Devon Local Pharmaceutical Committee

Meeting held on 26th May 2021

Virtually using Microsoft Teams

1/1691	**Present:** David Bearman, Pedro Carvalho, Mike Charlton, Rachel Fergie, Ali Hayes, Andrew Howitt (Chair); Rafal Korona, Sian Retallick, Matt Robinson, Rob Skornia, **In Attendance:** Sue Taylor, Kathryn Jones, Tom Kallis, Anna White	
1/1692	**Apologies**:	
1/1693	**Welcome and Introductions**	Andrew Howitt welcomed everyone to the meeting. Rafal Korona from Superdrug has been appointed to the LPC and he was introduced to all the members present. A declaration of interest will need to be completed by Rafal Declarations of Interest – All received
1/1694	**Minutes of the last meeting**	The minutes of the meeting held on the 12th April 2021 were approved.
1/1695	**Matters arising from the minutes**	1/1682 GPCPCS – Communications with Pharmacy Teams: PSNC Survey – PCN Leads encouraged to complete the survey, but we have not seen the feedback. Weekly Update – Mike Charlton in touch with Michelle Allen (Implementation lead)on how to roll out Plymouth training Pathfields going live at the end of June, so will need to invite other pharmacies not in the PCN to training. A meeting being held with Beacon tomorrow, they may well be going live very soon. Torridge going live at end of June, training taking place on 9th June. Waterside PCN – Michelle Allen has contacted Steve Bates at the practice who has indicated he will go live when he is ready. Could go live through a practice rather than at PCN level. Sian has been asked to organise meetings with the pharmacies involved. Sian to send the emails she has received to Sue. Mike and Matt concerned that all pharmacies should be invited, not just a couple in the PCN. Anna has prepared a "live" document which all PCN leads can keep updated with conversations and meetings that are being held. Michelle Allen is also able to view the document.
1/1696	**Treasurers Report**	A verbal report was given to the meeting by the Treasurer

1/1697	**Expenses Policy**	The updated version of the Expenses Policy was approved and will be used from 1st April 2021. All payments still to be made to a company not an individual and the documents are on the website. Mileage to the individual, backfill to the company.
1/1698	**Secretariat Report**	Ali Hayes queried hosiery on meeting held on 22 April she has had some issues with Web based Well pharmacy, who will not provide it although it is made to measure. Sue to follow up with Rob Skornia.
1/1699	**Community Pharmacy and Primary Care Strategy & Workforce** **Update**	A presentation was given to the meeting by David Bearman -attached to these minutes. The presentation was put together for the CCG audience around restoration and recovery. There is a big demand in the system. Need to start thinking about where we want to be in 2022/23. HEE Workforce survey – Sue to send out a reminder to encourage completion of this in the next newsletter and deadline tracker There are a limited number of IP places available. Portfolio working can be very complicated to put into practice. Universities are feeding 30% less pharmacists each year. Less pharmacists available for community pharmacies. IPMO developing a workforce strategy – we are feeding into. Funding for PCN Leadership is looking promising.
1/1700	**Pharmacist Representation Review Steering Group – update and next steps**	Sue gave an update to the meeting. Andrew and Sue attended a virtual meeting. The Steering Group set up by PSNC has been meeting regularly and there is a website (link here) The purpose of the national meeting was a presentation by Berkley partnership who are the transformational change agents and they presented on what has been agreed and the next steps. The key stakeholders are LPCs, PSNC and the trade companies and contractors. The timeline for the process of developing proposals, putting them out for consultation with key stake holders, and putting the proposals out for a final vote will be happening over the next few months with the intention of having the final proposals ready at the end of the year. The timeline that was shown indicated that the final vote would take place at the end of November to be voted on by contractors. Not the best timing just before Christmas – timeline may move the voting to be in the New year. Thought that any changes approved would not come into force until April 2023. If LPC

