# Minutes of Meeting of West Sussex Local Pharmaceutical Committee

Date Tuesday 27<sup>th</sup> September starting at 10:00.

Location: The Old Tollgate, The Street, Steyning, BN44 3WE.

Present: Mark Donaghy, Chair, Yola Barnard, Vice Chair, Sam Grieve, Becky Harrison, Alan Salter, C J Patel,

Skye Leach.

In attendance: Julia Powell, CEO, Marie Hockley, Service & Development Lead, Micky Cassar, Business

Administrator, Ciara O'Kane, Community Pharmacy Clinical Lead NHS Sussex (am).

#### 1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting.

### 2: Apologies for Absence

Sam Ingram, Nisheet Patel.

### 3: Governance Matters

The Chair asked if there were any changes to the Declarations of Interest. No changes.

The members were reminded by the Chair of the LPC constitution and the Nolan principles.

### 4: Minutes of the last meeting

The Chair asked the members if they had read the 20<sup>th</sup> of July 2022 LPC minutes and if there were any issues with the accuracy. None were raised. The Chair signed the July LPC minutes as a true account of the meeting.

The members reviewed the action log:

- 307 MH to chase regarding outstanding Palliative Care payments. in progress.
- 314 Set up Lloyd's banking mandate to include CP and BH. in progress.
- 322 MC to sort the double signatory mandate out. in progress.
- 328 Members to feedback to MD re specific issues regarding meds quotas in progress.
- 337 Caroline to distribute the incident form electronically as a webform to be able to distribute to contractors. in progress.
- 344 Yola and Mark to write to Sir Peter Bottomley regarding the issues. In progress.
- 346 Bank cards- Alan has received a new one so has two Becky and CJ not received bank cards, MC to chase up. in progress.

The service document has been created and MC and MH were thanked for their work.

### 5: CEO report

The 4 PNAs are now out for consultation and are due to be signed off by the HWB ready to be published in October. None of the PNAs identify any gaps in service provision. All 4 have recommendations in them (due to reduced opening hours) for NHSE to review a rota service from existing providers.

The Brighton & Hove PNA commented there was no late-night pharmacy in B&H. A Locally commissioned service for a rota provision has been put forward with a task and finish team reviewing. The LPC was not invited to the first meeting but will be for future meetings. The members were asked if contractors would be interested in an LCS based on £400.00/hour, with an annual inflation built in and the rota being until 22:00.

## Q2 Operating plan:

Surrey & Frimley shared care records update: The rollout has been delayed but should be signed off today allowing for a 4-phase rollout starting in the new year.

## Q3 Operating plan:

Business Continuity Plan: The members reviewed the updated Business continuity plan. The members discussed if the office should be kept and if it was value for money.

**Decision**: The members agreed to adopt the updated Business continuity plan.

Decision: The members agreed to give notice to the LMC for the LPC office as of the 31st of March.

Risk Register: The members reviewed the updated Risk Register. It was highlighted that there is now a Clyde & Co portal with a suite of documents and contracts that can be amended including a new staff handbook which is being reviewed by SD.

Decision: The members agreed to adopt the updated Risk Register, and this will be published on the website.

#### Reports from local meetings:

JP has met with Ash Soni who has asked for any ideas for pharmacies, short, medium and long term. It was suggested that we need to create a bridge between PCNs and community pharmacy so this may be something that can be built on. IP's progression was raised as a workstream that a bid could be put in for. The message that community pharmacy is part of primary care needs to be reiterated at every point. The renumeration should reflect this including increases. There is a clear expectation that technicians will be used more in the future and that this could be built in to a funding request.

DPP – Avon LPC – have been given £10,000.00 to recruit someone to focus on IP's, linking into all community pharmacies in Avon to get community pharmacy to link into DPP's with an ambition to become IP's. 50 to start with and then increasing. The members discussed if the LPC should focus on IP's moving forward. The members agreed that the LPC should. This would help to reduce pressure on GP surgeries. The LPC needs to be able to support DPP and IP's moving forward. This suggestion needs to be put to Ash Soni.

