

MINUTES: OPEN

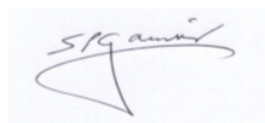
DATE: 3rd February 2016

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 Turnbolls	BPT	Stepped down
Bipin Patel Clockwork	BPC	P
Elena Alexandrou	EA	Aa
Udit Patel	UP	P
Wojtek 'Mike' Bereza	WB	P
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P
Kim Khaki	KK	Aa
Jayesh Patel	JP	P
Beneeta Shah	BS	P
Hitesh Tailor	HT	P
Ayesha Aleem	AA	Mat. leave
In Attendance		
Yogendra Parmar (CEO)	YP	P
Stuart Brown (Minutes)	SB	P
Hitesh Patel CEO C&H LPC, Director PSP)	HP	P (11 – 11.30am)
Harpreet Shergill (The Health and Social Care Information Centre)	HS	P (11.30 – 12.00)



23.3.16

1. WELCOME BY CHAIR & APOLOGIES

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

SG reported that BPT had stepped down and that his replacement on the committee would have to be found.

2. MINUTES OF THE LAST MEETING (NOV 2015)

BS stated that wrt. YP's KPI settings, she thought that the details of these would have been sent out to all the committee members, even those not present, for agreement.

YP stated that he had gone through the recordings and had found no mention of an agreement to send the KPIs out to absent members for ratification. YP apologised for not sending out the final KPI document sooner – he had prioritised other more pressing work above it.

SG signed off the minutes as accurate.

Outstanding actions

Previous Action - SG to draw up an LPC members' feedback form for YP's CEO appraisal for 2016

SG encouraged the members present to fill in this feedback form ASAP.

BS proposed that this should be set up using survey monkey in order to get anonymised comments.

Action no.	Description	Who to action
1	To set up a Survey Monkey to record feedback for YP's CEO appraisal from LPC members.	YP/SG

Previous Action - To obtain change of signatories' form from Lloyds & To cancel DD payment which currently pays for old P.O. Box (next payment Feb 2016)

SG proposed that YP become a LPC bank account signatory. SG added that this would help a situation where either SG or BPC would not be present at a future meeting, because YP would be able to sign cheques (the bank statements would also be sent to YP).

YP stated that this may help with communicating with the bank to sort out admin issues. YP stated that YP could become an authorised administrator.

JP raised a concern that the Chair and CEO could collude to withdraw money from the accounts without the other LPC members' knowledge.

YP stated that his terms of association with the LPC stipulate that he would be held personally accountable for any negligence, including financial.

SG stated that most other LPCs have their CEOs as bank signatories.

The committee agreed unanimously

- to make YP a signatory for the LPC bank account
- for YP to receive the LPC bank statements and PPD remittance advice

YP stated that he would be happy with this responsibility on the understanding that he would sign cheques only if there were not enough other signatories present or if necessary according to the expenses policy.

Previous Action - To contact Amalin Dutt at Islington CCG in order to ask why he had not contacted the NHS E contracting team wrt. the contract model for extended Pharmacy opening times to match extended surgery opening times (funded by PM's challenge fund)

SG reminded the meeting that this action point had referred to Islington CCGs giving money to GPs to stay open late (till 8pm) and then these iHubs had approached local pharmacies to ask them if they would similarly open late (till 8 pm) but without any extra payment.

YP stated that he had not pressed Amalin on this matter, because he knew that he was currently under pressure with more important tasks.

Education and training

Action no.	Description	Who to action
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2 (previous action)	To provide SG with a list of schemes NHSE would like investment for re. Education and training for CP – so that SG can take this list to the LETB regional group meeting in November 2015.	YP (on the day of this meeting)
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DTR to obtain publication status of National Emergency supply audit report from NHSE National team

SG stated that NHSE National team have not produced the results for this due to capacity issues
YP added that many suspect that NHSE are currently sitting on the results because they know that the findings will produce demand for a service.

Action no.	Description	Who to action
3 (previous action)	To work with DTR on Camden MRD service issues: - Compiling data for backdated payments, Looking at MDS costings (Vena-link)	YP (on the day of this meeting)

Previous Action - All to read and send comments to YP, where appropriate, on the Islington Repeat Rx Management Guidance for CPs document

BPC stated that some GPs have sent pharmacies letters saying that repeat medication requests must be made by patients themselves (by dropping into the surgery). BPC stated that this would be impossible for house bound patients.

SG stated that he had looked into this matter and according to information from the NPA, there are no official rules on repeat dispensing. SG stated that GPs could not officially enforce this rule whereby only patients themselves can order repeats. SG stated that a report which had looked at where inappropriate repeats had come from had stated that GP surgery receptionists had been the biggest culprits, followed by patients (ticking everything on their repeat request paperwork) and then pharmacists. SG added that PV or CCA had carried out an audit, the findings of which showed that CP had been stopping inappropriate repeats.

