

Community Pharmacy Lancashire & South Cumbria (CPLSC)

Minutes of Meeting 09.07.2024 9.30am – 16.30pm

Preston Biz Space, Marsh Lane, PR1 8UQ

Present (Board):

Michael Ball – Vice Chair (MB), Asif Adam (AA), Roger Balshaw (RB), Khalid Khan (KK), Abid Malluk (AM), Richard Wood (RW), Tahir Hussain (TH), Sarah Vaukins (SV), Ravi Voruganti (RV)

Present (Microsoft Teams):

Graz Amado (GA)

In attendance:

- Mubasher Ali (MA) - Chief Executive
- Naomi Parker (NP) - Senior Business Support Officer

Chaired By:

- Kath Gulson (KG) - Executive Chair

Guests:

- Nicola Feeney (NF) - Delivery Assurance Manager (Teams)
- Andrew White (AW) - Chief Pharmacist
- Julie Lonsdale (JL) - Clinical Lead for Community Pharmacy
- Fin Mc Caul (FM) - CPE Regional Representative

Apologies for absence:

- Peter Tinson (PT) - Director of Primary Care LSCICB
- Amy Lepiorz (AL) - Associate Director of Primary Care (Teams)
- Ali Dalal - CPLSC Board member
- Georgina Barber - CPLSC Board member
- Benjamin Fell (BF) - Treasurer

Absent no apologies:

None.

1. Welcome and Introductions

KG welcomed all board members, RV and FM. KG confirmed all those who sent apologies and those joining on teams. MA confirmed the introductions to RV. RV confirmed his background. MA held an icebreaker

2. Apologies and Declarations of Interest

KG confirmed apologies from GB, AD, BF.
No Declaration of Interests given.

“Putting Community Pharmacy on the local healthcare map!”

3. Matters Arising

MA confirmed sponsor implications, confirming that Sanofi were no longer able to sponsor the meeting at late notice.

4. Confirmation of previous CPLSC draft minutes

KG confirmed a packed agenda ahead and confirmed previous minutes as an accuracy check.

KK proposed minutes, TH seconded.

5. Action Log

MA tabled the action log, confirming that this is readily available to the board via Dropbox.

MA confirmed the RAG status of previous actions.

ACTION – Board confirmed CPLSC have the go ahead to update actions log to new agreed RAG status

6. New Board Member Update/Welcome

7. Contractor Comments, Queries, Concerns for CPE Northwest Exec meeting

MA confirmed that CPLSC will be attending an upcoming CPE event and confirmed that MA will be attending a meeting with CPE ahead of the contractor evening event

MA tabled a slide with Pharmacy First (PF) stats confirming claim data.

AA raised an issue regarding fairness around PF referrals across UK. MA confirmed that it is the patient's choice where they attend.

AA confirmed that the stats show PF works well in areas where the GPs are engaged, however not all are engaged and some areas are not receiving enough volume.

FM queried why some GPs are engaged whilst others aren't.

AA stated that he believes the GPs maybe awaiting further incentive principles for referrals.

SV confirmed that pharmacies need to liaise with GPs and have clear communication line

AA confirmed that around 15% of GPs are referring, whilst a huge percentage aren't referring and therefore referrals are not improving over the months.

MB confirmed the decline in activity.

MA confirmed that our tactic is to target locations.

AA confirmed that the CPLSC team have engaged extensively with GPs to encourage referrals.

FM queried what changes are needed to make PF better and confirmed what CPLSC have done to improve the numbers.

AA stated that as we do not have all the metrics, is it difficult to know what has worked well

FM confirmed that as we are now finally receiving some form of data, we can analyse what we need to learn and improve.

MA tabled a slide showing PF stats for February 2024, including clinical pathways based on BSA data.

MA tabled statistics of contractors that have passed the threshold.

GA arrived on teams 10.15

8. Update from CPE Regional Rep

FM tabled a presentation and highlighted a meeting summary for June. FM confirmed that survey feedback was discussed and showed that contractors are still struggling.

FM tabled a slide on plenary discussions and discussed political outlook, confirming that CP was included in several manifestos.

