**Devon LPC meeting**

**held on**

**2nd March 2022**

**at Exeter Court Hotel, Kennford**

**Developing the LPC Strategy**

**Devon LPC Business Section**

**Attendance:**

David Bearman, Mike Charlton, Kelly Dawkins, Rachel Fergie, Ali Hayes, Andrew Howitt, Matt Robinson.

**In attendance:** Tom Kallis; Kathryn Jones; Sue Taylor

**Apologies were received from:**

Ron Kirk, Rafal Korona, Sian Retallick and Anna White

**Minutes of the previous meeting – Approved**

**Matters arising:** Kathryn had been in contact with the SWAHSN regarding the cost office accommodation and availability at their offices in Pynes Hill. The costs had been more than those currently paid at Deer Park, and it was decided not to progress with this offer.

**Finance Report**: A verbal report was given to the meeting

**Budget 2022-23:** The budget for 2022-23 was discussed and proposed by Ron Kirk for acceptance by the committee; seconded by Ali Hayes – All those attending voted in favour.

**Secretariat Report: Compliance Aid Group:** Proposed document to be sent out to key stakeholders has not yet been signed off. CCG is now waiting for care agencies comments who hadn’t attended all the meetings despite invitations being sent. However, it was felt that it was inappropriate to be holding this up for much longer as it is important that the messages get out to stakeholders. Action: Sue to follow up.

**Pharmacy First event 9th March –** The LPC had requested that the training event planned for the re-launch of the Pharmacy First service could be delivered as an accreditation session. However the CCG had declined. Apparently only one third of accredited pharmacies have so far made any provisions through Pharmacy First. The service will not be promoted until there is more activity. The LPC has requested to be sent details of the top 10 and bottom 10 providers to learn and share best practice. The information had not yet been received.

The Inhaler use Review roll out has been delayed for the time being as the proposal to roll out across Devon has now to be signed off by the Board.

**AOB:**

**Hepatitis C Op Delivery network.** Sue outlined the proposed service which would cover Devon, Somerset and Cornwall working with Graham Parsons. The service would start in Quarter 1 2022-23.

Members confirmed approval to proceed.

**Date of next meeting: 4th April 2022 evening meeting starting at 7.30pm using MS Teams.**

**Strategy – Morning Session:**

**The meeting started with feedback from the members to share the following:**

**Highlights from the last meeting and general feedback from the committee.**

* **How do we bring the working groups to become the norm?**
* **In the day job there is so much going on for our teams in stores, it is difficult to know what to focus on. We need to get levers as an LPC to get a balance for them,**
* **Keep everything simple**
* **What is expected from the LPC working groups?**
* **Local work is key, which is what we are good at doing**
* **Need a positive attitude, we all know it is hard out there.**
* **Regarding Sarah Wollaston (Designated Chair of the ICS); instead of going with a lot of problems, go with a solution.**
* **Not sure how we can be positive all the time when having to respond to complaints**
* **If we are positive, it will feed down to others.**
* **Possibly going to have eight vacancies for PCN Leads post the latest round of PQS.**
* **Organise face to face contractor meetings – encourages like minded people to see each other and make contact.**
* **Have best people as possible as PCN Leads – they then become part of the LPC. Look after the PCN Leads.**
* **Communications and relationships – it feels as though there is a real need to improve – spot an issue, work to resolve in a positive way. Can’t solve all problems overnight. We are in a marathon not a sprint.**
* **Stick together**
* **Be realistic.**
* **Agencies have no idea what community pharmacy does; particularly with regarding to compliance aids and medicines support.**
* **PCN Leads –ned supporting particularly around managing stakeholder relationships. Rachel and Matt happy to share experience with others.**
* **Walk in my Shoes – a useful tool for supporting development of relations.**
* **Talking to stakeholders – ask how we can create capacity through utilisation of eRD? Helps in surgery as well as pharmacy.**

**Recap on LPC priorities from November meeting.**

* **Addressing the poor relationship we have with some stakeholders.**
* **Stop chasing services –focus on the pharmacy contractual framework.**

**David Bearman gave a presentation to members. (Appendix 1)**

**A presentation was given as a briefing in preparation for the Stakeholder session (Appendix 2)**

* **Medicines Optimisation relationship with LPC – need to recalibrate, know our levers, what are theirs and work out ways of joint working.**

**Pharmacy System Working – Alex Degan, Primary Care Medical Director for Devon ICS was joined by Nicola Jones via MS Teams.**

Alex Degan had recently held a meeting with Jane Milligan, Chief Executive of the Devon ICS, who was keen to be in contact with the LPC and other representative committees, so he felt that this meeting was very timely.

