



North East London Local Pharmaceutical Committee
LPC Meeting 17/11/2022
Full day 10:00am – 4:00pm Virtual Meeting

Present: Shilpa Shah (SS), Dalveer Singh Johal (DJ), Rebecca Dew (RD), Abi Sarangan (AS), Parvesh Patel (PvP), Faruque Gani (FG), Prakash Patel (PkP), Shazli Hafeez (SH), Pradeep Mayor (PM), Ross Fraser (RF), Ravi Viatha (RV), Kerry Webb (KW), Mina Patel (MP), Jyoti Bakeshi (JB)

Apologies: Imran Jan (IJ)

Welcome and introductions

PkP makes introductions and welcomes the committee.

SS informs committee that JB will be joining intermittently throughout the meeting.

Declaration of interests

No new DOI

Minutes and Next Steps

SS highlights the minutes were amended by Sanjay Patel for clarification on his presentation, with no major changes.

Minutes unanimously agreed.

SS goes through Next Steps from October meeting.

Email regarding not doing things for Free has been sent, SS gives feedback received from CCA regarding their concerns with the message. SS takes responsibility for concerns raised as she worded the email and apologises to the committee.

SS gives update on PCNs and GP CPCS. Reminds committee of grants received for PCN work.

SS continues through completed next steps.

SS updates committee on outcome from raising price concession issues. First steps are changing prescribing to generic, and separately need PSNC to push the issues with concessions.

SS raises next step regarding IJ's PharmAlarm. RD confirms that the reset information provided by DJ has been sent to IJ and resolved the issue.

SS informs committee there is a very clear training plan for national and local services. DJ has produced plan and SS has added and sent back, this will be launching in January 2023.

Raises need for encouragement to join the WhatsApp group, with the Next Step for RD and DJ to discuss videos and content to support services moved to January 2023.

Next Step: RD and DJ to discuss videos and content for WhatsApp group.

DJ has not received details for the person for Smoking Cessation from MP, raised in October next steps. DJ to contact MP directly.

Next Step: DJ to contact MP for details of the smoking cessation person

No real ICB stakeholder map published, therefore next step will carry over to January meeting.

Next Step: To send committee Stakeholder Map for ICB once ICB comes out.

DJ raised issue regarding low DMS referrals on call with Nick. Pushback is still using NHSMail. SS and DJ outline DMS referral issues discussed to committee.

SS outlines Pharmacy Provider group that is intended to be set up. SS has gone back to explain that the LPC is who they should be speaking to, but understands they want opinions from those on the ground. LPC has asked for clarification on funding for group participants. In October meeting, committee decided to send out EOI but this is on hold as no response to funding query. SS and Yogi from City and Hackney LPC have discussed and can use PCN leads funding and pay them out of grant, however, do not want to be in a position where we do not get going and be behind.

PvP queries whether this is regarding the Pharmacy provider group, SS clarifies that is what they want to set up. SS clarifies they have asked for one person per borough with two people that go to the Primary Care Collaboration group.

Next Step to carry over and SS will update.

Next Step: To send EOIs for members of the pharmacy provider group. One person from each borough and 2 from LPC, SS and DJ.

SS and finance committee have agreed by email for a levy holiday for January, February and March 2023. This will significantly bring down the surplus but PSNC levy will increase so will have to consider levy amount after next financial year.

No Questions on levy holiday update.

MP joins at 10:20

CEO / Update

CEO and PSM updates are sent to the committee in the meeting papers one week ahead of the meeting.

No questions raised by Committee on presentations.

GP CPCS/DMS/Hypertension/Smoking Cessation/Local services/Ordering Rx's

SS updates committee on GP CPCS with 32k referrals in NEL. Down to only having 500 stuck on the system. LPC are working on talking to pharmacies regarding issues with logging in and access, with plans to continue to work on those with referrals that remain on the system.

SS – Looking at adding hypertension and contraceptives on until the 2025. However, works out to a significant amount, so may not be signed off. P

SS informs committee of Incident where patient was put though on Sonar information was delayed getting into the surgery and the patient as double jabbed, which was not picked up at the surgery due to language barrier.

