



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 11th January 2018  
Barnsgate Manor, Heron's Ghyll, nr Uckfield, TN22 4DB**

### Minutes

The meeting commenced at 9.30am.

**Members present:** Paul Antenen Treasurer (PA), Ramiz Bahnam (RB), Bharat Chotai (BC), Nasim Ladak (NL), Craig McEwan (CM) Chair, Ian Wilkinson (IW), and Ragae Exander (RE) Brent Auld (BA), Sarah Davis (SD), Sandy Jack (SJ), Sheetal Patel (SP), Julia Powell (JP), Alex Lloyd (AL).

**Officers present:** Vanessa Taylor (VT), Micky Cassar (MC), Hinal Patel (HP).

**Observer:** Marie Hockley (Area Support Coach, Lloyds)

**Apologies:** Stacie McLeod (SM)

**Next Stepper:** Sarah Davis (SD)

**Declarations of Interest:** None.

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.

Nothing declared by any members.

**Minutes:** The minutes of the meeting on November 16<sup>th</sup>, 2017 were considered, approved and signed by the Chair.

**Next Steps from 16<sup>th</sup> November meeting:**



Next steps 16th  
November 2017.docx

**Next steps have all been completed.**

Julia Powell will continue to raise the issue with branded generics. The next meeting is at the end of January 2018.

The discharge scheme with PharmOutcomes has been held up due to 2 days IT work. VT has been trying to get this work completed as it will save money and improve communications. Amanda Philpott wrote to the chair, this was escalated.

**NEXT STEP:** Thank Amanda Philpott for discharge project intervention and introduce to James.

**POD update:**

"POD has been going well thank you (except a few phone problems the last couple of days which are hopefully resolved), so far just over 1600 individual patients have called us to order their prescriptions (some of them multiple times each week). Feedback has on the whole been very positive, most patients are surprised at how straight forward and quick it is which is good. There have of course been a couple of grumbles but only a handful and I have only had to speak to two people who were dissatisfied with the service which is much better than I had anticipated.

In terms of the pharmacies we have kept the communication lines open but have had little in the way of feedback which I hope is a positive thing, the main change when we speak to them seems to be that they are back and forth to the surgeries much less which is great for them, although it can hold up CD scripts slightly.

Unfortunately, due to the data lag we don't have any hard evidence that we are impacting on prescribing volume etc. though I am sure it must be making a difference as we are frequently challenging early request and synchronising medicines etc. We are currently processing around 20% of patient requests for the Lewes practices and are keen to increase this now that we are more comfortable and confident with the process."

Despite the lack of hard evidence, the CCG has agreed for us to expand the service and after looking at prescribing data we will be targeting Peacehaven and Newhaven next. We have some meetings booked in with the surgeries end of January / beginning of February and should they show interest we will then of course engage with the affected pharmacies. Long term we expect to be offering POD out to all of our surgeries (not sure what to do about dispensing practices yet) and there is of course talk of expanding across the STP/Alliance if things go well." **Michael Wilson HWLH CCG**

Katy Jackson has left the Medicines Management team and is director of resilience (secondment). Paul Wilson has taken over her role in an acting capacity.

**Next Step:** VT to Feedback to Paul Wilson re Lewes POD from Local Pharmacies.

eRD was discussed, there was a scheme in EHS and H&R however it didn't work. This was not commissioned by HWLH. GPs also didn't understand how it worked properly. ESBT have had issues with GPs and an example was raised were the eRD came through and the patient brought a prescription in but the eRD was still on the system so didn't know which one to use. It was discussed that it works well when used properly however there can also be issues when you change regular medication.

An incident of a GP skyping a consultation with a patient in England from Spain was discussed in the room and the legality and confidentiality of this practice.

**Next step:** GP issues to be mentioned at NHS Liaison Meeting re Skype calls from abroad and texts to patients.

## **Any Expectations from the members?**

The grants in East Sussex were discussed, Janet Rittman's assistant has left he was co-ordinating this scheme, Janet has picked up this workstream. Boots decided not to take up the offer due to issues with the contract. There was also an issue with putting this fund in the Walmart annual report. Pharmacies who do want to sign up for the funding need to submit an action plan by the end of January 2018. It was raised who would support pharmacies to write their action plans now that the person in charge has left – Janet has taken over this function. It was discussed if Hinal Patel (HP) SDSO could be asked to assist with this.