Action: If any LPC members have any ideas for Ash Soni to forward these to JP.

Action: JP to discuss with Ash Soni the potential for the LPC to receive funding to support DPPs and IP's.

NHSE have devolved the contract to the 6 ICBs in the South East. A member of each of the ICS's attend a committee in common with NHSE. They discuss issues arising including work force shortages and closures and look at how they can support. There will now be a closure summit in the middle of October where representatives from each ICS and NHSE will be in attendance. Management from Boots and Lloyds will also be attending to share updates on actions they take to minimise closures.

JP has met with Linda Honey (Surrey Heartlands) who is looking into creating an action plan which can be used in an emergency to avoid closures. This will include a list of paid support staff who would be able to offer support to avoid closures at short notice. The members discussed the problems that occur when a pharmacy closes. MD reiterated the issue with patient safety that members of the public and patients need to be writing to NHSE and others to protest about the staff being moved out of community pharmacy which is leaving the work force decimated. Could the Covid closure rules be reinstated to allow a pharmacy to close temporarily the catch up. Decision: The members agreed to take suggestions discussed to the closure summit.

It was suggested that posters could be created to highlight to patients that the pharmacy workload and decimation of staff has an impact on pharmacy service.

The members were asked if they had suggestions of any staff who may want to be interviewed in relation to violence against pharmacy staff. It was discussed that the violence is treated as business as usual, its accepted but should be recorded and escalated to the police. It was raised what the process is if you refuse to serve an abusive customer. There is one in place relaying what you can do what you can't do. NHSE will be requested at the next meeting to write an article specifically stating what you can do if you have an abusive, both physically and mental abuse.

Action: relay to JP any staff who may wish to be interviewed in relation to violence in pharmacy, AS has volunteered for this. JP will arrange for the interviewer to contact AS.

Action: Ask NHSE to write an article specifying what pharmacies can do with abusive customers.

Action: Highlight in the newsletter what rights you have to refuse to serve an abusive customer.

The final CPAF short survey data has been received with all completing in East Sussex LPC, 2 not completing in West Sussex and 4 in Surrey.

Data security and protection toolkit – 5 contractors in Surrey did not complete however this is potentially including FCODE duplication.

It was discussed if the rota service for the HM Queen Elizabeth II funeral was directed opening or offered out. It was not directed; a survey was circulated by NHSE to establish who was opening and then they called round areas where there were gaps. First the ones who sign up for the usual BH. NHSE also thanked Boots for opening as many pharmacies as they did. It was asked if the boxing day directions have come out for the CPSS area as they have in Hampshire. The rate for this is £300.00. The process for directed opening was discussed.

## 6: NHS Sussex

The members were given an update from Ciara O'Kane, community pharmacy Clinical Lead for NHS Sussex. The local structure was explained and who was in charge for each area. The teams are reduced and working across larger areas to support with patient health. CO is recruiting a project manager which is funded by NHSE until March 2024. In April 2023 Sussex formulary will go live, currently being mapped.

Low carbon inhalers is a priority and the members were given an update on what steps are being taken for patients to assist with this. A medicines optimisation incentive scheme, MOIS scheme was launched in July focusing on dependence forming meds, antimicrobial stewardship, CVD and self-care.

One of CO main focus is the community pharmacy consultation service (CPCS) and trying to get PCNs engaged and signed up to the service. The members were asked how this was working or if they had any suggestion for improvement. 60% of PCNs across Sussex are signed up, all the ones in B&H have signed up, WS are doing better than ES, PCNs with dispensing practices are slightly more of an issue.

DMS – the members were asked how it is working, what the challenges were and what could be improved. The double entry issues were raised and is being investigated. It was raised that the service spec says you need an electronic discharge summary from the hospital before community can provide the service and get paid for it. It was questioned why it has to be electronic as some patients are coming in with paper copies and then community pharmacy does not get paid but still provides the service. JP has asked PSNC that in the future community pharmacy will have access to the shared record but currently the way the service spec is written the hospital would have to email the pharmacy to let them know that the referral is on there. It was suggested that this clause should be removed from the service spec, paper or electronic should both be able to be used.

