

Minutes Community Pharmacy Arden Meeting 8th September 2022 held via Teams. 9.30-13.30

In attendance:

Fiona Lowe (FL) + Members: Faye Owen (FO), Theresa Fryer (TF), Caroline Harvey (CH), Sam Griffiths (SG), Baljit Chaggar (BC), Baljit Heer (BH), Adel Ghulam (AG), Mike O'Donnell (MOD) and Satyan Kotecha for morning session (SK) and Jas Heer joined from 11.00 (JH)

No Vacancies

Guests:

No guests for this meeting

Apologies:

Zoe Ascott, Jas Heer for first 90 minutes, Satyan for the afternoon.

Standard agenda items: **(open)**

Quorate 10/10 for majority of the morning 9/10 for afternoon

DOI – no changes declared apart from addition of returning Member – Adel Ghulam – **For note - ZA**

Minutes approved – Closed and Open versions agreed. Links checked on minutes checked – all working – NHS Futures requires Members to sign up to access. Open version to be added to website - **Action ZA**

Market Entry – N/A

Expense forms available on Box

The agenda was moved around following Exec discussion to allow Members to listen to the discount webinar from PSNC.

Apologies noted.

Main agenda items

Matters arising from last meeting, minutes and action tracker vs 3

Tracker reviewed, updated, and shared. Vs3 to be made available on the website with the open minutes - **Action ZA**

Outstanding action DGH: Follow up with DGH wrt changes to inhalers and checking technique / communication with patient meet NICE guidance.

BP Service – advanced service and not within our control to make changes, however we can facilitate communication channels if LMC were to share the surgery contact details to support this and the shortage of medicines communication using the APC approved template. Brief overview of the meeting with LMC provided by MD and SK as follow up to our LPC Meeting session. Agreed that we would request the contact details again from the LMC and aim to progress BP, medicine supply and GPCPCS communications through the same route. - **Action FL / SK**

There was also discussion with the LMC about communication of closures / unavailability of a service. It was proposed the LMC would highlight to NHS Digital that an automatic electronic mechanism linked to DoS or NHSE information of such closures etc should be relayed to the surgeries within the PCN to an agreed email address which

was regularly checked during the day by the practice by a suitable person able to act on the information. *FL since the meeting has had discussion with Vicki Roberts at NHSEi about this as now part of remit – closures and workforce. Vicki has agreed to take this forward.*

Voting for Vice Chair

SG expressed interest in role of Vice Chair – the Members unanimously approved appointment. **Action inform PSNC and add to website – ZA**

Financial Statement

The accounts are with the accountants for Warwickshire, Coventry accounts are back and ready to send out.

We have sufficient funds for a 3-month levy to begin in October and will be explained in notes to go out with accounts. We will review in January once we know the requirements for any transformation, increased levy for PSNC etc as to whether any further levy holiday may be possible.

Governance & Exec / Finance Groups to meet after the LPC Meeting to review and put strategies in place to tighten financial governance. (FL, JH, FO, TF, SG, MOD)

IPMO/APC/LPN/CP Update – SK – for note

APC – approved the communication form which is now sitting with the LMC once more.

LPN £25K 22-23 – it has been agreed with ICS and Regional NHSEi that the funding will be spent on DMS implementation, data and training / engagement. DMS testing has successfully been completed for UHCW. SWFT and GEH will need more support as not an integrated system so more clunky to use. CSU – Arden & GEM been asked to revise their proposal again to meet the requirements. Liam Stapleton already developing an operational DMS pack to be funded out of NHSEi money. Clinical case studies to be developed by CSU. Plus £500 for AMR work across the Midlands

LPN £25K 21-22 – some remains and will be spent on ADEPT training hosting and relaunch. £500 per ICS.

Connected Pharmacy Programme – two sessions 12.30-1.30 4th October (Patient Safety part 2 - DOAC) and 13th October (Trainees) – collaborative working

AGM – Information Evening

ALL Members to contact the Contractors in PCN that they Lead to encourage attendance on 5th October at Marriott Hotel Warwick. **Action: ZA to share the subgroups with list on PCNs – Members supporting and contractor list with NHS mails and phone numbers.** Go – no go 1 week before. Warwickshire Accounts permitting.

RSG – Transformation

FL on transformation PSNC Group with Robbie Turner. CPA shared all merger process and materials used to help with pack being developed. It was pointed out that took a good 12 months to manage to process even though we had been working closely for 2 years prior. Time to sort banks and reserve alignment takes a few months. Concern that pack may not be produced early enough to allow mergers by April 2023 when next LPCs due to be formed.

It is unlikely that CPA will be affected unduly having already merged to meet ICS footprint and can afford the expected 50% increase in levies. We already also work collaboratively with CHW so 'informal federation' could be formalised in due course in needed.

We will need to adopt any new constitution and align our LPC term to fall in with the PSNC and other LPC timeframe at some point during the next 12 months.

New starters

Claire and Eva started this week (5th & 7th). Induction of 4 weeks planned to give them good background, meet key people and chance to settle in. Team building event on 12th October at the Office. Two from CPHW and support team already confirmed along with an outside facilitator who is funded through CPHW ICS funds. Two from CPA required to support 10-4. JH confirmed. CH or FO to confirm nearer the time. **Action – FL send invite for 12th October**

Other Local Points

CGL struggling to get more pharmacies to support services in Warwickshire. Closures and late notice changes causing issues. Pharmacies not following BCP effectively.

EHC – PGDs updated – comments to feedback w/c 19th September. CH shared some feedback and Eva to pick up consolidated response. Training, fees, young person friendly criteria, DoC, pregnancy test fee – points to cover.

