

Community Pharmacy North East London Committee Meeting 04/07/2024.

Full day 10:00am – 4:00pm
Hyatt Regency, Stratford

Present: Shilpa Shah (SS), Rebecca Dew (RD), Dalveer Singh Johal (DJ), Abiramme Sarangan (AS), Faruque Gani (FG), Shazli Hafeez (SH), Ravi Vaitha (RV), Nickil Patel (NP), Kerry Webb (KW), Gulveer Sura (GS), Jyoti Bakshi (JB)
Prakash Patel from 10:49am.

Raliat Onatade (RO)
Samantha Quaye (SQ)

Apologies: Ross Fraser (RF), Parvesh Patel (PvP), Mina Patel (MP)

Welcome, Introductions & DOI

PkP is held up, RF has sent apologies therefore, SS to chair meeting until PkP's arrival.
SS gives introduction
SS opens for new DOI
No new DOI

SS outlines external guests for this meeting. SS to brief members later in the meeting.
Members discuss local issues and potential topics to discuss with guests.
Members discuss branded generics issues.

Minutes & Next Steps

Minutes unanimously agreed.
SS goes through next steps.
Training day step to be carried over.

Next Step: SS to outlines outcomes from a Committee Training day.

Cliniskills link to be sent again, as clinical note issues are still being raised. Therefore, Next step to remain.

Next Step: Resend Cliniskills link and highlight clinical notes course.

Suggestion for a contractor meeting on clinical notes.

PkP joins meeting at 10:49am.

Next Step: To look into arranging a session to support contractors on completing reports and writing up clinical notes.

SS raises for AS and SS to work through the PharmOutcomes Pharmacy First Template as an urgent next step.

Next Step: AS and SS to work through the template for PharmOutcomes pharmacy first.

SS has raised with CPE that a strong media voice is needed, CPE have advised they have taken on board. PkP confirms at the moment, communications are from other organisations so CPE are trying to get a front foot, but do a lot of work in the background, especially working with politicians.

SS notes the election today and the need for organisations to hold on publishing information at this time.

PkP gives examples of work being done behind the scenes. Notes CPE unable to publicise during this time due to the election.

Members discuss potential impacts of election.

SS goes through remaining next steps.

SS gives brief introduction on AccuRx.

AS outlines how to use in pharmacy.

Committee discuss AccuRx

SS clarifies the LPC are not endorsing, we are just sharing for information and the decision is up to the pharmacy owner.

SS updates on response regarding surcharge issues. SS has been advised that it is a commercial decision however, as noted last session by a committee member, out of stocks are causing the need to shop around and incur such surcharges. SS raises the need for a payment to cover the costs of the surcharge, a cost incurred due to shortages. SS has invite James Wood to the next LPC meeting and we can bring it up then as a discussion point.

CEO Update

SS gives CEO update

No movement on C&H sexual health remuneration. Uplift in other areas, but no longer a viable service for C&H. Many contractors have told us that they have responded to the commissioner by writing regarding termination period if this is the final amount they can give as remuneration. No response, We have advised contractors to continue the service until they give notice if that is what they wish to do. We will chase mid month on their behalf if they haven't heard anything back.

SS raises Recycling Pilot and discusses with committee.

SS goes through updates in the area.

SS gives update on work done in the office, regarding employment and contract applications/movement of pharmacies locally.

Regarding employment, LPC have made 2 offers, both have been accepted and will be starting shortly.

One will be to fill the third person for PF, Hypertension and Pharmacy Contraception from Account 2 and another to take on the vacant PSM position.

SS and DJ outlines the interview process and quality of candidates, SS notes this was the 2nd round of interviews.

SS briefs committee on discussions with guests this afternoon. Members discuss topics they wish to raise and discuss experiences locally which may be appropriate to include.

CPNEL recently sent a survey for pharmacies to raise 56 and 84 day prescribing issues occurring locally. SS updates members on the response from the ICB following the 56 and 84 prescription issues raised. Issues with eRD were also raised, AS outlines the experience when raising issues with pharmacy with eRDs and out of stocks.

