Minutes - Community Pharmacy Arden (CPA) – Meeting 10th November 2022 Teams – main meeting starts 11.15 am preceded by Executive & Finance Meeting at Marriott Hotel Warwick

CHAIR: Faye Owen (FO) (online);

MEMBERS: Jas Heer (JH); Bal Heer (BH); Faye Owen (FO); Theresa Fryer (TF); Sat Kotecha (SK); Sam Griffiths (SG); Mike O'Donnell (MO); Caroline Harvey (CH); Baljit Chaggar (BC); Adel Ghulam (AG);

IN ATTENDANCE: Fiona Lowe (FL); Zoe Ascott (ZA);

MEMBER APOLOGIES:

Guests & Observers expected to attend: LMC – Dr Andrew Warner + Maggie Edwards ICB – Altaz Dhanani

EXEC & FINANCE MEETING:

09.30

LPC Transformation & Funding Strategy: FO, SG, TF, JH, FL

- RSG – Wright Review Contractor Vote agreed by significant majority to allow an increase in PSNC Levy to LPCs. Originally this was indicated to be about 45% increase on 21-22 Levy.
- Expectation that **overall** Contractors Levy would not rise as a total across LPCs in England.
- PSNC have determined that needed to review the Levy setting process to LPCs as had not been updated for many years. It further decided to do this in line with NHS income instead of items alone. This has led to some anomalies where a Contractor (usually high volume or high value DSP) has disproportionately affected CPH&W for example
- We are a LPC which matches ICB Footprint and has a loose federated model with CP H&W – AHW shared team / office function & same CEO. For shared office, kit and office team we pay 62% total based on Contractor numbers across AHW (319 total).
- **Key things asked to consider and share with Contractors ahead of a SGM in January 2023:**
    - **Are we aligned to NHS ICB Geography?**
      Yes
    - **Are we around 200 Contractors?**

197 – plus loose Federation – we have 319 across AHW

- **Can we pay the increased PSNC Levy without increasing Contractor Levy?**
  Yes, with some economies needed and full levy in place
- **Who could we merge with if appropriate?**
  CPHW – preference to leave as federated model in place

Points to consider:

- Decide stay as are or opt to merge
- We have some NHSEi funds to cover some costs over 2-3 year period
  - We have a new Services & Engagement Officer (25 hours) as previously agreed started in September and part funded from NHS no recurring funds.
  - Zoe will be on maternity leave February 2023 for 12 months – we will need S&Os / SKS to cover – around 90% of mat leave payments can be recovered from HMRC
  - CEO possibly reduce hours from April 2024 or April 2025 – assuming workload reduces (from 32 to 24)
- Two main viable options are:
  - **Stay as we are**
  - **Formalise the Federation – no significant changes**
  - **PLUS** Economies may be required by April 26 at latest:

Recommendations & Decisions to be made:

Stay	Stay as we are + tighten up the Federation over the term of next LPC – joint finance & governance for example – account for joint spending etc
Accept	Accept the new constitution, when updated, with our added bits around geography / representation – SGM required
Extend	Extend Term of LPC to match new term others have (i.e. add a year)
Maintain	Maintain Contractor Levy without levy holidays to cover cost of additional PSNC Levy
Review	Review staff hours in April 2025 / April 2026 if necessary
Consider	Consider Gloucester / Shropshire as additions to either Federation or contributor to shared office function – to help save money for all

Main LPC Meeting: 11.15am

DOI: No changes to declarations.

Minutes: open and closed minutes from September meeting on Box. Any comments to be sent to ZA.

Market Entry: Appeal - Re: Application offering unforeseen benefits at Unit 3, Lower Heathcote Square, Vickers Way, Warwick, CV34 7BR by Athwal Healthcare Ltd – would need to use the new PNA which also doesn't identify any gaps. Will respond to appeal. ACTION – respond to appeal – no change in previous response.

Matters arising: Pharmacy closures – information went out to Pharmacies – can check with LMC whether there is still noise surrounding this issue. SK – important to demonstrate to LMC that we have acted on their concerns and dealt with them with our contractors.

SK – appliances – CCG were talking about dressing being supplied centrally – official stance as LPC was against, however not be very zealous in response if about split packs of dressings. LPC agree a fair response.

Action tracker: Action tracker reviewed. Inhaler technique review discussed – to raise with LMC when they attend meeting. Try and obtain a list of contacts from the LMC.

CS / IPMO / AMR / LPN / DMS / GPCPCS Update – FL/SK:

AMR – 2 elements, endorsement of CPCS will help the work at GP level, as well as promoting the extended care services. Insure to try and get more pharmacies onboard with the extended care services. FL – office team are also working on one-pagers on each service to give to the surgeries.

