

**Community Pharmacy North East London Committee Meeting 13/07/23**  
**Full day 10:30am – 4:00pm**  
**City Gates Conference Centre, Ilford**

**Present:** Shilpa Shah (SS), Dalveer Singh Johal (DJ), Abi Sarangan (AS), Rebecca Dew (RD),

**Committee:** Parvesh Patel (PvP), Nickil Patel (NP), Jyoti Bakshi (JB), Gulveer Sura (GS), Shazli Hafeez (SH), Ross Fraser (RF), Kerry Webb (KW)

**Apologies:** Mina Patel (MP), Faruque Gani (FG), Prakash Patel (PKP), Ravi Vaitha (RV)

Meeting begins at 10:35am.

## **Welcome**

SS welcomes first meeting as merged committee, under CPNEL.

SS outlines that we are NELLPC on official basis such as with NHSE, and CPNEL publicly.

SS Thanks previous committee members from NEL & C&H for their time and service over the years supporting contractors.

Committee Members and staff introduce themselves.

RF joins at 10:38, Committee is quorate.

SS highlights all except one member has sent their DOI and confidentiality agreement, these will be uploaded on the website in due course.

SS outlines officer places in previous committee and raises that there will now only 1 Vice Chair place on the committee, as opposed to the previous 3, as the number of members has significantly decreased, as agreed at a previous meeting by the NELLPC. SS Outlines process for the recent officer elections.

Elections were held prior to the first meeting by email with RD as the returning officer. SS announces the Officers for 2023-2024.

SS announces PkP as Chair.

SS announces RF as Vice Chair

SS announces SH as Treasurer.

KW joins at 10:42

SS highlights the need to form sub-committees and that every committee should have various sub-committees.

SS opens for volunteers for the Governance Subcommittee. PvP and RF to continue.

SS opens for finance sub-committee members. SS outlines the time commitment for this sub-committee and highlights the transparency in accounts has reduced time commitment for the finance sub-committee. The finance sub-committee was previously JB, SH and Pradeep Mayor (former member). JB to continue and SH to continue as treasurer, need one other member. NP expresses interest, committee unanimously agree. JB, SH and RD all have access to the bank account so there is no need to make changes to bank authorisations.

SS opens for Contract Application review Subcommittee. SS outlines the current process for CPNEL responding to contract applications, and alignment to the PNA.

Was previous AS and MP, however, AS is no longer a member. SS opens for interest. KW agrees. MP and KW to be on the sub-committee.

The committee then have a discussion regarding a performance sub-committee. RF raises that the performance and remuneration sub-committee should be the same. SS explains in most committees this is the Exec sub-committee. The Exec sub-committee state that they are happy to do this.

SS highlights sub-committees are voted in by the committee and therefore, members should be happy that they can make decisions moving forward.

JB highlights that they should make recommendations on decisions that affect the wider contractors as a whole and bring this back to the full committee.

Members discuss and agree discretion and common sense should be exercised when making recommendations. Clarified that decisions will always be relayed to the full committee.

## **CEO update**

SS goes through update.

SS highlights differences between Pharmacy London, NHS London and NEL ICB. There is no NHS London and Pharmacy contract is now with NEL ICB, though the NHS London team have moved across to NEL ICB to support this work.

SS raises recent conversations regarding BH Rota. SS outlines old fees and the new negotiated fee with mandatory opening hours.

SS outlines discussions and decision-making process for the allocation of BH rota.

SS highlights that service performance with other services is now a consideration when commissioners go out to EOIs.

SS raises new COVID Treatment service. SS outlines the service and associated fees in NEL. SS updates the committee on the discussions had and decisions made. SS outlines the agreed process, required work and associated remuneration and funding.

RF queries uptake. SS outlines the numbers from last year and the changes in habits i.e., less people taking tests, and therefore, could not give predicted numbers and is a year pilot in this instance.

NP queries If the patient takes the FP10 to another pharmacy, whether they can dispense.  
SS to check if other pharmacies can dispense.

**Next Step:** SS to check if other pharmacies can dispense COVID treatment FP10s

SS raises NHS Shared Email for the pharmacy, highlighting that all pharmacies should be using this mailbox. SS has spoken to some contractors who do not often check this email. SS highlights the importance of checking this mailbox and actioning messages such as alerts, etc.

SS raises the EOI for bank holiday opening did not include the fees in the initial message, and the reasoning for this.

SS has received a message from a contractor that have missed an EOI for a service and raised the suggestion that the commissioners and the LPC should hold personal emails to send direct.

SS raises for response from the committee.

Committee discuss and agree NHS Shared Mail is in our Terms of Service, and pharmacists should be checking the mailbox regularly and be responsible for checking their emails, Therefore this is the email that we should be encouraging commissioners and stakeholders to use.

City and Hackney MAS. C&H currently have walk in and referral service. They have not paid the funding in full for 2023-2024 due to the contract not being signed. Contractors in the meantime have not been paid, but SS has pushed for some funds which has now come through and contractors will be paid up to the end of June.

Members discuss the service uptake, and the limitations of the service.

