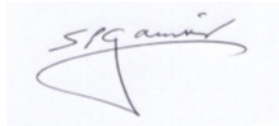


MINUTES: OPEN PART
DATE: 14th July 2015
TIME: 09.00 to 12.30 then 14.00 to 17.00
WHERE: Ibis Hotel, 3 Cardington Street, Euston, London NW1 2LW



29 Sept 15

1. ATTENDANCE: -

Member Name	Initials	Attendance P= Present, A= Absent, Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	P
Chirag Nakum	CN	P
Bipin Patel Turnbulls	BPT	P
Bipin Patel Clockwork	BPC	P
Elena Alexandrou	EA	P
Udit Patel	UP	P
Wojtek 'Mike' Bereza	WB	P
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P
Sanjay Patel Boots	SPB	A (stepped down)
Kim Khaki	KK	Aa
Jayesh Patel	JP	Aa
Beneeta Shah	BS	Aa
Yogendra Parmar (CEO)	YP	P
Stuart Brown (Minutes)	SB	P
Nia Pendleton-Watkins ICCG IT Program Director	NPW	P 9am to 10am
David Tamby-Rajah Head of Community Pharmacy Contracts – NHSE London Region	DTR	P 10am to 11.30am

2. WELCOME BY CHAIR & APOLOGIES

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

3. OVERVIEW OF ISLINGTON DIGITAL CARE RECORD (NPW)

SG welcomed NPW to the meeting.

NPW spoke to some PP slides and highlighted the following points:

- She currently works for Islington CCG.
- Islington CCG and London Borough of Islington (LBI) Council are currently working together to deliver:
 - Interoperability and information exchange between GP's, providers and people.
 - A digital "person held" health and social care record (PHR) for the people of Islington
- Our Three Strategic Options are currently:
 - **Option 1 - Do nothing:** do not take the funding opportunity to involve the Patient in their care.
 - **Option 2 – Do the minimum:** improve patient involvement by focusing on providing "read only" access to health and social care records and online access to appointment booking as per the existing national mandates.
 - **Option 3 - Invest in new capabilities** that would place the patient at the heart of a new relationship. This is the only option that would be transformational and will succeed in delivering the objectives and benefits of the organisations and national requirements.
- The Islington Integrated Digital Care Record will be mirrored by a Person Held Record – it will wrap all the information from different data sets around the patient and will be presented by condition, by medical alerts and by risk factors.
 - The Patient Held Record model will be based on an American model.
 - Alerts can be set up to remind the patients of outstanding appointments.
 - Messages can also be sent to everyone connected with each patient's healthcare.
- Pharmacies will be connected via the EMIS community solution.
- Users will also be able to see the cost of a patient's care (ambulance, social and pharmaceutical service data will feed into this).
- Advantages:
 - Community care
 - Saves time in triage and assessment
 - Saves time – reduces the amount of calls to GPs
 - Saves unnecessary home visits
 - Supporting risk management and safeguarding
 - Social Care
 - Supporting referral management
 - Saves time in triage and assessment
 - Informs assessments & care planning
 - Saves installation and equipment costs
 - Supports risk management and safeguarding
 - General Practice
 - Reduces burden on practice administrators
 - Supports risk management and safeguarding
 - Increased confidence in better care being provided outside of the practice
 - Immediate access to GP records (new registrations)
 - Out of hours care
 - Saves appointments and visits

