



Community Pharmacy Arden (CPA) – Meeting 19th September 2024

Holiday Inn Coventry CV2 2HP

10.00 – 13.00 Closed & Open Meeting, AGM 13.00-14.00 and Closed Meeting 14.00 – 15.00

Exec & Finance 09.00-09.45

CHAIR	Sam Griffiths (SG);
MEMBERS	Jas Heer (JH); Bal Heer (BH); Faye Owen (FO); Theresa Fryer (TF); Sat Kotecha (SK); Sam Griffiths (SG); Caroline Harvey (CH); Baljit Chaggar (BC); Sumeet Randhawa (SR);
IN ATTENDANCE	Fiona Lowe (FL); Zoe Ascott (ZA);
MEMBER APOLOGIES	Eva Cardall (EC); Mike O'Donnell (MO);
Guests & Observers	Chris Bain – CEO Healthwatch Warwickshire ICB representatives Arran Konkon - Apologies LMC representatives Dr Andrew Warner & Maggie Edwards

Executive Meeting:

Frequency of meeting – agree to meet before all meeting, face to face and virtual. Joint exec is 14th November. FL to perform interim reviews on team before meeting, booked in for October/November. Layla's 2-year contract ends in June 2025.

Discussion - Accounts and financial position to date. Agree to a six-month levy holiday October 2024 – March 2025, will then reassess in March 2025.

Look at short term contract for additional support in the Office. Temporary 12 months FTC


Succession planning – original plan was for FL to remain until 202, but FL brought forward to June 2026. Discussion over benefits/needs to be with Herefordshire and Worcestershire. Agree to table until Joint Executive meeting in November.

Governance Group – In HW they review the minutes before the meeting, and look at the CD feedback, social media policy.

MAIN MEETING – MORNING SESSION part 1

Welcome, DOI, Minutes AOB, matters arising SG

DOI – circulated and signed – no changes to be made.



Minutes – send through to ZA. Clarity on expenses.

Market Entry & PNA Updates

Market Entry Summary – CPA September 2024

SHA/26231– Hearing to take place 14th October 2024.

ME2735 – Unforeseen benefit application refused.

SHA/ 26247 – in the appeal process.,

CAS- 244043-F5B1G3, CAS-259447-D8X2B1,CAS-257091-T3L9F0, CAS-247534-X7X2G2 – in appeals

PNA – CW have agreed to do a small/short survey for pharmacies. Due to be published in time for October – counting back means the survey will be around November 2024-January 2025. Insisted on having the closures in supplementary statement. About 13% closed in Coventry in the past few years, but did have a higher number of pharmacies. National average is under 10%.

Discussion over the wording of stating the closures in PNAs.

Exec & Finance Update

Budget and Team Reviews plans discussed and year to date expenditure against budget.

Proposal for a 6-month levy holiday until the end of the financial year. Then reassess. Must keep in mind a contingency fund and CPE levy increase. MOU money must be considered, which funds the proportion of services lead's activity, which is looking to run out during 2026.

Team Reviews cycle (interim October ahead of November joint Exec) discussed.

Succession planning discussed with FL future retirement.

ICB update – No representative but meeting notes on Box for members to review:

- Primary care Collaborative is exclusively GPs – however, we are going to have two groups to feed in and eventually hopefully join up as one! So primary care strategy is basically GP strategy
- Quarterly – LRC meeting – LDC, LOC, LMC and LPC reps – feed directly into PC Collaborative– this has not yet been set up
- Plus 30 min pre-meet before CP Steering Group meetings (PNA Group) – not got another date as 2nd Oct 2025 sent out (3-4pm) – assumes means 2024 – have asked for new invite
- The group for pre-meet – Sat, Fiona, Taz, Tim, Arran, Sarah J, Office West Mid rep (possibly 1 more LPC) --- this will be the main pharmacy strategy group

JH – concerns over pushing services, when appropriate funding is not provided. Discussion over core funding. SK – have no guarantee that any under spending will be moved into core spending, so should not discourage services to get the share. SR – a lot of pharmacy first is dependant on GP surgery referrals. Further discussion on pharmacy first and the lack of GP referrals. FL – still do not have full data, but can see the targets, handful of Contractors who are high performers. Most pharmacists are

saying 60-70% are walk in and for each one that meets often having to see 3-5 people, so a lot of work to get each one. If referred could at least use under minor illness and get funded for it. Profession contradictions discussed. Post verification discussed. Public understanding is a barrier as well.

