Minutes Community Pharmacy Arden Meeting 7th July 2022 held at Citrus Hotel. 9.30-16.00 (OPEN)

In attendance:

Fiona Lowe (FL) + Members: In person: Faye Owen (FO), Theresa Fryer (TF), Caroline Harvey (CH), Sam Griffiths (SG), Baljit Chaggar (BC) and Satyan Kotecha for morning session (SK)

Guests:

In person: David Gallier Harris (CSU) from 11.15-12.15; Sarah Matthews; Andrew Warner and Maggie Edwards (ME) (LMC) from 10-11.30; Carmen Baskerville (SS Pregnancy Coventry) 12.15-12.30

Apologies:

Zoe Ascott, Mike O'Donnell, Jas Heer, Bal Heer, Satyan for the afternoon. Altaz Dhanani CCG / ICB

We will be welcoming back Adel Ghulam (new CCA Member) from mid-July 2022

Standard agenda items: (open)

Quorate 6/9 for morning 5/9 for afternoon – CCA vacancy being taken up mid-July.

DOI – no changes declared – **For note**

Minutes approved – FL & ZA all to be closed and not published on website. **Action ZA**

Market Entry – N/A

Expense forms circulated by TF

The agenda was moved around following Exec discussion and to allow more time for guest sessions.

Note the minutes from the earlier Executive & Finance Group. Shared at the end of these minutes.

Apologies noted.

There was a discussion as to whether hybrid options for meeting should be looked at with suitable monitors and supporting IT. It was acknowledged that hybrid was last resort, but we would look at alternatives (portable Laptop size monitors / speakers – conference phone --- costs <£300 in total – large monitors cost more)

Main agenda items

Preparation for guests

Refer to slides for CB session on Box and the CSU session slides shared after the meeting embedded here

QIPP CP Arden- July 2022.pdf

LMC session preparation – HRT shortages and SSP main reason for attending. Other shortages and closures of pharmacies expected may come up. SPS is useful website to support supply chain issues and alternatives.

Medicines Supply Tool – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

[Prescribing available HRT products – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice]

SK reminded members of the form recommended to APC and sent to LMC to support shortages and alternative suggestions communications. Embedded below. SSPs to be explained. Not easy to access all AHDL, AAH and Phoenix OOS lists. The market is very volatile.

Pharm to GP comms v2 (003).pdf

10am LMC session

Welcome and introductions. General discussion and shared annoyance around the reduction in fees for Covid 19 Phase 5 Vaccinations and how this may impact on provision.

General discussion sharing experience and having a common understanding of the situation – including quotas, SSPs, volatile supply chain, brands vs generics. Agreed we need a communication form or consistent process where pharmacies let surgeries know when OOS and a suitable alternative that they have in stock or could obtain quickly on the proviso that the response back from practices was timely – proposed that sharing generic admin emails which are checked regularly could be shared by LMC for the practices. Generally, a response to the pharmacy by 11.30 allows same day ordering, response by 4.30pm allows ordering for the next day. Proposed form shared on the day and copy sent after meeting to ME. **Action FL**

SK to work a proposal to go to APC along with the form +/- LMC comments and follow up next steps. **Action SK**

GP- CPCS – progressing slowly lack of enthusiasm but noted dropped referrals – which may be for a number of reasons. Reiterating that working on that – seem to be a few pharmacies where this is happening majority fine. Sometimes this is because the pharmacies didn't realise the surgeries gone live as no plan has been shared or back-office contacts for the pharmacies to use. Some agreement that a plan was needed. The current support on offer explained including the EMIS session on 20th. PCC – South Warks, CSU – Rugby, LPC – C & N Warks. Latest data most PCNs have at least 1 practice referring apart from Coventry Central, LSPAx2, Rural – N Warks and numbers are growing slowly. Concerns about affordability of OTC in deprived areas – two options – one pharmacy asks surgery for a script for specific cases or push CCG / ICB for a targeted Minor Ailment Service. Build on proposal sent to MP and previous NHSEi services to share with Taz. **Action Services Group + FL**

Richard and Lisa to work with CSU, Practices, LMC and PCC to produce a plan – already requested and being worked on. **Action**

National Hypertension Service briefly described – refer into and case finding aspects BP and AMBP. Links to websites and summary slides shared after the meeting. Little discussion at the meeting.

