG offices. Adult social care has been invited due to feedback from last year. Update on new CPCF developments. Two webinars have been created – one for stop smoking refresher the other take home naloxone. TCAM event this evening. The BSA data – review of items dispensed etc was viewed by the members and it was discussed if this would be useful for contractors. Summer placement students (2) over the summer and the feedback was useful and JW will do a talk at Brighton University to final year students re community pharmacy. HP sits on the Surrey Clinical Governance Group for 111, (JW for Sussex). A new established CPCS Implementation group meets weekly by phone to make sure this stays on track. It was discussed that stock levels should be able to be inputted at pharmacy level to help monitor stock levels and any discrepancy / missing

claims. Business case for ICS – walk in my shoes (to facilitate PCN development), waiting to hear if successful. Second business case concerns from GPS that MURs are being decommissioned so we have put in a bid for a local respiratory review which would be similar to an MUR.

**Action:** New PH contracts to be shown to LPC members before Jan 2020 including evaluation tool.

### **10: Local Matters & Representation Matter for report**

TCAM was discussed and where liability lies and that the service is a voluntary pathway. IT wise, all the trusts in Surrey are ready to mobilise. The general position was discussed against the original LPC policy position, recognising the need to be ready for medicines reconciliation service in CPAF 2020-21. The members were asked if they were happy this progresses despite there being some disadvantages at this time and the position was agreed. It was raised that TCAM is for patients leaving hospital but at this time hospitals contact us when patients arrive in hospital asking for patient information which we should not give out over the phone. The members discussed how they deal with these queries and how they could work better with the trust. It was agreed there needs to be a more robust way of doing this. This could be raised at Surrey Heartlands to see if there could be a resolution. The members discussed the cost of TCAM set up etc and that they would want a paid service linked to it.

**Action:** JW to discuss with NHS Trust providers within Surrey Heartlands re the issues of supplying patient information by phone.

EU Exit – SL is part of a Brexit resilience planning group for the communications side. They have reviewed implications in our patch on wider social elements. Messages of support and advice to give to staff re workforce issues from the government could be supported by us. At a local level, contractors could be contacted to see what the policies would be for non-attendance of staff due to travel problems, no fuel etc. This has been raised by SL at NHS England. The members were asked if there were any communication suggestions with regards to this. Monthly deadline tracker could include prompts to look at daily guidance. The NHS have been asked what would happen if contractors are unable to enforce their contracts and a recognition that the regional policy regarding unplanned closures may need to be re-circulated. It was suggested that there should be guidance regarding mitigations. There should also be guidance as to who to contact to see where there is a pharmacy available, this should not be left to pharmacies. It was also suggested that there should be give and take as pharmacies will try to open and should they miss an hour, they need to make this up, but this should not be enforceable in these circumstances. At this time members were asked to flag issues and things that need to be pushed back to NHS England / PSNC for answers and advice. It was agreed to issue contacts for pharmacies, so they know who to contact and policies re unplanned closures to supplement their business continuity plans etc.

**Action:** SL to continue in the forums and actively pursue the fuel issue.

**Action:** Continue to work with NHS England re as planning develops – especially around local contractual management.

**Action:** Send out a comm re who can be contacted re unplanned closures and other relevant local contacts for business continuity plans to have all the latest information

Surrey Care Record (SyCR) is developing and rolling out. Community pharmacy will be the first partner to be onboard following a successful completion of the feasibility study. They are starting work with GPs and trusts. In 2020 there will be testing (where GPs have gone live) and how it will be useful for pharmacy in the future. These will likely replace SCR in 2022 and therefore providing the members are happy we will continue with this work. It was agreed to set up a task and finishing group and JW would liaise with members about this & a working day

Surrey Heartlands ICS organisational development sessions have been held for pharmacies teams (they were daytime events) they will be doing an evening event, hopefully in November and we will communicate this information when we have it.

Faxes are not to be used by NHS providers after March 2020; work is being done with the LMC regarding how this will work practically. The LMC will be writing to practices and we will do the same for pharmacy. The draft was shown to the members who agreed the LPC advice and the position

**Action:** CPSS to create plan for comms re faxes going – post Mar 2020.

Livi (GP provider) briefing note going to West Sussex this week that we could circulate in Surrey. They are being commissioned by the NHS; they cannot use EPS as they are not a registered GP practice as defined in the regulations JW will be meeting with Livi shortly. The agreed position is the use of NHS mail to email prescription, which should trigger emergency supply arrangements, with prescriptions following by courier, if this is not happening, members need to feedback about it. Agreed to pursue different models as we want them to be able to use EPS functionality eventually. Commissioners should make sure that EPS is the only way information is passed and specified in future contracts.

