

Maximising pharmacy contribution to health and wellbeing of people living in Kent and Medway by effectively engaging, supporting, and representing community pharmacists, promoting best practice, and developing service opportunity for the benefit of all contractors.

## Minutes of Community Pharmacy Kent Committee Meeting 4<sup>th</sup> July 2023

### Present:

#### Officers

P	Mark Anyaegbuna (CEO)	CEO	Kent LPC
P	Amish Patel (Chair)	Chair	Independent
P	David Entwistle (DE)	Vice Chair	CCA
<b>Members</b>			
P	Sachin Mehta (SM)	Member	AIM
P	Sunil Chopra (SC)	Member	Independent
P	David Apata (DA)	Member	CCA
P	Samantha Grieves (SG)	Member	CCA
P	Shirley Walker (SW)	Member	CCA
P	Maureen Aruede (MA)	Member	Independent
PM	Risha Bhuvad (RB)	Member	AIM
Abs	Arun Jangra (AJ)	Member	Independent
<b>LPC Staff</b>			
Aps	Kayleigh Wright (KW)	LPC Office Administrator	
P	Adeyinka Jolaoso (AJ)	GPCPCS project lead	
<b>Guests</b>			
P	Chika Ukatu	Key Account Manager - A8 Kent & Medway Cardiovascular Bayer Plc	
P	Paul Bartlett	Kent and Medway Care Record	
P	David Clarke	Deputy Regional Manager (South) GPHC	
P	Louise Matthews	ICB Deputy Director Primary Care POD Delegation	
P	Naomi Finch	Associate Director- Lead for Community Pharmacy Integration	
<b>Observer</b>			
P	Maria Staines	Pharmacy Workforce Transformation Programme Lead	

p	Present	pm	part of the meeting only	Aps	apologies sent	Apns	apologies not sent
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Meeting commences at 09:37

### **Welcome and Apologies for Absence:**

Chair welcomes the committee members.

KW and AJ sent their apologies. Chair has proxy vote for AJ.

### **Minutes:**

Minutes was signed off with no amendments.

#### **1. CEO update**

CEO presentation slide is as attached.



CEO%20update%204.  
7.23.pptx

#### **Key highlights:**

- CEO celebrated over 5million flu vaccinations in Community Pharmacy in 2022/23.
- Reminder that the mandatory three years face to face flu vaccination and anaphylaxis training is no longer a requirement.
- There was general discussion if there is a need for the LPC to organise a flu vaccination training. We organised a training last year but had to cancel last minute due to low up take.
- The outcome was for CEO to work with flu training providers and communicate location where trainings will be taking place to contractors, preferably in Kent area.

**Action: CEO to discuss with ECG about the flu and ask for the training venue around Kent and Medway so we can signpost interested contractors.**

- CEO shares LPC office ways of working as we are a new committee. He also gave the committee an LPC staff update and informed them that he is currently working through business continuity plan due to office administrator being out of office at the moment.
- Clyde and Co are supporting with LPC HR matters. We have also paid for option 3 HR package which will the cost the LPC £3,300.
- Training day dates for all new committee members, officers and LPC conference was shared by CEO via email. Members are encouraged to attend.

**Action: CEO to send Kayleigh well wishes messages, flower, and card (within a budget of £50).**

**Action: CEO to register SG and SM will confirm his availability so the CEO can register him**

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- A bulk update on our committee members have been sent to Community Pharmacy England, so their records are updated. This means that all members will have access to LPC members' page.
- SG asked about the rebranding rule with regards to the new LPC logo. CEO explained rebranding rule from Community Pharmacy England. He will share rules with the committee.

**Action: CEO to send the rebranding rule to each committee member.**

- The Committee unanimously agreed to use the new Community Pharmacy Kent logo.
- The Chair suggested that we should use a generic email such as [admin@kentlpc.org](mailto:admin@kentlpc.org) so every member of the office can have access.

**Action: CEO to set up a new generic email.**

### ***NHS England update***

- POD delegation will affect NHSE team. Going forward the team will be moved to Frimley ICB. Frimley will now be looking after South-East ICB.
- NHSE South-east email address will change to the Frimley ICB which will be the official way of communicating with NHSE going forward. An email update has been sent to all contractors to make them aware of this change.
- The number of reported closures across Kent and Medway have reduce drastically to fifteen for the month on June. Chair mentioned that the closure reduction could be because of Lloyds in Sainsbury and their main estates.
- There is a reduced number of ABPM uptake in the pharmacy. CEO believes that the engagement of the PCN lead will help drive up the number of ABPM checks.
- RB shared her concern of the ABPM machines not returned back by patients. MA suggested that having an insurance and signed agreement with patient could help.

**Action: CEO to check whether there is anything in the pipeline for the foundation pharmacist to be able to carry out the Blood Pressure monitoring.**

### ***NHS Service update***

- A new funding of £12000 has been put in place for Community Pharmacy Kent (CPK) to support the implementation of UTC CPCS in six new sites.
- The ICB has requested if CPK can support the recruitment of DMS project manager.
- CEO is in discussion with KCHFT for current commissioned Sexual Health funding to be reviewed.

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- Community Pharmacy PCN leads project starts today 4<sup>th</sup> July. There will be a webinar of all PCN leads this evening at 7.30-9pm to launch the service. The webinar will be recorded for those unable to attend.

