**Minutes of Walsall LPC Monthly Meeting 9th November**

**Present:**

Jay Patel - Chair Chetan Rai CCA

Balraj Chohan - Beacon Daljit Sandhu – Morrisons

Jas Pannu – Coalpool Harmeet Grewal - Hartshornes

Onkar Singh – Brutons, Moxley Jan Nicholls - CO

Hema Patel – Walsall Place

**Apologies:**

Harj Sadhra, Gurdev Sehmi, Jyoti Saini

Not present: Raj Ram, Jatin Patel, Mikesh Patel

The Chair welcomed everyone to the meeting.

**Business Planning**

**PQS** see [PSNC website](https://psnc.org.uk/quality-and-regulations/pharmacy-quality-scheme/)

Checklist & deadlines [HERE](https://psnc.org.uk/briefings/psnc-briefing-037-22-cpcf-services-pqs-and-terms-of-service-important-dates-and-checklist/)

Discussions on “green” inhaler projects

**PCNs:** little interest from contractors to take on lead roles – no response from GP groups >> wind down activity. Daljit will continue in the role until further notice.

**HLP** no additional local activity

**Hema: Service Report**

**Essential Services:**

Hema has datafor **DMS** & **NMS** referral rates:

**DMS** duplication of effort as recording does not automatically populate a claim, a separate record is required to submit a claim via MYS

**NMS** would benefit frombetter IT integration,easier claim process. Anti-depressant review to be added in January.

**Advanced Services**

**CPCS** rates have fallen ~ 700/month

**Hema to promote GP referral via PharmOutcomes to surgery staff wherever possible.**

Practices may have hit their initial targets but not ***PCN*** goals - training still available for practice staff as part of PCN Development.

No further effort has been made to recruit a **Service Development Officer**, funding is short-term and offers little security to candidates. However, noted that LPCs with support in place do considerably better eg N Staffs.

**Hypertension Case-Finding Service**

After a good start, numbers of new clients are decreasing. Unclear how many interventions include the ambulatory element, where the returns are higher. Cost of equipment is a negative factor.

**Flu Service** meeting cancelled. Over 65 vaccine CP claims investigated, revealing many incorrect entries, possibly due to errors arising from the full list of products on PharmOutcomes. Reports of low stock of QIVe vaccine recommended for older age group may impact further provisions.

**COVID LVS** sites reporting low booking rates

**Other Services**

Early access to Contraceptive Service Tier 1 pilot offered to all Walsall contractors, enrolment with BSA required by end of November. Tier 2 can be achieved following completion of 10 consultations.

**Smoking Cessation**

Manor Hospital recruit Alison Yates has reported some successes but has also have run into some difficulties selecting participating pharmacies from PharmOutcomes. Anomalies have been reported, await improvements. Alison is contacting pharmacies directly and has support from Hema and LPC.

Reminder that **CUES** is still commissioned in Walsall – low numbers

**Palliative Care** weekday service under review in three months.

Uptake of **Naloxone** and **BBV testing** for **CGL** is low – outlay may be a factor. Training is available.

**Antibiotic Awareness Week** throughout November.

**POD evaluation & feedback**

Dr Akaury gave an overview and answered question from LPC members:

The service had originally suffered from recruitment issues but that has stabilised and the POD is now fully staffed with both call-handlers and clinical pharmacists (who also work in Modality practices). The service covers all 9 Modality practices and 70,000 patients. The planned progression to 140,000 patients has not happened.

In answer to questions:

* a phased 6-month transition? Dr Akaury stated there is a decommissioning process in place but no plans to implement it as Modality group find the model useful;
* Rxs are produced within 48 hours but may be processed more quickly in urgent cases;
* Synchronisation is not a priority but agreed it’s important and
* Would be a useful add-on, instances of surgery staff providing limited supply in response to a CP request but not reverting to regular quantities;
* A well-run POD is good for CP too;
* Is NHS App recommended? No, choice left to patients;
* “Waiting” message now gives patient position in queue

The Chair commented that studies had shown PODs had limited capacity for long-term savings, in response Dr Akaury said the pilot had provided valuable data. Guidance suggests 28-day Rxs to reduce waste - Rxs are typically for 2 or 3 months in stable patients and surgeries are encouraged to use eRD.

Modality have many practices throughout the UK; if this pilot ends the group may well retain the model within the organisation as staff can be redeployed in other roles.

**CLOSED SECTION**

**CPWM**

**LMC**

**Treasurer’s Report**

**TAPR** - **Walsall LPC’s position**

There is no LPC meeting in December.