SH reminds members that if colleague raise issued where patients cannot afford medication, to raise in the comments of GP CPCS referral to highlight the need for MAS service to be recommissioned to ensure it gets back to providers.

SS updates on smoking cessation, informing the committee Barts are due to go live. Pharm refer is going to be used for the service. SS clarifies with DJ. SS sent the list of sign ups, currently 115/315 pharmacies are signed up. LPC are pushing back to clarify if they are ready to refer. Barts are ready to refer too and will be pushing in the boroughs neighbouring Barts.

SS clarifies that any pharmacy doing more than a certain number of ABPMs per week will have another machine paid for. SS thanks Abi, Eric and Jignesh for going to houses of parliament for the BP event on Tuesday and providing blood pressure checks. SS and DJ also went and the feedback was overwhelmingly positive.

AS gives feedback on the event and informed committee that where BP checks are needed for contraceptives and HRT, surgeries are referring as they don't have the appointments. No MPs from NEL attended, LPC did send an invitation and asked members and supporting pharmacists that are constituents to encourage attendance. SS discusses interations with MPs and PSNC, asks members to let us know if any MPs locally are willing to visit pharmacies, ect.

Havering are piloting a smoking cessation service to be trialled in 8 pharmacies. LPC has sent the EOI email, have been asked why only certain postcodes and have relayed LAs desire to target high smoking areas and can only have 8 pharmacies. Only 1 EOI for the service has

been received, SS highlights lack of communication and engagement from pharmacies for services, and asks for members opinion.

RF highlights the workload driven from PQS, flu and COVID for those involved is a high workload and may be worth pausing until mid February. Challenging actions and criteria for PQS this year which is time consuming and may be driving people to not respond to emails and not want to take on more services.

SS agrees that in terms of weight management for PQS, LPC has seen the huge amount of workload involved. SS has planned some work regarding EOL services however, LPC has not had as much involvement with PQS. For EOL, LPC has been in discussion and needs to check if the EOL services available and PSNC formulary medicines match up. If not, pharmacies will need to signpost to a pharmacy that holds the medications. SS notes that it cannot be publically advertised which pharmacies hold certain EOL medications as increases risk, but pharmacies update their DOS profiles.

AS informs committee that in her havering store, she communicated with the local hospice and queens hospital and received a list of providers.

SS confirms she has list, but needs to check formulary is the same as the PSNC list.

SS informs committee that the Mental Health in pregnancy went live this week, 10 pharmacies have signed up. SS briefly outlines the service.

SS - In terms of local services, redbridge smoking has gone to tender. WDP and other organisations had asked if CP would be interested in smoking cessation services and we have said yes. LPC have suggested the training requirements should meet national requirements.

DWP has agreed not to switched Methadone to Physeptone following conversation. CGL has not agreed. SS had contacted the clinical pharmacist and said that NEL will not take up the service spec that has been suggested. Since, have come back with more questions but have asked when the contracts in each borough that are CGL services are up for renewal so that SS can discuss with local authorities. Notes extra money was given for support for substance misuse post COVID and pharmacy has been missed off. Raises possibility for Naloxone in addition to service.

SS puts to DJ for any further services updates, DJ agreed Smoking Cessation in Havering is the latest update and outlines to committee.

SS updates committee on the vaccine hesitancy service, and that the LPC is a finalist at C&D awards tomorrow. 50K funding was given and only spent 21k therefore, asked to extend the

service and commissioners have agreed. DJ confirms top pharmacy has done 253 interventions. 48% of interventions have ended up with having a vaccination after pharmacy conversation. SS is presenting and encouraging the use of pharmacies to do these interventions for all vaccinations across NEL.

SS updates committee on the current situation with ordering prescriptions. If LPC were to send out guidance regarding the way of ordering prescriptions, we would need governance committee to sign off. LPC are currently dealing with issues locally.

PvP outlines resolving issues on a surgery by surgery basis, has shared basic protocol on how to order prescriptions and contacted them asking what clinical issues there are. Once one surgery has been resolved, will move onto the next and highlight the guidelines they would like to be adhered to.

SS reiterates that is why any guidance published must go through governance committee to ensure guidelines are correct and appropriate.

RF queries if this is about pharmacies ordering prescriptions from surgeries. PkP outlines issues raised at previous meeting.

