**Devon Local Pharmaceutical Committee**

**Meeting held on 4 April 2022**

**Virtually using Microsoft Teams**

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| **1/1735** | **Present:** David Bearman, Kelly Dawkins, Rachel Fergie, Ali Hayes, Ron Kirk, Matt Robinson, **Sian** Retallick  **In Attendance:** Sue Taylor, Kathryn Jones. | |
| **1/1736** | **Apologies**: Mike Charlton, Andrew Howitt, Anna White | |
| **1/1737** | **Welcome and Introductions** | Matt Robinson took the chair in the absence of Andrew Howitt. It was reported that Rafal Korona had resigned with immediate effect. |
| **1/1738** | **Declarations of Interest** | New declarations of interest need to be completed by everyone for the new financial year. Kathryn to put the template on basecamp. |
| **1/1739** | **Minutes of the last meeting** | The minutes of the meeting held on 2nd March 2022 were approved as a correct record. |
| **1/1740** | **Matters arising from the minutes** | Contractor Roadshows which had been agreed to be a priority will be held over a series of events, face to face based in each locality. It is important to review the timeline and to start organising the content of the sessions. It was agreed the best time to hold them would be mid-June/beginning of July to avoid the summer holidays and the start of the flu season; and to pull together the working group after the Easter break. Recommended topics to be covered; delivery of the New Medicines Service; Hypertension; Discharge Medicines Service; CPCS (links to Pharmacy First as well).  It is unlikely that details of the next PQS will be available at this time as these are usually published at the end of the summer. The aim of the sessions is to get contractors up to speed with service requirements and give them an opportunity to network.  **Action: Sue put details on basecamp.** |
| **1/1741** | **Treasurers Report** | A verbal report was given to the meeting by the Treasurer. |
| **1/1742** | **Secretariat Report** | Anna White has returned from extended sick leave and has held a return to work discussion  A lot of time spent on GP CPCS, gone live in Barnstaple Alliance on 5 April. No sight of data unfortunately, unplanned closures not helping.  Michelle Allen NHS Implementation manager is back only covering Devon.  111 referrals low – dropped considerably before Christmas. DDOC have lost the urgent care CCG contract and will be handing over to the new provider, for 1st October 2022. |
| **1/1743** | **PSNC Update** | Sian informed the meeting that PSNC are looking at a national walk-in service – similar to the one running in Cornwall.  Review Steering Group – Sue has put the latest documents on Basecamp including the presentation and map from recent PSNC roadshows. LPCs asked to support contractors and attend events organised – LPCs to use social media to get the message out. PSNC, LPCs and RSG members should attend the events planned by PSNC but everyone needs to be unbiased. It was estimated that under the new proposals, Devon LPC might incur an additional cost pressure of £28,000.00 per annum that would be paid to PSNC.  The final proposals will be published on the 25 April 2022 and voting begins on 23 May for a three week period. |
| **1/1744** | **Primary Care Strategy LPC response** | Sue had posted on basecamp the details of the NHS Devon CCG Primary Care consultation. A formal response is being completed by Sue on behalf of the LPC; a .pdf file had been posted on Basecamp of the provision responses and the LPC members attending were asked to confirm that they agreed with the proposed responses. All in favour.  The closing date for the consultation is 8 April 2022, individuals are also able to complete the consultation. |
| **1/1745** | **South Devon LCP** | Sue had attended a meeting of the South Devon & Torbay Local Care Partnership following an invite from Derek Blackford, the Locality Director. The LPC had been invited to present on community pharmacy at the next meeting scheduled for the end of April. |
| **1/1746** | **Primary Care Network Lead Vision and Strategy** | PCN Lead Training - 11 leads have so far signed up to the NHSEI MOU. There are 16 leads not currently engaged, and there are four vacancies. One CCA member has made a decision not to participate, which will mean that the Northern Devon locality has no representation on the training programme.  The LPC Vision & Strategy – discussed at last LPC meeting. Some PCN pharmacy leads are experienced, some inexperienced in working strategically and a number new to the role. The trainers that have been appointed are very experienced in training pharmacy staff and pharmacists and it is anticipated that all involved in the training will benefit and get value from the programme.  Mentoring of PCN Leads to ensure consistent messages are given to PCN Clinical Directors and senior leadership is essential. The PCN leads will be taken on a journey with this programme in terms of their own development. They will need to be able to highlight positive gain for both sides; and learn not to be defensive. The LPC want PCN Leads to be driving the national suite of services; CPCS, DMS, NMS and Hypertension Service to gain the most benefit for all.  The trainers have outlined their thoughts on the proposed training.   * Confidence of PCN leads to have discussions with Clinical Directors etc. * PCN Lead to have an understanding of structure of PCN * Be aware of the wider picture * What topics to be driving for.   David informed the meeting that the Training Hub have a questionnaire which he will send to Sue to distribute asking for their views on integration in the medium and long term which will inform future bids.  It was pointed out that the PCN Clinical Directors can be very hard to get hold of, and that the PCN leads need to be able to identify the most appropriate person in the PCN to be talking to.  Pharmacy teams embedded in a PCN in many cases have community pharmacy backgrounds.  A discussion was held regarding peer support by PCN leads – possibly LPC members, building up a support network.  It was noted that there is no set structure for PCNs, some maybe similar, but not hard and fast. One thing PCN leads need to try and do is find out the structure of their PCN and they will be supported with this in terms of stakeholder mapping and managing relationships.  LPC vision (what the committee wants):   * Confident PCN leads able to have discussions with Clinical Directors etc. * Being a PCN Lead and having an understanding of the structure of their PCN. * Able to look at the wider picture * What topics to be striving for in the medium and long term.   In the future look at others we want to integrate with – could be a broader agenda working with Social Care Providers, Local Care Partnerships etc.  Need to be careful and not overwhelm PCN leads – make the strategy simple and achievable. Emphasise Build relationships and work in bite sized chunks. The trainers are very experienced and will build up slowly.  Sue informed the meeting there was a meeting due to be held on Thursday, Sian and Matt can attend, and Rachel would like the invitation. |
| **1/1747** | **Devon Pilot for NMS for Anti-Depressants** | The Committee was informed that Devon is being considered for a national pilot for NMS for Anti-depressants. Sue posted the draft spec on Basecamp for feedback. This was very exciting news but currently there is no feedback on the numbers involved or how much money has been allocated to the project.  When more information from NHSEI becomes available this will be shared with the LPC members. |
| **1/1734** | **AOB** | Bids for monies – David gave a quick update on the work he has been undertaking to apply for three projects to be funded from the SW NHSEI. |
|  | **Date of next meeting** | **Next meeting 16TH May 2022 starting at 7.30pm using MS TEAMS.** |