



Date Time	June 14 <sup>th</sup> . 2021, 7.30-9.15pm	Chair	Dan Attry (Mob: 07973 632548) (dudleypc@gmail.com/chair@dudleypc.org)
Venue	Zoom online meeting	Chief Officer	Stephen Noble (Mob: 07856 309573) (ceo@dudleypc.org)
Present	Dan Attry (DA) Stephen Noble (SN) Michelle Dyoss (MD) Nick Holden (NH)	Amjid Iqbal (AI) Abul Kashem (AK) Thomas Thomik (TT)	Sabrina Grewal (SG) Mo Kolia (MK) Scot Taylor (ST) Vijay Lad (VL)

	Details	Actions
Open & Closed section	<p><b>1. Welcome, apologies and Declarations of interest (DA)</b> - apologies were received from Aman Grewal. There were no declarations of interest.</p> <p><b>2. CPDO update (MD)</b> - MD in talks with Dudley PH to fund Health Champions. EHC training online was done on May 15<sup>th</sup>. with 15 attendees. Some were still to send in their CPPE certificates for confirmation that they had undertaken the training. The slide set from the training could go out to anyone who wanted to undertake training, with MD able to answer queries and certificate that the training had been completed. Alcohol IBA training likely to be produced as e-learning by PH using PowerPoint. 'Flu report was now in Google Drive, with a similar council service happening for the forthcoming season. Covid testing by pharmacies had decreased, but surge testing in a school had been asked for by PH. This was in a school that had had 10-12 cases of the Delta variant, with around 400 staff and pupils needing to be tested. 197 had been tested on-site within 2 days. Eight staff, then six staff were provided on each of the two days, with good feedback. More testing at short notice was likely, and MD asked if anyone had staff who might like to take part. MD had no luck with sponsorship of the AGM and asked for anyone with contacts to let her know. AI asked if Novo Nordisk had contacted her and said he would get on to the company the following day. Dudley Stay Connected online event was being attended by MD and SN, and the Local Optical Committee meeting on July 14<sup>th</sup>. was also on her schedule. PNA questionnaire and the platform on which it might work was being looked at. SurveyMonkey was limited by how many questions, but SN mentioned that he had already started looking at this using Google Forms. He was having some issues with certain questions and suggested a meeting between the two of them. DA asked the committee if anyone else had contacts for sponsorship of the AGM. MK asked if Reckitt Benckiser had been in touch to which MD replied they had not. MK said he would contact them and asked for details of the AGM. DA said that the AGM was to be more of a social event rather than for training, but sponsors would want their slot at the start. VL asked if Bayer had been contacted as they had sponsored a recent webinar. DA asked if VL could contact them through local contacts.</p> <p><b>3. Chief Officer update (SN)</b> - SN updated the committee on the GP-CPCS webinar event that had been put on which was well-attended with 41 people. He had taken screenshots of attendees which were in a folder on Google Drive. He thought DA had presented</p>	<p>SN &amp; MD to look at Google Forms for the PNA questionnaire</p> <p>MK &amp; VL to contact potential sponsors for AGM</p>



very professionally and had put the event on the LPC website the next morning after editing. There were many questions asked, more than for the BSol/Wolves event, and lots of comments in the Chat function. SN had attended a meeting with the local Clinical Directors of the PCN's who were keen for the service to start. It was likely that Halesowen and Brierley Hill PCN's would be the first to start, with a maximum of two surgeries each to go live. Jag Sangha (JS) would oversee the launch and SN would follow his lead. Regional implementation data from NHS England on Midlands-wide progress was shown, with most Dudley surgeries at Stage One implementation. JS was going to take time over the implementation to get it right. SN then told the committee of his participation on the PSNC working group overseeing the update of PSNC and the LPC websites. A new company called Make was in charge of the upgrade, and a slideshow from them had been put in Google Drive. The timeline was likely to be October/ November for the relaunch, and costs could range from free to £2,500 plus VAT, depending on the level of support. SN was happy to go for free Option One as this meant he would be more familiar with the build of the website. The setup is likely to take up 40 hours, which would eat into his time as Chief Officer. SN reported on the presentation given by MD and Simon Hay from CHS on a company update, at which the S&O committee was told that all outstanding loans had been paid off in full. A covering invoice for tax purposes was going to be issued by them. SN showed the committee a slide showing a £1.3m income from CHS that was returned to contractors, with Dudley doing particularly well at £326,850 for the LFT service and over £14k for the staff 'flu programme. He was disappointed at the muted response from the rest of the S&OC and that MD and Dudley had not been given the recognition that he felt they deserved, especially as the LFT service had funded the loan repayments. This had in turn brought up another set of problems, resulting in only the Action Points from the S&OC meetings being published. These issues were around the place for the S&OC going forward. DA asked SN if anything had come out of the PSNC steering committee review meeting, with an update due at the next PSNC webinar due the following week which DA and SN were going to attend.

