

January Minutes



Face to Face Meeting: 12th January 9.15am – 4.30pm
 Jenner House, Langley Park Estate, Chippenham, Wiltshire, SN15 1GG.

Invitees:

Chair: Chris Shields

Members: Robert Townsend; Kalpesh Gondliya, Paddy Gompels; Aga Janowski; Tim Rendell; 3 CCA vacancies.

Employees: Sarah Cotton (SC); Carolyn Beale

Guests: Helen Wilkinson (BSW ICB), Claire Oates (GWH). Online – Alastair Raynes (SH), Rebecca Stonell (SH), Dilesh Khandhia (RUH), Sam Young (DoS team), Shaun Craney (SCr) (DoS Team)

AP – Action Point

Apologies: Abigail Wright, Graham Jones;

<u>Item</u>	<u>Detail</u>	
1.	<p>Welcome and apologies; Confirmation/update of Declarations of Interest.</p> <p>Abigail Wright has been appointed by the CCA as a committee member.</p> <p>Graham was unable to attend but has authorised a proxy vote via Chris.</p>	
2.	<p>MiDoS</p> <p>SY and SCr provided an overview of MiDoS. Started around 11 years ago. The use of MiDoS has really grown. The system can be built around what the user requires. SY demonstrated how the system works.</p> <p>HW asks if it is possible to highlight which pharmacy offers a particular service. SY demonstrated this.</p> <p>The information MiDoS holds can assist pharmacists decision making. SCr advised the committee to log in and have a look, any feedback would be greatly received.</p> <p>SC asked if a pharmacist updates that they are not available, does this show on the MiDoS screen, SCr confirmed that it does show on MiDoS, but does not automatically update the DoS.</p> <p>CS asks what is the best way to advise when a pharmacy is shut, SCr confirmed updating MiDoS would be a good way. DoS can be manually updated from MiDoS.</p> <p>AP: SCr will send pharmacy log ins to SC, SC will create comms to send with the log ins to explain what it is for.</p> <p>Discussion around how to streamline closures to the MiDoS/DoS team, to ensure these match.</p>	
3.	<p>Review of Minutes & Action Tracker</p> <ul style="list-style-type: none"> • Minutes were accepted as a true record • Updates on the action report were noted 	

Sponsorship – CB has a meeting with Astra Zeneca coming up to discuss sponsorship. SC and HW attended the alcohol prevention training which was very good, but attendance from other pharmacists was low.

RT asked where to signpost reps if they ask to sponsor, any queries are to be passed to CB.

Alcohol IBA service, the committee agreed at the last meeting to ask for £500 up front for 7 pharmacies for the pilot, this has been agreed. Sarah will set this up on PharmOutcomes for the pharmacies to claim payment. The pharmacies that attended the training will be given first refusal. Sarah has shared the spec with the committee.

IP Pathfinder – SC asked if the committee had any comments about the service. CS will speak to Helen to meet to discuss this.

Committee Vacancies - There are currently 3 CCA vacancies on the committee, this is outside of the 3 months that CCA should appoint representatives. The committee agree this is ok for the time being, due to financial reasons and happy to wait until the CCA appoint representatives..

MPs - An action from last month was to invite Will Quince to a meeting, there has been nothing come back from this invite. The committee agree to close this action, but to keep the MPs in mind for future meetings.

PSNC – Vision consultation, SC has pulled together the committee thoughts and has sent this off to them.

HR documents - CS circulated these after the last meeting. PG has little feedback from the webinar he attended, the main point was that now all the documents the LPC could need are now on the website for them to access.

PSNC election information has been circulated to the relevant independent members.

Officer Updates

The officer reports were noted and questions opened to the committee.

Sarah Action Report

SC spent a lot of time in December on SSP, antibiotic shortage, Comms, PGD changes and CPCS hard stop. A lot has been covered already during other updates.

Changes to the adult misuse services providers for both Swindon and Wiltshire from April 2023 (Swindon – CGL, Wiltshire - TP plus others). Councils nvited to join February Meeting to update the committee.

Carolyn Action Report

CB attended a PCN lead meeting with SC, which went well. CB is trying to sort out who is staying in post and who is moving. CB has

	<p>offered help to pharmacies who are starting to pick up more CPCS. Discussion around how to deal with any complaints regarding CPCS and the best course of action is to signpost to another pharmacy. The committee discuss the service and how important it is, assistance will be given when requested, but the LPC is not ultimately responsible for the running/monitoring service delivery. The NHS111 CPCS urgent supply and Minor ailments services over christmas, mixed feedback on this. In general the main comments back were it ran well.</p>	
4.	<p>Items requiring Discussion/Decision</p> <p>Model Consitution Vote – Vote taken by the committee, 6 votes in favour, 1 abstained – this meets the 2/3 requirement and therefore a SGM of contractors to approve the new constitution will take place.</p> <p>SC asked the committee for confirmation that they are happy with the PSNC constitution letter and content. The committee agree with this.</p> <p>TAPR - The committee accepted that a merger (Dorset/Avon) may be necessary but voted unanimously on the key points below:</p> <ol style="list-style-type: none"> 1. Co terminus ICB – sub committees for each ICB 2. All officers to be employed in line with RSG improved governance recommendations 3. All activity of the new LPC to be reviewed in advance to ensure that it is in line with RSG guidelines. <p>Committee discussed the uncertainty at the moment for the employees SC and CB.</p> <p>Social Media Resource – discussion around social media.</p> <p>AP - This will be added to the February agenda to allow time to review the contract and make a decision on whether to continue with this.</p>	
5.	<p>DMS – Acute Trusts</p> <p>Salisbury Hospital</p> <ul style="list-style-type: none"> - AR and RS in attendance online to give an update on progress since last attending the LPC meeting in the Summer - Referrals are increasing - Focus on care home patients - Interested in committee feedback on why a referral would be rejected. Committee discussed that the main reason is when the wrong pharmacy has been selected (not their patient). Talk around the importance of using the Notes section to explain if a new patient to the pharmacy (eg because moved to a care home that uses a different pharmacy). A committee member mentioned that they have rejected because of a ‘corrupted discharge file’ before. Others in the committee agreed. Action – CB 	

