**Community Pharmacy Devon meeting**

**held on**

**10th June 2024**

**Minutes**

**Present: Rachel Fergie, Chair (Day Lewis); Ciaran McCaul (Boots); Jackie Lewis (Lewis Pharmacy); Matt Robinson (Boots); Robert Nsenga (Well); Ron Kirk (Poole Earth); Ronak Maroo (Clarepharm); Sian Retallick (Poolearth)**

**In attendance: Sue Taylor (LPC); Kathryn Jones (LPC); David Bearman (LPC); Leah Wolf (LPC)**

**Apologies: Andrew Jones (Well)**

Rachel welcomed everyone to the meeting. Sue informed members that Mike Charlton had resigned from Boots.

Rachel noted that Matt had mentioned at the last committee meeting that it would be good practice to check in with members with regards to their wellbeing, so everyone was asked in turn.

All agreed that notes from the previous meeting held on the 24th of April 2024 were accurate.

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

1. **Actions Arising**

Sian has created notes for End-of-life care and sent them to the secretariat team. Sian added that the EOL meeting she usually attends has been disbanded and that the new Western meeting didn’t have pharmacy on their meeting agenda.

She has subsequently researched which End-of life meetings take place across Devon and wondered whether any committee members attended any of these meetings. Sue confirmed that no one currently attends. Sian stated that she will be attending the Western and Devon End-of-life meetings going forward.

Jackie commented on a few palliative care issues she was experiencing in her area including ‘Just in case’ meds having an expected turnaround time of 24 hours and her clinical lead having concerns about the provision for out-of-hours care. Sue said that she would ask NHS England if the system is being reviewed, she will raise it at the Hub meeting.

Sian added that out of hours care has been up for review for over 2 years and said she would bring it up at the Devon Steering group meeting. She asked Jackie to write up any issues and send them to her.

**Action: Sue to push for a review of End-of-Life system and medications**

**Action: Jackie to send details of End-of-life issues to Sian**

**Action: Sian to discuss issues at Devon Steering Group**

Sue reported that as there hadn’t been another meeting with the LMC since April, the action to discuss prescription turnaround times hasn’t yet taken place. There will be a meeting at the end of the month where it can be discussed.

David had a discussion with the Public Health teams regarding digital screens. Cornwall are going to use them, and they are potentially a way of reducing costs involved in handling any public health requirements. This will be discussed further at the next County wide meeting of the LPC and public health commissioning leads.

Sue reported on the idea of having contraception stickers for pharmacies and the costs involved. Members agreed that it wouldn’t be a good use of financial resources but that other pharmacies should have the option to choose themselves and could be made aware of the option in the next newsletter.

**Action: Secretariat team to provide information about where to access sticky labels for highlighting service availability in the next LPC newsletter.**

1. **Service Update**

Leah shared some slides detailing the level of pharmacy first appointments across Devon by population. There was a discussion among members about how to increase the numbers of pharmacy first appointments for lower achieving pharmacies, and also how to maximise the opportunities the service offers by asking patients about other aspects of their health.

Leah reported that herself and Sascha will be working on some promotional literature targeted at holidaymakers who can be signposted to their nearest pharmacy for the seven common conditions, rather than the GP. The second phase of this will be literature aimed at parents and sent out by schools.

Jackie asked whether triage documents could be created for Devon LPC contractors to use to assist in converting walk-in patients. It was agreed that it would be something to look into.

Sian noted that Community Pharmacy England have brought out a set of animation slides for the promotion of Pharmacy First which can be used on plasma screens.

There was some discussion around how to ensure that all contractors meet their targets with suggestions including consolidating the number of Pharmacy First appointments reached each month between a group of pharmacies or having the target based on historic numbers of patients seen in individual pharmacies rather than an arbitrary figure.

Sue observed that pharmacies across Devon are carrying out very high volumes of hypertension checks, but a comparatively low number of ABPMs in relation to that at 6% of the total. She added that when someone visits a pharmacy with another condition, pharmacists should always ask when the last time was that they had their blood pressure checked as a way of maximising the opportunity.

