

Community Pharmacy Sandwell Committee Meeting –1st May 2024 – Minutes

Members Present: Dev Dalvair (DD) IND Ali Din (AD) IND Emily Crabbe (EC) CCA Rebecca Butterworth (RB) CCA Bhupinder Malhi (BM) Sukh Singh (SSi) IND Alison Crompton (AIM) Officers in attendance: Pete Shergill (PS) Chair Peter Prokopa (PP) Chief Officer Lawrence Hancox (LH) Treasurer	Apologies Sardar Shabir (IND) Sukhy Somal (BC ICB CPCL) Guests: Jas Heer (JH - CPE Regional Rep – part)
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In the Chair – Pete Shergill

Item	Detail	Actions
524.1 Welcome, Introductions, Apologies	Apologies as noted above – Sardar Shabir attempted to join the meeting but was unable to do so consistently.	
524.2 Governance	Declarations of Interest relevant to the agenda – none	
524.3 Minutes	Minutes proposed for approval by SSi, seconded by RB; approved unanimously.	PP to update website with approved Minutes
524.4 Matters Arising	No matters arising that aren't elsewhere on the agenda.	
524.5 Finance	Current Financial Position: a) Current funds LPC account £34238.50; NHS MoU fund account £47204.23 – CPE levy paid in April. b) Final accounts 2023-24 – LH confirmed he expected the final accounts to be complete around the end of May, however raised a question about whether we would continue with the same accountants, bearing in mind the delays for the previous year. RB suggested approaching other Black Country LPCs to maybe use one of their accountants, as they believed it wasn't the first time there had been issues. PS confirmed that was the only issue he was aware of in 10 years. BM suggested approaching Patara first to discuss our concerns before moving – members agreed, subject to a deadline of receiving final draft accounts by 2 nd week in July, so these could be considered and approved by the Committee at the 8 th August meeting. c) Treasurers' Finance Survey – PS summarised the survey content, members agreed LH to complete prior to the deadline of 31 st May. PS offered support to LH should this be required on any aspect.	
524.6 Team Building Exercise	PS led the first team building exercise that focussed on the values and behaviours identified in the recently adopted Governance Framework. Members worked in two groups to discuss these initially, followed by a plenary session to summarise. The second exercise was around the principle of the Four Walls of Wellbeing from the Maori culture – these being: <ul style="list-style-type: none"> • Physical Health • Spiritual Health • Mental Health and • Family/Social health. 	PS to share both the presentation slides and a summary for members

	Members again broke into two groups to consider these	
524.7	<p>CPE Update – JH talked through the latest CPE presentation. covering various topics such as negotiations, governance changes, pharmacy workforce development, political updates, and challenges facing community pharmacies. There's mention of pressure surveys indicating financial stress among contractors and concerns about margin clawbacks impacting pharmacies. Negotiations with authorities highlight the struggle for fair funding amidst rising costs and insufficient support. The discussion also delves into issues like pseudo Dsps, remote provision, and the need for better data and communication strategies. Further discussions on pharmacy operations and funding, and particularly a potential emphasis on prevention by Wes Streeting as possible future Secretary of State for health; also concerns about unpaid elements of pharmacy services, particularly those walk-in patients not passing the gateway criteria in pharmacy first. The discussion also touches on committee reviews and membership changes, following the announcement by AIM changing their name and membership criteria to include any independent contractor, irrespective of the number of branches. JH also mentioned CPE upcoming events, which included Contractor Briefing event (7th May), CPM meeting with CPE (15th May), National Meeting of CPE & LPCs (23rd May) and June CPE Committee meeting, which was to be held in Birmingham with regional LPCs invited to attend.. Concerns were raised by members particularly about the effectiveness of pharmacy first referrals and the need for data to support funding negotiations, and the problems associated with margin delivery. Overall, JH reflected the ongoing challenges and efforts to address them being made within the community pharmacy sector – and the sense of uncertainty about the future funding landscape and a desire for more positive developments later in the year.</p>	PP to share details of contractor webinar on 7 th May via email to Sandwell contractors.
524.8 CP Sandwell Governance	<p>a) & b) PP introduced the template Governance Subcommittee Terms of Reference which had been shared previously. He commented that if members were generally supportive of implementing this then the only item really to discuss was around selecting members to form the subcommittee – which could be more difficult within a small committee. Discussions followed around whether Officers could be involved (Chair, Vice-Chair and Chief Officers excluded) but there was an option to include an independent non-member, should it be necessary. Members agreed to have representation from each contractor group, with EC, AC and SSi volunteering to join. The ToR was unanimously agreed with the amendment to mutually agree membership, rather than having a ballot to elect membership.</p> <p>c) PP asked members to consider the use of the Risk Register, and with further agenda items still to discuss, he suggested that the Exec should consider initial completion at their next meeting before bringing back to the next full committee meeting in June – all in agreement with this approach.</p>	Agenda item to discuss at Exec meeting
524.9 Service Implementation update	<p><i>PP reported Sukhy Somal was undertaking her induction day at BC ICB today, so had submitted an emailed report, as below: All pharmacies across Sandwell have been visited. Some on more than one occasion. Some practices have been visited to support Pharmacy First Referrals.</i></p>	

