

Community Pharmacy Devon meeting held on 17th January 2024

Minutes

Present: Rachel Fergie, Chair (Day Lewis); Andrew Jones (Well); Ciaran McCaul (Boots); Jackie Lewis (Ind); Kelly Holman (LPC); Robert Nsenga (Well); Ronak Maroo (ClarePharm); Ron Kirk (Ind).

In attendance: Sue Taylor (LPC); Kathryn Jones (LPC); David Bearman (LPC); Leah Wood (LPC); Sascha Snowman (LPC)

Apologies: Matt Robinson (Boots); Mike Charlton (Boots); Sian Retallick (Poolearth); Karen Button (NHS Devon)

Rachel welcomed members to the meeting and asked them to share a 'good news story'.

These included new PCN meetings being set up, surgeries contacting pharmacies about Pharmacy First, the hypertension service picking up stage 2 hypertension in a patient under 35, 194 pharmacies signing up for the Pharmacy First service across Devon and 91% of pharmacies signing up for the service across England. The general feeling of increased engagement from general practice and other key stakeholders was positive. However, Ronak emphasised the importance of keeping the messages about the continuing need for referrals into the service as there was a local perception that practices would no longer need to refer patients to Pharmacy First.

Leah reported that she had been in discussions with the three Local Authority Sexual Health Commissioning leads who were keen to develop local sexual health pathways integrating the community pharmacy services. Ron reported that Poolearth had upcoming visits and discussions with the Plymouth MPs, Johnny Mercer and Luke Pollard.

1. Actions Arising

All agreed that notes from the previous meeting held on the 11th of December 2023 were accurate.

Sue confirmed that Tom Kallis would be running a virtual online training session on clinical note taking and identifying red flags. The event had been scheduled for the 20th February 2024. She added that members of the Secretariat team were signposting people to the CPE Pharmacy First webinars as they are in-depth and now available on demand. Pharmacy teams in Devon can access Virtual Outcomes online training videos which also need to be promoted.

She asked members if they deemed a half-day training session on the seasonal flu vaccination was something they wished to support; cost to attendees would be approximately £90. Most members agreed that it would be something that they would sign up for and that we should go ahead to book the date. The training provider would be ECG.

Action: Sue to organise flu training to take place around June 2024.

Leah took the comments members had given at the last meeting to the 111 / Out of Hours provider. She added that PPG in Devon had been highlighted as offering the highest number of referrals to CPCS in the Southwest and that there have been no rejections from pharmacy for 4 months. PPG had expressed a 'walk-in-my-shoes' event in order to help build local connections.

2. Finance Report

A verbal report was given by Ron Kirk (Treasurer).

James reported that CPE are in the process of revising information for LPCs on the financial reserve policy that currently advises LPCs to hold six months reserve.

Sue added that CP Devon need to set the annual budget for 2025 and for the committee to approve the budget at the February meeting.

Action: Ron Kirk and Kathryn Jones to build budget for 2024-25 to present to committee 19th February 2024.

3. Secretariat Report including Update on KPIs and PCN Leads

Sue reported that CP Devon, alongside other regional (Cornwall and Somerset) LPCs, has successfully organised some practical training workshops for pharmacists on the use of otoscopes and assessing sore throats. These dates have been disseminated widely amongst contractors, and while the sessions are not fully booked yet, she is hopeful that they will be soon.

Rachel informed members that herself and Jo Watson (ICB) have been attending the Collaborative Boards Leadership Development Programme and that their attendance has been doing a great job of raising awareness.

Leah shared the new KPI progress report that she has designed to assist in people knowing where we are up to as an LPC, and the sorts of issues that we face. She had RAG rated our position with tasks highlighted in amber, green or red based on the stage they are at.

Sue noted that it would be worthwhile adjusting the progress report to reflect national services separately from the locally commissioned services as well as Devon's positioning against other LPCs across the region.

Action: Leah to amend the progress report based on feedback received. To be drafted at the next committee meeting.

