

MINUTES OF COMMUNITY PHARMACY DERBYSHIRE COMMITTEE MEETING

held on

Thursday 11th January 2024

Peak Pharmacy Head Office, Bolsover

MEMBER	CATEGORY	21.9.23	21.11.23	11.01.24
Andrea Smith, Chair	AIMp	✓	✓	✓
Darryl Dethick Treasurer	AIMp	✓	✓	✓
David Evans Vice Chair	AIMp	✓	✓	✓
Ben Eaton	AIMp	✓	✓	✓
Nitin Lakhani	Independent	A	✓	A
Matthew Hind	Independent	✓	✓	✓
Lindsey Fairbrother	Independent	A	✓	✓
Yasir Pirmohamed	Independent	✓	✓	✓
David Holmes	CCA	✓	✓	✓
Bethan Chamberlain	CCA	✓	A	✓
Amanda Kelly	CCA	A	✓	✓
Khuram Ahmad	CCA	A	✓	✓
Nick Hunter Chief Officer	Officer	✓	✓	✓
Amanda Alamanos Engagement Lead	Officer	✓	✓	✓
Chris Kerry GPCPCS lead	Officer	✓	✓	A
Alison Ellis	Minutes	✓	✓	✓

✓ Present / A Apologies for absence / Absent X / R Resigned/ S sick/ N/A Not applicable * Member unable to attend all or part of meeting due to attendance at a meeting elsewhere on behalf of the LPC on the same day.

1.	<u>Welcome/Apologies/Introductions/Announcements</u>
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	<u>1.1</u>	Andrea welcomed everyone to the meeting.
	<u>1.2</u>	Apologies received from Nitin Lakhani. Yasir Pirmohamed left the meeting early due to illness.
2.		<p>Governance</p> <p>Nothing on the agenda that is a governance concern.</p>
	<u>2.1</u>	<p>Declarations of interest Declaration regarding compliance contractor relocation on the agenda – DE. All members have completed the declarations and were reminded to update when needed.</p> <p>Governance update There is nothing to raise as covering most items in the CPE governance section.</p> <p>CPE governance update Members to read through these documents as will need to adopt the new documents in March 2024 Links to the revised constitution that was adopted last year – rules have been made clearer. Now includes a formal approach to deal with issues and specific pathway for members to raise concerns or escalate issues.</p> <p>Recommendation is to adopt the CPE governance records – will come into force from 1st April 2024.</p> <p>The committee worked through the PowerPoint presentation provided by CPE.</p> <ul style="list-style-type: none"> - Shared governance framework - Code of conduct - Discussed at conference in October and there was chair and chief officer webinar. - Mechanism of how can raise governance concerns. - Review period 1-2 years. <p>LPC questions: If don't adopt then will be asked why?? The documents have already been agreed by CCA and AIMp.</p> <p>Members present were happy with the governance docs.</p> <p>It was agreed that members should be given some time to read through the documents and raise any queries they have with NH. Poll to be added to WhatsApp group on 31.01.24 for the final decision on whether agree or disagree to adopt the governance documents.</p> <p>Governance documents and decision to be added to the March 2024 agenda for formal agreement and to discuss any changes that the committee need to make to meet the governance.</p>