#### 4. Committee meetings

a. Discharge Medicines Service meeting- DA and MD attended with Michelle Haddock from Russells Hall Hospital. A soft launch on July 1<sup>st</sup>. was planned, but initial expected numbers were not thought to be great. Contractors will need to check PharmOutcomes regularly, and a dedicated 'phone line for queries was being looked at. All referrals should have the referral pharmacist name on it. MD wondered if a PharmAlarm paid for by the LPC might be a good thing for contractors to have. DA thought this could be investigated but wouldn't help with GP-CPCS. ST said that the cost was £1 per week per contractor from their website. NH said that Sainsbury used the system with ST saying that Boots didn't. MD thought it might be worth trialling in a couple of pharmacies. MK confirmed that Knights were using it, but the app needed to be reinstalled if there were any software updates. VL thought the option should be given to contractors, with MK confirming that it would be £52 per year. DA confirmed that any messages coming through on PharmOutcomes would be 'flashed' up. MK added that different types

MD to confirm prices/ contracts of PharmAlarm



of messages gave different colours, but the price he quoted may have been solely for Knights. VL asked MK if he would send him the link for the service. MK said he would send MD all the details he had for her to investigate.

b. Prescribing sub-committee- VL had attended the meeting on May 11<sup>th</sup>. He had updated the PSC committee on the LPC's priorities, namely GP- CPCS via the webinar and DMS. He asked the question of where the GPs were with their preparations, which the PSC committee couldn't answer. The options for wound management procurement were discussed, with potential substantial savings. This was likely to go ahead through the non-FP10 route and thought that contractors needed to be told this. DA mentioned that Birmingham had a scheme in place for several years, and it was difficult to justify blocking any savings. The other issue was over outers, which community pharmacy had to order when nurses would prescribe in singles. The proposed scheme would be able to accommodate this prescribing. VL said that the new scheme takes 48-72 hours to obtain ordered dressings whilst pharmacies can get them in that day or the day after. There were two pilot sites at present, at BHHSCC and Lady's Walk, Sedgley, which were being monitored. He believed that surpluses would still occur, DA saying that the nurses would have to stick to a laid-down formulary and that all contractors would need to be told once decisions had been made on the future of the service. This would help in allowing pharmacies to run down the dressings they kept in stock. VL said Hitesh Patel was the pharmaceutical advisor in charge of the project.

5. Minutes of last meeting (DA)

- May's meeting notes were read and approved.

6. Action points arising and discussion (DA)

-LFT sites had been sent a reminder by SN but there still hadn't been a great response. AI was going to confirm the position of AGM sponsorship. MD had not received any updates from the committee for services suggestions with the final version in the Drive. Quote for the laminated conditions sheets was still to be done by MD. Details had been finalised by DA and SN on the GP-CPCS event. There had been no additions or amendments to priority list proposed by DA. MK had uploaded the end-of-life plan to go out to contractors. Most DoI's had been submitted, the sub-committees, the levy holiday and future meetings format were to be reviewed at this meeting. MK said that the GDPR workbook had been updated and was in the Governance section on the Drive. It just needed signing by the Chair or Chief Officer, and MK said he would send the relevant page to DA. SN would then need to upload the workbook to the LPC website for public access.

- Declarations of Interest needed to be done for governance. The committee needed to run through their remuneration sources. This was so there would be no surprises if a DoI was to be declared. The committee then ran through their DoI's (DA, SN, MD, MK, VL, SG, NH, AK, ST, AI). DA reminded the committee this needed to be done annually, and to let the committee know if any circumstances changed.

- DLPC sub-committees and meetings were decided on as follows:

- Finance- DA, NH, SN
- Governance- MK, ST

MD to obtain quote for laminate sheets.  
SN to send out E-O-L plan in newsletter.  
DA to sign GDPR page from MK- SN to upload to website.

Outstanding DoI's to go to SN.



