

Community Pharmacy North East London Committee Meeting 21/09/23

Full day 10:00am – 4:00pm

Hyatt Regency, Stratford

Present: Shilpa Shah (SS), Dalveer Singh Johal (DJ), Abi Sarangan (AS), Rebecca Dew (RD), Mina Patel (MP), Ravi Vaitha (RV), Faruque Gani (FG), Shazli Hafeez (SH), Kerry Webb (KW), Gulveer Sura (GS), Nickil Patel (NP)

Yogendra Parmar (YP), Rita Shah (RS) and Kemi Nejo (KN) for CPCL update and lunch only.

Apologies: Ross Fraser (RF), Parvesh Patel (PvP), Jyoti Bakshi (JB), Prakash Patel (PkP)

Welcome, DOI, confidentiality and code of conduct.

SS Introduces herself to the committee and notes apologies. PkP has informed SS that he has had an emergency at the Pharmacy and cannot attend. As PkP and RF are unavailable to Chair, the committee agreed for SS to Chair the meeting.

SS thanks attending sponsors and highlights the importance of their support with regards to supporting with meeting costs.

SS opens for any new DOI on the agenda. No DOIs raised from members.

SS raises a DOI for her consultancy work, notes consultancy work is stated on her DOI form. SS feels it is important to note her consultancy work is ramping up and she has been advising a social media company for example and assures committee that consultancy work is kept separate to LPC time.

SS reminds committee of their commitment to confidentiality and informs committee of an issue whereby names and specifics have been discussed outside of LPC meetings. Highlights the need to keep certain information confidential.

Minutes and Next Steps from previous meeting

SS opens for comments, queries or suggested amendments to the minutes from last meeting. None raised.

Committee unanimously agree July 2023 minutes.

SS goes through next steps.

Regarding whether other pharmacies can dispense COVID treatment FP10s, the answer is no. If you receive one, it should be redirected to the 4 chosen pharmacies.

Next Step: For an email clarifying COVID treatment to go to contractors.

SS and DJ to look at ELOC formulary when the C&H contract is up and decide when to approach for renewal. SS outlines the cost and viability of the service, and the likelihood of renewal. SS raises the phone system costs and the current situation with ICB.

The next step regarding SS to write to the Surgeries regarding GP CPCS referrals and patients choice. Advises that AS will continue to attend to support GP CPCS. SS outlines the model being utilised in this instance.

Committee discuss GP CPCS referrals, success rate in NEL and drawbacks to the service.

Next step regarding Staff to look at GP CPCS data and target underperformance moving forward. AS is attending pharmacies and surgeries to support with GP CPCS. Has had a drop in referrals which is likely part due to investment and impact of funding finishing for GP CPCS, which reduces incentive to refer.

SS updates on the situation with a potential MAS scheme in NEL, outlines that it will not be like the one seen in C&H but will be linked to GP CPCS referrals. They have asked for more info and going back to another meeting to secure funding. SS will update at the next opportunity.

SH suggests creating a Hub to support in each area i.e., borough or PCN. SS clarifies the LPC cannot be involved in this and if pharmacists in a local area wished to do so, they can do as a federation or liaise with neighbouring pharmacies directly.

Committee discuss GP CPCS and providing services in Pharmacies, particularly when locums are in the pharmacy. Members gives experience with supporting neighbouring pharmacies in both multiple and independent pharmacies. Committee discuss the viability of having a dedicated services manager in different Community Pharmacy settings.

AS raises implementing services in day to day, similarly, to dispensing. Committee discuss and give experience.

SS reiterated the responsibility of the responsible pharmacist including locums and suggests some work should be done to support Locum pharmacists understanding of their responsibility and need to deliver and encourages the committee to ensure locums are invited to meetings and communicated to, etc.

Committee discuss utilising technicians in pharmacy, and the recent meeting and funding for training.

Committee discuss time constraints in pharmacy, particularly with lack of staff. SS highlights the need to stop doing things for free taking up time.

Committee discuss DSPs opening locally and the change in DSPs now providing services. Members give examples of DSP work done locally.

SS raises the recent guides sent from the CPNEL Office, for GP CPCS and Hypertension.

SS to outline Deputy CEO job description to be moved over.

Next Step: SS to outline Deputy CEO job description.

Case studies for GP CPCS referrals to be moved over as Abi has recently returned from leave.

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

All remaining next steps have been completed.

CEO Update/PSM Update

SS opens for questions on CEO update, for DJ on the PSM update.

No further Q's.

DJ highlights a positive news story with engagement, whereby a potential safeguarding issue was raised and a misuse of the service was discovered and dealt with. Highlights the importance of pharmacists role in the community.

SS updated members on current discussions regarding a potential MAS scheme in NEL. SS informs the committee that an extension of the Vaccine Hesitancy pilot from last year is being considered due to the success of the pilot.

SS raises that Healthwatch conducted a 'mystery shopper' project in C&H for sexual health and have published report.

Members discuss the findings published in the report from these visits.

