

Minutes of Meeting of Surrey Local Pharmaceutical Committee

Date: Wednesday 11th May 2022 starting at 09:30
Location: Tyrrells Wood Golf Club, Leatherhead, KT22 8QB
Present: Jay Patel, Chair, Hemal Chudasama, Vice Chair, Sejal Patel, Purvi Shukla, Rupal Badiani, Jay Amin, Jaymil Patel, Chris Scoble.
In attendance: Julia Powell, Chief Executive Officer, Marie Hockley, Service & Development Lead, Micky Cassar, Business Administrator, Jess Turner, GP CPCS Training & Support Lead, Linda Honey, Director of Pharmacy and Medicines Optimisation, Surrey Heartlands CCG (part of the meeting)

1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting. It was noted that Neha Vyas has resigned from the LPC.

CCA Reporter: Rupal Badiani.

2: Apologies for Absence

None received.

3: Governance Matters

The Chair asked if there were any changes to the Declarations of Interest. Nothing was raised.

4: Minutes & Matters arising

The Chair asked the members if they had read the 9th of February 2022 LPC minutes and if there were any issues with the accuracy. No issues raised. The Chair signed the February LPC minutes as a true account of the meeting.

The action/decision log was reviewed.

Actions still in progress:

- 257 - Create a banking mandate to change Treasurer and signatory details – in progress.
- 258 – Submit FOI data re smoking cessation – in progress.
- 259 – MC to add new members to WhatsApp Group – now complete.
- 262 - Share data of stats so people can see how they are performing. – in progress.

5: CEO Report

The draft operating plan was discussed at the February LPC meeting, and the final version is now available on the CPSS website. The members reviewed the operating plan for Q1. There are a couple of ongoing tasks from Q4, mainly with the GP CPCS rollout, the palliative care review for Sussex and the ongoing conversations with CGL. There is no PQS 21/22 data available to share yet, in terms of how many pharmacies applied. H Pylori Service in Surrey was out of contract and was taken to the East Surrey MOG and GPs advised they wanted to retain the service. They are now looking to possibly spread the service Surrey wide. The Surrey Shared Care Record and the Frimley Shared Care Record will be rolled out to community pharmacy.

A PCN Community Pharmacy Lead training day was held yesterday, and a further event is scheduled for the 18th of May. Pfizer are sponsoring these events and will do a masterclass in the morning around networking and stakeholder engagement. The afternoon session run by CPSS includes a session on the restructuring of the ICS and where PCNs fit in, the devolvement of the pharmacy contracts to the ICS from NHSE and the hypertensive service. At the event yesterday the leads were asked if they would like a further face to face networking event which they did, and this will be in the form of 3 events (one in each area) with backfill.

MC is in the process of creating a CRM database for pharmacy contractors, MPs, and others, with a purpose to retain knowledge and continuity.

Hub and spoke consultation update: The Government have circulated this consultation which was discussed at the Exec meeting. It was decided due to the mixed views, that the LPC would not respond but that the consultation would be highlighted in the newsletter to make contractors aware.

September contractor event update: This will be an all-day meeting (18/09/22) and Janet Morrison (CEO PSNC) has agreed to attend as a keynote speaker. The members reviewed the draft agenda and were asked if there was anything they would like to add to the day. There will now be a Hypertension session provided by BMS with content being

discussed. Also looking into getting a speaker in for a respiratory talk with regards to green inhaler changes and NMS. The breakout rooms will allow for a choice of sessions to attend. It has also been asked that HEE attend to explain the change in the registration process and IP prescribing funding. The peer review discussion would be helpful. There will be Pharma sponsorship with exhibition stands during the first morning break and during lunch.

Action: Feedback to JP any ideas for the September event.

The July LPC meeting is the joint LPC meeting. It was suggested that the 3 LPCs have a combined meeting in the morning followed by individual meetings in the afternoon. James Wood from PSNC will be attending as a guest speaker. The RSG vote will be known, and a discussion will need to be had around the outcome and what this means for the LPCs and CPSS. The members were asked if they had any further suggestions of guests to invite. An ICS speaker was suggested, also Alliance for Better Care (ABC) GP Federation, it could be a good idea to invite a speaker from this federation to understand their role.