		<p>Action: AE will send round the governance documents to members for them to read through and send any queries to NH before 31.01.24. AE to add poll on WhatsApp for final decision on adopting the governance documents.</p> <p>Action: AE to add formal agreement of governance documents on the March 2024 agenda.</p>
3.		Approval of minutes from previous meeting
	<u>3.1</u>	The minutes of the meeting held on Tuesday 21 st November 2023 were agreed as a true and accurate record. AS reported that they had also been checked with regards to competition law. Minutes were signed and will be added to the website.
4.		Matters arising from previous meeting
	<u>4.1</u>	<p>1) Reminder re sending through any contract applications – now receiving from PCSE. Contractor lists – still trying to get a list of contract applications in progress to ensure that CPD have received the correct notifications.</p> <p>DD reported that he can see the list of LPC contractors on Pharmdata with regards to LPC levy payments.</p> <p>2) Expense claims to be sent through to DD. Received more expenses through for last meeting but there are still members that need to send claims in after meetings – constitution says only have 3 months to send in for payment.</p> <p>3) Microsoft licence – purchase and set up. This has not been completed yet as need all staff to be together to set up emails etc. AE and AA will continue to work on this prior to the March 2024 meeting.</p> <p>Action: AA and AE will continue to work on Microsoft licence prior to the March 2024 meeting.</p>
5.		Pharmacy First
	<u>5.1</u>	<p>NH and AA have spent a lot of time talking to organisations about Pharmacy First. Being asked by PCNs to go to local meetings. Trying to get ICB to take control of this as they should be leading on this – focused on GPs – should be the Senior Responsible Officer for Primary Care Recovery Plan. Lindsey is meeting with Chief Exec of ICB today and will hopefully be able to persuade to get more involved.</p> <p>ICB are struggling to do on scale – trying to understand that need to have all practices doing straight away rather than small areas as it is a national service and will be advertised nationally. Need to take ownership of this service as it is a NHSE / ICB service and need to ensure GPs send through referrals. Also need to realise that it is completely different to GP-CPCS.</p> <p>Had a few queries regarding AMR but have been able to share information from CPE to help with these as been through NHSE AMR group.</p> <p>IT – majority of Derbyshire practices are SystemOne, they have stated they do not like PharmRefer but it is better than NHSmail as do not receive any referral information through from NHSBSA when sent via NHSmail so cannot give any feedback to the GP practices on numbers etc.</p>

AA and CK are going to be targeting practices that are not sending through any GP-CPCS.

Also focusing on verbal referrals for 7 conditions and then move onto other referrals.

Members asked if pharmacies need other equipment - scales, bp machine, thermometer etc. This is because PharmOutcomes form include cells that need temperature, bp, weight etc and these are mandatory answers – some pharmacies don't have this equipment and there is nowhere in the specification that says it is needed so will catch pharmacies out.

BE had read through the PGDs and there were some contradictions regarding the exclusions in the pathways – asked if these can be highlighted so can be sorted before the service starts. The documents had gone through numerous national checks. BE will send through examples to NH so can raise with CPE.

Action: BE to send through PGD exclusion contradictions to NH so they can be raised with CPE asap.

IT – GP connect is still being said it will be ready for 31st January 2024 – it is Cleo system that have problems – Cleo is being used for IP Pathfinder sites.

NHS111 – do we get any inappropriate referrals information? – don't get anything from NHS111 – not even at NHSE Midlands level. If have some examples, then can raise with EMAS directly in meetings and resolve directly.

Members stated that need to be a mechanism to enable to have verbal referrals from GP's – how can this be measured and monitored though?

DE reminded members that linking referrals to other services is good patient journey.

Information sessions

16.01.24 (Joint with Notts) @ Holiday Inn Junction 25 M1.

50 places have been booked. Asked attendees to read through the PGDs and Specification before attending the session.

24.01.24 - @ Peak Pharmacy head office

Set the maximum number of attendees to 60. DD has organised the buffet and setting up of room. Good Patient Journey is being presented by Pete Johal, Calow Pharmacy using a UTI service patient journey – from presentation at the pharmacy to the result.

Drop-in clinics – weekly

Started this Monday.

Having working group meetings at the same time when have no contractors on the call. It is very shocking the lack of knowledge of the service from those that attended this Monday.

ENT training skills?

No clinical skills planned but if do decide it is needed will unlikely be CPPE because likely it will be too detailed for contractors need. Usually when ask contractors what ENT training they need it is actually that they need to practice otoscope use rather than the whole CPPE session.