Members discuss prescription duration, availability of medications and the issues that are being seen locally with 56 and 84 days. Members discuss the need to stop 84, as causing serious availability issues of medicines. CPNEL are working with PCN Leads and surgeries to support managing workload and working together. SS outlines the process of the Self-care service EOI. Currently have 340 signed up, despite tight timescale. SS goes through the work the LPC has done to support this, and the service is currently with PharmOutcomes to go through their process. SS outlines the process for concessions. Once the service is ready, CPNEL plans to do a webinar to support pharmacies with the service.

Members further discuss preparing for the afternoon meetings guests.

Break at 11:50am.
Reconvene at 12:10pm

Dalveer (COO) Update & Abi (PSM) Update

SS opens for questions on the COO and PSM update presentations sent prior.

SS updates on AS and JD's PSM work, notes work on pharmacy contraception to start in September. GPs are keen to send patients to pharmacies, SS to ask for an amount to be sent each week/month to manage workload and stock.

SS informs committee of plans to hold a CPSAS webinar shortly.

SS updates on Pharmacy First referral figures, and the need to work on reducing rejections. Updates members on potential increase in referrals and work towards targets.

PkP outlines experience with initial PF referrals, and referrals seen recently.

SS highlights that we are seeing a lot of patients being sent for walk-ins, AS reinforces the need to refer as the Minor illness part of PF does not have a walk-in element at that point and practice has to refer.

Members give their experience of the number of walk-ins vs referral. Members discuss future workload as conditions increase.

Members give experience of instances of inappropriate referrals.

SS updates committee on situations with surgeries inappropriately referring patients and not considering patient choice. SS outlines the situation in NEL.

Treasurer

SH gives treasurer update. SH notes the locum costs are for ad hoc work done by a locum pharmacist. This has been taken out of the budgeted money for an additional PSM, as we have not yet employed one however, is on a separate line because of accounting processes.

SS notes for Ac2, GP CPCS funding is spent. SS informed committee that a further 150k of grant funding has been awarded, 80k of which has been claimed and are in the process of claiming the additional 70k. This will pay for the additional PSM staffing.

SS updates on the potential for additional funding for PCN Leads, outlines the current situation with PCN leads and need to upskill leads further.

Lunch at 12:45

Reconvene at 13:46pm

RO and SQ join over lunch

Raliat ICB Chief Pharmacist

SS outlines the membership of an LPC to RO.

Members introduce themselves.

RO introduces herself and outlines the roles she holds.

SS asks RO to outline the ICB structure to support the members understanding of ICB staffing and roles.

RO outlines the ICB roles and the difference in comparison to the CCG roles seen previously.

Notes the previous need for restructure and savings has resulted in smaller teams. Outlines ICBs across London, notes 5 ICBs in London. RO outlines the personnel at NELICB, their roles and responsibilities. Gives examples of the work they are dealing with and notes there is overlap with projects between roles.

Raises the funding issues and the amount of work to do. Highlights the difficulties with making progress within budget.

SS thanks RO and highlights the complexity of the ICB as she has outlined, SS raises the CPCF negotiations and that at the moment, pharmacy are experiencing various issues on a tight budget.

SS outlines the ways in which the CPNEL office works with the ICB on a day to day basis.

SS notes the alarming increase in pharmacy closures across NEL, and we are already seeing consolidations and closures within NEL this year, which displaces patients and causes issues locally.

SS opens to committee members for questions.

JB queries the ICBs top priorities.

RO outlines priorities in terms of for CP and overall.

Workforce, increasing the number of professionals and notes funding available to support education and training reforms.

Medicine shortages, notes issues with complexity so ICB is limited as to what they can do. Priority is ensuring better access to medicines for patients. Notes the Self Care Advice Service was born out of associated issues of access to medicines and surgeries being time limited to support. A priority is ensuring access to medicines and understanding not everything has to go through GPs.

Transformation, as more money does not free up time. Priority for how we do things differently.

Safety, ensuring people have enough information on their medicines. Notes issues with safety culture whereby incidents are not being reported.

Equity in terms of information. Ensuring access to information where there are barriers i.e. language, being unable to read or no access to the internet, etc. The need to be able to direct based on information, as cannot be certain people have access to/understand the information they need to manage their health.

SS agrees and gives examples of customers coming into the pharmacy that do not understand the advice they have been given, or the next steps they should take as their access needs are not met.