		follow the PSNC model constitution re-election of LPCs is due from April 2022, and it is recommended that LPC decide to delay the elections by one year from April 2022 to April 2023. To delay our election, we need to amend our constitution by holding an extraordinary General meeting, which could be tied in with out AGM. Apart from the election, not learnt much else as meeting papers had come out so late. Views needed on the timeline and proposals. Disappointment that lots of inaction over last 18 months and now intend to finalise in six months, lots of common ground, but lots of challenges on how it will work. Andrew Howitt proposed to run feedback through the Executive and then to David Bearman – all agreed.
1/1701	**Devon LPC – The new normal**	Andrew Howitt gave a presentation in readiness for the daytime LPC meeting due to be held on 7th July (face to face at Exeter Race Course) Next LPC meeting is Face to Face day time meeting on July 7th At that meeting we will review our Vision, Mission and Aims of Devon LPC to make sure we are all committed to these and also to make sure that they are still current and support the LPC to deliver what the contractors want. We will also look at our ways of working across the LPC and how we are going to maximise our time and efficiency. Agree the LPC priorities for the next 6-12 months. At the daytime LPC meeting (subject to government restrictions) want to get to know each other, build our team and look at subgroups which worked well in the past. Review expectations and think our members strengths. Reflect and review for the future. Mike Charlton reminded the meeting that the PSNC toolkit – RAG self evaluation, it was understood that this is being rewritten/redesigned. Sue to ask PSNC. Andrew to resurrect a strengths form that was used a few years ago, amend it and send it out for everyone to look at, complete or amend as necessary, to be returned a week before the daytime meeting. Presentation to be circulated. We need to ensure as many members attend as possible, or we man=y need to think about if the meeting would be viable.

	Any Other Business	Letter being sent out by Hazel Roberts of harbour regarding Espranor. The letter was regarding patients collecting their medication Monday to Friday, and not on Saturdays or are contractors happy to have a Saturday collection. No views given. Down to clinician Torbay – Enhanced needle exchange services – Anna gave an update on the work she had been undertaking. Also has a meeting about PGDs which could be used regarding wounds etc.,
	Date of next meeting	**Next meeting 7th July 2021 – daytime meeting to be held at Exeter Race Course**

Devon LPC Contractor Survey Report March 2021

Responses to digital survey

Q1. How do you feel about working in community pharmacy right now?

A generally positive response, acknowledgement that the workload had been incredibly fully on because of COVID but also because of a number of changes occurring in rapid succession; it had been a tough year. There was quite a variance in how people had felt during COVID, in terms of stress levels. However, on the scale of 1-5 where 1 was least positive the overall result was 4.5.

Patient expectations are high, their behaviour is becoming more aggregative and demanding. There are increased patient anxieties and people being sent in on other people's behalf which leads to pharmacy having to make extra phone calls with queries and changes to batch prescriptions for example, having to liaise more with prescribers difficult to access by phone leading to more patient anger.

Q2. Do you have any concerns with any current or new services e.g., Pharmacy First, 111CPCS, Hepatitis C, GP CPCS, Discharge Medicines Service?

Local integration of national services

There was a feeling that there have been too many too quickly.

39.5% of respondents had concerns with DMS, 37% with GP CPCS, 21% with 111 CPCS and 18% with Pharmacy First.

Some respondents reported that they had received few or no referrals for any local or national services and were concerned that the funding lost through the decommissioning of MURs would not be recovered.

The Discharge Medicines Service was seen as a step in the right direction, but no referrals received as yet and lack of information or clarity about what was happening locally was concerning.

Logging on to eLfH was difficult for some, ProScript PMR firewalled the Vimeo recordings although EMIS doesn't block access.

Pharmacy First seems to have tailed off with little or no referrals into the service. People seemed unsure of the training requirements and had concerns with time restraints.

General feedback that the surgery keeps the doors locked and refers everything to pharmacy, although queries from pharmacy have to go through the receptionist. Lack of awareness of GPs about the services.

