

Minutes of the meeting of Community Pharmacy North East Central (CPNEC) held on 9 May 2024 at Chester-Le-Street Cricket Club, Ropery Lane, Chester-Le-Street. DH3 3PF

In attendance:

Emma Morris
 Paul Arnett
 Rob Pitt
 Jamie Rotherham
 Raminder Sihota
 Andrea Dickinson
 Jovan Wong
 Joy Cooper
 Lee Middleton
 Ian Mensforth
 Kathryn Brown
 Derek Roberts
 Ann Gunning
 Geraint Morris
 Greg Burke
 Sami Hanna, CPE Northern Representative

LPC/039/24	Apologies for absence: No apologies
LPC/040/24	Minutes of the March meeting The minutes were accepted as a true and accurate record of the meeting.
LPC/041/24	Action Log The meeting reviewed the action log and updated as appropriate. The meeting agreed not to invest in a VirtualOutcomes (VO) licence. Action: Greg to make contractors aware of how to register with VO should they wish to do so. The meeting agreed that there should be one contractor WhatsApp group across Central. It was recognised that terms of use will need to be determined and that somebody will have to administer and moderate the group. There will need to be a governance policy for the group. Action: Greg and Ann to liaise in relation to establishing the group and its management.
LPC/042/24	Responses to market entry applications Greg provided the background i.e. currently, on advice received some time ago from PSNC, the LPC restricts the content of its responses to facts and a description of a site visit if one has been conducted. Greg

	<p>read out the most recent advice received from Gordon Hockey at Community Pharmacy England (CPE). It was agreed that members will assist Greg when he conducts site visits. Responses should continue to include factual detail. It was also agreed that, for example, in instances of relocations, the LPC can provide a view e.g. because of a relocation a particular population group may be disadvantaged by a move.</p> <p>Raminder suggested that in the case of all market entry applications Greg should alert existing contractors to the application and suggest that they submit a response. Action: Greg</p> <p>There was a discussion about the impact of consolidations on existing contractors. Ann read out the content of the relevant regulation; it confirmed that “protection” for existing contractors remains for the duration of the Pharmaceutical Needs Assessment (PNA). Jamie queried where is the protection for remaining contractors beyond that period? There was a full and frank discussion about the problems faced by remaining pharmacies after a consolidation.</p> <p>A confidential item was discussed at this stage. Details are recorded separately.</p>
LPC/043/24	<p>CPNEC Subgroups</p> <p>Paul flagged that there should be a single point of contact for contractors to use to contact CPNEC; contact should be made via Greg, and he can disseminate as appropriate. Action: Greg to include an article in the next newsletter.</p> <p>It was agreed that the agendas for Executive Team meetings, and the notes arising from those meetings, must be shared with all committee members in a timely manner. Action: Greg</p> <p>Lee fed back from a recent meeting of the Finance and Audit subgroup. The meeting adopted the draft Terms of Reference. The meeting also reviewed a draft budget Lee had prepared; Lee shared a copy with all committee members. The committee adopted the content of the 24/25 budget. In response to a query from Kathryn, Lee confirmed that CPENC is holding an appropriate reserve. Action: Lee to check whether CPNEC can hold its money in an interest-bearing account.</p> <p>Paul flagged a possible risk relating to the PharmOutcomes sublicensing arrangements. If the ICB purchases its own licence it would negate the need for it to purchase a licence from CPNEC. There was a discussion about whether LPCs should continue to buy a PO licence; Rob made the point that more and more contractors are moving towards using their PMRs.</p> <p>Greg took members through the Action Log arising from the most recent Executive Team meeting. The content was noted. Sami reported that he is awaiting a response from CPE in relation to the possibility of it hosting a contractor event in the North East.</p>