SH raises Medicines shortages and safety. SH suggests 28 day prescribing and stopping branded generics would help access, as medicines can be distributed as needed and can support access. SH notes this also saves pharmacists time trying to source shortages, as sourcing medicines takes time away from being on the shop floor to support patients and their access needs. SH queries what is stopping 28 day prescribing, and not prescribing branded generics.

JB notes seeing patients more frequently in CP can support with information equity, as there will be more conversation and support. Would be a mutual relationship to support information equity. JB queries strategy regarding branded generics moving forward.

PkP raises issues with medicines wastage caused by ongoing brand switching and the need for better communication when there is a brand switch to avoid wastage issues.

RO states the examples given of the wastage issues from switching highlights that the switch has not been managed appropriately, taking into account what this means for CP. Believes a change is needed in the ways of doing things, the expectation would have been the switch would be communicated early to support CP running down stocks and preparing for the supply change.

SS highlights the need for good communication, if pharmacists are made aware a change is to NHS approved products, they can communicate this to patients.

RO notes the need for pharmacies as stakeholders, to be informed and engaged.

PkP recommends discussing with the LPC.

SS highlights there is information that the LPC has not been informed of, as once informed, the LPC would then delegate appropriately.

RO states the case for not using branded generics is well made and is no longer a strategy for budgeting for NELICB. NELICB have their position statement on this prepared however, needs to be signed off. The statement has been pushed back from the last meeting due to potential industrial action. RO states that there are some legacy BG's that need resolving so that everyone is clear that they should no longer be prescribed. RO assures members that having branded generics to save money is no longer a strategy. NELICB to be informed of any legacy BG's so that the ICB can resolve these such as the Sucarto issue.

SS raises a recent communication regarding switch to cost effective brand choice, which is in most part branded generics.

NP queries that when the statement goes out, will there be clearing of legacy BG's

RO states that agreement within the ICB is clear, if CPs are still seeing such issues, to raise with the ICB.

SH queries the reasoning for not recommending 28 day prescribing.

NP raises the vast amount of medicines waste due prescription duration issues.

RO suggests needs to be discussed with GP prescribers as NELICB can only advise, and there needs to be an understanding of the pressures in order to change behaviour.

RO raises the potential implications of upcoming industrial action.

JB raises potential to understand what the barrier is from the prescribers side and going from there.

RO suggests find out barrier and NELICB will facilitate from there.

SS raises instances where surgeries are unsure on eRD processes. How would they learn how to do it?

RO suggests that's where the practice pharmacist come in and should be taking over responsibility for these roles, learning needs to be hands on and if the surgery is not sure then they should be shown how to do it.

PkP highlights the restriction of drugs being distributed to England and causing stock shortage issues.

RO raises the workload issues of surgeries and explains that General Practice is overworked. Highlights the ICB does not manage GPs and as long as they are within the contractual requirements, they may or may not choose to take ICB guidance on anything beyond obligation.

Members discuss the potential for utilising Pharmacy First to reduce GP appointments.
Members discuss the need to work together to support issues being seen in both pharmacies and GP surgeries.

Members discuss local marketing of Pharmacy First from the ICB, RO confirms there has been local marketing. Members discuss initial marketing and uptake of the service, and raise that the marketing is now less and numbers have dipped.
SS raises the work being done on this locally.

Members discuss planned industrial action from BMA and the potential implications and uncertainty. RO notes ICB will need to work within such uncertainty.
Members raise the need to support CP through the uncertainty as there are likely to be implications for CP as more patients will likely end up at the pharmacy, Similar to the beginning of COVID.
SS queries dates for industrial action
RO confirms they are voting through July and will have an outcome. Unsure of an end date, but believe it is a long period of action.

RV queries the self-care service, and notes that there was short notice to sign up.
RO was not aware of the short deadline.
Members inform RO that the 6 days were given to see the full service spec, EOI, train and implement. After 300+ pharmacies signing the EOI and doing this we have now found out that PO is not ready and the service has been delayed. We knew this was an issue on the Friday so should have delayed then.
RO suggests the translation of what would be ready was not clear.
SS highlights issues caused from confusion locally.

RO queries how detailed the working group was.
SS outlines the plan of the working group, and the lack of a clear project plan.
SS highlights GP surgeries do not know the launch has been delayed. PkP notes pharmacies need to be communicated to.

