

Pharmacy Thames Valley Committee Meeting

Wednesday, 9th September 2020
15.00 – 18.00 followed by AGM at 18.30; Online

Summary Minutes

Item

1 Welcome and Apologies

Present: Robert Bradshaw (Chairman), Akin Adeniran (Vice Chair), Navjot Chohan (Treasurer), Rohini Aerry, Ketan Amin, Raj Bhamra, Ian Dunphy, Corrin McParland, Dipesh Parmar, Oliver Picard, Barrie Prentice, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes), Gary Warner (PSNC)

Apologies: Andrew Jones, Shelton Magunje

2 Declarations of Interests

None

3 Action Log Review

The Action Log (previously circulated) was reviewed and updated.

The following points were raised:

- Budget figures have now been circulated
- The Finance Committee meeting will be held w/c 14/9
- Quickbooks has an app to automate expenses. Once a final decision has been taken on Xero or Quickbooks we will look at moving to this
- A Covid line has been added to the accounts
- Current spending is above income; it was agreed reserves will be used to supplement the contractor levy until the Review outcomes are clearer
- EPS issues – issues are ongoing across Berkshire
- LMC – draft received but requested a firmer line
- Masks – Swanswell have not been in contact; TP will investigate

4 Chief Officer's Report

The following points were highlighted (report previously circulated):

- CP is now highly regarded by stakeholders following the Covid response.
- Flu has been a major element of every recent meeting.
- Around 1,800 flu vaccines have been delivered in the first 7 days.

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- Simon Dukes' statement about pharmacies not doing anything for nothing, and the NPA EY study about the precarious state of pharmacy finances (which attracted front page headlines) have both been helpful in stakeholder discussions.
- 2 contractors have been approached by surgeries about sharing a technician. The practices receive funding but even if they pay the technician who works in CP for free, this would still be time-consuming and involve indemnity issues. It could work if the funding was split and time divided between the surgery and CP but this would require a contract covering the 2-year period. The pharmacy could then commit a member of staff to the training. A local agreement could be entered into.
- Lithium Carbonate – prescription advice is to request branded version. A patient leaflet is being released which should be circulated.
- Applications – One current application - it was agreed that the LPC should object in the usual way.

5 Treasurer's Report

The following points were highlighted (report previously circulated):

Current expenditure is higher than income. To maintain the current position over the next 2 years the contractor levy would need to be increased by £14 per head. Given the uncertainty around the Wright Review, current reserves, potential for merger, and the fact that the size of the committee (and related cost) is likely to reduce, it was agreed to use current reserves to supplement the levy until there is more clarity around the Review recommendations. It is important to keep this under review to ensure we don't get into a deficit position.

Members' travel expenses for this financial year and the Covid cost line need investigation. Treasurer to provide a statement on the HETV balance. Finance Sub-Committee to go through the finance report line by line to check the classifications.

6 Contractor Support Officer's Report

KB highlighted the following points from his report (previously circulated):

Useful PCN engagement events although attendance was disappointing. Good engagement across the PCNs, Clinical Leads, etc since.

MCA – CCGs are slowly working through this.

Swanswell engagement had been good but staff changes have negatively impacted this. Good relationship with TP and CGL, and the CGL webinar is now on the web site. We need to make sure contractors know we are in a dialogue with the providers and that they can raise issues with us. CGL now moving to weekly prescription but have not returned to daily supervision. Query to be raised as Swanswell and TP now have.

EHC videos are currently being prepared which should be rolled out across both Oxfordshire and Berkshire.

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Working with 3 PCN leads that don't provide flu, MURs and NMS.

Monday's Flu webinar was well-attended, and the recording and presentations are now on the web site.

Lots of queries from the 3 CCGs regarding MCA. The MCA proposal (which now includes a sample assessment) and one-page statement had been circulated. A vote was held to approve these, and the committee voted unanimously in favour. This will now be taken forward to look at a funded service.

7 PSNC/NPA/CCA Updates

PSNC – GW joined the meeting and updated on PSNC negotiations.

NPA – Financial Pressures - there has been good media coverage on Covid-19 and financial pressures. The Mirror had put the story on their front page. All encouraged to share information with the Mirror to attempt to draw out the coverage. Both Matt Hancock (MH) and Jackie Doyle-Price had been talking about CP. MH clearly said on the BBC that he wanted CP to have a greater role. The Public Affairs team at the NPA were doing great work.

Flu Vaccination - NPA is trying to get every cabinet and shadow cabinet member to have a flu jab in a community pharmacy this year. It might be worth writing to local MPs (such as Alok Sharma in Reading) inviting them in, even if they are not in an at-risk category.

