

Community Pharmacy North East London Committee Meeting 14/11/2024.

Full day 10:00am – 4:00pm

Hyatt Regency Stratford

Present: Shilpa Shah (SS), Rebecca Dew (RD), Dalveer Singh Johal (DJ), Shafi Ali (SA), Bhavna Tailor (BT), Gulveer Sura (GS), Faruque Gani (FG), Shazli Hafeez (SH), Prakash Patel (PkP), Kerry Webb (KW), Ross Fraser (RF), Mina Patel (MP)

Apologies: Parvesh Patel (PvP), Nickil Patel (NP), Ravi Vaitha (RV), Jyoti Bakshi (JB)

Welcome, Introductions & DOI

SS opens at 10:47 and notes apologies.

SS informs committee that James Wood will be attending the next CPNEL meeting in January as he was unable to attend today.

Opens for new DOI.

No new DOI.

SS and a few members have been receiving queries on a recent contract application that will be discussed later in the meeting. SS outlines the usual process for normal contract applications and the role of the sub-committee. Notes contractors need to make their own applications directly, and CPNEL will make their own representations. SS informs members there are 2 interested parties within the committee and they will therefore leave during the conversation.

Minutes & Next Steps

Opens for comments on September meeting minutes.

Minutes unanimously agreed.

Team training day moved to DJ but was not previously captured.

SS puts to committee, is a training date wanted and will all members commit to attendance. Notes the need to ensure value for money for contractors.

Members query examples of a team training that would be suitable, SS outlines examples.

Members discuss the potential for a team day and the need for clear objectives.

Agreement for SS/DJ to start with objectives, what we will get out of the day, organise and come back with quotes.

Suggestion for training and development to be incorporated for Sub-committees to support their roles. Suggestion for different training sessions for example an hour on one particular training, then another. Etc.

Members raise similar trainings and training providers utilised in their areas/companies previously.

Next Step: DJ to outline outcomes for a Committee Training day and come back with quotes.

Branded generics reporting email was previously sent and have only had 5 responses so far. This has since been resent and work to continue.

CPNELs request for pharmacies to report emergency supplies within the week over 24 hours has also had limited responses. SS was recently on a meeting whereby further instances of emergency supply requests while surgeries are open were raised. Therefore, while occurrences are being raised verbally, CPNEL are not seeing responses to requests and SS needs more examples to raise for resolution.

Members give examples of emergency supplies seen during the week, and the usual reasoning for this i.e. no doctor available, not sending repeat script in time, etc.

SS queries why we are not having responses on this to our requests. Asks that committee members encourage responses from contractors.

Suggests charging for emergency supplies. Members discuss.

Members discuss the recent action email from NPA regarding the ballot, to be discussed further later in the meeting.

Next Step: Emergency supply request email to be resent.

Amended charter for C&H next step has been completed and sent.

CPE survey information was resent and therefore, completed.

SS sent the email to CPE regarding thresholds, and has since been resolved by CPE with their communications on Threshold changes.

Members discuss pharmacies struggling to meet thresholds, data from analytics and how to make the process work. Members give examples of meeting thresholds in their pharmacies.

SS raises the potential to bring up the matter in her dialogue with Wes Streeting, planned for December. Members raise the suggestion for no thresholds and instead having a % that must be referred to CP.

SS introduces SA as the new PSM to CPNEL.

SA introduces himself to the committee.

Attendees introduce themselves to SA.

CEO Update

Opens for queries on update.

No queries.

SS informs Committee that she has been receiving queries and concerns regarding IT providers, with respect to figure discrepancies with MYS and incorrect PGDs. SS informs committee of instances whereby information is not going back to GP with PPV, and some contractors have not been paid. SS queries if any members have experienced this within their pharmacy.

Members discuss the discrepancy issues and confirm their ongoing experiences. Members raise the potential to highlight ongoing issues with CPE. Consideration given to whether NHS can better support IT providers in resolving issues.

SS raises an incident whereby a private PGD was utilised but was not following NICE guidelines. Members discuss the need for PGDs to review regularly.

Suggestion for CPNEL to highlight potential issues in a neutral email to contractors, i.e. with recommendation to double check PGDs before utilising them

Next Step: To include a message regarding checking PGDs

Committee further discuss utilising IT providers.

Committee vote on whether to write a message from CPNEL to CPE and NHS London to raise the issue that contractors in our area should be given choice of an IT provider to use next flu season.

Unanimous agreement.

Committee discuss points to include and experiences locally.

Suggestion for ability to amend figures on MYS. SS has been raised with NHS London, but was advised that it is with CPE to discuss regarding MYS to include a manual adjustment.

Next Step: SS to write to CPE, ICB and NHS London regarding the availability of IT providers for Flu.

Suggestion to gather evidence on MYS/IT Provider discrepancy issue, to request a screenshot of the amount on PMR and then the amount with the IT provider to highlight difference.

Members discuss the potential for manual adjustment, and associated issues that may arise.

Members discuss the need to evidence adjustment should this become available.

SS raises that the ICB is funding written medicine labels in different languages. An issue with this is, as a pharmacist, if you cannot read the other language, you cannot check the translation. It is noted that GPhC will not put in writing that the liability is not with the pharmacy. Therefore, the liability may be with the pharmacist if an issue arises from the translated label.

