

Community Pharmacy Lancashire & South Cumbria (CPLSC)**Minutes of Meeting 17.09.2024 10.00am – 16.30pm****Preston Biz Space, Marsh Lane, PR1 8UQ****Present (Board):**

Michael Ball – Vice Chair (MB), Roger Balshaw (RB), Georgina Barber (GB), Ali Dalal (AD),
Khalid Khan (KK), Abid Malluk (AM), Richard Wood (RW), Tahir Hussain (TH), Sarah Vaukins (SV),

Present (Microsoft Teams):

Asif Adam (AA)

In attendance:

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

Chaired By:

- Kath Gulson (KG) - Executive Chair

Guests:

- Andrew White (AW) - Chief Pharmacist
- Julie Lonsdale (JL) - Clinical Lead for Community Pharmacy Integration
- Fin Mc Caul (FM) - CPE Regional REP (Teams)

Apologies for absence:

Ravi Voruganti (RV) - CPLSC Board Member
Peter Tinson (PT) - Director of Primary Care LSCICB
Amy Lepiorz (AL) - Associate Director of Primary Care (Teams)
Nicola Feeney (NF) - Delivery Assurance Manager (Teams)

Absent no apologies:

None.

1. Welcome and Introductions

KG welcomed all board members. KG confirmed all those who sent apologies and those joining on teams.

2. Apologies and Declarations of Interest

KG confirmed apologies from RV
No Declaration of Interests given.

3. Matters Arising

KG confirmed CCA vacancy still available and sat with the CCA team for nomination.

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4. Confirmation of previous CPLSC draft minutes

KG confirmed a packed agenda ahead and confirmed previous minutes as an accuracy check.
RW proposed minutes, AM seconded.

5. Action Log

MA tabled the detailed actions log, confirming that this is readily available to the board via Dropbox.
MA confirmed the status of previous actions and gave update on specific actions.
MA provided an update on CCA vacancy confirming that Graz Amado has left Rowlands.
MA confirmed that in terms of governance, GA was removed from CPLSC Board Member privileges with immediate effect post resignation.
MA confirmed we have notified CCA who may wish to fill the seat with an alternative CCA member. MA confirmed he has requested that CCA come back to us at the earliest opportunity.
MA gave update regarding the board meeting sponsor.

6. Update from CPE Regional Rep (remote)

FM confirmed CPE meeting last week and gave update on September meeting.
FM confirmed engagement questionnaires had been looked at
FM confirmed they had looked at work that has been done with ministers
FM confirmed that an in-depth review of the Pharmacy First (PF) service and the impact of collective action of GPs has taken place.
FM tabled a slide on the Service Development Subcommittee, stating that the group have looked at PF thresholds, FM advised that he is open to feedback in relation to PF so that this can feed into the services team and provided an email address for any comments to be returned to.
FM confirmed vaccination services including flu and RSV.
FM tabled a slide on Funding & Contract Subcommittee, advising that the Department of Health is still challenging some remuneration issues.
FM confirmed that Community Pharmacy teams can only refuse to dispense where there is no access to medication rather than relating to the cost of medication.
FM tabled a slide on LCS – LPC and Contractor Support Committee, confirming that the group considered recent roadshows, discussed pros and cons. FM stated that contractors found these beneficial and the roadshows were successful in circulating core messages.
FM discussed the CPE conference which is taking place on 7th November 2024 where ministers will be in attendance for the first time.
FM tabled a slide on Public affairs and the North West Labour Party Conference where a Kings Fund presentation will be held.
FM tabled a slide on pre-committee polling, and confirmed that results will be released on the next few weeks and used as PR to raise awareness of the recent challenges.
FM tabled a slide around funding negotiations, confirming that during the elections period, discussions took place but not negotiations. FM stated that the new government is taking a significantly different approach to healthcare. FM referenced the Darzi Report, confirming that this is a lengthy document stating that changes within the healthcare sector need to be made. FM stated that CPE and LPS provided submissions to the report.
FM stated that CPE are continuing to take strategic negotiation advice from PA consulting, who have led multiple government negotiations. FM confirmed that Kier Starmer has stated that there has to be healthcare reform and that work will feed into Darzi review. FM confirmed that the next stage will be between now and next March.
FM confirmed that CPE have met with Stephen Kinnock MP recently to discuss the offer stating that discussions have been around achieving goals that will benefit the Community Pharmacy sector.
FM stated that the CPE Top Priorities are: Realignment of the contract sum to match costs / No unfunded increase in activity – the NHS contract cannot afford more services without more investment / Write off cumulative debt.

