

BIRMINGHAM AND SOLIHULL LOCAL PHARMACEUTICAL COMMITTEE

MINUTES from the 15th July 2024 Face to Face Meeting

At Becketts Farm from 09.30

1. WELCOME, APOLOGIES AND ANNOUNCEMENTS

Present: RB SD MoD MP ME UM AE

JB VM CMcN

Apols: AP NK SP MT (AB)

Announcements:

Members of the BLMC sent their apologies

It was noted Wendy L will be stepping down from her LMC Secretary's role

in the near future

Shalina (ICB) sent her apologies and provided a written update (Item 8)

Declarations of interest.

The new code of conduct and DoI were circulated to all members and officers on the day and were all signed and returned by members in the meeting. The other members to to picked up in September

JB

There were Dols for item 3 from SD, MoD, AE

2. MINUTES AND ACTIONS

The minutes from the June 2024 meeting were approved Proposed MoD Seconded AE

Members noted the actions were completed, planned of included on the July agenda

3. NEW CONTRACT APPLICATIONS / PHARMACEUTICAL LIST MATTERS

Members noted the correspondence received from NHSE/PCSE since the last meeting.

New Applications

Nothing to report

Change of Ownership

Relocations

ME2972- CAS-252451-Z6K1P8

No significant change relocation to 90a, Heathfield Road,

Handsworth, Birmingham, B19 1HJ by Express Healthcare Services Limited. – GRANTED

jeff.blankley02@gmail.com

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https://birmingham-solihull.communitypharmacy.org.uk/

CAS-308277-Q2J2G4

Application offering unforeseen benefits at Alcester Road South, Birmingham, B14 5JA by LP SD One Hundred Six Ltd. Due to Dols, the LPC response was approved by non-conflicted members. The CO to submit

JB

Changes to CORE hours

Nothing to report

Changes of SUPPLEMENTARY hours

FX651 Shelley's Pharmacy, 47 Yardley Green Road, Bordesley Green, Birmingham, B9 5PU From 20^{th} June 40 + 11.5 hours M - F 09.00 - 18.30 and 09.00 - 13.00 Sat

From 4th July 100 hours > 72 hours GG94 Village Green Pharmacy 1095 Warwick Road B27 6QT 09.00 – 21.00 1 hr lunch M – F, 7hrs on Sat & 10hrs on Sun

Changes of ownership

Closures

Nothing to report

Appeals

Outcome awaited – delayed following meeting. Held up by appeal committee members.

Market Exit work moving to Primary Care Support England (PCSE)

Members noted from 1 July 2024, PCSE will be responsible for administration the processing of notices of withdrawal from a pharmaceutical list. Contractors should send these notices to PCSE.Marketentry@nhs.net. Any submissions before 1 July will still be dealt with by your local Integrated Care Board (ICB). Please continue to liaise directly with the ICB in relation to any notices submitted before 1 July 2024. PCSE's website will be updated as of 1 July. Please visit their website for further details.

4. CPE MATTERS & FUNDING

Members reviewed the update from the 21st 2024 CPE/LPC Ops Team (CLOT) meeting. And noted these notes are confidential and shared with LPCs and Chief Officers only

Members approved the CPCF Deadline tracker for July Aug & Sept and suggested additions. To be shared with contractors

JB>Comms

The date when Pharmacy First qualification requires sign up to the Contraception Service and Bp Check Service is 31st March 2025

Members received the draft minutes from the LCS subcommittee of CPE from 26th June attended by local LPC execs invited by CPE to the meeting in Birmingham

MPs to be contacted and congratulated on their success

JB/RB

5. LOCAL COMMISSIONED ENHANCED SERVICES

Members were updated and commented on locally commissioned services from:

CGL

The CGL activity report from the June 21st meeting was shared Members noted: total payments increased above £50K in April due to the increased fee for NSP

Any potential impact of early release of prisoners from Winson Green and implications for substance misuse services to be investigated

JB

Umbrella

Members noted the retirement Maureen Black – Service Manager Umbrella And discussed the consequences. Details of the new contract are yet to be issued to contractors. Some of the 20 "new providers" were from members in the room so that bargaining chip is weakened. Existing contractors are still being chased for PQQ answers. Comms to contractors to be issued when new Umbrella arrangements issued. The (contractual) requirement to pay the national living wage needs to be highlighted Concerns to be escalated to Healthwatch, MPs and Dep DPH BCC Members received the Q4 23/24 activity summary (and ytd) and noted the decline in EHC, POP & COC activity

Smoking (Birmingham)

The Expression of Interest & presentation for the Smokefree Generation Grant was shared. Gaps in the community pharmacy service highlighted to contractors in these postcodes (by BCC) and thanks to Vanessa.

