

**Community Pharmacy Sandwell Committee Meeting –19<sup>th</sup> June 2024 – Minutes**

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

Item	Detail	Actions
624.1 Welcome, Introductions, Apologies	Apologies as noted above	
624.2 Governance	Declarations of Interest relevant to the agenda – none	
624.3 Minutes	Minutes from 1 <sup>st</sup> May meeting proposed for approval by AC, seconded by AD; approved unanimously.	PP to update website with approved Minutes
624.4 Matters Arising	No matters arising that aren't elsewhere on the agenda.	
624.5 Finance	Current Financial Position: 1) Current funds LPC account £35002; NHS MoU fund account £35746. 2) Final accounts 2023-24 – LH confirmed that the 2023-24 accounts would be with the accountants within a few days.	
624.6 LPC Risk Register	<p>The risk register was distributed to everyone in the bundle provided by Peter approximately a week ago.</p> <p>PP, LH and RB collaborated to draft the risk register.</p> <p>The risks were generally self-explanatory, with no major concerns. While the risk profile is low due to a stable history, there are still some risks to mitigate.</p> <p>The main risks identified are financial and related to the security of banking and documents.</p> <p>The committee is working to ensure mitigation from both financial and operational perspectives.</p> <p>An employment status perspective is also considered, although uncertainties about future consequences remain.</p> <p>The committee believes they are acting in the best interests of contractors and protecting themselves.</p> <p>LPC members are jointly and severally liable as an unincorporated committee.</p> <p>The Governance subcommittee reviewed the risk register and found it fair and appropriate.</p> <p>There were no significant omissions, and the focus is on LPC risk rather than contractor risk.</p> <p>The question arose about whether there should be risk owners assigned to all identified risks, especially beyond the finance-related risks.</p> <p>Monitoring local services and flagging issues to the committee was also discussed.</p>	

	Agreed to review the register quarterly through Governance subcommittee.	
624.7 General Election 2024	PP summarised local candidates for members; likelihood of getting candidates into pharmacies in timescale low, focus only if any identified as potential key postholders in future government.	
624.8 CPE Update	<p>JH summarized the impact of the snap general election, which had caught many by surprise, leading to uncertainty about the timeline for ongoing negotiations and the implementation of policies.</p> <ul style="list-style-type: none"> <li>• <b>Negotiation Status:</b> Despite the election, key officials involved in the negotiations have remained in place, which might minimize delays. However, the exact timing of progress is uncertain.</li> <li>• <b>Community Pharmacy Mention:</b> There's a positive note that community pharmacy has been included in political manifestos, which is unusual and encouraging, although the actual financial impact remains uncertain.</li> <li>• <b>Engagement Efforts:</b> Efforts are being made to engage local MPs, particularly those with influence in the pharmacy sector, to maintain momentum and keep pharmacy issues at the forefront of political agendas.</li> <li>• <b>Future Outlook:</b> There's cautious optimism about the role of community pharmacy in the future, especially regarding prevention and primary care, though it remains unclear how much financial support will be available, especially with the expected constraints on public spending.</li> <li>• <b>However</b> – there was no commitment from Labour on Pharmacy First, which may be simply an omission rather than a deliberate exclusion.</li> </ul> <p>Overall, JH highlighted the challenges and opportunities facing the community pharmacy sector amidst political changes. PS questioned JH on the NHS-led economic review, and CPE's view of this? JH outlined the main issues identified, which include:</p> <ul style="list-style-type: none"> <li>• <b>Teething Problems:</b> There have been ongoing frustrations with the review process, particularly regarding the failure to consider important factors like hidden costs, rent-free properties, and salaries.</li> <li>• <b>Sustainability Concerns:</b> The review seems to assume current operations are sustainable without adequately considering long-term viability.</li> <li>• <b>Misalignment with Discussion:</b> Despite discussions in the working and steering groups, the criteria and paperwork for the review don't align with what was initially agreed upon.</li> <li>• <b>Potential Non-Support:</b> If the review continues to overlook these critical points and focuses on superficial financial assessments, there might be a statement from CPE withdrawing their support for the review.</li> </ul> <p>AD asked JH on CPEs view on regulatory flexibility for contractors? JH agreed a lack of regulatory flexibility for pharmacies to adjust their business hours in response to financial and operational pressures was a real problem; NHS England is rigidly enforcing</p>	ACTION - SEEK CONTRACTORS TO ENGAGE WITH THEIR MPs POST-ELECTION TO INVITE TO PHARMACY