Action: Feedback to JP any ideas for the July LPC meeting speaker.

Decision: Invite a speaker from NHSE to the July meeting.

AGM update: Due to the RSG results, EGMs will likely be held in September. The AGMs were discussed at the Exec meeting, and it was decided to add them onto the September LPC meetings this year, as there will already be the EGM's and the all-day contractor event in September. It was also agreed at the Exec that the annual review will not be produced this year only the mandatory annual reports, but that this will be reviewed on an annual basis.

Accountant update: JP has tried to contact the accountant who deals with the CPSS and the East Sussex LPC accounts. The current West Sussex LPC accountant is unable to continue with the accounts and the Surrey accountant provided a significant increase in charges for the new recommended format for the accounts. Ideally the same accountant that completes East Sussex LPC accounts and CPSS accounts will be used however if they are unavailable an accountant used by the London LPC's will be contacted.

Office PA contract has been cancelled due to price increase and small number of calls and phones redirected to JP when MC not working.

Reports from local meetings update: The 6 ICSs in the South East wish to be early adopters. As of the 1st of July, the ICS will therefore take over the management of the pharmacy contract. There will be one administration hub in Surrey managing the team on behalf of all the ICSs in the South East. There will be a delegated committee attended by a representative from each ICS and the hub team. After the hub has been in place for 6 months there will be a review on how this operates.

NHSE have created and are funding a new 2-year Community Pharmacy Clinical Lead role with an aim to support the roll out of services. Frimley are advertising for a permanent role which Sussex will also do, therefore this role will continue to be funded ongoing by the ICS. Surrey are only recruiting for a 2 year role. The LPC have been invited to sit on the interview panel for all three areas. There is also a project manager role which will shortly be advertised, and their role will be to support services that community pharmacy offer that involve acute services e.g., DMS. All 42 ICSs in England will be able to recruit for this role which will be funded by NHSE for 2 years.

LPC member training plans update: Common themes have been identified. PSNC are planning training around these themes in the second half of the year so hopefully details will be known by June / July. Pfizer have also been approached to see if they can assist and they have a training package available around preparing bids and business cases.

The members were given an update re NMS data which has been collated with regards to claim numbers. It was proposed that those that have never made a claim are called to ensure they are aware of the loss of the transitional services payment. An email will be sent individually to contractors where they have missed a month. Generic e-mail on loss of income to all contractors.

Action: Call all NMS non-claimers and emails where a month has been missed. Generic e-mail on loss of income to all contractors.

6: Service development & Support Update

NHS community pharmacy contraception management pilot update: This pilot is running in Portsmouth and Reading from Sep 2021-Sep 2022 with a possibility of extension. The aim of the pilot is to create additional capacity in primary care and sexual health clinics, it is not a replacement for local authority commissioned services. There are 2 tiers to the service. Tier 1: community pharmacies to provide more access to ongoing oral contraception. This will be

provided under PGD. The fees: £18.50 for consultation fee regardless of if supply is made. If supply is made its £3.50 plus drug tariff fee per supply and there is also a set-up fee. Tier 2: Exploring the possibility of community pharmacies initiating access to contraception and recognising it as a place to support wider patient choice and create capacity.

The members reviewed the LCS data for Surrey 2021/22. There has been an increase in delivery over the last few months.

CGL meetings update: It was suggested that this could start to be claimed on population numbers. This has been put to Surrey County Council. The College of Mental Health Pharmacy wrote a paper which will be circulated to members which is being used as guidelines to align LCS.

Action: Circulate the paper written by the College of Mental Health Pharmacy when final version available.

The members reviewed the DMS data. Epsom & St Helier are due to go live shortly as will SASH. All trusts should be live shortly. Hospitals have quality indicators (CQUIN) and DMS is part of this, they get their data on how many pharmacy DMS claims are made via MYS. There are significant differences in completed and claim numbers which is an issue. This impacts the trust as they use this data to meet their targets. The manual process of taking data from PharmOutcomes and then manually adding to MYS is a barrier. MH does contact these pharmacies to highlight the outstanding completions.