	<p>to follow up with PharmOutcomes to find out why this is happening and any idea on how to solve/numbers involved.</p> <p>GWH</p> <ul style="list-style-type: none"> - CO attended in person which was noted as valuable by the committee. Shared pharmacy team structure and processes to help understand DMS from a hospital perspective. - Also highlighted that there is a medicines information telephone/email service at GWH (linked to Southampton) that can be used by community pharmacy and the public. - Highlighted the problems regarding a differing discharge system used between medics and pharmacy – results in the GP practice sometimes receiving information at a different time/can then include more or less information. Committee discussed impact that has on Cp, and delay that can cause for patients (esp MDS). Plans for a BSW wide system – currently out for tender – 24/25. - Discussed times elements of the admin task of connecting discharge system with PO within the hospital pharmacy team. Action – HW to discuss with CO around using some implementation fund money to focus on problems - Admissions function being paid for by GWH but not used. Committee agreed would be valuable if could be implemented. - Different cohorts (anticoag, opiate) discussed. Committee highlighted that all cohorts would be valuable from their perspective – consider as a professional handover. - CO raised a need for community pharmacy placements for trainee pharmacists now that Naz has left Lloyds Moredon. Committee made some suggestions. <p>RUH</p> <ul style="list-style-type: none"> - DK attended online. Their IT system is integrated therefore little admin for their staff, and the same information/letter goes to GP practice and pharmacy. - They get consent at the drug history stage. The release of the DMS is actioned by the pharmacist final screen of the prescription – therefore if a pharmacist hasn't screened then the DMS wouldn't be sent (e.g. some patients at the weekend) - They do less review of the data currently as the service is embedded – however they would like to look at improving on rejections (training staff) and working on the quality of their data sent (the also have a med info helpline that community pharmacy can use) - Integrated IT has been key to their success with the help of their trust IT team and Kevin Noble at PO. <p>The committee thanked the guests and appreciated the work ongoing to increase DMS referrals to community pharmacy, specifically highlighting the value for the patient journey.</p>	
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	The guests found value in attending and would be keen to again – open invite offered.	
6.	<p>ICB Update – Helen Wilkinson</p> <p>The Winter pressures money has not yet come through, Helen is going to chase this. She is starting to look at other options and has a meeting with Urgent care soon.</p> <p>Emergency access to palliative medicines LES has gone out to the 24 pharmacies in BSW with updated information.</p> <p>The contraception service spec has come out, not much more information to update on this yet. SC commented that the IT is not quite ready.</p> <p>Discussion around Helens role and how she feeds into projects. SC is hoping Jo Cullen will come to a committee meeting soon to update on delegated commissioning.</p> <p>Helen attended an ICS engagement event on the Primary Care Strategy in December.</p> <p>GP CPCS, PGDs and IP are the priorities at the moment for the ICB. The comms team have been working hard to promote pharmacy.</p> <p>Teach and Treat – there have been 6 students start with Medvivo and another 6 in Sept.</p> <p>There are 5 community pharmacy trainee places for this year and will be 10 next year.</p> <p>Wiltshire PGD – there has been a good growth in this, which shows the amount of GP appointments have been saved.</p> <p>IPMO – there was a meeting of the IPMO board yesterday, which was great. This adds a level of governance for people to start to report back to the board.</p> <p>Action point from the last meeting to check what health and equality data was around, HW found there is a lot of data and shared this with the committee. More detail can be looked into depending on what the committee are interested in. SC mentioned the hypertension and health & inequality information would be useful.</p> <p>AP: HW will forward the SHAPE link so the committee can access this.</p> <p>Pathfinder: There is an LPC Webinar W/C 23rd January.</p> <p>HW shared the possible options that the ICB could consider for the IP.</p> <p>The committee discussed which ones could be possible.</p> <p>Learning from the INR prescribing Service in Banes, this has proven to be expensive – particularly the IT</p>	
7.	<p>AOB</p> <ul style="list-style-type: none"> • Committee meeting dates – changes made to accommodate the committee. Plan to hold future meetings in ICB offices where possible. <p>AP - Calendar invites to be sent out.</p> <ul style="list-style-type: none"> • Officers pay review 	

Meeting Dates: 23rd Feb, 16th March, 20th April, 18th May, 22nd June, 20th July, 21st Sept, 19th Oct, 16th Nov.