A further issue is that a separate system is used to produce the label and therefore, increases workload. NPA is giving insurance for this and whilst we need to support other languages, this must be done safely and without additional workload.

The committee decide that this is not the right time to use this IT platform as it is not integrated and we need to ensure the pharmacist is not liable if there is an error. They ask SS to ask for a translator service instead.

NPA has recently shared the results of their ballot regarding collective action. SS goes through the voting results. Members discuss the results, what action may look like in reality, and the need to be united in action.

SS raises that she has been contacted by LAs, querying if local services will be stopped. Committee agree pharmacies should refuse to do the service if poorly funded. However, if sufficiently funded, they will continue.

Members discuss the potential for stopping Free deliveries, note challenging and emotive feedback from patients.

Members further discuss considerations such as co-operating with audits and opening hours.

SS notes CPNEL cannot make recommendations on business decisions however, can give pros and cons, and highlight where services are not viable.

Notes that decisions are dependent on the premises on demand for particular days/times i.e. some pharmacies may have busy weekends and therefore, closing would not make business sense whereas, for others, closing would be cost effective as they are quiet.

Members discuss PNAs and pharmacy needs locally. Suggestion for SS to raise the need for inclusion of a statement in the PNA that notes: should a need be identified, then utilising existing pharmacies should be considered first. This avoids dilution to existing pharmacies from a new pharmacy, where existing pharmacies can adequately meet the identified need.

SS raises the new PF dashboard that has been built by RD to track referrals. This will be utilised by CPNEL staff and shared with PCN Leads to support their work locally.

Break for lunch at 12:40

Reconvene at 13:44

Treasurer Update

Treasurer opens for queries on finance.

No queries on finance update.

SH gives brief overview of update and expenditure for October.

SS raises that we will likely be able to give levy holiday, of likely 2 months but this will be confirmed when the finances are reviewed at the beginning of December. Notes meeting costs have been covered by Sponsors and there is some savings from non-attendance. SS confirms the amount remaining in the grant account, amount still expected to receive and where funding is being utilised.

Short break 13:50 – 13:55

Contractor Application Discussion

SS raises a contract application issue locally that has been raised. SS outlines the nature of the application and, with the amount of queries raised, it is necessary to bring to the committee for advice on a response in this instance.

PkP and FG leave the room due to a conflict of interest in the application.

SS outlines the nature of the application and the likely reasoning behind the application. SS confirms the usual process of utilising the sub-committee for normal applications however, given the unusual nature of the situation and the number of queries, has brought to the committee in this instance.

Members discuss potential responses.

SS outlines the three options suggested by members. The Committee Vote:

Vote that we say 'Yes' and recommend approval: 0

Vote that we say 'No' and recommend the application is denied: 2

Vote for 'Middle ground' suggestion: 4

Committee agree to give a statement with facts, asking us to be kept informed but not to recommend either way, and leave to the due diligence of the NHS.

PkP and FG rejoins the meeting. SS briefs them on the CPNEL decision. SS asks that should contractors contact members for support, to encourage them to make their own representations.

Members discuss a further similar application that has recently arisen in the same borough. CPNEL have not yet been able to review however, this is the same circumstance as the application that has just been voted on. Therefore, the LPC stance will remain the same.

It is noted that the voting stands as a conflict remains, because the decision made from voting will be the LPC stance for both applications.

Dalveer/Bhavna/Shafi Updates.

Dalveer, Bhavna and Shafi send their updates with papers prior to the Committee meeting.

Opens for queries on updates.

SS reminds members to encourage contractors to inform their surgeries of the availability of SA and JD to attend the surgeries and train.

SS queries how many CPSAS are being done in pharmacies, and whether the service is being communicated to patients.

SS queries whether CPE posters have been utilised in the local communities.

It is raised that some local surgeries are still unclear on service specifics, particularly eligible groups.

Suggestion for laminated print outs to be provided to surgeries on training, for their reference.

Confirms an average of 2 per surgery would be adequate. CPNEL to obtain quotes and consider cost.

Next Step: Obtain quote for 2 printed and laminated advice sheets per surgery

Members discuss Pharmacy First gateway criteria, CPSAS eligible groups and meeting PF thresholds.

It is highlighted that antibiotics are not always needed for PF gateway.

SS opens for what else can be done to support PF. Suggestion for posters in the GP surgeries to highlight the service but must be generic and not point to particular pharmacies.

Members discuss utilising the PCN leads and the difficulties in having the PCN Leads to speak up and be more active locally.

BT has been visiting local pharmacies and one of the biggest issue is pharmacies not claiming for local services, as the pharmacists are unsure on how to claim on PharmOutcomes or do not have time. BT updates members on her experiences going into the pharmacies, members discuss the lack of contractor awareness on not being paid for services, or that the LPC can support them.

CPE Update

PkP gives CPE Update.

Member discussion regarding the need for support on clinical notes. Raises the potential for training sessions to support contractors with appropriate clinical note writing.

Next Step: To prepare sessions on clinical notes for pharmacies early in Jan 2025.

Members discuss recent SSPs and how they are claimed. It is noted that some pharmacies are still unaware of SSPs, suggestion for information to be included in newsletters.

Next Step: Include in Newsletter what an SSP is.

AOB

SS opens for AOB.

No AOB.

SS raises the NEL Conference in 12th January on a Sunday. Asks members to encourage colleagues and staff to attend.