FM confirmed there are not sufficient funds in the budget as a country, so the approach needs to be different.

FM confirmed that PF has been a huge success with what has been delivered in such a short amount of time and limited resources and congratulated the CPLSC board, exec and team on their huge efforts of support at a local level

FM tabled a slide demonstrating Funding and Contract (FunCon) Subcommittee

FM confirmed that the subcommittee discussed a range of DHSC proposals for margin survey improvements and validations and that both pros and cons were considered.

“Putting Community Pharmacy on the local healthcare map!”

FM tabled a slide around the Service Development (SCS) Subcommittee, confirming this is work around PF and how to improve the service and take learns.

FM confirmed that we are not yet achieving a linear increase and queried what we need to change to improve the service and make it a success.

FM tabled a slide around LPC/contractor support and showed how there is significant impact and discussed considerations on how to create engagement with the LPCs.

FM tabled a slide around communications and public affairs subcommittee, focusing on the importance of communication and using the recent political updates as a re-set to educate new MPs and emphasize community pharmacy benefits.

FM tabled a slide around The Future – Governance and CPE. FM discussed the balance of committee and the imbalance that comes from CCA/Non CCA members. FM confirmed that conversations are happening over the coming months. FM confirmed that the committee is in a state of flux due to the impact of Lloyds closures.

FM tabled a slide around negotiations and confirmed that there have been no decisions made yet but there are plenty of ongoing conversations with officials at the NHS.

FM confirmed that the strategy is to meet with ministers.

FM tabled a slide around CPCF negotiations: Top Priorities including a significant realignment of the contract sum, no unfunded increase in activity, a write off cumulative retained margin owing's, principle of indexation for activity and inflation, a full review of retained margin delivery and a full review of the wider supply chain.

FM tabled a slide around CPCS evidence, highlighting challenges around the market and the naivety of purchasing pharmacies in the current climate.

FM highlighted the current living wage, ongoing inflation, increased prescribing levels, demand for other services, PF and the halo effect.

FM asked the group what needs to be amended around PF and what is good about it

TH confirmed that data is key and the variation, quality of delivery and having access to the data for quality markers is key for success.

9. Chief Pharmacist, Clinical Lead for Community Pharmacy

AW confirmed the LSC formulary soft launch and how the formularies from different trusts are now being grouped together into one single formulary.

AW confirmed he was cautious about not launching anything ahead of the election period and confirmed there is now a link available to view this formulary.

AW confirmed that it has taken 2/3 years to pull together this formulary and the hopes are that this is robust. AW stated there is extremely in-depth chapters and a process of updating the remaining chapters is underway.

AW confirmed that feedback will be taken on accuracy issues via MA so there is be a feedback loop, confirming that a process will be put in place with a tiered system for minor, moderate and major medication which will hopefully equate to rational care for patients.

AW confirmed that we have to be mindful of procurement in hospitals.

AW discussed the Omnes isotretinoin "red" medication prescribed in the patch and the preference is that this is supplied where people get their medication. AW stated that this could potentially be a training issue for Community Pharmacy as this is seen as usual care. AW wanted to ask the question to contractors as we need to make sure this is safe

KK confirmed that it is a more of a service-based contract and queried if we should take the opportunity to slowly increase competence.

AW confirmed that there are clear advantages of having this with Community Pharmacy

AM stated that dispensing is uncomplicated but queried if there is anything additional that the patient can complete such as a checklist.

JL confirmed that if providing a checklist, the provider will have to annotate the prescription. JL confirmed that a Pregnancy prevention video is available.

AM queried to what extent pharmacist would be involved.

“Putting Community Pharmacy on the local healthcare map!”

JL confirmed that the patient would note when the last negative pregnancy test was taken and thinks that this will work.

AW stated that the ICB is short of funds and there was a formal intervention from the NHS where budgets were discussed.

AW confirmed that money is being paid to GPs for vulnerable patients and a scoring system is being used and priorities are established. AW stated there is hopes that this will be a system able to target patients with high scores. AW queried how we can support patients to cope with this. AW confirmed that the changes cannot be made at once and this will be a staged approach to help make contributions to savings this year. AW confirmed a member of staff has been lost therefore a recruitment drive will be coming up to ensure there is 15 staff in the ICB, ensuring they remain more focussed on the goals.