YP stated that he had quoted this audit as evidence and Islington CCG had asked for Islington specific evidence.

BS suggested that Islington CCG be asked for the specific cases of Pharmacy inappropriately ordering repeat medications so that these instances could be looked into and discounted where possible.

BPC suggested that the GPs sending these letters will revert back to letting Pharmacy order the repeat medication when they realise how much extra work it will be for them.

SG suggested that a gold standard SOP could be produced.

YP stated that the Islington Repeat Rx Management Guidance for CPs document is not a bad document, therefore the Islington area shouldn't be a problem. YP added that for Camden, he would be happy to work with the GP federation on this matter to nip the problem in the bud.

It was agreed for YP to hold off on any action in C&I re. this matter for fear of unintentionally spreading the practice by highlighting it.

Governance

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

3. CEO REPORT

YP highlighted the following points from his report:

LPC Contractor Events:

- HLP Leadership training event on 25 November 2015 -
 - Attended by 20 Pharmacists.
- Health Champion training event on 9 December 2015 -
 - Attended by 18 delegates.

- Islington Pharmacy Forum event on 20 January 2016 -
 - Attended by 14 Pharmacists and Pre-regs.
- Camden Pharmacy Forum event on 21 January 2016 -
 - Attended by 25 Pharmacists and Pre-regs.
- All these events were very well received and the feedback had been glowing (on the feedback forms at least).

JP commented that he had had verbal feedback that the forum events had not been interactive enough and were actually quite dull.

YP stated that he could contact the LPF to possibly organize and conduct future forums based around clinical areas going forward.

SG stated that the LPC should organize future forums on the subject of leadership skills or buying etc. going forward.

YP stated that these “specialist skills” forums would have to be paid for by the LPC (Approx. £1000 per forum). YP wondered whether LPC meetings could be sponsored by drug companies. YP stated that in accordance with his KPIs he would be organizing 4 forums for this year.

The meeting members were happy with 2 of these forums to be paid for by the LPC, and 2 of them to be sponsored by a drug company (and the forum being based around a clinical area).

BS suggested that the focus of these forums should be on upskilling and income maximization for contractors. BS wondered what the difference currently was between the contractor events and the contractor focused forum events in terms of topics.

YP reminded the meeting that the two chairs for contractor events are SPA for Camden and Anand Patel (Savemain Pharmacy) for Islington.

JP asked if these chairs had spoken to their respective contractors to find out what they would want from future contractor events.

YP stated that the chairs would start this consultation work soon.

YP proposed to engage Saritta Dattani on a casual basis to help organize, promote and administer contractor events going forward. YP added that this work would be for approx. 5 hours per month at most.

The members agreed to this proposal.

Funding for Pharmacist Independent Prescribing

Camden -

- 6 Pharmacists have received CEPN funding for places at Hertfordshire University.
- Another approx. 6 pharmacists have applied for the London wide funding.

Islington -

- 2-3 Pharmacists have applied for London wide funding.
- The CEPN in Islington also had funding available for pharmacist prescribers, however their places had been undersubscribed.
 - YP brought up this fact at the Islington Meds Optimisation Group meeting.
 - SG stated that YP should ask for assurances that this would not happen again or else the fact that they had not utilised these funds fully would be brought up at a subsequent Primary Care Forum meeting.

London Wide funding -

- There were 84 applicants for 70 places. The LPC is currently awaiting the borough breakdown.
- This funding is just for 2015/16 academic year. It cannot be used for intake in Sept 16.
- Some applicants, because of the timeframes, have not been able to secure a DMP and/or a University place.

Islington developments

PM Challenge Fund bids and Investment bids

- All the Islington iHubs are now live. They are meant to operate 8am to 8pm, 7 days a week (although none had been open on Christmas or New Year's day 2015/16). The sites are currently:
 - Islington Central.
 - Rise practice.
 - Richie St.
- The attendance data shows that approx. 20% of OOH appointments are being used by the surgeries own patients.
 - Ritchie Street iHub and associated Walk-in Centre are both funded, it would appear, to do the same job. YP stated that this could be an example of double funding.
 - The LMC have rightly queried the equity of access for other surgeries patients to these sites.
- ICCG have approved a number of investment bids, most pertinent are:
 - 2 Practice based Pharmacists have been engaged by the GP Federation through GP Connect (part of Greenlight Healthcare Ltd). The GP Fed. have received £102k of funding for a series of elements of Practice funding support. Some of this has been used to fund two band 7 Practice Pharmacists for an initial 6-month pilot, at which stage the project would be reviewed with an option for the GP Federation to extend the pilot to 1 year.
 - WISH group practices (4 Islington/4 Haringey practices), partnered with Whittington Health were successful in their bid to NHSE for practice based Pharmacists. They will be advertising the posts shortly.