The EoI was completed by the CO (post meeting) to include community pharmacy: additional delivery fee for NRT vouchers to improve access issues inclusion of varenicline and cytisine support remove cap for high performers

Solihull MBC

25th July meeting cancelled

<u>PNA</u>

No Update

LPC CHAIRS AND SECRETARIES GROUP (CPWM)

No update

7. NHS ENGLAND MATTERS

Members were updated and commented on the NHSE commissioned services

NHSE funding - MOU

£25k for 23/24 received and the PO also received for £25k 24/25 Invoice to receive funds

JB

NMS

Members received the SDO tracker and graph for Mar 2024 And noted: 10,013 NMSs delivered (best ever & first time>10k) from 255 contractors (+33% v LY).

Top performers: Soho, Nationwide Care, Saydons.

Overall occurrence rate of 0.5%.

Members also received the second quarterly NMS update for contractors It was not possible (yet) to attribute these comms to the positive NMS trend observed

DMS

No significant activity from B Sol trusts. The SDO tracker and graph for Mar 2024 was shared and a verbal update from meeting with JA @ UHB provided by RB, MoD & AE highlighting intransigence from UHB. Governance SC MoD to draft a response to the meeting notes from JA highlighting risks patient care with no DMS referrals being made together with the IG risk and transposition error risk when contractors are contacted for patient information on admission by phone. Escalate again with CPE and other LPC COs with similar issues RB/JB

Autumn vaccination services

The SDO tracker and graph for Mar 2024 was shared Members noted season total activity; 66983 flu administered (-14.2% v 22/23)

Pharmacy First

The SDO tracker and graph for Mar 2024 was shared Members noted: 11,932 claims in total in Mar 2024 with 35 CPs **not** participating 3986 from pathway; 1810 sore throat and UTI 927, 403 ear 29 contractors have no activity in the first 2 months (claimed) and risk (£2k) if no activity reported by end June (submission by 5th July) – risk highlighted to contractors

Top performers: Shelley's Fakir & Tower. Thanks Vanessa

Members were updated on UTC PF plans verbally from the 9thJuly meeting Thanks, Mo.

EHC to be added to the plan?

JB

Extended Care Services

No Update

NHS Hypertension Case Finding Service

The SDO tracker and graph for Mar 2024 was shared

Members noted: 4706 Bp checks claimed in the month from 183 contractors

(+64% v LY)

Top performers: Newborough, Summerhill & Jhoots Bromford Lane 424 ABPMs claimed (+17% v LY) and an occurrence rate of 9%.

Top performers: Shelleys, BSB

NHS Smoking Cessation Advanced Service

The SDO tracker and graph for Mar 2024 was shared

Members noted: 2 CPs claiming for the advanced service in the month with 4 consultations.

Members also received the detailed work from SDO to support contractor delivery and to seek to get non-deliverers to deregister

A draft postcard to support comms to contractors and work to increase service activity and decrease drop out was shared. Approval needed from UHB

Contraception

The SDO tracker and graph for Mar 2024 was shared Members noted: 333 on-going contraception claims from 60 contractors (top BSB, Walkers). And 99 initiations

PhIF

NMS in depression – no update

NHSE Weekly Meeting (MAPCOG)

Members received the first CPAF completion tracker to 7th July Reminders to be issued via LPC comms once the incompletions are at exceptional numbers

Members were also updated that certain contractors were being given an opportunity to submit PQS evidence and audits in a 1-week window in late July. The contractors have been contacted directly

Rota

Nothing to report

After the meeting, the opening intentions MS form for Christmas & New Year was issued by the OWM. CO to influence process to avoid this form in preference for the Profile Manager information updated by contractors

JB

CD Local Intelligence Network

The Q2 23 24 Occurrence Report from the June meeting was shared. Members noted the learning relevant to community pharmacy.

8. ICS DEVELOPMENT

Updates re 25/26 Foundation Year Expressions of Interests (with ORIEL) And Strengthening DPP provision presentation were shared.