AW confirmed that we are waiting on a PharmOutcomes template for PF.

AW stated there is £1.2mil investment for Department of Health which involves working with the councils and improving social care. AW stated this will be a better use of funding and there will be devices which prompt patients to take medication.

MA queried if this will allow us to switch from Monitored Dosage Systems (trays) to Original Pack Dispensing to mitigate ongoing stretch to our contractors for patients that don't fit DDA requirements.

AW confirmed that the idea is that this will save funds on social care costs.

AW confirmed that he is unsure on the device but the idea is to assess the regime as well as the device and the project manager is also a pharmacist who will help to select the device.

JL discussed DPPs and trainee pharmacists. JL confirmed she has been working with NHS WTE to assess what level of support is available. JL gave examples of feedback that has been submitted through Oriel.

JL confirmed they have been working with the training hub and that Expressions of Interests (EOI) have been circulated to GP Practices with the database that has been formed. Eols have been submitted in the hope that they will be able to support DPP placements with at least 4 each over the year, with capacity for around 50.

AM queried if there is a value attached to EOI to GPs?

JL stated that the value has been proposed to be at £1,500.

KK questioned if that value is coming from a training grant?

AW/JL both confirmed that yes, it is coming from a training grant.

JL gave an update on the IP Pathfinder and stated that this has been postponed for after the elections and that they should have an update later in the month, around the 23rd of July. JL also talked around the frustrations with the stop start principles.

JL stated that there has been an Interview for project manager, so the position should be filled shortly to allow an even spread across the ICB due to it being a collective Northwest role.

JL provided an update on DMS. JL gave a brief background on the hospitals that have gone live and confirmed that this is using Refer to Pharmacy (R2P).

JL confirmed that Blackpool hospital is sending DMS referrals via PharmOutcomes which is an old version

JL confirmed that the 2 outstanding hospitals are Lancashire Teaching Hospitals and Mental Health Trust. JL confirmed that Preston have caused a block in the system as there is funding available to help with them, however cost in the subsequent years is of concern.

JL confirmed that these are in the negotiation stages at the moment.

AW confirmed that this is designed to prevent any unplanned readmissions.

AW asked the attendees for any questions

AM stated that the DMS recording stage is robust and that the data would help as he had one recently from Blackpool having never had one before and he had to intercept medication.

AW confirmed the importance of claiming as this data encourages the hospitals to send more referrals.

MA confirmed that we have access to the statistics for R2P but not PO and the claim data is improving. MA confirmed CPLSC receive quality markers of statistics moving through the hospitals and that CPLSC are offering Blackpool support however they do not want the data to be shared with us.

BREAK

“Putting Community Pharmacy on the local healthcare map!”

Chief Executive Mubasher Ali MPharm MRPharmS FRSPH Executive Chair Kath Gulson MRPharmS Vice Chair Michael Ball MRPharmS

10. Associate Director of Primary Care, Pharmacy Delivery Assurance Manager

NF confirmed that we are still waiting for Pharmacy First Supply Service to go live on PharmOutcomes. NF confirmed how this will work on PO and how this links to formulary will save time.

NF confirmed connections have been made with Kevin Noble as a means of escalation to get the service up and running due to continued delays since proposed Go Live of 1st July

MA confirmed that there has been a lot of interest in the service. MA confirmed how much this will improve efficiency and huge like for like cost savings across Primary Care.

MA gave a massive thanks to NF and ICB teams for getting the service off the ground following multiple business case revisions.

NF opened up to questions

MA confirmed discussions with AW and JL, and asked NF for an update with the realignment plan for Pharmacy Access Group

NF confirmed that there has been a refresher in Pharmacy Access Plan, the three services that involve Community Pharmacy that aren't being fed into anything. NF confirmed the mainstay of access programme is PF, Hypertension and Contraception

NF confirmed they are looking at a steering group which KG and AL will chair, which will create a more formal route for subgroups and DMS/SCS will be reporting into this group.