Dressings Central Procurement Pilot

- Liam Beadman is now 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 was developed and completed by 62 healthcare professionals from 17 practices and 15 community pharmacies”.
 - 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.
 - This pilot in North and Central Islington that started in December 2014 was to continue until April '16. Whittington Health have offered to extend this pilot until October 2016 at marginal extra cost for the whole of Islington.
 - The LMC is quite keen on this opportunity as it was previously believed to be unviable.
 - YP has restated categorically that the LPC is vehemently opposed to this and will happily work with GPs/CCG to develop an alternative.
 - SG asked whether the LPC would like to put in a tender for this service.
 - YP stated that Liam Beadman would be open to a bid from the LPC/CP.
 - A sub-group is yet to be convened to review the options for Dressings supply.

Outstanding ES Payments

- At the LPC's recent meeting with Julie Billet and Charlotte Ashton, concerns had been raised about delays in payments and the lack of detailed remittance. They reassured the LPC that they are doing everything they currently can to ensure payments are processed in a timely manner. However, some of the council's systems currently frustrate them. They stated that the 6 monthly services statement they currently produce were the best that they could do.
- NHSE payments are still erratic and there is a lack of detailed remittance advice. Even if the payments are authorized in a timely manner...the payments get snarled up in finance!

- Several contractors are still reporting not having been paid since January 2015.
- Some contractors have still not been paid for 2014/15 flu vaccinations despite chasing payment regularly.
- David Tamby-Rajah (DTR) is in the process of setting up a payments tracker database for Pharmacy to mirror the database currently in place for GP payments.

CPAF Questionnaire 2015-16

London averaged 94% CPAF returns across London.

- 12 C&I contractors are listed as non-responders by NHSE -
 - YP has contacted all of these non-responders, most of which state that they had already completed the questionnaire.
- NHSE are hoping to complete the review of the submissions to identify those that would need follow up with the full CPAF or a compliance visit.

MAS/MRD & PURM2:

YP stated that he was currently very concerned that both these services would be under serious threat as a result of cuts at NHSE. YP added that Donal Markey (DM) was currently in charge of all the CP contracts, and any future decisions at all, linked with a cost implication, would now have to go directly through DM.

MDS:

YP stated that everything has been agreed to wrt. this service in Camden (and some contractors in Islington) by DTR except the back dating of the payments by one year. YP stated that he was currently worried that this service would now be decommissioned.

YP added that the service is still currently running, for the moment, and new patients could currently be added via Webstar.

Action no.	Description	Who to action
5	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.	YP

MAS:

YP stated that the worst case scenario would be that a review of the local MA service would take place and pan London service would be shelved, and the best case scenario would be that the exiting local services would be left alone and again, the London service would be shelved.

Islington MAS:

BPC asked about the state of the revamping of the system whereby patients could self-refer.

YP stated that the LMC were currently in favour of this.

PURM2:

YP stated that he thought that this service would be decommissioned (despite mainstream funding being agreed).

Vaccination service:

YP stated that Flu and PPV vaccinations were 2% down on last year, against a backdrop of a 4% drop Nationally.

Service Reviews**Smoking Cessation:**

YP stated that a new Varenicline PGD had been signed off in Islington. YP added that training would start this week.

BPC stated that the SLA would have to be looked at thoroughly for this service, he was also concerned that the SLA had not come to the LPC for sign off before this, and wondered whether anything sinister was currently going on.

SG and YP stated that they felt that this behavior had been borne out of haste to get the PGD and associated training delivered rather than a will to subvert process.

YP stated that both boroughs are nowhere near their quit targets, but only Islington has had a quality premium of £100k linked to meeting the quit target. YP added that this reflects really badly on Islington GPs as they have historically achieved most of the quits in the borough.

YP stated that ICCG have been very critical of the way PH have managed this service and have been very strongly defending the GP performance. YP added that "Turnaround" meetings for both services had been convened before Christmas. This has resulted in a number of initiatives in Islington:

- A big marketing campaign in local papers.
- The stop smoking service (SSS) hosting satellite clinics in iHubs, GP surgeries and Boots Angel with all the activity and associated remuneration being attributed to the venue.
- Varenicline PGD with associated funding has been signed off over Christmas 2015 - with the first training session on 4 Feb 2016.

