**Pharmacy Thames Valley Committee Meeting**Wednesday, 23rd March 2022

10.00-13.00 Online

**Draft Summary Minutes**

| **Item** |  |
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| **1** | **Welcome and Apologies**  **Present**: Robert Bradshaw (Chair), Akin Adeniran (Vice Chair), Ian Dunphy (Treasurer), Ketan Amin, Sonam Kotecha, Shelton Magunje, Corrin McParland, Vikash Patel, Olivier Picard, Barrie Prentice, David Dean (Chief Officer), Kevin Barnes (CSO), Amanda Dean (Minutes)  **Apologies**: Navjot Chohan, Joanne Collins, Andrew Jones |
| **2** | **Declarations of Interests**  None |
| **3** | **Action Log Review**  The Action Log (previously circulated) was reviewed and updated. The following points were noted:   * Backfill Claim – new backfill claim process to be trialled for this meeting. Members need to register first and then submit their claim. If successful, this method will be used for all backfill and expenses going forward. * Bank Account – Given extended access issues, visibility of monthly statements is sufficient for CO. (These are available on Dropbox.) A second signatory is required so Chair will need to pursue access to the account and be set-up as a signatory. * Media Training – PSNC organising – awaiting dates. * CPCS Mapping – Ongoing. One surgery’s repeat requests are all paper-based due to an “IT issue”. Going forward focus should be on promoting the use of eRD/EPS. Evidence to be gathered, including liaison with Healthwatch, so safety issues of not using EPS can be raised with NHS. * Flu reminders – discussions held about using the NHS App more effectively for flu, not just around risk groups but areas of inequality as well. * IPMO – Ongoing * Oxfordshire Implementer – To be revisited once EMIS goes live * Inhaler Recycling materials – Ongoing * Covid Strategy – Not much further to be done locally |
| **4** | **Chief Officer’s Report** |
|  | See attached presentation. DD highlighted the following points:   * ICS progress – BOB - meeting shortly regarding representation at BOB ICS board. No consistent understanding at ICS level of how CP fits in. 2 Primary Care representatives on board - a GP and one other. Good representation at MedsOps level but not higher. Frimley – new Chief Pharmacist appointed who is keen to work with CP.  All ICSs are following a delegated model, which means the current NHS team will be responsible for local commissioning and issues for the next 2 years. The role of Public Health in commissioning remains unclear. * RSG – PSNC/LPC Review – proposal going out on 25th April, voting at the end of May. One vote per contractor. It appears the National Council is not going ahead but a representative will provide input from a local standpoint. PSNC looking for £1.5m additional funding from LPCs – impact on TVLPC around £40k pa. Position going forward will depend on merger. We may need additional communications with contractors on the impact of the review, and to hold a separate brief evening committee meeting to discuss proposals when they are published. * Funding Streams (HEE/NHS/ICS)   + £12k for funding 6 IP places – need to agree how to allocate; supervision is the issue so HEE are looking at sponsorship for supervisors.   + £9.5k PCN Lead development funding agreed. Need to invest in our leads. Suggestion some funds to PCN Lead resourcing.   + £1.2k per PCN Lead - Hypertension LES (request copy of submissions be provided to applicants)   + £34k from ICS (in addition to £18.5k previously received) for further training and engagement of practices on GP CPCS.   + £5k from Frimley for Virtual Outcomes.   + £60k for further PCN lead training and backfill from HEE. Possible all-day webinar in May/June with external speakers for all PCN leads. Considering local engagement, where we pay for PCN Leads to go to Clinical Director meetings, with CSO/CO.   + £400k for EMIS for GP CPCS. Onus needs to be on ease of referral from practice to pharmacy – already in place in Frimley and has been agreed in BOB.   + Discussing funding from the system for PharmOutcomes for Hypertension to enable GPs to digitally refer patients to pharmacy for a blood pressure check. * Training and Development of Contractors   + Workshops & Evening Events – Services workshops quite successful, around 100 attendees over past 3 months. Consider a face-to-face service evening meeting in the summer (one in Oxfordshire, one in Berkshire).   + Possible Sunday event next year with supplier funding to be kept under review. * New Service Development and renewal of existing contracts   + new UTI service in Frimley from 1st April.   + EHC PGDs and spec have just been renewed.   + Emergency Meds LCS rolled out in Oxfordshire in October.   + Currently reviewing substance misuse in RBWM and Berkshire West – DD thanked BP for support. Should result in a better deal overall.   + Reading renewal for CGL from 1st September – under discussion.   + Local Enhanced Service for Hypertension, need to improve engagement.   + Oral Contraception pilot underway in Reading, should go national next year alongside anti-depressants. |
