**Liverpool LPC Agenda – March 2022**

**Present Attendance Statistics 2021/2022**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name** | **Designation** |  | **Members** | **Apr** | **May** | **Jul** | **Sep** | **Oct** | **Nov** | **Jan** | **Mar** | **Attendance** |
| Gemma Whitehead (GW) | Member / Chair | GW | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |
| Anna Mir (AM) | Member / Vice Chair | AM | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | x | 75% |
| James Forshaw (JF) | Member / Treasurer | JF | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | 87.5% |
| Dave Sanchez (DS) | Member | DS | ✓ | x | ✓ | ✓ | ✓ |  |  |  | 80% |
| James Moir (JM) | Member | JM | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |
| David Porter (DP) | Member | DP | ✓ | ✓ | ✓ | x | x | ✓ | x | ✓ | 62.5% |
| John Davey (JD) | Member | JDav | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | 87.5% |
| Leah Davies (LD) | Member | LD | ✓ | ✓ | x | ✓ | ✓ | ✓ | ✓ | ✓ | 87.5% |
| Peter Beeley (PB) | Member | PB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | 87.5% |
| Dave Jones (DJ) | Member | DJ | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ | 87.5% |
| John Devaney | Member | JDev |  |  |  |  |  | ✓ | ✓ | x | 66.7% |
| Matt Harvey (MH) | Chief Officer | MH | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |
| David Barker (DB) | Engagement Officer | DB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |
| Thomas Wareing (TW) | Business Support Officer | TW | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |

**Guests**

|  |  |
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| **Name** | **Designation** |
| Ian Cubbin | Regional PSNC Representative |
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|  | **Item** | | **Detail** | | **Time** |
| **1** | Welcome, introductions and housekeeping | | Declarations of interest, Nolan Principles, fire safety and turn mobiles off. | | **9:30am** |
| **2** | Apologies for absence | | To receive | | **9:32am** |
| **3** | Minutes of the last LPC meeting | | To confirm as a true and proper record. | | **9:33am** |
| **4** | Actions of minutes | | To discuss | | **9:35am** |
| **5** | LPC business | | 5.1 Workplan Review and Update for 2022/23  Break  5.2 CPCS / Pharmacy First  5.3 Sexual Health Services  5.4 Hypertension Case Finding Service  5.5 DMS  5.6 Skills Gap Analysis  5.7 Magazine  5.8 PAMAN  5.9 Increasing COVID Vaccine Uptake  Lunch  5.10 Ian Cubbin, PSNC Representative  5.11 Sub-Group Working:  Communications Group – Comms plan  Governance – Handbook  Services – Pharmacy First Guides  Break  5.12 Health Protection Board Update  5.13 Contracts Update  5.14 Officer’s Reports  5.15 Regional Joint Working Group Update  5.16 Forthcoming Meeting Attendance  5.17 Forthcoming Holidays | | **10:00am**  **11:00am**  **11:15am**  **11:30am**  **11:40am**  **11:50am**  **12:00pm**  **12:30pm**  **12:45pm**  **12:55pm**  **1:00pm**  **2:00pm**  **2:30pm**  **3:00pm**  **3:10pm**  **3:20pm**  **3:22pm**  **3:25pm**  **3:27pm**  **3:28pm** |
| **6** | Finance | | 6.1 Treasurer’s Report  6.2 PSNC Treasurers Day Feedback  6.3 Proposed 2022/23 budget | | **3:30pm** |
| **7** | Any other business | |  | | **3:55pm** |
| **8** | Date and time of next meeting | | Thursday 7th April – 9:30am – Hope Street Hotel | | **Close 4:00pm** |
| **No.** | | **Item** | | **Action** | |
|  | | This meeting took place at the Hope Street Hotel, Liverpool City Centre. | |  | |
| **1** | | **Welcome, Introductions and Housekeeping** | |  | |
| 1.1 | | No members declared a declaration of interest. Members were asked to keep phones off or on silent and to leave the room quietly if it was urgent etc. Members were informed of the Fire safety precautions, along with the requirements for Face mask coverings and hand sanitising when leaving the room. | |  | |
| **2** | | **Apologies** | |  | |
| 2.1 | | There were apologies sent for absence by 2 members – AM & JDev  There were apologies sent for lateness by 1 member – DJ | |  | |
| **3** | | **Minutes from the last meeting** | |  | |
| 3.1 | | The committee went through the minutes of the last meeting and the minutes have been signed off as a true and accurate record.  **TW to add minutes to the website.** | | **Action – TW** | |
| **4** | | **Matters arising / Action from previous minutes** | |  | |
