Community Pharmacy Arden (CPA) – Meeting May 11th – Open Minutes

Members attending: Bal Heer (BH), Faye Owen (FO), Sam Griffiths (SG), Mike O'Donnell (MOD), Caroline Harvey (CH), Baljit Chaggar (BC), Adel Ghulam (AG)

In attendance: Chief Executive Officer (CEO) - Fiona Lowe (FL) and Support and Engagement Officer (SEO) Eva Cardall (EC).

Apologies: Jas Heer, Theresa Fryer, Sat Kotecha.

Guests: Altaz Dhanani (ICB), Dr Andrew Warner (LMC)

Declarations of interest: MOD now a member of Birmingham and Solihull LPC. FO declared BPA and PDAU memberships

Minutes

Content agreed as accurate. Some Members could not see the difference between open and closed minutes. FL to recheck that, two copies of joint minutes had not been uploaded in error. ACTION: FL *– when checked there were two versions and open ones checked and released for the website.*

Market Entry: Change of Ownership (COO) and consolidation

FL explained the process for COO. Large numbers of changes. NHSE send information to us via PCSE, which can take some time. Many pharmacies are experiencing difficulties and delays with f-codes and NHS shared mail. LPC supports where possible and has raised the issue with NHSEi. Proposal is to complete a summary checklist to help new Contractors navigate the process.

For note: large number of COO to still come through, which the LPC team is using to update the invaluable database. Consolidation in Rugby – Rowlands Corporation Street merging with Bennefield as the remaining site by the end of May 2023.

Action Tracker

Reviewed Action Tracker. Noted surgery contact lists still not obtained. No seat at PCC yet but some progress and meeting scheduled with stakeholders. Outstanding LMC actions to be shared when come on the call.

Agenda item: ICB Update – AD

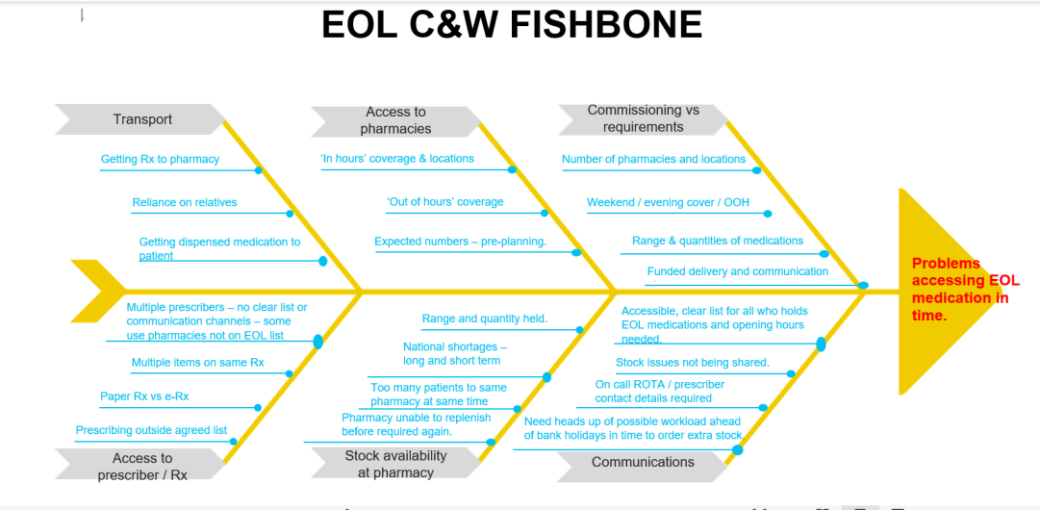
Three areas to cover.

Firstly – **Efficiencies programme**. ICB must provide a balanced financial plan to NHSE.

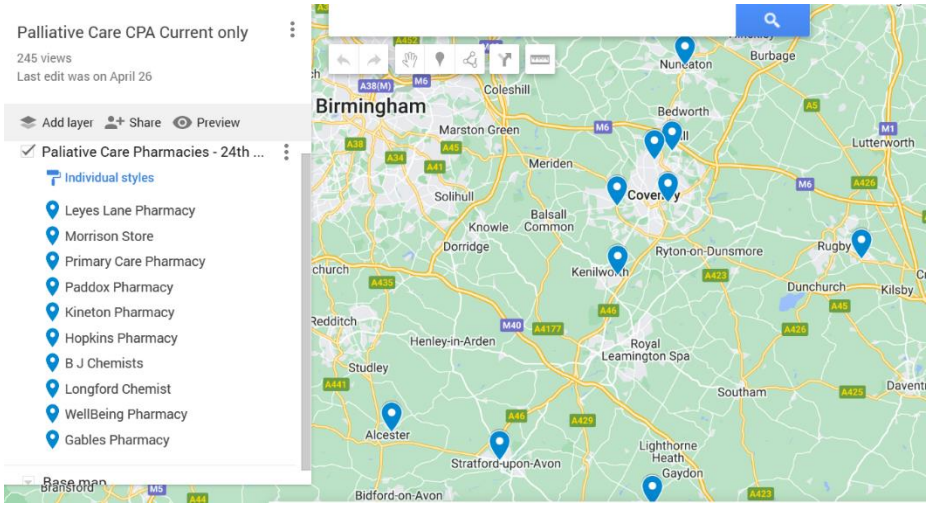
It was asked if it was something that the LPC could feed into. AD confirmed that his team were covering a larger area with a small team. The team will need to develop relationships on the ground with the LPC and pharmacy teams directly to work through the old stock prior to changes and confirm availability of new stock.

