## Chief Officer Report March

Scheduled National Meeting of LPCs for **Tuesday May 5th** this year – this is later than usual so that we can use the meeting to discuss the recommendations from the independent review team. Steering group meet for last time April 2nd. Of course all of this is unlikely to take place now due to coronavirus.

## PSNC appointments

**Layla Rahman** is the new regulations officer, taking over from Will who left last September. Layla, who started this year, is a pharmacist and also has a pharmaceutical and chemical sciences degree. She has worked in community pharmacy and has an intererst in law – she's already starting to get to grips with the regulations.

Mike King on a P/T basis contactable on old email address

## AGM and CPPE

After a discussion with Caroline Barraclough of CPPE she has authorised that we, on this occasion, waiver any charge. I have emailed Mike Stott with this information , explaining that due to the early cancellation all work incurred had been limited and carried out only Caroline and myself , and requested that he cancels the outstanding monies due .

## Midlands NHSE &I

Also worth mentioning that I met Liz Grundel and Chris Kerry. These 2 ladies will now be looking after pharmacy contracts for the entire region. They replace Salim, Keiran and Lamont. Not sure if they look after GPs too. I believe this long awaited shuffle is live next week.
NHSE Midlands expressed willingness to attend our bimonthly meetings. Will attend May LPC meeting if we go ahead and will update.

## CPCS

I think we covered lots of useful topics which will help us move further forwards with NHS CPCS and work in an effective and efficient way. It was good to see the impact on the system that NHS CPCS has had and Jackie (Buxton, Pharmacy Integration Lead) is confident by working together the referral rates will increase. At the moment the data was anonymised but I think we can safely assume that the top

scorer was NE at 58% of referrals (i.e. 58 out of 100 possible referrals go to CPCS from NHS111 DHU call handlers). The lowest was 18 and we were in the middle at 28 (region not specifically NN). At present 13% of referrals landing in CPCS are escalated to higher acuity sites.

There are 5 LPC areas in our region (inc ourselves). It looks like we have a high level of urgents on paper. (Expect 20% of total referred to be minors). However 2 of our 5 areas do currently have locally commissioned services for urgents and Lincolnshire is an interesting geographical area and doesn't follow trends. Therefore the level of urgents we are seeing is not unsurprising (when compared to CPCS outwith the region).

We then looked at various snags:

Many patients push back when 111 Health Advisors recommend referral to a community pharmacy for a Minor Illness, saying that they 'need antibiotics so need a GP appointment.' A couple of sentences can be added to the disposition to support the 111 Health Advisors explain to patients that community pharmacy is the right referral for them. GP receptionists often tell patients to 'Ring 111 for a GP OOH appointment.' Chief Officers will work with LMCs/advocate use of the NHS CPCS animation with GPs/receptionists to raise the awareness of NHS CPCS and encourage them to change how they speak with patients.

Pharmacists sometimes report not having received NHS CPCS referrals. After discussion we believe this is due to some rogue DoS profiles. Local DOS leads to investigate why multiple entries on DOS for a single pharmacy can exist.

Incorrect pharmacy opening hours impact patients badly. We should consider 'regular' hours and Bank Holidays.

Issues that DHU team report include some community pharmacists not understanding the spec and thinking they have received inappropriate referrals; instances where the pharmacy say they cannot provide NHS CPCS at that time

We also discussed that 111 online is on its way. Pilots up and running in NW, Herts and Beds/Luton (from next week). This will be referrals for Urgent Medicines only and the aim is to implement before Easter. It is still NHS CPCS and will present to community pharmacists on PharmOutcomes in the same way – it is just a different entry route. The only difference when the patient arrives in the pharmacy will be the need to confirm the patient's identity.