One suggestion was the use of digital enablers to support online consultations.

CPCS are coming in too late in relation to our closing times. Should be a minimum of 1 hour before closing so we can contact patient and organise collection. PharmOutcomes is proving difficult to use, for example referring patients to another pharmacy. this provides unneeded stress for both pharmacy teams and the patients. Some CPCS referrals aren't coming into us via PharmOutcomes which provides yet another hurdle. We have no direct phone number to 111 when we need to make clarifications. DMS - we had very limited notice to get ourselves ready. We have already had one patient discharged from hospital, but we received no referral even though she was a tray patient with a change. referral notes went to GP. And some locums are not up to speed on service requirements adding to dispenser stress. Also, some patients don't even mention that they have been referred for minor ailments.

Q3. How do you feel about the PQS and what has been the biggest hurdle in the latest round?

There was a very mixed response to this question, but the general themes were the amount of time needed to complete the domains, and excessive training demands.

It was felt that **more local training for pharmacy staff on completion of PQS would have helped, and a request for more Zoom meetings for staff.**

Training has been the main issue; some of the training requirements felt irrelevant for example, why would a delivery driver have to complete weight management training; a lot of training had to be completed in people's own time as their employers did not grant any time to complete the work. Some help with looking after the Pharmacy Team would have been more appropriate.

Logging into multiple domains over complicated completion of domains, at a time of increased staff absences made it harder. Where management provided information and did the work it was a lot easier, some responders said they didn't need to get involved because of the head office support.

Some contractors made a conscious decision not to complete the PQS Stage 2. Feedback that it felt like a tick box exercise and not really worthwhile.

Accessing the shared NHS Mail seems to be an issue with some responders saying they don't access very often. Workload when delivering COVID vaccination clinics meant some deadlines missed. More support from the LPC is necessary for PQS, for example, workshops linked to portfolio training and collating evidence.

It has been helpful and the staff in our pharmacy have generally found most of the domains useful.

Q4. With the advent of PCNs and the PCN Community pharmacy lead role, has anything in your PCN area changed, particularly in your local relationships with GPs

68% of responders to the survey did not feel anything had changed in the PCN and the majority of those who felt it had, was in relation to relationships with the other pharmacies. 14% felt relations with GPs had changed and 18% felt that they were recognised more as part of the system. There is a lack of understanding from PCNs about the role and contribution of community pharmacy to the whole system.

The Zoom calls with the PCN Pharmacy Lead were good in terms of seeing people and socialising. Relationships in some areas were felt to be definitely better with the PCN lead, but other areas hadn't heard very much from the leads and hadn't seen any difference, so there does seem to be a considerable amount of variation in engagement from PCN leads with the pharmacy networks. Some PCN leads experienced little or no engagement with their PCN Clinical Directors.

The move to What's App was generally seen as a positive step forward although a feeling that it could be a bit cliquey; there is a lack of understanding about the direction of travel needed locally and community pharmacy is still not treated as an equal partner.

The biggest hurdle for this pharmacy would be communication with the PCN lead, although initially missing the Zoom Meeting for BCN planning and informing the PCN lead who then responded that the PCN lead would look to catch up and that it was alright, months of chasing and a couple of responses on text message and emails saying that we would have contact, nothing has resulted from it after numerous emails, voicemails and messages leading to the particular domain being somewhat unmet. Although the initial fault was missing the Zoom Meeting due to unforeseen circumstances and not being the only one to miss it as it can be said in this day and age anything can happen especially with personal commitments after work and the fact that we have not received any more contact nor response from the PCN lead has been most baffling with regards to updates to the BCP in order to serve our community in the event of something untoward happening or even updating the business plan regarding the general vicinity of the area has been the biggest hurdle and has definitely changed my view on the workings of a PCN and the future of collaborative working as a pharmacist with not much experience and who is learning constantly. Pharmacists should work together and not create hurdles for ourselves when we have already been through so much together in such a different and trying world through the hardest stages as front liners in the pandemic and I believe that we can do so much better together in an ever-evolving world that has increased the pressure and responsibilities on the profession and industry.