SS highlights the need for local communication between surgery and pharmacy to resolve

PkP highlights that a lot of GP practices such a fluid movement of staff moved onto other jobs, and short staffing issues. Also some prescriptions are sent to pharmacy 2U and when they cannot deliver, duplicating prescriptions to send back to pharmacy. Issues with patients that have been on Ventolin and changed to salamol, they get the script changed but then the salamol is still there. Surgeries do not know how to implement repeat dispensing and staff require further training, particularly with repeat dispensing.

SS has sent an email regarding NEL workforce awards. SS raised the need for community pharmacy categories which was accepted, but no nominations were received. Where 1 nomination was received, it was for a pharmacist working in a surgery full time. Therefore, the person nominating also thought the pharmacist in the surgery is a community pharmacist. SS had explained the difference between community pharmacy and GP pharmacy. LPC has resent out the awards, but situation highlights the issue that within the workforce, there is lack of awareness.

FG raises his experience with ordering issues with his local surgery and highlights the importance of well documenting issues. FG hopes issues can be resolved to ensure better results for patients receiving care as they are suffering as a result.

SS outlines the issues being experienced in pharmacy and raises them with the LPC.

MP gives experience of receiving calls during the day for emergency supplies as no doctors around, issue is not that pharmacy is not ordering, rather there are no doctors to prescribe. MP highlights issues with not ordering for over 7 days.

Next Step: MP to send SS evidence of issues with local surgery

Pvp highlights the need for pharmacies to ensure they are keeping evidence of these issues to raise.

AS gives experience of the same issue, and highlights the importance of NHS Mail to send your request, keeping a trail which can be used as evidence which could be taken to the practice manager. In her experience, within a week training had been undertaken and workforce had been trained and issue resolved. AS informs committee of a template on NHS mail which makes it easy to complete for requests.

SS suggests also speaking to surgeries about GP CPCS to support them with workload.

RF raises moving patients onto the NHS apps, allowing patient ordering rather than pharmacy.

Committee discuss and some members raise their disagreement with the use of apps.

ICB are very supportive of community pharmacy.

5 minutes confort break at 11:05 – 11:10

Meeting resumes at 11:15

Committee discuss LPC nomination for CD awards.

SS raises the suicide training available and to encourage staff

RF states Mental Health First Aid is great training and supports pharmacists being able to support patients in ways they different from the usual.

SS to move lunch as meeting is ahead of schedule.

Finance Update

SS passes to Shazli for a finance update.

SH clarifies that statements have been sent to all prior to the meeting. LPC are making a saving on virtual meetings and not yet employing a second pharmacist.

SS highlights the LPC are at a point where there is a lot going on. Recommendation for a technician to support with ICB money. SS asks committee if LPC can spend part of the

second pharmacist money for the meantime, and DJs time on GP CPCS will be offset with the grant money.

SS puts Request to committee to utilize some of the second pharmacist money on a part time/ad hoc basis

Committee unanimously agree.

SH continues finance update.

In terms of finance statements, the main thing to note is the transfer to Account 2 to separate levy money and grant money.

SH Outlines new process for the 2 person verification for payments, confirms SH and RD have online access and a card reader. SH further outlines savings from virtual meetings, savings in travel and parking. Sponsors are helping with training costs, in comparison to what the LPC used to spend historically, there is a huge saving and the LPC is great value for money.

PkP states it is good for governance that the second account is kept separate. Queries who the signatories are on the account.

SS clarifies the process for RD and SH uploading onto the account and clarifies that the LPC is in the process of adding JB on the account as a third signatory.

PM is still on the bank however, will be removed when JB is on the bank.

PkP expresses gratitude on behalf of the committee for members and staff dealing with the bank change.

SS raises that at the end of financial year, both accounts need to be reported. LPC are only awaiting the grant for eLPR, and clarifies there is no tax liability as these are grants.

SH queries equipment that remained with previous committee member, Farhan Moulana.

SS confirms the operations team raised with full committee and comments raised were discussed by executive committee. Equipment has since been donated and charity confirmed receipt. RD clarifies email from Ilford Muslim Society has been received to confirm receipt of equipment donation.

SS confirmed so there is now no further equipment from the old office.