SS outlines discussions at recent meetings regarding the need for a MAS and outlines a service for MAS via CPCS referral, and the associated fees. SS has raised to not push this through the provider company, As this may be too much admin for the company to manage and instead has asked for payment via NHS BSA if possible.

SS outlines the negotiations she has had for this service and the process and the agreed funding as a result.

Another service SS has been working on is Health Checks in B&D. A small pilot, only 3 pharmacies will be taken on. SS outlines fees and alignment with the Hypertension service.

Members discuss service and eligibility.

Smoke Free issue in C&H has been raised as a pharmacist noticed a significant issue with payments due to the price changes for NRT. A spreadsheet has been done with the commissioner and they will pay the owed amount, over 120k. SS raises intricacy of payments as ownerships have changed since the money has been owed but she will be working through this. SS raises the possibility of issues with other IT systems and remuneration, and the importance of keeping on top of issues.

SS raises that Raj Radia, Spring Pharmacy (former Chair C&H LPC), has been accompanying her to meetings and supporting the merge and should be remunerated.

Committee unanimously agree.

## **PSM update Dalveer**

DJ goes through update regarding local services.

Raises B&D service. Performance did not match where needed, DJ visited surgeries and have scaled back pilot to pharmacies that were delivering service.

Sexual health services in C&H, DJ is making relationships with the new areas and is focusing on uptake of Chlamydia and sexual health service.

DJ outlines a pilot for Hypertension he was made aware of, with a private company and independent prescribers, DJ has been in discussion with them so community pharmacy can be considered in Pilot for referrals. Members further query the funding and service and discuss.

DJ raises an issue with a surgery wanting to remove a pharmacy from a service due to their performance and delivery issues. Reinforces need to stay on top of services and deliver.

RF asks about the EOLC formulary and can we match this to the PQS formulary for EOLC

NP raises the out of hours EOL in C&H

Members discuss local EOL services in NEL

**Next Step:** SS and DJ to look at formulary when the C&H contract is up for renewal.

**Break at 11:41 for 15 minutes. Meeting reconvenes at 11:56.**

## **PSM update Abi (GP CPCS/Hypertension/ABPM)**

SS raises a C&H Pilot whereby Opticians can take BP, and then refer to pharmacy to go through Hypertension service. Kevin Noble has agreed to put in PharmOutcomes free to opticians for this service.

This is an opportunity to capture more patients, and if there is a need in the future, they will then go direct to GP from the opticians.

SS outlines conversation and potential uptake.

DJ queries criteria

SS clarifies service spec is the same as for Community Pharmacy.

SS raises NEL surgeries referring patients for GP CPCS outside of NEL which is not appropriate (and unlikely) unless patient works outside the area or unless they are on holiday in England as the surgery should be asking the patient which pharmacy they would like to go to.

DJ has raised in writing to advise the surgery the practice not allowed as they are not getting patient consent to refer. AS has raised verbally and advised on the patient consent issue, and they have said they will take it back to their internal meetings.

**Next Step:** SS to write to the Surgeries to advise that GP CPCS referrals must be referred to the pharmacy of a patient's choice which will on most occasions be in NEL

SS raises issue of pharmacies not picking up referrals.

SS outlines the measures the LPC are taking with phone calls and ensuring pharmacy is set up and utilising PharmAlarms.

Members discuss the potential for pharmacies working together to improve responses to GP CPCS referrals in a timely manner. SS highlights the work AS is doing with visits and support.

AS reflects on experience with going into pharmacies and surgeries to support with GP CPCS.

Members raise their experiences with dealing with GP CPCS referrals.

SS raises that text messaging has not been turned on yet, and there are concerns with the pharmacies not answering the phone if patients were to call them. CPNEL are making some guides. Members discuss IT systems, pros and cons of each, and the services they use IT systems for in NEL and other areas.

Members discuss the possibility of having a dedicated team to support pharmacies with their processes for clearing referrals. Committee discuss AS role and how support is implemented, AS is dedicated to these services in her role.

Members discuss finding a solution to underperformance. Members discuss potential solutions, and the possibility of having a few meetings with contractors to outline monitoring.

JB suggests half hour drop-in sessions with screens to support.

For staff to discuss and consider at scheduled staff meeting in August

**Next step:** Staff to look at GP CPCS data and discuss potential support and targeting underperformance moving forward.

### **NHS App, ordering Rx's, MCA's and 7 day Rx'ing**

SS raises NHS App. SS has raised pharmacies will not switch patients to the NHS app in the pharmacy without remuneration. SS highlights that the app is coming and need to consider the ordering of prescriptions. Are seeing surgeries that are not allowing pharmacies to order prescriptions, and there is an associated admin burden however, some pharmacies prefer to support patient and arrange workload.

SS opens to committee for thoughts. Reinforces whilst pharmacies should not be against NHS App, they should not offer to order the prescription for the patient. Members discuss setting up the NHS app, ordering of prescriptions, and nominating a pharmacy using the app. Just do not have the capacity in the pharmacy to help them set up their NHS App. SS has suggested charities such as age concern to support set up or could be a commissioned services but do need remuneration if so.

