

**MINUTES:** OPEN

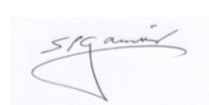
**DATE:** 23<sup>rd</sup> March 2016

**TIME:** 09.00 to 17.30

**WHERE:** Ibis Hotel, 3 Cardington Street, Euston, London NW1 2LW

**ATTENDANCE**

Member Name	Initials	Attendance P= Present, A= Absent, Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	P
Bipin Patel Clockwork	BPC	P
Elena Alexandrou	EA	Aa
Udit Patel	UP	P
Wojtek 'Mike' Bereza	WB	Stepped Down
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P
Kim Khaki	KK	Aa
Jayesh Patel	JP	P
Beneeta Shah	BS	P (till 1pm)
Hitesh Tailor	HT	P
Chris Bell	CB	P
<b>In Attendance</b>		
Yogendra Parmar (CEO)	YP	P
Stuart Brown (Minutes)	SB	P
Dharmesh Patel (observer)	DP	P (9am - 1pm)
Robin Skinner (To Health)	RS	P (11.30am - 12pm)
Liz Brutus (Assoc. Director of Public Health – C&I)	LB	P (4.15 - 5.15pm)



10/5/16

**1. WELCOME BY CHAIR & APOLOGIES**

SG welcomed everyone to the meeting, apologies were noted (as above).

SG stated that KK and EA had been on the cusp of attending less than 50% of meetings.

**2. MINUTES OF THE LAST MEETING (FEB 2016)**

YP's that he had incorporated BS's comments into the latest draft of the minutes.

SG signed off the minutes as accurate.

**Outstanding actions**

Action no.	Description	Who to action
1 (previous action) (ongoing)	To investigate the possibility of a CP led travel clinic solution (NHS Hep A, DTP and Typhoid).	YP/WB
2	To work on the CP led travel clinic solution (NHS Hep A, DTP and Typhoid) so that it could become an agenda item at the next Islington Primary Care strategy group.	YP/WB

Action no.	Description	Who to action
3 (previous action)	To redesign the MUR form to include qipp data, kpi figures and cost savings.	SG/YP

BS stated that the work of action 3 above would be essential, however the form should be drawn up in a way that works for the majority of the contractors who would use it.

SG stated that the method of recording of MURs in the Pharmacy by Pharmacists would stay the same, however, the National MUR specifications leaves the mechanism of notifying the GP of Clinically significant events is not specified. So a MUR reporting form could be developed that would link to QIPP / QOF GP targets

YP wondered if the CCG could be worked with to construct these forms, in order to align with the prescribing incentive scheme.

BS wondered whether just an appendix could be produced to add to the existing MUR forms.

BPC stated that C&I contractors should be encouraged to do their quota of 400 MURs before the LPC promote the use of these new forms.

The members agreed that this new form would not produce extra work for the contractor, and it would not put contractors off wanting to carry out an MUR.

SG suggested if a form was to be developed, then a draft could be trialled with a handful of contractors.

YP stated that he would join SG in working with Amalin and Brian at Islington CCG on producing this form.

SG stated that a draft copy of this form could be sent to the LPC members for comment.

Previous Action - To set up a contractor event, at which the details of the campaign to fight the cuts and ideas to maximise income will be presented – Stephen Fishwick (NPA) to be invited to present and give examples of patient stories.

YP stated that the PSNC had decided to host their own event on the 10<sup>th</sup> March 2016, therefore any local C&I event organisation had been postponed until the start of May 2016 (this event would detail information about the Pharmacy cuts and the provider company).

BPC stated that these cuts would be enforced, whatever campaigning would take place and he added that it would be more prudent to prepare the contractors for the reality of the consequences of these cuts.

BS and SG commented that the C&I contractors (along with the KCW contractors) were currently the most at risk from the impending cuts.

SG suggested that a joint event could be organised with KCW LPC.

SG stated that it very much looked like the 6% cuts will be implemented and they would put the pharmacies with the lowest script volumes at risk of closing. It is imperative the LPC supports contractors to develop new income streams, particularly around the areas in the department's proposals around "Clinical Pharmacists" and "the Integration Fund". Considerable funding streams are being earmarked around the Integration Fund, as a LPC we should ensure C&I contractors are able to fully utilise this funding

Action no.	Description	Who to action
4 (previous action)	To set up a meeting with Healthwatch, GPs and Health and Wellbeing board to inform them of the details and impacts of the cuts.	YP

YP stated that he had sent all the briefing documents wrt. the cuts to both Healthwatches, The Health and Wellbeing Boards, Health and Scrutiny Board for Camden, Public Health teams and both councils.

