

# Community Pharmacy Devon meeting held on 24th April 2024

## Minutes

**Present:** Rachel Fergie, Chair (Day Lewis); Ciaran McCaul (Boots); Kelly Holman (LPC); Matt Robinson (Boots); Robert Nsenga (Well); Ronak Maroo (ClarePharm); Sian Retallick (Poolearth);

**In attendance:** Sue Taylor (LPC); David Bearman (LPC); Leah Wolf (LPC); Sascha Snowman (LPC)

**Guest Speakers:** Karen Button (NHS Devon); Rachel Palmer (NHS SW Genomic Medicine Service Alliance); Warwick Heale (ICS)

**Apologies:** Andrew Jones (Well); Jackie Lewis (Ind); Mike Charlton (Boots); Ron Kirk (Ind)

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

David shared that there had been positive steps forward with the LMC, LDC and LOC with discussions happening around joint working and establishing a collective in order to represent each other at meetings.

Ciaran added that Pharmacy First was going well and that there seemed to be a good level of public awareness about it with sore throats and middle-ear infections being the most commonly seen conditions.

Robert and Ronak both noted that the Spring covid booster is fully booked with good attendance and numbers of bookings although there were some problems being encountered with the supply of the vaccine.

Sian suggested that a QR Code be created in order for contractors to send positive news stories for social media.

**Action: Sascha to create QR Code and circulate**

### 1. Actions Arising

The committee agreed the minutes from the previous meeting were in order.

David is working with Tom Kallis with regards to the planned Red Whale training event; funding should be able to be made available and the ICB would need to be involved to ensure participants were drawn from across the pharmacy and GP network.

PTPT training is coming at the end of the month.

## **2. Action Log Review**

Sian is meeting with End-of-Life Plymouth steering group to discuss end-of-life medication. She has given presentations on the current situation with medicines not being delivered on time and patients having to queue and is attempting to find ways of working better together. She noted that the list of palliative care medicines required in the community pharmacies commissioned to maintain the specific list are due for review and Sue suggested bringing this up with Charlie Thomas of the ICB. Leah added that there is a lot of conflicting information around 'just in case' medicines which should be able to be prescribed several weeks in advance but are often only being given a 7-day prescription.

Sue suggested that Sian write a report on the current situation and recommendations for improvement and bring it to the Community Pharmacy Development Group for discussion.

**Action: Sian to write report and proposal on end-of-Life care and bring it to the Community Pharmacy Development Group.**

## **3. Treasurers Report**

Sue provided an update on the current budgetary position. Sue let members know that Community Pharmacy Devon has moved provision of their IT support services from Blue Grass to Cap Tech as they are more competitively priced.

Community Pharmacy Devon will be paying the CPE levy monthly rather than annually in order to keep track of monthly outgoings more effectively.

## **4. Project No. 2 Account**

Sue ran through what funds in the account are currently used for including funding for pharmacy strategy and community pharmacy development, IP pathfinder services and PCN lead funding.

Ronak asked how the CPE levy is calculated and whether this information can be made public. He stated that this has been requested before, but it hasn't yet happened. He emphasised that the onus should be on the CPE to provide this information and to be transparent about what money is being used for.

David agreed that they needed to be held accountable and should have public information relating to how they have performed against their KPIs.

Sian stated that she will feed this information back to CPE.

Sue noted that there is a fortnightly CPE meeting with CP local representation from all areas; she is the Southwest representative and she was happy to ask the specific questions

**Action: Sian to feed back to CPE about requirements for more transparency on the CPE Levy and what CPE money is being used for.**

## 5. Secretariat Report

Sue reported that there have been lots of contractual changes as shown in the report.

David agreed that the list was extensive and suggested that it be shown at the Community Pharmacy Development Group as he feels that there isn't enough awareness of how much of an impact the closures and consolidations across Devon have made.

David wanted to know what was happening with regards to the recent spate of suicides that had occurred in the pharmacy family over the past few months. Sue informed the committee that the Community Pharmacy Devon newsletter regularly included mental health and wellbeing information and that we had links to local support agencies on the website. The Secretariat team and ICB had planned to run a mental wellbeing event in North Devon in May but this had been cancelled due to limited capacity in the Devon Health and Wellbeing Hub to provide the speakers.

Matt suggested that we regularly discuss wellbeing resources at the start of meetings including training events, that that we also talk about positive events happening within pharmacy.

## 6. KPIs

Leah shared some slides on how we are operating as an LPC in relation to other LPCs.

With regards to hypertension, Devon are currently only identifying 5% of the population requiring ABPM rather than the national expectation of 10%.

In January, 69 contraception consultations were delivered and only 32% of pharmacies are signed up to offer the service across Devon. This is one of the lowest uptakes across the south west region.

A few suggestions were made to help with publicising the service including social media articles and provision of stickers to hand out within pharmacies.

