

Minutes of the meeting of Community Pharmacy North East Central (CPNEC) held on 7 September 2023 at Chester-Le-Street Cricket Club, Ropery Lane, Chester-Le-Street DH3 3PF.

In attendance:

Emma Morris
 Raminder Sihota
 Paul Arnett
 Mukarrom Hussain
 Lee Middleton
 Derek Roberts
 Rebecca Walton
 Gordon Johnson
 Kathryn Brown
 Ian Mensforth
 Claire Thoms
 Geraint Morris
 Ann Gunning
 Greg Burke

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| LPC/037/23 | Apologies for absence: Rob Pitt |
| LPC/038/23 | <p>Introduction Emma reminded everyone of declaring interests as appropriate during the meeting.</p> <p>Confidential items were discussed at this point. The details are recorded separately/</p> |
| LPC/039/23 | <p>Minutes and action log from the July meeting. The content of the minutes was agreed as a true and accurate record of the meeting. Greg took members through the action log. The content was noted. Action: Greg and Lee to agree a process for issuing the PharmOutcomes sub licence invoices.</p> <p>It was noted that Gordon's last day as an LPC member will be 22 September. Action: Greg to initiate the process for appointing a replacement. During the meeting Greg confirmed with CPE (James Wood) that CPNEC can choose to look at the composition of the pharmaceutical list at the time of the resignation to determine the nature of the vacancy e.g., AIMp, CCA or independent.</p> |
| LPC/040/23 | <p>Update from the CPE Northern Representative Sami Hanna joined the meeting and remained for its duration.</p> |

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| | <p>Sami informed members that the Department of Health (DH) is adamant that it will come in on budget at the end of the financial year. He explained again how the concessions system works acknowledging that it isn't perfect. There is a view that it isn't just the concession system that needs changing but the whole contract. There was consensus that during the next 6/12 months the situation for pharmacies will become even more difficult.</p> <p>Sami responded to a query from the July meeting i.e., why can't the NHS have just one IT provider. He explained that the Government has created an API; anyone who meets the requirement of that can be a provider.</p> <p>Sami asked CPNEC to promote the CPE contractor webinar on 18 September. Action: Greg</p> <p>Paul suggested that CPE should provide regular feedback to pharmacies as a way of demonstrating that it has heard and listened to them. Sami said that CPE does that already via newsletters, webinars etc.</p> <p>Sami reported that CPE is now lobbying at a parliamentary level. Raminder said that Wales is in the process of moving to 84 days prescription intervals and asked that CPE begins to give some thought to how this could be made possible in England.</p> <p>There was a brief discussion about the forthcoming LPC Conference. Paul asked for a breakdown of how CPE is spending the additional money generated via the increased levy. Action: CPNEC (Exec team) to write to Janet Morrison at CPE.</p> <p>Sami talked about the hypertension service. Activity could be higher; this is making negotiations for more funding more difficult. Too few patients are receiving ABPM. There was a query whether CPNEC should be doing more to support this e.g., training event. Action: Exec team. The SHAPE tool provides data on activity for this and other services.</p> |
| LPC/041/23 | <p>Heather Frith, Clinical Public Health Lead, Sunderland City Council</p> <p>Introductions were made. Part of Heather's remit is the commissioning of community pharmacy services. Current CP services have been commissioned for a further 12 months with an option to extend for a further 12 months. In the next 12 months Heather will be putting together an options paper for the commissioning of services, PSNE Ltd will be referenced in the paper following a recent discussion with Geraint and Ken Youngman.</p> <p>Heather said that CPNEC will receive new service specifications by the end of next week.</p> <p>There was a discussion about the problems experienced in accessing the services portal; its use can be a barrier. The case was made for moving to PSNE Ltd as the way of commissioning services.</p> <p>Geraint said that, once the current flu/covid season is complete there is a good opportunity to explore doing things differently in Sunderland in terms of new services.</p> |

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| | <p>Derek suggested introducing more PGDs citing the success of the UTI service as an example. Another suggestion was accessing virtual GP appointments from pharmacy consultation rooms. Heather has already begun to explore a weight management service. Heather also said that Sunderland is starting to work more collegiately with Durham.</p> <p>There was a discussion about the impact of pharmacy closures/reduction in hours. Raminder stated that if a gap is identified out of hours then a service to meet that need must be commissioned from existing pharmacies.</p> <p>There was a discussion about when service fee structures were reviewed most recently, it appeared to have been 2017. Heather was informed that CPNEC has a services subgroup; it can help in any fee review.</p> <p>LUNCH</p> |
| LPC/042/23 | <p>Clinical oversight/leadership post After a discussion it was agreed that the council should advertise the post amongst the pharmacies in CPNEC. The LPC can help in that process by circulating it to pharmacies. Action: Greg</p> |
| LPC/043/23 | <p>Directors and officer management liability insurance The committee agreed to take out this insurance via CPE. Action: Greg. Also, in the forthcoming year, review how this insurance differs from the liability insurance taken out centrally by CPE on behalf of LPCs.</p> |
| LPC/044/23 | <p>Verbal update from communications team meeting on 8 August Greg informed members of the topics which had been covered at the meeting. Action: Ann to establish a WhatsApp group for Durham pharmacies. The content of the communications subgroup Terms of Reference was ratified.</p> |
| LPC/045/23 | <p>Sunderland PNA Steering Group It was agreed that Emma, Paul, Ann and Mukarrom would make themselves available to represent CPNEC on the steering group. Action: Greg to notify Heather Frith.</p> <p>It was also suggested that CPNEC should seek to secure a seat on the Sunderland Health and Well Being Board. Action: Greg</p> |
| LPC/046/23 | <p>CPNEC Asset log Members had received a copy with the meeting papers and noted the content. Action: Greg to include the Sunderland LPC lap top and mobile phone in the log.</p> |
| LPC/047/23 | <p>Digital screens pilot evaluation The item was for information only; members noted the content of the report. Action: Newsletter article informing pharmacies that NECS does have communications content available for use by providers. There was a discussion about the pilot and what happens when it ends. Paul confirmed that it ends on 31 October 2024. Action: Greg</p> |

