

SOMERSET LOCAL PHARMACEUTICAL COMMITTEE

Minutes of the Meeting of the Somerset Local Pharmaceutical Committee held via ZOOM **Wednesday 19th January**

Members present (Chair) James Nicholas; Shital Patel (Treasurer); Sally Farmer (Vice Chair) Peter Whitaker; Neil Kyle; Kyle Hepburn; Elina Bartasheva; Ian Colling; Arvinder Saga; Fivos Valagiannopoulos; Vas Alafodimos

Officers in Attendance: Michael Lennox (Chief Officer), Yvonne Lamb (Engagement Officer) Mary Pennington (admin officer)

Apologies: Becky Barratt.

Guests: Che Rudge – GlaxoSmithKline, Helen Stapleton – Workforce, Michael Holden –AF Project

Meeting Notes and Next Steps – documented by Yvonne Lamb

1. **CCA Report** – Vas Alafodimos
2. **Declarations of Interest** – None
3. **Welcome & Introductions from James Nicholas.**
4. **Agenda to be covered:**

Governance & Committee Member changes.

Vice Chair Vacancy

Budget 21/22 review and 22/23 planning

Current workload review ie Focus 5

Future Workload Planning.

Hypertension and AF project update.

Workforce

GPCPCS

Operational issues and Pharmacy Closures

ERD Rapid Growth Programme

5. **Governance, Budget & Financial Matters.**

- Minutes from November Committee approved as accurate.
- Minutes from December Executive Committee approved as accurate.
- Committee Changes: Welcomed new Members Elina Bartasheva (Day Lewis); Ian Colling (Lloyds Pharmacy) and recognised fond farewell to Sally Farmer (Day Lewis) and Becky Barratt (Lloyds). This leaves committee with one CCA member to recruit. CCA are working to fill.
- Vice Chair – Arvinder Sagar has expressed interest in role. Proposed by Peter Whitaker, seconded by Shital Patel and all members agreed in voting.
- Governance Role: Peter Whitaker expressed interest. Proposed by Kyle Hepburn, seconded by Neil Kyle and all members agreed in Voting.
- **Finances**
Treasurer updated the committee on the budget, now transferred to the electronic platform Zero in line with the PSNC guidance.

Balance is £132,702.26. Core Budget is £102k

Expenditure pending includes next PSNC levy transfer, Website support service to external company.

Funding and Investment from external stakeholders enabled the LPC to ringfence monies in the core budget. PSNC guidance is for LPCs to hold 6 months of revenue to cover working liabilities of LPC. The LPC had underspent on some budget this year due to continuation of online meetings, project funding for some core operational hours, and very limited travel costs.

Current Ring-fenced Investment Monies

- £8.6K funding for clinical services e.g. CVD/AF-stroke
- £26K remaining of Primary Care Integration (ie PCN lead and system support work)
- Digital platform support Pharm-alarms £2k
- Website Improvements £3K

Pending and Next Year's Funding

- GPCPCS £7K to enable us to continue the project working to cover Michael and Yvonne's time till June.
- Potential additional Primary Care Integration investment (as CCG moves towards ICS realisation)
- NHSE: PCN Lead development and deployment fund. Backfill coverage to allow 1 day per month for 12 months across 13 Leads has been ring-fenced by NHSEI Region, circa £39K, and will be paid directly to the contractors to enable them to mobilise the PCN leads

Contract Governance and Applications:

None Received.

PNA update

- PNA timeline established from the working group and support from NHSEI on basic contractor information eg core opening hours, services sign-up, will allow us to truncate the PNA questionnaire in early February.

6. GPCPCS.

- GPCPS Pharmacy Improvement Fund was discussed and affirmed as a positive outcome for the service and contractors. Coms being finalised for release late January.
- The improvement fund for pharmacies will be awarded for generating certain agreed quality improvement indicators, eg timeliness of completing referrals, use of PGDs for appropriate referrals, the completion of the Pharmoutcomes GPCPCS template correctly and for pharmacies to follow the designated refer back to practice escalation pathway appropriately.

7. PSNC Update:

- James Wood and Sian Retallick had sent a presentation to LPC covering latest central messaging. Michael will forward it to all members and officers.

8. Clinical Lead Position

- Michael talked through the proposal for a Clinical Lead Pharmacist deployment to augment delivery for 22/23.
- One Year position at cost of £300 per day for 10 months approx.
- Certain number of hours per month.
- To assist contractors with successfully implementing SIDER, GPCPCS, ERD and providing officer clinical guidance and operations.