- Saves admissions
 - Safer prescribing
 - Improved quality of consultation
 - Pharmacy
 - Safer prescribing – provides access to allergy and GP prescribing information
 - Saves time – Reduces the amount of time calling GP practices
 - Safer communication – reduces errors
 - Hospitals / A&E
 - Safer care – patient background, context and medications
 - Saves time – reduces time trying to find out information
 - Reduces risks – where patients unable to inform clinicians about relevant information / fax errors etc.
- Patients will have control by using the Patient Held Record, and they will be able to contact healthcare providers and have access to information.
- **Benefits to patients and carers:**
 - PHR would allow citizens to go online (Web portal or app) and access or download their health records
 - Edit and upload other information so they can use them to improve their health,
 - Have more control over their personal health information and their family's healthcare.
 - Allow empowerment of patients/citizens.
 - Patients/citizens at the centre of their care
 - Patient/citizen friendly to use.
 - Patients/citizens have control of their records.
 - Ongoing development of the software by users.
 - Patients/people have governance to choose who has access to their records and input to their records such as carers and parents.
- It is expected that there would be a 5% opt out rate.
- A patient –public group is being formed to help communicate the advantages of this scheme.
- **Where are we now?**
 - IDCR & PHR Procurement:
 - Closing date for bid submissions was the 29th April 2015.
 - OJEU opened on the 27th February 2015 - 63 companies registered an interest.
 - 8 Lead suppliers submitted a response to tender.
 - A maximum of 6 to go forward to presentation stage.
 - Award recommendation and report will go to September 2015 Governing Body meeting - preferred and reserve supplier agreed 8th July 2016.
 - Contract expected to start October 2015.
 - A Draft project plan will be available – Full project plan once supplier appointed.
 - IDCR & PHR Full Business Case will go to September 2015 Governing Body meeting.
 - Revised Governance arrangements for GPIT and IDCR & PHR programme to be done.
 - Working groups to be established – Primary Care and LMC to input needed -
 - Information Governance, Patient & Public, Business Intelligence and Clinical Reference.
 - Risk Register and Issue Log to be established.
 - Primary Care/GP IT Working Group re-established overseeing GP and interim developments.
- EMIS Community Project:
 - **Services In-Scope**
 - Walk-In Centre (key enabler for iHUB)

- iHUB
 - ENT
 - Dermatology
 - Community Pharmacies
 - ICAT
 - Mental Health
 - GP Federation: Community Matrons/District Nurses
- **Services Out of Scope**
 - Anti-Coagulant
- **Potential Services**
 - Smoking Cessation
 - Weight Management
 - Care Homes
 - 3rd Sector
- **Design Stage - Where we are**
 - Environments and Server 90% complete
 - Services Requirements collated 90% complete
 - Setup/Configuration 40% complete
 - Training – planning underway
- Questions?
 - BPT asked about the process of ironing out IT problems.
NPW stated that clinical pilot sites would be used to roll out this initiative.
 - YP informed NPW about the existence of the SONAR software platform wrt. The transfer of data between Pharmacies and GP surgeries during the vaccination campaign.

Action no.	Description	Who to action
1	To send NPW the contact details for SONAR (should they become the software platform for the 2015/15 vaccination service) so that they could be built into the information pathways.	YP

NPW stated that other CCGs in London and NHS E were currently looking to adopt this initiative should it be a success.

NPW stated that the LMC was currently supporting this project.

SG asked how this project was currently funded.

NPW stated that Islington CCG and the local authority had been saving up money for the last couple of years to pay for the setting up of this initiative. NPW added that the project will have to be cost neutral i.e. significant savings would need to be seen.

SG asked how this initiative would link into the SCR.

NPW stated that pharmacy would not need to access the SCR should this project work to its full potential as the amount of data would be so much greater. NPW stated that patients on the move would need to see the patient held record from anywhere in the country. NPW stated that this system would sit above the EMIS web. NPW stated that they would be in control of their data.

NPW stated that information from the GPs would be “Cradle to the Grave”, however she wasn’t currently sure whether the data from other sources would go back 3, 5 or 10 years.

NPW stated that the budget for this project is currently £10 million over 10 years.

SG asked how Community Pharmacy could get involved with this initiative’s development.

NPW asked for a CP rep. to sit on their clinical reference group.

SG stated that C&I LPC would email NPW with a rep. for their group ASAP.

NPW stated that she would like to return to another meeting to give an update.

SG thanked NPW for her presentation.

WB volunteered to be the C&I LPC member who would sit on the clinical reference group for this project.

Action no.	Description	Who to action
2	To email to NPW with the information that WB would be the C&I rep who would sit on the clinical reference group for this Islington Digital Record project.	YP

4. NHSE UPDATE (DTR)

DTR stated that he is now head of pharmacy contracts for London – reporting to Alice Benton (London Regional Lead for Dentistry, Pharmacy and Optometry). DTR added that the new structure has seen Pharmacy move in with Dentistry and Optometry, still under primary Care.

GPs will be combined with co-commissioning and core-contracting and will be broken down and will be broken down into the 5 SPGs (Collection of CCGs).