Devon is financially challenged, which has become trickier obviously with COVID. Regarding the ICS, everyone is putting resources in a pot to get best outcomes and services for patients. Over the last 20 years, the NHS worked in competition with Acute Trusts – now it is necessary to work together with GP practices. Need to also work with Local Authorities, Dentists, Ophthalmologists, and the voluntary sector. Emergency admission numbers rising puts pressure on hospitals resulting in pressure across the system. Alex is passionate about prevention, community pharmacy could be involved more, to help prevent complications further down for the line for example, with Hypertension Case Finding.

The Devon ICS will be formalised on 1st July 2022; originally scheduled for 1st April. Most of the effort so far has been taken up with designing structures etc. Jane Milligan has been appointed Chief Executive, Sarah Wollaston the Chair, the Assistant Medical Director has just been appointed and there is enthusiasm with having ongoing dialogue and looking at opportunities.

Alex was asked about the expansion of services by Community Pharmacy and whether the availability of nationally commissioned services is understood by the system.

He stated that it is understood by the Primary Care Team, but it was unclear whether the wider stakeholders did. Community pharmacy is seen as a resource which could be used, but there is lack of clarity around detail and opportunities. There are various levels of understanding, but always a keenness to work together – still some rhetoric regarding consistency of service provision; relationships (need to get these right) so community pharmacy can be seen as a trusted partner. We need collectively to get the information out in the system and then work out what we can do together.

The members confirmed that the profession is not looking for new services currently; however, there is a need to have the core contractual services maximised as this would bring a net sum gain to the system, which is funded centrally.

The Community Pharmacy Contractual Framework lists five core services; Community Pharmacist Consultation (111 and GP referrals) Service; New Medicines Service; Hypertension Case Finding Service and recently Smoking Cessation.

Alex thanked the members for the clarification, and he would take this information back to the ICS.

There was followed a discussion about the current workforce pressures and the impact on the community pharmacy service in general.

There is a need for the right workforce to undertake the services. It was pointed out with lower provision of the nationally commissioned services; less funding was coming into the pharmacy network; which meant that contractors were unable to recruit more staff; this position was unsustainable.

An additional strain on the workforce has been created through the ARRS and recruitment of pharmacists and technicians by primary care and the PCNs. The LPC could do with a stronger link into the IPMO. Devon is currently amongst the most pressurised system in the country – Alex to take back the issues highlighted to the system.

The question was asked about how the LPC should improve its’ relationships with the ICS.

The key relationship was felt to be through the Primary Care Team (Gill Munday and Paul Green). Alex would take back workforce and service provision concerns to the ICS.

A discussion followed about the Local Care Partnerships of which there are five in Devon (localities) plus mental health. The wider stakeholder network would be involved with the LCPs. Strategy would be undertaken by the ICS and then the LCPs would pick up the priorities and workstreams. We (community pharmacy) are experiencing difficulties in connecting with the localities for a number of reasons.

Feedback from the committee was that even though there are workforce issues, we are still adaptable, as we build relationships it is important not to give the impression that we shouldn’t be taking core and advanced services forward. For example, building up eRD would help to create capacity in primary care and community pharmacy as workload and workflow can be managed more effectively. Alex would take this back to the system.

Derek Blackford j (Locality Director Southern Devon Local Care Partnership) joined the meeting:

Sue Taylor provided an update on how we are engaging with localities – the key route into CCG/ICS is currently through the Medicines Optimisation team but there is no formal mechanism.

Bi-monthly meetings are held with Medicines s Optimisation and Gill Munday (Primary Care), but this is an informal meeting with no accountability through to the Board.

Derek Blackford gave an update on how the LCP is being set up in the South. There is no information currently on accountable individuals, not a system architecture map.

David Bearman asked if there was anything the system wanted to see from the LPC? Nicola Jones asked what is already feasible, what community pharmacy does, what community pharmacy can do and what level of take up of services has there been. She was interested to know who makes the decisions about accessing the services.

It was suggested a workshop is organised for key people, either in each locality or whole of Devon – there was already a session booked for Plymouth at the end of March.

Alex Degan pointed out a lot of future working would be carried out at the LCP level, and these will all be operating at different speeds and there was likely for example to be more traction in one as opposed to another as there will be variability in maturity. Alex and Nicola happy to keep in contact with the LPC.

**Local Care Partnerships and Locality Working – Pharmacy system working within localities**

Derek Blackford updated the meeting and explained that LCPs across Devon were different with emerging priorities. David Bearman had given a PowerPoint presentation and it was good for Derek to understand where we are and answered many of the questions he was going to pose. Much work still to take place.

