

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 by Zoom conference call, 4th June 2020 10.00am

Members Present: Hemal Chudasama Vice Chair Surrey LPC, Mark Donaghy Chair West Sussex, Sally Greensmith Surrey & Sussex LPN Chair, Sarah Ridgway-Green CPPE, Michael Lennox NPA, Mike King PSNC, Atif Shamim HEE, Rupri Bhasin, External independent Chair Surrey LPC, Sunil Kochhar PSNC, Lisa James AHSN.

Non-members present: James Wood, CEO Community Pharmacy Surrey & Sussex, Hinal Patel, SDSP Community Pharmacy Surrey & Sussex, Sandra Lamont, CEL Community Pharmacy Surrey & Sussex, Micky Cassar, BA Community Pharmacy Surrey & Sussex,

1: Apologies: Shilpa Shah, CEO Kent LPC, Gemma Staniforth Vice Chair West Sussex LPC, Craig McEwan Chair East Sussex LPC, Sarah Davis Vice Chair East Sussex LPC.

2: Governance for SE Forum Members: The members were asked if there were any changes to the DOI, nothing raised. The SE Forum Terms of Reference (ToR) were circulated to LPC members prior to the meeting for review and any updates. Nothing raised, and it was decided that no updates were required at this annual review point. It was recognized that the ToR may need revisiting once the Independent Review of pharmacy represented and support has been published.

3: Minutes: Minutes of the previous meeting on 5th March 2020 were reviewed. It was noted that Sarah Ridgway-Green name spelling was incorrect as was Tanya Gray. Both will be amended. The minutes were virtually signed as accurate by the Chair.

4: Matters Arising: The action log was reviewed however there were no formal actions recorded at the last meeting.

It was noted that a formal PCN lead event did take place in Surrey prior to COVID and similar events were to take place across the patch however this has been paused at this time.

The members were advised of two MoUs have been signed regarding joint work with HEE. This is for two workstreams, careers collaborative, to engage future pharmacy workforce and making pharmacy a great place to work in the South East. A steering board will be formed consisting of LPC members, HEE and interested stakeholders in due course.

Action: JW to circulate MoUs.

The accounts for the year and budget were circulated to LPC members prior to the meeting and the members reviewed the final accounts for 19/20. There are outstanding contributions from Kent & Surrey LPCs currently. There are two forum meetings scheduled for this year, today and in January 2021 (to be hosted by Kent). The members agreed the budget for 2020/2021.

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5: LPC Updates and COVID discussion

Kent: Kent LPC thanked CPSS for their support and joint working during COVID. Some issues have arisen during COVID including getting GPs to switch to eRD and stock supply issues however work seems to be heading back to normal levels, but contractors have highlighted they feel left without a recovery plan.

This period has been good for relationship building with key stakeholders. Also, the Palliative care service launched in 33 pharmacies, each receiving a £1000.00 set up fee. Primary care treatment center service for 19 pharmacies (receiving £250.00 every three months and £15.00 for the NHS emailed prescription and £5.00 for non-shielded delivery). These centers have started to wind down now as less footfall than anticipated.

Payment protection from services commissioned by the Local Trust have decided to pay 80% (pro rata) of the LCS payments for EHC, Health Checks, Smoking Cessation & Weight loss services. This will be reviewed for the second quarter in June. Since COVID began there has been an increase in demand for stop smoking services due to the respiratory aspect of COVID. A proposal was put to the trust to introduce a virtual PSD service which has now been launched. The independent prescriber carries out the virtual consultation and the trust have stop smoking advisors to give behavioral support. The service spec is available should anyone wish to share. It was discussed that independent prescribers were identified through a social media and a Mailchimp mailout requesting those who are to register. Telegram is being used for communications (which allows for historical communication to be available). There is a stop smoking group consisting of 8 people who do the virtual consultations. They have weekly zoom meetings to discuss and share learnings. This process may be used as a baseline for contraception etc. in future.

Mental health and independent prescribing skills were raised and the potential to connect community pharmacy with patients for supply and or promotion. At this time, the subscribers (total 25) are engaged through telegram. Engagement was slightly less due to workload during COVID however numbers are increasing. 90% of these are independent pharmacies and there are issues trying to get multiples to engage with the process. Clinical skills and confidence are work that needs to be built on. It was highlighted that CPPE have a return to prescribing e-workshop which could assist but also that there is potential to tailor training for community pharmacy independent prescribers.

