

Devon Local Pharmaceutical Committee

Meeting held on 5th March 2021

Virtually using Microsoft Teams

1/1664	Present: David Bearman, Pedro Carvalho, Mike Charlton, Rachel Fergie, Ali Hayes, Andrew Howitt (Chair); Sian Retallick, Rob Skornia, In Attendance: Sue Taylor, Kathryn Jones, Tom Kallis, Anna White
1/1665	Apologies: Ron Kirk, Matt Robinson, Allan Welsh
1/1666	Welcome and Introductions Andrew Howitt welcomed everyone to the first all day virtual meeting held by the LPC since the start of the pandemic. Rob Skornia and Pedro Carvalho were formally welcomed as new members to the LPC and introductions were made.
1/1667	Minutes of the last meeting The minutes of the meeting held on the 14 th December 2020 were approved.
1/1668	Matters arising from the minutes Query about the two further daytime meetings planned for this year in July and November – need to check day has moved from Monday to Wednesday. Note: The MS Teams invites have been updated; dates are July 7 th ; and November 10 th . Action: KJ Email addresses which members want used for LPC business to be checked. Action: KJ
1/1669	Finance Report The LPC has been notified that the levy paid to PSNC will remain the same as last year, even though we had been advised that an increase was to be expected. The Wright Review costs that will be requested from LPCs is £90,000 which means we should be asked to contribute approximately £1800.00 per LPC. The budget for 2021-22 has not yet been agreed but will be discussed at the next Management Executive meeting and brought to the April LPC meeting for approval. We are waiting for a new expenses policy to be issued by PSNC, which is due out shortly. At the national Treasurers meeting held recently, which Kathryn and Ron attended, a new finance template was issued for LPCs to use. In the main, the Devon LPC undertake rigorous financial governance, although the Finance Sub-Committee needs re-forming following resignations from two of the LPC members. However, it was felt that the Management Executive could undertake this function. The terms of reference for the finance sub-committee are available so will be examined. A verbal report was given on the current financial position of the LPC.
1/1670	Secretariat Report GPCPCS engagement events for pharmacy teams are planned during March. Uptake has been very good but an additional event could be organised if the demand is there. Review the position after Easter.

		<p>PCN flu and business resilience plans have been sent in for the majority of the PCNs in Devon although a small number are outstanding. There are now four PCN leads vacancies in Devon.</p> <p>NHS111 – It would be very helpful if a text message could be sent to the patient with a referral number which would cross reference to CPCS. This has been asked for before previously without success but would provide a visual check for both patients and the pharmacy staff. There is an additional cost to this service so it is unlikely to be added in.</p>
1/1671	Service Development and Implementation Overview of current data and delivery of Pharmacy First, CPCS and DMS, PQS and Primary Care Networks	<p>Anna and Tom both presented updated positions on the locally and nationally commissioned services. The committee split into two break out groups, one to review, discuss and agree action plans to improve quality and delivery of local and nationally commissioned services; and the other PCN community pharmacy lead development.</p> <p>The feedback from each group is attached to these minutes and will help to inform the LPC workplan.</p>
1/1672	LPC member telephone survey of pharmacy teams	<p>Members were each given ten pharmacies to ring and ask specific questions as a brief contractor survey. The Exec would review all of the feedback and put a report together to feedback to the committee at the April meeting. Brief feedback on the day included:</p> <ul style="list-style-type: none"> • Lockdown 1 busier • LPC support a right balance • More clinical training wanted • PCN leads very supportive • Concern around level of paperwork for all services • More face-to-face training • Locums find it difficult to login to different systems • PCN leads not a lot of influence • Possibility of Red Whale training? – if possible to get GPCPCS up and running in various locations then it might highlight areas where we could move into and train. David to call Stuart Monk at the AHSN to see if possible to get funding for PCN Leads while we are waiting for an update to the next round of the Pharmacy Quality Scheme.