		<p>Probability is that there are not going to be many ENT referrals at first.</p> <p>Agreed that should organise an otoscope face to face practice session but use this as engagement tool and talk about successful delivery and any queries received can be addressed.</p> <p>Will be in March 2024</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Action: AE, AA, NH to organise Otoscope face to face practice session and engagement / delivery of service – March 2024.</p> </div>
6		<ul style="list-style-type: none"> ▪ Open meeting
	<p>6.1</p> <p>6.2</p>	<ul style="list-style-type: none"> ▪ Shazia Patel, Community Pharmacy Clinical Lead, ICB – apologies received and sending through paper <ul style="list-style-type: none"> ○ IP pathfinder <p>Cleo delayed again – need to be able to create prescription – financial aspect.</p> <p>Jackie Buxton is adamant that there will be funding available for 2024/25. Set up – can claim up to 24 sessions from NHSE.</p> <p>Dan Graham, DHU, is going to cover clinical supervision and will be in touch.</p> <ul style="list-style-type: none"> ○ Pharmacy First <p>AMR - has there been any pushback from ICB regarding the extended care service as they are the same conditions as the new pharmacy first service? Explained that there had been a couple of instances but been able to answer the queries.</p> <p>Practice toolkit is being developed at NHSE level.</p> <p>AA will have a Derbyshire document in case that this does not arrive in time for any queries.</p> <p>Lincolnshire CO is putting together one page document for GPs</p> <p>The tools need to be easy to read and direct – will be focused on frontline staff.</p> <p>94.5% sign up in Derbyshire currently.</p> <ul style="list-style-type: none"> ○ Virtual Wards <p>Worried that they are going to start issuing FP10s prescribing for virtual patients rather than being under the hospital prescribing and this then affects the global sum.</p> <p>Can be included in DMS if can get the virtual ward system to send through the referrals and then pharmacy can claim a fee for each one.</p> <p>Maybe try and get this included in the service and see if Shazia could work towards this.</p> ▪ Lindsey Fairbrother, CPE Regional Representative – <p>LF will send through survey for CPE on Pharmacy First – ask contractors to complete asap.</p> <p>CPE realise that PF is not the whole answer.</p> <p>Preliminary negotiations</p> <ul style="list-style-type: none"> - Easing workload through operational change

		<ul style="list-style-type: none"> - Go through red lines – committee decision now – example of bundling the services together. - Improving funding distribution. - More professional discretion. <p>Calling for increase to core funding.</p> <p>Deadline for IT is 19th Jan – if not ready then will be pushed back from 31/01/24</p> <p>Lindsey concerned that it will not be a consistent offer of the service across Derbyshire especially re locums not being trained up.</p> <p>CPE have tried to engage with locum agencies.</p> <p>Hypertension and Contraception</p> <p>Contractors have forgotten about this part of the service update and still need to remind them of this and also link to the consultations – link services re bp checks and UTI > check contraception status and mention service available in pharmacy.</p> <p>Queries asked of LF.</p>
7		Market Entry
	<u>7.1</u>	<p>Decisions</p> <p>Distance Selling Pharmacy application By: Quality Care Health Ltd At: Unit 101 Coney Green Business Centre, Clay Cross, Chesterfield, S45 9JW Approved – 28.11.23</p>
	<u>7.2</u>	<p>No significant change relocation application (DAC) By: Credenhill Ltd From: 10 Cossall Industrial Estate, Ilkeston, DE7 5UG To: Unit 5 Heritage House, Soloman Road, Cossall Industrial Estate, Ilkeston, Derbyshire, DE7 5UD Approved – 05.01.24</p>
8		Reports (Items not included elsewhere on the agenda)
	<u>8.1</u>	<ul style="list-style-type: none"> ▪ Chairs Report <p>Women's Health hub – getting some momentum now but that means more meetings to attend. There are significant people on the meetings except for pharmacy – AS is on the strategy and working group. They were not aware of contraception service.</p>
	<u>8.2</u>	<ul style="list-style-type: none"> ▪ Chief Officers update <p>PCNs have asked for a contact person – obviously stopped this after PQS as no funding – asked if the ICB would fund.</p>