**Next step:** link in with Janet Rittman re improvement grants as Adam has now left.

## **CPSS Update, including further thoughts from last LPC meeting session**

Craig McEwan gave a brief update as to the background with why CPSS has been our chosen way forward, how the office is now up and running, the recruitment of the SDSO, the BA and also now the new CO appointment, James Wood (JW) who starts 29/01/18. There are also 6 CPSS launch events coming up. JW background is independent pharmacy. He is an NPA board member and was also Chair of Sheffield LPC. He has a lot of background working with LPCs and we are very much looking forward to him coming into role. The challenge for us and for the new committee is we need to think how we as East Sussex move forward. CM discussed the next East Sussex LPC Meeting and suggested the first part will be the old committee with the new members as observers and then after lunch the old members will be observers with the new committee. Vanessa Taylor (VT) explained that Hinal Patel (HP) the new SDSO started in her new role 04/12/18. On this date VT, Micky Cassar (MC), Penny Woodgate (PW), Sarah Davis (SD) and Hinal had a meeting and brainstormed with regards to jobs that needed doing and provisionally allocated jobs and roles. James will have that list and on his first day 29/01/18 will have a meeting at the Leatherhead office with HP, PW and MC and have a planning session. MM will also be at that meeting (VT is unable to attend as on holiday).

**Next step:** Forward notes from CPSS discussions at November LPC meeting to James.

Following on from the CPSS Liaison meeting, moving forward we want JW to come up with a plan of how he sees CPSS working and the decision was taken at this meeting on Friday that we would give JW a few weeks and then we would like a presentation for the three Chairs, first 100-day time line etc. From an LPC point of view, how do you want to engage with CPSS? JW will likely attend each LPC meeting and would be expected to look at consultations and bring this to the meetings and also manage HP and PW on a daily basis. We need to be able to request from JW what we need. In the March LPC Meeting there will be an opportunity to have this two-way conversation with JW and the new committee will be able to discuss what they would like the meetings to look like etc. It was discussed that from the beginning of this process 4 years ago we have discussed merging or remaining 3 separate LPC IDs and how this has been an ongoing thought. It was discussed how this has been set this up really well, kept the local identity, where we

have locality meetings etc we need the LPCs as they are but we have the benefit of CPSS for a bigger voice and a broader overview. It was discussed that this may still be an interim phase and its good we didn't jump into one committee, we need a settling in period for a later date review, its too early to decide and views change over time. It was discussed that there is no view to move to one at this time. It was raised that Mike King from PSNC complimented us to how we got to where we are at with CPSS. CM thanked VT and SD, without their HR input we wouldn't be where we are today. The process we followed was very robust and we should be proud of this. I am very pleased we have got to where we are. Paul Antenen was also thanked for his determination to push this through and CM also thanked the committee for their decisiveness, it has been a great team effort. The SDSO is working out really well and, biggest challenge is getting contractors to deliver. Its different to manage people and inspire people, JW will hopefully be able to do this. VT raised it is difficult with a whole range of contractors with different rules and regulations, they need to know if its financially worth it.

### **Brighton & Hove strategy for Primary Care**



Brighton and Hove  
CCG Primary Care Strategy

The members discussed if the CCG can commission services through the federation? They also discussed accountability and federations.

JW is going to the Chief Pharmaceutical Officer (Keith Ridge) Conference which will be a good opportunity to gather intelligence on MUR and NMS, on 15<sup>th</sup> March  
The PSNC chairs and secretaries conference will be held on the 21<sup>st</sup> March. Vanessa and Craig to attend JW will be at a Surrey LPC meeting on that day.

**Next step:** Talk to James about Chief's Pharmacist Conference.

**Next step:** Introduce James to Murray King and David Supple.

*Handwritten signature and date: 22/13/18*

### **Update from PSNC**

Mike King attended the South-East Forum meeting. There will be a planning meeting following on from the November South East Forum Conference. There is no plan for a levy increase to fund PSNC.

The decision to proceed with the Judicial Review appeal has as yet not been taken but needs to be made by the 22<sup>nd</sup> of May 2018. Simon Dukes is the new PSNC Chief Officer starting in May, replacing Sue Sharpe who will be leaving slightly ahead of his appointment.

There is currently no news on Quality Payments and how these will look

Discussions are continuing on proposals for a revised contractual framework. Biggest discussions were on price concessions – There should be some information in the next few days from PSNC with regards to this.