SG asked about the state of enhanced services.

DTR stated that some services had been taken back from the CCGs and some had been left with the CCGs across London.

DTR stated that 2/3 of London has a Minor Ailments service, and about half of these services have been taken back by NHS E.

SG stated that for an enhanced pharmaceutical service to now return to a CCG from NHSE it would currently take an act of Parliament to do so.

DTR stated that he had escalated this fact to his line manager.

SG added that in both C&I the MDS service's current commissioner is NHS E. SG added that Camden CCG had been altering the SLA of the MDS service, by going to Webstar and telling them to make it possible to no longer sign on new patients to this service, without telling NHS E. SG stated that if this matter is not resolved then legal action would have to be considered (in the form of a judicial review). SG stated that Camden Pharmacists were effectively doing the MDS service for free now.

DTR suggested that this issue be brought up at the upcoming Pharmacy London meeting.

DTR also asked YP for any LMC support contacts to help fight this battle.

SG stated that C&I LPC would like NHS E to tell Webstar to allow new patients to be added to this service.

DTR stated that he would eventually talk to Webstar, in order to have a review of the MDS service.

DTR also stated that he would have to talk to GPs in Camden, in order to find out whether they currently find the MDS useful before moving forward with this matter.

DTR and YP informed the meeting that Camden CCG had recently proposed to update the formulary for the Minor Ailments service, without involving the LPC. YP added that DTR had rejected Camden's proposal and had copied in YP into the email trail (in this trail a Camden CCG rep. had objected to DTR's comments and suggestions in this matter).

YP stated that C&I LPC had tried to get pharmacy rep. on the Camden medicines management group, and DTR had tried to help with this, however a Camden CCG rep. had blocked this action.

DTR stated that NHE London are currently prioritizing the back log of payments in C&I, and the setting up of a working group for the enhanced services. DTR added that the scheduled payments on PSA statements will soon feature numbers common to London (No.1 MA, No. 2 PURM, No.15 Flu service). DTR stated that he hopes to set up a payment tracker for Pharmacy, similar to the GP's in the next couple of months.

DTR stated that a meeting with the LPC, NHSE and CCG reps (including the new CCG CEO) would be set up in the next two weeks.

YP stated that legacy payment problems still exist for C&I pharmacists.

DTR stated that information re. these (types of info to be specified) should be sent to a specialised "legacy payment" email address – which he will supply to YP.

Action no.	Description	Who to action
3	To supply YP with the legacy payments email address and what information would be needed. To send details of legacy payments to this email address for consideration.	DTR & YP

SG asked for some transparency wrt. The budget details for MDS and MA service to be created.

DTR stated that he would share the spend data for 2014 & 15 for MA and MDS for C&I with the LPC.

Action no.	Description	Who to action
4	To supply YP with spend data for 2014 & 15 for MA and MDS for C&I areas.	DTR

DTR stated that the initiative whereby Pharmacists would be working more closely with GP surgeries should be utilised to build relationships and highlight issues.

DTR added that the EPS group should meet again. DTR has fed back to HSCIC the two messages that Pharmacy are experiencing an increased workload due to EPS scripts (including paying for printing costs), and Pharmacy should be able to make "in month" changes, so that they will not have to chase switched prescriptions and OOP expenses issues.

SG and YP thanked DTR for his attendance.

YP informed the meeting that DTR had been working well in his post at NHS E. YP reminded the meeting that invoices for some services now travel from Webstar straight to FHS without any scrutiny from NHS E, therefore saving time (a handful of invoices are then audited by NHS E).

SG stated that he would bring up the issue of the MDS service being decommissioned by stealth by Camden CCG with NHS E at the next PL meeting.

Action no.	Description	Who to action
5	To bring up the issue of the MDS service being decommissioned by stealth by Camden CCG with NHS E at the next PL meeting.	SG

5. MINUTES OF PREVIOUS MEETING (13TH MAY 2015) - MATTERS ARISING (ACTION LOG)

Accuracy:

SG informed the meeting that JP currently wished for the minutes from the last meeting to not be signed off yet as accurate, because he would like to review the audio recordings to check accuracy.