PkP queries how much the levy holiday for three months will cost the LPC.

SS confirms approx.36k of each month for three months, approx. 108k.

SH raises as treasurer, that the amount of money in the bank is a burden and huge responsibility. SH queries if the LPC are going to be at detriment with the amount of funding in account.

SS states no, as money is given by contractors, and for specific projects we should not be using levy money outside of staff time. Finances are transparent and on the website, and will be reviewed in the meetings in the New year, once the levy holiday has finished and the tax bill has been paid as well as the PSNC levy increase.

SS informs committee that the budgeting the LPC has done has caused a surplus, but the budget will be tighter in second year to reduce surplus. However with all the upcoming changes, this is not the year to further reduce levy fees. It would be better to give holiday where money unused rather than keep moving the levy fees up and down.

MP queries if the reimbursement for Committee members meetings can be raised from the current £300 or up to £350 with an invoice.

SS highlights that NEL is the highest expense payment, and London is the lowest in rates so it would be difficult to justify.

Committee members discuss experiences with locum rates.

PkP raises difficulties with finding locums to cover during half term and weekends in particular

SS clarifies the LPC meetings are booked in advanced and not during holidays to support these issues, and is therefore difficult to justify higher expense claims.

PM queries whether the LPC have received the tax bill on investments yet.

SS clarifies it needs chasing, RD to chase next week. The accountant Dee has estimated 20 – 30k.

Next Step: RD to chase current situation with the tax bill.

PM raises that with the potential tax bill taken out of the current surplus, the LPC can likely give more of a holiday.

SS highlights the need to be mindful of rise in PSNC levy fee and potential merge. No need to rush as the January, February and March holiday can be extended should there still be sufficient surplus.

FG queries whether surplus must be brought down before a potential merge.

SS clarifies there will be a clear toolkit which we will have to follow in order to safeguard everyone from a finance and governance point of view.

SS puts to committee whether they are happy to agree an amount the CEO can spend on office expenses, or would they like any further approval requirements.

RF raises need to have a petty cash amount to ensure SS can purchase necessities for the LPC.

Pkp suggests committee should agree a sum and suggests £50.

SS gives examples of small purchases that have required approved.

Next step: SS and RD to look at expense policy and ensure there is clarity on what can be spent

RSG/Constitution/TPAR work/PSNC-LPC role

SS updates committee on current situation with RSG and LPC constitution.

SS sent out draft constitution from Gordon Hockley, PSNC want every LPC to adopt the draft constitution. Historically NELLPC has had their own, complex constitution. However, this will have to be put on hold in the meantime as there is some feedback which needs final clearance. Once it is signed off, LPC will bring it back to committee to authorize via email for an EGM in the new year for contractors to adopt. Currently as an LPC, NEL are following national guidance. However, if every LPC adopts the new draft constitution it will be consistent and adopting it at NEL is the right thing to do.

SS raises the subcommittee discussion with City and Hackney LPC regarding the potential merge and a discussion followed.

RF raises the change of percentages of CCA and Independents members following a merge, and as committee numbers will stay the same, some members will lose their places.

SS explains the upcoming process for committee member elections in 2023, which has been pushed back.

PvP queries spreadsheet of NEL contractor levys.

SS clarifies this will be done in Part 3 of the toolkit, as the way the levy will be paid will be changing too.

PkP clarifies calculation of levys is currently on items and is a difficult calculation, the LPC will likely need to get advice on this.

Committee discuss breakdown of levy fee calculations

SS clarifies calculating levy fees is not within the LPC remit, is for PSNC to work on and will follow the toolkit to remain consistent and in line with RSG decisions.

NEL are happy with the merge and are awaiting C&H to agree, and then will put to contractors in an SGM for decisions to be made and will then look at finances.

Contractors and figures will then be considered in March.

Lunch from 12:07 – 1:00pm.

Meeting resumes at 13:02

RSG/Constitution/TPAR work/PSNC-LPC role - Continued

SS raises the 1 day a week position for an LPC CEO or another member to join PSNC 1 day a week. SS met with exec committee and asked if it would be okay for her to apply. Executive committee agreed. SS has applied and is waiting for a response. Has sufficient support with existing office staff and had asked for agreement to use some of the second pharmacist funding where needed.