ABPM expectation discussed for BP service. The numbers are low and post event verification may be an issue for some. NHSE have stated that ABPM is expected to be roughly 10.5% of BP screening - agree it is an arbitrary figure.

PCN engagement Lead role = advertisement sent out; Arran has had two applications so far. ICB are contracting directly.

CE – Services event idea, use money to pay the time for some practice managers to attend the event to get them to understand. SK – there is a practice manager forum.

MAIN MEETING – MORNING SESSION – part 2

Welcome guests

Chris Bain - Chief Executive Healthwatch Warwickshire

Healthwatch Update - CB - Warwickshire focus

First two slides relate to the Rugby patient survey.

General satisfaction



"On the whole I am happy, the pharmacy staff are always friendly but many times there is a long queue and medication is not ready."

"Fine except communication can be poor between GP and pharmacy."

"If I took my GP 3 days to send the prescription request and another 4 days for the pharmacy to message me that it was ready."

"They have done their best to get the meds in a very difficult supply environment."

"Items are very rarely ready even though been sent days before by the GP. When you go in to pick up, always have to say 'I'll come back as well is so long.'"

"I choose to drive to Daventry because I know the staff in that pharmacy so I know when the prescription will be made up. I know Rugby pharmacies are under extreme pressure and so run behind with wait times."

"When the prescription is changed, they do not always receive an update; however, if you contact your GP, they will recognise that it has been received, so it's back to the ping pong game."

Issues being highlighted:

"Lack of pharmacies is an issue for those who used to rely on local ones. Long queues are not great for those with mobility issues."

"The inability to get a paper prescription from the GP can be problematic when medication is out of stock, as we have to keep asking the GP to reissue it to different pharmacies."

"There are not enough pharmacies within Rugby. It's sad that 3 have closed, limiting where you can get your medication from, as housing is growing. There is constantly a queue in any pharmacy."

"Overall, the pharmacy is fantastic. Friendly staff. No weekend hours can be a pain."



South Warwickshire

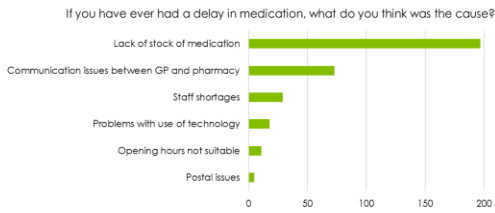
- Between June and August 2024 Healthwatch Warwickshire asked people across South Warwickshire about their experiences of using pharmacy
- We had 358 responses from South Warwickshire residents
 - > 183 from Stratford District and 175 from Warwick District
 - > 205 people told us they have a Long-Term Condition
 - > 55 that they have a disability
 - > 41 that they are a carer

South Warwickshire

- We asked:
- which pharmacies people choose to use
- Why?
- how often they visit
- filling repeat prescriptions
- digital ordering.
- Pharmacy First



Delays in medication



Hospital Pharmacy

- We received 84 pieces of feedback about using hospital pharmacies. 43 of these were negative in sentiment, and 30 were positive.
- The majority of the feedback was about Warwick Hospital.
- 24 people commented on delays to accessing their medication at Warwick Hospital
 - waiting for the prescription
 - internal communication between departments,
 - waiting in line to reach the pharmacy counter.
- 10 people told us they had issues accessing medication after a visit to hospital.



