

Minutes of the meeting of Community Pharmacy North East Central (CPNEC) held on 10 September 2024 at Chester-Le-Street Cricket Club, Ropery Lane, Chester-Le-Street. DH3 3PF

In attendance:

Emma Morris
Paul Arnett
Jamie Rotherham
Andrea Dickinson
Jovan Wong
Joy Cooper
Lee Middleton
Ian Mensforth
Derek Roberts
Ann Gunning
Geraint Morris
Greg Burke

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| LPC/061/24 | Apologies for absence: Raminder Sihota, Rob Pitt, Kathryn Brown, Sami Hanna |
| LPC/062/24 | Introduction. Emma introduced the meeting; reminded members of the Nolan Principles and, if appropriate, to declare any interests. |
| LPC/063/24 | <i>Minutes of the meeting held on 4 July 2024</i> The content of the minutes was approved. Action: Greg to include on website. <i>Action log</i> The committee reviewed the content of the action log and updated where appropriate. It was agreed that technicians should be included in the invitation to all training events. Andrea stated that, in light of technicians attending training sessions, some thought needs to be given to the content of the sessions. Joy asked how CPNEC communicates with technicians. Action: Greg to include an article in the next newsletter asking recipients to cascade it to all team members and signpost them on how to subscribe to the newsletter. Further action: convene a communications subgroup meeting to discuss the most effective way of compiling comprehensive mailing lists. With regards to market entry applications, it was agreed that, on receipt of an application, Greg will seek volunteers from the |

membership to form a subgroup to consider the application and draft a CPNEC response. **Action: Greg**

Lee agreed to bring to each meeting details of the ring-fenced money and current copies of the bank statements. **Action: Lee.**

Greg provided an update regarding the situation with filling the PCN lead posts. **Action: Greg to contact Donna Roberts regarding the post in Durham West.**

Ann is awaiting a definitive ICB response regarding an ICB wide policy on patient ordering. **Action: Ann**
Real concern was expressed about the impact on community pharmacies if they start to receive all requests for prescription ordering.

Jovan updated the meeting regarding the availability of ABPM machines at discounted rates. Pete Horrocks, as ICB lead on the BP case finding service, is also working on a discounted rate for machines. It was agreed that, if more than one offer is available, CPNEC will need to draft appropriate communications for its pharmacies. A decision on whether to take advantage of the offer(s), and which supplier to use, is one for each business. **Action: Comms subgroup.**

Lee is in touch with the accountant about establishing an interest-bearing account. **Action: Lee**

Geraint asked members to send to him examples of inappropriate NHS 111 referrals received. **Action: All.**

It was noted that NHS 111 refers patients to the pharmacy closest to their home, not necessarily the nominated pharmacy.

Risk register

Members noted the content of the document circulated with the agenda.

Meeting attendance

The Exec team asked for this to be a standing item on the agenda; it is a tool to ensure that each member is aware of his/her attendance record.

Draft report for the period ending 31 March 2024

Members approved the content.

For information: CPNEC Market entry update

Members noted the content of the spreadsheet circulated with the agenda.