| 4.1 | | Members discussed the actions of the previous meeting.   * NMS Guide is complete. **TW to circulate.** * Zoom License is sorted. **TW to confirm with AI.** * Data Asset Register is done and will be circulated after a few tweaks and will be reviewed every 6 months in line with the 12-month cycle for DOIs. **MH to add to April agenda.** * Skills matrix will be actioned in this meeting. * TW will provide a DMS update in this meeting. * MH has not updated JW with DMS issues but will discuss and take further after the DMS presentation by TW. * Pharmacy First guides will be actioned in this meeting. * SH:24 website access has been completed. * Invites for the next year of meetings have been sent. * JD has submitted minutes for HPB as requested. * DB added his presentation to the pre-meeting documents as requested. | | **Action – TW**  **Action – TW**  **Action – MH** | |
| **5** | |  | |  | |
| 5.1 | | Workplan Review and Update for 2022/23  The workplan review was distributed with the pre-meeting documents. Members split into their respective sub-groups and reviewed the workplan to ensure it’s better suited to its purpose.  Services:  To ensure consistent running of services during the changes from CCG to ICS.  Consider the creation of a Lead for the PCN Leads.  Service creation to be kept ongoing.  **TW to update the workplan**  Governance & Finance:  No changes  2nd line skill mix – every 2 years  Audible LPC budget from Jan to Feb change  **TW to update the workplan**  Communications:  Change the contractor survey to be issued every 12 months with a pre-emptive message the month prior to make contractors aware it’s coming. This will happen at our next event in an attempt to capture as much feedback as possible.  Dropping the usage of social media as a method of communication due to lack of interest from contractors. Ideas on how to use it more appropriately will see it reintroduced.  Changing “develop” or “create” to “maintain” or “continue to grow” in most of the objectives.  **TW to update the workplan** | | **Action – TW**  **Action – TW**  **Action – TW** | |
| **BREAK** | | | | | |
| 5.2 | | CPCS / Pharmacy First  DB circulated his presentation before the meeting. He talked members through the slides regarding his work on GP CPCS. He explained that the number of GPs going live with GP CPCS has staggered with the remaining number of practices being difficult to contact or slow to get going. He has shifted his focus onto the non-clinical leads in the remaining practices and there has been greater success with getting the ball rolling. It is now a case of keeping practices engaged and increasing the volume of referrals which will be helped by practices now being set monthly targets to grow the service.  Because the service is becoming more established and the rate of growth appears to be steady month on month, it now poses a bigger challenge for community pharmacy in the coming months. This is due to additional workload being placed on the community pharmacy teams which are already stretched and will require a lot of hard work, compromise, and patience from both sides to work through these difficulties and continue to provide an efficient and sustainable service.  DB added that he is creating a guide aimed at practices for referring patients into the system. There will also be a community pharmacy guide to aid counter staff in identifying patients who can benefit from using the service. Members appreciated the work that has gone into the guide and its value in upskilling staff quicky to identify conditions.  When asked for feedback on the difficulties still being experienced, the main issues were focused on:   * Pharmacies actioning the referrals * Pharmacies and / or locums claiming they don’t offer the service * Patients don’t meet the criteria or the pharmacy doesn’t have what the patient needs, they’re not being directed back to the surgery or an alternative pharmacy.   This has been consistent over the course of the service so far and the difficulties stem from un-engaged contractors and locums. DB concluded his presentation and informed members that he will include a report on the missed referrals in his presentation at the next meeting.  MH informed members that the Doxycycline PGD is still being adjusted to accommodate for the concerns highlighted by some health professionals. MH discussed the changes suggested and asked members for feedback.  **MH to speak to Peter Johnson regarding what happens if the patient has hypertension and a check for a revised fee for the additional work.** | | **Action – MH** | |
