**Devon Local Pharmaceutical Committee**

**Meeting held on 14th December 2020**

**Virtually using Microsoft Teams**

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| **1/1651** | **Present:** David Bearman, Mike Charlton, Rachel Fergie, Ali Hayes, Andrew Howitt (Chair); Ron Kirk, Sian Retallick, Matt Robinson, Adrian Tebby (Treasurer); Allan Welsh.  **In Attendance:** Sue Taylor, Kathryn Jones, Rob Skornia | |
| **1/1652** | **Apologies**: Pedro Calvalho | |
| **1/1653** | **Welcome and Introductions** | Members were advised that Pedro Calvalho had filled the vacancy on the LPC caused by the resignation of Fraser Perman. Pedro was unable to attend this meeting. Members were also informed that Robert Skornia had filled the vacancy caused by Adrian Tebby leaving. Robert was able to attend the meeting, he was welcomed by the Chair and introductions were made. |
| **1/1654** | **Minutes of the last meeting** | The minutes of the meeting held on the 12th October 2020 were approved as a correct record, following the amendment of Minute 1/1648 PCN Update – where the Action should read: Create a LPC development plan for PCNs. However, it was noted a plan needed to be created for GPCPCS as well. |
| **1/1655** | **Matters arising from the minutes** | No matters arising. |
| **1/1656** | **Chair’s Update** | Andrew welcomed everyone to the meeting and confirmed that both CCA vacancies on the LPC had now been filled. The AGM held in November with Simon Dukes went well and was very positive, particularly with Jo Watson giving her thanks to pharmacies for all their hard work. He thanked the Secretariat staff for organising the evening. He also thanked the staff for all their hard work helping the PCN leads with their meetings and attending in a support role in most cases.  Election of Treasurer – It was reported that Ron Kirk had agreed to take on the role. Proposed by Andrew Howitt, Seconded by Sian Retallick – all voted in favour. A handover will be organised. |
| **1/1657** | **Secretariat Report** | Dates of meetings of the LPC have been sent out for next year, however, we will be changing the July and November dates to daytime meetings as well as the March meeting which was already in the calendar. The March meeting will be held virtually, but the other two may be face to face depending on the coronavirus situation and relevant government guidance.  Sue presented the Secretariat Review of work undertaken. It was acknowledged that the work and volume of work had been significant, particularly around PCN and PQS2 Domains where work needs to be completed before pharmacies can claim. Mewstone PCN has an upcoming meeting on Wednesday, Drake & Sound North have a follow up meeting planned for Thursday, and Beacon will need to be arranged for early January. There is a new Pharmacy Lead so will need to find out if a meeting is planned.  Collaborative Boards have been attended by Sue in Eastern and Western areas to give an overview of PCNs and PQS. GPCPCS will roll-out in the new year, COVID vaccines are the priority for GPs now. IPMO is a high-level system leadership group, should be up and running by April, but unlikely in the current environment. |
| **1/1658** | **Treasurers Report** | Members received a brief finance report for November 2020 and the profit and loss for Year To Date. |
| **1/1659** | **PSNC Update** | Sian reported that there is a PSNC meeting on the 15th December to discuss the Discharge Medicine Service and the PPE reimbursement costs. |
| **1/1660** | **GP CPCS**  **Richard Brown, PSNC** | Richard Brown (Avon LPC) attended the meeting to provide an overview of the learnings from the Avon GP CPCS pilot.  It was a case of the right clinician at the right time, started small in July 2019. They didn’t originally go live at PCN level, and he felt it was more successful at GP level – working with each individual surgery. He started with four surgeries, thought he had the implementation sorted out, and went live with more surgeries using a “lite” touch, which didn’t work well.  He then sent out a questionnaire to fifteen surgeries, this time last year, he felt they were not interested as it would mean using NHS mail for referrals, but this proved not to be the case. They wanted a trainer going into the surgery and engaging staff, so that is what happened. Following the visits to the GP surgeries, they started to send referrals regularly around 10-15 each week. The formal part of the Care pathway needs a formal referral. Rolling out the service takers approximately a day for each surgery, not able to do this using Zoom or teams, but an actual visit. Regarding resistance from GPS, he advised to choose your advocates that are keen, they will then be your advocates for the service and spread the word. Don’t go for difficult ones. Now could be a good time as pharmacy could take the pressure off whilst GPs undertake COVID vaccines – or GP may say too busy with COVID – so response could be “send over referrals to pharmacies”.  