**Minutes of LPC meeting September 2020**

**Apologies:** Sophie, Wayne

In Attendance: Will Pearce- treasurer (WP), Andrew Lane- chair (AL), Neetan Jain- vice chair (NJ), Gary Barber- IND (GB), Sam Bradshaw- support officer (SB), Vas Alafodimos -CCA (VA), Peter Badham- AIM (PB), Rebecca Myers- AIM and Partnerships Manager (RM), Raj Patel- AIM (RP), Mohammed Rahman- CCA (MR), Tufael Siddique- CCA (TS)

**Guests:** James Payne (JP), Etisham Kiani (EK) -LPC elect, Michelle Kruger- BI, Sian Retallick (Virtual- PSNC), Sian Williams (Virtual- HEE/ICS workforce)

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| Welcome and introductions |  |
| BI | Presentation from Michelle Kruger from BI- Spiolto Respimat. Information Video, covered local guidelines, slides and Q&A  AL thanked Michelle for her time and sponsorship  Respimat is a soft mist inhaler (SMI) not an MDI- but is same inhaler technique as an MDI  Carbon footprint- Respimat is reusable (1 device every 6 months- licensed usage)  Clean- damp cloth once a week  40% of respiratory nurses in Gloucestershire are retiring in the next 2 years.  Michelle has said she will happily sponsor PCN level meetings for respiratory work. |
| Contracts | To note contractual changes  Longford pharmacy opening 1st September 2020  Several changes of hours have taken place in the last few months  **Action- RM to seek clarity on extension to pandemic opening hours flexibilities. Has been requested by PSNC but we are not sure if it has been extended since original 1st September deadline.** |
| Officer reports | RM and SB gave additional information and answered questions from their officer reports  AL gave verbal update from NPA and pharmacy promotional/networking .  LPC conference 16th September- 3 places- Neetan Jain to attend  **Action- RM to book conference place for NJ.**  Various reports and publicity – within next 4 year the community pharmacy network will be in deficit to the tune of half a billion £. Need better funding and service delivery. Treasury is trying to reconcile what pharmacy has had and will deduct from the £370 million COVID advances. |
| PSNC update | Sian Retallick joined via Teams   * PSNC still negotiating for a flu remuneration that is appropriate (may be on a sliding scale) * Sian attends update every 2 weeks- forward questions to her please * Questions by next Tuesday for the next meeting * Mike Dent is looking at funding and negotiating hard for COVID costs, funding around margin and Cat C also being looked at * Timelines for getting agreement is very long * Coms team are looking forward to the conference which will be very Wright Review heavy * Alastair working on PPE portal- FOC to contractors and delivery in a timely fashion * Hep C service went live on 1st September as did flu spec * GP CPCS going live nationally 1st October. Fighting for patient self referral and technology integration * GP CPCS – remuneration agreed at £14/consultation * All services live in October (GP CPCS, PQS and flu) so will be very high workload * Question about flexibility of hours- not sure will ask Sharon H * What is PSNC doing about   **Action- ALL to feedback to RM if there are any issues that need highlighting to Sian for her to raise with PSNC** |
| Workforce | Sian Williams joined via Teams   * Gave update on technician workforce scheme from HEE   Concerns from the committee about several aspects of the scheme.  Cost to contractors of £130 per week for what is essentially an unskilled worker who they have to provide training for- cannot plan them into workload if we are looking at just 13 weeks per year and they will not be an effective staff member if we are training them in all aspects of community pharmacy for the 13 weeks- who then disappears into general practice at the end of the 2 years with no long-term benefit to community pharmacy workforce  Concerns about training an existing member of staff to essentially leave the pharmacy.  **Action – RM to feedback. Contractors will be willing to engage and support with time and supervision if it does not cost them anything, but are not happy to pay to train someone who will be training in their business for 13 weeks a year and will end up in general practice.**  Discussion about the government apprenticeship scheme that has just started. Can we set up a local scheme to employ 30 people within the local pharmacy system for 6 months? Could we use either the provider company or the NPA to be the vehicle for delivering this?  **Action- AL to speak to the NPA about whether they could be the vehicle for delivering within Gloucestershire**  **Action- RM to look at whether the provider company could be the vehicle for delivering within Gloucestershire** |