SG reminded the meeting of the current governance around the timing of commenting on the minutes of meetings and them being signed off – subsequently he stated that the time for comments and corrections would have passed after this meeting.

JP had sent an email during the meeting stating that he would like to listen to the audio recording of the meeting to check what was said re. the issue of expense claims.

BPC wondered whether the audio recording files for the meetings could be sent with the minutes.

SG commented that the files would be too big to email. SG suggested that the meeting recordings could be burnt onto CD's and posted out should members wish to listen to them.

YP stated that the draft minutes had been circulated to all members (checked by SG) on the 27th May 2015 – the second draft had been sent to all members 10 days ago.

SG stated that the minutes had now been signed off and could now not be changed and the LPC governance which had been accepted by all members should be followed in this instance.

YP stated that the last meeting's minutes had not been satisfactory, and he had taken three days to re-write them. YP added that he had asked to employ a minute taker, and he had been over-ruled by the committee at past meetings. YP stated that SB had now been employed and that he would submit the minutes of meetings within two weeks of the meeting taking place.

BPC stated that the following section of the last minutes on P8 currently read -

BPC asked if anyone had not contacted any of the pharmacies that 2Health have partnered with in other areas to confirm 2Healths claims. YP confirmed that he had contacted any such Pharmacies but would do in due course.

But it should read -

BPC asked if anyone had not contacted any of the pharmacies that 2Health have partnered with in other areas to confirm 2Healths claims. YP confirmed that he had NOT contacted any such Pharmacies but would do in due course.

YP stated that this would be corrected before sign off.

Previous Actions:

Action no.	Description	Who to action
6 Previous Action	To send targets for Health –checks in Camden & Islington to the LPC	Charlotte Ashton

6. TIMEFRAME FOR ELECTING A NEW VICE-CHAIR (SG)

SG stated that nomination requests will be sent out, candidates must be nominated and seconded and all paperwork concerning the nominations would be sent to YP (the returning officer). SG added that should there be more than one candidate, then an election would be held at the September 2015 LPC meeting.

Action no.	Description	Who to action
7	To send out LPC vice chair nomination information to contractors and LPC members.	YP

YP stated that wrt. A new CCA rep. joining C&I LPC – YP had spoken to Rob Darracott and CCA were currently choosing a new rep.

SG stated that it would be useful for the new CCA rep. to have joined the LPC by the next meeting – so that their vote on the vice-chair matter could be counted, or they could even stand for election.

7. CEO REPORT

Islington developments:

- PM Challenge Fund bids and Investment bids – Sigpal (GP Co-Op)/Islington GP federation have been successful in bidding for PM Challenge funding to setup 3 ‘ihub’ surgeries that would be open 7/7 8am to 8pm -
 - Proposed sites
 - Rise practice
 - Richie St.
 - Plus 1 other central surgery still to be confirmed.
 - WB stated that the “ihubs” were not to be a computer based exchange centre – but instead simply a telephone exchange centre.
 - WB reminded the meeting that he was currently on the steering committee for the PM challenge fund – **WB stated that he would continue attend these meetings and feedback verbally to the LPC without LPC funding assistance.**
- ICCG are also proposing a number of investment bids totaling around £2million (see associated NCL Risk share paper)
 - 1 of these investment bids for £555k in additional funding to support the PM challenge fund bid. Approx £50k of this has been allocated to fund extra CP opening hours
 - I’m still awaiting the detail of this Pharmacy funding.
- Dressings Central Procurement Pilot -
 - This pilot in North and Central Islington started in December 2014.

- Whittington Health no longer considers this model viable and would like to withdraw the service unless it is substantially revised.
- The pilot may be extended for another 6 months to December 2015 and may be expanded to include all the localities in Islington - however, we and the LMC have asked for more detailed data on exact Rx numbers to assess the impact on CP.
- BPT asked for the formulary for this service to be reviewed.
- BPT added that a member of the LPC should meet with a senior district nurse involved in this service and Amalin Dutt to discuss revision.
- YP stated that he would have a conversation re. this matter with Robbie Bunt (LMC Chair)
- YP suggested that a proposition should be made whereby a number of pharmacies in C&I would be commissioned to hold some dressings stock – the district nurses would then email their request for dressings to these pharmacies and the GP at the same time and the pharmacy would supply the dressings and deliver.
- SP suggested that the committee either do nothing (this would then revert to the use of FP10s), or they suggest another way of delivering this service as per YP's suggestion in the above bullet.
- BPC suggested that script numbers for this potential service should be obtained.
- YP stated that the current dressings spend is approximately £70,000.