Members discussed this webinar on 25th June inc the B Sol contribution.

Fundamentally, there remains an under-supply of DPPs for the CPs registering for a FY student in 2025. Fudges are being suggested which do not provide solutions to the problem. Members were keen to understand when the latest "withdrawal of offer" date is and consequences. A suggested fudge yet to be announced could be for the "provisionally registered pharmacist" role to be resurrected (from the Covid response).

Shalina's notes were share and discussed and are included below:

- 1. **PCARP**: I presented sessions at the recent PCN CD and Managers Forums to raise awareness of the 3 services and how they tie into access, capacity, patient choice, inequality, DES, QOF, and the ESO and I'm continuing to share updates through our comms platforms. Data as shown at the AM meeting and as per slide for PF. I have continued to stress the need to formally send referrals. GP Connect Update Record wasn't live for PO at that point, but comms shared since. I'm sure Bhinder will share BMA's position and I'm hearing lots of practices nationally have switched off, don't know size of this across BSol. If it's been disabled, fallback is NHS mail so pharmacies must send notifications to practices manually where they haven't verified their email and let the system know they've sent it manually else it will sit in the 'queue'.
 - a. We have created a space on the Primary Care Hub where practices can access all the resources needed for successful implementation of PF. We are also developing an area for the CP BP Check Service to inform practices of how the pathway operates.
 - b. I have the ePACT report for nitrofurantoin so will be doing some analysis on my return from leave to look at targeting those practices with high prescribing and encourage the use of PF UTI pathway.
 - c. Summerfield UTC, hoping for a 'go live' w/c 12th August. Mo and Vanessa were there, process agreed, and all resources required have been provided. They felt very assured and made a big difference sitting in a room together to agree the process collectively.
 - d. Continuing to work closely with the CVD group and changes made to the Healthy Hearts website to reflect spec and postcode finder. Raised that general practice sending referrals for those on the hypertension register or those undiagnosed over 45 years could support with QOF and a big opportunity to create capacity. There's normally a wait for an ABPM so pharmacy is the quicker option for patients.
 - e. Contraception: I met with the Assistant Director for BCC Public Health to raise the awareness of the contraception service and will present to the Sexual Health Commission Group on the 21st August. She's looping me into the various networks, which is great! She sees this service as an access point and should be included as part of the health education and training and will incorporate into their service prospectus. I mentioned Umbrella and that the national offer presents an opportunity for them to increase their scope. To me, it doesn't make sense to use local funds for services available nationally! I have the ePACT report for Contraception so will be doing some analysis on my return from leave to look at targeting those practices with high contraception prescribing and encourage the use of PC service.

- f. NHS 111 training: I am continuing to work with Rachael at DHU with any support she requires in training the call handlers and increasing confidence in the service.
- 2. **PEM housekeeping**: Need to follow guidance as per letter and PO message. If a practice doesn't have a verified email address, it must be sent manually in line with the SLA and marked on the system. At this stage, no further guidance for pharmacies and practices on the backlog PEM management process but it is imminent. Some of us have been doing some work with pharmacies which will inform the guidance/prioritisation process.
- 3. DMS: as per update to Rebecca
- 4. **Smoking Cessation**: postcard awaiting UHB approval, asking patient to confirm contact number, contacting the pharmacy before sending the referral and increasing the time per patient on these activities should improve the quality-of-service delivery. We need contractors to deregister is they can no longer provide the service.
- 5. **IP Pathfinder Programme**: We are still waiting on Cleo Solo. All sites have completed their readiness activities and we have completed our assurance visits, therefore we're ready to 'go 'live' once we have the EPS assurance system in place. All IPs have a clinical supervisor whom they are continuing to work with.
- 6. Rx Direction: revised complaints procedure attached.
- 7. **PERT:** If Rebecca could share any further insights with me and Romesh, that would be helpful to support patients locally and info collation for escalation.
- 8. **CP PCN Engagement Role:** Thanks for your support with this as it was good to include in my papers to the boards that you were in support of my recommendations and offered £10-15K:) I presented it to the Primary Care Commission and Performance Board earlier in the week and to the Primary Care Executives yesterday and my proposal has been approved. Paul will now present it to the ICB's Exec Board next week. I am writing the draft EOI letter and JD, which I'll run by you and the GP Provider Support Unit before I finalise. As discussed, I'm hoping to appoint 6 individuals, their employer will be the host and will be required to sign an MOU with the ICB. Without the funding you have committed, see below the allocation per locality (financial modelling based on number of PCNs within that locality) and number of funded days over the year. Please could you have a think about individuals we could target. One of the key success factors will be selecting the right people for these roles in community pharmacy and PCNs.