Information about QPs PhAS and other regulatory information should be with LPCs within the next few days. PSNC workplans will be available on the PSNC website.

**Next step:** Ask Sunil for a PSNC update from their meeting this week.

### **South East Forum Meeting**

There was a review of the November South East Forum Conference, all the feedback was very positive, and the event ran smoothly at minimal cost to the LPCs thanks to PW arranging sponsors.

Quality Payments were raised however at this time there is no update but a lot of speculation.

DoS entries were discussed, there was an issue with care navigator training. A Company in Wakefield are piloting using receptionists as care navigators in surgeries in ESBT and B&H. Receptionists are trained to refer to an appropriate professional. They discovered with this pilot that a lot of issues could be referred to pharmacy. A training package was put together and sold to 24 CCGs around the country including ESBT and B&H. What has transpired is the majority of these navigators will refer to pharmacy. PW gave a talk in relation to this pilot and advised to refer to the DoS for what can be referred to pharmacy in Brighton & Hove. There are 13 practices taking part in B&H. It is supposed to take 30 seconds for the receptionist to triage. There are slightly different DoS across the country and it will be raised at the NHS Liaison Meeting tomorrow.

NUMSAS and NHS 111 going forward, The Department of Health wants 111 to be the way people enter the NHS.

Health Champion training – 46 places for West Sussex, Surrey and East Sussex, the training will be in March or April just before the new Quality Payments.

The PNA was straight forward across the patch

Christmas out of hours service, in 2016 40% of contractors didn't claim. That's on agenda for tomorrow's NHS England Liaison meeting, can payment be done through PharmOutcomes?

Mike Hedley has emailed offering Easter service (expression of interest), again this will be raised at the meeting tomorrow.

Medicines shortages, NPA are encouraging people to write to MP, PSNC would like specific examples given to them.

Sarah Ridgeway-Green (SRG) – spring campaign, one sexual health event in Crawley in September, they are keeping some capacity back for Quality Payments

Revalidation was briefly discussed

ACT training free, funded by HEE England and provided by CPPE – future training NVQ3 should link in to this.

Patient safety free resources on website.

Pharmacy2u leaflet – is very comprehensive should pharmacies have any issues with Pharmacy2u. The committee discussed emails from yahoo group on Pharmacy2u GP website, the link for ordering repeat prescriptions takes you direct to Pharmacy2u.

### **LPC Elections across CPSS**

- Completed for West Sussex and Surrey. West Sussex 5 CCA, 2 AIM and 2 IND. No election required. Surrey 5 CCA, 2 AIMs and 3 IND. There were 5 candidates and election led to a tie which was decided by lots – according to an option available in the PSNC process. Advice sought from Gordon Hockey. Chair for West Sussex LPC drew the lots and witnessed to ensure a fair process. Awaiting notifications from AIM and CCA re allocated representatives.
- East Sussex LPC – 4 CCA, 3 AIMs and 2 IND. Nomination forms sent out and due back by 18<sup>th</sup> January Noon. Election to proceed if needed. Nothing received back as at 11<sup>th</sup> January 2018. Awaiting notifications from AIM and CCA re allocated representatives. PW liaised frequently with PSNC to ensure PSNC process and constitution and legal compliance.
- Across CPSS the March meetings will have a morning session with the current committee members and the afternoon session will proceed with the newly elected committee in place.

### **CPSS launch Events Update**

MC gave a brief update as to where and when the 6 CPSS Launch Events will take place and how to book on to them (Eventbrite). The LPC were asked for feedback for Mike Dent who will be creating a recorded presentation for these events as he is unable to attend all. He would like to know what questions we have so he can include this in the presentation. The members were asked to attend as many launch events as possible.

**Next Step:** Send LPC members a reminder regarding questions for Mike Dent and forward to Mike Dent and copy in Martin Mandelbaum (MM), Mike King (MK) and Vanessa Taylor.

### **Locality Meetings Update**

In ESBT 6 localities. Funding will be provided for backfill for pharmacist attendance. The plan is to give you information regarding established plans.

This locality approach is being adopted in Brighton through the six clusters.

