

Community Pharmacy Devon Committee Meeting held on 11th December 2023 Minutes

Present: Rachel Fergie, Chair; Andrew Jones; Ciaran McCaul; Jackie Lewis; Matt Robinson; (Vice Chair); Mike Charlton; Ron Kirk; (Treasurer); Ronak Maroo; Sian Retallick.

In attendance: Sue Taylor; Kathryn Jones; David Bearman; Kelly Holman; Leah Wolf.

Absent: Robert Nsenga

Welcome and Introductions:

Rachel welcomed the members to the meeting. There were no apologies received.

All agreed that notes from the previous meeting held on the 16th of October 2023 were accurate.

No actions declared and there were no new declarations of interest.

1. Actions Arising

Jackie stated that the NHS Devon UTI taskforce is in progress. Leah, Kelly and Jackie have reviewed the PGD and are having ongoing meetings with the Medicines Optimisation team to discuss the local Pharmacy First Service.

2. Finance Report

The committee was provided with a verbal report on the committee finances.

3. Secretariat Report

Sue reported that there had been no Finance and Governance Subgroup established since the start of the new committee formed in July 2023. A meeting had been held with Rachel Fergie, Ron Kirk, Sue Taylor and Kathryn Jones to review a proposal to establish the Sub Group, agree Terms of Reference and some immediate priorities.

Membership would comprise Chair, Vice Chair and Treasurer, with support from the Business Admin Support and Chief Officer to attend when required.

The relevant papers would be circulated with the agenda for the January 17th, 2024, committee meeting for approval. The Finance and Governance Subgroup would meet after the full committee meeting on that day.

At the subgroup meeting non-attendance at committee meetings was discussed alongside committee KPIs and the governance framework. Budgeting was discussed too, particularly in view of the recent questions from the CCA regarding Zero Based Budgeting and whether Community Pharmacy Devon will follow the zero-based budgeting process.

The sub group would need to bring their proposed budget for the 2024-25 financial year to the committee, by the March meeting.

The changes in pharmacy ownership over the past year were briefly discussed along with several notifications regarding recent and ongoing market exits.

Over the past few months, it had become apparent that the committee membership required a review to ensure the proportional representation was correct. It had been identified that there was now an additional place available for an AIMp member with a reduction in CCA membership to six places. Ronak Maroo was put forward by AIM and he had accepted the place. Currently the membership is 6 CCA, 2 AIMp and 3 independents. Sue noted that there remains one vacancy for a CCA member for the committee.

Meeting dates for 2024 have been agreed and sent to all committee members.

Ronak asked whether CP Devon had adopted the CPE model constitution for Community Pharmacy England; Sue confirmed that we do. Kathryn added that she had previously forwarded the link to the section of the CP Devon website with the information.

4. CPE Update

Sian wanted to know whether members had any questions regarding Pharmacy First and CPCS to feed back to CPE. Rachel stated that those questions might be better addressed after Sue and Kelly had completed their presentation.

5. Community Pharmacy Devon plans relating to the recent announcements and relaunch of the Hypertension Case Finding Service; Oral Contraception and implementation of Pharmacy First.

Sue opened the discussion by asking how members were feeling about the new service(s)

Sian noted that the service will provide vital funds for community pharmacy but added that it is essential that everyone is supported by having the right tools and systems in place to offer the service effectively. She emphasized that Pharmacy First will certainly act as a gauge for what the next contract model will look like; so, making sure that everyone is delivering the new services is vital.

Jackie stated that Pharmacy First is a positive step but that she had concerns about the training offer available from CPPE being just one day per region for the ENT practical training. She felt it was important that more sessions should be made available.

Andrew agreed with Sian that the service will be a stepping-stone to the next contract and that how well contractors deliver the service will be fundamental to what happens with Independent

Prescribers in 3-5 years' time. He noted that the timings will be tight, but that we need to find a way of navigating the service as robustly as possible while also supporting contractors as a committee and finding time for PQS early in the new year.

Ron also thought that Pharmacy First is a positive step for community pharmacy and that it is overdue in many ways. He stated that it will give both pharmacists and pharmacy teams the opportunity to prove their worth and agreed that how well the service is rolled out will be a key indicator of what contracts are offered next.

Mike added that he believes that LPCs have a significant role in influencing the ICB to ensure their understanding of what Community Pharmacy can offer. He added that at PCN level we need to guarantee continuity of care and that community pharmacy works together. The biggest risk he foresees is if pharmacists don't work closely with GPs, then patients will get signposted into pharmacy incorrectly. A good working relationship needs to exist between GPs and Pharmacists to avoid the mistakes that happened with GPCPCS.

Sian observed that the recent number of pharmacy closures were impacting severely on the existing pharmacy network and asked if there was a way of working together that could help alleviate some of this. Rachel stated that this meeting was not the right time for this topic. A brief discussion followed but all agreed that no benefit would be gained from discussing further in this meeting.

6. Presentation and Discussion on the proposed Community Pharmacy project plan including stakeholder engagement and management.

Leah shared a set of Pharmacy First related slides detailing the project plan she was proposing for the rollout of the Service. Sue reported that Leah, Kelly and Tom (Kallis) have been through the service specifications to identify key changes for hypertension and created a summary of the key changes. She added that contractors can register for the Pharmacy First service now and that early updates from CPE show that just under 6000 contractors have signed up for the service nationally, which is roughly 50%.

