East Sussex Local Pharmaceutical Committee

"To represent, support, develop and promote NHS Community Pharmacy in East Sussex in the interest of contractors and service users."

The White House, 18 Church Road, Leatherhead, KT22 8BB

LPC Meeting 13th July 2017
Barnsgate Manor, Heron's Ghyll, nr Uckfield, TN22 4DB

Minutes

The meeting commenced at 9:30am.

Members present: Brent Auld (BA), Sarah Davis (SD), Sandy Jack (SJ), Sheetal Patel (SP), Julia Powell (JP), Mark Weston (MW), and Paul Antenen Treasurer (PA).

Officers present: Vanessa Taylor (VT), Michaela Cassar (MC) Leaving before lunch.

Guests: Janet Rittman (Community Pharmacy Advisor, East Sussex Better Together ESBT), Eileen Callaghan (Head of Medicine Management for EHS and H & R CCG), Maggie Keating (Senior Programme Manager NHS Sussex & East Surrey UECN)

Apologies: Craig McEwan (CM) Chair, Ian Wilkinson (IW), Alex Lloyd (AL), Ramiz Bahnam (RB), Bharat Chotai (BC), Karen Daniels (KD), Ragae Exander (RE), Penny Woodgate (PW), Nasim Ladak (NL), Sunil Kochhar (SK) PSNC Regional Representative.

Next Stepper: Sandy Jack

Declarations of Interest:
Nothing

All Declarations of Interest of Members and Officers are published on the LPC website and filed with LPC Governance documents. Any changes (either additions or deletions) when declared will be added.

Minutes: The minutes of the meeting on May 18th 2017 were considered and approved.

Next Steps from 18th May meeting:

Next steps 18th May 2017.pdf

Three next steps not ticked:

VT – Formulate a policy for poorly performing pharmacies has not been done at this time as it was agreed following discussion with Mike Hedley that it would not be appropriate

across the whole of Kent Surrey & Sussex. The previous Next step was to talk to Mike Hedley. An issue with a pharmacy has been identified, VT will liaise with the pharmacy in question and following on from this visit will create a formal policy.

VT – Look out for good web design is in hand and being dealt with by PW & MC.

SD – 5 year forward view. Nothing since January document which is what we used to put together the presentation together.

All other actions from the May 18th 2017 LPC meeting were confirmed as completed.

Any expectations? –

VT requested feedback on NUMSAS as she will be contacting Rob Proctor who has stated there is a new toolkit. There are plans for the NHS England rollout of NUMSAS. The problem was the lack of NHS email however there is now a plan in place. Starting 20/06/17 they would select 2000 pharmacies / week and then email them asking them to apply through the portal for an email address. VT pointed out that the Brighton ones are still an issue and was told they will be outside this. VT asked what email they would send to and I questioned what would happen if they don't reply. JP questioned if this would mean reapplication and it was confirmed it would.

There was discussion around when people had applied for their email account and the time scales involved. It was discussed that pharmacies won't know when they will get this email and people may think head office are doing it so maybe ignoring emails as the message for the last 4 months has been that they have already applied.

It was further discussed that there are flaws with this email as you get the email with the link, click on it and you are directed to the portal where you provide your pharmacy name and ODS code etc but with the pharmacy drop- down box if you are not listed on the drop-down box you can't register and JP raised that only 30 out of her 130 stores were listed. PA was asked if he was having the same issues however he was not sure as only 2 of his sites are registered for NUMSAS. MW raised that Boots have managed to roll out to a few stores and that the stores that did apply did get their email addresses. Every store we have requested NUMSAS has been rolled out. SP for Well pharmacy said – head office decided not to do it. The NHS mail again is done centrally so in branch we filled our details and sent to head office. As a store we do not have an NHS email account. SJ stated that they have told Tesco's stores that NHS Digital will contact them direct. It was raised by JP that the admin role is also confusing. The lead email is the admin role however no one was really clear how to add roles, see appropriate next step for actions.

Nasim Ladak raised 2 questions via email which were discussed:
1 – is there a process in place now for changing to the correct email address?
2 – As this is a National Urgent Medicine Supply Advance Service, is the CCG or MMC able to influence or dictate what can be supplied

SP raised that the back-door number for Out of Hours needs to be distributed. VT agreed to take this to Mike Hedley.

NEXT STEP VT to speak to Rob Proctor re NUMSAS.

Strategic Plan - Contractors and Service Users – Operating Plan Update

Guest Speaker Janet Rittman

JR requested feedback from the room.
Healthy living pharmacy level 1. We have CCG and council rep on that to try and support pharmacy 31 out of 108 have that.