JB queries if is this a paid position

SS clarifies backfill is paid and will work out how much work will need to be done.

JB clarifies SS role would be four days with NEL and one day with PSNC and PSNC will pay backfill for one day.

PVP clarifies executive committee would treat as separate job

SS clarifies best way is to invoice PSNC with the amount for one day a week.

SS if anyone has concerns please raise to be minuted. SS uptaking the position would be beneficial to NEL and reputation for the LPC.

PkP clarifies executive committee did discuss but asks SS to clarify she will be doing minimum of 35 per week for lpc?

SS clarifies she will be working 28 hours over 4 days with the LPC, and 7 with PSNC as agreed at the exec committee.

PkP queries whether PSNC would then pay for annual leave, ect.

SS clarifies it would be split

MP queries if it would it be easier to split and then change SS position to a contractor, raising issues with tax and pension contributions.

SS clarifies position would be short term, and will ensure PSNC backfills in the appropriate way so as not to cause any tax implications for the NELLPC.

SS suggests arranging a meeting between PSNC representatives and treasurer for assurance tax and obligations will be met. SS raises that If there comes a situation whereby committee feel SS work is being affected, for members to raise.

SS reminds committee members that when completing expense claim forms, all details need to be included every single time, including bank details. SS acknowledges how busy committee members are and suggests it may be beneficial for RD to print and bring physical versions to complete on the day.

SS raises instances where emails are received at the LPC, with members legacy emails copied but the emails not bouncing back. SS asks committee whether anyone is still using the old outlook email.

Committee members all give assurance that legacy emails are not being used.

Next step: RD to look up how long dormant outlook accounts remain active.

SS asks if committee members are happy for their current emails to go on the website, or whether they would prefer an alternative email or their address to remain private. Committee unanimously agree for their emails to be shared on the LPC website.

Next Steps: RD to put committee members emails on website

SS informs committee PVP has been attending the TB meeting for Newham, DJ has recently started to join the meetings from the LPC. The latent TB group are putting in research bid for extra funding. SS asks committee for authorisation for a letter of support from the LPC. Committee unanimously agree for PVP to write letter of support.

Next steps – PVP to write a letter of support for the latest TB group.

SS raises the NEL Workforce awards and asks committee members to encourage colleagues and nominate appropriate candidates before the deadline. PkP queries what the nominations entail and whether they will support with workforce. SS clarifies these are nominations for awards. Reiterated there is one for best GP, Initiative, service and so on, and highlights that SS had pushed for a category for Community Pharmacy and this was accepted.

Next Step: RD to resend workforce awards email as soon as the meeting has ended.

SS with regards to help with workforce, there are a large number of contractors that have not completed the Mandatory Annual Workforce Survey, with 160 NEL contractors still outstanding.

MP queries whether we can we send a list to know its been done.

SS clarifies the LPC cannot send out the list, but members have access to the PSNC site and can access the updated list via the member area.

SS informs committee RD will begin chasing outstanding pharmacies from next week with more targeted emails.

PkP raises that some are not completing as they are fully staffed and have concerns that their staff may be poached. PSNC have assured that that is not the case but understands the concerns as community pharmacy has already lost a lot of workforce and this survey raises concerns regarding further poaching of workforce.

SS highlights the need to trust information is for HEE, and raises that is a mandatory survey for contractors to complete and would not want contractors to get breach if they fail to submit a response.

Members discuss difficulties in maintaining community pharmacy workforce.

SS raises that Kings fund and Nuffield trust are working with PSNC to create another vision for pharmacy. Informs members that a survey must be completed and asks members to ensure they complete and encourage others to do so.

SS to submit survey response on behalf of LPC.

Committee unanimously agree

SS has been asked to join the steering group, has also been asked to sit on the workforce group to input into the vision. SS highlights the need for this to be done quickly as the vision will feed into negotiations that start in July 2023.

SS will be on annual leave for Saturday for a week. Therefore, this months meeting minutes will be late on this occasion.

The LPC had a discussion about FCC and closed off the action of sending out an email advising contractors that they should contact FCC with queries as the LPC had no association with FCC.