Leah stated that she will be visiting some pharmacies who have very little engagement with the hypertension service to highlight the importance to them and assist with any queries they may have. Sian commented that it was important to emphasise to pharmacies that, if they can’t offer the service, they can signpost patients to other pharmacies, rather than back to the GP.

1. **Current workplan**

Leah reported that in the next few weeks we will be going live with some blood-borne virus dry spot testing. An expression of interest has gone out and the service will go live with one pharmacy to start with so regular check-ins can be made, then rolled out further to selected pharmacies.

Leah has been in discussion around getting take-home Naloxone into pharmacies in light of the recent deaths from synthetic opioids. Expressions of interest will be sent out.

A select number of pharmacies will develop into Hub Locations and therefore become experts on blue scripts. treatments and therapies. These pharmacies will be paid £10pp per month for discussing these services with patients.

A lot of work has been done with the sexual health teams and convincing them that mandatory training won’t be required for pharmacists and that they are capable of offering sexual health services. Because of these meetings two-way referrals have been agreed and they will be attending the contraception event in Plymouth.

Leah added that chlamydia testing and treatment is being pushed as it has transpired that many pharmacies were unaware of where the chlamydia testing kits were available from. More information will be sent out by CP Devon to pharmacies on this.

Other services that are in the pipeline include crack pipe distribution and a smoking service review which would include pharmacists being paid for a vape service.

1. **PCN Lead update**

Kelly Holman is working collaboratively with the PCN leads who have claimed for 164 hours of time from 1st March to 31st May. 65% of those hours have been face-to-face and 35% have been online or on the phone. They have also been supporting national services like end-of-life, smoking cessation and CBD etc.

Confirmation has been received that Devon will be receiving more funding from the NHS regionally and also more funding for each PCN coordination from NHS central.

1. **Save our Pharmacies Campaign**

Sue asked members if they had any views on what they would like the secretariat team to do in terms of supporting contractors during the day of campaigning or in the run up to the event

Sian stated that Community Pharmacy England have produced templates to send out to MPs and prospective MPs in light of this campaign. She added that she would be happy to host an MP at her pharmacy.

Sue confirmed that regular letters are sent out to MPs and that the secretariat team will revisit this soon.

David wanted to flag that a lot of MP seats in Devon are marginal so prospective MPs will be more open to discussions at the moment before the election takes place.

1. **Treasurers report**

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

Ron reported that two PCN leads had asked about the feasibility of CP Devon funding an event in order to engage GPs and other members of general practice staff. A discussion followed about PCN lead events and where the funding needed for them would come from. Sue stated that any PCN money that is held by CP Devon is solely reserved for backfill time and that she would prefer for PCN leads to try to get sponsorship.

It was agreed that a more formal process needs to exist for contractors to contact CP Devon if they do want to run an event, and that a template should be created for this purpose.

David noted that these types of events could come under the umbrella of ‘care navigation’ and therefore some of the monies held in the number 2 account could be used for that purpose.

Ron wondered whether LPC member backfill needs to be increased given that a PCN day is £37.50 whereas an LPC day is £25. Sue said that the secretariat team will discuss it with Ron and the conversation can be continued on Basecamp.

**Action: Event template to be created by the secretariat team**

**Action: Kathryn to review the LPC budget in the light of increasing reimbursement costs**

1. **AOB**

Sue stated that the secretariat report had been sent out to members already.

She highlighted that the Community Pharmacy England Regional Roadshow is taking place on the 25th July. Sian added that she had spoken to James Wood who had confirmed that the evening event is aimed at pharmacy owners, while the afternoon event is for chairs and chief officers. Committee members can attend the afternoon session too. Only 20 places have been booked so far so the event needs publicising.

Jackie observed that she would like to be sent feedback from the events that she created with Tom and Kelly.

**Action: Sue to send out evaluation forms to Jackie**

Sian reminded everyone that the Community Pharmacy England audit form needs to be completed by the 16th June.

**Date of next meeting: 16th July 2024 9.00 am – 16.30 pm to be held at the Passage House Inn, Kingsteignton.**