SG stated that YP had created excellent visibility with all these groups wrt. the issue of the cuts.

Previous Action - To send a targeted email to those pharmacies carrying out the MDS service asking them to enter all of their patients onto the Webstar platform.

SG wondered whether Webstar should be contacted so that YP could obtain the MDS data for each pharmacy delivering the service in C&I.

YP and BPC stated that they felt that contractors would contact the LPC, should problems with payments for this service arise.

Previous Action - To feedback examples of the poor levels of communication wrt. the Health Check service to ToHealth.

YP stated that ToHealth had had internal issues and the lead for the HealthChecks had left the company. YP stated that ToHealth had wanted to pull out of managing this service. Public Health had step in to persuade them to continue. YP stated that Robin Skinner, ToHealth's Managing Director, was now leading the local Healthcheck implementation.

BS stated that she would want to see a breakdown of the services from ToHealth wrt. the Healthchecks service, and BS continued that the SLA had not been written very clearly (i.e. there is a current statement that the contractor would have to pay for the consumables for this service).

HS stated that she had been contacted recently with the news that she would be charged £50 (£25 callout and £25 work fee) for the yearly calibration of all items involved in the delivery of Healthchecks (i.e. LDX machine, Weighing Scales, BP monitor etc).

SG suggested that the LPC could work with Robin Skinner to design an expression of interest form – this could ensure that contractors who would deliver the service to an acceptable standard would apply.

The members agreed on some key questions to put to Robin Skinner later in the meeting.

Previous Action - To work with DTR on Camden MRD service issues: - Compiling data for backdated payments. Looking at MDS costings (Venalink)

YP stated that since the appointment of Donal Markey, conversations re. backdated payments for the MDS service have been discontinued. YP added that DTR had not put this pledge in writing, therefore it could not be followed up on.

Previous Action - To set up a Survey Monkey to record feedback for YP's CEO appraisal from LPC members.

YP stated that comments had been received and they would be looked at an incorporated during the day's breakout session.

Previous Action - To share NHSE FAQ document with CAPITA in order to obtain and include contact details for relevant CAPITA personnel.

SG stated that the supply of forms and stationery (previously a responsibility of NHS E – via FHS) had not been written into CAPITA’s contract (who had now taken over the services of the FHS), therefore CAPITA were not supplying any stationery and the MAS forms had now run out. SG suggested that for Camden contractors, a “word” version of the MAS form could be produced by the LPC, and a numbering system could be agreed with Webstar. SG stated that in Islington, the patients collect the MAS forms from GP surgeries therefore a fix would have to be thought up in collaboration with the GPs.

YP stated that Donal Markey and DTR are currently trying to change the system in Islington, to mirror that of Camden’s wrt. the acquisition of forms for the MA service.

BPC stated that this change would improve the service uptake and delivery in Islington.

YP stated that in Islington, the CCG have distributed emergency vouchers to GPs.

UP stated that he had been receiving a headed piece of signed paper from his local GP surgeries, which he enters onto Webstar for the MA service (Webstar then generates a consultation number).

JP stated that for the Camden MA service a voucher number has to be entered onto Webstar.

BPC suggested that a universal default code be agreed with Webstar, which Camden contractors could enter when they have run out of MA vouchers.

Action no.	Description	Who to action
5	To ask Webstar what voucher information they would need from Camden contractors should their supply of MA vouchers run out.	YP
6	To get authority from Donal Markey wrt. the LPC designing and supplying a “word” template for MA vouchers for Camden contractors.	YP

### **3. CEO REPORT**

YP highlighted the following points from his report -

#### **Pharmacy cuts**

- DH has extended the consultation on the subject of the Pharmacy cuts to 24<sup>th</sup> May 2016, prior to this consultation period was to close on 24<sup>th</sup> March 2016.
  - All National bodies are currently working together to campaign against the cuts.
  - NPA now has the results of the national survey it commissioned from Quadrangle (see PSNC News email).
  - We have written to Camden & Islington -
    - CCGs
    - Councillors
    - MPs
    - HealthWatches
    - HWBs
    - Public Health
    - Charities
  - YP has -
    - Volunteered to be interviewed for the Local radio day on 22 March 2016.
    - Liaised with Local MPs, Councillors and HWBs to provide further detail.
    - Disseminated regular updates and material for contractors to use locally with their patients, NPA MP post cards, Paper and online petition.
    - Luther Pendragon want to achieve cross-part support for the fighting of these cuts.
    - Arranged a contractor event with Sue Sharpe on 29 Feb 2016. We cancelled this when PSNC stated their intention to hold a North London meeting on 10 March 2016.

