

South East Forum of Local Pharmaceutical Committees

for Kent, Surrey, East and West Sussex

Secretariat c/o Community Pharmacy Surrey & Sussex

The White House, 18 Church Road, Leatherhead, Surrey, KT22 8BB. Tel 01372 417726

Online <http://communitypharmacyss.co.uk/about-us/se-forum/>

Email SEForum@communitypharmacyss.co.uk



Minutes of the meeting held in the Toronto Room, The Sandman Signature Hotel, 18-23 Tinsley Lane South, Three Bridges, Crawley, West Sussex, RH10 8XH. 5th December 2019 from 10.00am

Members Present: Gemma Staniforth Vice Chair West Sussex LPC, Hemal Chudasama Vice Chair Surrey LPC, James Wood, CPSS CEO, Sarah Davis Vice Chair East Sussex, Mark Donaghy Chair West Sussex, Sally Greensmith Surrey & Sussex LPN Chair, Shilpa Shah, Kent CEO, Rupri Bhasin LPC Chair Surrey LPC, Craig McEwan Chair East Sussex, Sarah Ridgeway-Green CPPE, Becky Sharp AHSN, Jasmin Shah NPA (via telcon) Luvjit Khandula (via telecon)

Non-members present: Hinal Patel SDSP Community Pharmacy Surrey & Sussex, Sandra Lamont CEL Community Pharmacy Surrey & Sussex, Micky Cassar BA Community Pharmacy Surrey & Sussex. Sue Ladds, Regional NHS Pharmacist for EU Exit (part)

1: Apologies: David Onuoha Chair Kent LPC, Sunil Kochhar PSNC, Laura McEwan-Smith HEE, Lisa James AHSN, Luvjit Kandula PSNC, Atif Shamin HEE, Rob Proctor Pharmacy Integration Lead.

2: Governance for SE Forum Members: The members were asked if there were any changes to the DOI, nothing raised.

3: Minutes: Minutes of the previous meeting on 1st October 2019 were reviewed, the minutes were signed as accurate by the Chair.

4: Matters Arising: The action log was reviewed. The accounts were circulated prior to the meeting.

- Action for LPCs to look into PCN Lead event & Webinar - CPSS ran a webinar re PCN lead role and events are in the planning stage. – **in progress**
- Actions for NPA re regional forums - to follow later in the meeting - **complete**
- HEE training regarding MDS use -this is ongoing with no resolution currently – to remain open. – **in progress**
- LPN to raise with HEE for system support careers fair. – SG raised at LPN meeting; Mark Bailey is keen – Task & finishing group – this was supportive. It was discussed how to do it right from the start with social media, schools etc. understanding trends and engaging parents. Workplan to be drawn up at the next meeting. To support this, discussions with HEE have identified funds to support this work. A formal announcement is expected. – **in progress**
- CPPE action – CPCS surrey event - has taken place and was well received. Further events February and March (Kent January). – **complete**
- Suraj Varia gave update re Pre Reg program in general practice. HEE have now published their version of this for 21/22 and further details re the application process will be available in the next few weeks. 75 places will be available in KSS. - **complete**

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SE Forum accounts were circulated prior to the meeting and reviewed by members.

5: LPC Updates:

Kent LPC: PCN update: funding is available for PCN lead training in January regarding skills. 6 out of 42 have shown interest.

CPCS 93% pharmacies have signed up with those outstanding in process of signing up. CQC closed 2 doctors' surgeries last week which led to vast increase in pharmacy workload, SS to establish if there was a contingency plan regarding these closures, also what pharmacy contingency plans are if pharmacy unable to open. Patient choice (111) was discussed and suggested to be raised nationally that 5 choices would be preferable to the current 2 as if there are going to be significant referral numbers, the system needs to work for all.

Action: SS to investigate contingency plans, both for doctor's surgeries that were closed and for pharmacies.