7. Training needs of pharmacy teams

Sue highlighted that there may be an issue with a particular IT system not being ready for launch on January 31st, 2024. The NHS team had stated that they were monitoring the situation regarding the state of readiness for all four IT providers.

Ron wanted to know whether the IT problems would affect any payments due from the service - Sue stated that we didn't yet know how the connections would be made.

Mike stressed that whether the launch date is delayed or not, the training needs to commence as soon as possible as there are so many hours of training for each service that pharmacists will need time to fit it all in.

Sue reported that CPPE were commissioned by CPE to run one regional training event in each of the seven regions across England. This will comprise of a 3-hour workshop run twice per day and focus on the practical skills required to use an otoscope. The training session for the Southwest will be on the 28th of January in Exeter. Sue added that some of the Chief Officers of the local LPCs had got

together to see if there was any interest in additional training provided by CPPE within the Southwest region. Devon, Somerset and Cornwall all expressed interest so three additional days were being considered for Truro, Plymouth and Taunton. Unfortunately, for various reasons, these training sessions were temporarily removed as an option, so Devon, Somerset and Cornwall have themselves decided to commission an alternative training provider to run a number of repeated workshops across the Southwest.

Sue was also considering the possibility of commissioning a bespoke note taking online workshop relating to the transfer of information from community pharmacists to GP systems. This would support the development of good working relationships between pharmacists and GPs going forward.

Rachel confirmed that note taking is key for GPs so she thought that it would be very important as a training session.

Ronak wanted to know what would happen with the existing Pharmacy First local services and whether the funding for that can be used for anything else. Leah stated that the question has been asked before of NHS Devon and we would be continuing to raise it at the appropriate forums, for example, the Community Pharmacy Development Group.

David added that he thinks that the chances of getting that extra funding would be slim, which should be challenged if the hope is to get pharmacies to be more financially robust. He agreed that note taking is the most important part to get right as it is an important factor in how GPs view pharmacists.

Ronak queried whether the locally commissioned services will stop as soon as the national ones start. David confirmed that they are very unlikely to be re-commissioned after March 2024.

Ronak wanted to know whether there was any scope for training for non-pharmacist members of the team around the hypertension service and the equipment required. Members agreed this would be a good idea.

Action: Sue to look at training for pharmacy teams on hypertension.

8. PCN Leads update.

Kelly reported that in November and December there has been a much higher engagement level from the PCN leads than usual and there have been 49 activity reports logged in the last 4 weeks. A lot of engagement events have been taking place, including the Community Pharmacy Strategy Think Tank session and the One Devon PCN leadership sessions, which have worked well. The leadership programme is currently scheduled to continue until April 2024. There had been a lot more interest shown by the PCNs over the last couple of months and in the Western locality the PCN leads covering that locality were due to attend a joint session with several Western PCN leads to review the potential challenges and barriers with the implementation of Pharmacy First.

Kelly added that she has finalised the maturity matrix and Development Plan, which is based on leadership, integrating care, and working in partnership and enables the PCN leads to give a scoring for each PCN. In November we were getting a score of 7; in December that has increased to 70 and that increase is mostly due to joint leadership development and working in partnership.

Kelly is working on a business template with Jo Watson to ensure that the remaining centrally held funds for the PCNs will be devolved down in the new year. She reported that on the PharmOutcomes template the question is asked as to whether any support is needed from Community Pharmacy Devon. The two main responses are to do with concerns over training for the new services and maintaining the consistency of service delivery. Kelly wanted members to think about ways we can help make Devon 'a centre of excellence' and said that she thought that Locums being fully trained and accredited for the Pharmacy First Service would help.

David mentioned that it is important that any member who has any influence on a national level uses their voice to ensure we can continue with the PCN Leads in the future as there is no ongoing funding for this and therefore it isn't guaranteed.

Ron agreed that it is essential that we have Locums working for community pharmacies who are Pharmacy First accredited, and this will give Locums the impetus to attend training sessions too.

9. AOB

Sue reported that Healthwatch will be attending the daytime meeting in January as they are just about to publish their pharmacy report for Devon. They will talk for an hour on their report and answer any questions. James Wood from CPE is also attending so members need to think of any questions they want to ask. Karen Button will be running a Think Tank session on the NHS Devon Community Pharmacy Strategy.

Jackie asked whether anyone was aware of The Consultation on pharmacy Supervision that has just been published; Sue stated she will add the details of it to the newsletter.

Action: Sue to add details of the Consultation on Pharmacy Supervision to the newsletter.

Ron queried whether there was a way we can feed back to 111 about the way that referrals are coming into pharmacy. He stated that they are frequently coming through the incorrect channels meaning they can't be claimed for.

Action: Leah asked that Ron send that query over to her so she can raise it at one of the regular meetings that the Secretariat team are now holding with the 111 provider.

David wanted to make members aware that there have been new communications released around IETP and the rates of pay and support for contractors taking on trainee pharmacists. He emphasised that if anyone has concerns about DPPs, that they should contact him, and he will support them in obtaining partnerships etc.

David also noted that he is doing some positive work with various groups and committees around the ongoing pharmacy closures and changes within community pharmacy to send a message to the ICB, councils and hubs for them to engage proactively in the development of the pharmacy system. He emphasised that this is important as pharmacy is essential in helping with the high demands in primary care and that because of the high profile we have currently, there is a good opportunity to get our voices heard and make a positive impact.

Date of next meeting: 17th January 2023 9.00 am – 16.30 pm to be held at the Kenn Centre, Kennford.