<p><u>8.3</u></p>	<p>Wishing community pharmacy to go to asylum seekers and explain what they offer – no funding for this.</p> <ul style="list-style-type: none"> ▪ Engagement Lead update <p>Pharmacy first oversight group – first met on 8th Jan. Different people attending.</p> <p>Comms working group – bp checks and contraception service – led by Claire Deeley – dedicated regional comms being created.</p> <p>Met with HealthWatch Derbyshire – scary how little they know about pharmacy.</p> <p>VR has also contacted Healthwatch Derby City but not had anything back.</p> <p>Opioid working group – separate meeting to discuss DMS. Discussed how much control can be put in place for buying opioids over the counter – this is not possible to audit.</p> <p>Dashboard data meeting – starting with Pharmacy Contraceptive Service and BP checks.</p> <p>Extended care working group – papers gone to pharmacy governance groups within the systems re what is going to happen with the remaining extended care service and then what happens to the funding allocated.</p> <p>Think this will be discontinued.</p> <p>Underspend of ½ million but gone into systems overspend.</p> <p>Will not be recommissioning any services and looks like using funding for CPCL.</p> <p>Once receive the decisions from the committee should write back with concerns.</p>
<p><u>8.4</u></p>	<ul style="list-style-type: none"> ▪ Ops Team update report <p>One page of red/green diagrams re conditions for CPCS and flowcharts will be produced.</p> <p>AA has now been invited to the PF SCRUM meeting.</p> <p>19/01/24- CK to contact pharmacies not signed up. Those that plan not to register then CK will visit end Jan 2024.</p> <p>Low level activity – visit schedule drawn up weekly.</p> <p><u>GP-CPCS</u> Referring practices dropped off in December – 3 practices didn't send any – reduction was across whole Midlands. Think this was due to some confusion re pharmacy first starting and CPCS stopping.</p> <p>Only 34 practices are referring GP-CPCS out of approx 100 – how do we increase?</p> <p><u>Discharge Medicine Service</u> 736 in November 2024</p>

	<p>Pharmacies need to be able to add in patients to the service when told they are in hospital or just came out and asked to make changes by GP – rather than having to wait for a referral from hospital (which may not receive) – can be audited – keep records of where info received from. Raise with CPE – DE request.</p> <p><u>Flu</u> 7400 vaccinations in Derbyshire.</p> <p><u>Lateral Flow Distribution service</u> 163 pharmacies signed up.</p> <p><u>Smoking Cessation Service</u> 59 signed up but 0 consultations.</p> <p><u>CPAF full questionnaire</u> Only 17 out of 20 completed.</p> <p><u>Dispensing and service level figures</u> Lowest 3 pharmacies – CK going to contact and see if need support. One of them also has not signed up to PF.</p>
9.	<p>Finance and Audit</p>
9.1	<ul style="list-style-type: none"> ▪ November / December 2023 accounts <p>Audit committee met in January 2024 and went through the accounts, cashflow and budget.</p> <p>Holding more reserves in account than CPE advise.</p> <p>Accounts: David H has agreed to pick up some responsibility for finance – DD will organise for DH to be a signatory on the account with Lloyds.</p> <ul style="list-style-type: none"> ▪ Budget for next 2024/25 <p>Total income projected at £167,202 Total spend projected at £187,750</p> <p>Spend from reserves of £20,548</p> <p>Budgeted for 2 x payment holidays.</p> <p>Biggest uplift is the CPE levy which will increase by £13,000 to £80,000 for 2024/25.</p> <p>Included communications workstream costs – the same as last year.</p> <p>Audit committee were happy with the proposed budget Any queries or concerns then raise with the DD asap – deadline will be 14th February 2024.</p> <p>Audit committee will then give final sign off in Mid-February 2024 and then need to publish and send to CPE and NHSE.</p>

