

Community Pharmacy Sandwell Committee Meeting –28th August 2024 – Minutes

Members Present: Dev Dalvair (DD) IND Ali Din (AD) IND Rebecca Butterworth (RB) CCA Sukh Singh Gill (SG) IND Alison Crompton (AIM)	Apologies Bhupinder Malhi Sardar Shabir Emily Crabbe Sukhy Somal
Officers in attendance: Pete Shergill (PS) Chair Peter Prokopa (PP) Chief Officer Lawrence Hancox (LH) Treasurer Jaz Dhillon (JD Services Officer – part)	Guests: Jas Heer (JH – CPE Regional Rep – part)

In the Chair – Pete Shergill

Item	Detail	Actions
824.1 Welcome, Introductions, Apologies	Apologies as noted above	
824.2 Governance	Declarations of Interest relevant to the agenda – none	
824.3 Minutes	Minutes from 1 st May meeting proposed for approval by DD, seconded by AC; approved unanimously.	PP to update website with approved Minutes
824.4 Matters Arising	General election: PP advised that the election had returned Labour candidates in all four constituencies covered by our area, and he would be writing to engage with them as per CPE's template letter. He would also seek contractors willing to host MP visits, when applicable. No other matters arising that aren't elsewhere on the agenda.	PP to email all four MPs
824.5 Finance	Current Financial Position: Main LPC account – £39439.02; MoU account – £45261.39 – CPE levy due next month – no concerns around meeting budgeted spending to the end of the financial year. Approval of annual accounts & financial statement – LH confirmed draft accounts had been received from Patara; PP noted some inaccuracies in the supporting information, mainly related to committee members and officers which he would respond to them to address. However, there was an immediate need to approve the financial figures prior to sharing with contractors with 30 days' notice ahead of the AGM, so approval of the current document was sought. Proposed by SG, seconded by RB – carried unanimously.	To add to accounts to website & share via email to contractors
824.6 GP collective action	PP sought feedback on any impact on community pharmacy services as a result of GP collective action launched earlier in August. No significant impact reported, although AD mentioned one local practice having turned off PharmOutcomes notifications by email. JH noted little impact being felt more broadly, but CPE expected this to increase in September as many GPs were returning from summer leave; he viewed the action as more of a threat to be put into action should there be no movement from DHSC and NHSE. PS mentioned some practices not signing new/updated contracts for certain IT services, which were not impacting community pharmacy specifically.	PP to seek feedback on any impact from contractors.
824.7 CPE Update	JH gave his regular CPE presentation, which covered the following.	PP to co-ordinate proposal on flexibility

	<ul style="list-style-type: none"> • Last CPE meeting held in June in the Midlands with local chief officers; Summer break and election-related delays followed; next meeting on September 11th or 12th. • Stephen Kinnock, new pharmacy minister, expected to be detail-oriented and open to dialogue; expected to be a briefing meeting with him imminently. Focus on 2024-2025 negotiations and long-term plans. • Positive feedback from June meeting, especially from West Midlands representatives. • Concern over pharmacy owners considering withdrawing from local Commission services and reducing supplementary hours. • Discussion on engaging with the new government and ensuring support translates into funding. • Funding and contract subcommittee discussed the Independent Economic Review by NHS England, which aims to determine actual costs of running a pharmacy; CPEs involvement crucial. Optimism that the review will influence year one negotiations. Pharmacy owners encouraged to participate in the review process. • Discussion on bundling of services – effect aims to provide a common set of services from pharmacies to the public. However, critical parts of the service must work for bundling to be effective and Pharmacy First needs to be fully sorted before bundling can be implemented. • Importance of getting Pharmacy First right and measuring GP referrals, with some GPs keeping work in-house or find it easier to prescribe directly. Some local schemes in places like Birmingham target GP practices for referrals. Educating and supporting GP practices is crucial. • Further discussion on regional contractor event – although 40 contractors attended, feedback was that the venue not convenient for many – JH to feed back to CPE on venue and timing. • CPE People & Governance subcommittee to report back on CPE committee composition in September. • Contract negotiations not yet restarted; expecting progress soon, although unsure on the course of those until meeting with Sephen Kinnock. However Wes Streeting appeared to be very pro-pharmacy before the election, hopeful that will translate into action now. JH considered what the necessary uplift would be on the global sum to secure pharmacy services long-term, and how CPE might move forward should this not be part of the offer. • Contract flexibility – following LPC discussions previously, JH agreed to take a proposal to Gordon Hockey regarding impact of failure to secure changes in Core Hours – PP to co-ordinate with other Black Country LPCs too. • Finally responding to AD, considered what the future contractual framework might look like, particularly with respect to possible expansion of current pharmacy services like Pharmacy First. 	<p>in pharmacy core hours for JH to take to CPE.</p>
--	--	--