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FM stated that other factors included: The increase in National Minimum Wage / Inflation on non-staff costs / Increased prescribing level

FM opened up for questions

MA stated that there have been proportionality queries and posed the following questions from IPA:

1. All our board representatives on LPCs to discuss the CPE proportionality issue at the earliest opportunity
2. What justification are LPCs using to pay levies to CPE given it is not representative and how are LPCs holding CPE to account - what KPIs are your LPCs using to hold CPE to account Report back to IPA on points above
3. Please can we ask that you report back to IPA about the points above. We will be mapping all the responses against each LPC to see what action each LPC has taken.

FM stated that work has been done with a subcommittee and the findings state that a gap has been left in terms of representation for non CCA members, which links to constitutional changes. FM stated that this takes time to get right FM states that to overcome one of the challenges, the committee will be appointing two observers to the committee which would increase the number of non-multiple CCA representatives up to 5. FM stated that the additional 2 people would not have voting rights however most topics do not need a vote as the committee are usually in agreement however the observers allow a bigger input into discussions. FM confirmed there has been a significant shift in proportionality and a decrease in CCA ownership which links back to the constitution. FM tabled slide with changes in sector ownership. FM tabled slide with exact numbers of what the committee looks like and the split.

FM confirmed that discussions of the principles about how the LPC observers will be selected.

MA opened up for questions.

FM confirmed any queries on PF thresholds/gateways are welcome.

AA confirmed this should be reasonable and based on data as there is clear disparity.

MA confirmed stats are steadily dropping based on NHSBSA data.

FM confirmed that this is a challenge with NHSE as overall volume is going up and similar numbers have met the threshold. FM confirmed that NHSE haven't seen a justification for impacting on the September threshold although CPE believe this should come down. FM stated that the NHSE argument is financial as well as clinical.

TH stated that a difficult aspect of the thresholds is an "all or nothing" approach, and a tiered approach may be a more viable option.

FM stated that this may become more complicated. FM confirmed that the goal is to move the gateways further up and reduce the thresholds. FM confirmed that CPE are working on change proposals as soon as possible as there is a risk that contractors will be disengaging from service with extra pressures of hypertension and contraception.

BF stated that not hitting the threshold is demoralising for the team.

GB confirmed that 20 shops did meet the gateway but effort has been put into training and support to make sure that everyone understood the gateway points as GPs are not sending enough referrals.

FM requested for any further points to be sent to the e-mail address provided.

7. Chief Pharmacist, Update on the Clinical Lead for Community Pharmacy Role

JL gave update on IP pathfinder programme confirming that this hasn't progressed as quickly as first thought. JL confirmed that testing for Cleo is taking place and there is no GoLive date set as of yet. (AD arrived at 10.49)

JL confirmed training for respiratory takes place on 18.09.24.

AW discussed savings plan. AW stated that ICB have overspent and need to bring back down to £750m overspend. AW stated that £350m has been spent locally and the ICB have been asked to save £50m this year. AW gave update on weight management service, confirming that the ICB are waiting for NICE guidelines. AW stated that patients over 35 BMI could be eligible and this will include 12 different cohorts from highest priority to lowest priority.

AW stated that the model could reach 236k people.

AW discussed ADHD medicines and difficulty getting hold of these and how to manage safely. AW discussed different cohorts of patients and the difficulty this poses with children as the regulations around having medication in school and allowing children into class without medication can lead to disruption. AW queried how can we collaborate to find a way out of this together?