Action: SRG and SK to progress possibility of training for independent prescribers.

HEE highlighted the potential scalability of this work. At this time, they are working with GpHC to gain access to information of locations of independent prescribers however this data should be made available to HEE soon through a data sharing overarching agreement.

During COVID the 5 LPCs have been meeting with NHSE weekly. NHS have gone through a restructure leading to smaller teams covering a larger area. Sue Ladds has been appointed

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regional chief pharmacist for NHSE (SE). Julia Booth has been appointed head of primary care responsible for the pharmacy contract. The format of the LPC / NHS Liaison meeting will need to be reviewed with this restructure. LPN for Kent and LPN for Surrey & Sussex will continue with opportunity for focus on smaller regional levels.

Surrey & Sussex LPCs: The COVID plan was shown to the members, including aims to support contractors reducing burden & looking at services. Opportunities for contractors to be aware of local business opportunities; to be able to access them if they choose and locally to have access to volunteers. Work has taken place with neighboring LPC with regards to dental prescribing and testing.

There has been an increase in LPC work in the South East including lots of collaboration with PSNC. A rapid response team has been set up who meet virtually weekly and leads to coordinated work.

There have been some issues in Surrey & Sussex with prescription intervals & prescription ordering however there has been local progress with reconfiguring local relationships & working together with partners LCS Income protection in Surrey & West Sussex was protected at 100% for quarter 1 with East Sussex & Brighton & Hove being set at 60% during COVID. Work on Palliative care across Surrey & Sussex has taken place to eliminate any gaps in the geography. There are now 63 sites across Sussex and as of 01/06/20 they are all running on the same SLA across Sussex. Reactive work has been done on getting Hot Sites up and running across the patch with 26 in Sussex & 7 in Surrey all receiving as £250.00 set up fee plus £15.00 per episode of dispensing under this scheme.

Stop smoking numbers increased due to the link between COVID and respiratory issues. Discussions in Brighton & Hove and West Sussex have been ongoing re the use of CHAMPIX with a PGD coming in West Sussex in the next quarter. Direct referral from behavior support in specialist service with PGD aspect happening within pharmacy in East Sussex. £15.00 for every consultation and £3.00 for every dispense thereafter. Looking forward there will be a focus on quarter 2 and efforts to establish what services are right and safe to restart.

It was highlighted that there is confidence that understanding of pharmacy will increase due to COVID. Relationship building with partners is something that needs to be embraced and built on, making sure they share pharmacies key messages. A communication plan created by Surrey County Council to highlight community pharmacy opening hours was made available over the Easter holiday enabling them to spread pharmacies message.

With NHS a different approach was used, and third-party advocacy work took place behind the scenes enabling them to take or message forward.

Healthwatch have been working closely with community pharmacy. Media support and contact was highlighted including social media. This has included work supported by Craig

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McEwan and Mark Donaghy in relation to the issue of abuse in pharmacy towards contractors and they were thanked for fronting this work in the media and their input.

This week is volunteer thank you week. Chairs have written out to ask that organizations pass on a massive thank you on our behalf to those who have volunteered.

The tragic loss of one of our Surrey Community Pharmacy Pharmacists through COVID was highlighted. Work was conducted behind the scenes to assist family and with managing local demand for information.

6: PSNC Update – Mike King

PSNC have been having regular weekly meetings and regular weekly briefing meetings for PSNC members. On the 21st of May there was a meeting and a lot of this was around the negotiations PSNC have been having regarding community pharmacy funding. This has so far covered the advance payments, funding for Bank Holidays openings, money toward protective measures in pharmacies (screens etc.) and the launch of pandemic delivery service. PSNC have also looked at the additional costs data caused by COVID19 and used this data as a basis for a further funding bid which is now with the treasury.

PSNC have been looking at the impact of COVID and the next steps, that will form part of future negotiations. Subcommittee meetings are being held including an LPC and contractor support committee who met in May. Work is underway to support LPCs as part of reintroducing “business as usual” in a new way. The annual meeting of LPC treasurers was postponed but looking to have this meeting via zoom. LPC training will be delivered in a revised online way involving a suite of different videos and podcasts for new member training etc.

The issue of an expense policy for LPCs is being looked into and a paper prepared by Gordon Hockey has been submitted to the resources and finance committee, this paper is due to be sent to LPCs shortly. It was noted that work has been carried out by CPSS to create provision within the expenses policy for non face2face meetings and therefore this will be placed on hold until the PSNC paper is received.