Referrals that seem to get sent to the pharmacies in Richard’s area were for skin rashes, children’s illnesses, eye infections, where symptoms have gone on for more than 72 hours. Ear conditions not a good one. UTI went well, have got a PGD.  For Pharmacy – the whole pharmacy needs to know about the service, staff need to be looking out for triggers when a patient presents, and may say “I’ve been referred”. They also need to regularly check their NHS mail, they need to be on top of reading emails. Of the referrals Richard has seem 90% of referrals need a consultation/advice with a product sale for 30%; 10% are escalated back to the GP.  To escalate back to the surgery, pharmacies need to know the professional line number and use it. They will need to formally pass the referral over with details, clinical review, diagnosis, and time frame for an appointment. This builds up confidence at the surgery, but needs to be done by the pharmacist in a professional manner. Currently Richard is training pharmacists and teams 10 at a time in Zoom meetings. If a referral back is made to the GP by NHS mail it could be missed, particularly if a patient needs an urgent appointment.  A referral to the pharmacy by the surgery is usually made by the receptionist who makes the decision, not a GP. If the pharmacy can deal with the patient it saves 8 minutes per GP appointment, so can save the surgery time.  Noted that the Service Finder on PSNC website has the professional phone numbers for surgeries. (Details were in the last Devon LPC newsletter).  There needs to be a commonality of behaviour as you can have one person ruin the service for everyone. The right behaviour in a pharmacy, and at the GPs.  E-consult is currently used a lot in Devon, however it can’t automatically send an email to pharmacies. Richard advised to go where you can influence, not to try and change any processes already in place – go with what the surgery already have in place.  Discussion about how NHSE&I and the CCG want to roll out the service, noting that the CCG is still accountable to NHSE&I.  For Devon the next steps will be to find the first enthusiastic surgery then the next five. Roll out at surgery leave and support; and check the pharmacies will provide the service well too. He advised not to go too quickly, learn from mistakes. It could take a year or so to roll out, start small, take time and effort to get advocates and get it to work well. SWLPCS need to do this well.  Sue to find out who has applied for the Implementation Lead, the role is only funded until 31st March 2021. Look at the PCNs and GPs who are interested and keen to start. Anna worked on the pilot, so knows many of the lessons which need to be learnt, mainly we were thwarted by NHSE. Richard felt that Fiona Davenport is more relaxed and will help us.  The amount of resource and effort the LPC needs to put into getting this service up and running to be discussed possibly at the January meeting, where an action plan will be reviewed. |
| **1/1661** | **PCN Update** | An update was given by Rachel Fergie and Matt Robinson.  Rachel had met with the CD who is keen, not at a day-to-day level though, she deals with the administrator. A Zoom meeting has been held, setting up What’s App groups etc. The PCN role could get bigger, and the support being received by the PCN leads is not consistent across companies. Maybe it would be helpful to develop recommendations to go to the large companies. A big thank you to the LPC staff for all their chasing to get the attendees at the Zoom meeting.  Matt gave similar feedback regarding support received from the LPC office, it had proved to be very helpful, keep doing the same. Concerned about the quality of data being received back from pharmacies relating to continuity plans. He had had a good discussion with the CD talking about CPCS, so he will look at each surgery in his PCN, to see how he can get it all launched. The CD had mentioned Managed Repeats, again there is an inconsistent approach across the companies. The CD didn’t want them to stop as this would impact on the practice workload. |
| **1/1662** | **Any Other Business** | Email addresses – Kathryn will be checking which email address members want to use in January. Some have three email accounts; the Secretariat just wants one per person.  Independent Prescribers – David Bearman gave a quick update as IPs have been approved by GPHC. In the future it could be possible to do away with PGDs and move towards Independent Prescribers.  End of an era – Andrew thanked Adrian for all his hard work over the years and listed all the roles which Adrian had held. He thanked him for the years of dedication and wished him well in his new career. |
| **1/1663** | **Date of next meeting** | **Next meeting 18th January 2021 at 7.15pm – using Microsoft Teams.** |