Minutes

Meeting by Teams: 20th January 2022

Present:

**Chair**: Chris Shields

**Members**: John Hughes; Aga Janowski; Robert Townsend; Naz Ameen; Catherine Atrill; Christian Davies; Tim Rendell; Graham Jones, Paddy Gompels

**Employees:** Sarah Cotton, Carolyn Beale

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| **Item** | **Detail** | **Action by** |
|  | **Welcome and apologies; Confirmation/update of Declarations of Interest -** There were no updates to member Declarations of Interest. |  |
|  | **Review of Minutes*** Minutes were accepted as a true record
* Updates on the action report were noted

**ICS meetings** Members expressed their frustration with the number of meetings getting changed at the last minute. AJ advised the group that she believes that attending the safeguarding meetings is not a beneficial use of her time. The meetings are at a very high level and there is not much community pharmacy content. AJ and GJ to discuss attendance outside of this meeting. AJ to circulate future safeguarding meeting dates to committee members. Members agreed that it would be a good idea going forward to have an ICS update at each of our meetings. Our future will be very much aligned with the ICS and this will have an impact on our workload. |  |
|  | **RSG Update –** Update was received at the end of December saying further conversations are needed with the wider section and PSNC. They have a series of national engagement events planned and the vote will take place before Easter 2022. Nothing concrete yet to report as the information is quite limited. We are awaiting what the recommendations will be.  |  |
|  | **Clinical Services Dashboards –** SC highlighted the PSNC dashboard, which is released every quarter. This is a good tool which allows you to look at the key services we offer and compare ourselves with other LPCs. Discharge Medicines Service is available, for example where you can view our percentage, which looks good, and highlights the difference between claim data and PharmOutcomes data. CPCS has increased by 50% in line with increase in GP-CPCS going live across PCNs. NMS are showing good figures with 80% of contractors claiming. LFT device service has increasing numbers, but we do not have quarter 3 figures yet. Members expressed their concerns with the amount of time it takes to put in a claim for DMS. Many are not able to find the staff/time to do this.  |  |
|  | **Funding Updates –** We are in the process of invoicing the NHSE&I Regional Team for GP CPCS support funding. The amount is just under £9000 for ongoing implementation of the service. We will need to consider the best way to use that going forward. As part of the PGD launch project, Fiona secured support money of £9000, which will be received shortly. Our expectation is potentially one day a week of Carolyn’s time.We are still awaiting further details on the PCN Lead funding.  |  |
|  | **PGD/Prescribing Service Update –** Funding templates are going on at the end of this week and we have about 7 that will be starting in the next 2 weeks. There is a lot of interest and information is filtering through to pharmacies from their head offices. CB is in the process of sending out information for the training and declaration of interests. We are in a good position and are progressing nicely on this; there is appetite out there and other areas that are live are seeing great results. We are confident this will be a successful service within Swindon and Wiltshire as a natural progression once GP CPCS is embedded. It is also worth noting that we are expecting some funding from HEE for independent prescribers.  |  |
|  | **Officer reports*** **Carolyn Beale**

GP CPCS is a priority with 13 launched so far. The remaining areas are now all engaging, so we are on schedule to have all launched by April. There have been many phone calls to pharmacies talking about PGDs and NMS/PQS. Visits to two new pharmacies and that has been really appreciated and lent itself opportunity to push GP CPCS. News articles published on the website and work commenced on the PNA.* **Sarah Cotton**

Since January a lot of time spent on getting up to speed with Fiona’s handover, from 15 years.Workload preparation for Carolyn and Sara and how things will work going forward.Continued regular meetings with the Regional Team, who are really positive about Carolyn’s work on GP CPCS.COVID vaccination push. PGD/Prescribing service is also high on the agenda. IPMO had taken a bit of a backseat due to workload pressures. There is continued collaborative working with key people within the ICS. Swindon and Borough council have held a stakeholder event, as their contracts are now out and available via southwest portal. Supporting Carolyn’s work with PNA as needed. Facebook page set up and now live. Many meetings attended to introduce herself.  Big thanks from the committee to both Sarah and Carolyn for all their hard work and commitment to their new roles. |  |
|  | **Items requiring Discussion/Decision*** **Current pressures – business continuity**

The group discussed the current pressures facing community pharmacy and the system in general:\*Rise in COVID cases within the workforce in the last two weeks is causing immense pressure.\*The contained squeeze on community pharmacy is affecting staff morale and wellbeing.\*LFT has cause such a rise in footfall putting staff at risk. The abuse staff have had to put it with due to lack of stock and the knock-on effect to workload on already limited resources has been massive. \*Concern raised with new services being pushed onto pharmacy at such a busy time.\*The stress levels, lack of education and expectations of the general public and the way our staff members have been treated because of this. \*Lack of time available for staff to catch up on work.* **Capacity – Advanced Services Hypertension and Stop Smoking**

National smoking cessation - is being rolled out in February. There is some local interest for this service. There have been a lot of meetings around the long-term plan and the referrals that are expected to come out of the Trust’s by 23/24. The plan is for all people to be offered NHS funded, Tobacco treatment, which will push a lot of work to primary care. There is an expectation to use the pharmacy advanced service to support this. This will be a pharmacist lead service. Members talked about the level of engagement and do we want to do. Concern raised around capacity issues. Pharmacy is a great place to deliver this service, but timing is criterial. It was noted that we also have the nationally commissioned conception service following at pace.Hypertension – 28 pharmacies signed up, but we don’t have sight of activity currently at the moment. There is a training offer from Bristol Meyers & Squibb which will focus on the clinical aspects. Offer of support from Dr Jeremy Cottrell who has taken on the role as BSW CCG clinical lead and is offering to be the link between the surgery/PCN and pharmacy to get the conversations going, which is really positive. * **Careers Fairs**

On from the careers brochure Fiona circulated last autumn, there are events coming through January, February and March. Members agreed there isn’t the capacity currently to attend but will promote to contractors as a great opportunity if they have the resource to promote working in community pharmacy.* **HEE – cross sector placements**

Nick Haddington is keen to link with IPMO leads and LPC Chief officers and Chief pharmacists at the local hospitals, to have conversations about commissioned places for trainee pharmacists and technicians from a cross rotational perspective. They are looking at a 13-week placement at another sector. There will be a SW meeting in Feb to have these discussions. The group agreed to circulate the information to contractors.  |  |
|  | **AOB** **Fiona leaving gift –** SC to organise leaving gift.**Recording of committee meetings** - members are all in agreement for future meetings to be recorded and saved within MS Teams, for a period of 7 days, for the purposes of being documented. **Draft PMO –** Swindon are preparing their draft and there is a meeting on 17th Feb for the Wiltshire PNA. |  |