#### **Locality meeting suggested support required;**

Services Hinal

Communications Penny

#### **Pre**

Provide a briefing document/pack - PW

Containing: Contact details of other locality pharmacists

Hot topics

Health profiles

Information about the Cluster/Locality

#### **During**

Identify decision makers – feedback to LPC for support

No new work unless funded

Don't promise what we can't deliver

Inform and facilitate link in with existing services. Build on for new services and new money

**After**

LPC to disseminate info and share with other contractors within their locality / cluster

Feedback to PW and HP as appropriate

Overview: aim going forward, we want to make sure we have representation from pharmacy at any locality meetings. We want to make sure whoever goes feels empowered and will voice our opinions.

We need a brief for the Pharmacist who is attending. They will get an agenda and they need to know where they will fit in. Eastbourne's meeting is 3<sup>rd</sup> Wednesday of each month. We therefore need a brief for the person attending this meeting. A clear message, what agenda we are driving, how pharmacy will get involved.

A locality is a defined geographical area – based on current locality footprints. A place to plan and design local service provision based on identified priorities to inform local decision making for the community within clearly defined parameters. A place to deliver integrated health and social care to clearly defined outcomes. Whole system approach (health, social care and voluntary sectors), publicly engaged. Joint ownership – includes all the component parts of the locality. Resilience – supports the use of shared resources that enables services to be more effective, efficient and better able to deal with the day to day pressures and operational challenges. Brings together the benefits of Clinical / Strategic Commissioning (planning and design of Services) & oversight of delivery at a local level.

We have been invited as pharmacy to come along and input at these meetings. They are looking at self-care, asthma, for each area we have a locality profile. Minutes from previous meetings was read out to demonstrate what they discussed at a previous meeting. There are representations from lots of different health care professions at these meetings.

In 6 months' time they will be reviewing outcomes to see if these meetings are working, August, October, December, January, April early review of effectiveness. What message do you want to get over at these meetings?

**Next Step:** Put together a pack to help inform pharmacists attending locality meetings – suggested information be sent by VT from LPC meeting feedback.

### **SDSO Update**

HP asked what expectations East Sussex LPC have of her within her role, she gave a brief update in relation to her career background. She explained that this new role will help her to push boundaries. HP gave a brief overview of Stop smoking specs, B&H, the person doing this is leaving soon. For ESBT, smoking spec, 4 visits from Thrive Tribe, one will be face to face, the other three will be on the phone.

Health checks for ESBT – expression of interest deadline 17<sup>th</sup> January. HP may be working with ESBT as a project lead.

NUMSAS – feedback requested from the members. Issues with not having mail accounts, contractor hours were raised, the pilot ends 30/09/18. There has been a lot of negative feedback in relation to NUMSAS, pharmacies have some genuine barriers.

It was discussed who would be chosen for health checks and if the expression of interest was a criteria and it was established this is not, it is simply an expression of interest. Once these pharmacies have been identified, what will their support look like? are they communicating with the pharmacy. Initially Thrive Tribe recruited a project manager who didn't want the job. It was therefore discussed that HP has the experience to do this job. Therefore, a proposal was put forward to CPSS, One You and Thrive Tribe, she will work 20 days for them. CPSS have approved this. We are waiting for One You and Thrive Tribe to get back to us with our costing request. The thought if this would be a conflict of interest was discussed in the room. There is possibly a benefit to other contractors moving forward as this will give access to someone who has started the service from beginning and the support and training contractors need. The meeting is on the 18<sup>th</sup> and if you have any feedback please let HP know.

### **NUMSAS update**

Feedback from the committee was requested and discussed. It was discussed why claiming can't be sent electronically? Claiming and reporting should be able to be done through PharmOutcomes. Some pharmacies have withdrawn the service, a lot of CDs have been subscribed on NUMSAS, several pharmacies were doing well but have withdrawn from the service. HP has emailed them to ask why they have withdrawn. It was raised that an initial question from 111 to the patient should be when the person last had the medication as if it's a year for example it cannot be done. 111 ideally would have more pharmacists working there. The Scottish model has been working and it was asked why this wasn't adopted here. Public awareness was also raised, do they know when they should contact 111 instead of their surgery,

If the patient phones us it would resolve a lot of our problems as the patient just walks through the door, there is a difference between the knowledge of the different call centres, It would be easier if it all went through PharmOutcome as this can be accessed in whatever pharmacy you work in.

It was also raised that if you are the only pharmacy open in the patch, you will get all the referrals, it's a lot of emails, how does that fit in with your other work, the people who need to do the service don't get considered. NUMSAS will be raised at the NHS meeting tomorrow.

