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| Minutes | Agreed as written |  |
| Apologies | Paul Gregg, Sam Bradshaw |  |
| Reports | SB- recognised that Sam does a lot of excellent work. Need to claim full hours for PF from ICB (Integrated Care Boards) money.  RM- discussion about Apixaban in terms of contract funding, EK bought up Cat A changes- does LPC need to do anything to support contractors- just watch and escalate to CPE if significant impact,  Council contracts- meeting had and still being escalated but little leverage as lots of contractors seem to have signed extension document that was sent out,  AL- showed slides from Sigma conference about percentage completion of PF- only about 20-25% of walk-in patients are meeting gateway criteria, this confirmed anecdotally by EK, GB and others locally. Feed back to ICB later. Importance of making sure that as many PF consultations are by referral from GPs- reinforce messages via PCN (Primary Care Network) leads network on surgery visits. | SB- ensure full PF hours claims, look at claiming money for dermatology day as part of this funding.  RM to do comms to contractors about Cat A funding. |
| Contracts | Do we want to set up contracts sub-committee? PB- send contract notifications round to full committee for comment. RM had sent out incorrect notice for Tuffley HC (from 2023) and confused things. | RM to send round contracts changes when received. |
| CPE | SR gave an update from CPE. Various committees have done work. Governance committee being set up.  Looking to set up some WhatsApp groups for the south-west so she can get information out  All LPC members access to members area of CPE website-  EK- what will CPE do if contract enforced- what is the plan to ensure that we do not have to accept an enforced contract? | RM to send email requesting access for members who cannot currently access. |
| CPPE | Newly qualified pharmacist programme- free to all except Boots  Advanced technician module- to advance clinical knowledge for technicians- encourage uptake.  IP (Independent Prescribing) knowledge advancement- more clinical knowledge for prescribers.  Still no protected learning time. Feedback from committee is CPPE still excessively difficult |  |
| Governance | Committee voted to adopt the governance framework and code of conduct (unanimous)  Governance sub-committee, agreed to be 2 members plus Chair as an observer/committee support. SS plus one other.  Need a governance committee member from AIM, cannot be an officer.  Suggestion that we change the format of future meetings for first hour to be sub- committee time. Finance committee to meet, and everyone else to look at contracts or other work if required. | RM to contact Paul, Peter, and Steve and for them to agree amongst themselves who will sit on the governance committee |
| Budget | Reviewed and discussed.  Proposed Will, seconded Wayne. Unanimously approved. |  |
| Workforce | RM update. Trainee pharmacists- where swaps are taking place, we need an MOI to protect all contractors- find and suggest an MOI. Needs to be some alignment with contracts- e.g. weekend working. Need to make this clear.  Need to find more ways to train more technicians in the community single sector placements.  LPC to send out information about apprenticeships and how to access.  Can we have a template form that is filled out by the LPC which supports form filling in to support people in equitable access to funding. | RM to suggest MOI is drafted for trainee ‘swops’  RM to draft generic response to training application when next round of funding is released. |
| 111 urgent supplies | Peter’s urgent supply issue for controlled drugs- LPC to send memo round to remind contractors about need to check SCR (Summary Care Record) before issuing urgent supply and that emergency supply regs are still in effect. RM to also push back to OOH to check process is being followed by GP. | Rm to issue memo to contractors. Feedback to OOH during PF group meeting. |
| Needle exchange and supervision | RM to reply-  Supervision- contract has not been revised for several years-  £2.50 on methadone, £3.50 buprenorphine.  Prescribe generically so that issues with brand availability of medication are eliminated.  Annual review of volume and pricing so we can ensure capacity is reflective of cost.  Annual retainer- for maintenance of training, governance, and insurance etc  Needle exchange-  Proposed £2 per exchange Dorset £188 per quarterly.  Plus, annual review of activity to ensure costs reflective of activity.  May be some individual push back from some contractors- may be easier to use an NHS standard contract.  Data collection fine.  Andrew to discuss at SW chairs meeting. |  |
| Alex Shannon- Exeltis | Portfolio information given. Discussion about Slynd- can we set up some local training for Slynd. Not on local formulary yet.  Ivermectin- rosacea, scabies and covid – Alex to send more info about. Is now a licensed product. Price £49.20 3mg x 4 tabs- Alliance. Available now.  SR- suggested online training event for Slynd and POPs. Lucinda Farmer- faculty trainer. Put Alex in contact with Louise Plumbridge to do some local training.  Andrew- consultant in GHT has asked for it to be on formulary in Gloucestershire. Alex to push.  Alex to send PDF links to RM to send out. Prepopulated slide deck for Slynd available.  Alex to send details of Besant rep. | Contact rep for support for next LPC meeting |
| Services | Reviewed current service delivery (to November)  Arrange a FTF training event for non-pharmacists. Afternoon event with a focus on hands on training and fitting ambulatory monitors. PCN lead to be funded to do the PCN level training- could we do it at a surgery? |  |
| ICB | Funding deficit kicking in now. Lots of uncertainty around ICB funding.  ICB initiatives- March 1st Oriel- more places than we need put on.  Wound Care project- problems- access to wound care products were quite slow, reported that using unprescribed products- 3 workgroups- first is reviewing and implementing guidelines for Gloucestershire, second is formulary review, third is looking at ordering of dressings which allows stock ordering. EK- fiscal impact for community pharmacy however we look at it. EK and AJ to work together to identify the risks to pharmacy contractors. AJ covered proposed solution. 3 options for ‘amazon style’ ordering platform. Come to Adele with a proposal that she can consider for supply through pharmacy.  Reviewing locally commissioned services- looking at palliative care services and the drug list. Adele is reviewing whole pathway.  Feedback given around JIC boxes also. |  |
| Out of hours | AJ work with RM to set up a WhatsApp group for extended hours pharmacies/pharmacists and produce some guidance for usage | RM/AJ |
| Pharmacy First | A lot of good press -only ICB at launch with 100% opt in. Referral process is still la bit confused- referral process still a bit confusing, PEM still not working via GP Connect. ICB extranet page- signposted the resource into G-care- has virtual outcomes training for GP receptionists on there. CPCS grid updated (clinical pathways highlighted)-aide memoire for surgery and pharmacy teams (ages and medicines). Links to service finder etc.  GP feedback- not all pharmacies ready at launch, lower than expected completion rates, clarity needed on what can and cannot be referred, 8am rush has now pushed to 3-5pm  Service objectives- minimum activity 11,500 over 6 months- proposed trajectory 17, 420 over 12 months April 1st 24 to March 31st, 2025.  Audit (Royal Well)- discussed.  26% completed  29% appropriate referrals back to surgery  45% concerned/failed referrals back to surgery  Variety of reasons- LPC to work with SW to identify and feedback to pharmacies/pharmacists to improve outcomes.  Always send a POST EVENT MESSAGE, always take patient into consultation room.  Locums- access to training and confidence- how do we move locums to a position of confidence.  Capacity grid- SW to send slide  Steve to send information to RM and SW of how to set up these NHS mails so that JHoots can access.  PCS (Pharmacy Contraception Service) and HCFS (Hypertension Case Finding Service) (Hypertension Case Finding Service)- keen to improve  Clinical risk taking- events have been promoted, request to put some online sessions on.  Sian- CP training newsletter- LPC thought it was ok to send out, but busy and a lot of info but fine to send out. |  |