<p>824.8 BC ICB Pharmacy Update</p>	<p>SS had emailed her presentation, which covered current work and services data:</p> <ul style="list-style-type: none"> • PCN Engagement Lead roles • GP practice engagement – training & information. Priorities are those practices not currently referring to Pharmacy First. • Pharmacist training – ENT, Oral Contraception, Service development priorities • Pharmacy support visits – services, CPAF, operational support, healthy living promotion, Learning from Patient Safety Events and eRD main topics. • Encouraging uptake of Accurx and use of Accumail to support out of stocks management. • Secondary care – pilot of UEC referrals to Pharmacy first from Manor, Walsall – to roll out to other trusts is successful • Working with MMUH (opening October) to implement DMS • Data – data on Pharmacy First, Hypertension and Contraception services shared (available at PCN level) • Challenges mainly around EPS nominations “wars”, out-of-stock issues, GP notifications from services incomplete; also to get pharmacy teams visiting GP practices to support improved comms; pharmacy telephone systems and calls not being answered; need for a booking/appointment system to allow practices to book direct. • Future plans: <ul style="list-style-type: none"> ○ Start and complete UTC pilot ○ Start and complete IP pathfinder pilot ○ Continue to support all PCARP services including BPs and OCs ○ Continue to visit practices and pharmacies ○ Continue providing training support to practices and pharmacies. ○ Better data reporting ○ Producing educational materials on what is the Pharmacy First Service ○ Producing educational materials on what is the IP Pathfinder pilot service ○ Push more eRD prescribing, hopefully, EMIS will make this process easier soon. <p>Further to the above, AD had concerns about the complexities involved in locally commissioned services under the new NHS standard contract managed by the ICB. One issue is that pharmacies face an overwhelming amount of additional administrative requirements that aren't seen as necessary for the services provided. The discussion highlighted the need to simplify processes, particularly in standardizing services across regions like the Black Country.</p> <p>PP mentioned ongoing service reviews, such as for palliative care, where unifying services across areas is being considered. Members agreed that the extra administrative layers introduced by the ICB, like excessive reporting and submitting documentation (e.g, insurance certificates), seem superfluous,</p>	<p>PP to check on PCNs listed as “unknown” with SS.</p> <p>RB to email SS about contract issues.</p>
-------------------------------------	---	--

	<p>especially when such tasks weren't required under previous arrangements with NHS England or PCTs.</p> <p>Members agreed to investigate how other areas manage these contracts more efficiently and explore if a simpler approach can be adopted to ease the administrative burden on pharmacies.</p>	
824.9 Services Lead update	<p>In addition to expanding on some of the elements in Sukhy Somal's presentation, JD detailed a project proposal focusing on establishing a lipid-testing service in community pharmacies within the Black Country. The idea stemmed from previous engagements with near-patient testing for lipids and aims to provide a streamlined service where patients can get blood tests, lifestyle advice, and statin prescriptions in one visit.</p> <p>The project, supported by the ICB and health innovation organizations, would pilot across 40 pharmacies for 12 months. The service would use Poc Doc devices for lipid testing, taking around 7 minutes, allowing time for additional health checks (e.g., blood pressure, BMI) and immediate statin initiation. The follow-up would be coordinated with GP practices. Funding is a key concern, with potential support from the British Heart Foundation, and JF laid out a financial plan of around £220,000, well within the grant cap of £350,000.</p> <p>The project, if successful, could address accessibility issues and offer a scalable model for cardiovascular disease prevention, positioning the Black Country as a leader in this area. Further input and feedback from stakeholders are sought to refine the proposal and secure funding.</p> <p>Additional discussions involved stakeholder involvement, evaluation plans (both qualitative and quantitative), and next steps, including seeking feedback and coordinating efforts. PP agreed to share the proposals for committee member feedback.</p>	<p>PP to share cardiovascular project proposal with members for feedback by 3RD WEEK in September.</p>
824.10 Stakeholder Update	<p>CPM/CPE & Regional Pharmacy owner Engagement Event – feedback – already covered in JH's update.</p> <p>Conference of LPC Representatives on Thursday 7/11/2024 – 2 reps required – PS to attend plus one other – PP to email members.</p> <p>IMOC & Branded generics – agreed. BGs not appropriate, dead stock, unavailability issues, impact on staff resource in pharmacy.</p>	
824.11 BC Merger	<p>RB updated members on the merger group activity. A task and finish group has been formed to run alongside regular meetings, focusing on detailed aspects of the merger such as staffing, committee size, and voting matters. This group helps streamline decision-making by extracting and resolving key points from broader meetings.</p> <p>PP asked members whether contractors had approved an SGM vote on the merger, as the other 3 committees had confirmed that they had. AD confirmed that there had not been an SGM to approve the merger. He added that contractors would need information about the merged body to support the proposal, eg representation, finance, structure etc. PP to check on options for SGM.</p> <p>As the merger approaches a critical phase, discussions have highlighted the need for a clear voting timeline and concrete proposals. This includes outlining representation from different areas (Sandwell, Walsall, Wolverhampton, and Dudley) and</p>	<p>PP to review options for SGM vote.</p>