Committee members discuss violence in pharmacy, rise in fraudulent prescriptions and the increase in shoplifting being seen recently. SS gives example that the most commonly stolen item in a Tower Hamlets is Calpol, which may highlight the need for an MAS.

Committee discuss the Hypertension service ABPM, ask about the viability of the ICB purchasing more monitors for ABPMs and the impact on waiting lists.

Break at 11:50, reconvene at 12:09

RS, YP and Kemi join the meeting during the break.

CPCL Rita Shah/Yogi Parmar

SS welcomes YP, RS and KN.

RS introduces herself and gives background on her position at the ICB.

YP introduces himself and his role at the ICB, and his role at Camden and Islington LPC.

KN introduces herself and outlines her role at the ICB.

Members and staff introduce themselves to the ICB attendees.

YG presents slides to the committee.

YP gives overview of GP CPCS and RS covers Hypertension, ABPM, DMS and Smoking Cessation performance.

YP outlines figures and data in NEL and discusses NELs positive performance for GP CPCS . SS reiterates that data is based on information available from PharmOutcomes as we do not yet have data from Sonar.

DJ queries the dip in referrals for one month, YP clarifies that was the IT switch month and data is only from PharmOutcomes so other data is likely with Sonar.

Presents further breakdown of figures by Local authority in NEL.

YP reiterates and highlights the importance of upholding patient choice for referrals.

YP gives update on progress with UEC GP CPCS and mobilisation.

YP presents data on NHS 111 GP CPCS. Gives update and discusses provider targets and activities. Outlines referrals in London, and informs committee the ICBs are keen to get traction with 111 referrals.

MP raises that some referrals are being received via email without essential details. Members raise they are also receiving verbal referrals.

YP to reach out to 111 providers, requests for members to collate incidents and feed into 111 conversations regarding scaling GP CPCS and next steps, mentions the potential to set up a dedicated mailbox to raise issues.

Next step: To send an email to contractors advising them to raise NHS 111 referral issues, and outline how best to raise the issues.

FG queries the reasoning for why uptake for 111 referrals in London is lagging.

YP states issues are multi factorial, and outlines issues with lack of training, staff turnover, incorrect opening times on DOS causing pts being sent to closed pharmacies, etc. Highlights such issues may not be the case in NEL as GP CPCS is going well, but training has been deployed to raise confidence in this service, and this is still an ongoing piece of work.

FG queries submission and reimbursements, SS and YP clarify the process.

RS begins next portion of the presentation, and talks through ABPM data, updates on place-based ABPM referrals and referral data by Local Authority area.

RS outlines referral data and rejection numbers from earlier in the year, compared to data in recent months. Highlights that referrals are going in the right direction as rejections are going down.

SS raises some pharmacies in NEL have bought additional ABPMs whereas, in other areas monitors have been funded by the ICB. To support capacity, could additional monitors be funded for performing pharmacies to bring down waiting lists.

FG gives experience with the growing waiting list with his pharmacies and highlights that they only have capacity to perform a certain amount due to number of monitors therefore, an additional monitor would bring down the wait list.

RS notes that he has been informed pharmacies have waiting list, she can take back and make the case.

SS will do some work on sharing the relevant data on high performing pharmacies with regards to ABPM.

RS outlines DMS referrals from local trusts, goes through experiences with trusts and promoting referrals.

RS presents dataset on outcomes of referrals, and highlights where referrals are being rejected and need for further data analysis to ascertain a better understanding on what is happening with rejected and stuck referrals.

SS raises the length of time between the service launch and then receiving referrals was too long. SS raises that it is an essential service and pharmacies rely on the associated funding therefore, issues with hospitals referring must be addressed, as this service will support readmissions and save time long term.

RS agrees it has been such a long period of time, likely need revisiting support and training.

MP highlights the need for referrals to come into pharmacy to justify the time spent training.

DJ highlights the need for assurances that trusts are also being trained, to avoid training CPs again for there to be a further lag, and then needing to retrain.

SS raises the funding time period for the IT system running out and therefore, queries whether there will be a continuation of the service to make training viable.

RS clarifies the work being done on integration, and that a bid for the IT will be resubmitted.

Acknowledges the service has been a slow burner.

KN asks attendees for insight into the 72hr turn around issues. DJ gives experience of barriers with getting hold of patients. RS raises the need to get data on patient communication.

FG raises the need for pts to be informed of next steps after discharge, and that more referrals are required for service to be viable.

SS reiterates the need for referrals to make training viable, as other services are currently taking precedent for training.

KN asks for success stories regarding the service, FG clarifies there is not a stand out moment but gives specific examples of intervention which were beneficial for patient.

FG to touch base with Kemi. DJ to share these case studies.

Next Step: DJ to write up case studies on DMS.

SH queries whether issues happening commonly should show up, i.e., medications being missed. RS clarifies data needs further analysis.

SH raises common instances whereby the patient does not return home on discharge, i.e., going into a care home or to family, which causes issues with contact.