Action no.	Description	Who to action
8	To go to the next medicines management meeting and ask for script numbers, budget for this dressings service and to give them the message that C&I LPC would take this information away and formulate some ideas on a revision to the service.	YP

GP Surgery Closures:

- Islington -
 - Mitchison Road Surgery is to close on 31 July, however NHSE have come to an arrangement with the landlord and so new GPs will be parachuted in. This is likely to be too little too late as 2/3 of the patients have already left the surgery.
 - Holloway Road Surgery and Dr. Flinders are also to close shortly.
 - **SG asked for the relevant LPC members to attend the Primary Care Development meeting and feedback their personal experiences re. the Islington GP surgery closures to the committee and how patient care is currently being affected.**
- Camden -
 - Dr. Grass, West End Lane Surgery has already closed.
 - According to London-wide LMC 3 more surgeries are likely to close shortly. YP is currently endeavouring to get more detail from the LMC. There has been no official notification as yet.

Islington Out of Pocket (OOP) Claims Audit:

- Projected OOP cost for ICCG was £150k (the highest in London) -
 - ICCG are projecting £60k overspend on prescribing because of the cat M price increases in October (projected increased prescribing cost of £300k). As a result they are scrutinising everything in great detail. They may not meet their QIPP target!
 - The most recent Pact data indicates that these claims are rising again with the same contractors as the outliers.

Action no.	Description	Who to action
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9	To compose and send an email asking all C&I contractors to monitor their OOP expense claims to LPC members – comments within 3 days.	YP & All
10	To send this agreed email to all C&I contractors.	YP
11	To phone OOP expense claim outliers to stress the gravity of the situation – to take notes on conversation.	YP

Camden & Islington NHS Health check Review 2015/16 and Pilot Proposal:

- The pilot for Pharmacies joint working with “2Health” (who have an outreach contract to supply health checks with Camden LA) is ready to launch, however it has got stuck in PH, as they are prioritising - making the 7.5% in-year cuts that have just been announced.
- As previously reported this service has been rolled over with a view to reviewing its performance in 2016-17.
- YP informed the meeting that “2Health” were also working in Greenwich and Raj Matharu (CEO of Greenwich LPC) had said that “2Health” were working well.

Healthy Living Pharmacy Implementation:

- 2 Pharmacies have been granted HLP status -
 - Greenlight Pharmacy, Euston
 - Egerton Pharmacy, Islington
- The PH funded HLP workshop event on 30 June 2015 had been well attended and received with many contractors intending to submit their HLP applications shortly. The HLP project manager and YP have currently offered to support any contractors with their applications.

Camden Ageing Better Bid:

- 8 Pharmacies have been recruited, looking for at least 7 more to join.
 - Deadline for applying has been extended to 9am 20 July 2015.
- Big lottery have produced a contract for Age UK to use with its subcontractors. This has many of the standard clauses that the standard Local Authority contract and others such as -
 - Uncapped liability.
 - Asking for details of any adverts for vacancies to be approved by Age UK.
 - Supplying CVs of all the staff involved in the service.

YP stated that he had commented on the SLA, but would appreciate comments from the committee also.

- Training is earmarked for 17 and 30 September 2015 with a late pm slot for Pharmacy staff, with Pharmacists attending from 7.30pm for an hour or so.

8. EHC UPDATE

YP stated that Health watch had favoured the second option which currently states that –

- There would be no postcode restriction for clients -
 - All 15 Pharmacies in Tottenham Court Road area could potentially be eligible for this service as no stipulation for 6 day opening.
- The service will be expanded to areas where there are seen to be gaps.

YP stated that he would be having a chat with the EHC commissioner - Jason Strelitz in the coming weeks to finalise things. YP added that he is currently waiting for paperwork to confirm that this service can progress from a procurement point of view.

9. TREASURERS REPORT (BPT & YP)**Draft 2014-15 Accounts:**

YP informed the meeting that the accountant has been given the minutes of past LPC meetings and the management accounts. YP added that the accountants had said that they would send back some draft accounts by the 22nd July 2015.