AD: Secondly – **End of Life (EOL)**. The steering group had a meeting a couple of weeks back regarding access to medication for EOL and stock holding etc. Fishbone analysis and process mapping utilised, undertaken by FL.

FL explained the fishbone analysis found that patients did not get medication when they needed, key factors: transport, opening hours, commissioning matching requirements, prescribing outside of the list, stock availability. The biggest issue is communication. Illustrated by a recent case of patient who could not get dexamethasone injection and relatives spent a large amount of precious time to obtain the stock. Dexamethasone injection is not on the list to be held by pharmacies and has been subject of manufacturing supply issue. Patients had to go to Shirley.



AD: Google maps was also used to help inform gaps for pharmacy provision for EOL. South Warwickshire needs more pharmacies. One of the Rugby sites in Sainsbury's is closing within couple of months. The fishbone analysis will feed the service development for EOL so it has been very useful. It may enable us to develop the service to better meet the needs of the patient. ICB are in the process of updating the SLA and range of drugs to be held and quantities. Then ICB can go out to the pharmacies and assess interest.



AD: Thirdly, Tim Sachs (TS) meeting about **GPCPCS** in Coventry and Warwickshire. We spoke about new access paper that came out. We concluded that a Kick-off meeting with all CDs with CP leads and PCN leads to have discussion about how GP and Pharmacy are going to work together in the new world going forwards. What is needed for any of these schemes to work well is for good communication to exist as normal within their immediate networks, not relying on LPC, ICB to maintain relationships.

FL: We are also looking at IT system to facilitate this relationship and contact details for the practices.

It was agreed that is a refreshing change to have someone (TS) in PC that will engage with Pharmacy on a regular basis. One of his four main priorities is to improve the GPCPCS take-up.

AD: **Additional item Paxlovid - Covid Medicines Delivery**. There is a period of transition for this service from secondary care to primary care. Instead of all GP practices doing triage for patients requiring covid antiviral treatment. This will go to GP hubs, who currently do the triage at CDMU, clinical assessment and the prescribing. Generally, it will be for Paxlovid. We are looking for that to be dispensed from Community Pharmacies. It is already in the drug tariff and pharmacies can order it subject to quota (6 packs at any one time and 17 per month). We will need a select group of pharmacies to provide this service. It is not a straightforward supply so pharmacy would need some training. Alliance Healthcare are holding the drug. It is likely that we will use the Palliative Care / EOL pharmacies once additional sites been agreed. For those who cannot have Paxlovid, there is a second line treatment which is IV so we are still looking at how that will be done in secondary care.

FL: Key considerations are liability of the dispensing pharmacy irrespective of who prescribed it, drug interactions and how the patient is counselled. A delivery service is likely to be necessary as affected patients should not be entering the pharmacies and are unlikely to be well enough.

Discussion about what might make the supply easier and safer including assurance that drug interactions had been checked with full access to records and annotated on prescription. AD explained that these details would be discussed at later meetings. It was unclear how many patients will be in eligible categories.

AD leaves meeting

Committee discuss the ICB Update.

Points raised:

- **Paxlovid** - The PSNC stance not backing the BAU approach with £2.50 per dispensing to cover 'margin' and standard dispensing fee. The fee is considered far too low for such a service but that the government were not going to negotiate the payments. Consensus by Committee that fee too low.
- In SLA need some wording of assurance around pathway and process with the accountability for clinical decision making sitting with the prescriber, although this may in practice not be possible as when dispensing need to be assured safe and undertake some clinical checks.
- SLA will need careful scrutiny to appeal to pharmacies and those providing EOL not forced to undertake this as part of same package – different Tiers needed or may put off current EOL providers from continuing.
- Some concern that the additional workload coming from other pharmacy closures / changes of ownership may make this unattractive.
- **EOL** - Unease was expressed in relation to EOL / Palliative Care processes and stock requirements. EOL stock and pharmacies holding it and the PQS will all need confirming once all updates are completed. Stock availability issues and communication route needs addressing with one point of contact for wider dissemination and timely responses.
- **GPCPCS** – FL: TS wants every single pharmacy to do at least four referrals a day. We discussed an IT solution, a booking system. Similar to the phlebotomy booking system. The pharmacy would open the slots and the GP practice would book patients into them. When considering

the increase that TS is suggesting, 10x, we would need some sort of guard against being overloaded.