- Cuts at a glance -
  - £170m (6%, non-negotiable) cut for 16/17 from 1 October 16...so it will actually feel like a 12% cut in the second half of the year
  - DoH has an ambition to -
    - lose 1-3000 CPs - remove over provision/clustering of CPs.
    - remove establishment payment in coming years.
    - Increase the prescribing interval.
    - Shift emphasis to more clinical services?
  - Move to Hub and Spoke/Centralised dispensing?
  - Click and collect and online offer.
  - This will have disproportionately devastating effects on our contractors because the average Rx volume is 3-3.5k and 4-4.5k in Camden and Islington respectively.
- Take home messages from PSNC Chairs and CEOs meeting and NPA webinar are that we and our contractors must leverage local contacts, councillors, MPs, Healthwatch and patients to fight these and future cuts.

#### **LPC Contractor Events**

- HLP Application workshop 15 March 2016 -
  - Attended by 13 delegates from 8 Pharmacies.
  - This event had gone very well...all these Pharmacies will be submitting their HLP applications soon.

YP stated that this event could be re-run in Summer 2016.

#### **LPC Vacancy**

- We have received 2 nomination forms from -
  - Kalpen Patel, Macey Chemist. Camden
  - Dharmesh Patel, CH Chemist. Islington

YP stated that Kalpen could not attend this meeting as he is currently away. YP added that Dharmesh is currently attending our meeting as an observer for the morning only.

#### **Funding for Pharmacist Independent Prescribing**

- **Islington –**
  - YP has challenged the process that Islington CEPN used to advertise/allocate this local funding (approx. £10,000) for IPs – YP is currently waiting for a formal response.

SG stated that Islington CPEN currently pay locum backfill costs for him to attend the monthly CEPN meetings (half day locums would be needed). SG added that Islington CCG have stated that they would not be paying for this going forward from April 2016 and SG asked the meeting members for their thoughts on how to proceed. YP noted there was an underspend in the joint funding allocation between C&I, C&H and BEH LPCs.

**The members agreed to fund SG's backfill costs to continue to attend these Islington CEPN meetings, should Islington CPEN refuse to pay post April 2016 – a review of this arrangement would take place in September 2016.**

SG stated that he would send meeting reports from these meetings.

- **London Wide funding -**
    - Of the 68 successful applicants (70 places had been available), only about half have been able to progress onto an IP course -
      - Some of these 68 are currently struggling because they have not been able to secure a DMP and/or a University place.
- Of these struggling applicants many had informed the Head of Pharmacy HELaSE (Gail Flemming) whether they had secured a place at a University, therefore she wasn't able to help place them in a university course.

- This non-recurrent funding is to be redeployed if candidates are unable to enrol onto an IP course by the end of March 2016.
  - This funding is just for the 2015/16 academic year - **It cannot be used for intake in Sept 2016**
- **Camden -**
  - 6 Pharmacists received CEPN funding for places at Hertfordshire University.
  - Another approx. 6 pharmacists applied for the London wide funding

### Islington developments

- ICCG Primary Care Access steering group -
  - This group had been tasked with considering options for maintaining enhanced patient access after the PM challenge funding would finish. The group has now finished and a detailed options paper is currently being drafted. Key points are -
    - Islington Walk-in Centre to be decommissioned from April 2017.
    - YP had pushed hard for Community Pharmacy to be part of the final solution.
    - YP had suggested “out of hours” clinics, staffed in part by CPs.
    - The final model is likely to be delivered through the GP federation.
- Islington I:Hubs –
  - Now funded by NHSE until October 2016.
  - The attendance data currently shows that approx. 20% of OOH appointments are being used by the surgeries own patients –
    - Ritchie street i: Hub and associated Walk-in Centre are both funded, it would appear, to do the same job...double funding?
    - LMC have rightly queried the equity of access for other surgeries patients to these sites.
    - In light of the above, the CCG are to review the appointment data for each of the i: Hubs.

SG suggested that post October 2016, the LPC could support IP CPs putting in a bid for IPs to work in a “Walk in centre” – starting with a one-page proposal to the CCG.

Action no.	Description	Who to action
7	To chat to Claire Henderson and Jo re. the possibility of the LPC supporting IP CPs putting in a bid for an “out of hours” clinic, staffed by IPs.	YP
8	Following a greenlight from Claire and Jo (CCGs) - To produce a one-page bid document (half a day’s work), which could be used to pitch an “out of hours” clinic run by CP IPs to Camden and Islington CCGs.	YP/SG

BS suggested whether Epat data and appointment data could be obtained to see whether any of the weekend interventions dealt with by GP services could have been dealt with by CP.