East Sussex hopefully we will have 80 pharmacies by end of the quality payment date. We want to commission 24 to go on to level 2 – services and outcomes. We want to get more outcomes from these pharmacies. Selection will be fair and what's needed. There are 2 events in October on the 5th & 10th.

Sexual health – payment for the service in East Sussex is higher than other areas.

In East Sussex with EHC, we have 132 EHC consultations in the first quarter and we are trying to understand why there are not more, how can we fix this?

Condom provision – good engagement in that 454 this quarter –why is this so high? And EHC so low?

4 week quits, we have had 24 which is not good, Champix will be piloted in level 2.

New funding will be available for Champix and a PGD will be developed.

Health checks will be paid same rates as the GPs, working with Thrive Tribe, the new wellbeing service provider and will be delivered by HLP Level 2 pharmacies.

HLP 2 training will have funding, back filled will be available.

Diabetes training will also be provided.

There is also an investment coming from public health – public health transformation grant. Pharmacies can be involved. There will be a £2000.00 grant for every pharmacy in East Sussex to improve their setting. It can be used to backfill training or buy equipment, tablets etc to engage people. There will be guidance on how the money can be spent and each pharmacy will have to complete an action plan. It will come with a contract.

Refer to pharm – prescription reconciliation – info directly from PharmOutcomes. Which will feed in to pharmacies.

Guest Speaker Eillen Callaghan, EHS & H&R – Head of medicine.

Eileen also requested feedback from the room. East Sussex Better Together (ESBT) is a transformation program to bridge the financial gap in NHS. There are a lot of wasted resources out there and sometimes funds go to the wrong place. In East Sussex, we have got community pharmacy on the map. We got funding for a new post to promote

Community Pharmacy to health and social care. We started to develop new services, ERD+, refer to pharmacy etc. We are here to ask; how do we really engage contractors. Are they financially viable, are there 2 or 3 we should focus on. There is a new provider Thrive Tribe, if we can show we can deliver they are more likely to fund.
JR discussed services.

ERD – we are trying to put in an incentive. 820 patients are registered through community pharmacy and we are trying to get the triangle set up (Patient, Surgery, Pharmacy). There was a discussion around which pharmacies are working well on this.

Eileen Callaghan raised that Community pharmacy are best at doing managed repeats. She asked in what ways can we move forward? It needs to happen fast in certain services. If we can't respond with action and deliver ERD all other CCG around us are looking at community pharmacy being out of the loop.

SJ – on the ground it hasn't gained momentum. Do we have visibility of how those ERD patients are growing, we haven't seen it and to get our pharmacies to engage we would need that information? That would be helpful in the short term. All agreed. As a user, the interaction is much better quality than with a call centre.

It was suggested that we need to get feedback from our pharmacies to find out what the problem is. EC – most of the feedback we have had is that practices weren't doing it.
VT raised this should be a Bulletin and also raised if we can have an ERD week. JR- can you nominate someone for a day – nominate 20 people. SJ suggested this could be linked to asthma reviews.
PA – made enquiries as to the process once they are signed up, do you have to do PharmOutcomes each time? JR confirmed they are trying to simplify this at the moment. It was discussed that as it's an additional task that you have to add on to repeat prescriptions and you are trying to get dispensing done as quick as possible it could lead to a stumbling block. It was discussed that ideally if the PRN has remained the same, then there should be no change but if there is an update then you would enter this to PharmOutcomes and that it would be more efficient if you only communicated with the GP if there was a change.

It was raised how a day would be nominated and it was discussed that it may be easier if the business found a day and then we would support that business that day with the aim to go through all their managed repeats and get them on the system. EC suggested a review after 3 months would be good. It was discussed that it would be good to allow the pharmacies to choose a date and VT suggested this info should be faxed and the benefits to the pharmacies highlighted. EC agreed to review PharmOutcomes to see if they can simplify the process.

NEXT STEP – Share eRD report and promote eRD. Communicate through a bulletin the choosing of an eRD promotion day / week. Send to EC and HG and JR.

NEXT STEP – Article in Newsletter about eRD

JR requested feedback from the room in relation to HLP 2 services. It was raised that the face to face contract is an issue in Brighton and JR stated she is looking into a variation contract for that.

Training and referrals

It was raised that there is a big difference from level 1 to 2 and that there are a lot of contractors who won't do it. It was discussed that health checks require equipment so if you aren't doing enough then the investment in equipment isn't worthwhile. It was further discussed that it's not always about money, sometimes it is simply about resources as staff out training can lead to capacity issues. JR raised that is a 2-day training and that they are trying to minimise the impact on businesses.