EHC

Camden EHC re-procurement –

- This is currently being led by Jennie Mckeith and the Camden LA procurement team.
- This process started just before Christmas 2015 and was to be completed by mid-January 2016.
 - There were a number of blunders -
 - The service spec. in the document bundle was out of date and included the very clause that the LPC had been fighting to have removed (**thanks to BS for spotting this**).
 - Several contractors that had expressed interest in providing EHC received the document pack very late (2 days before the submission deadline).
 - Consequently, the deadline for these contractors had been extended.
 - 35 (of the 45 contractors that had originally expressed interest) have now applied to provide EHC...18 will be commissioned mainly based on geographical spread.

Camden NHS Healthcheck Pilot:

YP stated that ToHealth have now started the Pharmacy Healthcheck pilot (12 sites have been selected), after the Healthcheck team persuaded them to come back to the table. YP added that directly commissioned Camden Pharmacies have now been given termination notices, however, ToHealth may well recruit these sites back onto the pilot, to join the existing 12 pilot sites.

YP stated that the terminated sites are being allowed to keep all the equipment including the LDX machines

BS stated that her Boots stores had not gone live and she had had no communication from ToHealth at all.

YP stated that he would pass on the new contact details for the contact at ToHealth for BS to resolve these issues.

BS stated that she was currently very disappointed at the lack of communication from ToHealth.

Action no.	Description	Who to action
6	To feedback examples of the poor levels of communication wrt. the Health Check service to ToHealth.	YP

SG wondered whether a provider company could join forces with ToHealth to help deliver this service for a fee.

YP stated that he was already speaking to ToHealth about this prospect.

Healthy Living Pharmacy Implementation:

YP highlighted the following points:

- The HLP Leadership and Health Champion training had been well attended and received. C&I now have approx. 30 Pharmacies that are eligible to apply for HLP status

- C&I LPC has proposed a workshop meeting to help these contractors to submit their applications...the HLP lead and project manager are not currently keen on this - citing concerns over receiving cut and paste applications.
 - YP has replied to this concern and stated that an application panel would assess the applications.
- 6 Pharmacies have been granted HLP status
 - Greenlight Pharmacy, Euston.
 - Greenlight Pharmacy, Cricklewood.
 - Aura Pharmacy, Camden.
 - Dermacia Pharmacy, Islington.
 - Apteka Pharmacy, Islington.
 - Egerton Pharmacy, Islington.
- The recommendation that the SLA's for some Local Public Health commissioned services should stipulate that the pharmacy hoping to deliver them should be HLP accredited has been scrapped for the moment.
- YP stated that Public Health will no longer fund the requisition DBS checks from the end of March 2016.
 - Health Checks, Smoking Cessation, EHC, supervised consumption services currently need a DBS check.

Action no.	Description	Who to action
7	To send an email to contractors to tell them to apply for their DBS checks before the 31 st March 2016.	YP

Camden Ageing Better Bid

YP stated that 13 Pharmacies have been recruited - 10 of which have returned their signed SLAs. YP added that the service had gone live on October 1 2015. YP stated that only 6 referrals had been generated from 4 Pharmacies as of last week. YP added that these are not good numbers. YP stated that he would call the Pharmacies involved to find out what is currently happening wrt. the instances of a lack of referrals.

4. PROVIDER COMPANY FORMATION

The committee welcomed Hitesh Patel to the meeting.

HP spoke about his experience of setting up and running the Provider Company (PSP) in City & Hackney.

PSP:

HP highlighted the following points:

- PSP is a company limited by guarantee (which is the model approved by PSNC).
- C&H LPC had adopted the PSNC approved model wrt. subscriptions (£600 p.a. for members of the PSP).
- other provider companies in other areas had introduced low fees of £50, however they would be using the LPCs for back office functions.
 - These LPCs are currently loaning money to these Provider Companies to carry out these back office functions.
- C&H LPC have decided to keep PSPs function separate from its own – with only a report on the status of the LPC loan being given at LPC meetings.
- C&H LPC had to change their LPC constitution (voted in by all the contractors) in order to make it possible for the LPC to loan money to PSP.
- The company's staff will have to be paid regularly, and these costs will escalate as more services are bid for.

- Another concern is whether you give members and non-members different forms of remuneration.
 - PSP members will currently get an enhanced fee for the services they provide which has been procured by PSP.
- PSP has put in a bid to provide all the Public Health services for Hackney council
 - Hackney Council would currently like to see a detailed plan for performance management.
- Should the company make profits, then some of this money will be paid back to the members.
- The set up cost for PSP was £7000 (£5000 legal fees).
- Ongoing costs will include a manager's fees.
- Should C&I contractors want to join PSP, then these set up costs would not exist.
 - HP wondered how much C&I contractors would pay to join PSP, and added that this fee may be called an admin fee to help fit in to the governance systems of the big multiple pharmacies.

SG asked what contracts were on the horizon for PSP.

HP stated that Hackney Council will treat PSP as a preferred provider of Public Health services going forward. HP added that sexual health services would also be bid for.