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| LPC/064/24 | <p>CPE Update Sami Hanna submitted his apologies for the meeting</p> |
| LPC/065/24 | <p>Update from Geraint Morris Geraint reported that Pharmrefer is now available to all NENC practices. A solution has also been provided to all practices with regards to multi-factor authentication. The ICB is producing a guide for Pharmacy First (PF). The ICB communications team is also developing patient facing comms regarding PF. CPNEN is having copied the ICB PF posters and leaflets for distribution amongst its pharmacies and practices. The meeting discussed the pros and cons of this, the committee took the decision that CPNEC should also fund the printing of the documents for pharmacies/practices in its area. Action: Greg to liaise with CPNEN. Jamie stated that he is not happy with promoting the ICB Think Pharmacy First service as it is not appropriately funded. Geraint reported that he has asked the ICB to double the fee. Andrea argued that the posters should be sent just to our pharmacies, not general practices. If practices receive the poster they will only signpost and will not do PF referrals. Ian read out an email his pharmacy has received from the local practice. The practice really wants to use PF to “boost CP income.” In response to a query from Jamie the meeting confirmed that TPF can now be promoted, the best way to do this will be to use the ICB posters and leaflets produced by the coaches. Geraint briefed the meeting on Pete Horrocks’ role as ICB project lead on the Blood pressure case finding and Pharmacy Contraceptive services. Geraint informed the meeting about what CPE had said about the Discharge Medicines Service and its impact on the global sum. The ICB has allocated an additional £165k for the coaches budget. He confirmed that it is for use with regards to technicians, not pharmacists. Geraint updated about ongoing work regarding the “Over supply scheme.” Once finalised it will incorporate a fee structure with will include a saving share element. Jovan sent to Geraint a copy of the SLA used in Wales.</p> |
| LPC/066/24 | <p>CPNEC Strategy – review and discussion Deferred to the November meeting. There will be an extended strategy session at that meeting. Andrea, Kathryn and Raminder will provide an update from the Governance subgroup. The 25/26 strategy will also be discussed. Subgroups which have yet to meet (services) will need to do so before the November CPNEC meeting.</p> |
| LPC/067/24 | <p>Services coach update Jamie provided an update on activity since the July meeting. He mentioned that there are some pharmacies which are rejecting referrals. Geraint confirmed that all NENC pharmacies are signed up to provide PF, if pharmacies are not providing the service then they</p> |

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| | <p>are possibly in breach of contract. If, for whatever reason, a pharmacy cannot provide PF on a certain day it should notify local practices. Jamie proposed that pharmacies should be able to “dip in and dip out” of providing the service if it becomes apparent that they will not meet the monthly threshold. Joy also queried whether pharmacies should be paid the monthly fee pro rata i.e. if they hit 75% of the threshold they should receive 75% of the monthly fee. It was suggested that CPNEC could submit these suggestions to CPE via Sami Hanna. There was a discussion about lack of access to PF activity data. Geraint said that we should now receive it as NENC ICB has purchased the necessary licence.</p> |
| <p>LPC/068/24</p> | <p>Pete Horrocks, ICB Project lead: BP case finding and Pharmacy Contraceptive Services</p> <p>Pete introduced his role and delivered a presentation. He said that there is a commitment at the ICB for CPs to be delivering the services. Currently only 63% of pharmacies nationally are registered to deliver all three of the bundled (effective April '25) services. Locally, North East Central is the poorest performing of the LPCs in NENC. Pete mentioned that he has arranged the purchase of ABPM machines at a discounted rate. The sign-up fee is still available, may also be available to those pharmacies which have new owners. Geraint mentioned the “deep end” budget and whether the ICB will utilise it to fund the purchase of ABPM machines. Jamie queried whether practices are aware of the BP service and what it entails. It was suggested that information about the BP case finding service should be included on the PSNE website. There was a discussion about the Pharmacy Contraception service (PCS). Members are concerned about the amount of training/preparation required to provide the service. It was agreed that either CPNEC or Pete Horrocks needs to issue some communication to all pharmacies making clear to them that services will be “bundled” from 1 April 2025. Action: Pete Horrocks or CPNEC comms group. Andrea also said that it needs to be made clear to pharmacies, as simply as possible, what they need to do to provide the service e.g. FAQs, crib sheet, toolkit. Pete said that as part of his role he will be producing something along those lines. Lee stated that there is a capacity issue for pharmacies, not all services can be provided. He reminded members that NMS are well remunerated. Action: Greg to share Pete’s contact details with members. Pete said that he would be happy to come back to another CPNEC meeting.</p> |
| <p>LPC/069/24</p> | <p>Services update LARC</p> <p>Ann reported that Heather Frith (Sunderland City Council) is trying to arrange for the requirement to tender the service to be waived. The proposal is that the service is managed by PSNE Ltd. Emma outlined for members what pharmacy providers have been asked to do in terms of applying to provide the service e.g. providing financial details. The contract has not been shared with pharmacies and</p> |