Q5. Are you happy with the current level of support provided by the LPC? (Explore - what is good and what could be improved, anything we could do differently)?

We need more funding and not doing blister packs is a challenge. The LPC website is good, the team is always there when needed and responsive. Generally positive feedback about the LPC support. However, there was some feedback that the LPC should have offered more support to community pharmacy during the pandemic, while general practice closed the doors all the patients were sent to community pharmacy. The LPC should have relieved the pressure on community pharmacy.

The LPC comms are good and updates useful; but some people don't seem to be aware of newsletters and training opportunities. It is apparent that communications don't get through to everyone in the pharmacy though as some feedback indicated that the pharmacy teams weren't aware of what was happening or available. Missing input on new services and PQS.

The LPC needs to look at the workforce problems and be more proactive in addressing the local issues. The LPC also needs to be more inclusive for pharmacists that work for the big multiples.

More understanding of the practicalities of actually working in a pharmacy and how all the services are meant to be integrated with running a busy dispensary and counter. Provide background to what we are trying to help surgeries to achieve, ideas to help that go forward and facilitate meetings. Joint training would be helpful.

It would be helpful to have summary sheets of current services, (deadline tracker is great) or a one pager on services. There is no time to read through big toolkits and documents so a distillation of service content and flow would be helpful.

Sort out EHC accreditation, and minor ailments.

Q6. How could we improve our training events and what content would you like to see more/less of hosted by the LPC? For example, e.g., more clinical training sessions that don't directly relate to the pharmacy contract, local forums, support with the national contract etc.

The majority of respondents wanted training on nationally commissioned services (68%) and local services (63%). Clinical training was a request by 42% of responders. There was also a request for more PCN lead mentoring; GP CPCS training for practices and training out of hours difficult for one person.

Go back to face-to-face training, but it is important to keep a mixed approach going forward now as virtual meetings are more family friendly. Most demand was for training events and support with the implementation of the national services (GPCPCS and DMS); locally commissioned services; clinical updates; less support for local forums.

It was felt that the LPC didn't advertise the training opportunities widely enough so that the whole pharmacy teams had the opportunity to find out what was going on and to attend.

A request for facilitation of local meetings with practices to support collaborative working and improving awareness.

Q7 If the LPC were to make one change what would you like it to be?

There were a few requests for the LPC to make its' voice heard more and to influence PSNC on funding to ensure the funding is adequate. Be more representative and include a wider range of pharmacies when negotiating "on their behalf". Simplify services and make the requirements more straightforward, e.g., what can be referred and what can't. Ensure funding is adequate,

More inclusivity required for pharmacists who work for big multiples and provide more training for non-registered staff.

A greater understanding of the pressures the current pandemic has placed on pharmacies who have to be open access to all while others aren't; need to review the hours allocated to pharmacy with the volume of work. Please lobby for simplification of services and paperwork.

The LPC needs to have more resources to allow them to provide additional support.

Ensure the GP surgeries are aware that pharmacies require time to process prescriptions and we are not aware of what is going on in their consultations - please ask the GP surgery staff to not promise that the Rx will be ready in 5 minutes or delivered. A lot of the time the Rx has not even been downloaded let alone the stock ordered and everything done to the high standards we all want it to be. I wish the GP surgeries understood the pressure we are under so that we could work together not against each other. Also, a lot of the time there is a lot of back and forth between the surgery and the pharmacy for patients. If we had direct NHS email address and direct healthcare professional number for each and every surgery so that queries can be resolved at an appropriate time that would be very helpful. Could the LPC implement some kind of pharmacy to GP referral so that the patient can be contacted by the surgery to book an appointment by being referred through us. This would help in situations where I can see the patient needs medical attention on the day but it's not an emergency e.g., infected wound.