The main feedback from pharmacies regarding barriers to joining services were:

- "Don't fully understand the sign-up process".
- "Why are there different claims processes for different services and not just one way?"
- There are different service specification styles, and they get sent or are stored in different places, how are you meant to track what specification is where?"
- Data – "Why do we not get to see data? How do we know how we are doing compared to everyone else?"
- "Not enough staffing"
- "Not enough trained staff"
- "Expectations are too high".
- "I am happy to do more services provided other things are taken off me."
- "How can I get the GPs to engage with me better?"
- "How can I upskill my staff to take some of the burden off me?"

Other actions carried out:

- Several meetings were attended.
- Spreadsheet completed on DOS updates.
- Data ready to handover to future Services Lead.

Future actions:

- Create and deliver half-day training sessions for dispensers to cover new services (Hypertension, Pharmacy Contraceptive, Pharmacy First, a brief session on promoting NHS APP, their roles in supporting the pharmacist, and how to promote the services. – This is to complete the work started in the Services Lead role

Perhaps the LPC could decide if a joint pharmacist and dispenser (Service Champion) evening event would be better attended.

- Continue pushing local authority for an increased number of EHC providers. – This will continue into my new ICB role.
- Push Sandwell Trust to implement DMS from day one of the new (Midlands Metropolitan University Hospital) MMUH – this will continue into my new ICB role.
- Replace my role as Services Lead for Sandwell.

A proposal under new role for Black Country ICB, as Head of Community Pharmacy Clinical Services

- Black Country webinar for all pharmacists to cover what services are available in the Black Country, how to sign up, what the payments are, how staff can support them in delivery and practical tips on how to deliver the services whilst managing the day job.

And/or

- Cover this off as part of the evening pharmacist and services champions training.

	<p><i>Personal note:</i></p> <p><i>Thank you to everyone for being so supportive and welcoming. I will continue to work closely with Sandwell and continue to offer support and push as hard as I can to help support contractors increase their services income.</i></p> <p>PP commented on the Sandwell & West Birmingham Trust's decision to delay any further progress on making DMS referrals, by agreeing that it was particularly frustrating that both Sandwell patients and contractors were being disadvantaged because of this, and his view was that the move to new premises would be an opportunity to embed the service early on; he would work with SSo to address this as soon as she was actively working her new role.</p> <p>On the NHS App Ambassadors, PP was supportive, save for the fact this was unfunded – the only perceived benefit was to support reduced administration burden at the pharmacy by reducing repeat prescription ordering commitment. DD agreed that he supported anything which would help reduce that burden.</p> <p>Members discussed challenges in contacting GP practices – SSi mentioned his pharmacy had been using Accurx, which is being used by most, if not all practices in the area. This supported messaging to practices which then appear in the practice workflow – and have to be actioned. He added that the training for pharmacy teams was very simple, and was prepared to demonstrate to any member.</p> <p>RB expressed concerns for larger multiples about using locally-based IT systems across such a wide estate of pharmacies, and ensuring effective implementation and good governance, so it was equally important to ensure an alternative contact method (dedicated phone lines for example) were in place.</p> <p>BM commented on the fact that a system like Accurx and emails (as he usually used) provide an audit trail to the contact, whereas telephone calls do not – useful for GPhC inspections, for example.</p>	
524.10 Stakeholder Update	<p>PP confirmed MAPCOG meetings will be moving to once monthly from this month; also that he was planning to suggest follow-up meetings with Cranstoun on substance misuse services, SWB Trust on Sexual Health services and also separately on DMS.</p> <p>Also, following JH's comments on upcoming events, he confirmed PP & RB would attend the CPM meeting on 15th May, and that RB would attend the CPE Committee meeting with BSol LPC hat on, but would report back to Sandwell too.</p>	PP
524.11 Administration	<p>PP had already updated members on the CPM/CPE meeting on 15th May, the following items were discussed:</p> <ul style="list-style-type: none"> LPC funds remaining with CPM – PP advised members about the funds (originally provided by LPCs) which was currently under the CPM banner – Jeff Blankley had sought feedback from LPCs about whether to return outstanding funds to the committees, or to hold in CPM bank account to be used at future events. PP had thought the latter as the best option, there being just a few hundred pounds. If necessary, as the BC LPCs progressed to a merger the funds could be returned to a single bank 	<p>PP to advise Jeff Blankley to keep funds in CPM bank account.</p> <p>PS to liase with DD re Chairs' Forum ToR and provide feedback to CPE before closing date.</p>