	<p>standard contract hours, limiting pharmacies' ability to adapt to new pressures. There is a call for more flexibility in allowing pharmacies to adjust their core hours to mitigate financial pressures, especially with some Integrated Care Boards (ICBs) offering flexibility to 40-hour contractors, and others not. There is a feeling that these contractors have been disadvantaged whilst 100-hour pharmacies have had the opportunity to reduce within the new regulations to 72 hours. Efforts are being made to address this issue in future negotiations, advocating for fairer treatment and more sensible application of the rules.</p> <p>PP added that there had not (as far as he was aware) been any applications to reduce core hours but would encourage contractors to let him know of any problems arising from such applications.</p>	<p>ACTION MEMBERS &amp; CONTRACTORS TO SHARE DETAILS OF ANY ISSUES ON REFUSED CORE HOURS CHANGES</p>
<p>624.9BC ICB Pharmacy Update</p>	<p>DMS - SS had email from the pharmacy team at the Sandwell &amp; West Birmingham Trust today - agreed to set up working group on DMS - SS to include PP &amp; JD. Expected opening date of the new Midlands Metropolitan University Hospital likely to be October 2024.</p> <p>SS reviewed DMS data across the ICB - around 1/3 of referrals had been rejected before stage 1 being completed. Efforts also being made to ensure all outstanding claims were added to MYS by contractors.</p> <p>SS also mentioned the fact that the three PCARP services (Pharmacy First, Contraception and Hypertension) would be brought together from 2025, and all contractors delivering one service would have to deliver all from next year - prior warning to ensure time to prepare.</p> <p>Smoking cessation - SS mentioned that other trusts within the ICB were referring patients to the SCS, and sought support from LPC to encourage contractors to engage as some gaps in service provision had been identified - eg Tipton and Great Bridge.</p> <p>CUES - opportunity to engage - although low activity.</p> <p>Palliative Care - no further update for Sandwell; scheme in Walsall different to other places in the ICB as they have an OOH on-call service which is effective but expensive to operate - may move to a single model across the ICB.</p> <p>IP pathfinder - roll out of CLEO approved; no progress in sites being active yet but hopeful of imminent roll-out of CLEO.</p> <p>Pharmacy first - still lack of referrals, particularly in Sandwell due to lack of referral tool in SystemOne as the main GP IT system, although progress on getting referrals by Accurx in some practices. Key engagement with GP practices will focus on Pharmacy First supporting access requirements.</p> <p>Hypertension service - many contractors undertaking BP checks at vaccination sites are not following up relevant patients with ABPM but referring to GPs, causing concern from practices about the additional workload especially as many subsequently not hypertensive. Concern has also been noted on a few other issues, for example that cuffs were being incorrectly applied during checks, or that over 80s were being referred outside of NICE guidance. PP confirmed that the service specification was clear about referrals, although it differ to NICE guidance in over 80s. SS was concerned that these issues would reflect badly on community pharmacy contractors in GPs' eyes.</p>	<p>REMIND CONTRACTORS RE DMS - DO STAGE 1 AND CLAIM! ACTION - SERVICE BUNDLING 2025 - GET TRAINED NOW ESP ON CONTRACEPTION SERVICE</p> <p>PP to check - NICE or SLA FOR BP CHECK REFERRALS IN &gt;80S</p>