	<p>There was discussion in relation to the proposal to host training in relation to the National Pharmacy Contraceptive Service (PCS). Ann and Greg informed the meeting that they have a meeting scheduled with colleagues at CDDFT to discuss the proposal. It was noted that, with effect from 1 April 2025, provision of the Pharmacy First, PCS and the hypertension case finding service must be provided as a package or not at all. Action: Ann and Greg to continue to progress with arrangements.</p> <p>In relation to PCS, Paul suggested that the LPC needs to determine the path of least resistance for pharmacists to complete all relevant training. It was suggested that the LPC could compile a toolkit; including all relevant information in one place and circulate to pharmacies.</p>
<p>LPC/044/24</p>	<p>CPNEC Strategy Owing to time constraints it was decided to convene a virtual dedicated meeting to discuss finalising the strategy. Action: Greg</p>
<p>LPC/045/24</p>	<p>Wendy Thompson, Associate Director, NENC ICB Wendy introduced herself; she covers the Sunderland and South Tyneside area. Wendy delivered a presentation, a copy of which is available from Greg on request. I.C.B. 2.0 includes the formation of 6 Delivery Teams (replaces term “place”): North Cumbria, Northumberland/North Tyneside, Newcastle/Gateshead, Sunderland/South Tyneside, Tees Valley and Co Durham. At the moment they don’t have any specific responsibilities. There is a Pharmacy Contracting Team, headed by David Gallagher. Alex Sinclair has succeeded Joseph Chandy at the ICB. A Pharmacy Transformation Programme is being developed as is a digital infrastructure for community pharmacy. Wendy wants to scope the possibility for a community pharmacy Practice Learning Time (PLT) programme. Members outlined the obstacles to this being rolled out successfully. Action: Wendy to send delivery teams contact details to Greg.</p> <p>Geraint made the point that Pharmacy First referrals from practices are sporadic which is a significant problem. Jamie stated that some practices have still not overcome the problems caused by the introduction of multi factor authentication. There is no activity data available for our ICB area. Rob raised the point again that, since Covid, visibility of the Medicines Optimisation team has decreased significantly.</p> <p>Wendy agreed to take away all the comments raised by the committee and feed back to appropriate colleagues. Members stated that they are enthusiastic about PF and support the service, there are challenges which need to be addressed before it can be even more of a success.</p>

	<p>Raminder said that she welcomed the fact that PLT sessions are being looked at for pharmacy; LPCs will work to try to ensure that this is a realistic goal.</p> <p>Workforce was discussed. Rob said that there will be an issue in the not-too-distant future; there will not be sufficient students graduating from pharmacy courses. Kathryn said that it now must be acknowledged that community pharmacy, not just general practice, is under massive pressure.</p> <p>Jamie mentioned that service coaches are available to support practices with the roll out of pharmacy first. There is a perception from some GPs that the service is going very well, the reality is that, in some places it is not. Wendy said that an action for her to take away is to develop some urgent communications for GPs around the PF service. Action: Wendy.</p> <p>Wendy committed to convening a working group to look at the PF service. Action: Greg to provide details of prospective pharmacy representatives to sit on that group.</p> <p>Derek raised the concerns about the use of Oriel; pharmacies will no longer want to train staff only to lose them to a place elsewhere.</p> <p>Paul emphasised to Wendy the importance of involving community pharmacy in discussions about prospective new services; Geraint is the RLPC's single point of contact and should be involved rather than representatives employed by ICB/NHS E.</p> <p>Members thanked Wendy for attending.</p> <p>A confidential item was discussed at this point. Officers left the meeting for this item.</p>
LPC/046/24	<p>Services Coach update</p> <p>Geraint provided information about the coaches provided by NECS. They are now in post but without a specific manager. They have started their induction, at the moment Geraint can't confirm how many coaches will be working in each area. A bid is being submitted to secure funding to appoint a manager. If funding cannot be secured LPCs will need to take on the role of management. Jamie said that there must be a collaborative approach between all coaches. He also said that he has asked Kate Huddart to escalate the problems being caused by multi factor authentication (MFA). Jamie also said that Sunderland practices are yet to really engage with PF. He has a meeting on 22 May with Sunderland PCN pharmacists to look to address this issue. Action: Jamie</p> <p>Jamie has fed back to Kate Huddart and Charntel Clark that, despite the views of some clinical directors, there are challenges being faced with PF roll out. There was a detailed discussion about those challenges.</p> <p>The meeting thanked Jamie for all the work he has done so far.</p>