- Provider Companies must have a proven financial history in order to successfully bid for services (rule of thumb is a company has to have a turnover double that of the bidding value).
 - This means that lead providers (Acute trusts) sometimes have to be sought (with a suitable turnover) which could sub-contract out to the provider company.
- HP stated that he would expect a minimum of 2 of the C&I LPC members (who would also become members of PSP) to join the company's board of directors.
- There are currently 5 directors for PSP – 2 C&H LPC members and 3 contractors.

SG stated that the two options:

1. For C&I LPC to form their own provider company.
2. For C&I contractors to join PSP.

Would be put forward at a SGM for the C&I contractors to vote upon.

HP and YP stated that C&I contractors could join PSP right now as a member.

HP stated that PSP would have to have a meeting to finalise the details wrt. associate members.

HP stated that the C&I contractors who would sit on the PSP board would be able to advise the other C&I contractors on how to join PSP.

HP stated that the C&H LPC and PSP currently share a good relationship.

Provider Company Subcommittee

SPA and UP volunteered to form this subcommittee, and agreed to head up this work going forward.

5. ICCG ANTICOAGULATION PROCUREMENT

YP highlighted the following points:

- This procurement had been launched this week (*Documents have been included in the meeting papers*).
- Total funding envelope is currently £1-1.2mill for approx. 8-900 patient (exact figure still tbc). To include:
 - Specialist Hospital provision.
 - Community Provision from at least 3 sites over extended hours on some days.
 - Specs. states that -
 - each site must manage a ≥ 200 patients' min to maintain competence -
 - In effect this means 4 sites max due to the size of the patient cohort.
 - Provision of a domiciliary service for the housebound.

- All drug costs would have to be met, including bridging therapy for patients to undergo surgery.
- As many suitable patients must be migrated to NOACs as soon as possible (which means that the patient base would dwindle).
- IT and clinical decision support must be met across the sites.
- Telemedicine.
- All the governance and oversight must be provided.
- The GP federation would prefer to be the lead provider (despite their lack of trading history) if they bid to avoid any top slicing from the acute trust.
- YP will be meeting with the GP federation on 5 Feb 2016 to discuss how best to proceed with this.

HP suggested that C&I LPC could offer to work with the GP Federation (the contract holder) and the LPC would offer to negotiate with contractors and find the sites for this service.

HP stated that this service spec. sounds the same as the one in C&H, except that the funding is £600,000 to cater for 1600 patients – and this was the reason why PSP struggled to make a viable tender for this service.

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

6. SCR WARMUP SESSIONS

Roll out of SCR across London:

RM welcomed HS to the meeting and HS spoke to a presentation and made the following points:

- The Summary Care Record (SCR) is a copy of the GP patient record.
- The SCR is viewed through the Pharmacy PMR system, by accessing a secure website, using a smartcard (no additional I.T. equipment will be needed).
- Benefits:
 - More information will be available for making decisions to generate better treatment options.
 - Can show government that Pharmacy can help decrease pressure which is currently on the NHS.
- This access will be “read only”, however the vision will be to give Pharmacy a “read and write” access in the future.
- The roll out to Pharmacy will be delivered at a local level with the help of NHS E London –
 - Providing resources and project managers.
 - An email will be sent to contractors soon to inform them about the details of the roll out.
- The access to the SCR will be carried out by adding a “role” to the smartcards (this will be done automatically by the RA, once the training has been completed).
 - Smart card must be working and the smart card certificates must be up to date, and the pins must be free and unblocked.
 - Sharing of smart cards cannot continue – because the SCR access will use a very strict auditing function (date and time stamps for users).
- Two types of people in Pharmacies can access the SCR –
 - Pharmacists.
 - Pharmacy technicians (level 3).
- To have the role added to the smartcard, 2 staff from each Pharmacy will be encouraged to attend the training – Pharmacists (superintendent?)/Pharmacy technicians will have to -
 - a) carry out the CPPE online training (which is currently live on the CPPE website).
 - HS recommended that this training should be carried out close to the implementation date in order to keep the training current.

- This training will take 1 hour to complete – a certificate will then be issued on completion (which would then have to be produced at the face to face training).
- b) attend a face to face implementation training session (core SCR training, followed by Privacy officer training). –
 - two members from each pharmacy must attend this.
 - A privacy officer MUST be nominated for each pharmacy.
 - Three things must be brought to the training –
 - A copy of the certificate obtained from the online training.
 - Smart card number.
 - Confirmation of the online form having been filled out on the HSCIC website by the contractor.
 - These events will be planned for the evenings by NHS E with the help of LPCs and LPFs.
 - These events will start from April 2016.
 - Communications will be sent out to all pharmacies.
 - Pharmacists/Pharmacy technicians can attend any training session in London.
 - These sessions will last 2.5 hours and will cover the training wrt. becoming a privacy officer (this role will be added to this person's smart card automatically).