**YP stated that he had asked for this data and would continue to push for it.**

- Dressings Central Procurement Pilot -
  - This pilot in North and Central Islington that started in December 2014 was to continue until April 2016. Whittington Health have offered to extend this pilot until October 2016 at the extra cost of £15k for the whole of Islington...
    - The numbers from the pilot do not stack up at all...In fact its looking like a very expensive pilot!

- YP has restated to the CCG categorically that the LPC is vehemently opposed to this and will happily work with GPs/CCG to develop an alternative.
  - Liam Beadman is leading on this. He has prepared an interim dressings supply survey evaluation.
  - Summary – In order to develop potential new models for dressing supply in Islington a survey has been developed and completed by 62 healthcare professionals from 17 practices and 15 community pharmacies. The results of a data extraction by NEL CSU are also presented to show numbers of patients and appointments at GP surgeries for dressing changes during the previous 6 months to get a picture of activity. Data on district nursing activity is being awaited from Whittington Health.
  - A sub-group is yet to be convened to review the options for Dressings supply.
  - SG suggested this be another possible use of IP CPs
- Medicines Optimisation Group
  - Prescribing budget projected to overspend by around £490k -
    - Overspend is attributed mainly to Cat M fluctuations.
  - This group is looking to mitigate this overspend in the future from rebate schemes.
    - They state that these will be non-volume based rebates -
      - But what they don't state is which brands are offering the rebates, YP suspects all the branded generics.
      - GPs are reluctant to conduct wholesale switching.
    - YP has stated categorically that the LPC is vehemently against these rebate schemes as they subvert the Nationally agreed drug tariff and the CCG generally currently benefits from Cat M savings.
    - SG suggested important to link with Suraj (PL CP member of London Procurement Partnership) which leads on Rebate schemes for CCGs in London
  - NCL CCGs are forming a joint working group to look at rebate schemes, however, the ICCG want to proceed unilaterally.

Action no.	Description	Who to action
9	To bring the issue of rebate schemes up with PL, to make it a possible agenda item.	YP

### Outstanding Payments

- Public Health (PH) payments -
  - Kelly Chapman has taken over responsibility for payments from Jasmin Suraya.
  - PH are looking to streamline their payment processing. At a recent process mapping event it looked like they were spending £50-70k on processing payments for services worth £100-150k.
  - YP has fed in C&I LPC's requirements for prompt and transparent payments that allow easy reconciliation. There was also a **suggestion to move to quarterly payments for EHC and Smoking cessation (currently monthly). YP and Public Health have agreed that these will remain monthly for the benefit of Contractor's cash flow.**
  - Further to the above there is a proposed to move to e-invoicing for Camden payments (see associated tabled paper from PH).

- NHSE payments -
  - No update and no reports of problems, although YP currently suspects that there are still problems.

### NHSE

- Due to successful lobbying of other key stakeholders by LPC and Pharmacy London it looks like -
  - the PURM service will continue for a further 6 months whilst mainstream funding is finalised.
  - MAS will be continued...and probably will be devolved back to CCGs! (however this would take an act of parliament to make happen).

BPC wondered whether boroughs which have and boroughs which currently have no MA schemes could be compared some way.

SG stated that one could not use hospital attendance to A&E to carry out any statistical analysis wrt. the benefits of the MA service as the MA figures are too small.

YP stated that the NPA National survey had asked patients where they would have gone, if they hadn't attended a Pharmacy to treat an ailment.

- **CPAF Questionnaire 2015-16**
  - YP has been supporting contractors that have been asked to complete the full CPAF.
    - The C&I contractors currently feel quite disenfranchised as virtually all of them completed the short CPAF questionnaire, but have been designated as non-completers because the NHSBSA platform did not record their entry...it is unclear whether this was due to user error or a glitch in the platform.

### **Market Entry**

- **Islington**
  - GB Healthcare Ltd 'No significant change relocation' from Essex Road to Islington Central Surgery (900 m)– the decision has been appealed by GB Healthcare Ltd. -
    - Appeal Oral hearing to take place on 5th April 2016 at 1pm at ICCG, Goswell Road.
- **Camden**
  - Eico Pharmacy change of ownership (sole trader to Ltd co.)

### Service Reviews

- **Smoking Cessation**
  - Lea Siba – the PH Stop Smoking lead is taking voluntary redundancy and leaves in April 2016.
  - Both boroughs are nowhere near their quit targets, but only Islington has a quality premium of £100k linked to meeting the quit target.
  - They've reduced the quit targets by half for 16/17 because they can't afford more quits and the number of clients accessing the service has halved...mainly due to e-cigarettes.
  - Islington NRT vouchers (LoRs) from stop smoking counsellors are to be scrapped from April 2016 in favour of the Camden model where the counsellors provide the NRT directly (please see the associated email).
  - Varenicline PGD and associated training has been rolled out -
    - PH have indicated that there is no additional funding for supplying Varenicline, citing that the overall remuneration is favourable when benchmarked against other boroughs and that using Varenicline will improve quit rates.
- E-cigarette position statement -
  - PH have drafted a position statement on e-cigarettes, see associated paper.