MA confirmed a brief update around IP pathfinder from JL.

NF confirmed wanting to get DMS onto the access group to put more of a focus on this.

MA gave thanks to NF regarding DMS and the conversations between ICS/ICB.

NF confirmed there have been peaks and troughs in terms of trays. NF confirmed a complaint received from a GP practice around community pharmacies not providing trays to those that need it and wanting 7 days for prescriptions and delivery fees on top of this. NF confirmed there needs to be support for practices and pharmacies and medicine optimisation teams around what can and cannot be done.

MA confirmed this will be discussed with the board moving forward.

MA gave a briefing regarding trays confirming that the issue is starting to grow. MA stated an assumption that private services being mixed with NHS services creates pressure resulting in emotive responses.

MA confirmed a comprehensive document covering all aspects on assisted medicines treatment has been proposed several times to the ICS and MO teams for wider adoption across LSC. MA confirmed this is a big benefit to contractors since the current financial situation does not allow any scope whatsoever other than those via DDS reasonable adjustments for freely available domiciliary tray support due to convenience or help fund social service / private carer organisations .

MA confirmed this cannot get confused with the frequency of prescriptions and that frequency is not related to adjustments per say and both need to be treated independently for each case-by-case basis as per Equality Act and DDA principles.

MA confirmed that DDA and trays should be a last resort anyway, as per guidelines.

The group had a discussion around DDA/Frequency.

14. Office & Contractor Support update

NP tabled a presentation on contractor support as an inform and gave updates on work that has been complete including LCC NRT e voucher scheme, PF Supply launch, Pharmacy Advice Audit and service focussed visits.

NP tabled slides with outbound/inbound calls from May onwards

NP tabled slides around contractor queries and feedback including some direct positive feedback having been received from our contractors.

NP tabled slides around newsletter and website statistics, highlighting peaks and most read articles and website pages

NP tabled a slide regarding contractor visits and what has been discussed, the split of types of contractors and the reasons for visiting.

NP provided a social media update, confirming that LinkedIn had reached of over 50,000 profiles in the last 90 days.

“Putting Community Pharmacy on the local healthcare map!”

NP tabled CPLSC's recent videos, including the YouTube short relating to the Pharmacy Advice Audit, which appeared in CPE's Newsletter.

FM opened up for questions following on from his earlier presentation. The group had a discussion around how to improve Pharmacy First and how this service should be utilised to relieve pressures from one another.

AM suggested that a platform be implemented where open conversation can take to learn what is going well and what may need changing.

FM suggested that this is something for the LPC to organise and confirmed that this is the opportunity to do something different.

MB confirmed that one of the biggest barriers is walk in patients not meeting the gateway

AA stated that Community Pharmacy proved itself during Covid and the number of referrals should be increasing.

FM confirmed that Pharmacy First is a huge opportunity for contractors and it is the first time a service of this level has been given to Community Pharmacy, and we need to ensure it is successful.

LUNCH

15. HR sub group & Closed Board Session

12. Market Entry

MA tabled slides around Market Entry and several change of ownerships.

MA tabled a slide depicting closures from 2021-2024.

MA tabled a slide around dense areas of closures including Preston and Blackburn with Darwen.

MA tabled a slide on applications in process.

MA tabled a slide on the current tracker, confirming we are up to date.

13. Trainee Pharmacists / DPP / Oriel update

KK confirmed DPP update and that we are seeing how many DPPS are in the area and their matchmaking has not yet started. KK confirmed we will wait until December to see where trainees have been allocated.

KK confirmed that the EoI to GP's that JL/AW stated as £1500 is not additional funding and is not new money.

KK stated that NHS WTE are reaching out to employers based on EOIs to see where support is needed.

KK confirmed an invite to carry out a case study with NPA, CCA and IPA reps has been circulated. KK confirmed he has been asked to present at the Chief Pharmaceutical Officers webinar. KK stated that NHS England have put pressure on the Hospital Trusts themselves and there is a lot more DPP capacity.