£2000.00 needs to be spent by end of March next year. The money is given upfront and then the pharmacy has to present their business plan. EC raised that the council would benefit from knowing what you are spending this on as they are keen on pharmacy, but it is also a commercial aspect as pharmacies bring in money.

It was raised that with regards to stop smoking, one of the barriers was a lack of contact from the service, they used to engage with the pharmacy teams however there is now no one keeping them motivated. It was discussed that Thrive Tribe have been spoken to about this and they have promised everything and seem more genuine in their approach as opposed to quit 51.

Medicine shortages - Can we set up something more structural locally? PA different companies run out at diff times, EC that's what the practices are complaining about. VT suggested an A4 info sheet, which we and LMC can both send out.
EC there will be something on the SPS drug website and that could be where people get their info. If not on info board it's a local issue and if not its national.

Next Step – VT to produce an information sheet about the intricacies of medicine shortages – work with LMC

NUMSAS & Portal rollout – feedback to date:

Feedback on PSNC Conference:

CM and VT attended the conference, they discussed Sue Sharpe retiring end of year and the JR and justified the expenditure. They are discussing branded generics. Mike Dent talked about payments and that it was complicated and that it was more than expected. Cuts, 17% cut. VT asked Sue Sharpe since pharmacy voice has gone who will speak up for us, Sue replied PSNC. Gordon Hockey gave a presentation on the JR.
Zoe Long talked about key messages on the website. Then had local implementation committee who had an away day using LPC members and they discussed the commissioning agendas.

There was talk about Capita, VT you can claim if capita inadequate and the claim form is on the PSNC website however the funding for this compensation doesn't come from capita but NHS England.
Regional medicines optimisation committee was discussed with the first meeting due in September. PA questioned if this a route to fight branded generics which VT stated it was. PNAs and ERD was also discussed and VT and Martin Mandelbaum (MM) were given a 3-minute window to talk.

VT – **Sunils feedback (via emailed response)**

Question 1: Pharmacy2U Q
"On the first question - Pharmacy2U - we have provided guidance and advice to those who have chosen individually or as an LPC to produce counter publicity and/or complain to NHS England. Generally, we would not make complaints about contractors all of whom/which are members. I can send you some examples in confidence if helpful. There is a danger that counter publicity in fact promotes the Pharmacy2U brand.
VT – any questions anyone would like to add? – JP Phar2you are doing a lot of marketing. MW Boots have tried to raise re their advertising but they are within their rules. VT – there is a practice where patients were getting leaflets through the door. Paul is making a plan to take to Elizabeth to see what they can do to highlight pharmacy".

Question 2: The appeal
"On the second issue, unusually Mr Justice Collins, the judge, has given us permission to appeal and with have issued a statement - on the website - I'll send the link later. There are a number of appeal grounds which really say various incorrect interpretations of law and a failure to consider properly all the PSNC evidence led to the wrong decision. At the conference Sue indicated it was virtually certain PSNC would not ask for any further funding. The costs of the appeal is much less than preparing the case and the hearing. This was a confidential session".

Question 3: Branded generics
"In answer to your Q3, yes this is something we are speaking nationally about. There are currently significant incentives for CCGs to implement such policies and I think mitigating those incentives will be key to solving this issue. In the Governments funding imposition document, they made reference to some measures which have been under discussion, which are a recalibration of Cat M as well as a splitting for the discount scale for branded and generic items. We are very keen to make progress in these areas and we are in ongoing dialogue with the DH.

The guidance on our website has reference to the issues you mentioned such as sustainability, impact on patients etc. We also have a presentation for LPCs to use when making local representations which I have attached to this email, which covers the key factors".

Changes to NHS Waste Collection Nationally:

VT- has anyone had any problems – no
VT- Kent were managing it. SD where we have had issues it has been resolved.
JP- we can get CD destruction kits free of charge from them. This was not common knowledge. JP this will be raised in the newsletter. JP this is not national.

NEXT STEP –Info re free CD Destruction kits needs to go to the Newsletter and it will be free in Kent, Surrey and Sussex.

Guest Speaker Maggie Keating, Urgent Care Director

Maggie Keating Presentation.pptx

Where are the issue with STP and meeting national targets? The priorities we should be looking at are split into 17 areas. STP is 8 CCGs

East Sussex, CeSCA, Coastal West Sussex, these STP areas under review.

