



Date Time	Monday Nov. 8 th . 2021 7.30-9.00pm	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)	Mo Kolia (MK) Scot Taylor (ST) Vijay Lad (VL)

	Details	Actions
Open & Closed section	<p>1. Welcome, apologies and Declarations of interest (DA) - there were no apologies or DoI's</p> <p>2. CPDO update (MD) - AF business case updated and given to Bayer. Council 'flu vaccination service going well, vaccinated 374 staff. Pharmacies offering walk-ins with a list wanted by the council, with e-mail and WhatsApp messages gone out to contractors. Winter Wellbeing leaflets have been produced by the council, 200 to each pharmacy to distribute. Arcade Pharmacy latest to be accredited for EHC. MD chasing up missing contract variations for signing—Eggintons, Milan, Lad, Daynight and Tesco still to sign. Council concerned about Boots and Lloyds pulling out of local services. Boots has withdrawn from Healthy Start vitamins, alcohol, and HIV POC testing. Lloyds have withdrawn from NRT voucher service, Health Checks and chlamydia screening. ST said he would pick this up with Rebecca Butterworth of Boots. MD had attended a PH meeting which discussed some services moving into the ICS, but not pharmacy ones at this stage. These would eventually move out to tender for provider companies such as CHS to bid for, which MD would keep an eye out for. EHC lists have been updated and put in Google Drive to update the information on the website. A Winter Planning meeting was also attended, with information put in the Drive. This was in addition to a Covid winter plan, promoting self-care, 'flu and Covid vaccinations. A 'Future of Pharmacy' forum online report was also placed in the Drive, and MD was hoping to be able to get online to the upcoming PSNC meeting. NH said that he had eight Lloyds Pharmacies who wanted to do EHC training, and what did they need to do. MD said she was hoping a joint session between Dudley PH and Brook would take place for EHC and chlamydia training. The links would be sent out when finalised, but she would go out to pharmacies who could not attend. AI thought that many services were now poorly remunerated, with Public Health and NHSE&I needing to realise this. MD said that PH always came up with their own prices, but because of them speaking to other commissioners, they noted that they pay more for services such as EHC. She added that when the service moved to the ICS, there was a strong possibility that the fee would come down because of this. AI thought other practitioners such as GPs would be paid much more, with MD saying that PH had noted pharmacies pulling out of services, most probably down to the fee paid. VL mentioned that he was still waiting for chlamydia kits to be delivered, MD saying she will chase up. DA said that pharmacy was becoming a victim of its' own success as far as services were concerned. Larger providers were 'cherry-picking' the major services that were</p>	<p>ST to speak to Boots on loss of services</p> <p>SN to update LPC website for EHC providers</p> <p>MD to provide details of EHC & chlamydia training when available</p>



well remunerated. AI and DA thought the Healthy Start vitamins fee was abysmal, and with the time of putting on PharmOutcomes made it uneconomic.

3. Chief Officer update (SN)

- SN said he had been busy attending Primary Care Commissioning meetings, but with little to report. A mention of a 'Kingswinford Hub' at the meeting left him unsure as to what this meant and wondered if anyone else had heard anything. Nothing had been discussed about High Oak Surgery at Pensnett, which was his primary reason for attending. A Black Country & West Birmingham CCG Community Pharmacy meeting he attended was the first of its' kind, where it was mentioned about 'drop-in' sessions for vaccination sites who were experiencing any operational difficulties. The latest Scrutiny & Oversight committee meeting had produced action points asking the purpose of CHS and how LPCs fitted into that. CHS wanted individual Memoranda of Understandings for each LPC, but these were likely to be similar across the West Midlands. CHS wanted the S&OC moved into a business role now loans had been repaid, and this was likely to be discussed at the next meeting of CPWM. SN told the committee that several people on the S&OC were disappointed that it seemed CHS had passed a new set of Articles & Rules without their input. There was an upcoming GP-CPCS meeting which were likely to discuss rollout in the Brierley Hill and Halesowen PCNs. It was likely that only one or two surgeries at a time would go live, but those should be fully engaged with the service. SN had taken part in and approved a media release from the CCG which mentioned 'Ask your pharmacist' week. A World Antibiotic Awareness Week webinar with 36 attendees took place, with all associated documents on the Drive. This was also designed to support pharmacists delivering the relevant PQS criteria. Three NMS new conditions webinars for gout, Parkinson's and glaucoma had been planned for launch November-December. Three more were planned for 2022. A flyer was due to go out to contractors to publicise the webinars, which were registration-only. DA reminded the committee that PSNC were due to run an additional webinar on antibiotic prescribing the following week to support PQS.

4. Committee meetings

a. Area Clinical Effectiveness committee

- this was due at the end of the month

b. Prescribing sub-committee

- this was due the next day, with SN supporting VL on the new hypertension national service.

5. Minutes of last meeting (DA)

- these were read and agreed by the committee.