The Independent Review was discussed with the report due to be published 19/06/20. When published there will be a webinar for contractors on the 29/06/20. A meeting for LPCs will follow 08/07/20 where 2 representatives from each LPC can attend virtually. CPSS relationship building was noted as good example. The review dates will allow working groups to be formed over the summer period and then further meetings of LPCs in Sep/Oct time to allow for a review of outcomes of these discussions to progress work on the Write Review.

The national pandemic service has been commissioned until 9/7 and questions are being asked by partners as to what happens next. It was raised it would be useful to know in advance, the direction of travel for the pandemic service nationally, to manage reputation

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locally as local helplines will be scaled back and volunteers will be returning to work etc. Patient choice must be key.

It was raised that the guidance on the PSNC website with regards to the impact Test & Trace is vague. It has already impacted on pharmacy teams as there have already been closures in the area due to Track & Trace. It was asked if facemasks will be compulsory for staff in pharmacy. The guidance on the PSNC website is holding guidance from Gordon Hockey but discussions to clarify the guidance for Track & Trace are taking place now and there will be further guidance once these discussions with NHSE & the Department of Health. The updates will be given by Gordon Hockey as soon as available.

A Rapid Action Team have been formed and have been meeting twice weekly working on issues that have arisen for contractors and LPCs due to COVID. This work is continuing and is starting to look at ways of working moving out of the severity of the current situation to start to establish a new way of working.

The PSNC have been working from home however the office has now reopened for those who want to work in the office applying social distancing rules and regular staff meetings are taking place to review internal issues. The next PSNC meeting is on the 25/06/20.

The advanced funding was raised and if there was any possibility of this becoming additional funding rather than advanced funding. It was highlighted that PSNCs first goal was to secure this funding and then discussions can follow up once funding earmarked. Updates to follow when available.

7: NPA Update – Michael Lennox

Three main update areas, 1, NPA Ernst Young impact of current fund, 2, restoration & recovery, 3, Independent Review.

1 – Ernst Young review has been commissioned by the NPA in partnership with the other community pharmacy commissioning bodies. The aim is to get an objective in depth analysis of the impact of the new contract on community pharmacy in terms of the independent sector. This has been promoted through CPSS to allow for as many responses to be gathered as possible. There has been a good response and the cut of date has therefore been extended. The survey takes approximately an hour to complete and the NPA finance team are happy to assist contractors should they need it. The Ernst Young survey will provide accounting information to add to the case to show the true impact of the current contract.

2 – restoration & recovery: Cross organizational bodies working well together to establish the impact of COVID on the contract including speaking to members and board about what the key things are NPA should be doing moving forward with an aim of getting a collective case together. There have been a series of remote discussion groups, to establish what the key things contractors are saying is impacting on them. 5 key things have been highlighted. 1 – National contract review – influence the outcome so we have financial resilience. 2 – Support

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us to support our people – team facing comms that drive confidence & reassurance. COVID has impacted on everyone including pharmacy teams and morale and retention are important. 3 – Digital platform package – embrace digital, give us a digital package on scripts etc. Bricks & mortar pharmacies need to move forward to get the best of both worlds. Scotland NHS e-consult program rolling out “NHS Near Me” for remote consultations which seems positive. 4 – Services boost optimize - Boost – red tape has been relaxing and ideally not going back is beneficial including practical things like wet signature signing, flu practicalities moving forward. 5 – Integration & Collaboration - work closer locally. Work with the PCN and the PCN leads, pharmacy needs to be a seamless part of the health system.

Action: send out 5 risks / opportunities reference slides to members.

Landing the Independent Review: The NPA recommendations in brief: - Increase the capacity for local service development & implementation, Streamline the network of LPCs to being to align to the NHS structures, Reform the PSNC mandate, invest in local leadership, improve accountability, ensure governance serves all, pilot any changes, consider new ways to support service development and innovation. The NPA will respond to the recommendations from the independent review with a commonsense approach.

8: CPPE Update

Face2face events have been cancelled until the end of July and a new workplan has been set up for the next 12 months. The aim is to repurpose events that were due to be delivered face2face and create them online. The online COPD focal point workshop has been piloted which will be rolled out across country. Ideally the online events will also allow for discussions and sharing good practice. Revised urgent care eLearning program to include NHS CPCS service and information on how to improve CPCS delivery. The online CPPE COVID19 gateway page has lots of relevant information available with links through to a lot of learning resources. There is also a resilience page with lots of resources relating to wellbeing.