- Liz Brutus (attending the LPC meeting from 4.15pm) may revisit the overall payment structure given the -
  - High level of lost to follow ups.
  - Prevalence of e-cigarettes.
  - Extra work associated with dispensing varenicline.
 However, YP is currently sceptical because -
  - Pharmacy and GP payments are aligned
    - if they change our payments the GPs will likely demand the same.
    - They say they have no money.
- **ToHealth NHS Healthchecks**
  - Robin Skinner ToHealth MD is to attend this LPC meeting at 11.30am
  - ToHealth now have the 2016/17 Head contract from PH for Camden and Islington. ToHealth is to deliver 4500 Health checks under this contract. Their ambition is to deliver 1500 or more through Pharmacy -
    - We're finalising the subcontract for delivering Healthchecks for ToHealth, main stumbling blocks are currently -
      - London Living Wage - PH have indicated that they will issue a waiver for ToHealth's Head contract so they can remove it from our contract
      - The subcontract refers to the Main contract with PH, which we are not sighted on
  - 5 Camden Pharmacies have started delivering Healthchecks for ToHealth since January 2016
    - Uptake through the Pharmacies is low despite 2x1000 letters mailed out.
    - Directly commissioned Camden Pharmacies have now been given termination notices, however, ToHealth would like to recruit these sites as well as expanding provision in Islington.
      - The terminated sites are being allowed to keep all the equipment including the LDX machines

#### **Camden Ageing Better Bid**

- 13 Pharmacies have been recruited -
  - 10 of which have returned their signed SLAs.
- Service went live on October 1st 2015.
  - Only 6 referrals have been generated from 4 Pharmacies as of last week.
- These are not good numbers and reflects very badly on us.
- The Age UK project manager has produced an options paper to address the projected £60k underspend. This is to go to the Ageing better board w/c 21/3/16.
  - The likely outcome is that they will fund a consultant from the underspend to visit each of the sites to unpick the blocks that Pharmacies are experiencing.

SG suggested that the LPC could bid to manage the pharmacy side of this service, by using some of this underspend money.

The members were happy for YP to bid for a role where he would manage the training of Pharmacists and the delivery of this service.

BPC asked that this work be done under YP's own company name and not as his role as the CEO of C&I LPC – for governance reasons.

The other members agreed with BPC's suggestion for YP to undertake this work under his own company name.

Action no.	Description	Who to action
10	To approach Age UK, under his own company name to bid for a role to manage the training and delivery of the "Camden Aging Better" service going forward.	YP

### **Pharmacy London Constitution**

We have worked with Pharmacy London to update their constitution. YP stated that he and SG were currently comfortable with the new constitution document.

YP stated that the main change had been a clause which would enable the existing treasurer to stand for more than two terms.

### **Islington Anticoagulation Services**

- The overall value for this tender over 3 years is currently £1.2 million. This is very tight and the GP federation are not sure whether it would be a viable proposition.
- The service is to include:
  - Specialist Hospital provision.
  - Community Provision from at least 3 sites over extended hours on some days -
    - Spec states that each site must manage a  $\geq 200$  patients min. to maintain competence
      - In effect this means 4 sites max due to the size of the patient cohort
  - Domiciliary service for the housebound.
  - All drug costs including bridging therapy for patients to undergo surgery.
  - Migrating as many suitable patients to NOACs as soon as possible.
  - IT and clinical decision support across the sites.
  - Telemedicine.
  - All the governance and oversight.
  - GP fed would prefer to be the lead provider if they bid to avoid any top slicing from the acute trust.

### **4. TOHEALTH - HEALTHCHECKS CONTRACT**

RS highlighted the following points:

- ToHealth currently provides multiple health and wellness services, including NHS Healthchecks.
  - In Somerset, ToHealth are managing the entire Healthcheck program, including the GPs.
  - In London Tohealth are currently contracted to Bromley, Croydon, Greenwich, Ealing and Islington.
    - 4000 healthchecks have been carried out in Islington over the last two years.
  - ToHealth has won the bid to provide the NHS Healthcheck program outside of GPs across C&I for the next three years (this can be extended by two years without going out to tender).
    - The contract with pharmacy contractors would also be for three years.
  - ToHealth would want to subcontract this service out to CP in C&I.
    - 10-15 Pharmacies will be approached to participate across C&I (these will be spread out across the two boroughs).
- YP agreed that the LPC would like this number to start small and for these 10-15 pharmacies to deliver good numbers, with a view to this number then growing.
- There will be a target of 10 checks to be done per pharmacy per month.
- ToHealth will work up an expression of interest document which would be shared with the LPC.