***Action: To send Derek Blackford and Nicola Jones the presentation slides regarding the current community pharmacy offer and nationally commissioned services***

Ali Hayes felt it was important to be getting in the door and engaging with key stakeholders – as all of our priorities are aligned.

Nicola Jones informed the meeting that Local Care Partnerships are prioritising – do things well, then build from there. Be clear what we want to achieve and seek clarity on the key stakeholders.

**Next Steps:**

* Event next month
* Exemplar PCN sites to develop
* Presentation to be sent to Nicola Jones and Derek Blackford

**LPC members debriefed following morning session.**

* Useful – Yes
* Organisation structure being worked on, but open to engage
* Keep banging drum regarding key services
* NMS will reduce duplication
* More people we talk to will disseminate message
* All positive.
* Workforce issues came up – no different to other health care systems. We will deliver when we can
* Don’t give cause for hesitation - don’t make workforce a barrier.
* Must do services – more rewarding than just dispensing
* Biggest problem is dispelling myths about community pharmacy and developing more positive relationships.
* Funding for leadership training will be useful
* Found out that LCPs are more important than anticipated.

**Actions:**

* Derek Blackford event – wait for invite to the Southern LCP
* Send slides to Derek Blackford and Nicola Jones
* Following Nicola session write to other locality leads – Devon wide meeting – ask Nicola Jones
* Alex Degan undertook to send an email to confirm main points discussed.

**Working Groups – Afternoon Session**

**Integrated Care System**

**Objectives**

1. **ICS Engagement – System and LCP Level**
2. **Create contractor engagement at PCN level to deliver strategic/system priorities**

**Actions/Next Steps**

1. **Ensure LPC representation on LCPs**
2. **Workforce**
3. **Focused areas of advanced services activity**
4. **Peer reconnoitres – reference successes in Cornwall/Somerset**
5. **Contractor engagement event for key priorities**
6. **Continuing conversation in group by end of March 2022**
7. **Key facts document feeds into workshop**

The topic of performance data was discussed to inform the community pharmacy offer/provision in a geographical area. Several data sources are currently available to the LPC, including the BSA, NHSE reports for GP CPCS and PharmOutcomes for the Discharge Medicines Service. The LPC also has access to the public health services activity.

**Governance**

1. **Members attendance at meetings – identify need to monitor and Chair to discuss with any members to see if extenuating circumstances if members are unable to attend regularly. Most important to recognise the current challenges around workforce particularly and to be supportive**
2. **New LPC members – Have pack of information of signposting available to support induction and to signpost to PSNC new member days.**
3. **Non-attendees at the meeting today to have a follow up session with the Chair to ensure everyone is included and up to speed.**
4. **Employed staff appraisals and objective setting reviews to be organised and undertaken (appraisals not linked to any salary review).**
5. **Employed staff pay review**
6. **LPC banking – review and update signatories and notify bank of change of address.**

**Communications and Engagement:**

**Short term objectives**

1. **The Devon LPC Communications strategy was reviewed, and amendments made (Attached as appendix)**
2. **Media Training – three to four members to be media trained. Action: to source training providers and cost up.**
3. **LPC newsletter – continue in its’ current format.**
4. **Review LPC social media usage**
5. **ICS/PCN engagement session to be held in Autumn 2022.**

**Format – four sessions across the county covering five topics, highlighting best practice as per the CPCF.**

* + 1. **Hypertension – About the service**
    2. **NMS – best practice**
    3. **eRD – best practice**
    4. **DMS**
    5. **GPCPCS – Exemplar session.**

**Include a ten-minute plenary open session, and participants to attend three out of five sessions.**

**Medium term objectives**

1. **Identify good news stories from community pharmacies or profile pieces from each LPC member and put these on Facebook. Start up an Instagram account and link to the LPC Facebook page.**
2. **Launch Pharmacy Awards initiative and plan awards event for March 2023.**

**Primary Care Networks**

**Objectives: - To facilitate and support contractors engaging with their PCN**

1. **To connect PCN leads within and LCP footprint – both as a group and with the LCP priorities**
2. **Empower PCN leads to have agency in facilitating in local service delivery**
3. **Ensure that pharmacies are integrated into their PCNs and view as equitable partners**

**Actions:**

* **Set up a WhatsApp group for PCN leads**
* **Recruitment, retention, and pipeline of PCN leads**
* **Connect PCN leads with LCP – LPC lead when this is in place**
* **BYO contractor engagement event**
* **Identify potential exemplar site within each LCP – Group working to develop.**