Committee discuss and give their experiences of emergency supply and ordering scripts and using the NHS App.

NP suggests PCN Leads to support dealing with surgery issues.

SS highlights that the PCN leads in NEL are not as developed as seen in City and Hackney and they are funded differently.

C&H had a paid for dossette service which finished 31<sup>st</sup> March. NEL pharmacies are seeing issues with understanding of dossette box eligibility.

SS outlines situations whereby the dossette boxes are a reasonable adjustments under the terms of service for pharmacies. SS further outlines issues with receiving 7 day scripts and requests for dossette boxes where not appropriate for the patient.

Members discuss DDAs and reasonable adjustments, and the uncommon need for dossette boxes.

Members discuss complaints and experiences of these issues in NEL.

SS suggests LPC send out a best practice guide.

NP to share guidance document with SS.

Members discuss the rules around dossette boxes under the equality act. Discuss other areas trying to stop dossette boxes and blister packs.

CPNEL will send guidance on 7 day scripts, once approved by the committee.

Members discuss 84 day prescribing and length of prescriptions, associated stock issues and potential safety issues for the patients.

**Next Step:** SS will work on 7 day prescription guidance and share with the committee.

## **Minutes and Next Steps from previous meeting**

SS goes through Next Steps.

Yearly document will be added to AGM, to carry over.

Deputy CEO job description to be carried over.

ICB update should be ready for the next meeting.

**Next Steps:** RD to send a summary of this year at the LPC to include in AGM report.

**Next Steps:** SS to outline Deputy CEO job description.

GP CPCS case studies to be carried over, and be moved to AS.

**Next Steps:** Case studies for GP CPCS referrals to demonstrate Pharmacy liability in different scenarios.

Minutes and next steps unanimously agreed.

## **Treasurer report**

SH goes through profit and loss and budget YTD, which were sent to the committee prior to the meeting.

SS explains the 'minus' on salaries, as the funding for AS salary has been moved from the account 2 grant money, to into account 1 for this financial year. This will level out over the next 10 months.

SS clarifies account 2 funding needs to be spent before March 2024, and that the money is currently being utilised for AS salary.

SH opens for questions from the Committee.

No queries from the committee.

### **Merger update**

SS raises that C&H have still got the bank account; CPE toolkit has only recently come out so we will merge bank accounts soon. SS Updates on the situation with merging bank accounts. Shut down C&H twitter, working on website and will then merge accounts. Waiting until after 1<sup>st</sup> August to ensure levy fees have moved.

At AGM will need to report for both NEL 2022-23 and C&H 2022-23. There will also be a need to report April 2023-August 2023 for C&H, when the C&H account will close. Therefore, there will be 3 reports in total.

Committee discuss CPAF. Update has been received on how many pharmacies have completed so far.

**Next Step:** RD to send CPAF reminder in Friday Letter

SS raises the monthly PPG meetings and compares to the Primary Care Collaborative. SS attends and sees that pharmacy maturity is very low in comparison. SS wants to promote attendance to these meetings to ensure pharmacy voice is heard. SS asks members to encourage PCN leads to attend provider meetings and raise their concerns directly as they want to mature the groups to a point where SS can leave.

**Next steps:** To send committee PPG meeting link for 17<sup>th</sup> July

**Next steps:** To include committee in PPG meeting link moving forward.

**Lunch at 13:30, reconvene at 14:00**

### **AoB**

Committee discuss for potential for team development event with the money available in the budget.

Committee discuss Pharmacy London.

SS informs committee that as of 1<sup>st</sup> July, members insurance is in place and this does cover members for any previous issues, if they arise.

SS declares she is project managing for C&H's provider company, as outlined in her DOI. SS clarifies there are 2 members and 2 from the LPC on the provider company committee, and this will switch with 2 members on the current LPC once details are finalised, if the board members agree this is what they want to do going forward. SS goes through pros of having a provider company, and the reasoning for holding onto the provider company.

SS suggests that as an LPC, set up a contractor risk register.  
SS gives examples of Amber and Red instances which would be recorded.

**Next steps:** CPNEL to set up a risk register.

SS started work with PCN Leads, some have been fantastic with the hypertension service. Some areas are vacant. CPNEL want to have a simple PCN Lead Day and simplify tasks for them with a 6-month plan and ask them what they can do, and would like to commit to. Aim to for September 2023 NP queries how PCN Lead are paid in NEL. SS clarifies PCN Leads are paid £30 an hour for work the LPC has authorised or asked them to do. C&H leads are paid in advance each month.

SS raises AAR funding. Funding is available for PCNs and by 31<sup>st</sup> March 2024 all AAR roles must be filled as that will be the 5 year funding. If they don't fill it, they will not get funding. SS raises the potential for adverts to be coming out to fill these positions, moving the workforce away from CP.

SS raises the social media policy. Should add WhatsApp group, TikTok, etc.  
SS raises the issue of WhatsApp groups for committee members. Advice is to put on social media policy they must state 'all views are my own' where they are acting as a contractor.

RF raises query on how CPNEL is branding.  
CPNEL are using the CPE templates. Committee discuss new branding.

Meeting closes at 2:45pm

**Close**