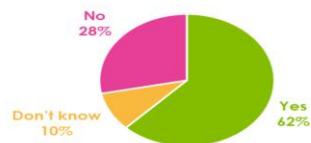
Summary

- The majority of people we heard from prefer to use the same pharmacy each visit and use pharmacies at least once per month.
- Most feedback we heard was positive in nature, with fewer than 10% of people telling us they were dissatisfied or very dissatisfied. People told us about the pressures locally on pharmacies and pharmacists.
- Over two thirds of survey respondents told us about delays to their medication. Over half of survey respondents had experienced delays due to lack of stock of medication.
- We heard about issues of communication between GPs/hospitals, pharmacies and patients leading to delays in medication.
- People who do not use technology, either by choice or circumstances prevent them, to communicate with pharmacies and GPs need to be factored into new initiatives and processes so that they are not left out or forgotten.



Pharmacy First


Have you heard of, or seen any advertising for, Pharmacy First?



Interim findings from Warwickshire North:

- 85% so far have told us they were satisfied or very satisfied with experience of pharmacy.
- Only 3 people so far said they are very dissatisfied, all 3 mentioned missing items of medication.
- Appears to be a high rate of pharmacies delivering medications.
- Similar issues with meds delays to other regions.
- Closure of POD and switch to digital/GP appears to have worked reasonably well.
- A few initial problems with using digital alternatives, but seems positive on the whole.





Positive feedback in general, survey is on the Healthwatch website, agree it would be useful information for the PNA. JH – common theme is the supply of medicines; how do we get this local picture up to National? CB – there is a Healthwatch England, seem more focused on the Dash review, but have escalated all these issues for them to raise with NHSE. CB will also convey at the National conference.

SK – would like to see the lack of capacity as a delay in medications. CB – had a free text box.

SK – would also like to see other services, but not to take away what a good piece of work this is. Would like to close the loop and have a chance to answer a survey from pharmacy side. CB – would happily publish a response from pharmacy. It is a strong message to see that patients are not blaming pharmacies for the problems faced.

LPC to comment on the surveys in Rugby and South Warwickshire.

Discussion over pharmacy first and patients noticing the communication issues with GP surgeries and Pharmacies. It is a challenge to engage. Flu season can create tension between professions.

Frustrations over pharmacies not having access to the GP Healthcare line and having to wait in the same queue as patients.

Discussion over drug tariff price and losing money on medicines. SR – believe not all pharmacists understand especially if work for a big organisation, so do not see implications.

Committee discussion over difficulties in funding and lack of support from the wider NHS. Unfair treatment in Covid discussed and pharmacy staying patient facing and not having the correct protection at the time. Lack of NHS patient scheme discussed.

Members to provide real life cases of dispensing at a loss.

Branded generics is a strong example for pharmacy.

CB – happy to include a piece on pharmacy in Healthwatch Newsletter.

LPC Conference – 7th November 2024 in London

3 places available – SG and SR to attend. BC and CH to look if can get locums. ZA to book places.

LPC Event – 6th November 2024 – Services Evening

Approximately 6.45pm – 9.00pm at the Citrus Hotel, Coventry.

Mainly focusing on hitting threshold of pharmacy first.

In discussion with sponsors.

Will produce a pack for attendees.

Members to attend and push with networks: SG, CE, BH to send staff, BC, SR, SK, FO

Start at 7.15pm

Urgent Repeats

Discussion over spikes in Urgent Supply requests. Patients fill out form for 111 online, no clinician input. Discussion over appropriateness and how much supply patients have. Discussion over the time a GP surgery could take to provide a prescription or if there is a script on the spine. Pharmacies must look at tracker and determine if patients are in fact completely out of stock.



MPs

Zarah Sultana Labour Party - Coventry South - JH

Taiwo Owatemi - Labour Party Coventry Northwest BC

Mary Creagh Labour Party Coventry East - Stoney Stanton

Advertising for Services

BC – any scope for advertising for services. FL – buses are very expensive.

Interest in advertising for pharmacy first, they have done it in Birmingham.

Discussion over advertising options. FL has asked ICB to help with advertising. SG – could do one condition, such as sore throats for winter. BC - gets people through the door and people aware.

Social media campaigns do not always have the reach.

JH – have a look at Birmingham campaign on buses.

CPE have materials already.

Looking at material to give out at schools, universities etc.

Agree to look at available resources – SG and FO to look.

N.B Annex D has been updated and should be out next week.