Questions:

SG wondered how regular locums would operate this system.

- HS stated that SCR access is site specific, and if a pharmacist works in up to 5 sites, then access to these 5 sites can be added to a smart card. HS added that access to more than 5 sites will require an RA sponsor to add a 5F profile to the card.

SG stated that the whole smart card I.T. system is not currently user friendly for CP wrt. putting in and taking out smart cards.

- HS suggested that SG email him, so that HSCIC can begin to work with the service providers to try and solve some of these issues (someone could come to a pharmacy to observe the problems in action).

BS stated that Boots have had some issues with some RAs not granting access to SCR to 5F profile holders.

Again HS suggested that BS email him, so that HSCIC can begin to work with the different RAs to try and solve some of these issues.

- HS suggested that some contractors could become local RA sponsors to enable the unblocking of smart cards.
- HS stated that gaining access to the SCR is not mandatory, therefore Pharmacies can opt in or opt out. HS added that upon the first test access to the system, a one off payment would be triggered to be paid to the Pharmacy.

YP asked about whether access to the SCR would increase a pharmacist's liability.

HS replied and made the following points:

- that the NPA had made a statement that there would be no increased liability by Pharmacists having access to both versions of the SCR.
- The RPS and the GPHC have also made comments on this liability issue (these comments can be found on the HSCIC website).
- it would not be practical for a pharmacist to access the SCR for every interaction – therefore it should be used as another source of information to help Pharmacists make informed decisions.
- GPHC and RPs will be developing best practice standards for CP wrt. SCR access use.

- HS' personal view is that Pharmacists should be accessing the SCR on the hour, every hour, because SCR touches every element of the practice (this is of course subject to patient volume).

HS asked whether the training would be ongoing – to cater for new staff joining pharmacies.

- HS stated that new staff would undergo the core online CPPE training, and would then undergo online privacy officer training before registering the local RA in the normal way.

BPC asked about whether the pilot sites had encountered any legal challenges.

- HS stated that the 140 pilot sites had been running for a year and had had no legal challenges from patients or other health care providers. These sites all stated that SCR was valuable and useful.

HS stated that 97% of Patients across the U.K. have already given consent for GPs to give Pharmacy access the basic SCR. HS added that verbal consent would have to be given by a patient should a pharmacist wish to view their SCR, whilst the patient would be in the Pharmacy. HS added that patients could opt out of being visible on the SCR at any time.

SG asked about further details wrt. the training events.

- HS stated that Eventbrite would be used for booking the training:
 - A confirmation email would be sent to attendees.
 - A reminder email will also be sent.
- Training events would likely take place on a Tuesday, Wednesday or Thursday.
- HS stated that there would be 30 - 50 events to correspond to the 32 boroughs.
- HS added that the events could be organized according to RA area.
- HS stated that any pharmacist could attend any event in any area.

HS stated that some of the larger multiple companies have stated that they would organize their own training sessions.

The meeting members thanked HS for his presentation.

7. TREASURERS REPORT

15-16 LPC Management Accounts:

YP stated that he updated these accounts as much as possible. YP stated that he did not have access to the bank statements before, but he has them now. YP added that the LPC was currently on track to get everything completed by the end of March 2016. YP stated that BPT currently holds some important paperwork (which would have to go to the accountant) must be collected by an LPC member.

Accountants Fees:

YP stated that there was an outstanding bill from the accountant for preparing the LPC accounts for 2014-15. The invoice had been received late due to an administrative error at the accountants.

Change of Signatories:

YP stated that this will be completed in the breakout session this afternoon. YP added that EA's signature would be needed to make this happen.

Internet Banking:

YP stated that this will be completed in the breakout session this afternoon. YP added that EA's signature would be needed to make this happen.

LPC Reserves:

YP stated that he could not give an accurate figure for this, as he had not seen the current bank statement, however he felt as though the amount was approx. £190,000.

YP apologised for the brevity of this report.

8. LPC WEBSITE/REBRANDING PROPOSALS

YP referred the meeting to the documents 10.0 and 10.1 for this meeting.

YP stated that he had received a proposal from a website design company called "10 creative Ltd" who were proposing to redesign the C&I LPC website and create a logo for the site, and business cards.

YP highlighted the content of the proposed new website would include:

Home - About the LPC - Latest News - Calendar - Documents - Education Websites - Survey - Healthy Living Pharmacy (HLP) - Newsletter signup (connected to Mailchimp - see On-going Email Marketing) - Social Media integration where possible (Twitter feed, Google / Yahoo Group setup to communicate with contractors).