CPCS – referrals are improving, still not great. FL – rugby have started in some practices; Leamington are not engaging. SK – NHSE have identified some funding for urgent pressures, SK – the challenge is the practice end – could provide backfill for the engaged pharmacies to go into the practices with a pre agreed toolkit. FL – Eva is also working on this approach but starting with the pharmacy end. CH – PCN Lead in Warwick has worked hard on securing the service progression. Discussion over the service becoming business as usual. CPCS referrals data looked at for Coventry and Warwickshire. Opportunity now to push, need to make sure the pharmacies will support. Shape Atlas discussed and the benefits of using. Issue always surrounding locums with providing the service. CH- raised the idea of a locum day, JH – would need to ask the locums whether there is interest.

Faculty – coming soon. CW have not signed up to the MOU with the 8c role.

12.10pm – AD arrived

DMS – UHCW have started their referrals. Should have some figures soon. SK – concerns over it not being on Contractor's radar. FL – there is also the issue with inconsistencies of when pharmacies can actually provide services. MO – frustrating but must understand the hard work for pharmacists currently. Difficulties with being signed up for services and not being able to provide.

FL – pick up with AD regarding dressings pilot (ONPOS) and diphtheria. AD – plan for all refugees from a centre Kent to have diphtheria vaccine and possibly antibiotics. The ask was for a plan for the vaccines and prescribed the medicine, but do not know where the patients are. AD has had a meeting and explained meeting the LPC, the easiest way would be to have one pharmacy who can order a whole lot at a moment's notice, so supply side can be sorted sharply. Primary care will sort out the prescribing. This is all very theoretical at the moment, do not know whether an FP10 or private script. SK – PharmOutcomes has a relevant module on this.

AD – has not done the business case, but to use 'OMPOS' – cuts down the number of products being prescribed. Will help to rationalise and avoids waste. As LPC if this addresses split packs in pharmacies would not be supportive or unsupportive.

Inhalers – when changes happened need to make sure patients understand and can use the inhaler, so pharmacies are supporting and reenforcing, rather than noticing that patients cannot use. AD – have done an education piece, officially there is no plan to change, have provided resources for practices to ensure any changes are done and explained appropriately. SK – need to look at how better to integrate this service into the pathway. AD – the APC will trans-morph into a new committee, will bring all acute trusts into one DTC and one formulary. One place and one umbrella to refer to, that is the ambition.

AD – site of structures inside the ICB, will be some change arounds. Alison Cartwright will be the Chief Strategy and Delivery Officer, and new appointment for director of primary care – Tim Sachs. He has a good understanding of community pharmacy so a positive. SK – facilitate a meeting.

12.35pm – Maggie Edwards (ME) from LMC arrived. Introductions made.

Discussions over representation and working collaboratively through primary care. ME – discussed at LMC meeting and pathways and managing workload across primary care with Pharmacy, optometry, and dentists. Important that the pathways are understood. An education event could be held. FL to get the information to ME to collate.

AD – from ICB perspective – reshuffle could help with this.

CH – informal pathways are already in existence. AD – reforming the pathways now. One voice has a lot more power. SK – planning a one pager on how to contribute to the pressures, and can be reassuring to know the pressures are similar across primary care, so some of the solutions should be universal too. Discussions surrounding Workforce/demand/funding/resourcing.

SK - most common intervention in the NHS is prescribing of medicine, so Pharmacy and surgeries need to work together.

FL – closures and message to pharmacies – sent out detailed guidance to pharmacies. SK – has this made a difference? Any reduction in noise? FL – trialling a different form for closures, still within the regs, piloted in Worcestershire.

FL – form around supply chain, APC ratified, are LMC happy for pharmacies to start using but need the surgery contact details? Email for each practice. MO to put on her agenda and will email FL.

1.00pm - Break for Lunch – AD and ME leave meeting

FO absent for afternoon session.

Antivirals – CCG working on stepping down certain drugs – CMDUs. Also, certain antivirals that need to be available in the community, a very expensive antibiotic. Need a specific model, same as the Tamiflu and palliative care service model. Need a coordinated approach and commissioned corrected through community pharmacy. Discussion over service details. SK – regional team believe this approach would work and ICB keen to progress. Discussion over out of date medicines.

Further discussion over palliative and anti-viral care and stock holding. Lists of pharmacies who provide the service will be disseminated to all pharmacies. SK – made a big difference that the multiples are not providing work for free. FL – also the concerns with carers/relative visiting various pharmacies to find a drug in what can be a critical time in a patients end of life. There is a palliative care group now set up, with LPC can contribute.

Transformation – post RSG vote – setting scene and recommendations:

Important to note that Arden LPC do not come to term in 2023 like most other LPCs as merged in April 2022. All would need to do for this SGM is extend term by one year to align with all the other LPCs. Therefore, the immediate rush is not needed for Arden.

