

Community Pharmacy Arden (CPA) – Meeting 5th May 2022

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CHAIR: Vicki Roberts (VR);

MEMBERS: Jas Heer (JH); Vicki Roberts (VR); Faye Owen (FO); Theresa Fryer (TF); Sat Kotecha (SK); Sam Griffiths (SG); Mike O'Donnell (MO); Caroline Harvey (CH); Baljit Chaggar (BC);

IN ATTENDANCE: Fiona Lowe (FL); Kathy Robinson (apologies), Zoe Ascott (ZA);

MEMBER APOLOGIES: Bal Heer (BH);

Guests & Observers expected to attend: Ali Mohammed Bayer (AM); Altaz Dhani CCG (AD); Jackie Buxton (JB) – Pharmacy Integration, Sandeep Dhani (SD) – RSG and local Contractor in afternoon

Welcome to first CPA meeting. SK to join at 11.00am.

AF Proposition – AM from Bayer

Discussion over intervention scheme to pick up patients at risk. Members agree CCG should be involved in the coordinated approach.

AD (CCG) joined the meeting.

Discussion over local landscape data and reducing the risk and interventions with the undiagnosed. AD – discussion over pricing. Agree there is a lot of work to do, focus on PCNs to implement.

FL – opportunity for pharmacy to support with picking up AF. There are 6000 undiagnosed AF patients in Coventry and Warwickshire. Agreed it is a big task to see such a large number of patients to pick up a small portion, but it is vital to find them and can fit in with the hypertension case finding service. AD – the IBC going forward could look into this, and the prevention mode.

JH – Community Pharmacy see more patients and would therefore be more concerned with finding the undiagnosed. AD – why it could fit in with the hypertension case finding service.

LPC would be supportive towards an AF detection service. MO – need to identify the person who would drive this in the ICB. AD to try and put the LPC in touch. JH – they have this service in Dudley.

AD – ICB will commission services, but so not know what their priorities are yet as they are not established. IT would need a sign off from a clinical director.

AM left meeting – 10.45am.

CCG Update: AD - CLOSED

Pharmacy Integration (national, Midlands, ICS roles): CLOSED

IPMO and Clinical Networks:

FL – CVD update.

IPMO – FL – have meetings monthly with AD, Chief pharmacists for UHCW, CWPT and Samara from SWFT and Geroge Elliot and PCNs, and Hardeep who is deputy director of pharmacy. Looking at DMS and also how to spend finances. It is very secondary care focused. In a position after covid to revisit the original plans, DMS was the priority. Workforce is also a focus. Looking at ways to deliver the IPMO plans. FL – has to be around DMS, SSS, medicines safety and how it works in all sectors. SK – FL proposed getting PharmOutcomes (PO) to work around the DMS referral which would be very quick and slick, to get the referral from hospital to pharmacy. It would be very beneficial to get the referral into PO. FL – there will be some training as well.

SK – the IPMO recognise should consider the consequences in different sectors, so do not detriment one sector to benefit another. The PCNs are very ambitious to recruit Pharmacists and Technicians. SK – argued that they should invest in training more technicians, community pharmacy could even help with this process if was funded and supported.

FL – CVD – SK attends the network meetings surrounding CVD and diabetes, they look at the prescribing guidelines. Treatment targets are achieved. NHS have put down transformation funding, and more for GPs to catch up. SK – do not think giving money to GPs will provide the outcomes. Have stated community pharmacy can help and an intervention would be the best way. SK – have put forward a business case. The challenge will be whether pharmacies will deliver. It is a good opportunity and achievable for Pharmacy. SK – also work around education with ADEPT, which will be built on with local prioritise. SK – question is how far do we go? Because if contractors do not deliver then would not get another chance. JH – will be a good model and think should pursue, money is outside the global sum and believe contractors will be interested. TF – needs to be ongoing. SK – in one PCN there were 7000 patients with blood pressure problems who have not been seen in a clinic in over a year. The is opportunity for pharmacy but need to be funded, also helps with works collaboratively and it improves clinical outcomes. FL – question whether £100 per year is enough? CH – disagree, would rather do. Discussion over fees for an intervention service and linking with other services. This service is not attractive to GPs.

MP Visit:

MO, FL, SK visited Saqib Bhatti MBE, MP for Meriden, who serves as Private Parliamentary Secretary to Sajid Javid MP (Health Minister). Talked to him about minor ailments and access to primary healthcare access through pharmacy for patients. He has asked for a business case for minor ailments through pharmacy which he will give to an advisor in Sajid Javids office. Members all agree it is beneficial to push these relationships. Action to look at PSNC minor ailments scheme, look at the old midlands scheme and also mop up the PGD services.

Change to agenda – Sandeep Dhami has moved slot to speak to the LPC regarding the RSG proposal at 8.00pm tonight.

DOI: circulated and signed.

Minutes: Signed off

Finance Update: CLOSED

Contractor issues: CLOSED

GPCPCS:

CSU have been recommissioned. FL attended a call to plan to make sure there is no duplicated work ongoing. Difficulties over obtaining back-office numbers. CSU are going to work on Rugby. PCC are working with South Warwickshire and Lisa is going to work on Warwickshire North and Coventry.

Discussion over problems with some pharmacies ignoring the referrals. FL – the ICBs will be looking into a lot more detail.

Regulation Changes / return post pandemic:

Briefing on PSNC: [PSNC-Briefing-011.22-Temporary-closures-of-community-pharmacies.pdf](#) Regulations back to pre-pandemic and include the staff shortages. Discussion over patient safety.

PSNC Conference:

Being held in London and virtually as a hybrid event.

JH – 2 or 3 weeks away from concluding year 4 of the contract. Have made a case for additional funding, the contractor base needs it urgently and recognise the huge uplift in terms of walk ins coming through the door.

David Webb is going to be a guest at the conference, secondary care background. Might be beneficial to invite him to CPWM.

Personnel changes: CLOSED

Contractor Event – July

Services – Services group to look at the minor ailment's services.

Meeting closed.