



# PHARMACEUTICAL committee meeting minutes

Date	July 13 <sup>th</sup> . 2020, 7.30pm	Chair	Dan Attry (Mob: 07973 632548) (dudleylpc@gmail.com/chair@dudleylpc.org)
Venue	Zoom online meeting	Chief Officer	Stephen Noble (Mob: 07856 309573) (ceo@dudleylpc.org)
Present	Dan Attry (DA) Stephen Noble (SN) Michelle Dyoss (MD) Abul Kashem (AK)	Aman Grewal (AG) Anjum Raza (AR) Mo Kolia (MK) Nick Holden (NH)	Sabrina Kaur (SK) Scot Taylor (ST) Thomas Thomik (TT) Vijay Lad (VL)

	Details	Actions
Open section	<p>1. Welcome, apologies and Declarations of interest (DA) - apologies from Lynn Rees and Amjid Iqbal, no DoI made</p> <p>2. CPDO report (MD) - 8771 prescriptions delivered by Dudley MBC over last 15 weeks but stopping that Friday. More PPE collected from Walsall CCG and delivered out to 41 contractors. MD would like more photos and videos for pharmacy compilation. Update of Q4 and Q1 services updated- EHC 40% less in first quarter. Chlamydia and alcohol intervention down, no HIV or health checks, but similar figures for Healthy Start vitamins. No smoking cessation vouchers claimed in Q1 either. Commissioners keen to restart services with possible online training and assessment. Services being collected for CHS. Falls- only two attendees last training meeting, but also looking to do something online. Summer Wellness leaflets being produced, focussed on Covid. Resistance from Lloyds to distribute, Well waiting for new owners. Domestic abuse campaign in Kingswinford, cards given out in bags. Some interest from public. Looking at whether to roll out over borough. Sexual health keen to restart services. 'Flu service for council to go ahead with increase in fee to cover PPE, and possible support for care homes if costed out.</p> <p>3. Committee meetings</p> <p>a. Local Medical Committee meeting- SN reported on a meeting with LMC prompted by contact with Duncan Jenkins over pharmacy reports of surgery closures and activities. Meeting well received, surprised on negative comments. Wanted more details. SN mentioned lack of communication with local pharmacies, need to work closely going forward. eRD especially important, with Rachael Thornton of SWL PCN due to hold training sessions. SN volunteered to be part of that if required. LMC thought performance on eRD was better than the England average of 15%, but Dudley is only 8%. Compared with Wolverhampton at 30%. Thought it would be a good way of getting around the POD as many surgeries wanted to join scheme, but POD was at capacity and unlikely to admit more to it. eRD simple to set up so may get surgeries to sign people up. Surgery e-mail addresses still wanted for pharmacies but stopped at CCG. Some resistance to supplying e-mails. DA compared meeting to previous one which was hostile. Meeting went very well with invite to Tim Horsburgh to go out for a possible October LPC meeting. 'Flu plans need to be tackled Aug/September</p> <p>b. Area Clinical Effectiveness committee- MK attended meeting on June 11<sup>th</sup>, with Asacol/Pentasa switch already being implemented in surgeries. Thixapost to substitute Xalacom, palliative care formulary sent out. PHE advice on all-year 'round Vitamin D 800iu.</p>	<p>SN to keep eRD performance figures for surgeries up to date</p> <p>Look at invite for LMC to join LPC meeting October</p> <p>Need to obtain outline 'flu plans from LMC/CCG</p>



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c. **Primary Care Development committee- TT attended pan-Black Country meeting on June 7<sup>th</sup>. Relocation of High Oak practice to BHHSCC, but only temporary. Any permanent move needs to go to public. Bean Road rated good overall; Dudley Wood rated inadequate overall. Placed in special measures. The Greens good overall; Chapel Street requires improvement overall. Next meeting to be confirmed, likely to continue as Black Country rather than just Dudley. Discussion on whether meeting would be quorate if no LPC representation at meeting. VL asked about High Oak relocation details, likely to have moved whole surgery to BHHSCC rather than split patients to Kingswinford Medical Centre. Not sure how long to be in place, but likely to be permanent.**

d. **PSNC/LPC review- attended by DA and SN. Almost 200 attended, consensus that there needs to be change but the detail, board and council to be worked on. Committee sizes push to 200 contractor committee size, some are up to 300 contractors. Need to consider pan-Black Country LPC. Much variation but need for more governance and accountability. Council likely to consist of 50 elected Chairs of LPC's. Life of committee member term discussed- 12 years but retrospective or starting now? Concern at loss of experience but may be looked at three terms of three years. Need for fresh blood on committee. Governance poor in some LPC areas, with need for more accountability and transparency. Dudley LPC improved over past years. Transformation group to be formed going forward, possibly with RAT members to start with. Swifter working relationship with PSNC achieved. Group likely to meet pre-PSNC conference. VL asked about three-year terms for LPC committee. DA said a move towards new structure will be a transition possibly taking two to three years. Some things will need to be prioritised, such as negotiating team. Return of existing committee may be allowed if no one new coming forward, but major change likely if Black Country LPC formed. DA asked for comments on proposals to come back ASAP. MK asked if there was a time-limit for implementation; DA said that detail need to be decided, but models like GMC and CP Scotland likely to be used. Next steps at PSNC conference as to how to move process forward, but things need to be started to be considered such as LPC futures. Other local LPC responses outlined. Black Country CCG's likely to merge. MK was concerned over the loss of experienced LPC members. This was agreed by SK, who stated that as a newcomer, she was at a disadvantage. TT said that it was likely to happen and the LPC needed to prepare for that scenario. DA said that there would need to be contractor-engagement, but the AGM in September will update them on the latest news and thinking. AK concerned at committee makeup if changes implemented. DA said that ready reckoner would be tweaked for the Black Country to reflect contractor representation and changes locally. VL concerned that smaller LPC's could be destabilised through running and support for contractors. DA suggested a local transformation fund to be put aside; compartmentalising some of reserve.**

4. **AOB- there was no other business**

**TT to get confirmation of High Oak surgery move as permanent /temporary**

Signed  
by the  
Chair

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