SG wondered whether questions could be added to the expression of interest which would filter out the better performing pharmacies.

RS suggested that the need for a 4-hour window for appointment slots would serve as a good filtering device. RS added that the need for a suitable consultation room and the need to hit the

target of 10 checks per month would serve as additional filters. RS stated that the sheer area of store may be taken into account.

YP stated that there were already 5 pharmacies delivering this service in Camden (these have already been commissioned by Public Health).

- ToHealth currently uses their own software platform, which is web browser based.
  - This platform will guide contractors through the process of delivering a healthcheck and will automatically send the relevant data through to the GPs.
  - This process will print out a patient letter – therefore a printer will be required.
- Payment - £25 per Healthcheck.
  - Patients seen from a particular target group will earn contractors an extra £3 per check.
  - An invoicing module is available from ToHealth – the Pharmacy would have to physically invoice ToHealth though.
  - RS could organise a method of automatically sending a remittance advice to contractors so that they wouldn't have to invoice ToHealth, however RS stipulated that all C&I contractors would have to buy in to this method of being paid.

SG stated that this would be up to the LPC to communicate this to the contractors.

- Training and an SOP will be provided by ToHealth.
  - The training would take a day to complete and would be offsite – there are no e-learning courses available.
  - This would cover the use of the software and the carrying out of the checks themselves.
- External quality assurance for the devices involved in the checks will also be provided by ToHealth – should contractors need this.
- ToHealth will promote Pharmacies service, and letters will be sent out to individuals to recruit them into Pharmacies (this has been happening in Camden over the last two months).
  - ToHealth will ask for contractors to make a minimum of 4 hours per week available, and these time slots would remain the same and would repeat every week for patients to book into three weeks in advance.
  - Bookings will be made online – contractors can book patients in themselves.
- The whole check should take (on average) 20 minutes – slot lengths would be 30 mins.
- In some areas Pharmacy technicians have been delivering the whole tests, and C&I are welcome to deliver the service in this way.
- Height, Weight, Blood pressure and lipid levels will be measured going forward.
- Cost of re-calibrating equipment –
  - Once per month, an EQA will be required.
  - Every two months an IQC will be required.
  - The EQA and IQC will be funded by ToHealth, contractors would have to fund and acquire the cartridges.
  - Calibrating weighing scales and BP monitors are the contractor's responsibility.
- Recommended equipment –
  - Any equipment listed by the NICE guidelines can be purchased for use in these tests.
- Open unlimited liability issue – YP stated that he would talk to RS about this matter on the next day.

BPC asked for RS to supply him with a dummy username and password, so that he could have a test drive of the software.

HS asked whether the ToHealth system would know whether a patient would have had a healthcheck in the past.

RS stated that the consent form provided would list a question “I haven’t had a healthcheck in the last five years” – the software would then repeat this question.

RS stated that the new age range is now 40 to 75 years of age for eligible patients.

SG and YP thanked RS for his attendance at this meeting.

## **5. PROVIDER COMPANY FORMATION**

YP stated that it would make sense for C&I contractors to join C&H LPC’s provider group PSP.

BPC (with his PSP director hat on) stated that this had been discussed at the latest PSP meeting and added that the joining fee for C&I contractors would be £700 – and this would give them a share of the company.

YP stated that the options would be put out to contractors to join PSP or to form a separate provider company, then a vote would be called for at an SGM (postal votes would be considered) where a decision would be taken by the contractors.

SG asked for a cost sheet to be drawn up which would compare the various options (setting up a new provider company vs. joining PSP).

<b>Action no.</b>	<b>Description</b>	<b>Who to action</b>
<b>11</b>	<b>To produce a short document which would compare the costs of setting up a new provider company vs. joining PSP.</b>	<b>BPC</b>

## **6. LPC WEBSITE/REBRANDING PROPOSALS**

YP stated that this work is currently ongoing. YP added that the cost of the web development work will be £2250 **plus V.A.T.** (YP had previously left off the amount added by V.A.T. and apologised for informing members that the total would be £2250 all in).

## **7. TREASURERS REPORT**

### **15-16 LPC Management Accounts**

YP stated that he had prepared these documents. YP added that the last statement he had seen had been from January 2016. YP stated that some papers still exist in the care of BPT. YP added that BPT would be asked to hold on to these documents.