SS asks RO if there is anything she needs from the LPC/CP to work together better.
RO raises engaging with trainee pharmacists and queries how the ICB can support.
JB raises issue of needing a DPP
RO stated the ICB can support with a DPP, but CP need to sign up the trainees and they will help with training.
KW queries split placements; SS confirms that is from 2025.

Members and RO further discuss need for communication.
RO queries what the ICB can do to ensure patients are not disadvantaged during the industrial action
SS suggests for a Pharmacy first walk in service and emergency supply walk in service. For SS to put forward proposals.

SS raises issues with surgeries asking for an emergency supply to be done while the surgery is open which the pharmacy is unable to do. RO suggests carrying out data collection, and then ICB can make recommendations, and if instances continue to occur, for consideration to be given for a commissioned service.
SS suggests CPs collate what is happening with emergency supply across a day, to support evidence for ICB i.e. we did X emergency supplies on a Wednesday.

SS thanks RO for joining the meeting.

Samantha Quaye WT&E

SQ introduces herself and her role. SQ explains the Workforce, Training and Education, NHS England was formerly HEE.

Members introduce themselves to SQ

SQ notes slides can be shared after the meeting.

SQ begins presentation.

Raises the pharmacy needs survey, is now closed but gave insight into the technician needs for services and will be compiled soon.

National recruitment overview is shared at ICS level

Demand for Independent prescribing courses.

SQ outlines the numbers by sector for the current year of programmes nationally, and uptake of placements. Updates on multi sector vs single sector data. Shares RAG rating suggested by team in line with amenities available in the surgery/practice.

Outlines additional roles and reimbursement.

SQ notes the recent employer drop in sessions held by WT&E.

PkP comments the drop-in session, as he has attended and found it particularly useful.

Updates on data sharing and continuation of drop-in sessions, but now from weekly to monthly or if there is a bulk of tutors, to contact directly and a session can be arranged.

National IEPT reforms, accreditation and forms for foundation training.

Updates on current training offers, outlines both Primary and Secondary care training available for information.

SQ encourages members to raise issues or training they feel is missing.

PkP raises the need for support with finding DPPs to support joint working. If there are opportunities in order to take on students, but some surgeries are a blanket no.

SS would be beneficial to have students who have done their training in CP and have a good experience to draw on.

SS raises resilience in the workforce.

Members discuss workforce and training needs, and the needs of contractors when taking on a trainee.

Sam notes cannot make new announcements as of yet due to the election, but considerations are London living wage, and DPP funding for PCNs.

SS thanks SQ for joining the meeting.

CPE Update

PkP goes through slides.

Break at 15:55pm

Reconvene at 16:00

AOB

SS de-briefs members after discussions with guests RO and SQ.

Members discuss meetings with RO and SQ.

Members discuss points raised during RO session.

SS clarifies the position statement RO was referring to regarding branded generics.

Members discuss raising legacy issues.

Members review the draft position statement and discuss what the ICB outlined position means for CP.

DJ Clarifies the recommended changes from CPNEL in response to the draft back in February 2024.

Members discuss raising legacy BG issues with the ICB that does not align with their position statement.

Next Step: CPNEL to prepare a form where contractors can send information regarding branded generics, so we can raise with the ICB to understand why this is being prescribed.

SH raises to send photos to SS/RD of the medicines waste as a result of over prescribing.

Next Step: RD to resend request for Photos of medicines waste.

Next Step: Members to send photos to by Friday next week

KW raises the ask for evidence gathering for Urgent supplies requested over 1 day.

Next Step: Ask CPs to measure all emergency supplies over 1 day mid-week to feedback to the ICB

Members further discuss the meeting with Raliat and the need to raise issues with evidence.

Next Step: To resend survey regarding 84 day prescribing and gathering information

Members discuss ordering for the patient, members have varying opinions and therefore further discussion is required.

Members discuss ordering and dispensing process for different pharmacies.

SS suggests to invite RO to future meeting

Next Step: RD to remind all members that have not responded to requests for information.

Suggestion to raise need for a walk in pharmacy first and emergency supply service in light of surgery strike action.

Suggestion for lunch time, evening and weekend openings.

Members further discuss available funding for Primary and Secondary care

Meeting close at 16:50.