		<p>Action: Budget 2024/25 – any queries to be sent through to DD before 14th February 2024</p> <p>Action: Audit committee to meet mid-February to sign off the final budget.</p> <p>Action: DD / AE to send through the budget to CPE and NHSE regional team before 01.03.24</p> <ul style="list-style-type: none"> ▪ Risk Register Added the following to the register: <ul style="list-style-type: none"> - Admin support. - access to bank account for more than one person. ▪ Asset register Nothing to include as do not own anything that's not already been recorded – laptops are all now older than 1 year. ▪ Reserve level Will continue to keep checking the reserves and check if need to decrease levy amount. ▪ PharmOutcomes Licence Hold the licence for East Midlands NHSE - CPD only need to set up the licence and pay the invoice – MOU in place Community Pharmacy Derbyshire holding the PharmOutcomes license on behalf of East Midlands NHSE as they don't have the system in place to be able to do this. Cost neutral and admin costs re payments are charged for through management fee. <ul style="list-style-type: none"> - Derby City/Derbyshire County – April 2024 need to redo service Substance misuse, naloxone and flu service are all on the Community Pharmacy Derbyshire PharmOutcomes licence.
10		Discussion regarding future LPC support
		<p>Discussion around admin support and employee contracted hours. Unanimous agreement: Offer formal contract to Alison Ellis (Admin Support Officer) Accept reduction in hours for Chris Kerry (to 15 hours/week) Increase Amanda's hours to 38/week starting 1 April 2024</p>
		National and regional updates
11.	11.1	<ul style="list-style-type: none"> ▪ NHSE <ul style="list-style-type: none"> ▪ Flu / Covid vaccines ▪ Regional Pharmacy Leadership Board ▪ Primary Care Access Recovery Plan ▪ CCS / Pharmacy First service starting 31st January 2024 <p>Covered all the topics in discussions earlier in the meeting.</p> <ul style="list-style-type: none"> ▪ Derbyshire ICB <ul style="list-style-type: none"> ▪ IPMO ▪ <u>Pharmacy Faculty TRAIN workforce event - Feedback and next steps – do we attend 12th March 2024?</u>

		<p>LF attended from Notts LPC – only one from CP that attended and found it of some value.</p> <p>Oriel – open now. Closing date is 1/3/24 – there are some webinar dates that have been added to the website. Issue is 2025/26 cohort need DPP support.</p> <p>Chief exec visit to pharmacy – 11.01.24</p> <ul style="list-style-type: none"> - He was a GP. - Not visited a pharmacy previously. - Surprised by how busy the pharmacy was with different aspects of services. - Lindsey will chase Shazia for some feedback from the visit. <ul style="list-style-type: none"> ▪ Derbyshire Pain Management Mind Map <p>From opioid core working group. Patients to try and wean off opioids and where they can access other services to manage pain – didn't include dentists for dental pain. For signposting. Not user friendly – very busy diagram. Links so only work online and not printed.</p> <ul style="list-style-type: none"> ▪ Derbyshire City Public Health <ul style="list-style-type: none"> ▪ Flu service <p>Don't support re remuneration – up to pharmacy if they sign up or not. Contract ends in 2025.</p> <ul style="list-style-type: none"> ▪ Derbyshire County Public Health <ul style="list-style-type: none"> ▪ Naloxone service <p>Now not starting until April 2024. Expression of interest going out from Derbyshire County soon.</p> <p>Flu service: Don't have an occupational health service – can refer staff – but this is through the national service anyway if meet criteria so not many use this service.</p>
12.	12.1	<p>CCA Questions</p> <p>CCA members reported that all questions had been covered.</p> <p>Looking at service contract end dates and remuneration for each service.</p> <p>Review at the March LPC meeting – agenda.</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <p>Action: AE to add local services remuneration to the March 2024 agenda</p> </div>
13.		<p>Strategy update 2023-2027</p>
	13.1	<ul style="list-style-type: none"> ▪ Review at March 2024 committee meeting <p>Main points that members need to think about before the March meeting:</p> <p>Communicate</p> <ul style="list-style-type: none"> - Need to build relationship with Health & Wellbeing Board. - Invite Healthwatch to CPD meetings. <p>Integrate</p> <ul style="list-style-type: none"> - Work better with LOC, LMC and LDC.

14.		<p>AOB Nothing raised with the chair.</p>
15.		<p>Future meetings</p> <p>12th March 2024 – 9.30am – 4.30pm – budget, strategy, Pharmacy First</p> <p>21st May 2024 – 9am – 1pm</p> <p>4th July 2024 – 9am to 1pm / AGM 1pm – 2pm</p> <p>17th September 2024 – 9am to 1pm</p> <p>19th November 2024 – 9am – 1pm</p>

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, is recorded in the following meeting's minutes.

Signed: OSmitto Position:.....CHAIR.....
Date:.....21.3.24.....

Signed: N P Hume Position:.....CEO.....Date:.....

During this meeting, along with these minutes, there was a constant check to ensure no discussions could constitute to breaking competition law.

Signed OSmitto position chair Date