<p>LPC/047/24</p>	<p>Services</p> <p>LARC pilot</p> <p>Emma provided background and the detail of the service available to date. Heather Frith had first brought this to the LPC in March. There is an information/training event being hosted by Sunderland City Council on 4 June. The committee continued to support the proposal.</p> <p>Respiratory Budget slippage.</p> <p>Emma and Greg fed back from their attendance at the meeting with clinical directors (CDs) on 23 April.</p> <p>Agendas for the practice learning time (PLT) meetings for the next 12 months are full, there is no room for PCN CP leads to attend. It appears that there is now not room/appetite for Jamie to attend, there is a slot on a forthcoming South Durham PLT but, apparently, a slot on Pharmacy First would not be welcomed by the practices; the view is that PF is now embedded with no major issues.</p> <p>There was a suggestion to use funding to improve medication supply to certain care homes, one of the CDs raised concerns about supply from a particular pharmacy to a care home in her area, she was adamant that the issues were pharmacy based, not care home based. The meeting acknowledged it but agreed with Emma's comments that this would not be uniform across the area and would not be the most effective spend of money. There was a further suggestion about somehow utilising CPs to counsel statin patients, the meeting quickly realised this would not be feasible.</p> <p>It emerged that PCN engagement/joint work is what CDs are keen on. The suggestion was to focus the respiratory slippage budget money on that. The chair, John Nicholls, described it as a spend on a "nebulous" heading of PCN engagement. They are interested in improving the hypertension case finding service, including a suggestion of using some of the money to purchase ABPM monitors. They are also keen to improve uptake of the pharmacy contraceptive service. CDs also suggested helping to upskill PCN leads to engage with GP practices. The LPC contact would be Charntel Clark.</p> <p>Emma and Greg informed the CD meeting that they would take back the suggestions to the committee for consideration and felt that the LPC could work with this and spend the money wisely and equitably across Durham.</p> <p>CPNEC members confirmed that they were happy with this outcome.</p> <p>Action: Greg to obtain the minutes of the meeting held on 23 April.</p> <p>Walk in emergency supply service</p> <p>Geraint confirmed that the service will terminate on 31 May 2024. Jamie said that he has produced a QR code for patients to use to access the 111 referral service whilst in the pharmacy.</p> <p>Geraint provided an update regarding the C19 vaccination service. He stated that pharmacy providers delivering the service now will also be delivering in the Autumn; there will not be another expression of</p>
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	<p>interest process. Also, there is the possibility that influenza and Covid 19 vaccinations will not start until mid-October, unless clinically necessary.</p>
LPC/048/24	<p>PCN Leads recruitment Greg informed the meeting that expressions of interest had been requested from the pharmacies in the PCN areas with vacancies; none had been received. Action: Greg to write out again; this time asking for only a one-line expression of interest. Geraint has seen a bid submitted by Mike Maguire for more funding for PCN leads. The bid is being made against a Development Fund. Action: Members to send to Geraint suggestions for bids to submit against that fund.</p>
LPC/049/24	<p>Regional LPC update Emma provided an update. It included details of a further RLPC letter to Ken Youngman about directions/rota fees and a RLPC letter to the ICB Director of Finance about the current financial crisis.</p>
LPC/050/24	<p>PSNE Ltd Paul provided an update. With effect from 1 June 2024 PSNE Ltd will be managing only one ICB wide service; Think Pharmacy First. This is a potential risk. At the next LPC meeting we will know the amount of CPNEC's 2023/24 PSNE Ltd management fee.</p>
LPC/051/24	<p>Any other Business Ian mentioned an issue being experienced by several of the G Whitfield branches with regards to information transferring correctly from PharmOutcomes to MYS; members advised Ian to contact Pinnacle about this as soon as possible. Action: Ian</p> <p>Rob reported that his pharmacies have seen an increase in inappropriate referrals from 111 and wanted to know to who he should report them. Geraint said they should be reported to him.</p> <p>Emma informed the meeting about CPE's proposals for a Community Pharmacy Local Chairs forum.</p> <p>Membership of the CPNEC governance group was confirmed as Raminder, Kathryn and Andrea.</p> <p>The meeting supported the roll out again of the Durham County Council staff flu vaccination service; on the proviso that the funding is appropriate. Action: Greg to inform Claire Jones.</p>
	<p>Date of next meeting: 4 July 2024 at Chester-Le-Street Cricket Club.</p>