| 5.3 | | Sexual Health Services  The Sexual Health Service rollout has stalled for the moment. Axess has slightly amended the core specification, and the contracting of new pharmacies has been onerous. MH will try to push Axess to get this over the line by 1st April. | | **Action – MH** | |
| 5.4 | | Hypertension Case Finding Service  MH has completed the PharmOutcomes template and it will go live from Monday 7th March 2022.  **TW to circulate information via MailChimp to inform contractors.** | | **Action – TW** | |
| 5.5 | | DMS  TW has created a spreadsheet linking the PharmOutcomes data for completed DMS and the MYS data for claimed DMS. The data is 3 months behind the current month, but it provides enough evidence to suggest the lack of unification between the two platforms has resulted in significant lost income for contractors.  TW has taken the data and will be contacting contractors with their DMS data and guiding them through any problems that arise and direct them to any suitable training if necessary. | |  | |
| 5.6 | | Skills Gap Analysis  MH has coordinated the information from the skills audit from the previous meeting. Suitable training will be explored for those wishing to take advantage of it. | |  | |
| 5.7 | | Magazine  DB presented his magazine to members. The magazine has been well received by members and they were very happy with the overall presentation. Suggestions were made to review some of the grammar and formatting such as adding the NHS logo and to highlight pharmacy’s role as part of primary care.  **Some members requested to have a professional look over our magazine and future publications to ensure they’re sending the correct message to both internal and external groups. JD has some contacts he may be able to provide the officers with.** | | **Action – JD** | |
| 5.8 | | PAMAN  A flurry of PAMAN referrals has been sent to pharmacies recently. MH has been discussing this with PAMAN and has produced a quick guide for pharmacies. MH will also be discussing future rollout of this to other pharmacies. | |  | |
| 5.9 | | Increasing COVID Vaccine Uptake  MH informed members that they had voted in favour with progressing with this pilot service. The Officers had decided to hold off emailing the selected pharmacies with their expression of interest documents due to question marks over the continuation of COVID vaccinations post 31st March. Now this is clear, TW can send out the email to pharmacies. | | **Action – TW** | |
| **BREAK** | | | | | |
| 5.10 | | Ian Cubbin – PSNC Representative  IC thanked members for inviting him.  PSNC have now nominated a new Chief Executive, Janet Morrison. Although Janet has not worked in the sector prior to her appointment, many within the PSNC are greatly satisfied with her appointment due to the skill set and ability to adapt that she has brought to the role.  Regarding the Wright Review, there was a prospectus due to be released, however, it has been delayed will be released in due course once the new Chief Executive has had time to review it. At that point there will be a vote to uphold that which has been put forward in the prospectus.  The negotiations for Year 4 of the CPCF has begun. There is nothing of note to report at the moment, but we should expect to hear some of the outcomes over the coming months as it develops.  IC finished with news that as of 2026, all newly qualified will be prescribers with funding available in the time between now and then to upskill the existing work force. There is no unified effort in this as the GPHC is letting each part of the UK progress naturally. This will lead to some discrepancy across the UK, with additional grants creating a greater problem for the future by the other 3 areas of the UK offering higher remuneration. This will possibly leave community pharmacy chasing not only higher hospital pay rates, but higher rates given by the other 3 nations. | |  | |
| 5.11 | | Sub-Group Working:  Communications:  External comms plan has been created. They will circulate information flyers to inform people of what pharmacy offers. This will be done within the next 3 months and reviewed every 3 months on the need to update and distribute any new information. There will be a survey created and left open indefinitely to try and collect feedback.  **Create flyer.**  **Create survey to run alongside for feedback.**  **Add review dates to calendar.**  Governance:  Removal of temporary homeworking.  **Remove this from the workplan.**  Services:  **DB to make agreed changes to the formulary aimed at counter staff on Pharmacy First.**  **PB to create Dermatological flow chart.**  **GW to create the Nystatin flow chart.**  **The above documents will be sent to MH and TW. MH will double check the documents. Once finalised, they will be sent to TW to “make pretty” and circulate. The documents and subsequent checking will be done and sent to TW by the 24th of March 2022.** | | **Action – TW**  **Action – TW**  **Action – TW**  **Action – TW**  **Action – DB**  **Action – PB**  **Action – GW**  **Action – Services team, MH & TW** | |