| **5** | **CSO’s Report**  See Report attached. The following points were highlighted:   * PCNs – multiple resignations recently; looking at ways to train and retain. * GP CPCS – Agreed to suspend training on NHSmail pathway until EMIS is switched on (so long as this doesn’t affect funding), after which a training link can be supplied and a Reception/Practice Manager recruited to support with face-to-face training. * DMS – concern as a third of referrals have not been accepted. There are problems with the process and instances where the DMS is sent to the incorrect pharmacy (for example when a patient moves to a care home). Investigate whether there are specific pharmacies with high numbers. * Smoking Cessation – training offered. Contractors should be encouraged to register and claim set-up payment. * OP put on record thanks to KB for all his support to contractors. |
| **6** | **HR Sub Committee Update**   * HR Sub Committee agreed a 5% increase for DD, KB & AD, and to offer KB a 3-year contract from April 2022. All in agreement. * RB had completed DD’s Review, very pleased with performance particularly over Covid and with extra funding secured. * AA said that the independents highly value the LPC team’s contribution and invited comments from AIMp and CCA. CMcP confirmed this is also the case for AIMp contractors. DD said in some LPCs, CCA feel their contractors are not equally represented. BP said the mix of PCN Leads in our LPC, for example, demonstrates how diverse our representation is. |
| **7** | **Treasurer’s Report**   * Finance Sub-Committee to hold quarterly meetings in future, immediately before the May, September, January and March meetings. * 22/23 Budget - Treasurer asked for comments on a possible increase in the levy for the budget. Steer from CCA was for no changes at present. Reserves well above recommended levels and could cover 4-5 years at current expenditure. Agreed current levy to be retained for next 12 months, particularly in light of the financial challenges contractors are currently facing. Need to ensure contractors are aware the Committee is making a conscious decision not to increase the levy. * Future requirements are difficult to predict given potential increase in PSNC levy, possible merger, etc. It was agreed that a transition fund – approx £10k – should be built into the budget for engagement, and that the next Finance Sub-Committee would consider different scenarios resulting from the RSG proposals. * Training funding is held in a separate account. Currently this is approx £43k but there are a number of outstanding invoices. * 3 Face-to-face meetings to be held annually, the first of which will be 11th May at High Wycombe Holiday Inn. Quote received for £45pp. * PSNC guidance is to hold 6 months reserves - gradually moving down towards this level. On current standing and expenditure, could cover the estimated extra PSNC levy for one year or a little longer. |
| **8** | **PSNC/NPA/CCA/AIMp Updates**  **PSNC** – GW was unable to attend. The new PSNC CEO, Janet Morrison (JM), has recently taken up her post. Agreed to invite her and James Woods (JW) to the May meeting, consider making AM open and a joint meeting with Bucks if they are available. *(Post meeting update: joint AM session with Bucks confirmed, with JM and JW attending.)*  **NPA** – LPC Connect not yet available. A lot of activity around hub & spoke and making the case for lateral flow tests. DD to share newsletter when available.  **CCA** – Newsletter circulated.  **AIMp** – main concern around locums and rates. |
| **9** | **SPOC** |
|  | * Berkshire West - Workforce pressures meant not much activity. * BOB - 2 Meetings in March. Oxfordshire is being reorganised. Loose ends being tied up before changes. Not much of relevance to pharmacy. |
| **10** | **AOB** |
|  | * Flu 22/23 – 50-64’s now not included but suppliers will amend orders. Big opportunity around private vaccinations in this group. * 2022 Awards – 27 nominations, well down on last year. All to raise awareness as good PR opportunity. * Signal – suggested issuing rules around: abuse; not advertising your own business or permanent roles; any adverts for locums need to be short notice with no mention of rate; not using Signal group to harvest numbers to message directly; sticking to points of business. *(Post meeting update: Committee later agreed amendment to state no advertising of locums at all.)* * Replacement required for Sustainability role and Frimley SPOC. * Healthwatch – ID said Healthwatch have requested an “Enter and View” visit to his pharmacy to interview patients and members of staff about their experience of healthcare providers. Whilst pharmacy is not usually part of their remit, they have already carried out visits to Eynsham and Chipping Norton. It may be worth briefing contractors, so they are aware and know to what to expect. Whilst Healthwatch do have a right to do “Enter and View” visits, they need to be DBS checked and authorised, must not impinge on daily work, and must be sensitive to governance issues. Any documentation about their remit to be circulated. This could be a positive opportunity to raise awareness of issues facing pharmacy. In the past Healthwatch have been invited in, as they have the power to influence spending and it can be a mutually beneficial relationship. ID to report back. |

**Next Meeting** – 10am-4pm, Wednesday 11th May 2022, High Wycombe Holiday Inn