YP stated that some cheques from Boots and Morrison’s had not been banked. YP added that HT had been inadvertently under claiming and this would be remedied in the break out session.

YP stated that the cheque for the amount which was to pay for the re-direction from the old P.O. Box to the new one had been returned to the LPC. YP added that a direct debit has gone through for £300 which would have renewed the old P.O. Box (YP is now authorised to remove this DD instruction).

### **Change of Signatories**

YP stated that these have been made.

### **Internet Banking**

YP stated that the forms for these could be signed in the break out session.

### **LPC Reserves**

YP stated that he thought this amount was currently £195,000.

YP added that approx. £8000 would be being paid to PSNC.

## **8. SERVICE UPDATES**

### **Vaccination Services**

YP stated that the National vaccination service had not been formally confirmed as of yet (only verbal confirmation has been given).

### **Group discount**

YP stated that PL is currently negotiating a group discount for flu vaccines for all London contractors. YP added that more information on this will follow shortly.

### **9. LPC VACANCY**

The committee unanimously agreed, with the departure of WB, to appoint both candidates (Kalpen Patel -Macey Chemist, Camden **and** Dharmesh Patel - CH Chemist, Islington) to the LPC. YP confirmed both candidates would be notified.

### **11. SUB GROUP BREAKOUTS**

Of the members present –

- SG, HS and BPC stayed to write cheques.
- JP, HT & CB were tasked with looking at the ToHealth subcontracting proposed contract.
  - JP and YP stated that there was a clause 17 on page 17 of this document which would need clarification from ToHealth.

Action no.	Description	Who to action
12	To obtain clarification on clause 17 on page 17 of the To-Health Healthchecks contract for subcontracting pharmacies	YP

- JP raised the point that the staff delivering the Healthchecks would need to have a valid DBS check.
  - YP stated that Public Health have agreed to fund DBS checks until the end of March 2016.
- HS wondered whether cascade training could take place in a pharmacy re. Healthchecks. This was in response to RS' comment that only one person from each pharmacy would be funded to be trained in delivering these checks.

Action no.	Description	Who to action
13	To contact RS from ToHealth to ask whether 2 people from each pharmacy could be funded to undergo the healthcheck training, failing that could cascade training be authorised for a pharmacy.	YP

SP, UP and YP underwent a brainstorming session to come up with a list of questions to put to Liz Brutus re.

- The Champix contract.
- The details of the e-invoicing proposal.

*SG also encouraged all the members to sign Paul Mason's pharmacy petition which has been in circulation.*

### **10. STOP SMOKING SERVICE CHANGES**

SG and YP welcomed LB to the meeting.

LB asked the meeting members to express any concerns they currently had about the Stop Smoking service. LB also acknowledged the current pressures acting on C&I contractors wrt. the pharmacy cuts.

YP referred to the report – *“Changes to Camden pharmacy Locally Commissioned Services (LCS) invoicing 2016/17” by Charlotte Ashton, Kinga Kuczkowska: Camden & Islington Public Health* and asked LB whether she could shed any light on the changes detailed in this report.

LB stated that Charlotte would be the better person to ask about the details of this report and the new invoicing system.

YP stated that he would pick this matter up with Charlotte Ashton.

SG suggested that CP input into the design of this new system would be beneficial to both parties, and asked LB to consult the LPC in any work on this new invoicing system.

LB stated that she felt this would be a good idea, however PH, themselves do not design this new form of invoicing. LB stated that she would hope that this would be piloted somewhere before full rollout.

YP stated that this new system was supposed to be being piloted in Islington currently.

UP stated that the Stop Smoking payments, for him, are currently easy to reconcile.

SG mentioned the fact that the PH were currently looking to streamline their payment processing and added that at a recent process mapping event it looked like they were currently spending £50-70k on processing payments for services worth £100-150k. SG added that the LPC could help in the processing of these payments to help reduce costs.

LB stated that this help would be welcomed by PH, however this could be difficult due to the current council system.

LB stated that PH are currently undergoing the process of bringing together their LCS' to provide a better customer relationship with Community Pharmacy.

YP raised the following issues re. the Champix PGD:

- The new PGD would require weekly interventions with quitters – YP commented that the previous PGD had had fortnightly interventions as the normal regime, therefore Pharmacists would be doing double the work for the same fee. Also he felt that patients wouldn't return weekly, as patients would rather go to the GP, where they would be given a month's supply of Champix.

LB stated that there is still an anxiety about the drug (wrt. side effects) and the more frequent patient contact regime is currently a reflection of this. LB added that perhaps PH have been too cautious in choosing this model, however this PGD could be treated as a pilot one.