Surrey, East Sussex & West Sussex LPCs: 89% of pharmacies have signed up to CPCS, focus now on getting remaining pharmacies to sign up. Just over 2000 referrals in the first month. CPCS implementation group meet every 2 weeks. It was raised there have been issues trying to update DoS in an emergency (update not being actioned), pharmacies then being suspended, and not reinstated. Sometimes suspensions are due to locum issues however they should be trained as this should be normal service and likely to be a teething problem.

Action: Suspensions due to sickness / locum / emergency – investigate, as if genuine emergency, this should not lead to suspension.

Training hubs were discussed, a potential discourse, nurse focused, not pharmacy. A lack of remit and understanding for secondary care pharmacy with Primary care pharmacy funded through a different route. Kent are receiving some funding for PCN training. S&S have 5 training hubs, there seems to be a barrier with some of them with regards to community pharmacies role, an advocate from the group is important. SS will share contacts with SL. There is a review of terms of reference currently and now is a good time to get our message across. It was advised to speak to Helen to highlight what community pharmacy has already and what is needed in addition, for PCN support. It was agreed to invite the Chairs to LPN meetings.

Action: SS to share contacts in training hubs with SL.

Action: invite Chairs to LPN meeting.

Action: JW & SS to draft message to Helen for support with training hubs and ask for representation on the hubs.

PCN update – nearly 40% of our areas have an EOI for the lead role. Issues of trying to arrange meetings have been raised. Further information will be distributed if they cannot make people engage and they have expressed an interest then they can be appointed if no opposition. Conversations with heads of primary care have started with regards to what is in the contract. Meetings with the clinical directors will take place to try and gain their support. Crawley and Mid Sussex CCG – PCN leads – pharmacies from 4 different sectors – msg “how do we work together”. The varying size of PCNs was discussed and a possibility of 2 leads in

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larger areas. A list of PCNs where no one has come forward may also be published to highlight where people are needed. It was discussed if a training package including the PCN payment could be arranged and highlighted to increase interest.

6: Meeting dates

The members discussed, the future of the forum and dates for 2020/21. It was discussed if two meetings annually would be advisable with 2 separate CEO meetings between Kent and Surrey & Sussex which would also have a cost reducing effect. The members agreed to move to this new meeting format and dates will be circulated.

Action: Circulate the meeting dates.

7: PSNC Update

Luvjit Kandula is leaving her role at PSNC in January. The members were updated on the PSNC committee meeting in November including services, monitoring through Urgent care and implantation group. Hep C service – no launch date yet but will be shared as soon as possible. Possible audit linked to AMR – details will be notified as soon as possible. There has been feedback to NHSE/I that there are too many audits. Information of what is needed for PQS should be issued earlier to allow for more action time and preferably a streamlining of the PQS process, a subcommittee are reviewing the scheme. PSNC committee members have raised this, the next phase of PQS should be better structured, giving time to respond and act. Public health campaigns need to be known in advance and materials available in plenty of time.

CPCS: feedback overall has been good, discussions from LPCs and contractors regarding funding and operational models changing over the next 5 years. Efficiencies will continue to be explored; this is under discussion with the negotiating team. The CPCS home page now has more support materials for GPs / LMC / stakeholders etc. with editable documents. Changes to reimbursement – consultation – careful consideration re proposals to department of social care. Branded generics – Response was provided, further examples may be of assistance and with regards to time expectations, hopefully in the next year depending on the election, Government and the rate on when they can restart discussions post elections.

Medicines supply shortages – ongoing impact on contractors – some shortages do remain, ongoing discussion and recognition which ties in with reimbursement. Some SSPs were introduced this autumn, EPS messages need to be endorsed correctly or they will lose payment. It was asked if PSNC could communicate out a consistent line for this.

The lack of consistency re supply issues was discussed, sometimes they come via area route, sometimes CCGs, sometimes not at all. Anything that could be added to policy re consistency would be appreciated. It was discussed if work is being done with wholesalers re their quote systems and the number of items requested. There are different phone numbers for different quotes and different processes complicating the matter. Payment regarding the actual time it takes to source the drug should be reviewed as this varies considerably.

Action: PSNC to communicate re correct EPS message endorsement in Friday communication.