RS raises that specific feedback is needed.

KN has put together data on pharmacies have received DMS referrals by trust, there will be cross over as pharmacies are between areas covered by the trusts. RS presents data regarding trusts going live and highlights the delays. States although it has picked up, more work needs to be done.

SH suggests that for both DMS and SC, there be drop-down boxes so that data can be analysed further. Committee and Commissioners discuss possible data analysis and how it can be improved.

RS raises the IP Pathfinder and gives background of the programme. ICB has been accepted and has put forward Hypertension and potentially prescribing post DMS and Asthma to tie in with other services. Outlines the time commitment to the service and reimbursement. Raises the national webinar for more information.

MOU has been signed between ICB and NHS, ICB are working on the SLA and service specification to have signed off. RS outlines likely requirements of the service specification. Informs members EOI has officially gone out, deadline is the end of this week on Sunday. RS outlines next steps from EOI and clarifies there will only be 6 sites across NEL.

Members discuss the funding available and the likelihood of covering associated costs. Members discuss the potential for service to be implemented as part of routine as opposed to employing a separate pharmacies to do the work, and implementation alongside other service.

SS clarifies that whilst there may be slim profit, the service will benefit CP in the future to demonstrate what they can do.

RV queries if hypertension is tied in, can we be paid?

RS clarifies where the pharmacy will be doing an ABPM, and the prescribing element will be additional. You would therefore claim for both in the right way.

Break for lunch at 1:02pm.

Meeting reconvenes at 1:58pm.

SS opens with afternoon session with discussion regarding the ICB presentations and the queries colleagues posed to the ICB. Committee discuss the ICB presentations and discussions.

SS raises the AGM next week and the importance of attendance. Committee discuss poor attendance seen at face-to-face session, as opposed to the better attendance at the webinar. Members discuss the potential for more virtual meetings.

SH cannot attend the AGM therefore; CPNEL Chair to present accounts.

Next Step: CPNEL to ask Chair for their availability to present accounts.

Treasurer report

SH outlines profit/loss sent prior to the meeting. Notes AS salary comes out of account 2 grant funding, and not levy fees.

SH mentions the spend on committee meetings and the savings made with Sponsorship support. Opens for questions.

No queries raised.

SS informs committee of the NI able to be reclaimed for small businesses, that it was raised and the office has checked with our accountant. Confirms CPNEL are already claiming.

SS informs committee that the tax bill from historic investments has been received, an investigation may be done once paid which has been discussed previously.

SS reminds members of their insurance cover.

SH highlights that claims for travel need to be paid from members first pharmacy in NEL to the venue, and not their home.

NP queries the tax bill; SS explains situation with investments and paying corporation tax. Committee discuss situation with tax and investments.

SS raises the need for an extra support staff in the office. SS informs committee that whilst there is still have a large sum of funding to support for certain services, we have no funding for common conditions outside of these areas, which will be landing soon. SS informs committee that she would like to employ another person on fixed term contract to support with Services which fall within the scope of funding eg oral contraception/DMS/Smoking cessation. Committee unanimously agree.

SS raises that CPNEL are up for an award as best supporting LPC. SS informs committee that CPNEL have gone out for a Air quality and asthma service and Newham and shares the associated fee. It has been confirmed and the service will be rolled out across Newham. The service only has a certain amount of funding so it short term and not ongoing.

SS raises salary issue associated with employing support staff, and whether a pharmacist/non-pharmacist background is essential and/or should determine salary range for the position. Committee discuss roles and salary banding seen in the NHS. SS suggests going out with an advert and then considering applications.

SS opens for queries on AS PSM update send previously.
No queries from members.

SS reiterates that PkP is currently attending an emergency and therefore, cannot give the CPE update at this meeting.

AOB

SS outlines the new vision from CPE and gives local examples of health inequalities seen locally. Highlights that CP should be at the forefront of health, and the vision is great however, cannot be executed without sufficient funding.

SS gives examples of situations whereby pharmacies should be sticking together to ensure adequate remuneration for services and ensuring they are viable.

SS highlights the issue of goodwill hindering the commissioning of services.

Committee discuss examples of where free work and goodwill have prevented the commissioning of services.

SS raises the commissioning of a common conditions service, there is no update as this is still being negotiated. We are hopeful for funding from the ICB to support and ensure good roll out of the service.

SH raises for members to complete claim forms, and to include relevant parking receipts or travel tickets for reimbursement. Reiterates where mileage or travel costs are being claimed, they must be from your first Pharmacy in NEL to the venue as opposed to home.

SS informs committee that all pharmacies that applied to be COVID sites were approved as there is a desire for the service to become part of business as usual. Raises that there used to be a WhatsApp group for the COVID sites to support each other which has been shut down. SS goes through the pros of the group, and the issues that arose. Reiterated that the LPC cannot get involved with the WhatsApp groups but has outlined what CPNEL do with a broadcast only group for consideration. Members give their experience on being part of different WhatsApp groups.

Meeting closes at 3:00pm.