	<p>SS further summarised work ongoing to increase engagement of GP practices with Pharmacy First – one idea was to have a simple appointment list that the surgery complete following early morning calls, then send to the pharmacy – this is a temporary fix, in the expectation that a longer-term IT solution can be found, eg using PharmOutcomes. PP reminded SS that national companies might be wary of local IT solutions, and to take account of if &amp; when that is proposed. SS also confirmed they were ensuring practices were aware of the benefits of electronic referrals to pharmacy too, to ensure benefits could be realised by practices (audit trail, clinical response, data supporting access challenges etc). On this PP asked SS to provide access data for Sandwell practices if available? SS to review.</p> <p>SS further reviewed pharmacy level data for Pharmacy First consultations, identifying active providers and those less so, with concerns around contractors meeting threshold figures for the monthly payment as time progresses.</p> <p>SS further discussed plans for both pharmacy team training evenings, and practice staff training sessions in July); also on PCN Community Pharmacy engagement leads, which has limited funding but will be further supported from LPC MoU funds as agreed with all LPCs. This doesn't amount to much but the aim is to have one lead per place. RB raised that the committee should record agreement to use of the MoU funds separately.</p> <p>Finally, SS briefly mentioned encouraging contractors to review SPS website and supply tool; also to encourage patient uptake of using the NHS App (particularly to reorder repeat prescriptions); CPPE training available to upskill technicians on accuracy checking to support pharmacists.</p>	
<p>624.10 Services Lead update</p>	<p>JD summarised his experience for members, which included community pharmacy, clinical work in GP practices and medicines optimisation role in STW ICB.</p> <p>His focus currently in Sandwell &amp; Walsall was on engaging with contractors to ensure they were maximising service delivery.</p> <p>During recent visits, JD noted some challenges, including practices being hesitant to refer patients to pharmacies due to the pressures pharmacists face, such as medicine shortages and delivery issues. He also observed that some patients, incorrectly referred by reception staff for antibiotics, need better management of expectations. This could lead to future scrutiny of antibiotic usage by GPs, potentially increasing pressure on pharmacies. JD further emphasized the importance of effective communication between practices and pharmacies to address these issues.</p>	
<p>624.11 Stakeholder Update</p>	<p>RB summarised the Black Country merger group activity for members; attendance at meetings for the LPC merger discussions has been inconsistent, with initial interest quickly dropping off. Currently, only a few key people are attending, including chairs and chief officers. The focus is now on staffing for the LPC post-merger, with ongoing discussions and a recent meeting with legal advisors Clyde &amp; Co. (for the one LPC with employees) to guide next steps. A shadow committee might be formed to help with the transition. Also identified a need for more contractor involvement as critical decisions and plans are being made. The lack of attendance was noted, and the importance of</p>	<p>PP</p>

	commitment from participants was emphasized before assigning tasks.	
624.12 Regulations & Market Entry	<p>PP noted that he had been in contact with Sandwell MBC to confirm the PNA process would start soon, as the new PNA was due to be published in autumn 2025.</p> <p>He also confirmed that notification had been received from Office for the West Midlands that Asda at Oldbury was due to close permanently on 30<sup>th</sup> July.</p> <p>AD commented on the PNA process, and the fact that the data was not always accurate or complete, and responsibility gathering the info was often given to a junior member of the team, although ultimate responsibility was with PH consultants. PP confirmed he was aware; PS suggested that with AD's experience in PNAs locally he liase with PP on this as the process begins.</p>	PP to liase with AD when PNA process begins
624.13 AOB	<p>Re MoU funding support for PCN Lead roles: There were concerns expressed by RB and other members about whether this money will be enough and if it will be used effectively alongside the money already allocated to ICB. Members agreed that decisions on spending should involve careful governance, ensuring that the funds serve the LPC's interests in supporting contractors and are not simply absorbed by broader system needs. A proposal was made by RB and seconded by AC to agree to proceed with the investment, provided there is an MOU or similar agreement to maintain LPC control over the funds. This was unanimously approved, and the next steps for PP was to communicate this decision to SS and other chief officers.</p>	PP to advise CP Sandwell support for MoU investment as described, provided appropriate governance in place.
624.14 Next meeting & close	<p>Wednesday 27<sup>th</sup> August 2024 – online via Teams. Meeting closed at 12.55</p>	