## Also a deadline on March 3rd for expressions of interest on procurement for IUC

NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) who are leading a procurement project (the Project) across four counties in the East Midlands: Derbyshire; Leicestershire, Leicester and Rutland (LLR); Northamptonshire; and Nottinghamshire are inviting expressions of interest from suitably qualified and experienced providers capable of delivering a range of aspects of Integrated Urgent Care (IUC).
The procurement will include three aspects of IUC however not all aspects will be procured in all counties. The following information shows the IUC areas and the geography they may be procured over;

1) NHS 111 Call Handling with associated clinical support -All four counties

2) Clinical Assessment Services - Derbyshire, Leicestershire, Leicester and Rutland (LLR), Northamptonshire and Nottinghamshire

3) GP out of hours services - Derbyshire, LLR and Nottinghamshire.

Services would be expected to commence on the 1st October 2021 and the provider(s) would be given a six month mobilisation period.

## EMIS possible direction due to inappropriate/misleading letter for online services

I believe no surgeries in MK but 22 in NN use EMIS. An issue has become apparent in other LPC areas with surgeries using EMIS . I have contacted pharmacies in the vicinity of these surgeries and also PCN leads to gauge whether or not it has become apparent in NN.
The issue (on EMIS )concerns a letter GPs may send to patients requesting access to online services. The letter provides a list of providers offering such access and a number of these providers are or are linked to community pharmacy contractors.

Our argument is that patients may not realise the letter is only intended to be about online access to the GP practice and may appear to some patients to be an invitation to order prescriptions from one of the linked community pharmacies, particularly if access to the GP system is located within the pharmacy website. In the worst case scenario therefore, it could be argued that this constitutes prescription direction. That is the concern- that there is such undue influence – a letter from a GP concerning online access that links to community pharmacies.

From speaking to colleagues elsewhere I understand that individual practices could switch off generating the letters if they choose to do so and wish to avoid prescription direction. Another solution may be to re-word in such a way as to make it clear to the patients that this letter only applies to online services.

I have been working with LMC/CCG on this to ensure appropriate action is considered if indeed necessary to find a satisfactory local solution.
Arti at Nene CCG is keen to remove the rogue wording which could be misconstrued as an attempt to direct patients.

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## Audit post March 2020

Planning to work with Arti to design an audit which pharmacies could elect to use as their 20/21 self guided audit.

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## Pharmacy Integration Fund

The PIF money has now been paid. We received £11320.54.

We were able to pay backfill and venue costs to host an event for our PCN Pharmacy leads earlier in March.
(£4500 backfill and £433 venue and food).
The event was attended by 18 out of 22 leads and was well received. The event was facilitated by Pfizer and encouraged our leads to plan for engagement with stakeholders and make these contacts effective. it gave them a focus of their activities and highlighted routes to success as well as pitfalls to avoid.

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## TCAM

Update following the announcement that from July a hospital discharge service will become an essential service.
Northampton General hospital are all signed up, and progressing IT interfacing work but this has been taking longer than we had ever imagined, its just managing to get IT resources allocated, but this is progressing so as soon as we are even near any way of knowing a date of testing the interface EMAHSN will be in touch to look at what the community pharmacy engagement strategy would be. Timescales a very much slower than is ideal and Kate at EMAHSN is aware of issues occurring elsewhere e.g. UHL which delayed success.
Kettering are also engaged but want to wait for their EPMA upgrade before they progress any implementation work, so we are looking at least 6-12 months off before they progress this project.

Northamptonshire Healthcare decided to put on hold, so haven't had any recent communication with them, as been primarily focused on working with the Trusts that are progressing.

As soon as Northampton look like things are being connected IT wise a call will be arranged to discuss next steps.