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KG opened up to questions.

MA asked AW to explain the change in JL's role. AW confirmed that after several discussions around Primary Care development, JL is going to work primarily on workforce development to grow teams. AW confirmed the hope is to grow the team and have a joint post across sectors with the aim of improving work force across all sectors.

MA queried the Pharmacy First Supply Service and the issues around two specific ICS schemes still running in parallel, Preston & Morecambe Bay MAS scheme which is causing confusion with ongoing duplication, AW's thoughts.

AW confirmed where there is duplication, there shouldn't be and an assessment is needed. AW confirmed that there are some concerns around school holidays and the accessibility of medication for children. AW requested feedback.

MA stated the differences and clarified the issues impacting GP referrals.

AW confirmed that we need to make best use of Pharmacy profession, we are currently stuck with national service specification which is called Pharmacy First (Not Via GP), stating that duplication is not a good use of tax payers money.

AM queried the apixaban permanent price increase on Drug Tariff and asked for any insight?

AW confirmed that there is no intel at the moment however he has been advised that there is plenty of stock but the cost is increasing. AW queried that if it costs that much to make then we need to reimburse?

AW queried ADHD

BF confirmed it is hard to get stock, it is time consuming to find any stock and availability is not good.

AW queried if there is a way of being more careful with who this is provided to and the process is lumpy.

MB stated that there are communities that discusses this online which can open up a can of worms.

AW stated that there are some pharmacies that supply and ultimately there are patients at the centre of this who are struggling. AW stated that a real concern is that Community Pharmacy will end up feeling the brunt of this issue. And we need to reach a productive space regarding ADHD medication. AW confirmed he is accepting feedback on this matter.

KG thanked AW and JL for attending.

Break

MA tabled branded generics slide and confirmed that after much work over the last year a LSCICB position statement has now been included on website based on several CPLSC agreed particulars in support of the ongoing impact of such prescribing to out contractors and the national negative impact of the branded generics marker as a whole.

MA confirmed that we are still working to support localities and place based locations with ongoing concerns.

8 . Director of Primary Care / Associate Director of Primary Care, Pharmacy Delivery Assurance Manager

MA provided an update from NF due to last minute apologies being received.

MA confirmed Pharmacy First Supply Service (PFS) has now gone live and thanks for efforts. NF wanted to highlight that GP comms have been released a few weeks ago after a push from associate director Lyndsey Dickinson went out as newflash.

MA confirmed that NF has received positive feedback from contractors with regards to this service.

MA confirmed it's a full LSCICB wide supply service and thanked all those who have supported across each and every step from the initial business case review to Go Live.

TH confirmed it's a fantastic achievement for our contractors and thanked CPLSC members and LSCICB.

MA confirmed this has taken a long time, since Oct 2022 but this has eventually paid off for our contractors.

MA confirmed there are some risks attached and a workshop has been planned to discuss later in the meeting. MA confirmed this is about quality, delivery and consistency.

MA gave examples of queries received via the office from surgeries.

MA queried if we need to make contact with every pharmacy to make them aware of the service.

KG confirmed that Lyndsey Dickinson wants more details on what surgeries can refer for to increase the uptake of the service.

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SV stated that everything comes down to emails, and if members of the team are higher in the business, the comms won't be seen. SV stated that the best way to overcome this is by having face to face discussions so this information can be passed onto navigation teams.

KG suggested creating a one pager for navigation team to have on desks.

SV confirmed that ICB use Protected Learning Time's during afternoon sessions to discuss and engage more GP's

GB raised nomination issues, MA confirmed there will be a discussion around this later.

9. Market Entry

NP tabled slides around Market Entry including Change of Ownerships, recent completed applications and those in process as well as closures.

NP tabled slides depicting dense closure areas and split these into Preston, Blackburn and Morecambe Bay.

BF queried the new PNA and when does this close in entering PNA as not able to declare now.