YP stated that this company had looked at the current state of other LPCs around the UK, and the company thought there was an opportunity to create a high end solution that can be re-sold multiple times to other LPCs. Due to the potential income this could create for the company, they would be happy to reduce the costs for option 3, while actually putting in more effort with a view to the reselling the solution to other LPCs – therefore the proposal for website option 3 - new website - responsive would cost the LPC approx. £2,250.00 instead of £4,500.

WB stated that this price is currently reasonable.

YP then stated that he had also had a proposal, prepared by Chike Nwangwu (Bezda Ltd), to map other leading LPC websites and mirror tailored content to our LPC website at a cost of £240. YP added that Chike would then charge £35 per hour to update website content in the future (approx. an hour a month of work).

YP stated that for this whole package it would cost the LPC £2490.

YP stated that the redesigned website could be hosted by PSNC or hosted separately (for £100 per year).

WB warned that the social media feed would have to be carefully monitored and its content carefully thought out.

YP stated that there could be a members' section included to the website – which could be accessed by a password.

BS asked what this new website would be able to do, as compared to the existing (PSNC hosted) one.

YP stated that this new website would be mobile friendly (the PSNC website is currently not), would be easily navigable and events could be booked through links to this new website.

WB stated that he would help YP with the development of this new site.

A vote was taken on whether a new website should be built – 2 voted “no”, 7 voted “yes”.

A vote was then taken on whether the content should be managed by Chike and his company – 8 voted “yes” and there was 1 abstention.

Action no.	Description	Who to action
8	To start work on the creation of the new website, by working with “10creative” and “Chike”.	YP/WB

9. PHARMACY CUTS

SG stated that the DoH launched the ‘consultation’ on these changes on 17 Dec 2015. This consultation would close on 24 March 2016. The implications for CP are as follows:

- £170m (6%, non-negotiable) cut for 2016/17 from 1 October 2016...so it will actually feel like a 12% cut in the second half of the year.
- There is currently an ambition to -
 - lose 1-3000 CPs.
 - Remove over provision/clustering of CPs.
 - Remove establishment payments completely in 3-5 years.
 - Increase prescribing interval.
 - Shift emphasis to more clinical services.
 - Move to Hub and Spoke/Centralised dispensing.
 - Introduce “Click and collect” and online offerings.

BPC stated that this was completely contradictory to the previous messages re. moves to increase patient safety and reduce waste.

SG and YP then stated that -

- 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 the LPC and the C&I contractors must lobby local contacts, councilors, MPs, Healthwatch and patients to fight these cuts.
- The budgets will be cut further over the coming years.

SG stated that C&I and KCW areas contain the pharmacies delivering the lowest prescription volumes, therefore lots of C&I pharmacies will be forced to close because of the cuts. SG added that when GP practices were recently under threat of closure then NHS E parachuted in help to help keep them open.

SG stated that the LPC should concentrate on two work streams to help weather the cuts:

1. Work to lobby local contacts, councilors, MPs, Healthwatch and patients to fight these cuts.
2. Work to help contractors find other income streams – including being able to access the “Integration Fund” (which could be open to all forms of Pharmacists, not just CP).
 - a. SG suggested that more IPs should be trained so that they could tap into these funds by running clinics and delivering services through their pharmacies.

YP reminded the meeting that the “Times” newspaper had recently reported that CPs currently enjoy an average yearly income of £220,000 (which the readers might take to mean the profit they make) – and this will not help CP’s cause.

YP stated that all the National bodies (PV, NPA and PSNC) have joined forces and pooled resources to fight a 10-week battle until 24 March 2016 and an ongoing battle for a further 2 years. YP added that these organisations had employed PR company Luther Pendragon to help create the campaign. YP stated that campaign material would soon be hitting his inbox. YP added that postcards to send to local MPs are being drawn up by the NPA, and would be sent to Pharmacies on request.

YP stated that the PSNC are currently putting on more media training events for LPC members. YP added that dates for these workshops are 26th Feb 2016(London) and 4th March 2016(Coventry).

The committee agreed that YP should attend the London media training event.

I-Hubs

WB stated that he had been approached by Ritchie Street Practice to set up travel clinics in the iHubs. This is being proposed to address patient complaints that practices were not offering to administer Hep A and Typhoid vaccinations via a NHS paid for travel clinic service over extended hours.

SG stated that CP could pitch for such a service, using the existing network of pharmacies with staff who are already trained up in such a service, and who already have PGDs.

10. MARKET ENTRY

YP provided the following Market Entry update for information:

Islington

- GB Healthcare Ltd ‘No significant change relocation’
 - Application rejected by NHSE
 - Decision expected to be appealed
- Rose Chemist “change of ownership”.