It was highlighted that with regards to CPCS, the pharmacy gets a number of patients walk in after being told by the surgery the pharmacy can help you but as that is a walk in referral community pharmacy can't claim that as CPCS. This is being relayed to practices and this should be reiterated. Both sides get funded for it but as the proper referrals a few and far between people are not used to it, need more so it becomes business as usual.

Action: Invite CO for an update slot at all future LPC meetings.

MD attended the recent APC – the meetings are 2 hours and very focussed. The papers are presented in advance and expected to have been read before the meeting. MD pushing against directed pharmacy items and only being available from one wholesaler. The minutes from the last meeting are still in draft format. The Dexcom One transmitter for blood glucose monitoring runs out every 3 months and there is an expectation that community pharmacy will supply a new one free. This is available from Alliance.

### 7: Service development & support

The members were shown the West Sussex LCS data. Fortnightly meetings taking place with CGL, if any issues are identified they are being dealt with but please highlight to MH. The members were shown the Advanced Service Provision data for 2021/22.

Action: Add the DMS numbers to the newsletter.

## Hypertensive case finding service update:

There are 363 pharmacies signed up Surrey and Sussex, of these some maybe in implementation phase. Community pharmacies have completed 4805 BP clinic checks and 255 ABPM (up to 31<sup>st</sup> August 2022). We have collaborated with PCN's and the wider network to develop pathways that is mutually beneficial. The AccuRx pathway has been developed by Marie Hockley Service Development and Support Lead CPSS and Dr Suneeta Kochhar Clinical Lead for CVD Prevention, Sussex ICB which is designed to complement BP@Home and other workstreams to support hypertension indicators. Our most advanced pilot site is Bexhill PCN which has a 40%-50% acceptance rate with 400 texts being circulated and between 5-10 patients treated to target (up to 1<sup>st</sup> of September 2022). Coastal and Southdown's PCN is live but are not using the above pathway, this is being worked on. The members discussed if the ABPM numbers would be higher in the pilot sites and if this data is available. Currently it's too early but if beneficial this could be circulated in due course but won't be available until the end of the year.

## LPC updates:

### **West Sussex**

AccuRx roll out to support hypertensive case finding service Coastal and South downs live but due to a technical issue there is no data yet. MH has met with Chanctonbury PCN who are eager to go live. MH presented at Arun PCN board

meeting. Cissbury PCN pharmacies were contacted but no pharmacies live, due to recall pharmacies to check in with live status.

EHC PGD's sent out to pharmacies.

Fee uplift and Service specification reviews confirmed to be a public health priority, MH is attending a meeting with Moira to discuss.

LCS NHS HC and Smoking – Pharmacies emailed and asked to indicate barriers, challenges, and training needs.

#### **East Sussex**

NHS HealthChecks LCS – Waiting for updates for additional pharmacies to be onboarded.

LCS Smoking – Pharmacies emailed and asked to indicate barriers, challenges, and training needs so MH can liaise with the Public Health team for bespoke training.

Smoking LCS - Tanya Sutton is organising training sessions.

Monthly meetings with Colin Brown Public health tobacco lead.

Service specification reviews to take place September to discuss fees and specs.

Varenicline PGD not renewed as currently unable to supply.

### **Brighton**

AccuRx roll out to support hypertensive case finding service: West Hove - waiting for update on engagement, East Deans and Central PCN live 5.9.22 - 30 invites sent, 5 received, 1 patient initiated on antihypertensives.

Smoking service specification in discussion and review taking place.

Flu plans in discussion regarding council colleagues – private agreement expected, EOI went out to pharmacies and this info shared.

### Surrey

Flu for SCC colleagues – Recommissioning for 2 years. EOI sent out, spec and fees in progress- 23 received (deadline this Wednesday). £11.30 admin fee plus drug tariff cost of drug.