JB raises the email that went out on Tuesday, and queries whether the LPC are sending a statement to reword/retract. JB notes she is conscious that all members are responsible. SS informs JB that this was raised earlier and the committee have agreed not to send a statement.

SH highlights SS has taken liability for the email.

Pvp suggests adding a statement on the Friday Bulletin.

JB agrees to adding a correction in the Friday bulletin.

Next steps: RD to add correction at the bottom of this weeks Friday bulletin.

SS clarifies takes full responsibility as wording was not clarified with the committee before sending the email.

PSNC Update

Pkp presents PSNC update to the committee.

PSNC update paused for presentation from TC.

Tony Carson London Integration lead

TC joins at 2:30pm.

TC introduces himself to the committee.

Pkp welcome Tony carson and introduces himself.

Committee members give their own introductions.

TC will run through presentation and share slides after the meeting.

TC begins presentation to brief NEL Committee. Gives background on pharmacies in NEL, the 5 year deal and services highlighted. Organogram of the plan at a national level, and at regional levels, including new posts which have been appointed. TC notes the current freeze in recruitment at NHSE. CP Clinical Lead advert is currently open and has been circulated.

Integrated care, provided funding for NHS trust for support with DMS and smoking cessation and Urgent treatment centres into GP CPCS.

Overview of expectations from Regional Senior Pharmacy Integration lead and ICS Community Pharmacy Clinical Lead.

Updates committee on Community Pharmacy Clinical Services. Notes for Contraception tier one to roll out and awaiting feedback from pilot for tier 2.

CPCF achievements - shows how the new services have been increased and delivered across the 5 year plan. Numbers of referrals can improve, however NEL has done well due to the work done by the LPC working well with the ICB.

Demonstrates integrating community pharmacy clinical services. For example, 111, arranging palliative care medicines in PQS, prevention and the BP service, restarting smoking services and referrals from hospital. For NEL, barts have begun DMS referrals. Pilots to start soon for pharmacies to refer directly into cancer services however, London is not a pilot area. Improving long term conditions and support with inhalers.

TC gives an overview of the volume of data received and work being done on how data can be shared in a useful way. Working group on DMS and will be starting one on the smoking service.

Transition for when ICB takes over commissioning from April next year. The current teams will still be in place but the ICB will be responsible for commissioning however, pharmacies will unlikely see much difference.

Working on a pack that will go down to ICB level. Regional analysts are working trying to use BP services to start with which will come down.

Gives example of data received using DMS referrals per 1000 discharges.

Gives overview of data highlighting this is from those claimed, some may not claim, there are margins of error.

Another example for NMS per 100,000 items dispensed. London is in the green, performing better regionally as opposed to DMS. Is a requirement for PQS. Referrals are going up month by month.

BP check data for London, referrals are going up. Dip in December, however likely due to claiming rather than checks decreasing. TC shows further data visualisations showing BP

checks by area, with comparison to nation average. Number of pharmacies that are registered to provide, NEL is higher than the London average. 54% of total are live and have claimed. Over 20k patients have had checks carried out in NEL.

SHAPE atlas launch, overview of the data and has been accessible to NHS and public health professionals from October 2022.

Independent prescribing as part of CP clinical services. From HEE from last year, reminder it is a requirement to submit the annual workforce survey.

From last year 1 in 10 IPs in community pharmacy nationally. HEE is funding 3k IP places offered through the end of March 2024. Revised education and training standards, from December 2026 every new pharmacist will be an independent prescriber. Do not commission from CPs, this has been recognized and is being worked on. It will be announced, a timeline for something happening to move forward with a community pharmacy independent prescribing programme. Is likely to be ICBs putting themselves forward to be part of it. Potential piggyback onto other services being considered. Gives examples of potential services that could be enhanced with an independent prescribing element from community pharmacy. Possibility ICB may want a completely new services whereby pharmacies can prescribe, also will likely have an element of deprescribing or swapping medications i.e. inhalers.

TC gives overview of considerations for implementation. Acknowledge a lot of issues that need to be considered and resolved, hence the term pathfinders as there is currently no definite answer.