KG confirmed that this belongs HWB which take the registry of pharmacies from January 2025 is the current thinking

MA confirmed MA and KG sit on the steering group.

10. HR sub group & Closed Board Session

11. Office & Contractor Support update

MA discussed Choose Health implication

MB confirmed that Choose Health is now closed as all obligations have been filled. MB confirmed that funds have been donated to CPLSC following several board discussions including legal and HR review of existing team as well as a discussion with Gordon Hockey at CPE and this proposal has been supported. MB confirmed this is the next and final step before the £20K funds are moved over to CPLSC.

Post discussion it was agreed this will be classed as CPLSC income for contractor support and not as closed ring fenced.

MA discussed next NPA day of action, confirming this is not a strike, patient services will not be affected, petitions and social media campaign using the hashtag #saveourpharmacies.

MA clarified the CPE position and board discussed the campaign.

12. SPONSOR PocDoc – Luke Dawson (LD) (Teams)

MA provided introductions to the group and the contractor opportunities and service delivery support as well as horizon mapping opportunities with a key focus on CVD risk.

LD tabled a slide around the state of cardiovascular disease in the UK.

LD stated that pharmacy see 1.5 mil people a day and are fantastic at engaging hard to reach communities.

LD tabled a slide with statistics outlining that 79% of patients haven't had cholesterol check in 5 years.

LD confirmed that PocDoc provide a screening tool that can replicate NHS Health check in under 10 mins.

LD gave details of how the test works and how to log in.

LD confirmed software has been created to read lipid in patient blood.

LD gave snippet of dashboard which can be seen by pharmacist and patient.

PocDoc is a way to provide in demand service outside of GP to support with pharmacy cash flow.

LD confirmed that more people are turning to pharmacy for checks like this for accessibility.

LD confirmed that the test means that pharmacy can cross into other services such as hypertension, weight loss management etc.

LD stated that providing an in demand service will increase number of patients coming to pharmacy.

LD stated that there has been a big success in areas with higher socioeconomic deprivation and this is a way that we can push screening into community through Community Pharmacies via Community screening events such as women's hubs, football clubs etc.

LD provided testimonial and opened up for questions

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LD confirmed that as a manufacturing based business, the quantity purchased will effect the price of the tests sold to pharmacies however the cost is between £xxxx per test depending on volume purchased. LD confirmed that this includes everything in terms of devices, training, marketing, tech support, customer support and account manager.

LD confirmed that pharmacies sell test from between £30-£40.

MB stated that he used to deliver NHS Health Checks before the service was decommissioned. MB queried how comparable the service is to NHS Health Checks?

LD stated that height and weight will still need to be collected then the test will be taken. LD stated that the PocDoc test can be taken in 7 minutes and a BP reading alongside HBA1C can be taken at the same time, with results being sent within 7 minutes.

MB queried if this includes alcohol and mobility questions or postcode?

LD confirmed that there is no need to ask about alcohol consumption as this is not on NHS screening.

MB queried the cardio check device and being an in house and external quality check? MB queried how they are overcoming the challenge that these tests are inferior.

LD confirmed that this test is designed and developed in NHS labs with NHS partners, advising that there is more detail on the website about how clinically accurate PocDoc is and any deviation that is demonstrated, isn't big enough to produce results for screening test. LD stated that the test is not a means of replacing lab testing, the goal is to identify people of higher risks for triaging.

AM queried how patient data is shared and stored?

LD confirmed that there is a contract in place and a privacy policy where data isn't shared anywhere else.

MA queried what the minimum order is to place and what the expiry dates are and if there is an off the shelf product?

LD confirmed that there is a minimum order 150 tests and the tests last for 12 months at room temperature. LD stated that there is a retail offering and patients can buy off the shelf to test at home, these can be sold for £25/30

BF queried if this is a pharmacist led service?

LD confirmed yes however trained colleagues in line with RP could deliver.

BF queried social media aspects and lead generation?

LD confirmed joint comms on LinkedIn, where a lot of the posts by pharmacists.