| **BREAK** | | | | | |
| 5.12 | | Health Protection Board Update  JD was unable to attend the meeting dated 2nd March 2022. JD spoke of the need to lean on the title “primary care” when referring to community pharmacy in conversations with other representatives of health & social care if we wish to be recognised for our role in primary care. We must start reinforcing our position to put ourselves into the conversation, alongside GPs. It is known now that throughout most sectors dealing with healthcare for the public that pharmacy was open during the pandemic whilst other areas closed their door and we need to make the most of this recognition whilst we can. | |  | |
| 5.13 | | Contracts Update  Green Lane Pharmacy in Tuebrook has been approved to close and further details will be added when appropriate. | |  | |
| 5.14 | | Officer Reports  Reports were circulated prior to the meeting. Members had no further comments or questions. | |  | |
| 5.15 | | Regional Joint Working Group Update  Reports were circulated prior to the meeting. Members had no further comments or questions. | |  | |
| 5.16 | | Forthcoming Meeting Attendance  MH can attend all meetings. | |  | |
| 5.17 | | Forthcoming Holidays  DP – 4th March to 9th March.  GW – 4th March.  JM – 4th April 19th April. | |  | |
| **6** | | **Finance** | |  | |
|  | | Treasurer’s Report  JF reported back that the finances for the end of year are looking as it should with no issues.  JF attended the PSNC Treasurers Day and of which there was not too much to report back except the change of format for the finances as of April.  Members reviewed the budget for the upcoming year. Now that COVID-19 restrictions have been scaled back, there will be an increase in spending for meetings. There were no further comments or changes made. | |  | |
| **7** | | **Any Other Business** | |  | |
|  | | **Circulate to contractors that the Nystatin PharmOutcomes template is now available.**  **DJ arrived at 12pm.**  **DP left at 3:30pm.**  **JM gave apologies for the next meeting.** | | **Action – TW** | |
| **8** | | **Date and Time of Next Meeting** | |  | |
|  | | Thursday 7th April @ 9:30am – Hope Street Hotel. | |  | |

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|  | **Action** | **Person** | **Update** |
| 3.1 | Add minutes to the website. | TW | Completed |
| 4.1 | Circulate NMS Guide. | TW | Completed |
| 4.1 | Receive confirmation from AI that we’ve been added to the Zoom License. | TW | Completed |
| 4.1 | Add “Data Asset Register” to the agenda for April. | MH | Completed |
| 5.1 | Update the workplan with the changes. | TW | Completed |
| 5.2 | Speak to Peter Johnson regarding Hypertension Case Finding feedback and check for a revised fee for the additional work. | MH | Completed |
| 5.3 | MH to push Axess with the rollout by the 1st of April | MH |  |
| 5.4 | Circulate Hypertension PharmOutcomes template going live | TW | Completed |
| 5.7 | Inform officers of any information for a professional to review our magazine | JD |  |
| 5.9 | Email selected pharmacies over COVID-19 vaccination in low uptake areas | TW | Completed |
| 5.11 | Create information flyer | TW |  |
| 5.11 | Create survey to run alongside flyer to capture feedback | TW |  |
| 5.11 | Add review date to calendar | TW | Completed |
| 5.11 | Remove working from home from the workplan | TW | Completed |
| 5.11 | Make changes to the formulary and aim it at counter staff for Pharmacy First | DB |  |
| 5.11 | Create dermatological flow chart | PB |  |
| 5.11 | Create Nystatin flow chart | GW |  |
| 5.11 | Send documents to MH for approval – deadline to send to contractors 24th March 2022 | Services |  |
| 5.11 | Send documents to TW for formatting – deadline to send to contractors 24th March 2022 | MH |  |
| 5.11 | Format the documents sent by Services group & MH – deadline to send to contactors 24th March 2022 | TW |  |
| 7 | Circulate Nystatin PharmOutcomes template going live | TW | Completed |