



| | | | |
|------------------|--|--|---|
| Date Time | February 13 th . 2023 2.00-5.00pm | Chair | Mo Kolia (Mob: 07703 584565) (mohammedkolia@hotmail.co.uk/chair@dudleylpc.org) |
| Venue | F2F/Beefeater, Kingswinford | Chief Officer | Stephen Noble (Mob: 07856 309573) (ceo@dudleylpc.org) |
| Present | Mo Kolia (MK) Stephen Noble (SN) Michelle Dyoss (MD) Nick Holden (NH) | Aman Grewal (AG) Amjid Iqbal (AI) Abul Kashem (AK) | Jayne Robinson (JR) Richard Smith (RS) Jag Sangha (JS) |

Details

Open section

1. Welcome, apologies and Declarations of Interest (MK)
- Apologies from Ranpreeth, Sabrina, and Scott. No declarations of interest.
2. DHIC update (JS)
- JS gave a verbal update on the period of transformation for the POD. The resource is to be built into the wider pharmacy team removing some of the low-level work that some of our team and practices are doing into a central service freeing up capacity to do more clinical work in general practice. Cohort One practices (SGC and Dudley Netherton PCNs) transitions on 24th of Feb. The second cohort will be a month after that, with the third and final cohort towards the end of April. The complete new service will be up and running in May. JS didn't think there would be much impact for community pharmacy, but could help push electronic repeat dispensing, and the community pharmacy consultation service. The biggest challenge in general practice is getting reception staff to fully understand and do it. Having somebody on the ground can support that implementation will be helpful. There's leaflets, posters and digital comms shared to minimise impact on community pharmacy. The principles are around taking responsibility for yourself or your patient, around using digital means. Traditional methods such as dropping off at the general practice, or asking the community pharmacy to order, at the discretion of the pharmacy to voluntarily manage. The practices will still have to accept telephone calls. However, it's up to individual contractors deciding if they want to take it as a voluntary arrangement.
 - RS had an observation from JR and himself that there was one pharmacy who told them about their surgery telling patients to just go to the pharmacy, and that this wasn't very helpful. Everywhere else has got local arrangements in place, but the majority say that using digital media may not be for the elderly, and they will be supporting them as they've always. But they will be pushing digital media ordering for anyone else.
 - JS thought the key thing from DIHC was that the comms should be consistent. Acute prescriptions should go into the practice website, and you can put so much information on that. JS said that for vulnerable individuals that can't use IT, general practices might have to accept calls. JS said that DIHC needed to be focusing on using that resource, freeing capacity in general practice.
 - JS outlined the various pharmacy groups at ICB level, and Dan Attry's role and responsibilities
 - JS thought the blood pressure service is probably the most valuable one because of their long-term plan and cardiovascular mortality in the Black Country
 - JS and RS discussed the Extended Care Service, its' take-up and implementation, and the difficulties they came across with the hypertension case-finding service
 - JS mentioned the devolvement of NHS contracts down to the ICB, but he wasn't sure when and what was happening. He thought Dan Attry again may have more information.



| | |
|---------------|---|
| | <ul style="list-style-type: none"> ○ JS and RS discussed the Extended Care Service and how some GP surgeries won't engage with GP-CPCS unless pharmacies supply it. They agreed to work on the ground to encourage take-up of the service. ○ This led into a discussion on pharmacist prescribing across the Black Country and using pharmacists to lead on minor ailment conditions. MK mentioned that this was the approach that the Welsh Government had taken, to start with minor ailments and PGDs and to work up to more complex conditions |
| Action Points | <ul style="list-style-type: none"> ● SN to contact DA on progress with NHSE to ICB commissioning, current state of services (dashboard) and possible attendance at the next meeting |
| | <p>3. Minutes of last meeting (MK)</p> <ul style="list-style-type: none"> ○ Minutes were read and accepted <p>4. Action points arising and discussion (MK)</p> <ul style="list-style-type: none"> ○ All action points were tackled |
| Action Points | <ul style="list-style-type: none"> ● |
| | <p>5. Finance, accounts, and budgeting (NH)</p> <ul style="list-style-type: none"> ○ Accounts stood at £53,886.03 for the LPC account, and £41,238.40 for the NHS MoU account. This included the new money made available from NHSE ○ MK thought that some additional resources to support RS and JR might be good. They thought posters for minor ailments might be good. SN asked for some current designs for him to work on ○ RS commented on the level of levy charged by the LPC, as some contractors had queried it. NH said that levy holidays compensated for some of the excess charges. MK agreed, saying that the levy would be looked at in the merger process. AI commented that contractors had noted that Dudley's levy was high compared to other LPCs, particularly as a percentage, and discussed this with MK and NH. SN mentioned that there would be a finance sub-group in merger talks which should address this. He commented that other LPCs didn't offer or do as much for their contractors as Dudley. RS told the committee how much contractors valued the LPC compared to their experiences with other, larger LPCs. A vote for merging the four LPCs would address funding issues in the long-term |
| Action Points | <ul style="list-style-type: none"> ● |
| | <p>6. Chief Officer update (SN)</p> <ul style="list-style-type: none"> ○ SN updated on TAPR, with a new toolkit sent out to AIMp and independent contractors. He would try to contact AIMp Head Offices to vote on behalf of their contracts. He had already received a 'Yes' vote from Tesco on behalf of the CCA and thought Boots would vote likewise. There will be an online Q&A webinar in February, with a new Special General Meeting on March 6th. with an online poll for any eligible contractor to vote. This was in addition to the online form and email form. He went through items in the new toolkit that had been amended. A simple majority from 60% of contractors was needed. ○ New guidance on LPC elections had just been published, and SN was going to look at the committee size and likely make-up. He felt that numbers would need to be adjusted, and that the current committee would need to put themselves forward for re-election should they want to. There were templates and self-referral forms for the committee to put themselves forward. He explained that the cut-off date for looking at contractors was January 31st. |