YP stated that some queries – to be discussed later in the agenda, would have to be resolved for these accounts to be signed off.

Draft 2015-16 Budget:

YP reminded the meeting members that the budget had been tabled at the last LPC meeting and that nothing had changed, apart from the change due to Sanjay Boots now not attending PL meetings. YP stated that the funds in the bank were currently £180, 000. YP reminded the meeting that PSNC guidance currently states that the LPC should have £60,000 held in reserves, therefore there is a surplus of about £120,000. YP asked the committee for their thoughts on what to do with this surplus.

SG suggested that the discussion re. how the surplus funds should be managed should wait till after the accounts would be signed off.

SG and BPC suggested that at the AGM, the contractors should be consulted as to how the surplus funds could be spent.

The meeting members formally accepted the draft budget for 2015/16.

Proposed Pharmacy London Levy Increase from £25 to £35 per contractor per year:

BPC asked whether all the other LPCs in PL would be buying into this.

YP stated that they should be.

SPA suggested that the levy amount be increased further to fund the continuing good work of PL.

All the members present voted unanimously in favour of the levy being increased to £35 per contractor per year.

Revised Agreed Meeting attendance spreadsheet:

YP stated that for information - all Member Expense claims information are presently in the LPC cloud.

The members present formally accepted unanimously that SPB would no longer be attending PL meetings.

Expense claim procedure:

SG reminded the meeting of this procedure:

- Members would submit invoices that would match the expenses policy.
- The claims would then go to the finance subcommittee – who then examine.
- YP would then double check the validity of the claim.
 - Anything outside the policy would go to the governance subcommittee.

10. LPC ANNUAL REPORT/AGM

YP highlighted the following points:

- AGM scheduled for 29 September 2015 (at Ambassadors) – notice must be sent out 30 days before this date.
- Accounts must be signed off between this meeting and the September 2015 meeting.
- SG reminded the members that the LPC accounts are currently audited.
- Alistair Buxton from PSNC will be attending – to talk about NHS commissioned enhanced services.
- Leyla Hannbeck from NPA will be attending – to talk about GPHC inspections.
 - YP stated that the PSNC and the NPA were currently in talks to form a National Provider Organisation – to provide back office support to help local tendering for services.
- AGM agenda -
 - Ask contractors how they would like their money invested -
 - SG suggested that contractors could be asked whether they would be interested in the LPC funding the setting up of a provider company.
 - YP informed the meeting that pursuing the LLP model for this provider company would be fraught with problems, as seen in the BBG area.

- YP added that the Provider company model set up by some of the members of the C&H LPC could be mirrored, as they have set up their company relatively easily.

11. EPSR2 ISSUES/CONCERNS

YP highlighted the following points:

- Nominations – CN stated that some pharmacy chains are currently over nominating. SG wondered whether the LPC could have a meeting with some of these contractors who are currently involved in this over nomination – and SG added that the LPC must act as an honest broker (facilitating fair conversations between contractors) between the contractors with grievances and those who are causing the problems. SG suggested that an email be sent from the LPC asking all C&I contractors to send in messages detailing evidence of their negative experiences wrt. nominations (with GPs and Pharmacy) – this would enable any problems to be brought to the LPC's attention in a formal way.
BPC stated that this email should be a two part one – where the second part should remind the contractors of the policy procedures re. nominations (especially re. patient signatures). YP stated that the escalation procedure for this matter would be to send detailed evidence of complaints to HSCIC – where they would then carry out an audit of the nomination history for the contractors involved.
- Direction of Prescriptions – CN stated that he had experienced occasions when GPs had steered patients to certain pharmacies.
YP stated that to make a formal complaint re. direction of prescriptions (complaint would be raised with NHS E) would require evidence and could mean the breakdown in a relationship with a local GP surgery.

Action no.	Description	Who to action
12	To draw up a two part email which would a) ask all C&I contractors to send in messages detailing evidence of their negative experiences wrt. nominations (with GPs and Pharmacy, b) remind the contractors of the policy procedures re. nominations (especially re. patient signatures) – this email would then be sent to the committee.	YP
13	To look at the “nominations issues” email created by YP – to add to it if necessary and add comments within three days.	ALL
14	To send out the revised “nominations issues” email to all contractors.	YP

- Other EPS issues –
YP stated that missing scripts, printing and consumable costs, and concerns re. the implementation of EPS phase 4 have all been raised nationally with NHS E and HSCIC.

