

# SOMERSET LOCAL PHARMACEUTICAL COMMITTEE

Minutes of the Exec Meeting of the Somerset Local Pharmaceutical Committee held remotely via Zoom on Wednesday 12<sup>th</sup> October 2022.

**Members present:** James Nicholas (Chair), Peter Whitaker (Vice Chair), Shital Patel (Treasurer), Neil Kyle (Guest attendee)

**Officers in Attendance:** Michael Lennox (CEO), Yvonne Lamb (Engagement Officer), Philippa Hunt (Admin Officer)

**Apologies:** Fivos Valagiannopoulos

Meeting Notes and Next Steps – documented by Philippa Hunt

**1. Welcome and Agenda** from James N (Chair)

**2. Declarations of Interest** – None recorded

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

- Minutes from Full LPC Meeting on September 28<sup>th</sup> were reviewed and agreed by Exec Committee.
- James welcomed and thanked Neil as guest member for this meeting.
- Committee matters:
  - Peter now Vice Chair after Arvi's departure. Elina has also left. Louise Larby is a new member from Day Lewis. There have been some difficulties with contact details for Louise (email address) but this is now resolved and she has received the welcome paperwork and we are awaiting return. Louise should attend November committee meeting.
  - Replacement for Arvi nominated but we do not have info yet. Michael to check CCA.
- James confirmed that Mary will be finishing at the end of October, having supported Philippa with transition into new role.
- Shital gave a finance update. Not much change since update at Full Committee meeting as this was only 2 weeks ago.
  - Current balance = £268,884
  - We paid PSNC Levy of £14,299 on 05/10 which reduced core to around £94,287. Levy to paid monthly from next year (April).
  - Winter Access fund balance = £55,620. (Michael confirms system know we are sitting on this pot with plans to use for service development and supporting expansion.)
  - CCG Engagement fund balance = £7737 (using towards Michael until December)
  - CCG PCSF fund balance = £44,926
  - CCG Digital fund balance = £57,677
  - CVD fund balance = £8,636
  - Tax Protection Insurance (£200) paid to Edward Howells on 04/10/2022.
- Discussion around notice of intention to reduce hours from Coleford Pharmacy on a Saturday.
  - Michael to put together something to circulate amongst stakeholders around this and send to James to circulate.
- Review of AGM: those that attended found it useful and learned a lot about the work that the LPC have been doing and continue to do. There was a feeling that with transformation and possible structural changes that may come out of this, next year the AGM should 'go bigger'

and be more connective, possibly incorporating awards. Also suggestion around governance transparency and for more information on finances to be published on website.

- The exec reviewed the proportion of the committee that are represented by CCA, AIM and NPA in light of closures in last 12 months and confirmed the current committee balance is still correct (7 CCA, 1 AIM, 3 Independent).

#### 4. TAPR: progress and further process dialogue

- First sub-group meeting (James, Peter, Shital and Michael) took place on Monday 3<sup>rd</sup> October. Purpose: to move things forward, data gather, stock-take and consider viability of all options.
- Michael has spoken with the network of Southwest LPC CEOs in regular catch-up meeting and there is a recognised need to consider all options whilst factoring in the will of other LPCs to consider merger and federated ways of working options .
- Initial plan is to gather Stock-take info from all SW LPCs and document. Shital will pull together the financial info for our LPC to add. Michael confirmed what this needs to include in terms of office and staff costs. Once collated sub-group can meet and take stock and more accurately look at pros/cons of options. James to forward Philippa template of info to complete. LPCs will submit info to Philippa who will collate into one document once all LPCs have submitted (should be provided by end of October).
- PSNC Levy increase was not as high as initially feared; this will increase by c£12k by 24/25. Yvonne confirmed we have 100 contractors now. Discussion over levy calculation and whether this is based on number of contractors and if it increases/decreases based on number. The total calculated amount we receive from our contractors is set and irrespective of number of contractors so will increase for them according to any increase in market share of contract revenue if we lose other contractors. It is calculated for each contractor based on the size of their business. We have not increased our contractor levy in many years, pre-life of current committee cycle and pre-2016.
- Committee reflected that this is not the only time we need to consider these options, transformation programme decisions taken in good faith now are not permanent, although we need to consider long term not just the short term pros/cons for contractors. Need to consider that PSNC do not recalculate often and times could get harder if pharmacies close. How do we raise with PSNC frequency of review? Email James and Robbie re this to ask the question. (James and Michael to do).
  - *Staying as we are pros/cons:* Systems partners prefer Somerset as local provider/project funds LPC because of our identity. If we lose that it could have a negative effect. From RSG proposal we fit well except for number of contractors being <200.
  - *Merger pros/cons:* merging would get us beyond 200, sharing resources although practicalities of this may prove difficult, lose local identity, extra workload of dealing with other areas, different systems/ways of working, impact on staff could be positive or negative (hard to know), who would we merge with and what of their costs could we inherit (offices, etc) would need to be better value for contractors.
  - *Federating model:* split into 2 options; 1) formal way which is closer to merge set up (pulling together functionally, pulling back for certain local things), 2) and functional federation which focuses more on resource sharing (function locally but pull together on regional level to collaborate for certain things) whilst retaining identity:
    - How/where? What would net gain be?
  - Data gathering and more discussion should slim-down options.