CCA Questions - Complete

ICB Updates PCN Engagement Leads Update Pharmacy First Update

Discussed earlier in the meeting - See ICB meeting notes from Tim Sacks and Taz meetings and IPMO PPT.

Services & General Updates - FL

Local Service Issues and any Advanced Service data. Urgent Repeat Med Service misuse.

LPC Conference attendees – 3 places 7th November

[CPA-LPC-BAU-Work-Plan-24-25-for-website-updated-May-2024.xlsx \(live.com\)](#)

Services Update on Box

Pharmacy First:

Month	Clinical Pathway per 100k	Clinical Pathways	Minor Illness	Urgent Supply	Total
April	207.68	2291 (439 GP, 79 NHS111)	1543	1478	5312
May	247.58	2738 (357 GP, 93 NHS 111)	1296	1712	5746

June	238.04	2636 (329 GP, 72 NHS111)	1393	1455	5484
July	294.53	3266 (306 GP, 55 NHS111)	1136	1853	6255

Pharmacy First: BSA data, pharmacy level detail April and June

- 179/181 contractors are signed up to PFS Advanced Service
- In April the threshold for £1000 payment was 5 Clinical Pathways and in May it was 10 Clinical Pathways
- Of those registered in April, 15 pharmacies recorded zero clinical pathways in April and 19 recorded between 1-4
- In May, 13 pharmacies recorded zero clinical pathways and 44 recorded between 1-9.
- We have been focussing on these pharmacies to ascertain the support that would benefit them and intervention at PCN level with surgeries to try to increase referrals.
- We are looking for committee input around OTC conversion to clinical pathways or any other ideas for engaging staff to identify those eligible
- Caroline wants to share her idea about motivating staff.

DMS

Month	Complete (£35)	Incomplete (£12-23)	Total
April	44	16	60
May	65	25	90

2024-2025

Month	Complete (£35)	Incomplete (£12-23)	Total
April	107	22	129
May	46	29	75

NMS

Month	no.	contra.	average
April	4289	154	28
May	4645	157	30

2023-2024

Increase in numbers providing NMS and average claim

BP

Month	BP	ABPM	% conversion
April	1840	139	7.5
May	2668	158	5.9
June	2692	132	4.9
July	2159	113	5.2
Total	9359	542	5.8

2023-2024

Month	BP	ABPM	% conversion
April	3740	236	6.3
May	4434	207	4.6
June	3581	227	7.7
July	3298	226	6.9
Total	15,053	896	5.9

Clinic readings have increased 60% yoy. Working with PCNs to get patients directed to pharmacies for clinic and ABPM checks via text.

Contraception


Month	Initiation	Continuation	Total
April	32	119	151
May	42	171	213
June	40	183	223
July	51	274	325

2024-2025

118/181 are registered currently for contraception service. Under half actively provide it each month.

Local Services Update:

- Palliative Care EOI went out and have been received by ICB who are now in process with contracts for the increased number of pharmacies (25) but contract was sent without ICB or LPC view of the final document. It is back with ICB for amendment.

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- Working with ECRG to resolve some 'teething problems' but have escalated back to County Council to meet with commissioners regarding their approach.
 - New Warwickshire tender for DUS in progress and expecting proper price uplift and new schedules of payments from the new provider (when decided)

ANNUAL GENERAL MEETING - 13.00-14.00

Declared open at 13.00 and votes received via post / email.

Annual Report (FL) and CPE Update – JH

Voting for Contractors attending AGM

Totals confirmed – 40 votes to accept Accounts 2023/2024.

AGM declared closed at 14.00

Engagement & PR & Marketing - FL

MP engagement – all contacted awaiting responses

Marketing for services – MOU allocated for PCARP services support – OC CPPE training costs

£20,000 resources for: services promotion, training, stakeholders support and marketing activity

CCA Questions SG 14.30 See proposed responses on Box

AOB

Marketing feedback SG & FO due first week in October 2024 – virtual meeting booked 3rd October 9.30am. Other members to feed any information before then.

Contractor Visits - 15:00 North Warwickshire Visits

Meeting closed.

Minutes signed off 9th January 2025