Condom distribution service - EOI sent out to pharmacies who provide sexual health services- 18 received. EOI initially sent to pharmacies doing chlamydia screening.

AccuRX roll out to support hypertensive case finding service SASSE 1 and 3 Live, East Guildford-go live to be agreed, Epsom meeting to finalise details. Pharmacies in COCO, Woking wise 2, North Guildford contacted waiting for PCN contact details. Some PCNs have decided not to do it at PCN level but surgery by surgery. There are now PharmOutcomes templates in place.

DPS – portal open for submissions. SCC have rolled over the contracts and want all contractors to move to the DPS portal. If anyone needs help with this contact MH.

C difficile service approved - EOI's to start around October time. Draft spec is being finalised.

H Pylori – Service signed off expected to be circulated for sign up in October.

Frimley - Additional pharmacies to be onboarded for Simple UTI service.

MH sits on the sexual health needs assessment Working group – This groups works on 72 recommendations that were identified as part of the report. Community pharmacy play a role in shaping these to enhance the opportunities for new services. There are three groups which MH attends, Communication / young person's / adult groups.

Microsoft form sent to pharmacies commissioned for BP+/NHS HC LCS and asked to indicate barriers challenges and training needs. Responses were sent on to the Public Health lead who is contacting the pharmacies to ensure they get the training they need.

## Other updates:

NHS Community Pharmacy Smoking Cessation Service: 97 pharmacies signed up - 39 Surrey, WS 28, ES 30. MH on tobacco dependency group in Surrey. MH will be presenting at the next meeting to give an overview of the service spec. MH would be looking for PharmOutcomes access for the data.

Hypertensive case finding service: 363 signed up, 70.1% of our contractors. Continued exploration to find addition pathways into the service and supporting contractors via phone and email as requested.

Substance misuse contract Sussex: Specification approved, final draft awaiting. In Surrey there may be an event coming up organised by Public Health for community pharmacy teams, this will likely be an evening event to network and reinvigorate the service. Update to follow when more information available.

PCN leads: There are 4 vacancies, Haywards Heath Central, Horsham Central, West Byfleet and Surrey Heath.

GP Self-care domain 2022/23 Prescribing incentive scheme Sussex - CPCS a priority for GPs signed up to service- JT presented at the meeting to encourage surgeries to increase referrals.

HLP 75 courses requested: 28 passed, 15 in progress. 28 withdrawn 3 invalidated, 1 not achieved. HEE have decided that this program will be withdrawn so if not completed before the end of October they will be withdrawn. MH will contact all to ensure as many as possible get through.

Continued fortnightly meetings to support colleagues: Ben Sylvester new public health lead for substance misuse in Surrey, Tina Fowler (Sussex) Pharmacy liaison lead for CGL and Georgina Gillard Pharmacy Services lead at Kent LPC, ICS Community Pharmacy Clinical leads - Sussex Ciara Okane and Surrey Hursh Gadga and integration project manager Hadi Zare. MH having monthly meetings with counterparts in Hertfordshire and Northeast London.

Palliative Care Sussex: Jo Piper has been chased for an update on outstanding payments and confirmation of email address for the new specification. Waiting for confirmation that new spec will be approved.

DMS: Claim data indicates a significant issue with uploading information from PharmOutcomes to MYS. There are issues with pharmacies not uploading referrals as CQUIN hospital data needs this. In Surrey MH working with Nicki Smith on how support can be provided to ensure everyone is doing this. A webinar will be held around November (date to follow) including instructions from admission through to claiming support. There are a lot of referrals that were not claimed for but were completed.

Covid vaccination phase 5: 41 current sites and there are 30 sites undergoing assurance process.

Flu- Specification 50-64 years old cohort will only be eligible once more vulnerable groups have been offered vaccination, including those aged 65 years and over and those in clinical risk groups. Contractors will be able to start administering vaccines to 50–64-year-olds not in a clinical risk group from 15th October 2022.