They established each area had their own operational plan and delivery plan. They had a review and found the central block was too big, North CeSCA, South CeSCA, East Sussex, Coastal.

Primary care – 5 year forward view, great differences in approach across the patch. Looking to extend hours of opening.

Mental health has been a challenge across the patch, 7 CCGs are supporting with a single pool resource.

Urgent and emergency care, needs to have strategic links across the patch to deliver.

Acute service needs to be developed across the patch as they have diff standards and capabilities. We need to focus where we need to develop.

Productivity, which relies on data.

STP infrastructure, we need to make sure we have good leadership

These are our priorities.

- Urgent and emergency care 5 year forward plan reissued this April.

Identified 7 pillars of priority:

NHS 111 online – in early stages, regional national and centralised basis. This is about self-care, being able to go online and carrying out self-assessment.

NHS 111 calls – we have advisors answering calls which are very restricted on the pathways. Requirement on us is to deepen that and be routed through to a clinician (could be pharmacist). It could be advice and guidance. At the moment, the pathways are very ridged (aspirin eg) there should be someone available to offer guidance, i.e. just go to the pharmacist and buy aspirin. Pharmacists being available through the 111 system. NUMSAS should assist with this.

GP access – re extending GP opening hours up to 20:00, each surgery can't do this but they could build a hub with other surgeries, cover once a month etc. This would enable 111 to route through and make appointments.

Urgent treatment centres – we need to designate a site, in this area we are looking at three, Crowborough Uckfield and Lewes. Key things required 12hrs a day 365 day a year. We need to do gap analysis to see where we will invest.

Last three points are more hospital related

Ambulances – allow more time to assess what is needed. Get the right vehicle and right crew out. And take demand off A&E.

Hospitals – making sure people are assessed correctly by the right person, have discharge in mind immediately so the patient leaves with the right package of care and preferably to home.

Hospital to home –

NHS 111 (second pillar) we had to deliver the fully integrated service. The more integrated the better. From April next year we are aiming that 50% of calls will go through a clinical assessment.
VT- from a patient perspective, if you call 111 will you still get the long list, even if you know what you need. MK – there will be exit points throughout, the call handler will identify when it needs to be clinical. VT- you often know what you need. MK – patient often does know best however sometimes what they are calling for isn't the problem. MK we need to be able to retain staff, they are trained heath advisors.

Hear & treat is what we are procuring at the moment. 24/7 capability, may be located in different locations (i.e. from home etc) to be able to support this as and when needed – i.e. peak times etc.

See & treat needs to be local, we are moving forward on this and this can be done in conjunction with GPs etc. You need to fill OOH rotas.

Clinical professional support – existing capabilities. Joining them up and developing, making better use.

We need to make sure the information is available when it is needed for the patients, make sure these people have a care plan and a care plan owner. They need access to the DoS. It was out of date and bearing in mind this is what is routing the patient its vital it is up to date and working. Dos Needs to be available for SECAM etc. Needs to accessible remotely, ambulances need tablets etc to gain this access.
Direct booking of urgent care,

Other side
Making sure we have the clinical validation in 111. Procurement (end of) is April 2019.
Standardisation of the UTCs.

Variations slide:
RADAR allows us to find out if the people signposted to ED actually go. It won't change behaviours but will help us understand.

Integration 111 / 999 – need to improve on communication.

NUMSAS – was delayed a lot across the patch, a lot of issues including emails, it has improved a lot recently, national portal has gone live on the19th.
JP – where they have sent out the new NHS mail you can only sign up if listed. 30/130 of my pharmacies couldn't sign up as they were not listed.

Feedback was given re NUMSAS and the difficulties

Professional Executive Officer Update


PEO Report for LPC Meeting 13th July 2(

Strategic Plan - Contractors and Service Users – Operating Plan Update

Communications and Engagement Senior Officer (CESO) Update


CESO Report July 13th LPC Meeting.p


CPSS UPDATE 130717.pdf

Discussion points

- **Pharmacy2U**
- **Judicial review appeal**
- **Branded Generics**
- **Strategy Review**

Discussed previously above

LPC Committee Members and Officers Operating Plan Update

Treasurer's Expenses Update, Budget and Levies


Apr Jun 2017 comparison.pdf


CPSS cash flow June 17.pdf

AOB

There was no AOB

Review of Next Steps

Next Steps 130717.pdf

Review of expectations

Meeting closed at 3.30pm.

Dates for future meetings
September 7th 2017 and November 16th 2017, January 11th, March 22nd.