Sue raised the national Smoking Cessation Service and wanted to know from members whether they felt there was a benefit in focusing effort on this service. Leah stated that there are not enough referrals from the local acute trusts currently and without the referrals, pharmacies are unable to justify the extra spend required to run the service.

Rachel added that the service is great when it runs well but the training requirements are very onerous as well as the service provision itself. It was agreed that Pharmacy First implementation and engagement should remain the focus on attention.

PCN Leads Update

Kelly reported that although there has been a lot of movement in pharmacies, the PCN leads have been doing a great job in assisting with the changes and keeping all contractors informed of any updates or important changes.

Money from the ICB has been transferred to the LPC - £102k was allocated in total with the first payment being made in September 2023. The second allocation is to be made in January 2024, this has now been approved following submission of a review and plan by Jo Watson.

The major achievements of the PCN leads so far have been the organisation of an ICS pharmacy strategy event, involvement in the One Devon Leadership programme, and attendance at the new lead onboarding conference. A BP outreach event was run at Sandy Park (RFC Exeter) in December and further outreach sessions are being planned as well as some community pharmacy and GP practice visits.

Kelly emphasised that other future activities would continue to involve opening the channels of communication across the PCNs, understanding workload and workforce issues, creating opportunities to improve patient outcomes at the start of new services and creating an understanding of the importance of being ready to implement services as they emerge to benefit the patients and help to manage access, demand, and capacity within primary care.

4. CPE Update

James reported on the CPE recovery plan and the current climate. He stated that this year will be a critical one for the sector with a difficult winter and key service launches. Feedback from the CPE November poll suggests that medicine shortages and unavailability remain the most intense pressures for contractors, alongside workforce costs.

James noted that from a national perspective, the Southwest is one of the most affected by closures and consolidations.

In discussions with the Department of Health and Social Care (DHSC), CPE had appealed for there to be no further drug tariff reductions as they would be incredibly difficult to absorb. This matter was referred to ministers who confirmed that a reduced margin adjustment would be applied to the January drug tariff.

CPE continue to lobby for revisions to the pharmacy reimbursement system.

The Pharmacy First service was finally agreed after CPE lobbied for the service since 2022. The service is the most significant part of a set of changes agreed in the Recovery Plan negotiations. The overall funding envelope of £645m was also fixed as part of the plan.

Other improvements secured during the discussions included the inclusion of an upfront payment for participating pharmacies, increased service fees and a reduction in activity thresholds from those that had originally been proposed by the Department.

CPE is continuing to make the case for an increase to core funding, new funding for increased volumes of existing services and additional funding for any potential new services. For CPCF 2024/25, it is likely that CPE will be asking for additional funding outside of the contract sum, a write-off of any money owed, further improvements to the price concession system and the easing of workload pressures through operational changes.

A new marketing campaign from NHS England is set to launch in late February around the new Pharmacy First service. The overall aim is to change patient behaviour and increase the profile of pharmacy and what it can offer. The campaign will be mixed media. NHSE is also preparing specific communications for GPs and primary care.

James went on to discuss new documentation that has been created to assist implementation of governance arrangements. The Governance Framework and Code of Conduct will ensure a more consistent approach for joint working between CPE and CP locals and help both organisations to share a common set of values and behaviours.

A Q&A session followed with questions ranging from the overall funding available for the sector, and how funds are distributed with particular reference to Category M clawback and how the margins survey is managed.

In response to a question raised regarding proportionality of representation on the CPE Board. James emphasised that the CPE committee is made up of 50/50 independents (those with 1-9 pharmacies) and multiples (CCA and non-CCA multiples). The current position is that the sector is still in a fluid state with on-going pharmacy closures and changes of ownership. The CPE Committee has an item on their February agenda for discussion to revisit this issue. James noted the views of members of Devon LPC.

5. Healthwatch

Lorna Sinfield of Healthwatch, Devon, gave a presentation on the Healthwatch Devon, Plymouth and Torbay Patient Experience Report. She informed members that Healthwatch use complaints and feedback as evidence for changes that may need to happen. This information gets fed back to Healthwatch England. On average Health Watch receives between 400 and 500 comments per quarter, of which two thirds is regarding primary care.