Mid-point Band 8a, equivalent to £260/day based on a 7.5-hour day.

Locality		Funding per Locality	Community Pharmacy PCN Engagement Role: days over the course of the financial year (August 2024-March 2024)
Central	£	5,720	22
North	£	5,720	22
South	£	7,280	28
East	£	6,240	24
West	£	6,240	24
Solihull	£	5,200	20

9. CHIEF OFFICER'S REPORT

The draft social media calendar of events deferred until September

10. CHAIRS' FORUM

The first meeting of the Forum of LPC Chairs will be on Wednesday 25 September 2024 in London at Woburn House Conference Centre, Woburn House, Tavistock Square, London WC1H 9HQ. Chairs (or if unavailable Vice-Chairs) can now register see:

https://cpe.org.uk/our-events/forum-of-lpc-chairs-national-meeting/ and suggestions for agenda items can be sent to:

lpc.support@cpe.org.uk

This item to be on kept on the Sept LPC meeting agenda so most current issues can be aired

11. FINANCE

The Treasurer updated members on 23/24 accounts. Reserves are decreasing slowly towards the £150k target so further action to be agreed in September – likely to be further levy holidays

CMcN

12. GOVERNANCE

No matters to report

To review the governance arrangements in September (no independent chair – Harj)

To seek replacement independent committee members

JB

13. AOB

Members endorsed the LPC's response to the Healthwatch Reports

Members also received:

the Birmingham JRC agenda from 19th June and CO provided a verbal update the notes from the "groups" meeting which was well received by attendees

Members discussed the effectiveness of the virtual LPC meetings and agreed to continue with the existing arrangements for both face to face and virtual meetings. Clashes with festival dates to be flagged so the meeting can be rescheduled by reviewing the future meeting dates (item 14)

Members considered what support the LPC can offer with shortages – the most hight profile is currently PERTs. It was considered a contractor/patient issue with little practical help from the LPC able to provide current and live sit rep. Messages from the ICB to be shared.

14. FUTURE MEETINGS

Proposed dates for LPC meetings:

Aug-24	No Meeting		
Sep-24	16 th	F2F	Shady lane
Oct-24	21 st	Virt	
Nov-24	18 th	F2F	Becketts Farm
Dec-24	16 th	Virt	

Additionally, the LPC $\pmb{\mathsf{AGM}}$ is confirmed on $\pmb{\mathsf{15}}^\mathsf{th}$ $\pmb{\mathsf{September}}$ in $\pmb{\mathsf{Birmingham}}$

Paperwork to be prepared and circulated

JB/CMcN

To add to diaries Members

To approve authority to chair and officers

Members

Action Summary

Item	Action	Who	When
1.Welcome	Issue new Governance docs for 24/25 to: AP NBK SP MT	JB	Sept
	Sign and return during the meeting	Members	Sept
3. Contract	Response to Unforeseen Benefits application at the	JB	July
Applications	Maypole		
4. CPE Matters	Share deadline tracker with contractors	JB>Comms	July
	Highlight CPE regional event 17 th July	JB>Comms	July
	Contact MPs	JB/RB	Aug
5. Local Services	Seek to understand early prisoner release from Winson	<mark>JB</mark>	July
	Green and impact on substance misuse services		
7. NHSE Matters	Chase LPN MOU funding	<mark>JB</mark>	July
	DMS: respond to JA's response	MoD	July
	Escalate to CPE and HM (LPC Herts)	RB	July
	Discuss EHC being a referral from the UTC	JB	Aug
	Seek to change the systems for opening intentions and	JB	Aug
	rota		
9. Chief	Keep Social Media plan on agenda	JB	Sept
Officer's			
Report			
10.Chair's	Discuss in Sept ahead of first meeting	RB	Sept
Forum			
11.Finance	Provide best estimate 24/25 H1 spending and make	CMcN	Sept
	recommendations		
12.Governance	Review Governance SC arrangements with no chair	Subcomm	Sept
	Seek new independent LPC member	JB	Summer