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Action: JW to send email to LK regarding issues with time scales of drug sourcing.

Brexit – guidance on no deal. Messages will be shared as and when PSNC have them. PCSE web portal – initial roll out test with limited nr of contractor’s review January / February, then decision will be made when to go live.

Contractors review and representation: PSNC along with LPC are funding the independent review. David Wright is leading the review aimed at ensuring contractors are getting the best value and support from their LPC (official webpage on PSNC website where the PSNC annual report is also now available). Development of LPC dashboard is ongoing. Due to the representation review there will be a delay with the launch of the dashboard. Draft expense policy for LPC members is being created. No immediate replacement for Luvjit Kandula’s role as it needs reviewing post the independent review recommendations. Members have been asked for concerns / improvements for feedback to Simon Dukes, these questions have largely been answered.

Date for PSNC conference 16/09/20. PSNC parliamentary work – working closely with RPS and NPA – informing MPs of the importance of community pharmacy and event to meet with MPs. Ed Waller negotiations – pharmacy profession to regulate themselves. An example of where a practice pharmacist, whilst doing med review and employed by GP surgery, was telling patients that the pharmacy was busy and encouraging them to a distance pharmacy which was reported to the GpHC who dismissed the case without investigating, a complaint has been submitted, NHSE/I were not interested. It was asked what PSNC are doing re this as regulators are not interested.

Action: LK to raise this issue, patient choice is paramount.

8: PSNC Review discussion

The members were given a brief update on what the representation will look like and the various stages of it. Regional nominations need to be submitted by 09/12/19. National steering group dates: 19/12/19, 23/01/20, 05/03/20, 02/04/20. SD agreed to support if needed. It was agreed a CPSS member nominee would be put forward and SP and JW to discuss further. SP would go forward as the regional CEO nomination

Action: SS and JW to discuss nominations.

9: NPA Update: Jasmine Shah gave an update via telecon: CPCS update: Lots of queries regarding controlled drugs through 111, this appears to be across the country. A webinar was held in November re supply regulations and how this sits with CPCS, emergency supply without referral. Guides have been made for the use of pharmoutcomes and sonar. For the minor illness component of CPCS, one-page summary cards have been created to enhance the understanding of red flags. Audit and PQS guidance fact sheets available which include examples. EPS support for prescriptions also available. NPA working with PSNC and RPS to create manifesto for community pharmacy with resources available on the website (links to

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be distributed). Prescription direction issue – ongoing workstream. Toolkit published on the website to manage prescription direction. Representation review – NPA engagement, ongoing dialog between PSNC and NPA corporate affairs team.

10: CPPE Update: There have been 2 CPCS training events, feedback from these events is welcome. PQS resources have been updated on the website. Sepsis training – application of the learning for someone who might present. Contact Info@cppe if delegates fail, feedback of issues can then be highlighted. Mental health e-course starting in Jan (12 weeks course). Mary Seacole leadership program, cohort in London (open to all) for pharmacist and technicians, 3 workshop days rest is online. ACPT program still open. Planning for next semester April – October, please feedback any training priorities. COPD workshop available which ties in with Asthma and likely to include inhaler techniques. Sexual health all day workshops in S&S area and 2 new NHS Healthchecks workshops (one in Surrey one in Sussex). New staff members education supervisor & regional tutor (Surrey) Sue Mills (from January). Kent (same two roles) Tanya Grey (already started). They may be able to assist more with local liaison and training hubs. CPPE training for PCN roles, SG will send information to SL who will forward.

Action: SG to forward details to SL re CPPE training for PCN roles to pass to CCGs.