SG and YP stated that Champix was a good product and in principle would produce greater quit rates, however, they felt that the weekly intervention stipulation would scare patients off from visiting CPs and the outcomes would be poor, therefore PH would be setting up this pilot to fail.

- Champix has been implemented in Islington currently, but not in Camden (a funding freeze had been cited as the reason for this) and wondered whether this situation could change.

LB stated that she thought that money had been found for the funding of Champix in Camden, however he would have to double check this fact.

SG asked whether C&I's Public Health policies could be united and synchronised.

LB stated that PH report to two different boroughs and two different councils, therefore the exactly the same work cannot take place in both Camden and Islington, due to the difference in budget lines.

LB asked the meeting members how they would like this PGD to be changed.

YP suggested the following changes:

1. A clause to be added which would not see the Contractors in breach of the PGD should the patients not turn up every week for an intervention.
2. A dispensing fee should be for varenicline supplies.
3. Recruitment is a problem due to the popularity of E-cigarettes, therefore could E-cigarette use be written into the PGD. SG added that there is currently no e-cigarette with a product license, therefore NHS E are currently reluctant to endorse E-cigarettes. SG added that a licensed product would be soon released by Summer 2016. SG suggested that certain E-cigarette products could be endorsed by Public Health, and these could be wrapped up in the service contract.

4. LB stated that all prescribing costs relating to smoking cessation in the borough of Camden and Islington is funded by Public Health, therefore there are cost implications for every decision made wrt. these PH services.

LB stated that she would look at implementing these changes, and change no. 2 above would be implemented for certain.

LB stated that wrt. change No3. above, Public Health would have to be cautious about bundling in an E-cigarette clause into the contract, as this would mean that PH would endorse their use, however if they were to help patients give up traditional cigarettes (i.e. tobacco) then this could be a good thing.

SG stated that CCA had funded a study which had resulted in the recommendation of three E-cigarette products for sale in their pharmacies.

#### Chlamydia screening and treatment in Camden & Islington Pharmacies

YP stated that there is no such service in C&I and added that it was currently expensive sending patients to "GUM" clinics, for this type of screening.

**LB stated that this was not her specialty, however YP should email Jonathan O'Sullivan at PH to take this forward.**

Action no.	Description	Who to action
14	To contact Jonathan O'Sullivan at PH to take forward work on setting up sexual health services in C&I Pharmacies.	YP

#### Health Living Pharmacies

SG stated that 6 pharmacies in C&I had now been registered as HLPs, and more are to follow. SG added that there would be an opportunity to tie all the PH services together under the HLP umbrella. SG asked LB to recognize this and promote HLPs.

LB stated that she would look at supporting those HLPs by promoting and utilizing them.

LB asked SG what he would like to see happen wrt. promoting the HLPs.

SG answered this by saying that –

- 1) Promotion and advertisement should be developed and invested in – the councils should produce coordinated campaigns.
- 2) A steer from PH to tell LPCs and HLPs what the PH priorities currently are and how HLPs and Health Champions can help deliver outcomes for PH.
- 3) For PH to plug LPCs and HLPs (health champions) into social networks (schools, Universities etc.)

LB then listed the actions that she would be taking away from this meeting:

Action no.	Description	Who to action
15	To liaise with new LCS group for them to work with C&I LPC on the design of the new invoicing system for the smoking cessation service.	LB
16	To look into the practicalities of changing to a fortnightly intervention pattern for Champix PGD.	LB
17	To check the wording around the legal implications of not delivering weekly interventions, thereby breaching the PGD.	LB
18	To look into supporting the use of E-cigarettes with the smoking cessation service.	LB
19	To liaise with Chloe Gay re. improving the leadership around HLPs.	LB

YP offered his and the LPC's help to PH going forward and the meeting members thanked LB for her attendance and information.

#### **11. A.O.B.**

##### **Expense claims**

SG reminded the meeting that re. invoicing, invoices have to be submitted within 6 months of the date for which it has been raised for. SG added that all invoices would have to be submitted for year-end by the 4<sup>th</sup> April.

SG brought the meeting to a close.

#### **12. MEETING DATES FOR 2016:**

<b>10<sup>th</sup> May 2016</b>	<b>09.00-17.30</b>	<b>Ibis Hotel Euston</b>
<b>12<sup>th</sup> July 2016</b>	<b>09.00-17.30</b>	<b>Ibis Hotel Euston</b>
<b>20<sup>th</sup> September 2016 AGM</b>	<b>11.00-17.30 &amp; 18.30-21.30</b>	<b>Ibis Hotel Euston/Ambassadors</b>
<b>8<sup>th</sup> November 2016</b>	<b>09.00-17.30</b>	<b>Ibis Hotel Euston</b>