Healthwatch England had found recently that they were receiving more comments about pharmacy; the main feedback has been that an increasing number of patients are experiencing serious issues when trying to obtain their repeat prescriptions. A report had been commissioned showing that there are reported problems with shortages of medication, delays in getting repeat prescriptions, shortages of staff and pharmacy closures. Feedback is received through either the website, telephone calls and emails, or via the contact centre web chat facility.

Healthwatch has published its report and raised these concerns with NHS Devon, The Primary Care Commissioning and Transition Committee, Quality and Patient Experience Committee and to The System Quality & Performance Group in July 2023. They have also shared the same concerns with CP Devon during an online meeting. Additional discussions continue to take place with NHS England Southwest and NHS Devon around these concerns and any actions that need to be taken.

The feedback regarding pharmacy has also been raised with Healthwatch England who will continue to monitor the national picture and raise any concerns with their partners, including the Care Quality Commission.

Lorna shared the recommendations from Healthwatch in light of the issues facing community pharmacy in the current climate.

David noted that it is in our interest to advertise Healthwatch as any feedback from the public regarding pharmacy closures helps strengthen the case for more input from government.

There was a suggestion that a quarterly meeting could be held with the Devon Healthwatch team, and the four independent contractor representative committees. It was felt that this could be a useful forum for the committees to help increasing the understanding behind some of the issues that were regularly raised by patients and to help development a working relationship with Healthwatch locally.

6. Community Pharmacy Devon Governance Arrangements

Sue informed members that CPE had issued template governance documentation including a term of reference for a LPC Governance Sub-Committee. The recommendation was for membership to be made up of members who were not also officers of the committee which was a significant difference from the membership recently agreed for Devon. It was therefore proposed that a new LPC Governance Subcommittee be established and that volunteers were required.

After some discussion Andrew and Ronak both volunteered to form the new committee, along with Sian Retallick who had volunteered prior to the meeting. Jackie Lewis formally proposed the motion that Devon adopted the new terms of reference; seconded by Ron Kirk. All members were in favour with no abstentions.

7. Pharmacy First

Rachel stated that current sign up for the Pharmacy First service is high, but all contractors need to sign up by the 19th January 2024 to ensure they are guaranteed to be able to offer the service on the 31st January. She emphasised the importance of locums being fully qualified to offer all services and added that all locums are being made aware of the free training that is on offer.

Sue added that local practices had been requesting to be informed if pharmacists working on specific days were unable to provide the service due to locums being unwilling to provide.

It was also important for pharmacy owners to consider how they make the best use of their teams to ensure smooth running of the additional services. After some discussion it was agreed that the Secretariat organise some team-based training for pharmacy team members around April – May 2024.

Action: Sian and Tom Kallis to be approached to support the design and running of an appropriate workshop which would be face to face. Jackie also put herself forward to be involved.

Action: Secretariat Team to organise Pharmacy First team training for April/May 2024

8. Devon Community Pharmacy Strategy Think Tank

NHS Devon had started the process regarding the Devon pharmacy strategy engagement and development. Karen Button was running the initial Think Tank sessions with key stakeholders across the locality and had intended to attend this meeting to work with the committee members. In her absence, Sue and the committee worked through a set of questions – feedback from the members would be given to Karen and the ICB team. A link to the pharmacy strategy survey would be circulated to the members after the meeting.

9. AOB

Leah requested that members read through and provided the feedback on the Pharmacy First documentation she had uploaded to Basecamp for comment. Once received, any amendments made to this would then be posted on to the website.

Smoking Cessation Support (local service provision). There was an offer for the Plymouth specialist provider to provide training for pharmacy teams. The committee was asked for their preference for evening or daytime training – the consensus was for evening training.

There was also an offer from the ICB to support mental health and wellbeing, and services in the North Devon area. The committee were in favour of this.

There was no further business. Rachel thanked everyone for their time and contributions.

Date of next meeting: 19th February 2024 on MS Teams 7.30 pm – 9.00 pm.

Appendices

Appendix 1.



KPI tracker.pptx