Constitution – read through with committee members. ACTION MO – error in the definition of AIMp members in page 1– JH this has been picked up and discussed. FL – name of committee section also needs to be changed as the date will not be April 2023. Point 5 membership – would the committee want it that the number could go lower than 10. FL – can have own adaptation of the constitution but would obviously need to be voted through. Discussion over benefits/disadvantages of increasing or decreasing number of members. Point 5.4 – comes back to the definition of AIMp members, but a rational statement. MO – AIMp have not been consulted to in a manner that is satisfactory. Note that the chair now has a casting vote. Discussion over the automatic payment of levy to PSNC. Want clarification on 15.2. the view of the committee would be there needs to be a few changes – FL will feedback – but the rest largely is ok, but cannot vote on it at the moment, voting will be subject to seeing the changes.

Example Options Appraisal scoring template

	Assessment Criteria	Weighting (1-10, where 10 is most important)	Option 1: <no change>		Option 2: <merge H&W>		Option 3: <Formal Federation CPA>		Option 4:< Expand Federated membership>		Results				Total possible score
			Score (10 = high)	Rationale / Comments	Score (10 = high)	Rationale / Comments	Score (10 = high)	Rationale / Comments	Score (10 = high)	Rationale / Comments	Option 1: <no change>	Option 2: <merge H&W>	Option 3: <Formal Federation CPA>	Option 4:< Expand Federated membership>	
											Score	Score	Score	Score	
Desirability	Matches NHS boundaries (ICB, having a representation and governance structure (LPC members) at a system level	8	10	ICS Footprint, some parts very rural with large geography - representation at IPMO close relationship	8	2 ICS - would be very large geography -- already work as a group with shared team including CO - would reduce LPC Members size	8	Unlikely to make much difference as most savings already happened	6	Complicated - additional ICSs but not same NHS Regions	80.00	64.00	64.00	48.00	80.00
	Able to invest executive resource to undertake system and place-based work.	8	10	Good stable team - invested in E&S Officer	8	May reduce capacity with fewer overall Members	10	Unchanged	8	Reduce capacity - large geography and competing meetings	80.00	64.00	80.00	64.00	80.00
Feasibility	Likely to have support of two thirds of each LPC committee locally and support at a special meeting of contractors	10	10	LPC and Contractors likely to be happy with way operate as have already got a loose Federation and shared team	6	Will be less popular with LPC - Contractors - hard to guage interest in the process - but like local support	10	Unchanged	4	Large goegraphy and no current relationship - LPCs not likely to approve	100.00	60.00	100.00	40.00	100.00
Viability	Able to meet increased contributions to PSNC, without having to increase contractor levies	10	10	Yes	6	Members and some Team hours may be reduced. Levy will need to increase - due to HW skewing - this would reduce most contractors levy but increase gompels	10	Unchanged	8	Unclear	100.00	60.00	100.00	80.00	100.00
	Size of 200 contractors or above	8	10	As standalone LPC 197, as federated model 320	10	2 ICS and 320 Members	10	320 Members but 2 separate LPCs	10	would be 400-500 if Gloucestershire / Shropshire joined	80.00	80.00	80.00	80.00	80.00
Local	Other criteria to be locally determined - rurality - travel - ability to cover f2f meetings	4	10	Local and team able to reach all areas and Members cover all areas	6	Team same - although may be fewer hours and less Member resource and hard to cover geography	10	Unchanged	4	Large rural areas with different NHS teams - challenge to be effective	40.00	24.00	40.00	16.00	40.00
TOTAL											480.00	352.00	464.00	328.00	480.00
TOTAL as %											100.00%	73.33%	96.67%	68.33%	

Discussion over template, committee agree seems reasonable, Arden LPC have already been through the process with the merger.

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      Yes, with some economies needed and full levy in place
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- **Indicative levy calculations 2023/24 - COMMUNITY PHARMACY ARDEN**
- **We currently pay £53,162pa**
- **Next year (2023/24) indicative figure**
    - **c£64,800pa**
- **From 2024/25 indicative figure**
    - **c£76,934pa**

Noted that PSNC levy has changed to NHS income, not script volume.

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Proposal:

Following rigorous discussions of the options; committee to stay as is, tighten up federation with Herefordshire & Worcestershire LPC, wait until April 2025 / 26 for any review of costs, once excess reserves are utilised.

MO – think there is a need to talk to PSNC about the increase and the value for money for contractors. SK – Kings Fund and help strengthen the negotiations for pharmacy. SK – want clear KPI's and to be able to hold to account.

PSNC vision survey discussed.

3.30pm – meeting closed.