Condom distribution service update: This will not be on DPS and there is also not a DPS re-opening date at this time. After the decision from the last LPC meeting, MH has renegotiated a £50.00 retainer fee paid upfront and 4.00 per distribution (no cap) with a clause that one member of staff (who is working) needs to be trained. Ideally, they would want more members of staff trained for continuity of service as if the trained member of staff is not working you cannot supply. The admin will involve uploading a number from the C-card, there will be no outlay for pharmacy and consumables will be delivered. The members discussed if they would like to progress the service. The MoU was circulated prior to the meeting. Initially they will circulate EOIs to pharmacies that already provide sexual health services however any identified gaps in deprived areas will likely follow with further EOIs.

Decision: The members agreed they would like to proceed with this service.

Hypertensive case finding service update: This service has been commissioned by NHSE SE and 283 pharmacies in the CPSS area have signed up. A key differences document has been created and submitted to the med's optimisation board for their PAD between BP+ and the hypertension case-finding service. There is a pilot referral scheme GP pathway into pharmacy through AccuRx (secure message service). The care coordinator in the PCN will highlight a cohort of people per week who are eligible for a BP check and send them a message (after first checking pharmacy capacity). A map has been created for patients to see where they can attend. There will be a link in the message where the results from the BP tests are inputted. That goes directly onto their clinical record. If the patient needs an ABPM the pharmacy will email the care coordinator for a new link. The pilot will be evaluated after a few weeks. Sussex have now also adopted this and have three PCNs that would like to go live. It was suggested that it would be good to know what the contractor capacity in the area is. The evaluation will come from how many messages go out and how many BP checks are made. It was highlighted that the spread of pharmacies needs to be a priority to manage supply. Patient expectation would be managed easier with appointments rather than walk-ins. The members were asked for feedback on the service.

Smoking cessation advanced service update: Sign up from the 10th of March. The members were shown the inclusion and exclusion criteria. This service should not be actively promoted to the public by the pharmacy as it is for discharge from hospital, not to replace local services. 27 pharmacies across the CPSS area have signed up to date. In Surrey, OneYou Surrey provide the smoking cessation service, there is no LCS in Surrey. There is however a pathway to ensure there is no confusion from the hospital trust as to which service the patient should go into. The key differences were highlighted to the members between the two. There is a key difference document which MH has created which is awaiting sign off to ensure smooth collaboration.

NHS smoking cessation service pilot Transfer of Care to Community Pharmacy from Maternity Services update: This pilot started on the 31st of March 2022 in Nottingham. The service spec is on the NHSBSA website and if successful will be further rolled out.

Updates:

West Sussex

- Alcohol brief intervention and advice – webinar 10th of May, alcohol wellbeing advisors and CGL presented with regards to Naloxone and Nyxoid

- Feb PH meeting: Discussed collaborative working with PH priorities and campaigns, service review, sharing information and national services

Brighton

- Alcohol awareness - HLP commissioned service not claimed money - working with Roisin at B&H to chase up and support claiming
- Stop smoking LCS meeting scheduled with Jimmy Burke public health lead
- Jan PH meeting: Discussed CV19 Vacs, national services, smoking LCS and CVD

East Sussex

- EHC PGD – Suspended due to PGD issues – plan in place to avoid this in future in form of MOU with the CCG which will increase governance assurance
- April PH meeting: Discussed sign-up, activity, training, successes & areas for improvement, national services and to meet regularly with EHC and Smoking leads

Surrey

- Surrey CCG - LCS for fidaxomicin and vancomycin for treatment of C. difficile
- Surrey LCS Flu vaccination - FY 21/22
- Frimley UTI service – EOI gone out to pharmacies in Frimley. The pharmacist to supply nitrofurantoin, when indicated to patients in line with the requirements of the locally agreed PGD in uncomplicated patients presenting systems as detailed in spec
- Ondansetron service in Frimley- Up and running, 1 pharmacy contacted had received their first prescription and evaluation is planned in due course
- CDS - Condom distribution service – MOU, £50 retainer, £4 per supply, committee approval now received
- DPS - waiting for information on date portal will be reopened