12. ISLINGTON REPEAT RX MANAGEMENT GUIDANCE FOR CPS

YP stated that he had sent an email back to Islington Medicines Management after the last LPC meeting stating that the LPC would be rejecting this guidance. YP stated that a redraft of this guidance is now currently taking place which would include details re. GPs. YP added that the same guidance had been produced in Cheshire for Pharmacy and GPs.

BPC asked that the message of enforcing a 48 hour turnaround time for processing repeat requests for medicines be taken to the next medicines management meeting (current turnaround times are taking up to a week).

SG proposed that the contractors be asked to carry out an audit on the number of lends they carry out in a week.

YP stated the PSNC has already carried out such an audit, nationally, therefore their data could be used.

SG asked YP to get hold of a copy of this PSNC report when published.

Action no.	Description	Who to action
15	To talk to Rob Darracott to discover the publish date of the PSNC audit report on Emergency supplies	YP

13. ISLINGTON SAFER OLDER PEOPLES MEDICINES MANAGEMENT DRAFT REPORT

SG stated that Islington CCG had spent a large sum of money to commission a GP and several Medicines management staff to look at the issue of “older people” - this 80 page draft report had been the result.

YP added that this academic report with 34 recommendations currently proposes that practice based pharmacists should be funded to carry out medicines reviews for older people – it also recommends domiciliary MURs. YP added that a scaled down version of this report would be tabled at the upcoming medicines management group meeting. YP stated that he has accuracy and evidence issues to bring up at this meeting.

SG suggested that a line stating the LPC’s recommendations should be submitted and added to the report.

Action no.	Description	Who to action
16	To send comments on the Islington Safer Older Peoples Medicines Management Draft Report to YP ASAP.	ALL

14. SERVICE UPDATES/OPPORTUNITIES

NHSE/111 PURM Service Update:

YP stated that this would be mainstream funded when the full service comes online in April 2016.

Vaccination Service:

YP stated that a report had been sent out by BS highlighting the issues and news re. this service.

Ambulatory BP monitoring service in Islington:

YP stated that Pharmacy could provide this service. YP added that there was currently no funding available to buy any of the BP monitor devices to store in Pharmacies. YP stated that the service would pay £30 for each patient and the cost for a blood pressure monitor would be approx. £100

Anticoagulation:

YP stated that this service was currently going out to tender. YP added that Pharmacy could potentially be involved in this service. YP stated that the ITT stage would take place in October 2015, with the service going live in summer 2016. YP stated that Hitesh Patel (CEO of C&H LPC) would be approached to share best practice in this matter. The committee were happy for YP to continue to pursue the above service opportunities.

15. HLP UPDATE

YP informed the meeting that there were now two Pharmacies in the C&I area (one in each borough) which had achieved HLP status – a handful of other pharmacies were also close to becoming HLPs. YP stated that 15 Pharmacists had attended the HLP workshop in June 2015 where the process of becoming HLPs had been demystified. YP asked the meeting members whether they would be happy for him to continue supporting these 15 contractors to help them become HLPs – the members were happy to support this continuing action.

16. CEO PAY AND CONDITIONS

Whilst YP was still in the room SG highlighted the following points:

- The PSNC recognised lawyers had been approached to put together a “terms of association” for YP.
- These “terms of association” had been sent back to the LPC.

- SG added that the lawyers were currently happy with this document – it would now remain for the LPC and YP to sign off the newest version (V3).
- SG suggested that two LPC members sit with him in the breakout section of this meeting to discuss recommendations re. this new version of the terms – the members were happy with this proposal – CN and EA agreed to sit with SG.

YP stated that he had read the latest “terms of association” and he had issues with it (re. a clause involving tax and N.I. liability). YP stated that he would have to get some outside legal advice before signing off on this.

