

Pharmacy Thames Valley Committee Meeting & AGM

Wednesday, 22 September 2021

10.00-13.00 Online

Summary Minutes

Item

1 Welcome and Apologies

Present: Robert Bradshaw (Chair), Akin Adeniran (Vice Chair), Ian Dunphy (Treasurer), Ketan Amin, Navjot Chohan, Andrew Jones, Sonam Kotecha, Corrin McParland, Vikash Patel, Olivier Picard (second session), Barrie Prentice (first session), David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)

Apologies: Aron Berry, Shelton Magunje

2 Declarations of Interests

None

3 Action Log Review

The Action Log (previously circulated) was reviewed and updated. The following points were noted:

- No change to finance software until the end of the financial year
- Treasurer to put forward proposal regarding backfill for the next meeting
- Accounting costs now aggregated
- Bucks MAR spec received
- Media training – awaiting quotes for early 2022
- Sustainability Declaration – complete. See update point 9 below. Keith Ridge has issued a statement today about over-prescribing which feeds into this issue – to be circulated.
- Query around finding GP support for funded IP places - confirmed it doesn't have to be a GP, can be a pharmacist, nurse or paramedic prescriber.

Workforce Pressures - The following points were raised:

- Ongoing, no quick fix. Issue discussed on most calls.
- Pharmacy staff are being asked to do as much as possible for as little as possible; there are more appealing entry level jobs paying significantly more. (Consider Kickstart scheme for untrained staff.) Issue is not just affecting ground-level service but planning and strategy.
- RPS aren't supporting CP enough.
- The size of the global fund has remained constant since 2017 whilst the amount of work has gone up. Many patients have moved to internet pharmacies for prescriptions so that high street pharmacies just get unpaid services like medicine disposal, free advice, etc.
- Contractors are moving into a private aesthetic model, which creates a danger of moving away from the heart of what pharmacy is about, to fund the business. Funding needs to be reviewed very urgently.
- There are staff available, but rates are too high. The funding model doesn't justify the rates. High locum rates are motivating full-time staff to leave. PSNC urgently needs to review pharmacy funding. The contract obliges us to run at significant loss.
- Historically there has been a relatively plentiful supply of pharmacists but now, with PCNs etc absorbing pharmacists, this leaves CP, which fundamentally doesn't have enough money and difficult working conditions, unable to compete.

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- All pharmacies have a professional responsibility to open, locums know this and ramp up prices, cancel at the last minute, etc. Where is the responsibility to patient care? Locum agencies are behaving unprofessionally by encouraging locums to squeeze out the highest rates. GPhC need to step in to support the profession better.
- The flipside is that those that are loyal and hard-working haven't seen a real-time wage increase for years. We need to start remunerating our in-store pharmacists well and recognising what they do. This would hopefully bring more people into pharmacy if the package was attractive.
- The funding model hasn't changed. We need to communicate the message that everyone is in the same boat.
- The potential results are a reduction to core hours; revisiting remote supervision; and pharmacies closing (possibly around 20%).
- Some felt it may be a temporary problem - we will have a whole batch of new pharmacists who won't be required by PCNs so may see a different outlook next year. Others were unsure as PCNs are absorbing a large number of pharmacists and many still have vacancies, and there had been struggles getting pre-reg's too. Important to get as many people into the pre-reg programme as possible. Important that CP is seen as attractive.
- LPC to do a statement to PSNC, RPS, etc.

4 Chief Officer's Report

See attached presentation. The CO highlighted the following points:

- **DMS progress** – All trusts now set up (through different pathways) but numbers are small.
- **111 CPCS update** – now running for nearly 2 years. Our numbers compare well with national figures. Issue with "other" category being investigated. One contractor raised that 111 were referring informally to pharmacy but no evidence received.
- **Oral Contraception Pilot (Reading)** – selected pharmacies have been invited to take part. Should form part of Year 4 national contract. In another area they are looking at anti-depressants in the same vein.
- **Flu 21/22 update** – slower start this year due to supply issues. Some patients may be receiving a flu card - raised issue with potential abuse. Press releases to go out shortly. Ongoing work to raise pharmacy profile. Pharmacy has better access to hard-to-reach groups so should focus on these. PharmOutcomes issues as entry is being done live. Screenshots requested to follow-up. Covid booster will increase pressure further.
- **IPMO/ICS/ICB** – drafts being developed for BOB and Frimley. Pharmacy needs to be represented at the highest level, not just under Medicines. PSNC need to ensure this happens. By April everything should be in place.
- Query if anything can be done re workforce at ICB level. As pharmacy sits outside NHS workforce it is excluded from sharing, etc. We are in a catch 22 situation as we are tasked with taking on more services, but pharmacies can't deliver. The only place we can get help is from the voluntary sector. Looking to obtain additional funding wherever possible.
- If anyone hears about "place/locality" discussions outside of Slough to let CSO know. No information on what is happening outside this area - source of funding in the future.
- RSG – PSNC/LPC Review – contractor vote likely in January/February.