Updates:

- Weight management - NHS Low Calorie Diet Pilot Programme Guidance for GP practices, total meal replacement diet 800-900 kcals provided by Xyla (Pharmacy cannot refer patients into this, this is GP only referral, but pharmacy can signpost to surgeries)
- HLP champion - 25 assessments completed, 3 invalidated/not achieved and 38 workbooks. 6 new signups in Q4 - used 74 places out of 194
- Pharmacy collects Lateral flow test: Completed Transactions for Covid-19 Lateral Flow Device Distribution Service
- Palliative care- Service spec due to be signed off through final stages, £1000 approved, Jo Piper collating data for payments owed 20/21, 21/22. MH does not have access to information of who is owed funds.
- H Pylori, Mar Charts and Gluten free services have been escalated for review
- Sussex Lung cancer service ended 31.3.22

Enhanced hypertension service has been commissioned for PCN leads for data collection of who is / isn't providing the service or who is intending to. This information will then be circulated to GP surgeries to assist with a pathway of signposting. 52 out of 65 proposals were accepted, 13 without a lead participating which MH will complete.

Forward view:

Next three months

- Roll out of the GP AccuRx pathway
- Discussions with trusts regarding smoking cessation service
- Expression of Interest Surrey CDS – this will now be circulated
- Area manager forum (date TBC)
- Next round of service clinics
- CGL substance misuse contracts
- Palliative care payments and continue supporting LCS claims to be paid
- Collation of data for PCNs without funded lead for hypertensive case finding service
- PCN Lead training events
- Next rounds of PH meetings and stakeholder meetings
- Annual review prep
- Brighton PGD renewals

Action: MH to circulate her slides before the meeting to allow for previewing.

7: ICS Linda Honey, Director of Pharmacy and Medicines Optimisation

The ambition for integrated care, the NHS has been leading the drive towards more integrated care, since the publication of the NHS 5 year forward view. NHS organisations and local councils and other partners have been increasingly working together as ICSs. By joining forces, ICS partners have developed better and more convenient services and invested more to keep people healthy. The pandemic showed the importance of joined up working and accelerated these changes. The members were shown the ICS map and were updated as to the new terminology. The ICSs will come into force on the 1st of July. The statutory organisations will then need an Integrated Care Board (ICB). They are responsible for a 5-year system plan that needs to be submitted to NHSE. There is also a requirement for an Integrated Care Partnership (ICP) which look at wider health and social care needs, pulling together a care strategy. Within the partnership and delivery structures, the Provider Collaboratives, HWB, Base Placed Partnerships and PCNs sit. The vision for change is moving away from commissioner provider toward NHS leadership style ensuring delivering value for money and quality improvements. Surrey Heartlands ICS will cover a population of just over 1 million people. There are within this ICS, 24 PCNs, 4 acute trusts, 2 community service providers and 1 mental health provider.

The system priorities and plans have three priorities: helping people in Surrey live healthy lives, supporting the mental and emotional wellbeing of people in Surrey and lastly supporting people in Surrey to fulfil their potential. The top-level priorities need to be submitted to NHSE and the final version needs to be published and made available by the end of the month and will then be shared publicly. The members were updated as to the Surrey Heartlands Leadership Team and the new structure for Surrey Heartlands ICS. The community pharmacy contract integration is a priority and to achieve this a Surrey Heartlands Community Pharmacy Clinical Lead and a Programme Support Lead will hopefully be recruited shortly.

The system is delivering the “critical five” which is an overarching framework for achieving short and long-term sustainability through 5 key ambitions: Keeping people well, safe, and effective discharge, high risk care management, effective hospital management and lastly Surrey Heartlands wide efficiencies.

Action: Share Linda Honeys slides and briefing to members.

The delegated contract is due to start on the 1st of July and, it was asked if or how this will be communicated to contractors by the ICS (to avoid any duplication). Linda not aware but will find out.