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| | to seek clarification from Andre Yeung and 9ways. Possibly invite Andre to the November meeting. |
| LPC/048/23 | CPE Guidance: Roles of LPCs Members noted the content of the guidance. |
| LPC/049/23 | Finance update Lee briefed members on the balances in the CPNEC accounts. He confirmed that each month levy income is between £17k and £19k. Action: Greg to include the possibility of a levy holiday to be included as a November agenda item. |
| LPC/050/23 | CPNEC Draft strategy Members had received a copy with the meeting papers. The content was noted. It was agreed that groups of members would each look at the content of one section, provide comment and feed back to Greg. Action: All. Action: It was agreed that the “Enabling” title should change to “Enabling and Finance.” Greg Action: Resubmit to the November meeting. |
| LPC/051/23 | Update from the services subgroup meeting – critical coaches Paul briefed members on the content of the discussion at the recent subgroup meeting. There is £48k non recurrent funding for the role(s). Greg briefed members on the content of his conversation with Katherine Maxwell, a member of the CPNEN team. Emma informed the meeting that Joy Cooper, PCN lead for Bishop Auckland, had expressed an interest. Sami outlined the model used by G & ST LPC. There was consensus that the critical coach role should be advertised, and it was noted that at least a couple of pharmacists may apply. Further discussion is required at the next Exec team meeting in October. Action: Greg Action: Greg to speak with the two pharmacists which have been providing intermittent critical coach support and advise them that CPNEC is looking again at the critical coach role. Also, request outstanding invoices from them. |
| LPC/052/23 | Services update Ann provided an update with regards to the ICB services. It is hoped that recurrent funding will be secured for the emergency supply service, at least until 31 March 2024. The 7 day follow up phone call will no longer be a requirement of the UTI PGD service. In response to a question from Paul, Geraint said that PSNE Ltd will probably receive the additional funding in mid-October. It was noted that until it is received PSNE Ltd is operating at a financial risk. There was a discussion about the Autumn/Winter flu/covid vaccination programme. Action: CPNEC to promote the uptake of the covid vaccine by pharmacy staff. There was a discussion about the Discharge Medicines Service (DMS); data shows that referrals are being made but many are not |

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| | <p>being actioned as the referrals do not specifically state “DMS referral”. It must be remembered that DMS is an essential service. Action: Greg/Sami to draft some comms to pharmacies to be used across the ICB. <i>IP Pathfinder sites</i> Emma provided some background in relation to the status of the local submission. The ICB will provide an update later this month. There is an ask for existing lps to act as mentors for new IP trainees.</p> |
| <p>LPC/054/23</p> | <p>Contractor queries With regards to the query from a contractor regarding the issuing of 3-month prescriptions for items that are in short supply, members agreed that this was probably not appropriate. Action: Greg to contact the contractor and suggest that he holds local conversations with the surgery about the possibility of reissuing prescriptions for a month.</p> <p>Greg provided a description of another issue raised by a contractor in which the pharmacy raised concerns about the actions of another pharmacy. Members noted the issue and suggested that the pharmacy produces a template letter to give to patients so that, if appropriate, the patient(s) can escalate the issue to the ICB. Action: Greg to contact the pharmacy.</p> <p>A third query had been raised by a contractor; he had suggested that, for any product that has had a concession agreed in the past two months, the pharmacy can take a decision to supply for just one month. It was agreed that again this was probably best dealt with via a local conversation. Action: Greg to inform the contractor.</p> |
| <p>LPC/055/23</p> | <p>Any other business Emma briefed members on the content of the discussion with the place-based MO team (including Dr James Carlton and Kate Huddart) in relation to the slippage money from the respiratory pilot. Members agreed that, as the money has been paid over to PSNE Ltd via the LPC, and that the CCG no longer exists, the slippage money is now the property of the LPC, and it can decide how it should be utilised. Members agreed that it can be purposed to fund an engagement/education event with CPNEC pharmacies. Greg was asked to send a save the date (for 17 October) to CPNEC pharmacies. It was agreed that the Ramside would be an appropriate venue. Action: Greg to approach members to join a working group to progress the event.</p> <p>In relation to securing additional PCN Leads funding Lee asked for clarification to be sought from Mike Maguire. Action: Greg</p> <p>Geraint informed members that the ICB will shortly be inviting expressions of interest from CPNEC pharmacies to participate in an inhaler return scheme. The draft documentation in relation to the proposal needs a lot of refinement. There was consensus that when</p> |

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| | <p>CPNEC sends out communications to pharmacies about the scheme it will need to be carefully worded as it is likely that little or no funding will be attached to the scheme. Action: Communications subgroup.</p> <p>In response to the possibility of NHSE introducing a policy whereby pharmacies need to begin each day by making a declaration in relation to their capacity status the committee was very clear; it cannot support such a scheme. Action: Geraint to feed back the committee's position.</p> |
| | <p>Date of next meeting: 2 November 2023 at Chester-Le-Street Cricket Club</p> |