- Mixed views on a booking system, with Boots already using one in house which helps with planning, other less sure – depends how easy the software is to use. It will have to easy to use at both ends and support workload planning.
- Some discussion over GPCPCS workload and how unpredictable it is, it can be quite labour intensive.
- Set against a backdrop of increased items - running at 6% without including the intake from closures.

Agenda Item – Guest LMC Andrew Warner (AW)

AW discusses the Access Recovery Plan

FL explains that communication is the main strand that needs to be improved to have any chance of meeting the demands. Gave overview of the plan for Kick-off GPCPCS meeting.

AW: Supply of HRT seems to be an issue again

Comments from Members:

- Disappointed with the trends for prescribing up to a year's supply, despite the Prepayment certificate and know supply issues. AW to take this back to LMC
- FL discusses template that pharmacies had to inform surgeries about supply issues. This leads us into the subject of Getting Contact Details (as per action log). The point is emphasised that communication is the key issue and that these lists would ultimately improve everyone's efficiency. AW to take back to LMC
- 28-day prescribing would be helpful to us to manage workload, cashflow and stock. eRD set up for six months at a time, with 28 days prescribed at a time.
- Request for AW to feedback to surgeries about merits of eRD for all in the system and to emphasise 2 working day turnaround for routine prescriptions at the pharmacy end. Acutes also emphasise that will take time for the pharmacy to complete and allow a reasonable amount of time on the day before collecting.
- Lack of clarity of communication around eRD last authorised issue as sometimes automatically gets updated (AW this would be following a review) and other times a prompt required for next set. Some sort of communication at last issue would be helpful from surgery to the pharmacy so they know how to proceed.
- Some discussion around UTI and GPCPCS referrals and confusion at surgery end and pharmacy end. GPCPCS – sometimes get referrals through for UTI. Some take this to be a referral to PGD and others as CPCS which may lead to PGD referral if appropriate. Having a referral for suspected UTI might resolve this. AW: we can write 'suspected UTI' which is the SNOMED code.
- A request was made of list of when practices were closed for training – AW agreed to ask the Training Hub.
- AW actions in red

AW leaves meeting

CEO - FL shared details of the webinar on Regulations that PSNC are doing next week. FL mentions that our IP proposal has passed the Regional and National scrutiny and should go ahead – may be some tweaks from national team. CPCL (8c role) Arrandeep Konkon will start in early June.

Break for Lunch

Agenda item - Finance

FL shows NHS funds allocations update as of May 2023 and explains the various allocations. A copy is available on Box. unallocated to work with for supporting services – note the MOU restrictions.

Discussion amongst the Committee with the following points / ideas raised for the NHS Funds:

- Hypertension service would benefit from some promotion in Community Pharmacy. Possible to use some extra funds to cover this. Advertising and marketing would be suitable. Must be careful with kit, if the service includes payment to cover kit, then we cannot use the funds for this.
- A nurse trainer for otoscope training to support GP-CPCS. *Note it has since come to light that there are already lot of free CPPE clinical skills places available, so we need to avoid duplication.*
- Suggestion that we hold off discussing the money allocation and wait and see what comes of the announcement about extra funding into pharmacy and what support pharmacies might need with that.
- Services group to meet separately to discuss what support might be useful. Note the MOU restrictions and what is already available. ACTION: EC to arrange meeting for services group between now and July meeting.

Accounts FL shows Income Levy Account 2022-23. Available on Box and Expenditure Levy Account. Also, non-levy account. All available on Box. Some accompanying commentary will be needed alongside the accounts when go out to Contractors, once we have the final accounts back from the accountants – anticipated to be end of June. No comments or questions from the Committee.

Other documents on Box discussed including the Capacity & Skills appraisal to be completed by all Members ahead of the July Meeting. Plus, the BAU Work Plan and Meeting dates 22-23. No questions or queries raised. ACTION: all Members to complete audit and return to FL.

EC leaves for DMS meeting – FL discusses the current position on services with contractors. DMS issues with not claiming and the OC service being something we will produce something on but are holding off until we have a clearer interest about numbers who have signed up for the service and their requirements. FL explains the objective behind asking Committee to call their networks and the key messages around provision of services and claiming.

Meeting closes 14.45

Action: Each LPC member to call / contact their network during last hour of meeting and give update at f2f meeting in July.