	<p>account if necessary. This approach was agreed, PP to feed back to JB on the outcome.</p> <ul style="list-style-type: none"> • CPE Chairs' Group – PP reported that this had recently been set up, and feedback was being sought from LPC Chairs on draft Terms of Reference. PS summarised the rationale for establishing the group comprising LPC chairs to enhance local input and engagement with CPE on various matters. This initiative aims to strengthen the local voice in national initiatives and facilitate collaboration on shared interests. The forum would operate within terms of reference when agreed and hold two events per year—one virtual and one face-to-face. Additionally, an online space would be introduced for LPC chairs to communicate more effectively. Existing communication channels, like the gaggle groups for chief officers and treasurers, have been effective in fostering diverse perspectives and stimulating discussions, which would further enrich conversations during forum gatherings. On the ToR, PS suggested he liase with DD to agree feedback before the closing date in June. • Black Country LPC Merger Group – RB summarized recent meetings; currently, the focus is on assessing the existing employees where relevant and planning for the future workforce. Recent discussions among LPC chairs emphasized the importance of addressing this issue and seeking advice from legal experts at Clyde and Co. to guide the process. There's a consideration of how the new committee will shape the future, with a desire to strike a balance between setting a foundation and allowing the new committee to make its mark. Despite fluctuations in attendance at meetings, there is optimism about the participation of more members and representatives from various LPCs in future discussions. 	
524.12 Regulation & Market Entry	<p>PP confirmed he had submitted the agreed response to the DSP application at Potter's Lane, Wednesbury; other than that, there was little to report on the Regulations front.</p> <p>PP also noted the difficulties being experienced by him and other chief officers of getting relevant communications for the LPC areas from PCSE. Issues had been escalated through both NHSE and CPE.</p>	
524.13 AOB	<p>PP mentioned the changes announced by AIMp that day, with a change of name to Independent Pharmacy Association, and opening membership to all independent pharmacies, irrespective of the number of contracts. This opened up questions from chief officers around the constitution and representation, which CPE would review before offering guidance to LPCs.</p> <p>Secondly, LPN funds had been received by Jeff Blankley on behalf of each ICB. This funding is for the year 23-24, amounting to £25,000 per ICB; it is expected that a similar amount of funding for the year 24-25 will be available soon. Potential utilisation of funds:</p> <p>Focus on Integration:</p> <ul style="list-style-type: none"> • Historically, the focus has been on integration, bringing together various sectors of pharmacy. 	<p>Members to share ideas by email to PP to utilise LPN funding.</p>

	<ul style="list-style-type: none"> • Notably, there was the Connected Pharmacy program focussing on interface issues, and safety around opioids and anticoagulation in the past 12 months. • Cross-Sector Development – while community-focused initiatives are essential, it's crucial to consider cross-sector development, particularly around medicines safety • Foundation Training – future pharmacists entering the community pharmacy world need substantial support. Pulling together existing information in a forum can enhance understanding and structure. • Some pharmacies may be hesitant to engage with training due to perceived workload, which might not be as significant as they think. <p>Next Steps – a meeting is planned with Sat Kotecha as LPN Chair to discuss how to utilize the funding effectively. PP sought any further ideas from members, which can be shared via email, prior to ongoing discussions.</p>	
524.14 Next meeting & close	Wednesday 19 th June 2024 – online via Teams. Meeting closed at 12.50.	