MB queried if it is possible to add 4 cross sectors across the year.

KK confirmed it is part of huge trust, and Leeds will not give DPP but will give cross sector.

KK opened up for questions

MA stated that Greater Manchester are short in terms of numbers

KK confirmed a teach and treat clinic which has been funded as a pilot. KK stated the condition was that they would teach and there is funding available for that which works quite well. KK stated he has heard that there is a pilot in the North and linked to practices. KK queried if CPLSC can find out what is happening there.

MA confirmed agreement with ICB funding to attain clinical pathways and SOPs for 7 sites which came back as £4k.

MA confirmed that we had hoped for 10 clinical pathways to be finalised but on further discussions with JL she wanted 10 summary conditions and that we then went to several parties who wouldn't do it for within the funding amount and that it is currently delayed and awaiting a final business case to be received. MA confirmed if this does not happen, we will notify JL of the requested sums and offer for a final decision.

18. Services Sub Group Update

MA queried if RV would become part of Services sub group as a vacancy has now opened up following on from a previous board members departure.

Action – Ravi to come back about joining group

MA tabled a slide with several updates around Core MAT, LCC CPLSC negotiated enhanced package agreement and Blackburn with Darwen continued urgent negotiations. MA confirmed the meeting went ahead over the Bank Holiday which led to low attendance due to the timing. MA confirmed that a CPLSC contractor raised some concerns leading to an awkward discussion between contractors and the council. MA confirmed that after a series of chase emails, shortened emails were released. MA confirmed that we have been notified by BwD there is no more money, but an in-year SLA review has been agreed after months of ongoing talks and negotiations, in relation to the Supervised Consumption service for contractors within Blackpool Council.

AM confirmed that we should accept this contract but review straight away.

MA referenced recent contractor webinar against advice and minutes.

MA tabled a slide regarding Blackpool Council updates

MA confirmed breaking news regarding easements in training needs and that CPLSC has negotiated core changes on workforce easements from pharmacist to any trained team member, CPLSC has also negotiated an in-year uplift to payments for all three products, not just accounting for last year but also accounting for years of absorbed on costs and huge impacts on contractor margins and long-term sustainability.

MA confirmed that KK provided live data for one of the contracts. MA gave updates of the several different increases on supervised consumption and the forecasted monetary uplifts which will massively support our contractors on the front line.

MA tabled a slide with example on what this means to contractors and how this is something to celebrate as this is local money and not taking from the global sum

MA confirmed the increase will be enough to keep a team member on and CPLSC are now waiting until this is in writing.

MA confirmed the only area left is now Blackburn with Darwen as we continue urgent talks to resolve the current situation .

MA gave update on PF

MA gave an update on Access group realignment confirming that a collective approach will result in a bigger return

MA confirmed that he has requested updates at senior leadership meetings.

MA confirmed that we are gaining good feedback from South Cumbria, West Lancs and Morecambe Bay following recent engagement events.

MA gave an update on UEC ongoing ED Streaming pilot plus a recent exchange with ELMS and is organising a session with leads to review referrals, inputs from contractors, SLA review and any adjustments plus top tips.

MA discussed AMS and to note post-dated prescriptions for antibiotic prescribing principles. MA requested the board to send any comments regarding post-dated prescriptions.

MA tabled NHS England cascade message regarding post event messages from PharmOutcomes

MA discussed RSV confirming that the vaccine that has been approved and stated we will look at GP Practice roll out, because of Community Pharmacy engagement with MMR, the appetite from key stakeholders in North West will predominantly the focus for the older cohort, being older than 75. MA stated they have also detailed pilots of Community Pharmacy roll out and that LSC should be a prime location. MA stated that the widespread rollout will be a slow burn and this is another way of showcasing what we are able to do.

ACTION – Start proceedings with regards to RSV link

MA discussed the CPLSC flu training discount with Allied Health and that the early bird offer is available until the end of July. MA confirmed this is alongside Greater Manchester who also benefited greatly from MAs revised agreements. MA discussed PPV concerns and tabled a list of pharmacies who have experienced issues. MA explained the details around this.

MA discussed confidential details around Covid and NMS claims.

