

June 2024 Minutes

Face to Face Meeting: 20<sup>th</sup> June 9.30am – 4pm

Board Room, BSW ICB Offices, Jenner House, Langley Park Estate, Chippenham, Wiltshire, SN15 1GG  
(use SN15 1DG for Sat Nav)

Invitees:

**Chair:** Tim Rendell (Vice Chair)

**Members:** Anil Chopra; Abigail Wright, Paula Paniagua; Nicki Sinclair; Aga Janowski; Patrick Gompels;  
1 independent vacancy

**Employees:** Sarah Cotton; Carolyn Beale

**Guests:** Helen Wilkinson (CPCL), Sarah Murch (BSW ICB - Research and Community Engagement Project Manager), Charlotte Hunt (Outreach and Engagement Research Nurse at GWH), Lynsey Kyeremeh (Research Pharmacist at GWH), Uzo Ibechukwu (Chief Pharmacist – BSW ICB)

**Apologies:** Robert Townsend, Chris Shields (Chair), Kate Barber (HW Volunteer and Partnerships Lead)

<b>Item</b>	<b>Detail</b>
1.	AstraZeneca Promotional Presentation* (Tristan Taylor) <ul style="list-style-type: none"> <li>• Presentation was given by Tristan Taylor</li> </ul>
2.	<b>Welcome and apologies;</b> Confirmation/update of Declarations of Interest --no new conflict of interest notifications <ul style="list-style-type: none"> <li>• TR talked about merger of the two LPCs, funding crisis and NPA movement</li> </ul>
3.	<b>Review of Minutes &amp; Action Tracker</b> <ul style="list-style-type: none"> <li>• Minutes were updated and accepted as a true record</li> </ul> <p>Updates on the action tracker were noted</p> <ul style="list-style-type: none"> <li>• Carolyn will look for more sponsorship for early 2025</li> <li>• Westbury and Warminster PCN lead vacancies discussed</li> <li>• New PCN formed in Swindon- details to be confirmed</li> <li>• Naloxone service in Swindon to be commissioned soon due increase risk of substance misuse from synthetic opioids</li> <li>• Finance Sub Committee needs to meet with the treasurer to discuss the implication of merger by September</li> <li>• Two new bank accounts (operational and levy) would be opened for new LPC</li> </ul>
4.	<b>ICB update –HW</b> Pharmacy First Data:  Rank 13 <sup>th</sup> nationally based on population. Ranking 3 <sup>rd</sup> when consider consultations per number of pharmacies.

	<ul style="list-style-type: none"> <li>• Top 10 pharmacies account for half of PGD and minor illness activity</li> <li>• 20 pharmacies did zero consultation</li> <li>• Pharm Refer to be considered by Helen from GP side.</li> <li>• UTI and Sore throat-Highest number of consultations</li> </ul> <p>Barriers to pharmacy first service</p> <ul style="list-style-type: none"> <li>• Some pharmacies may be too busy to handle more referrals.</li> <li>• Pharmacies need to overcome the preconceptions that general public may have about pharmacies, and the services that they provide. This needs system support.</li> </ul>
5.	<p><b>Community Pharmacy Research Opportunities – SM</b></p> <ul style="list-style-type: none"> <li>• SM-engaging different stakeholders in Swindon</li> <li>• Barriers to research in community pharmacy discussed</li> <li>• CH - challenge to get pharmacy on board as per GPs</li> <li>• TR - very supportive of proposals, but explained chronic funding crisis creates a barrier currently</li> <li>• Commercial studies may be supported by pharmacies according</li> <li>• Support could be provided by secondary care with regards to clinical governance</li> <li>• Varied opportunities available. New clinical research opportunities are coming through PCNs – some specific studies discussed</li> <li>• Viability for CP would need assessing on a case by case basis.</li> <li>• Access to the opportunities in research could be communicated with LPC.</li> <li>• TR talked through viable rates for pharmacists/technicians if they are involved in the project</li> <li>• Potential viable research projects for CP currently - Hypertension, vaccine studies, contraception, minor ailments and pharmacy first service.</li> <li>• Asks of the ICB <ul style="list-style-type: none"> <li>○ Research training would be needed - Training Hub as an option?</li> <li>○ Co-ordination needed – ICB led</li> </ul> </li> <li>• Discussion happened on current opportunities and how community pharmacies are suitable for many research projects.</li> <li>• Active ICBs example: Norwich, Bradford, Cambridge and Norfolk.</li> </ul>
6.	<p><b>Wiltshire Healthwatch – KB</b></p> <p>Health Watch sent last minute apologies – this item will be rearranged.</p>
7.	<p><b>Officer Reports:</b></p> <p>PCN lead meetings: Extra funding; two pots are present for CP PCN lead, national money and locally commissioned funding via regional. Concerns about funding not being utilised due work load. New ways of using funding discussed; PCN lead system event, training opportunities, more coordination and best practice.</p> <p><b>AP:</b> Contractor event proposed by TR - (Award ceremony, discussion about new LPC). Site proposed: Bath, Chippenham. Sarah to discuss the event with Chris and Helen. Paddy is to look for a potential site.</p> <p>Heidi Alexander (South Swindon labour candidate) visited Epicare Health with SC and had constructive meeting.</p> <p>SC has had a lot of different interactions with CPE this month. PF data was really good which prompted Jason Peet (NHSE Regional Integration Lead) and UI to visit several local pharmacies – great but seeing the high level functioning pharmacies (often had to diversify away from NHS to be viable) not the</p>