Flu – Covid – some misbehaviour from some practices in some areas in Midlands so be vigilant.

Discount changes announced by PSNC

Group	Definition and products covered by the definition	Discount deduction rate
Appliances	<p>Products listed in Part IX of the Drug Tariff This includes:</p> <ul style="list-style-type: none"> • Appliances listed in Part IXA e.g. dressings, elastic hosiery • Incontinence Appliances listed in Part IXB • Stoma Appliances listed in Part IXC • Chemical Reagents listed in Part IXR <p>The Appliances deduction rates applies whether the appliance is prescribed by brand name or generic name.</p>	9.85%
Generics	<p>Products listed in Part VIIIA, Category A and M of the Drug Tariff (excludes products granted price concessions for the given dispensing month)</p>	17.52%
Brands	<p>Products not covered by Appliances and Generics definition above. This includes:</p> <ul style="list-style-type: none"> • Products listed in Part VIIIA, Category C of the Drug Tariff • Products prescribed by brand name, including branded generics • Products in Category A and M granted concessionary prices for a given dispensing month • Products NOT listed in Part VIII of the Drug Tariff i.e. non-Part VIII • Generics ordered with manufacturer name (rINN+MAH) for e.g. Atenolol 100mg tablets (Accord Healthcare Ltd) • All Tariff specials listed in Part VIIIB and Part VIIID of the Drug Tariff. Note non-Tariff specials are not subject to any discount deduction 	5%

After an extensive examination of the evidence available to both PSNC and DHSC, from the pharmacy margins survey and other sources, there was no evidence to suggest that the discount rates obtained by pharmacies correlated with the monthly reimbursement of those pharmacies. As there was no discernible relationship between discount levels and monthly reimbursement, it was agreed by PSNC and DHSC that fixed deduction rates would be used instead of sloped scales. The existing single deduction scale has a slope, ranging from 5.63% at the low end up to 11.5% at the high end. This means that in the existing system, pharmacies with lower monthly reimbursement experience a lower rate of deduction and pharmacies with higher monthly reimbursement experience a higher rate. However, in the

new system being implemented, there will be fixed rates for each group, rather than sloping scales. All pharmacies will therefore have the same rates of deduction applied to their reimbursement for the three different groups, regardless of the total value of that reimbursement.

The new system was calibrated such that the overall amount of deduction applied to pharmacy payments would be the same as the existing system, on the national scale. However, at the individual pharmacy level, many pharmacies will experience a change in the amount of deduction they experience. This is by design. A problem with the existing single deduction scale is that it effectively treats all reimbursement the same, not recognising that a pharmacy's 'dispensing mix' of branded and generic medicines has a significant impact on the amount of discount they actually receive. As the new system splits medicines into groups, the dispensing mix of each pharmacy will now directly impact how much deduction they experience, resulting in a fairer level of deduction for all pharmacies.

The new system will not fully come into place straight away. There will be a transition to the new system over six financial quarters, beginning in October 2022 and concluding in January 2024. This means the new system will be fully implemented in January 2024

The weightings applied for each quarter up to January 2024 are shown below:

	Prior to Oct-2022	Oct-2022 to Dec-2022	Jan-2023 to Mar-2023	Apr-2023 to Jun-2023	Jul-2023 to Sep-2023	Oct-2023 to Dec-2023	Jan-2024 onwards
Old system weight	100%	85%	70%	50%	30%	15%	0%
New system weight	0%	15%	30%	50%	70%	85%	100%

What information will pharmacies receive Initially, the monthly FP34 Schedule of Payments statements that pharmacies receive will only show the final amount of deduction applied to their payment, after all calculations described above have been performed. However, NHSBSA will develop the FP34 reporting to include additional information such as the total of basic prices at standard rates within each group. During the transition period, along with their FP34 statement pharmacies will receive an additional supplementary letter which shows how the discount on the Schedule was calculated based on the weighted sum of the calculated old and new discount values, as described above. It will also include a basic prices breakdown, showing the total of standard rate basic prices within each of the groups. If you have any queries on this PSNC Briefing or you require more information, please contact PSNC's Dispensing and Supply Team by emailing info@psnc.org.uk or calling 0203 1220 810

Branded generics will be less popular with ICBs as they will fall in the branded section attracting only 5% discount claw back.

There will be a webinar for Contractors along with Toolkit demonstration in October (12th).

More detail needed and advanced toolkit demonstrated and shared for use. Feels like done to rather than collaborative approach. Dispensing Drs will be able to manipulate. Few Contractors will have less discount clawed back most will have more. Branded Generics – might be aimed to stop use by ICBs but pharmacies might find their use more of an advantage now.

Concession prices – how does that work with discounts?

Generally – felt poorly handled by PSNC. If high volume dispensing pharmacy, then probably be better off. However, Pharmdata implies mid to low dispensing more likely to be adversely affected. Toolkit should have been available before or with briefing.

Supply chain and concession pricing: Pharmacies should not be expected to dispense at a loss. Terms of Service 'reasonable promptness' – tricky how viewed.

Other sections on agenda

AGM – info evening – reminder ALL to help drive attendance as we have good speakers.

Explain to Contractors how can get more involved and that we will be starting our visiting programme soon.

Independents need to stand up and vote for PSNC Regional Reps or stand themselves.

PNA amends proposed were agreed and final version will be available soon and a summary.

AOB

NPA Insurance – standard services cover doesn't cover working under national protocol – additional costs as per Covid Vaccinations. Make sure Contractors know - JH to raise with PSNC for Newsletter. Plus add to next LPC communications. **Action ZA**

CCA Report – all items covered

Meeting closed at 1.30 pm (no break for lunch taken)