Action: LH to establish what contractor comms will go out from ICS.

The partnership forum is much wider than the ICB it was asked if it is envisaged that pharmacy, optometry etc will be represented on this board. It is unlikely that this will be included at this level. It was highlighted that pharmacy would benefit from being represented at this level as GPs are. This will be further discussed between JP and LH.

Action: JP and LH to further discuss pharmacy representation at the ICP board.

8: GP and A+E CPCS

- 36 Practices live/trained in East Sussex within 15 PCNs
- 30 Practices live/trained in West Sussex within 14 PCNs
- 21 PCNs live in Surrey
- Over 3600 referrals made across Sussex & Surrey
- Pilots starting this year for referrals from 8 UTCs/A+E
- National support offer to GP practices from PCC – should encourage & improve usage
- Online webinar for pharmacy contractors to share best practices as we move to BAU

JT has created a webinar highlighting best practice of CPCS GP referrals. The members reviewed the referral data. It was suggested that contractors who are chased with regards to this could be told about helpful reminders such as PharmAlarm.

Action: Highlight through the newsletter re the PharmAlarm and other options and establish if this would work for DMS.

9: RSG Update

RSG hosted meetings in March and May and the prospectus has now been published listing the recommendations. Voting will take place in May and results due in June. RSG are running events nationally to support, JP attended the national meeting and MH attended the regional one. JP gave a brief update from the meeting. The members discussed the recommendations. Once the vote is known plans will be put in place for PSNC timescales. The main LPC differences are the recommendations that the LPC should match the ICS footprint. The LPCs that do not match an ICS

footprint have been mapped out (this includes Sussex), Surrey LPC however match Surrey Heartlands ICS. LPCs will have KPIs. There will be an RSG section at the joint July LPC meeting.

Action: Signpost contractors with regards to where they can get RSG information and updates and encourage voting and embed the summary and full prospectus.

10: PSNC Update

Pharmacy Pressures Survey: The results of PSNC's survey have confirmed the impact of current pressures on teams, businesses, and patients (full details on the PSNC website). There has been a lot of press interest in these results, which has mostly focussed on medicine supply issues. Additionally, the PSNC team are currently working through the Advice Audit results and hope to be able to release those publicly soon. Together, this data will be used for media and public affairs work to help us build advocates for the sector.

HRT medicines supply: Following growing public concern about obtaining HRT drugs, PSNC has been approached by a number of media outlets about this issue. The PSNC team is seeking to reassure patients (as well as to raise awareness of pharmacy workload pressures) when speaking to journalists. Last week community pharmacy representatives (including PSNC Committee Members) attended a government meeting about disruptions to the supply of HRT medicines (more information on the PSNC website). Wider supply problems (including pricing issues) are also being looked at in PSNC's work with DHSC.

PSNC and LPC websites: The new PSNC website is now live, as well as the new LPC sites that PSNC hosts. Any constructive feedback on the new websites is much appreciated as the team is still working with developers to make improvements.

Negotiations for 2022/23: Formal negotiations between PSNC, DHSC and NHSE&I on the arrangements for CPCF Year 4 (2022/23) continue. Details of any agreement reached will be released to contractors as soon as possible.

Parliamentary work: APPG meetings are ongoing, and the Group hopes to publish its inquiry recommendations and have a Parliamentary reception before the summer recess, more details on these will be released soon.

Pharmacy Representation Review: The RSG has published its proposals ahead of a contractor vote next month. The proposals aim to strengthen governance, better align with the NHS, appropriately resource representatives, and strengthen collaboration (full details are available at: pharmacy-review.org/contractor-proposals/). The Group has produced an executive summary and two short animations as quicker ways to digest the information. The timetable for the voting process is as follows, 29th April: Proposals published, 29th April 2022 - 26th May: Four-week reflection period, 27th May - 17th June: Voting takes place, 22nd June: Results expected. Contractors are encouraged to engage with the RSG's work by reading the proposals and attending an engagement events.

Questions to feedback to PSNC.