- Officers and Exec Committee to reflect and define a role-profile.

9. FOCUS 5 Real-time delivery

Michael discussed the working projects for the end of this year and lead into next year.

GPCPCS: Work to continue to get best practice and improvements.

DMS: To continue to improve service from YDH and to get Somerset Foundation Trust hospitals engaged, trained and live

PCN: working with leads to build expertise and focus in tasks as they arise.

Public Health Services: To work with the public health team and get more traction/growth on services for all contractors, training if needed post covid.

Clinical and Operational: deployment of digital innovations ie SIDER, ERD roll out.

It was recognised that this Focus 5 approach ensured clarity of prioritisation and communications.

10. ERD:

NHSE has funded Somerset CCG to drive an ERD Rapid Growth Programme across all 13 PCN and practices in next 5 months. " PCNs have already been implemented.

The programme supports Practice and PCN pharmacy/prescription teams with a development change programme and toolkit resources via DAMN Partnerships.

In parallel, Southwest AHSN are working with DAMN Partnership at a regional level to evaluate and optimise ERD development approaches.

LPC via Yvonne Lamb will assist contractors to help them in this ERD programme.

The two first PCN areas to launch ERD are Taunton Central and North Sedgemoor. Michael and Yvonne working with the next cohort Taunton Tone and RPN

11. Digital:

PSNC and National Digital Group have been supporting LPCs with guidance and support in exploring Local Healthcare Record (LHCR) access and integration.

In Somerset the LHCR, SIDER will be made accessible to community pharmacy as part of a full programme rollout roll out after piloting during 2022

12. Hypertension and AF.

Committee explored with our guest Michael Holden, what we could do to enhance the hypertension case finding service to optimise its deployment and to incorporate "AF detect, protect and perfect" elements into the service.

Might we consider:

- A LES based contract to work alongside the national hypertension service?
- Work with those Pharmacies signed up already to hypertension service?
- AF detection step at point of BP checking
- Optimise reporting of it into GPs?
- Add on an expanded NMS ie prolonged patient service over longer timespan (6 months)?

Michael and Yvonne will explore further with Michael Holden and Somerset CVD Group, with a view to propose a service spec that could be tested and then scaled sustainably.

13. Workforce Development.

Workforce pressures remain at front of mind in LPC for contractors.

Last year in our contractor survey we had 16% pharmacist vacancies across the 103 contracts. LPC has supported our CEO, Michael Lennox to take on a system leadership role in Somerset's IMPO as the Workforce Lead.

Michael has driven the plans across the system in tandem with the People Board, and allied organisations i.e., Training Hub and HEE regionally.

A Workforce Action Team has been formed (Forum) and this Forum has in play a series of project actions including an in-depth workforce development survey, hosting of system summit to determine what collective and collaborative programmed work can happen to serve all pharmacy stakeholders better in the county.

14. ICS Engagement

Michael and James continue to engage regularly and positively with their CEO and Chair counterparts in the ICS, Jonathan Higman and Paul Von Der Heyde.

Michael has been co-opted onto the Somerset ICS Clinical and Care Professional Leadership Group as part of the wider primary care system. We have also dialogue in play about what and where else we can be involved, influencing and impacting to support the system and of course to best get community pharmacy included.

15. Pharm – Alarms

All pharmacies who have requested a PharmAlarm will receive them week beginning 31st January Pinnacle posting them shortly.

15. Closures.

Closures of contractors were discussed at great length, Closures need to be reported to NHSE and Contractors do need to update the DOS

Date and Place of Future Meetings – Full Committee Meetings:2022

Wednesday 23rd March at Dillington House

Wednesday 18th May

Thursday 21st July

Exec Meetings

Thursday 10th February 2022

Wednesday 27th April 2022

Wednesday 15th June

Next Steps.

- 1) Vas to do CCA Report
- 2) Michael to email CCA regarding Becky Barratt replacement – DONE.
- 3) Michael to distribute PSNC update to members and officers – DONE
- 4) Officers to with support of exec define what the clinical pharmacist role will look like.
- 5) Inhaler carbon footprint to be discussed at Exec- How /what can we do
- 6) Michael and Yvonne to get date in diary with Mike Holden around Hypertension /AF service - DONE

- 7) Anne, Helen and Michael to get a package together for contractors around workforce, what is happening, how can contractors help, what is needed.
- 8) Mary to book Dillington House for 23rd March and 18th May Face to Face LPC meeting - DONE
- 9) Michael and Yvonne to send out to all contractors, Multiple leaders about GPCPCS investment fund and operational top tips – DONE.