LD confirmed there are no hidden costs, no calibration or cartridges and the test is easy to use. LD confirmed that the results go straight through to GP using GP connect. LD stated that the pharmacists have access to data on how many screenings have taken place and population health information can be provided and these details could be used to put forward for a commissioning piece.

MA gave thanks

MA requested docs to be sent for these to be circulated.

LUNCH

13. Services Sub group update

MA provided an update on services including

Core MAT- LCC new package up and running

BwD agreed fall back and negotiations ongoing into 25/26

Blackpool Council new package up and running – impact of early prisoner release so timing was crucial for contractors.

MA tabled a slide and gave update around Flu training, confirming the agreed extended early bird offer alongside the release of PGD including techs.

MA confirmed sponsor implication around flu training, stating that a small amount of money goes into sponsorship fund. MA stated that next year CPLSC could provide an enhanced package and add this to the discount.

MA gave update on South Cumbria Public Health services - CHEST and discussed the EHC gaps concerns and advised that there is ongoing liaison with the council. MA confirmed that there is also a planned meeting regarding NRT.

MA discussed the GP concerns and the decline of offer, stating that we are awaiting a new offer around Flu and NRT.

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MA stated that the BwD neighbourhood plan is GP centric and he is working towards trying to change the narrative. MA stated that this is currently around frailty and there are conversations around Community Pharmacy offerings coming out of this.

14. Contractor Services Support Workshop Services Support and Planning for triple lock Pharmacy First /Hypertension & Contraception Pharmacy First Supply Service Latest Data Sets Including Break

MA confirmed 3 workshops and split the board into groups asking 3 questions.

- 1 – Triple Lock risk £1000 monthly payment
- 2 – Supporting access with Place Based GP referral data
- 3 – Outliers and contractor risks ALL SERVICES

Following fantastic contractor support workshops and detailed debates on the first two workshops, MA discussed workshop 3 which will take place next board meeting.

Discussions around outliers and contractor risks around DMS acceptance and completions etc. MA confirmed UTI's have been increasing – MA tables slide around nitrofurantoin.

Discussion around DoS and pulling out of Pharmacy First daily.

15 Financial Accounts

BF tabled detailed slides and overview of the current status of accounts. This included monies received for PCN Lead funding. BF confirmed that levy has increased and stayed static for most of the year and this has now increased because of PCN 42k to add to ring fenced. BF tabled ring-fenced monies showing previous funding and updated figures. BF confirmed that in terms of levy, we are following good governance and due to continued efficiencies on spend we are possibly in line for another contractor levy holiday at the end of this year, pending board approval. As things stand, there is space for a levy holiday. BF confirmed a zero-budgeting day is scheduled in Jan with Exec. BF confirmed that the board are up to date with claims.

16. Governance & Scrutiny Sub Group update

MA provided update on RB's behalf around governance. MA stated that CPLSC PCN Lead governance is agreed with ICB and circulated. MA confirmed that the Risk Register draft is due for finalisation. MA tabled recent PCN Lead e-mail with new documents. MA confirmed PIC Risk Service Insurance paid.

17. Trainee Pharmacists / DPP / Oriel update

KG gave update that CPPE has produced a structured programme to support newly qualified pharmacists to develop their knowledge and skills in community pharmacy practice. This is the Foundation pharmacist training pathway, and each student has access to a mentor giving them tailored support around their own needs. Access to the pathway is free of charge and provides additional support to that provided in the workplace (This programme is not available to those employed by Boots who have their own programme).

KK confirmed that the 26/27 cohort will include mandatory cross sector placement.

18. LPN Chair Update

Item moved to next meeting due to time constraints

19. Any Other Business 1. NHS111 online cutoff times for Pharmacy First RW 2. Pharmacy First Thresholds RW

The group discussed nominations concerns raised by CPLSC PCN Lead/Contractor – general conversation around Pendle East Group raised by PCN Lead and other locations with CPLSC actions.

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KG thanked everyone for attending.

CLOSE 16.31

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