1/1673	Paul Johnson, GP and NHS Devon CCG Clinical Chair	<p>Paul gave an update with a presentation (attached) on COVID-19 Devon position; and what can be expected with the Reset and Recovery programme.</p> <p>It had been a difficult year, the first challenge had been infection control, followed by the need for PPE, which never actually ran out however. The whole community helped provide adequate protection. GP working has changed – e-consult used across the county; 50,000 e-consults undertaken in Devon per month. There is still a need for face-to-face consultations, however.</p> <p>The Nightingale Hospital in Exeter was used for out of county patients and diagnostics. No in-patients at the time of the meeting. The impact of the pandemic on care homes is well known. Lots of advice was given, infection control and testing complexities, the private sector, local authority and NHS has worked well together.</p> <p>COVID vaccines – 90% aged 80+ vaccinated, it has been very emotional for patients and staff working in the vaccine centres, and we are hopeful of a very high uptake. GPs working together to deliver vaccines. Currently three pharmacy sites in Devon and another three are going through the process particularly for communities away from large vaccine sites.</p>
1/1674	Jo Watson, Deputy Director Medicines Optimisation, NHS Devon CCG	<p>Jo gave an update to the meeting with a presentation (attached) on NHS Devon CCG moving towards the ICS and IPMO.</p> <p>There are 41 Integrated Care Systems across the country – a move towards working collaboratively rather than in an isolated fashion. The benefits have been seen using COVID as an example. The CCG will cease to exist in April 2022; it is anticipated that there will be lots more opportunities to be creative. Regarding community pharmacy contracting, some NHSE services will move over as primary care moves to ICS this includes all four independent contractor groups. It will open up opportunities, but there is still lots of details to come.</p> <p>Community Pharmacy will not be a side issue as it will be fully integrated. However, although some standardisation has taken place, opportunities have been missed for pharmacy which needs embedding. There have been behavioural problems with GPs, and PCNs not including pharmacy, a change in attitude is needed.</p> <p>Sue commented that it was good to hear community pharmacy much more integrated but with regard to PCN leads concerned about ongoing funding there is a risk we could lose them. A question was asked about the possibility of support for PCN leads using system wide transformation money for their development? Paul responded that there are different resources available, the PCN development fund for</p>

		<p>example; however the CCG can't however determine what the money is spent on, it is determined locally. A business case would have to be prepared and submitted to PCNs on an individual basis.</p>
<p>1/1675</p>	<p>Locally Commissioned Public Health Services – procurement timeline and processes for Devon and Torbay</p>	<p>Ian Tyson from Torbay Council and Dominic Hudson from Devon attended to provide an update on the forthcoming service procurement from the local authorities.</p> <p>The procurement process will begin in May 2021 with service implementation from the 1st October. The same process will be used as in 2015 when procurement for public health services went through the on-line portal. It is important to ensure that they get communications right and this is difficult as there are so many possible contacts, from pharmacy to regional or head offices. Only one person in each company can submit for the services.</p> <p>Question about how to obtain contact details for market warming events, these contacts need to be at the right level. Market warming events will be held in early June. A reminder that if pharmacies don't sign up for this procurement round, then the portal doesn't open up again for 4 years. There are no changes expected to services being provided. Pharmacy contractors will need to sign up in entirety, sign up for opportunity to bid for all services, then a service could be turned off or o due to capacity or capability. It will be better to sign up rather than miss out for four years. Remuneration increases are being looked at and structure of payments with Anna White. A question was asked about the possibility of including set up costs and training costs. MS fees possibly being included, this will be looked into for everyone so fair and balanced. Ian informed the meeting that with a significant event like COVID they need to know how they can assure contractors minimum income if they unable to provide the services. Remuneration for provision won't be 100%, there cannot be any financial risk to the Local Authorities. Recognition of pressure in the system has been under a balanced approach and payment would be up to 50% of the last full amount earned when services were provided to protect both community pharmacy contractors and local authorities.</p> <p>Ian to check with the clinical leads as to whether consultations for EHC could be provided remotely.</p> <p>Alliance contract – Supervised Consumption moving to new contractor – January 2023.</p>

		<p>NEXT STEPS</p> <p>Torbay and Devon to send first drafts of service specifications to LPC and also work through costs Start working up a list of key contractor contacts; LPC to co-ordinate this for Devon and Torbay only and send to Ian Tyson as soon as possible.</p>
1/1676	<p>Relaxation of PCN additional roles, Reimbursement scheme for PCNs. Risks and opportunities for the local workforce.</p>	<p>David Bearman gave an update to the meeting.</p> <p>No cap in South West on practices recruiting technicians under the Additional Roles Reimbursement Schemes from 1st April. Practices have been going out recruiting and they have the money. There is little incentive for pharmacy contractors to train technicians and then they leave to move into primary care; there needs to be work done on the potential of creating portfolio roles.</p> <p>Talked about rotational training, not all trainees want to work in a hospital once qualified.</p>
1/1677	<p>Any Other Business</p>	<p>Andrew thanked everyone for their participation – any feedback on how the meeting, let him know.</p>
1/1678	<p>Date of next meeting</p>	<p>Next meeting 12th April 2021 at 7.15pm – using Microsoft Teams.</p>