**Action: CEO to record the webinar and send across to every PCN lead**

### ***IPMO Update***

- The ICB has produced a position statement for deprescribing OTC medicines. The current spend on OTC prescribing is £18 million.
- Referrals of patient to community pharmacy should be through GPCPCS so patients undergo full consultation with outcome sent to GP practice via pharmoutcome.
- The ICB has committed to stopping the prescribing of branded generics which is great news. Chair was pleased with this decision and asked committee members to flag any branded generics to CEO and himself.
- The CEO also raised concern about the number of DMS received from the hospital against the number claimed in the community pharmacy. It was also evident that all acute trusts are not actively sending referrals to community pharmacy.

### ***Healthwatch Medway***

Healthwatch Medway completed patient survey in Chatham area on 30<sup>th</sup> of June to understand patients' view of community pharmacy. Finding will hopefully be presented at our next meeting. Healthwatch Kent is looking to do the same.

## **2. GPCPCS Update**

Presentation is as attached.



GPCPCS%20Presentat  
ion%20for%204th%20C

### **Key highlights**

- An increment in the number referrals received from GP to community pharmacy.
- Kent and Medway lowest number of open referrals.
- West Kent has the highest number of dropped referrals.
- Dropped referrals discussed. AJ shared the work he has done to reduce the number of dropped referrals.

**Action: AJ to change the wording when sending the referrals notification to the pharmacy. Referrals can be closed once consultation is fully completed and not dropped.**

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### **3. Finance Update**

- SG shares finance update and raises her concerns about the outstanding locum backfill cost from the committee.
- The Chair advises there is a need to look at pension payments and SG response that she was waiting for KW as she has been off-sick.
- He also raises the issue with regards to locum cover presently set at £250 if there is an avenue to increase that amount.
- CEO advice that the full cost of locum backfill will be paid provided an invoice is generated on the actual locum cost above £250. Committee members cannot be out of pocket to attend committee meetings.
- The committee signed off on the office team meeting face to face once a month rather than quarterly as initially budgeted.
- CEO is supporting SG and OK so that 2022-2023 accounting can be completed. All outstanding invoices need to be sent to him by Wednesday 12<sup>th</sup> July 2023.

**Action: CEO will investigate all outstanding payments.**

### **4. Performance Subcommittee Update**

- Chair stated that the subcommittee have continued to review how they can support the office team.
- Chair will like all committee members to participate actively in their respective subcommittees.
- CEO is working with HR to explore how we can continue to support KW

### **5. Telegram/WhatsApp Discussion**

- There was a wide discussion on telegram and whatsapp as a tool to cascade information to contractors. Pros and cons of both social media groups were explored.

*Vote:* The committee unanimously agreed for CPK to have a PCN telegram/whatsapp group.

*Vote:* The committee voted on telegram/whatsapp group for contactors six in support, two against and two abstained.

**Action: SW to send CEO the information about the screening for WhatsApp used in NEL.**

**Action: CEO to investigate the two groups (WhatsApp and Telegram) and decide which one will be suitable for screening question such as Name and GPhC number and so on and make the decision.**

**Action: CEO to send the terms of reference to the committee members about the group.**

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## **6. Recruitment update**

SW shared the outcome of recruitment process for the Service Development Manager.

## **7. Kent and Medway Share Record (KMSR) Update**

PB shared an update on the Share Record in Kent and Medway, slides attached.



KMCR%20Pharmacy  
%20slides%20for%20

### *Key Highlights*

- KMSCR will be integrated into pharmoutcome.
- All records related to the patient will be visible to the healthcare practitioner once logged into pharmoutcome.
- The project is only for the Kent and Medway residence only.
- CEO advised that KMSR will help upcoming and practicing IPs to be able to prescribe in the community and this will further alleviate the pressures on the GP.

## **8. DOAC Update**

CU shared an update on head-to-head study of DOACs.

## **9. KENT ICB Primary Care Strategy**

LM and NF informed the committee that the ICB are working on a Primary care strategy that involves GP, Pharmacy, Optometry and Dentistry.

Chair welcomes the idea of working with community pharmacy as one of the pillars of primary care. Chair also emphasized that CPK should be the first point of contact with any issue relating to community pharmacy rather than going through to contractors directly.

He stressed the importance of the ICB joining the committee at every other meeting to give us an update. He stipulated on the need for the committee to have key point of contact in the ICB team.

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## 10. GPHC Updates

DC present the updates from the GPhC (Slides Attached)



LPC engagement  
update July23.pdf

Key highlights

- There is also an increase in the number of independent prescribers totalling 15,175 in February, against a total of 62,500 pharmacists on the register.
- An inspection of pharmacies is expected to be within 3-5 year period.
- Re-inspection for pharmacies that failed to meet the standard every 6 months.
- Online pharmacies pose the greatest risk with 30% of fitness to practice cases associated with them.

### **AOB:**

SG raised that there is CPE Expression Of Interest (EOI) for committee members' liability insurance (cost of the insurance is £500).

CEO mentioned that deadline for EOI was 3<sup>rd</sup> of July, and he has already sent EOI for our committee, so we don't miss the deadline.

*Vote:* Committee voted unanimously in support of funding the liability insurance.

MA raised the issue of high patient return from patients using online pharmacies.

Action: MA to flag the issue of patient return to CEO to raise this with the corresponding LPC area.

Action: AJ to send the list of local services in Kent and Medway to SG

Meeting finished at 16:27

Further details on information included in the Minutes are available from LPC Office. Please email [admin@kentlpc.org.uk](mailto:admin@kentlpc.org.uk)