MA discussed R2P and tabled several slides around referrals sent and that CPLSC have had a positive impact on contractors accepting referrals then claiming. MA confirmed two sites that are still not live which leaves scope for CPLSC to start negotiations.

MA tabled a slide showcasing status of DMS referrals and the improvements, MA confirmed these stats proves that Community Pharmacy can make a difference and improve patient care whilst working collaboratively with hospitals.

MA confirmed that the agreement with ICB is to get contractors to log in and accept referrals.

AM queried if organising a 1-hour support session is worth setting up to help contractors understand the process on Refer to Pharmacy.

“Putting Community Pharmacy on the local healthcare map!”

ACTION – Training webinar on Refer to Pharmacy for East Lancs and Morecambe Bay post review of available resources
MA confirmed we do not have access to Blackpool data.
MA confirmed we will send out a link with description of specific times on the existing Refer to Pharmacy webinar for key sections and align details with webinar.

MA gave update around South Cumbria Public Health services -CHEST
MA confirmed that the EHC gaps is a matter of concern and there is ongoing liaison and a planned meeting to target this.

MA tabled a slide around the NRT gap concerns and the decline of offer and planned meeting.

MA gave an update on the Flu council offer and explained the current offer which is currently £17, up to £20 including cost of vaccination.

MA tabled a slide and discussed flexible framework.

ACTION – CCA Board Members to go to service leads to confirm they are happy with £20, advising that the SLA will be sent. MA discussed the flexible framework, confirming this was sent on 09/07/24

ACTION – MA to catch up with GB and Alec Meakins

MA tabled a slide around Hypertension Case Finding Service.

MA confirmed CPLSC have received an invite to ICB Wide CVD symposium and presenting BP checks/NMS/DMS Local Barbers Pilot leading into Community Pharmacy referral

MA confirmed that CPLSC will be presenting at the symposium and will be including a section on NMS/DMS.

19. Local Services Button

SV displayed EMIS local services button confirming that the referral procedure is very simple and straight forward.

MA confirmed this is ICB funded button.

SV confirmed various different options such as blood pressure checks, ABPM and Pharmacy First.

SV demonstrated the referral process and button flow for Pharmacy First and then highlighted how the blood pressure and ABPM options look.

16. Financial Accounts plus Annual Report

KG confirmed that AGM will be at the upcoming meeting in September

MA tabled slides confirming balances and operational costs. MA confirmed that we are in the recommended 3-6 months costs in reserve bracket.

MA discussed the £167k CPLSC levy, stating that we are still on track with the aim of absorbing these years and next year's additional levy costs.

MA tabled slide around ring fenced money, original status and current status

MA confirmed that CPLSC have submitted a business proposal for £45k of PCN lead role funding and the MOU has been obtained

MA confirmed we will reinstate MOU for PCN Leads with key governance document updates.

MA tabled a slide with cash increase across a series of services such as DMS, Hypertension Clinic checks, GPCPCS/PF/NMS and confirmed a YOY comparison. MA confirmed above a £2m uplift on previous years.

MA tabled the draft annual report

MA tabled a slide outlining the financial accounts confirming these have been audited by our accountants at Proudgoldburn.

KG gained board approval on accounts to progress final AGM preparation

MA confirmed we have deadline on 30 days regarding the annual report confirming the ambition is to have this available over the next few weeks.

MA confirmed statutory levies and the total income.

MA confirmed CPLSC's continued ambition of spending on supporting front line efforts for our contractors in maximising our core activities of representation, promotion and support.

MA gave an overview of expenditures and levy.

“Putting Community Pharmacy on the local healthcare map!”

17. Governance & Scrutiny Sub Group update

MA displayed the newly agreed and finalised plan on a page spanning until 2034

MA displayed a Governance and Scrutiny slide confirming MB will be attending the forum of LPC Chairs to finalise first meeting on Wednesday 25th Sept

MA confirmed that the CPLSC risk register is a work in progress

21. Any Other Business

KG confirmed next meeting 17th September for AGM

ACTION - Send reminder for AGM

CLOSE 16.34