Services newsletter circulated to all pharmacies in August detailing claiming information for services and links to essential guides along with links to other resources that will support claiming.

#### Forward view:

- Continued roll out of the Gp AccuRx pathway
- · Discussion and meetings ongoing with trusts regarding smoking cessation service/DMS
- · Expression of interest Surrey CDS service, training, and rollout
- SCC Flu LCS Commission
- C Diff and H Pylori rollout Surrey
- De/Recommissioning Gluten Free, H Pylori, MAR charts Sussex
- Support for DPS Surrey
- Area manager forum TBC
- Service clinics
- CGL substance misuse contracts
- Palliative care
- Continued collation of data for PCNs without funded lead for hypertensive case finding service
- PCN Lead support- presenting at PCN meetings and advising on local matters
- Next round of PH and stakeholder meetings
- Service fees and contract renewal from 1<sup>st</sup> April 23

It was discussed that the issues with DMS is due to the time consuming and clunky way of uploading the data. It was suggested that "walk in your shoes" would be a good way of highlighting.

Action: Circulate MH slides to all members prior to meetings.

### 8: CGL update

Service Specification and financial information: The members were updated as to the negotiated service spec and fee. A quarterly review of the patient (option to tick if unable to pursue) but still get £10.00 per client per month. This is for all substance misuse clients. The comparison was made over the last 4 years. The supervised consumption element has an increased fee of 22%. 950 clients in West Sussex. The quarterly review is on PharmOutcomes (approx. 5 yes/no questions — unless further explanation needed). You still must enter missed doses, as this is being reviewed at the drug and alcohol team. It has been agreed that the audit will take community pharmacy 15 minutes to do (once a year) as CGL will complete the rest. MH was thanked for all her work on this. It

was asked if the pharmacy would get a quarterly review alert, being looked at but PharmOutcomes may not be able to do this as an alert but could be run as a report. If the client is not supervised, you still need to indicate that the person is with you. The contractors need to be alerted to the need to document unsupervised clients for the £10 per month payment. The final service spec should be available mid-October for the service to start towards the end of the year / beginning of next year.

Decision: The members were happy to progress with the CGL service.

### 9: PSNC update

The members received an update as to the PSNC meeting which took place on the 22<sup>nd</sup> of September prior to the LPC meeting. The members discussed the break out conversations that took place.

### 10: Finance update

The members were reminded to submit their expenses claims promptly. The members were reminded of the rates and discussed if the rate should be increased. The members reviewed the West Sussex accounts. No questions were raised.

The members reviewed the CPSS accounts. No questions were raised.

Action: Set a date for the contractor event.

MC was thanked for all the work done on this event so far.

Decision: The members agreed to keep the expense rate as it is at this time for review in March 2023.

#### 11: Market entry

Awaiting outcome
Application to offer identified future need – Forge Wood, Crawley
No significant change relocation – Burgess Hill
Consolidation – East Grinstead

#### 12: TAPR update

The meeting highlighted recommendations of what LPCs need to look at in terms of next steps from the RSG. The transformation toolkit includes stage one and stage two of the recommendations and timeline. In September a new employment portal was launched with Clyde and Co (funded by PSNC). Access to this portal is for CEO's, Chairs, Vice Chairs and Treasurers. The portal contains a number of templates including an updated staff handbook which is currently being reviewed by SD.

The PSNC funding and levy principles moving forward, and revised model constitution were also discussed. In October the LPC should receive an indicative amount of what our levy to PSNC 23/24 and 24/25 will be, therefore by the next meeting JP will have final LPC levy figures so the uplift, current levy and impact will be better known.

In October LPCs should meet to discuss 5 key questions and develop a proposal of what should happen moving forward with regards to boundaries / sizes etc. In November the proposal needs to be finalised in order to give notice in December to contractors of the EGM.

Once LPCs have worked through the toolkit an EGM should be held for contractors in January 2023, to take them through changes and then start implementation in February 2023. Due to the tight timescales, it has been proposed that instead of the current committee ending 31/03/23 that LPCs could move this by 3 months so would finish 30/06/23 with new committee in place 01/07/23.