	<p>defining levy costs and committee structures to provide contractors with sufficient information before voting. Participants expressed concerns about ensuring local representation within the new structure. While it was acknowledged that expertise should be prioritized, it was emphasized that knowledge of specific areas is also important. Proposals included having place-based officers and ensuring that local knowledge is effectively integrated, either through direct representation or other support mechanisms.</p> <p>There was a recognition that while it may not always be possible to have representatives from each locality, there should be systems in place to fill any gaps in knowledge. The discussion highlighted the balance between maintaining strong local ties and the practicalities of forming a cost-effective and skilled committee.</p> <p>Overall, the group agreed to focus on ensuring fair representation and the inclusion of all places, while also considering the best candidates for the overall success of the merged entity.</p>	
824.12 Regulations & Market Entry	<p>PP reported positive outcome regarding the CPAF survey, with only a few ODS codes (related to recent changes in ownership) not completed. These are expected to be resolved in due course. Key market updates include the closure of the Asda in Oldbury on July 30, and several changes in pharmacy ownership are in progress. Additionally, the DSP application from SLHQ Pharma Limited is still awaiting a decision. PP also reported that he has more consistent information from PCSE and the West Midlands office, making it easier to address any regulatory issues.</p>	PP to liaise with AD when PNA process begins
824.13 AOB	<p>SG noted that nominations problems were raised in Sukhy Somal's presentation; members further discussed where patients unknowingly have their nominations changed to different pharmacies. This is causing confusion, patient harm, and inefficiency, and particularly during drug shortages, with members concerned about the lack of signed nomination forms or other audit trail being available in many cases to support nomination changes.</p> <p>A significant issue is the resulting patient confusion and potential harm, with stories shared about patients being left without essential medication and in extreme cases being admitted to hospital as a result. Despite efforts to monitor the situation, the data available via Pharmdata may not reflect the full scope of the problem because pharmacies often revert unauthorized changes. There was agreement that the NHS should take more action, as complaints are often not enough to address the situation.</p> <p>Additionally, SG mentioned the growing demand for medication trays (MDS) is putting pressure on pharmacies, as they lack the resources to keep up, further complicating patient care. Members agreed that the focus should be on supporting patients who are confused and at risk of overdosing when given large quantities of medication. One way to address this with surgeries is by highlighting the risk of overdose when prescribing several weeks' worth of medication at once. This can then lead to providing weekly prescriptions, which, although not ideal, at least supports improved patient safety.</p> <p>PP added that seven-day prescriptions should be based on patient need to ensure safety, rather than being used to fund</p>	Add to newsletter a reminder re complaints re nomination being patient choice. PP to seek discussion on MDS with Sandwell MBC social care.

	<p>MDS as an increase in individual fees for seven-day scripts can adversely impact the overall global sum.</p> <p>Members agreed that each case needs to be assessed individually, ensuring that only patients who truly need MDS receive it, and those who don't are provided with medication in original containers.</p> <p>Finally, it was agreed that clearer communication and stronger patient protection measures are needed to address both nomination and MDS issues.</p>	
824.14 Next meeting & close	<p>Wednesday 2nd October 2024 – at Sandwell Park Golf Club – meeting 11am to 5pm, followed by AGM at the same venue. Meeting closed at 12.55</p>	

DRAFT