Matters arising for next meeting – wider LMC concerns expressed following the LPC Meeting and a separate meeting to be arranged in August with FL, SK and MOD – provisionally 17th at 11.30am. **Action - FL**

Guest thanked for attending. Agreed that having regular meetings – invitations to LPC or to LMC would be useful. Suggested open invitation with expectation that probably attend 3 or 4 a year potentially for a slot. **Action - ZA**

11.15am CSU – QIPP session with working coffee break

Introductions and explanation of remit across N and S Warks – but a similar programme will be happening in Coventry – plan signed off by CCG – ICB. They are focussing on specific clinical areas e.g. Respiratory, Gastroenterology, Pain relief and Branded Generics! They will be doing this via Therapeutic Switch Agreements and Framework for Medicines Optimisation Teams working in General Practice - quantity amendments. See slides embedded earlier. To share this with pharmacies. **Action - ZA**

Discussion about method of change and how much notice patient and pharmacies will have to run down old stock and get new in. NMS will be applicable – concern expressed by LPC that no planned inhaler check proposed as part of the surgery change – relying on community pharmacy to explain and demonstrate. What happens if pharmacy finds they cannot use the new inhaler as nobody has checked prior to prescribing – which goes against NICE guidance – quality statement 2:

Quality statement 2: Inhaler technique - NICE

https://www.nice.org.uk/.../chapter/Quality-statement-2-Inhaler-technique

04/02/2016 · Assessing inhaler technique should happen at ***the first prescription once a person has been taught the correct technique, and then be reassessed regularly***

Healthcare professionals *(nurses, GPs, secondary care doctors, physiotherapists, occupational therapists and pharmacists) ensure that they provide training in the correct inhaler technique to people with COPD when they have been prescribed an inhaler. Healthcare professionals ensure that they assess the person's inhaler technique when starting treatment and regularly during their treatment.*

Choosing or switching an inhaler should be a shared decision between patients and clinicians. PMDI inhalers require patients to inhale slowly and steadily for ***3-5 seconds*** *whereas DPI inhalers require a patient to inhale quickly and deeply. Matching the inhaler to the patient's abilities and preferences can improve technique and compliance.*

NICE encourages use of greener asthma inhalers | News and features | News | NICE

It was proposed by the LPC that we can and should do NMS and inhaler check BUT this should be as a supportive reminder for patient and that their ability to use the new inhaler where it is a different format should happen prior to prescribing as below:

Respiratory 2:
Symbicort® Turbohaler, Duoresp Spiromax® DPIs to Fobumix Easyhaler®

Aim	• Improve patient safety by ensuring brand prescribing of budesonide & formoterol combination dry powder inhalers (DPIs) • Release savings
Background	• Fobumix Easyhaler® launched as a cost-effective alternative to both Symbicort® Turbohaler and Duoresp Spiromax® and is therapeutically equivalent[4,5] • TSA supports NICE guidance and carbon agenda ((-300gCO2e) • Fobumix Easyhaler® licensed for patients ≥18 years; currently available in 3 strengths equivalent to the 3 strengths of Symbicort® turbohaler and the 2 strengths of Duoresp Spiromox[5] • Fobumix Easyhaler® and Duoresp Spiromax® strengths expressed as the delivered dose (European licensing requirements), whereas the Symbicort® Turbohaler strengths refer to the total dose contained in each actuation
Drug/Strength	• Generic budesonide/formoterol 100/6, 200/6 and 400/12mcg per actuation DPI • Symbicort® Turbohaler 100/6, 200/6, 400/12 inhalation powder • Duoresp Spiromax® 160/4.5 and 320/9mcg inhalation powder
Considerations	• Mechanism of action between devices is slightly different, therefore patients will need to be counselled on inhaler technique when switching between brands[5] • Fobumix Easyhaler® comes in a foil bag which should not be opened until the device is used and should then be used within 4 months of opening

The CD branded generic changes have continued to cause problems with supply shortages. Waste and multiple brands held. It was also outlined that expected changes to Drug Tariff will make this unviable for CCG / ICBs soon, with a charge back mechanism.