| Treasurer uodate | Will gave overview of last year’s accounts- budgetted £10k overspend, actual 4k underspend  First 6 months of 20/21 we have underspent against budget by £14k.  We now have £111k in the bank which is more than our recommended 6 month reserve.  The treasurer proposed giving contractors a 2-month levy holiday  The proposal was seconded by Neetan Jain  The committee voted unanimously to pass the proposal and the Treasurer will arrange a 2-month levy holiday  **Action- Will to send in paperwork for 2-month levy holiday, write notice for contractors and pass to Sam for sending out on Mailchimp** |
| AGM | Virtual AGM date agreed for November  **Action- Will to prepare accounts for November with Hazelwoods**  **Action- RM, AL and SB to write annual reports by mid October for dissemination with accounts**  **Action- RM to agree date for AGM, book virtual meeting and send out notice to contractors** |
| COVID debrief | Key points raised during the discussion were:   * Pharmacy was too slow as a profession to react. Whilst individual pharmacies were tied up with managing day to day issues there needed to be clearer guidance issued centrally, there needed to be better availability of PPE, signposting to resources should have been better. Primary care NHS did well with the daily bulletin, PSNC daily bulletin was useful but not enough up to date information coming through NHSE * NHSE was not particularly helpful- understand that they are covering a large area but they did little to help operationally * LPC could have sent out more information to help contractors practically i.e. local suppliers for screens * What LPC did well: * Voluntary drivers scheme with GCHQ * Masks/PPE from the LRF * Accessibility of Sam for support * Good local liaison within system * Sharing local information * Variety of different ways of communicating * Local services stood up again quickly- need to check when they are expiring * PSNC news- fantastic, encourage more local sign up. Sam to send reminder bulletin to pharmacies   Summary: Main issue was that pharmacy need to react more quickly during the crisis.  **Action: All to consider what we could do to enable us to react faster and more effectively as a committee and officers in the future. Feedback to RM** |
| GP CPCS | Discussion about GP CPCS- what has and hasn’t worked well locally here and what has worked well in Bristol  Go in at PCN level- with clinical directors and practice pharmacists  Look at triage processes with the PCN.  Get GP to sign off on triage process-  Get feedback from Judith as to Avon wins  Sell benefits to practice and get them to invest in it working  Feedback from Bristol- get wording for receptionists right- I have made you an appointment with the pharmacist  Get pharmacist to engage with the surgery  Patient reaction- availability of prescription is not an issue if reinforce that they will not get a Rx from the surgery  Need to get the receptionists 100% on board  Need to get pharmacists on board and following up with the practices regularly to make sure things are going smoothly  **Action- SB/RM to liaise with Louise from Aspen and PB to restart Aspen pilot-set up training session (virtual or face to face)**  **Action- SB/RM to liaise with GB and The Avenue to restart Cirencester pilot- as above**  **Action- RM to set up an evening meeting for PCN pharmacists (community and general practice) about GP CPCS- see if we can get a speaker from Avon general practice, Tom Y as advocate and a pharmacist.** |
| Flu | Discussed local plan  Discussed how to engage PCNs  Discussed care homes  Discussed how to drive uptake  **Action- RM to set up a local meeting for PCN leads to discuss flu and PQS2 with respect to the 2 PQS PCN level points. Meeting to be arranged for mid-September** |
| PQS level 2 | Covered contact of PQS level 2 and discussed how to deliver  See above point about meeting to discuss PCN engagement |
| Independent contractor vacancy | The committee discussed the two vacancies and agreed that both candidates were outstanding. They expressed the view that in an ideal world both candidates would be an appointed to the committee. It was finally decided that in order to ensure better geographical representation across the county, Etisham Kiaini would be appointed as the new independent representative. |