7-day MDS – The LMC and LPC have a historical policy statement – the guidance has been reviewed. In Surrey there are some practices that have not enforced this policy. If a practice decides to implement this policy, the revision to the guidance suggest they should do so with new patients. Also, if they do want to do this for legacy patients, there needs to be a review of the patient and consideration for the Equality Act. It should also be clear that pharmacy is not funded to do MDS. The decision around MDS sits with the pharmacy. It is also not for the pharmacy to tell GPs to issue 7-day scripts. The changes have been proposed to LMC officials and waiting sign off.

**Action:** JW to meet with Livi to discuss ongoing relationship and feedback.

**Action:** LMC/LPC guidance to be updated around 7-day dispensing / Dossett boxes.

### **11: LPC Management & Admin**

The members discussed that the feedback from the AGM was positive, but it was raised that there was an issue with the catering, with hot food preferred The members were asked if they would like a joint LPC meeting in January 2020 to release capacity for the team to be CPCF facing. It was discussed that there could have been more time for the morning part. Also, that a lot of the questions were aimed at the CEO who was not always present due to rotation. Proposal to host at Sandman again was agreed. It was proposed that next year we have 4 LPC meetings plus an AGM meeting with an LPC meeting attached. Again, the members agreed. New member LPC days available from PSNC both for new and older members. Please let MC know if you are interested.

**Action:** Proceed with plans for a joint Jan 2020 LPC meeting.

Rural issues work has begun in Sussex and will follow in Surrey shortly. There are still a number of pharmacies not registered for Anenta but we are chasing these. There is also an issue of pharmacies not submitting quarterly MUR/NMS data and there will be breach notices issued from NHS England shortly. NHS England will not be applying a financial penalty for these notices this time but are reviewing this and will consult with the LPC There is a separate comm due to go out on Thursday to remind people to submit this. The template for smoking figure was discussed and that in IND they do not have the back-office support. HP sent the templates.

## 12: Reports from other meetings

The post of Pharmaceutical Advisor to East Sussex County Council was not renewed however there is potentially a need for this role. There is potential that the LPC through CPSS may be asked to employ this person with funding from the local authority provided In principle, at the CPSS Exec this was agreed however, there will need to be very clear guidance as to who line managers them and suitable governance arrangements.

Christmas rotas will be circulated as soon as they are available.  
Sue Carter is doing a presentation at the LPN this Thursday re CD LIN  
Website and Mailchimp work is ongoing but is near completion.

## 13: AOB

Needle exchange – after the Public Health meeting 22/10/19 we will know who to contact.  
Flu – GP issue was raised re a text going to patients. The text will be sent to JW for review.

**Action:** Rupi to send text regarding flu to JW.

It was asked if we can get data to show how much flu revenue GP practices and pharmacies are getting.

Surrey HWB winter pressures campaign due to start.

## 14: Future meeting dates & venue

East Sussex LPC	West Sussex LPC	Surrey LPC
Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough, TN22 4DB 9.30am – 4.00pm	The Old Tollgate, Bramber, Steyning, BN44 3WE 9.30am – 4.00pm	Tyrrells Wood Golf Club, Tyrrells Wood, Leatherhead, KT22 8QP 9.30am – 4.00pm
<b>January 2020 meeting now joint, 16<sup>th</sup> January 2020</b> The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH		
<b>12<sup>th</sup> Mar 2020</b>	<b>11<sup>th</sup> Mar 2020</b>	<b>18<sup>th</sup> Mar 2020</b>

## NHS England KSS Liaison Meeting and South East LPCs

(Chairs, Vice Chairs to attend)

**5<sup>th</sup> December 2019** – 12.00 – 14.00. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

**5<sup>th</sup> March 2020** –10:00 – 15:30. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

## Community Pharmacy Surrey & Sussex Executive Committee:

(Chairs, Vice Chairs and Treasurers to attend – options for conference call dial in & skype for business available)

**\*5<sup>th</sup> December 2019** – 14.00 – 17.00. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

**5<sup>th</sup> March 2020** –15:30 – 17:00. The Sandman Signature Hotel, 18-23 Tinsley Lane South, Crawley, RH10 8XH

*\*longer running time to allow for business planning for FY year ahead*

## 15: Close