Positive news for Pharmacy First with 203 pharmacies across Devon being signed up to offer the service, which equates to 91% of all pharmacies in the county. Also, in the monthly meetings with the LMC, no negative feedback has been reported regarding the service.

Leah added that, on the DOS system, pharmacy is automatically top of the referral list unless there are any red flags.

**Action: Sascha to advertise the contraception service on social media**

## 7. Action: Sascha to look into costs for printing of stickers for contraception service that would be circulated out to all community pharmacy contractors in Devon.CPD Governance Sub Committee Report on first meeting

Sian and Ronak discussed what had been agreed at the first Sub Committee meeting.

It was agreed that the committee would meet every 3 months and members would be re-elected every 2 years with the role and description being re-evaluated in April 2025. Members can stay on the board for a maximum of 12 years.

Each committee member needs to read the code of conduct and understand that if there any perceived issues or misconduct, they can be reported to the sub-committee for a quick resolution.

Notes have been provided and separate minutes will be produced.

### **8. Expectations and update and pharmacy strategy next steps**

Karen informed members about the work she has been doing to assist with the rollout of Pharmacy First and the report she is working on. She confirmed that lots of work is being done with both practices and community pharmacy to increase understanding of the issues each face and to engender a collaborative working environment.

There is an upcoming event with 16 PCN leads attending too and Venn Health and Exeter University are offering additional training for Pharmacy First.

Suggestions from the emerging report include the use of electronic prescriptions and electronic repeat dispensing which both assist with freeing up capacity for contractors.

Matt added that turnaround times for prescriptions are varying between pharmacies and there needs to be allowance for patients to be able to request medicines earlier.

**Action: Prescription turnaround times to be brought up in the next LMC meeting.**

### **9. Introductions, NHS Devon ICB Update, community pharmacy engagement with the wider system and integration**

Warwick Heale (ICS) gave a presentation to members about his job role and how the ICS assists community pharmacy.

He stated that, in light of the recent closures, it is important to find ways of maintaining the resilience of pharmacies by identifying any indicators of fragility early. Factors that may pre-determine closures might be low numbers of scripts, areas of low recruitment and high use of locums. The ICS would be able to assist by running workshops or introducing 'buddy systems' with other pharmacies that are operating more effectively. Warwick confirmed that there is going to be a meeting with the four localities in four weeks' time.

### **10. Genomics and community pharmacy**

Rachel Palmer (NHS Southwest Genomic Medicine Service Alliance) gave a presentation on genomics and the future benefits for pharmacy. NHS England has introduced a 3-year strategic framework to seamlessly integrate genomic medicine into pharmacy practice. Going forwards, all members of the

pharmacy team will need to be equipped with the necessary knowledge and skills to utilise genomic tools effectively as genomics will play a pivotal role in the future of healthcare.

There were some concerns from members about being the first point of contact for any queries relating to genomics and the fact that there isn't enough funding to cover widescale training.

Rachel stated that she sends out a newsletter with updates from NICE and information relating to genomics, she asked for anyone who is interested in this to message her to be added to the mailing list.

### **11. Workforce Update**

David ran through the workforce updates and stated that there will be greater involvement from NHSE going forward and that the ICB will expect all sectors to support workforce development.

There was a discussion around the Bath students and the extra requirement for placements. David noted that there is a difficulty in getting enough work placements for trainee pharmacists and historically, community pharmacy placements have had the lowest fill rates. In 2026/27 there will be a need for a different approach in order to increase engagement such as reciprocal arrangements as Independent Prescribers will need more ongoing education and support once qualified.

David added that he has been running a lot of school engagement programmes to encourage uptake into the pharmacy profession but there is a need for more pharmacists and technicians to give talks also.

### **12. Locum database**

Sian proposed the idea of a database with all contact details for locums to be shared. After a brief discussion it was decided that it would be unfeasible as it would be considered as acting as an agency and permissions would be required from all locums.

### **13. MP Engagement**

Sian highlighted some of the work she has been doing to foster strong working relationships with MPs. David added that now is the optimum time to engage with MPs due to the upcoming election.

### **14. Reflection and feedback on meeting**

Matt stated that he felt the meeting had been informative and that it was interesting to hear inside information from ICS. Ciaran and Robert added that the information learned about genomics was very helpful.

David noted that lots of new questions had been raised and it was important that we maximise the potential benefits from the new partnership with the LMC.

## 15. AOB

David informed members that the Northeast have done some great work with digital screens instead of using public health literature which has increased engagement and wondered if it is something we can implement.

Sian asked whether UTIs and Pharmacy First can be advertised this way and David agreed it was possible.

Action: David to discuss with Andre about potential routes for moving digital screens forward.

**Date of next meeting: 10<sup>th</sup> June 2024 on MS Teams 7.30 pm – 9.00 pm.**