There is a stocktake document for LPCs to work through to establish where they are in this process. JP has completed the toolkit for all three LPCs. The ICS is Sussex so West Sussex LPC does not align.

By the end of the November LPC meeting the LPCs need to have answers to 5 key questions:

Does our current structure match that of the NHS:

Are we the right size:

Are we being effective and efficient with our finances:

What are we called:

How big is our LPC committee:

The options with regards to boundaries are, stay the same, break up the CPSS structure, merging all three LPC's or West Sussex joining with East Sussex. Looking into if the three LPCs stay as independent or merge. The members discussed the various options. It was suggested that if East and West Sussex merged then a larger number of

members could be on the committee to cover larger representation. It was suggested that Surrey and ES and WS could have one day of meetings with separate parts throughout the day. The members all expressed which option was preferable to them. 2 members were happy to stay the way things are and 4 members supported merging with East Sussex LPC if they had to. 1 member was unsure. It was highlighted that the focus at the forefront should be patients' welfare. The members agreed that to progress the matter, a merger subcommittee should be formed to include three members from WS and three from ES who will meet prior to the next LPC to discuss any potential issues (1 IND,1 AIMp, 1CCA).

**Decision**: The summary is that the committee understands the direction of travel and is likely to amalgamate with East Sussex LPC but are against the idea of merging with Surrey LPC.

Action: a merger subcommittee from WS meet with ES to discuss any issues and bring to the Nov meeting.

Action: Have separate and joint meetings in November with East Sussex.

Action: Members to decide at the November meeting how the LPCs will look boundary wise at the November meeting.

### 13: AOB

It was highlighted that Novo Nordisk are supporting pen recycling. It is free to obtain equipment including a waste bin. At time of dispensing the patient is given a box to send the pen (without the needle) either through the mail direct to Novo Nordisk or to a pharmacy. You order supplies through Alliance and they collect the waste bins on their normal route so no real additional work other than handing out the box and relaying what to do with it. Sharps are discarded in the normal sharps bin at home (council collect) and then they return the other parts. There have been pilot sites and their vision is zero emissions by 2024.

Action: The members agreed this could be put in the newsletter.

Meeting dates:

### 14: Close

### 15: Future meeting dates & venue

### **LPC Committee Meetings**

East Sussex LPC	West Sussex LPC	Surrey LPC
The East Sussex National, Uckfield,	The Old Tollgate, Bramber,	Tyrrells Wood Golf Club, Tyrrells
TN22 5ES	Steyning, BN44 3WE	Wood, Leatherhead, KT22 8QP
9.30am – 4.00pm	9.30am – 4.00pm	9.30am – 4.00pm
Wednesday 23/11/22	Wednesday 23/11/22 (ES National)	Wednesday 30/11/22
Thursday 09/02/23	Wednesday 01/02/23	Wednesday 08/02/23
Thursday 18/05/23	Wednesday 03/05/23	Wednesday 10/05/23
Thursday 20/07/23	Wednesday 12/07/23	Wednesday 19/07/23
Thursday 14/09/23 Short meeting +	Wednesday 13/09/23 Short meeting	Wednesday 20/09/23 Short meeting
AGM – Venue TBC	+ AGM – Venue TBC	+ AGM – Venue TBC
Thursday 23/11/23	Wednesday 22/11/23	Wednesday 29/11/23
Thursday 08/02/24	Wednesday 07/02/24	Wednesday 15/02/24

## **Community Pharmacy Surrey & Sussex Executive Committee:**

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

12th January 2023 - 15:30 - 17:00 Online

30<sup>th</sup> March 2023 – 10:00 – 12:00 Venue TBC

## South East LPCs and Partners (Regional Meeting)

(Chairs, Vice Chairs to attend)

12<sup>th</sup> January 2023 (hosted by – Kent) 10:00 – 13:00 Online

### **PSNC Forward Dates:**

No future dates announced