Camden

- NHSE decision report (application refused) on Saryu Lifestyle Ltd “current need” application at Unit 1, 39 Fortune Green Road, West Hampstead, NW6 1DR.
- Sainsbury’s Pharmacy “change of ownership” to Lloyds Pharmacy.
- Macey Chemist “change of ownership” (sole trader to Ltd co).

Westminster

- Lord’s Medical Ltd 145 Park Rd, “current needs” application.

- Kool Pharma Ltd Harley St, application for a “distance selling” pharmacy.
- Hyperchem Ltd “no significant change” relocation to 1-2 Peel Precinct NW6 5RE.
- Boots UK Ltd “No significant change” relocation to 112-114 Marylebone High Street W1U 4SA.

11. SUB GROUP BREAKOUTS

Of the members present –

- SG, HS, YP and BPC stayed to write cheques.
- The remaining members underwent a brainstorming session to come up with ideas re.
 - Work to lobby local contacts, councilors, MPs, Healthwatch and patients to fight these cuts.
 - Work to help contractors find other income streams

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

Pharmacy Cuts Campaign

After the breakout session SPA gave a short presentation on the group’s brainstorming outcomes:

- The campaign to fight the cuts should include:
 - A focus on patients not on the NHS savings.
 - Identifying the key stakeholders:
 - Talk to the local press
 - Patients
 - Healthwatch
 - The Mayor
 - Celebrities
 - MPs
 - Producing/acquiring marketing materials which would need to be displayed in Pharmacies to inform patients about the cuts.
 - The use of Petitions, both manual and online.
 - The collection of patient stories.
 - Getting local GPs on side and inform them of the implications of losing their local pharmacy and how it would impact on their ways of working.
 - Demonstrating the added value of CP:
 - Highlight the disadvantages of companies such as Pharmacy 2 U.
 - Contacting other Healthcare professionals.
 - The organizing of contractor events:
 - Contractors need the right information and they need timeframes and a clear steer from the LPC.

BPC asked what the CCA position on the cuts was.

BS and HS stated that they had not received any clear steers from the CCA re. strategy going forward.

SG stated that at the recent emergency meeting, a CCA rep. had not been invited by the PSNC, and SG felt that this had been a missed opportunity.

BS confirmed with the CCA management group, and they confirmed that there was in fact CCA representation at the emergency meeting.

SG called for 2-3 topics to be picked to concentrate on from the above list.

Action no.	Description	Who to action
9	To send link for Paul Mason’s Pharmacy Cuts petition to all C&I contractors.	YP

Action no.	Description	Who to action
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10	To write letters to Healthwatch, GPs and Health and Wellbeing board detailing the impact of the cuts.	YP
11	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

BS stated that KCW LPC are currently setting up a contractor event to inform them of the cuts campaign strategy.

SG stated that the local press should not be approached as yet, as most cannot be trusted to report a balanced story. SG stated that the press should be approached after the media training.

SG asked about writing to MPs.

YP warned that unless the MPs were contacted "on mass" in a staged and powerful way, then they would simply dismiss the claims on an individual basis.

SG stated that the collection of patient stories will be powerful.

YP stated that the NPA will be providing a link and a platform for these patient testimonials to be uploaded to.

SG stated that #pharmacy24 could be used to tweet about all the amazing things pharmacy currently does (the first 24 hours in pharmacy event took place last year and was very successful). SG added that analytics could be carried out on this hash tag.

HS stated that a link to this campaign should be added to the new website.

YP stated that the NPA had already set up a "support your local pharmacy" website.

YP stated that lobbying Healthwatch would be the best move.

Action no.	Description	Who to action
12	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

YP stated that re. the NPA produced MP postcards, these cards must be sent to the MPs associated with the patients' addresses, not the Pharmacy's.

Maximizing income

SG suggested that the LPC work to raise the profile of IPs.

SG added that MUR forms could be redesigned to add data such as qipp targets – this could then be worth a chunk of money to GPs.

Action no.	Description	Who to action
13	To redesign the MUR form to include qipp data.	SG

Travel clinics

SG stated that trained up Community Pharmacists could be hired to deliver vaccines at the iHubs, or a referral form could be produced which the iHub could use to signpost patients to CP.

Action no.	Description	Who to action
14	To investigate the possibility of a CP led travel clinic solution (NHS Hep A, DTP and Typhoid).	YP

11. A.O.B & CLOSE

New committee member

Action no.	Description	Who to action
15	To send email (with nomination forms) out to all contractors to advertise a vacant place on the LPC.	YP

YP stated that AA had gone on maternity leave and a new CCA rep had been appointed – Chris Bell, Rowlands Kentish Town. YP stated that he had been invited to today’s meeting, but he had not replied.

SG brought the meeting to a close.

12. MEETING DATES FOR 2016:

23rd March 2016	09.00-17.30	Ibis Hotel Euston
10th 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