- Is there any work being done around inflation? Yes this has been raised.
- Workforce issue still an issue and not sustainable is anything being done? Yes, in addition to area teams re closure, live info on pharmacy shortages.
- Year 4 negotiations have started – is there any way that we can vote reject / accept proposals?

Action: feedback questions to Sunil Kochhar and circulate response.

11: Finance Update

The members reviewed the CPSS budget for 2022/23. There was a levy break across all 3 LPCs for the end of the last financial year to reduce the surplus.

The members reviewed the Surrey LPC budget for 2022/23. The levy has remained the same, as has the honoraria and the PSNC levy. There is still a surplus but at this time as the RSG vote is pending it has been recommended that there is a reserve in case this is needed, if not a further levy holiday will be reviewed.

Last year there was no payment into the SE Forum account however this will be made this year as likely to be more face-to-face meetings.

It was proposed that at the September meeting the accounts be reviewed as RSG vote will be known.

Action: Review the budget again at the September meeting.

12: Documents & Policies

The CPSS collaborative agreement expired in March 2022 and has now been extended until 2023 and signed by all three LPC chairs.

Financial risk register: The draft was circulated with the minutes. This was shared with the 3 treasurers and reviewed at the CPSS Exec meeting. The members were asked if they wished to add or amend anything. A new finance guide was circulated from PSNC this week with further HMRC guidance on corporation tax and VAT liability for payments from stakeholders. Paul Antenen, the CPSS Treasurer and JP will review this new guide. It was raised that insurance should be looked at for the LPC committee members.

Action: Look into insurance for LPC committee members.

Decision: The members agreed to adopt the risk register.

The Health & Safety risk assessment and policy has been updated. This was circulated to members prior to the meeting. There are three outstanding items. PAT testing is taking place in June. Fire risk assessment details from office outstanding. Health & safety training also pending.

13: Market entry

Awaiting response

No significant change relocation – Chobham

Inclusion in the pharmaceutical list – Ashvale

Unforeseen benefits – Guildford Road, Ash parish

Notification received - Approved

Consolidation – Addlestone

Notification received – Refused

Unforeseen benefits – Epsom

The draft Surrey PNA has been received and is being reviewed by JP. The new PNA will come into effect 01/10/22.

14: AOB

Nothing raised.

15: Close

Future meeting dates & venue

LPC Committee Meetings

East Sussex LPC	West Sussex LPC	Surrey LPC
The East Sussex National, Uckfield, TN22 5ES 9.30am – 4.00pm Please note these will be online Zoom meetings until further notice.	The Old Tollgate, Bramber, Steyning, BN44 3WE 9.30am – 4.00pm Please note these will be online Zoom meetings until further notice.	Tyrrells Wood Golf Club, Tyrrells Wood, Leatherhead, KT22 8QP 9.30am – 4.00pm Please note these will be online Zoom meetings until further notice.
Wednesday 20/07/21 (to be held at the Sandman, Gatwick)	Wednesday 20/07/21 (to be held at the Sandman, Gatwick)	Wednesday 20/07/21 (to be held at the Sandman, Gatwick)
Thursday 22/09/22 Meeting + AGM	Wednesday 14/09/22 Meeting + AGM	Wednesday 21/09/21 Meeting + AGM
Thursday 24/11/22	Wednesday 23/11/22	Wednesday 30/11/22
Thursday 09/02/23	Wednesday 01/02/23	Wednesday 08/02/23

Community Pharmacy Surrey & Sussex Executive Committee:

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

9th June 2022 – 15:30 – 17:00 Teams online

6th October 2022 – 10:00 – 12:00 Venue TBC

12th January 2023 – 15:30 – 17:00 Venue TBC

30th March 2023 – 10:00 – 12:00 Venue TBC

South East LPCs and Partners (Regional Meeting)

(Chairs, Vice Chairs to attend)

9th June 2022 (hosted by Kent) 10:00-13:00 Teams online

12th January 2023 (hosted by Surrey & Sussex) 10:00-13:00 Venue TBC

PSNC Forward Dates:

2022 PSNC Meeting Dates

22nd September 2022