Wright Review - there is an LPC/NPA webinar this evening (9/9) which all are encouraged to attend. Ask Your Pharmacist Week 2-9 November – NPA will publish resources for members. Publicity will use data from the EY survey.

The EY report details were presented (see attached) and key points highlighted. The report to be sent to MPs and detail used in negotiations.

CCA – Since the last meeting there have been 2 CCA newsletters. August's edition discussed: the Review and CCA priorities – asking CCA reps to present the views of the CCA rather than all contractors on this occasion; the AGM; and recommended that future LPC meetings continue to be held virtually rather than face-to-face.

September's edition again talked about the Review and requested LPCs send all the responses to the CCA (TV's has been forwarded); as well as PQS2 and a request from CCA to ensure that all PCN Leads are still in situ and that there hasn't been any movement from last year. We have 1 vacancy and 2 PCNs have merged unofficially. An up-to-date list of PCN leads is on the website.

8 SPOC Feedback

West Berks – The Prescribing Oversight Committee meets every 2 months with the last meeting on 2nd September. It deals with clinical issues and related funding. There was discussion about recent patient safety alerts, in particular Lithium. Valproate safety issues – further tightening is being discussed and GPs may need to sign to say a review has been done which should hopefully appear on the SCR.

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East Berks – no attendance at the July meeting; August’s meeting was postponed.

Oxfordshire - held 8th September. Palliative Care Medicines patients will be given leaflets about unlicensed use. These raise more questions than they answer so dispensing pharmacies should expect queries. Oxfordshire have asked Palliative Care pharmacies to hold Tamiflu as well. Follow up required as LPC were unaware of this, it should be a separate commissioned service (as it is in Berkshire West).

Ranitidine - switching has still not been formalised. Priadel – aware stock is now being halted and are worried that before March 2021 there will be stock problems and there isn’t an equivalent switch at lower doses. A London LMC is writing a protocol which they are going to adapt. Once a drug is prescribed off-licence full responsibility lies with the prescriber but that the pharmacist should get clear confirmation. The formulary needs to be set up to protect pharmacists.

9 Contract Discussion

Flu

The video and presentation from the webinar are on the web site. All should highlight the new groups when talking to colleagues. There are concerns about the at-risk groups and challenges around supply. A supplier has advised they have a 20% buffer which will be available at the end of October. A flu Press Release will be distributed to the local press.

Discussion around walk-in flu appointments. Some contractors are offering where they have capacity. Decisions on additional resource would need to be taken on a pharmacy by pharmacy basis, based on whether it is realistic and safe, and whether remuneration makes this is viable.

A question was raised about how private consultations for 50-64-year-olds would be recorded. Requires investigation. Contractors are in a difficult position - we can’t ask 50-64 year-olds outside the high risk groups to wait for free vaccines in case there are no vaccines left, however, we don’t want to run out of vaccines for those with health conditions as a result of providing private vaccinations.

PQS2

In January PQS1 figures will be available at which point we can target support, probably via a webinar on achieving PQS2. Some training elements that can be completed in November such as those on antimicrobial stewardship and obesity.

Hep C Testing

There has been a very soft launch for what is a low value, niche service probably involving only around a dozen pharmacies. Those on the needle exchange list to be contacted. In dialogue with the ODN Lead who is keen to offer support and training.

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10 AOB

TCAM – Royal Berks should go live in the next week or so. Training is complete and documentation is on our web site.

Unlicensed Medicines – Call held with DOH on use and remuneration. For example, when the manufacturer of Priadel decides to discontinue. A committee member (and probably many other contractors) has been paid incorrectly for Phenelzine, as where a drug is still on the Drug Tariff, that is the price you are paid. LPC to be provided with evidence so the committee can provide support. A list of affected products and dispensing volumes to be created. CCA reps asked to contact HO's for data.

Committee Membership – Given recent closures the current make-up of the committee is incorrect. We have 13 members broken down 7/4/2 CCA/Ind/AIM, and this should be 6/5/2. Whilst it is a complex and changing landscape, the constitution is clear there needs to be proportional representation. The committee needs to be reviewed to ensure we are bringing value, particularly as current costs exceed income. All members to contact their relevant organisations and consider actions for the next meeting.

LPC Webinars – following the success of the flu webinar, there were plans to run monthly contractor webinars on relevant topics.

11 AGM

The AGM was declared open. It was confirmed paperwork had gone out to all contractors. 97 postal votes had been received. 5 votes were received at the meeting. All votes cast were in favour of accepting the annual report. The AGM was declared closed.

Next Meeting – 09.30-13.00, Wednesday 18th November 2020, Online