5 CSO's Report - CSO highlighted the following points from his report (previously circulated):

- **GP CPCS** - Frimley are using PharmOutcomes which means we have detailed reports to follow-up. Over 1,000 referrals now. BOB using NHS mail despite PharmOutcomes being the easier route for both parties. We have employed 2 implementers funded by the CCG.

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- **PCNs** – Still working on filling final gaps. Training underway. Emails have gone out to CDs confirming current Pharmacy Lead and highlighting services pharmacies can offer. One CD had responded saying there wasn't "much collaboration to be had" on flu. Response needs to be about communication, supply and care homes. Also worth sharing what our contractual obligations are. Where funding is involved, collaboration is always strained; LPC to contact LMC re joint statement. Pharmacies in Reading and Slough are way below where we need to be in over 65s and high-risk groups. Focus should be on these.

6 Treasurer's Report

The Treasurer highlighted the following points:

- Figures as expected. Most items coming in on or below budget. PSNC have invoiced £2k for Wright Review. Still awaiting payment for implementers. All members to submit backfill and honoraria claims promptly. LPC thanked Treasurer for his hard work.

7 PSNC/NPA/CCA Updates

NPA – Connect newsletter is not yet available however there is a lot of work being done on supporting NPA members with the rollout of Covid vaccinations, flu training, etc. The global sum is disappointing despite representations by all bodies. PSNC CEO departure has left the Wright Review in limbo. The NPA position hasn't changed but nothing is happening for the moment.

AIMp – the conference is being held next week; current focus is covid jobs.

8 SPOC

- The BW Prescribing Oversight Committee met in September but LPC rep on holiday. No significant papers for community pharmacy so no preliminary comments.
- Oxon committee met last week. Nothing on the immediate horizon but potential for a high-cost antibiotic service going forward. DOACs complications mean it is becoming more complicated – this might impact how pharmacists monitor going forward. Some debate about licenced melatonin for under-18s vs the cheaper unlicenced product. Tamiflu – Berkshire West has a separate contract; Oxon tried to attach it to the Palliative Care contract. Include a note in the digest that contractors should contact the LPC for guidance on any service/contract changes or queries.

9 Sustainability

Sustainability Lead unable to attend but sent the following update:

- Contacted several organisations such as PharmDeclares and looking to work with CPPE on a piece and ways to support this agenda from a Community Pharmacy perspective.
- There are Sustainability talks being held at the Pharmacy Show; hoping to be part of a panel looking at sustainable pharmacy and am awaiting final details.

10 AOB

- Covid Vaccinations Phase 3 Update – 38 pharmacies approved for Phase 3. In East Berks, where we had no providers, we now have 19. LES's have been sent out. Now about delivery of stock. Any issues please contact the LPC so these can be raised via our rep on the Clinical Oversight Committee.
- Hypertension Case Finding Service – goes live on 1st October but specification hasn't been released. The NHS expectation is that there will be a slow start but we are getting some queries from GPs already. Equipment needs to be purchased; LPC has negotiated small discount but larger discounts probably available via other organisations.

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- Independent Pharmacy Awards – our LPC has been shortlisted for LPC of the Year. Awards ceremony to be held on 8th October.

11 AGM

The AGM was declared open. Confirmed paperwork had gone out to all contractors. 89 postal votes had been received. 27 votes were received at the meeting. All votes cast were in favour of accepting the annual report and accounts, and the proposal to delay committee elections by one year. The constitution will be updated to reflect this change. The AGM was declared closed.

Next Meeting – 10.00-13.00, Wednesday 17th November 2021, Online