#### 5. Contractor Review

- Will be looking at 1) People (our contractors), 2) Ops (live operational issues) and 3) Patients/customers.
- PEOPLE:

- General feeling is pharmacies are surviving but struggling. Closure notifications (lack of) is causing a lot of difficulty. Yvonne confirmed process for informing of closures has been made as simple as possible with clear guidance/communication; PCN Leads informed, NHS-mail, WhatsApp, Bulletins, PSNC info sent to Area Managers/branches, etc, but some pharmacies are not even following contractual procedure. Michael relayed that NHS Regional Team came up with a new closures procedure but it was considered punitive. It went through PSNC, was revised and sent back to NHS team and changes accepted so new closures policy is incoming. This will put escalator of breach in place with fines. No timeline for this at present.
- OPs:
  - Stock and timely completion of prescriptions increasingly difficult, more time than ever trying to source stock at the moment. Problems across whole county (all WhatsApp groups regularly having messages re this). Generic products often out of stock, have to give branded and losing money as a consequence. Nationally a huge issue and system is broken. Whilst Community Pharmacy compo can kick in, it is not adequate.
  - Sometimes expectations of prescriber and therefore patients are unrealistic. E.g. prescriber picking uncommon option that patient is then unable to get straight away or patients getting prescription online and attending pharmacy without prescription expecting it to be ready. Surgeries need to look at own operational issues, are they giving themselves enough time? Are they considering if pharmacy can prepare? Michael suggests re-deploy comms to patients around this? Process mapping on prescription process – need one standard across the board re timescales and how these are communicated. Michael/Yvonne/Fivos to look at a winter pressures campaign around prescriptions. Cooperation, collaboration and communication!
- Workforce – continues to be an issue. Slow burning plan in place which should make a difference but will take time to come to fruition (poss 3/4/5 years) and feel the benefit.
- Yvonne – GPCPCS moving along although challenges. More practices are doing more, but not all. 111 online started last week but no way of measuring what is coming through this way at present. Will be challenging to implement CPCS A&E and Minor Injuries, looking to plan a start but no updated national info on implementation plan for this.

## 6. New Services development and support for new contractors

- CP Escalation Pathway – filling in pharma outcomes template for referrals to surgery giving £14 to pharmacy. Trialling in North Sedgemoor - if good addition to CPCS channel, we will roll out quickly (option to use the winter access service fund for this).
- Blood Pressure – Referral process into practice currently clunky. Contractors currently doing their own thing, but some aspects are complex/get push-back from GPs. Currently with NHS England for permission for Pinnacle to mesh system. Pharmacy Techs delivering service will need to be facilitated but no training info available yet.
- NMS – drive to leverage NMS more effectively. Difficult due to current pressures and lack of staff/support. Target is 1% of prescription items. Currently there is no way of recording info & feeding back to GP.
- DMS – Yeovil happy with run-rate although could be higher. Yvonne raised concern re gaps on Pharmoutcomes usage in pharmacy meaning pharmacies potentially not claiming/losing revenue. Taunton MPH DMS piloting goes live in Jan.
- Hospital initiated smoking service. Yvonne is having conversations with smoking team. No electronic template yet. Yeovil put info on Discharge Summaries. National & Local services are not talking to each other.
- Progress on Somerset Community Pharmacy Integration Lead role. Michael has spoken to a number of potential candidates and is hopeful for a decent short list. Shortlisting is imminent. Panel of selection to be Shaun Green, Tanya Whittle, Jason Peett and Michael.

## 7. AOB

- No further business. Meeting concluded.

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

#### Full committee

Thursday 17<sup>th</sup> November, Dillington House

Wednesday 18<sup>th</sup> January 2022 via Zoom

Wednesday 22<sup>nd</sup> March via Zoom

#### Exec Meetings

Tuesday 13<sup>th</sup> December 2022 (evening) via Zoom

Wednesday 22<sup>nd</sup> Feb via Zoom

### **Next Steps.**

- 1) Michael to check CCA re Arvi's replacement.
- 2) Michael to put together something to circulate regarding requests from pharmacy to change/reduce hours after request from Coleford Pharmacy. Will send to James to respond to commissioners.
- 3) Shital to collate data for Somerset LPC and forward to Philippa
- 4) James to forward Philippa the template document to collate data from all LPCs
- 5) Philippa to collate data from other LPCs and put together for committee.
- 6) Michael to frame question and James to submit to James/Robbie at PSNC around frequency of contractor levy calculation?
- 7) Yvonne to look at re-deploying comms around surgery/prescribing speed issues.
- 8) Michael/Yvonne/input from Fivos – campaign around winter pressures with prescriptions to standardise/improve