11: AHSN Update from Becky Sharp: TCAM progress update: Surrey – Ashford and St Peters live since October, 8 wards to be live by December. 84 referrals sent through. Royal Surrey – due to go live in December using web-based system, they need pdf converter software – outsource needs to be involved and will be additional cost, go live was due in January with patients discharged to care homes and MDS. Surrey and borders – is live, admissions notification included in the process. Epsom & St Helier are on in progress and there should be an integrated system going live next year however it crosses boarder with South London and the engagement is not the same there. SASH have outsourced their IT. Kent and Medway – all trusts engaged, Medway are ready to go, project team set up but no initial meeting yet and slight funding barrier. Medway exec team have met and further discussions to continue in January. Sussex ESHT have been live since March with 67% completion rate, there was a drop of referrals in November. It was raised that doctors have amended the discharge letter after the referral has gone. Unknown how many people this may have impacted, pharmacy should however pick up any difference. West Sussex going ahead with internal work under way. Initial roll out, 2 wards from Chichester, 2 from Worthing, aiming for go live end of March.

Action: reexamine the interface prescribing policies, what it says there and if this is realistic. PINCER: training rolled out in Surrey – complete in East Sussex, B&H next week, Kent and Medway on the new year.

12: Sue Ladds – Regional pharmacist for EU Exit, NHS / NHSE/I South East England

The members were given an update. Emergency planning resilience and response unit (EPRR) are leading (each region has a lead in the team), they look after all emergency NHS incidents.

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Specific unit for EU exit. Regional pharmacy lead Steve Brown, Sue Ladd secondment in south east. Medicines – huge amount of work done as 76% are imported from or travel through the EU. 1300 suppliers have been contacted regarding their plans for resilience of medicines supply, they have been asked to secure 6 weeks supply. Differing regulatory requirements are looked at in preparation, also strengthening existing processes of medicines shortages / supply. Where 6-week buffer stock not possible they are on a case list and reviewed product by product to get a plan in place and the impact reviewed. GSLs also being reviewed so plans in place, vaccines, unlicensed products and radio isotopes, medical trials, also raw materials to make sure manufacture can get ingredients into the country not just the finished product, Medicines supply team – main link to suppliers. Its mandatory to notify the medicines supply team about shortages who will look for alternatives and different contingencies, produce reports and deal with queries re supply. Commercial medicines unit – similar job for hospitals but work closely together. Process: notification received form any route – carry out risk assessment – rate them according to tier 1 (low impact) 4 (critical). Tier 1 & 2 will be communicated through DHSE, NHSE/I then relay on. Tier 1 only on update, tier 2 should be email too, tier 3&4 will come through as a formal meds supply alert. GPs are legally required to sign up to CAS. Tier 1 issues to be raised with MH by JW.

Action: JW to discuss tier 1 notifications with NHSE&I regional team

Med shortage response group set up for Brexit, tier 3 or 4 will be escalated to this group for their scrutiny, they then issue the shortages protocols. Strong clinical input into the process. Parallel export restrictions – to prevent meds going out of the country. Tier 2 go to GPs, pharmacies etc. with instructions -supply disruption alert. Advice for pharmacies to keep business continuity plans up to date, ensure staff are aware and they are readily available. Messages: still same around supply, continue to prescribe and supply, don't stockpile. Official communications that can be shared with patients etc. is available on the NHS website. National SOP for shortages management: lacking in information for primary care – newer version will be made available (feedback still appreciated as not complete). Regional appendix will be created (available in next few weeks) which will include local contacts. Secondary care – template MoU has been set up to allow for movement of medicines. Fuel priority (not due to Brexit).

Community pharmacy is not on the fuel priority list in Kent, Surrey or Sussex. The commissioner needs to ask to be put on the list. Community pharmacy with NHS contract need to be put on the list

Action: JW to discuss fuel contingency with NHS E&I regional team. Quotas and the difficulties with it around medicines shortages and supply were discussed at length and a list of further examples would be worked up, Sue agreed to feed this into the ongoing shortages discussion

Action: JW/SS to summarise discussion points and examples and send to Sue.

13: AOB

14: Meeting wrap up

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15: Future meeting dates & venue

5th March 2020 – The Sandman Signature Hotel 10:00 – 13:00

4th June 2020 – The Sandman Signature Hotel 10:00 – 13:00

14th January 2021 – Kent – Venue TBC 10:00 – 13:00

16: Close 1.30pm