****Due to coronavirus, NGH have decided to halt focus on this time being****

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## PNA

I have had initial meeting in both MK and NN regarding the PNA. Due Feb/March 2021 not clear yet whether the PNAs will be composed in-house or tendered. For publication date Feb 2018, the process was underway by July 2017. PSNC have been under pressure to get a delay due to coronavirus. Conducting patient surveys e.g. in May/June would be highly challenging

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## Business Continuity

I have circulated appropriate contact details to pharmacies and am in contact with the 'incident' teams for both our areas. I have also been in touch with the area teams at NHSE&I.
I have been in touch with CGL and Compass and asked the following of them: Perhaps your team have already had some national guidance on this subject that you could share with me and the community pharmacies? The questions and thoughts in my head include:

- How to manage self isolating patients
    - Standardised letter of authority for the patients representative to use to collect the meds for the period of isolation
    - the "supervision" direction on the script is not legally binding therefore new scripts are not required ?
    - Consideration is being given to Child Protection plans, however the needs of the patient and the exposure of the pharmacy team are also considered
- Pharmacy closures and disruption to supply chain
    - looking at reviewing all clients as to who could move to weekly or fortnightly collection?
        - If pharmacies start to close due to isolated staff then shared care clients are affected immediately
        - A review is being undertaken ?
    - clients with Child Protection orders
        - These place people at a far higher risk level if they move off supervision

        - Could consider locked boxes in the home
    - Shared care would then issue a script for 7 or 14 days
        - This can then be dispensed into daily bottles
    - the prescribing team to look at issuing emergency scripts to go to another pharmacy that may be open and close by?
        - Problem with this is, it places huge pressure on the surviving pharmacies

I would be interested to hear your thoughts on these plus any additional points requiring planning and consideration. Many involve a balance of risk to a client having increased supplies against a client receiving nothing in the event of closures. I suppose if the balance tips in favour of the benefit to patient in making the adjustments necessary to ensure continuity then the above measures could be considered.

No reply from Compass. CGL are planning to manage locally rather than national level but more to follow

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## Covid- 19 Posters and banners

Some LPCs are keen to provide such items for their pharmacies. Alastair Buxton asks that we wait to see the outcome of PSNC discussions with NHSE&I and DHSC. Personally, I feel its a bad idea to undertake printing of these and distributing and feel the content could be out of date by the time this happens. I also feel not all pharmacies would welcome such signage and therefore money is wasted if the banners are not displayed. We cant make the assumption that everyone wants them. I posted this on the LPC group and Alastair agreed.

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## EMIS

Emis group have acquired Pinnacle: Gary Warner, who is also a practising pharmacist on the Isle of Wight, said: “We created PharmOutcomes to help commissioners to understand and better engage with pharmacy. Becoming part of EMIS Group will open up a host of new opportunities for us to build on our success and to further support pharmacy in its future role. It’s an exciting time.”
He added: “We are reassuring all PharmOutcomes customers that our services will continue unchanged and the future developments will benefit EMIS Health and non-EMIS Health customers alike.”

## FFFFF

Predicting that staff will need to move around more than usual as the Coronavirus situation unfolds I can confirm that NHS Digital have been asked to look into simplifying the 5F smart card function and ease accessibility.

## Nene CCG Meds Management

I have spoken to Giles about the coronavirus operations room in Francis Crick House. There will be a Primary Care Cell which I am included in. Not sure how it looks as yet.
Really great to see a good spirit of working together in the crisis. I have been frustrated by the lack of national guidance re business continuity and I know the pharmacies need this. I was successful in obtaining key contacts for MK from area team (south) but nothing so far from the Mids for Northants. I am assured its coming.
NPA webinar Thursday 19th eve.

Having been out and about a concern seems to be the scenario where a pharmacy or more than one even need to close. GPhC have today sent relaxed guidance which will give people the confidence to flex the rules somewhat to benefit patients in appropriate circumstances.
I spoke to Giles about this today and he is prepared to move his pharmacy team around to community and hospitals, surgeries when needed to keep us open. I am permitted to communicate this to pharmacies in NN but the point of contact initially is through me not Giles.

I have documents ready to send out tomorrow to pharmacies to further help with good practice and business continuity planning.