| | |
|-----------------------------|--|
| | <ul style="list-style-type: none"> ○ <i>The Black Country Faculty event that he had attended was interested in having pharmacists working cross-sector, with some interesting work going on</i> ○ <i>SN had been invited to the CMO/CNO awayday in Walsall, which he felt was a good networking opportunity</i> ○ <i>SN, MK, and NH discussed the re-election of the Chair and committee and the serving time of 18-24 months. The impact on a likely federated committee was also discussed</i> |
| <p>Action Points</p> | <ul style="list-style-type: none"> ● <i>SN to report back to the committee on LPC elections and the likely make-up of the committee online at the next meeting</i> |
| | <p>7. CPDO update (MD)</p> <ul style="list-style-type: none"> ○ <i>MD talking to the ICBs social media experts who are happy to support now that 9Ways has gone</i> ○ <i>EHC training has been requested by more pharmacies and MD was arranging this and the services data was examined. All pharmacies signed up to EHC were also signed up to do chlamydia screening, although numbers for these weren't coming through</i> ○ <i>Alcohol IBA interventions were above 2,200 across 10 pharmacies in the last quarter. One pharmacy's data was discussed compared to last year</i> ○ <i>Healthy Start vitamins was increasing- 108 from 5 pharmacies</i> ○ <i>MD had produced a one-pager on weight management services, supporting the public health campaign</i> ○ <i>MD and SN had met with Johnson & Johnson over a vape-management programme using a licensed product which had some innovative aspects</i> ○ <i>Supporting Healthy Heart and Sexual Health campaigns at Merryhill shopping centre on the 14th.</i> ○ <i>The committee discussed current and upcoming services for pharmacies and payments for additional services</i> <p>8. LSO update (JR)</p> <ul style="list-style-type: none"> ○ <i>Meeting with MD and RS to discuss updates on PharmOutcomes and weight management information, working on chlamydia kit distribution</i> ○ <i>Visiting different areas each week with mostly positive meetings with independent stores regarding DMS, GP-CPCS, and other services</i> ○ <i>Facing challenges at Priory with staff problems, current locum pharmacist may not return</i> ○ <i>Some pharmacies unaware of recent changes (POD, LPC merger), sent them information again</i> ○ <i>Sepsis posters have arrived, ordering materials for next campaign in March</i> <p>9. PISO update (RS)</p> <ul style="list-style-type: none"> ○ <i>90% of Dudley community pharmacies have been visited, most are working hard to serve their communities and appreciate the support from the LPC team</i> ○ <i>Hypertension Case-Finding Service is being offered by most pharmacies, but take-up is limited</i> ○ <i>Discharge Medicines Service has been a success in Dudley and the worst offender has addressed the issues raised. The success of the service has been shared with colleagues in Arden, Coventry & Warwick. Needs good news stories</i> ○ <i>Pharmacy visits with Dan Attray, BC ICB Community Pharmacy Clinical Services Lead were well received, and it is hoped that this can continue in the future</i> ○ <i>Working to improve the uptake of GP-CPCS Service in the 2 poorest performing areas in Dudley (Stourbridge, Wollescote & Lye PCN and Kingswinford PCN) with training and support</i> ○ <i>Attending MAPCOG every Tuesday which continues to be a useful source of information and contacts</i> ○ <i>NH raised the issue of RS and JR visiting pharmacies together, and they agreed that this was due to wind down as they had covered most contractors</i> |



| | |
|----------------------------|--|
| Action Points | <ul style="list-style-type: none"> • MK, JS to raise staffing situation at Priory Pharmacy with contract holders- NHSE&I • MD, JR to investigate changing/expanding Healthy Start Vitamins stockists • SN to update LPC website with list of BP service testing pharmacies |
| | <p>10. Committee meetings</p> <ul style="list-style-type: none"> ○ There were no other meetings |
| Action Points | <ul style="list-style-type: none"> • |
| | <p>11. Sub-committee reports</p> <p>Contract applications (SN)</p> <ul style="list-style-type: none"> ○ Notification of Jhoots and Milan in Netherton to merge businesses, into Milan's site. This brings contractor numbers down to 65 |
| Action Points | <ul style="list-style-type: none"> • |
| | <p>12. AOB</p> <ul style="list-style-type: none"> ○ RS raised the issue of his and JR's contracts due to run to the end of March and would like the committee to assess their positions going forward. MK said he really valued their contribution, with NH saying that this was something MK, SN and himself needed to discuss before the next meeting ○ SN mentioned about alerting the committee around re-election to the LPC. AI asked if it could be pushed back until the March meeting which was agreed |
| Action Points | <ul style="list-style-type: none"> • MK, SN and NH to discuss the future of RS and JR's contracts • SN to finalise LPC election details to present at March meeting |
| | <p>13. Details of next meeting</p> <ul style="list-style-type: none"> ○ Monday March 13th.2023 7.30-9.00pm online |
| Signed by the Chair | <p>-----</p> |