It was asked if Rob Proctor has given any view as to if they are going to make any changes? It looks like we will get PharmOutcomes to use for reporting.

### **Urgent & Emergency Care Network Update**

This is a network that takes place at Amex every 6 weeks, open for interested parties to attend. This time BSUH is failing as are SECAMB, they both did presentations. SECAMB raised that they waste time trying to establish which hospital they can go to. Princess royal were also at the meeting. The SECAMB base is in Dorking, they sometimes have to travel to B&H. They also raised that they are spending a lot of time ringing round hospitals, turning up only to find there is no space for them. In all these discussions including 111 etc, it is worth being involved to find out what is happening. At the previous meeting we had a view from GP practices and how they couldn't cope.



SECAMB have a lot of data the hospitals don't provide. BSUH are demoralised leading to more sickness and stress absence.

### **CEPN & HEE Update**

CEPN – community education provider network, VT is involved in the East Sussex one. Health Education England (HEE) projects: Advanced Assessment Skills Training, 3-day training for pharmacists to attend free of charge for diagnostic skills. Its provided by DRs and health care professionals, 2 venues in London and 3 in the south east. 24 places on each course. Day 1, triaging for minor ailments, history taking, red flag, chest pain, sepsis. Day 2 is more hands on with 2 lots of 12, diagnostic skills and physical examinations. Day 3 will involve dermatological presentation, red flags and acute asthma. This is over a three-month period. They are oversubscribed, there are 35 people currently on the waitlist. HEE see this as an opportunity for Community Pharmacy to do sessions in GP practices and this is a building block for this. The stumbling block is you need experience, and this may be challenging due to confidence and trying to get support from general practice. The LPC will work with Atif Shamin to support the pharmacists when they start. Kingston University will do the evaluation.

The second GP pharmacist pairing project, funded with backfill. A pharmacist who has been qualified for 5 years gets paired with a GP. Half day induction, 5 leadership events, then 4,5 days in each other's practice. 24 pairing across London, Kent, Surrey and Sussex. Fully backfilled both for GPs and Pharmacists. Communications will come out regarding this next week from HEE. When they did this last time, they were again over prescribed.

Training that we get comes from the close working relationship we have with HEE and it is important JW takes this forward. A lot of money will go to CEPN therefore it is really important that we are in this.

### **DH Consultation documents**

Pregabalin and OTS sales.

Pregabalin – PSNC are giving guidance by the 15<sup>th</sup> January 2018. Please respond as it is very important. As an LPC we will respond but we will wait for PSNC.

OTC sales, the survey is on survey monkey, there are no opportunities to comment. That is not until March.

### **Treasurers Update Budget and Levies**

PA gave members an update as to the LPC finances.

CPSS – up until December are actual figures. January, February and March are budgeted figures. Possible projector cost has not been included. Contribution from each LPC will go up in January.

Going forward for governance we need to find one other person if not two to have oversight of finances. CM thanked PA for all his work on the CPSS budget.

LPC East Sussex – The levy should remain the same but there should be a saving as the committee will be smaller but the cost for CPSS will probably go up slightly.

### **LPC Elections**

The allocation of spaces will be 4 CCA, 3 AIM, 2 IND and we have a time line in place, it will be in place by the March 2018 LPC meetings.

### **Market Entry Update**

Change of ownership application for Healthy-U Pharmacy at 59 Lustrells Vale, Saltdean, Brighton, East Sussex, BN2 8FA by Safedale LTD. Approved 21<sup>st</sup> November 2017.

Change of ownership application for Traherne Pharmacy at 13 Hove Park Villas, Hove, East Sussex, BN3 6HP by Safedale LTD. Approved 21<sup>st</sup> November 2017

Lloyds Pharmacy, 361-367 Old Shoreham Road, Hove BN3 7GD – Closed 28<sup>th</sup> December.

### **AOB**

The committee was asked who would be attending PSNC chairs and Chief Officers meeting on 21<sup>st</sup> march? And it was agreed that VT and CM would attend

### **Review of expectations**

Meeting closed at 15:55pm.

### **Dates for future meetings**

22<sup>nd</sup> March 2018, 10<sup>th</sup> May 2018 and 12<sup>th</sup> July 2018, 13<sup>th</sup> Sep 2018, 21<sup>st</sup> Nov 2018.

### **Next Steps:**



Next steps 11th  
January 2018.docx

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