YP DREW THIS SECTION TO A CLOSE FOR LUNCH

17. FINANCE

BPT stated that he felt that the invoices obtained for locum pharmacists going forward should include the following information:

- Name of locum.
- GPHC no.
- What the claim is for.
- Name of Pharmacy.
- Address of Pharmacy.
- Opening hours of Pharmacy.

SG stated that a claim template should be produced.

Action no.	Description	Who to action
19	To draw up locum expense claim template for September 2015 LPC meeting.	YP/SG

YP stated that a divert would have to be set up on the old P.O. BOX (cost £150), which would redirect mail to a new P.O. BOX, which would have to be set up (cost £300).

The committee authorised treasurer time and the resources needed to action the above.

Action no.	Description	Who to action
20	To place a divert on the old P.O. BOX for 6 months (cost £150), which would redirect mail to a new P.O. BOX, which would have to be set up (cost £300).	YP/BPT

18. SUB-GROUP MEMBERSHIP

YP asked for another two signatories to join BPC, SG and BPT.

HS and EA agreed to be the extra signatories.

Action no.	Description	Who to action
21	To action the inclusion of HS and EA as signatories for FAC duties such as signing off expense claims.	BPT

YP stated that there was a current vacant place on the finance committee – HS stated that she would fill this place. YP added that there were also currently two empty places on the Stakeholder committee – UP stated that he would fill one of these places.

19. SUB GROUP BREAKOUTS - FEEDBACK

Governance – Governance compliance – contract (SG, EA & CN):

SG stated that this group had scrutinised the “consultancy agreement for YP’s CEO position” and highlighted the following issues:

- The address was the old P.O. Box address.

- This is a robust document.
- YP is currently paid bi-monthly, despite it having been agreed at a previous meeting to pay him monthly – this agreement states that YP must be paid monthly.
 - The Financial committee decided to set up a monthly standing order to pay YP his wages.

Action no.	Description	Who to action
22	To set up a monthly standing order with the bank with which to pay YP's wages going forward.	Finance Committee

- The lawyers will have to be emailed to discuss the changing of four or five minor details re. this agreement. *All of the members present agreed that after these changes had been made, they would be happy to fully endorse this document.*
 - Example - A section currently states that YP will be responsible for all his education and training. SG stated that this clause would be tweaked.

Action no.	Description	Who to action
23	To ask the lawyers to change a few minor details in YP's consultancy agreement – this new draft would then be accepted and sent to YP to sign off.	SG & Finance Committee

Contractor Support/Stakeholder – Plan contractor events/Pharmacy Forums (UP, YP & SPA):

SPA stated that four Pharmacy forums would be set up for Camden. SPA added that the first forum would be scheduled for September 2015, hopefully avoiding the AGM.

YP stated that he already has Islington contractors leading on setting up forums for the Islington area – UP stated that he would be the contact for the Islington forums.

Comms – Update LPC Website, Brainstorm Comms strategy (WB):

WB stated that he would create a video featuring YP to add to the website.

YP stated that a tab had been added to the website so that useful HLP information could be looked at.

Finance – Admin, Update management Accounts, Summarise Members expense claims (HS, BPC & BPT):

BPT stated that they would finish the expenses claiming template, and BPT stated that any outstanding expense claims for the last financial year could not now be submitted, as they would now be outside the two months from April 2015.

SG confirmed that claims could be emailed or posted to the Treasurer or CEO going forward.

BPT reminded the meeting that multiple members were currently required to sign off these claims.

SG asked the members to read fully the expenses policy.

21. AOB

FLU:

WB stated that he would offer 10 Islington contractors the opportunity to undergo free flu training and private pgds on his new website (Voyager Medical – voyagermedical.co.uk). These individuals would be expected to feedback any issues they experienced on the website

Meeting dates for 2015/16:

29th September 2015 AGM	11.00-17.30 & 18.30-21.30	Ibis Hotel Euston/Ambassadors
8th November 2015	09.00-17.30	Ibis Hotel Euston
*26th January 2016	09.00-17.30	Ibis Hotel Euston
*22nd March 2016	09.00-17.30	Ibis Hotel Euston
*17th May 2016	09.00-17.30	Ibis Hotel Euston
*12th July 2016	09.00-17.30	Ibis Hotel Euston
*20th September 2016 AGM	11.00-17.30 & 18.30-21.30	Ibis Hotel Euston/Ambassadors