- *Contracts applications- SN, AI, ST*
- *Services- MD, VL, SG*
- *Newsletter, website & media- SN (assisted by MD)*
- *Education & training- MD, AG, MK*
- *S&OC- SN, AK*
- *ACE- MK; PSC-VL; PCC- SN; POD- DA*

*DA said he would be discussing the frequency and format of the sub-committee meetings with their members. He also said that he wanted feedback on the LPC priority areas going forward. AI said that the uptake of services needed pushing across all the PCN's. Too many contractors didn't deliver on services. MD said she had lists on current services and was willing to put on additional training. She proposed putting out a dedicated Services newsletter, listing all details. DA thought that something outlining the potential services income that could be generated throughout the course of a year would be valuable to contractors. AI said that a contractor engagement event was needed, with VL adding that it could be a topic at the AGM. DA discussed the issues associated with services and said that they needed to be highlighted back in contractors' minds. VL said that involving the PCN's could be another useful way of engaging with contractors.*

*- DA said future meetings were booked as a Zoom call for July and a face-to-face (F2F) at Himley Hall for September, but meetings going forward needed to be finalised, either as a hybrid or all F2F. VL said that it was difficult to decide with current restrictions still in place but felt moving back to F2F was desirable. SN said that the majority of LPC's had decided to go for a hybrid model, alternating F2F with virtual. MD and VL thought that would work well. DA suggested that October and November would be virtual, and December F2F. This would depend on booking with the Savoy Centre and any winter pressures. TT added that this would be whilst complying with any restrictions in place at those times. DA said he would confirm with the Savoy Centre what their opening and booking schedules looked like.*

#### **7. Contract application sub-committee report (SN)**

*- SN said that he had only had a change of hours for Wrens Nest Pharmacy which only affected their lunchtime closing hours. DA and he had responded as the turnaround time for a decision was tight, saying that the LPC had no objections. MD asked if a change of ownership had come through for Swinford Pharmacy, as it had been bought by a local pharmacist.*

#### **8. Finance, accounts, and budgeting (NH)**

*- NH said that the balance was currently standing at £87,668.29. This was including the repayment of the CHS loan but didn't bring the balance down to the levels that the committee wanted. DA asked for the views of the committee, with AI suggesting that the levy holiday continue, to which VL agreed. MD asked about funding 'flu training which was something that BSol LPC had done in the past. AI asked about costs which MD thought was around £60 per head and paid to just one person per pharmacy. DA thought many people would want face-to-face training this year as their certificates expired, but SN said the downside is that the multiples wouldn't want their staff to be trained so would lose out. He thought it would be fairer to give another month's levy holiday. MK*

*MD/SN to look at refreshing services through newsletter/event*

*MD to research 'flu training costs/operations*





*thought both could be done, as there may be the newly qualified who would have missed their company training. DA asked if CHS was going to be putting on any training, which MD replied that nothing had been planned. VL thought it could be costly through organising, so should be left as a last resort. DA concluded that the LPC should continue with the levy holiday and resume collection towards the end of the year. TT agreed that a review at each meeting was needed, with MD asking if she should obtain likely costs of delivering 'flu training. DA said a decision on the matter would need to be made in July as there was no August LPC meeting. SN asked TT how many months the levy holiday had been running, which meant that contractors had already had three months, with July making four. NH told the committee that there were no outstanding payments due to PSNC. He was meeting with TT to finalise the annual accounts and to set the next set of budgets. TT said that the Wright review levy would be added to the second-half payment to PSNC due in October, which DA thought would be around £1,000 extra. TT added that his work for the LPC would be finished the following week, with the accounts to go off to the accountants and due back ready for the July meeting.*

**9. AOB**

*- ST asked about an issue raised in the WhatsApp group regarding 'phone numbers to Lion Health. He had used the NHS Services Finder for an alternative number which had subsequently been decommissioned and wanted it to be raised at the primary care sub-committee. DA thought this too may apply to other surgeries and VL agreed that there had been problems with others. He thought contractors should be given direct lines into all GP surgeries, especially when dealing with GP-CPCS queries. NH also said he had been having problems where specific doctors had been assigned to particular care homes. This caused problems when doctors were away or on holiday and impacted on getting monthly prescriptions. SG suggested that he contact the practice manager at the surgery, who had been very helpful when she had problems. A doctor had been assigned to process all her care home prescriptions, and this was working well. A discussion on other issues including EPS nominations took place amongst the committee. DA closed the meeting saying that two hours could be claimed for by the committee members.*

**10. Details of next meeting**

**- Monday July 12<sup>th</sup>. 7.30-9.00pm**

*Committee to review levy holiday at July meeting*

*ST and NH to report back at July meeting on progress with their issues*

*Signed by the Chair*

-----Date: -----