It was asked for CSU to check whether changes to those medications initiated by shared care / mental health trust were only switched after consultation with initiators permission. **Action for CSU**

Roll out soon as all savings need to be in year.

CSU also working also to support Pharmacy new services to be integrated e.g. GPCPCS.

LPC thanked David for attending despite delivering unpopular news.

David to be invited to attend regularly to update. **Action ZA**

12.15 Carmen – SS Coventry Pregnancy – NRT

Introductions made. Refer to slides – some very useful information which might be useful to encourage clients. They can go on LPC website. **Action - SKS**

There was a bit of confusion on Carmen's part as this service is managed through CHS. So, Carmen was put in touch by phone on the day with Michelle Dyoss from CHS so they could sort out more pharmacies to support the service and work toward using PharmOutcomes instead of PharmPerform. It was agreed that e-version of the NRT request was fine and being used in other services. It was noted that the service was for pregnant women and their partners as long as were stopping together and NRT free for both. It was requested that this was clear on the NRT requests.

Mentioned the PhIF SS in pregnancy pilot and explained that all pharmacies have health champions and so the information will be useful. Having some marketing materials to promote SS near pregnancy related products would be helpful.

Carmen thanked and email introduction made by FL to Michelle Dyoss.

12.50 LPN 22-23 funds for cross sector activity this year which has to be approved by ICS, SK and Richard Seal

The template was shared on Box prior to meeting. The funds will be in C&W non levy account within a week.

Options suggested:

Palliative Care – training and additional support – CCG / Consultant

Extended Care & CPCS – but covered in other funding

Patient Safety – supporting collaborative working e.g. opiates – link to DMS – close to Richard's heart and all sectors

AMR – bursary for AB formulary interventions – close to Richard's heart also – primary care – 2 sectors

Minor Ailments – address inequalities and support success of GPCPCS – not sure how this would go down with Richard.

Otoscopes – training for all outside of the extended care PGDs --- this would have to come from other budgets – LPC has funds or split with some of other non-levy NHSEI funds to support GPCPCS.

Announced on webinar: the pharmacies selected to do Tier 3 (2-3 per average sized PCN) – will have compulsory half day training and £150 bursary to buy otoscope – will be able to send Lead and second pharmacist only on training.

UTI service – AMR stewardship

Fiona and Sat to look at these options with ICS to come up with a proposal for Richard's approval **Action – FL / SK**

All note the extended care webinar which will cover Tier3 – recording will be on NHS Futures.

Break for lunch (SK left meeting) 13:15-14:00

14:00 Voting for Vice Chair postponed until September meeting when more attending

14:30 Accounts – financial position discussed

See notes from Exec and Finance Group and documents on Box. Information presented was accepted and split between non levy and levy adds clarification – next meeting of Exec & Finance Group to review accounts and budgets.

14:45 Feedback on Engagement and Services Officer Interviews

Members were pleased to hear that we had successfully attracted 20 or so applicants and offered interviews to 6. Two were appointed – one will lead for H&W and do 30 hours – opting to fund additional hours. One will lead for

CPA and do 25 hours. Both appointed below maximum hourly rate agreed last meeting. The decision was that although they will cover each other and work closely for simplicity of accounting each Lead will be employed by the associated Lead LPC. Both are flexible and live within the areas.

Working Groups

Due to small number attending:

Group 3 work discussed earlier – FL & SK to complete

Group 1 AGM 5th October planning to be left to FL & ZA - to include Stakeholders, commissioners, IPMO, ICB, PSNC, Federations, PCNs etc **Action FL & ZA**

Group 2 – discussed after the guests had left – actions listed earlier

Reminder of DMS sessions on 21st and 28th July – Liam S designing and supporting – funding for fees to come out of non-levy funds.

Meeting Closed at 15.45