There is an online return to practice support for people on the temporary register or just returning to pharmacy after a break. This online support also includes a self-assessment to help identify gaps which if identified link to resources to help in updating. It was asked if there is a way of linking people returning to practice to where they may be local gaps. It was suggested a starting point could be a named LPC person who can provide 1-1 support. Gaps for people who may need more pharmacy support could potentially involve a buddy system. For some of the national services like CPCS, CPPE are looking into how they can support training & implementation in the new world. With regards to local services like NHS health checks, CPPE will be having local discussions with commissioners to establish how they will proceed with the training but no answers yet.

Declaration of Competence updates and extensions have been put in place so those who are trained can have an extension to their renewal, influenza one still in discussion. It was raised as a concern that there is a pause until September and then there will be a large increase.

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Flu training has been extended until next year for those that were due to refresh however this does not include those who do not have the training and practicalities of how this training will look as it is needed is still unknown and being determined.

ACPT training is still available online. Coaching support is also available for those struggling with changing roles and or returning to practice. CPCS repurposing for online delivery - If any evidence / data regarding the CPCS service and dispositions, please pass to Sally Greensmith.

Action: JW to pass CPCS data to SG

The relevance of online consultations for community pharmacy will be reviewed within pathways (hopefully by November) including telephone consultations & virtual consultation skills for all sectors.

9: HEE Update – Atif Shamin

There has been a focus on COVID related matters. The national recruitment scheme does not have a f2f interview part of process due to COVID so only online assessment only this year. This has meant that collaboration has taken place and this test through one Oriel portal will cover England, Wales & Scotland. Linked in with that is a large increase in split placements between pharmacy and GP. For year Three, 26 placements out of 162 are across KSS which is a huge increase from 7 last year. Dental / pharmacy collaboration part 2 will be launched soon. Part 1 happened a couple of years ago when dental fact sheets were created. This has opened the opportunity for more collaborative working with dentists wanting to place foundation trainees in community pharmacy for a period. They would normally be seeing patients f2f in practices which are currently generally closed due to COVID. The plan is to put these foundation trainees in pharmacy to do dental consultation from the consultation rooms. They can also prescribe so where a patient may need anti biotics or pain relief, they can do the script there and hand over to pharmacy. Pharmacy can choose when they want these trainees in pharmacies and these lists will be circulated to dental practices and 111, so if a patient needs to be seen by a dentist, they can attend the pharmacy and see the dentist. Risk assessments will need completing and then LPC can send information to pharmacies who may be interested.

Careers – work is ongoing to create an online portal where people can access information of what is involved in working in pharmacy including all the roles and how you move from one role to another. There is a career steering group in place. This piece of work is a large national agenda item.

10: AHSN Update – Lisa James

Many of the national programs the AHSN have been commissioned to deliver have been reviewed or paused but TCAM is a program that can support COVID related activities

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regarding discharge. In KSS there are 4 trusts that are live with the TCAM pathway. Royal surrey went live 02/03/20. KSS followed national trend in referral rates with good activity figures nationally. Next steps: keep supporting these live trusts, interim evaluation to assist with learning for next steps and for those joining TCAM.

Implementation up and coming - in some trusts there was a slow down with implementation activity at the start of COVID but are increasing up. Working with Western in Sussex who are keen and ready to implement. Medway implementation plan in full swing and most of testing with pinnacle system done. Positive steps at Epsom & St Heliers's. Due to the acceleration of the program, Brighton & Hove have also come on board and the implementation project plans are starting.

There has been a recent development involving an extension of the TCAM project to include pharmacy in care home teams. There is a Pilot in the West Midlands (supported by west midlands AHSN), also a pilot is going live tomorrow in Shropshire. Bolt on extension of the existing national program. 2 trust in KSS want to take part, East Sussex and Ashford & St Peters Findings from the West Midlands pilot are needed first but if positive this will be accelerated quickly. Next steps: Joint comms going forward would be good regarding the care home extension package, and updated comms around the importance of the program and progress etc.

RPS resource has been created due to call for action in care homes. CPPE helped develop this resource and it is full of good links to learning. CPPE have a lot of resources on this – the RPS website has open access to this resource not just for members.

10: AOB

Nothing raised

11: Meeting wrap up

12: Future meeting dates & venue

14th January 2021 (hosted by – Kent) 10:00 – 13:00

Venue TBC

13: Close