	<p>'normal' pharmacy that is experiencing significant pressures. For the rest to achieve in the same way needs national CPCF change and local system support.</p> <p>SC out and about more than usual including attending a useful health inequalities day in Salisbury.</p>
8.	<p><b>Items requiring Discussion/Decision</b></p> <ul style="list-style-type: none"> <li>• Swindon Supplementary Statement: CPE concerned about potential confusion for all parties if suggested supplementary statement was published. LPC would not currently endorse. SC provided feedback and SBC have confirmed they will remove all the sections we requested. The statement would be cut down two pages. Revised version requested from SBC by Sarah. TR expressed committee appreciation for the important work on this for contractors.</li> <li>• <b>AP</b> – TR requested consideration of all new PNAs related to the new LPC that will be formed. SC to follow up with RB (Avon LPC).</li> <li>• Out of season flu pathway HW suggested a service to supply antiviral medication. Concerns for contractor sign up as training and awareness needed but funding would be limited as activity only likely to be once or twice a year, in one or two pharmacies. CS recommended consideration of a set up fee prior to this meeting. Committee discussed and agreed on negotiation strategy for commissioning this service.</li> <li>• PF and PCN leads - 6 month plan Committee discussed how the funding should be used to improve collaboration. More F2F needed at the GP (reception team). Pharmacists from ICB may need to work with LPC/PCN leads and visit GP surgery together.</li> </ul>
9.	<p><b>TAPR</b></p> <p>Update from SGM</p> <ul style="list-style-type: none"> <li>• Unanimous vote for the merger - 39/39 vote in favour</li> <li>• Merger to be completed by April 2025</li> <li>• Avon now keen for a shadow committee in Sept/Oct 2024. SC raised some timeline concerns – contractors not yet voted through the constitutional elements which needs to happen before election of shadow committee. Election also has a timeline – even condensed – would be tight.</li> <li>• CEO to be appointed after job description discussion</li> <li>• Two chairs (Chris and Lisa) would be appointing the new CEO</li> <li>• Timeline to open bank accounts and form new LPC by 01 April 2025</li> <li>• Another SGM to put new constitution (could be combined with AGM) and then election of new committee</li> <li>• The existing committee has to work on aspects like bank accounts and other transitional elements</li> <li>• CEO job description discussed and agreed.</li> <li>• 01/04/2025 for new committee to be formed</li> <li>• Ongoing liaison with Avon LPC on transitional timeline</li> </ul>

10.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• CPE Regional Contractor event – 25<sup>th</sup> July – evening in Exeter SC and CS attending - encouraging other members/contractors to come but aware distance will be a barrier</li> <li>• CLOT LPC (via a SW representative) and CPE meet together. CPE asking committee members to input or suggest agenda items - (have done recently – eg CPE workplan 24/25).</li> </ul>
11.	<p><b>BSW ICB Chief Pharmacist - UI</b></p> <ul style="list-style-type: none"> <li>• Looking at different ways of delivering clinical services. He understands the pivotal role that community pharmacy can play to improve health outcomes, but also the current financial viability risks.</li> <li>• Talked about consistency and defining quality when delivering more clinical services – discussion around incident reporting pathways, CCH quality assurance needs improvement and openness/transparency</li> <li>• Members shared the challenges raised by branded generics and asked UI to consider solutions with the ICB</li> <li>• Members encouraged UI to introduce more local PGDs, and the value of implementing a referral IT system from GPs to CP for Pharmacy First.</li> <li>• Some discussion around improving secondary to primary care pathway – challenges within DMS</li> <li>• UI <ul style="list-style-type: none"> <li>○ ICB will be working on data and push for improvements</li> <li>○ Funding streams in ICB likely to be health inequalities and prevention</li> <li>○ Collaborative working</li> <li>○ Workforce issues are high on agenda</li> </ul> </li> <li>• TR proposed ongoing working partnership with UI and asked him to join us every month.</li> </ul>

**Meeting Dates:** 18<sup>th</sup> July, 19<sup>th</sup> September (F), 17<sup>th</sup> October, 21<sup>st</sup> November (F), 16<sup>th</sup> January (F), 27<sup>th</sup> February, 20<sup>th</sup> March (F)

\*Please note AstraZeneca have sponsored this event by means of a promotional presentation and have had no input in the content of the meeting