6. Action points arising and discussion (DA)

- services sub-committee hadn't met, and DA thought clarity from Boots and Lloyds on services was needed. This was especially needed when information for the next PNA was required. ST said he had a reply from Rebecca Butterworth, who said that the reduction in local services was due to national ones being rolled out, plus the impact of the increased workload on pharmacies. SN said he hadn't found out any more on those pharmacies signed up to the hypertension service, with DA remarking that many contractors were still looking



into the purchasing of equipment. MD asked about the smoking service on hospital-discharged patients, which DA and ST thought started in the new year. ST added that Boots were looking at a soft rollout for hypertension. DA and AI discussed the price of the ambulatory equipment, which could be as low as £650. Loss and damage to equipment was also an issue, as pharmacies couldn't charge a deposit fee for either. AI wondered whether a procure and share agreement for equipment between pharmacies was worth looking into, particularly at PCN level. MK, NH, AK, VL and DA discussed the challenges of getting pharmacies to engage and join PCN meetings. SN reported that there had been no new DMS activity locally. AK said that the scheme in Worcestershire had been similarly poor. SN went on to say that there had been no new information about High Oak Surgery, but there would need to be a public consultation on the move or closure. He had also sent out the latest constitution and set of accounts and had had no other problems reported on 'flu vaccination issues with surgeries. AI queried the levy holiday earlier in the year which DA said had restarted in September. AI said that his accounts showed the levy going out from March to July. He thought that this wasn't the first time this had happened. DA knew that a holiday had occurred in the past but hadn't look at this latest one. The levy holiday was set up in March for April, which was reviewed and extended in June and July to finish in August. DA asked AI and VL to check their statements, and for NH to check with PSNC. He confirmed that the levy holiday had stopped, through a NHSBSA e-mail. He said he would check directly with them using contractor ODS codes. He was sure that the levy was reinstated in September but asked AI and VL for any details they had.

7. Contract application sub-committee report (SN)

- there had been no new applications or changes in contracts

8. Finance, accounts, and budgeting (NH)

- the account balance stood at £90,367.83, and in and outflows were very manageable. NH did ask for committee members to try and get their expenses in on time, seven to ten days after they occur. PSNC had set new guidance for the accounts and had been trying to meet with James Wood at PSNC to help with this. DA thought that the committee needed to look at where they were budget-wise as the account balance had increased. MD asked about the provision of PharmAlarms to contractors, priced at around £60 per contract per year. NH said that there were issues with the multiples using them with their IT equipment, with SN confirming that Boots wouldn't allow anything to be plugged into their system's USB ports. NH said there were issues with Lloyd's new IT system which they wouldn't want to upset, but DA thought the provision of the alarms should be kept on the table. SN asked MD if any discount could be gained by bulk-buying through CHS, but she thought that unlikely. VL asked if funds could be used to buy hypertension equipment, which DA and MD thought was a good idea. AI wondered if there was any real demand, tying up a lot of money. DA said that although the idea was good, the LPC was liable for the upkeep and maintenance, which AI agreed with. NH said Shropshire LPC had paid for equipment being used by only four contractors, with VL agreed that the uptake was likely to be poor. AI thought it was inequitable across contractors, which SN agreed with, and perhaps another levy holiday was appropriate. NH thought that

DA, AI and VL to check their account statements for evidence of levy holiday, NH to check with NHSBSA



another holiday wasn't the answer, and to fund some support for contractors. He suggested the committee bring some ideas to the next meeting in December. MD wondered whether something to promote pharmacy could be done, with AI thinking that more marketing of pharmacies could be done. DA and MD said there had been no marketing spend as 'flu didn't need to be promoted, but maybe other aspects of service could be promoted. NH said how well the Covid material sent out to pharmacies at the beginning of the pandemic had been received, and that some ideas from the committee were needed. VL agreed and supported NH in not wanting a levy holiday and wondered whether the current shortage of staff might be supported. NH thought that something sent out to contractors prior to Christmas as a 'thank-you' would be well-received. MD wondered whether pens and cards with the LPC logo on to send out would be good. NH said anything like cards, chocolates etc. to show the LPC's appreciation of contractor's efforts throughout the pandemic would go down well with them. SN suggested a calendar, and NH a mouse mat, which MD said she would price up. AI added that a personalised diary would be nice, with DA saying that anything decided on would need to be done before the date of the next meeting in December. DA asked the committee to respond to any pricing that MD came up with. AK suggested a QR code for the website added to a mouse mat, with AI saying that asking for suggestions on the WhatsApp chat group would show what was useful. NH added that looking into colleague engagement through Facebook or similar would connect with pharmacy staff including full and part-timers, and Saturday staff. MD agreed that social media was underdeveloped, and that maybe several people should have access to it. NH said it was a good 'conversation-starter'. DA thought an unexpected item landing in the pharmacy could come across very well.

9. AOB

- MD asked about local 'flu data from the NHS, with SN replying that this used to be available but as NHS England as commissioners hadn't specified to what level they wanted the data from PharmOutcomes, only Midlands-wide data was available.

10. Details of next meeting

- Monday December 13th. 2021 at the Premier Inn/Beefeater, Kingswinford. SN showed the committee the menu and wanted them to reply within a couple of days of receiving the agenda and notes. He suggested everyone having the £8.95 two-course menu. MD confirmed to NH that Nestle were sponsoring the December meeting, so the food should be paid for. SN wondered how it was best paid for, and suggested it was paid for on the LPC account debit card. DA said he had one and would find it out, but Nestle may want to pay this directly.

Committee to come up with ideas to use levy funds and promote pharmacy locally for December meeting

Committee to send details of menu preferences back to SN when agenda/ notes received

Signed
by the
Chair

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