Example of issues is stopping paper prescriptions and pharmacies will therefore need access to EPS to prescribe, which will require licenses and alignments to GP practices or utilizing EPS for out of hours and treatment centres. All potential solutions but huge issues must be worked through, including IP codes, managed by the ICBs. Also with prescribing and dispensing, should further checks be done between prescribing and dispensing / is there a conflict of interest.

JB notes the interesting direction of travel and use of IPs in community pharmacy, acknowledges this will support retention and satisfaction for staff in store. Queries whether Technicians will be able to provide BP checks in the future?

TC - HMRC have been clear that technicians providing the service will not be eligible for VAT. Currently reviewing the service specification but no details on when this will come out.

PkP thanks TC for his comprehensive report, including everything from where the ICB is, and where it would like to be. Notes clear plans and information on IPs. Queries what are TC's thoughts on utilizing PCN Leads?

TC – funding through PQS is no longer available, makes sense for the ICB to look on how to support and joint working with the PCNs in a firm way to deliver and engaging with PCNs is the only way to get most services implemented and getting the best use out of them.

PKP highlights that with Flu Vaccines, a lot of leads have been engaging locally to ensure all eligible patients are vaccinated. Asks TC to pass the message on the work PCN Leads have done to wider network.

PvP raises that DMS service is a low target set for hospitals. Notes as Hospitals do not get paid for it, they are unlikely to a refer. Highlights this would be a non starter if referrals are not being sent, how is CP supposed to carry out the DMS in these circumstances?

TC – First step is to get the organisations to do the referrals, true for GP CPCS, 111 CPCS, and with DMS even though it has been a year, still in early stages and need to reiterate the benefits to the trusts. For every 23-25 consultations, equates to 1 readmission. Improves patient experience and patient safety. Is it a reasonable target, and will be discharges where there is no need for a medication summary, but support given to the trust to help with the services however trusts have been slow to utilize the money available. Whereby London has a large trust, they should be able to start referrals. IT has been an issue and each trust got 6k to support with IT and have found it difficult to use.

PvP raises that IT should not be an issue as they send via NHS Mail to GPs and can do the same for pharmacy. Notes discharge summary quality is exceptionally poor and transcribe is difficult to understand.

TC states understanding is barts are in the process or have got PharmOutcomes

SS raises that Raliat was on last meeting and also highlighted CQUINN is a 'nice to do' as opposed to mandatory.

TC – NEL is the only place that has granted access to shared care records and enabling them. Is one of the difficulties for IP pathway, as it is expected that like other prescribers, to have access and are able able to write into them, again NEL is ahead as most as they have access.

SS queries how are we going to engage our other HCPs to trust Community Pharmacy. Gives examples of difficulties with UTIs and antibiotics. Acknowledges that despite going to university and undergoing a year training, pharmacists experience disrespect from other HCPs.

TC – can see where call handlers do not select CPCS, or patient does not wish to attend the pharmacy. Acknowledges the lack of confidence states knowledge to help call handlers understand. With wider primary care, engagement and better working relationships will support understanding for what pharmacies can deliver. TC Gives examples of joint work from pharmacies and GPs locally in NEL which supports understanding of the role pharmacy can play.

TC - One of the things we have lost ability to engage, it has massively reduced. The new post coming in should help with engagement and ensure someone from the ICB primary care team should be involved in recruitment. That person should go out into the pharmacies and other health care departments to improve the integration.

SS highlights this was a fixed two year post, up until end of September 2024.

TC – due to a single recruitment process, followed by mergers and a recruitment freeze, the position has therefore been pushed back to the ICB.

SS notes it is positive the position has gone out to advert but it is a shame this will now be a 1 year as opposed to 2, however, hopefully funding will be extended. Appointed person will have to work closely with the LPC.

SS thanks TC for his presentation and invites to come back to future meetings.

TC notes he would be happy to join again and post is filled, they would be a regular attender, and be sending through the data.

SS and DJ have access but do get data from PSNC.

SS thanks Tony and TC leaves meeting at 3:30pm.

PSNC Update - Continued

PkP resumes PSNC update

AOB

Pkp notes the positive interactions with TC and the committee during his presentation and suggests inviting him to more meetings in the future.

SS highlights how the reputation of NEL has improved and we will keep inviting people to committee meetings to build relationships.

Meeting Closes at 15:40