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| | <p>Emma has queried this with Heather. Boots does not have sufficient information to appropriately fill in the documents. Andrea has also asked for an update and is awaiting a reply. Action: Ann to follow up again with Heather Frith</p> <p>Discharge Medicine Service (DMS) Discussed earlier in the meeting.</p> <p>Stop smoking service (SSS) – National advanced service Action: Geraint was asked to contact Andre Yeung and request whether he can pick up this together with the discussions he is having with Trusts regarding DMS. Action: Greg to contact Ken Youngman’s team to request whether there is a high performing contractor.</p> <p>Paul read out what contractors need to do before providing the service; there was consensus that, once again, this is a huge amount of work.</p> <p>Respiratory slippage budget Emma fed back to the committee following the meeting she and Greg had attended with Kate Huddart. Members discussed options for utilising the money. One option was to use a % to purchase ABPM machines to loan out to pharmacies and the remainder to enhance PCN engagement. Another option was to return the money. Emma informed the meeting that Kate wanted to meet again on 3 October. The committee was clear that officers/members should not spend any more time attending meetings to discuss the spend of this money. Action: Greg to draft an email to Kate Huddart, referring to the content of the minutes of the April Pharmacy Advisory Group (PAG) meeting, and circulate to members for comment before sending.</p> |
| LPC/070/24 | <p>Meetings update Regional LPC – 14 August Emma provided feedback. CPE colleagues, James Wood and Alastair Buxton, had attended virtually. They provided an update in relation to CPE’s plans around services. The meeting had also discussed the possibility of facilitating and hosting a dermatology training session, CPNEC members fully endorsed this. David Gallagher, ICB Director of Finance, also attended for a session, together with Ken Youngman. Amongst other things, bank holiday rota fees were discussed, David agreed to come back to another meeting, Geraint is in contact with him about that.</p> <p>Sunderland LMC Meeting – 10 September Jamie, Greg and Ann are attending the meeting on behalf of CPNEC.</p> |

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| | <p>PCN leads meeting – 30 September Mike Maguire is hosting the meeting. All CPNEC CP PCN leads have been invited. Jamie will also be in attendance.</p> |
| <p>LPC/071/24</p> | <p>Training Vaccination Ann updated in relation to the vaccination training. Numbers have dropped off slightly; it was agreed that invitations to the remaining events will be opened up to North East North pharmacies. Costs will be split accordingly.</p> <p>ENT Mop up session Action: A reminder email to be circulated to pharmacies about the sessions. The email should be re-formatted to include date, time, venue at the beginning of the message Pharmacy Contraception service. Ann outlined the plan for the training sessions i.e. one at the Ramside, one at the Station Hotel, Newcastle and one in North Cumbria. The plans had been shared with the CDDFT trainers; a confirmatory email is awaited from them. Action: Greg to follow up</p> <p>BP case finding service training Ann advised the meeting that PSNE Ltd will be arranging some face-to-face training in the new year. Pete Horrocks, in his capacity as ICB project lead, will be consulted.</p> <p>Paul reminded the meeting that, with effect from 1 October, the EOHC service in Durham will be managed via PharmOutcomes.</p> |
| <p>LPC/072/24</p> | <p>Any other business Derek raised an issue with regards to a patient receiving MDS trays. The patient had wanted to receive 4 x 7-day trays at one time, the pharmacy refused. The patient returned to the practice and the GP agreed. Derek stated that it is vital that examples such as this are recorded in the patient's PMR.</p> <p>On behalf of Kathryn, Greg informed the meeting of the huge challenges Kathryn had faced during the period of public unrest. The unrealistic requests placed on CPs by the ICB at the time were particularly unhelpful, as was the lack of communication to pharmacies. Ann reported that, at the time, she made clear to the ICB that what it was expecting from CPs was unworkable i.e. the completion of incident reports. Emma informed the meeting that she has escalated the issue to Ken Youngman's line manager.</p> <p>Ann provided an update regarding bank holiday directions. Confirmation of the hourly rate is awaited.</p> <p>Geraint informed members about the Booking and Referral Standard (BaRS). It enables referrals from practices to pharmacies. Jamie raised concerns that it is being rolled out too quickly without sufficient time to train practice and pharmacy staff. Action: Geraint to escalate these concerns to Sami Hanna.</p> |

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| | Geraint also mentioned Patches Health Patients can access the tool, it can signpost to community pharmacies; if it does, it will not constitute an e referral. |
| | Date of next meeting: 21 November 2024 at Chester-Le-Street Cricket Club. |

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