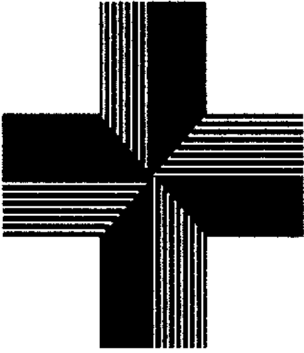

East Sussex Local Pharmaceutical Committee

"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 22nd March 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, Sarah Davis (SD), Sandy Jack (SJ), Julia Powell (JP), Alex Lloyd (AL), Marie Hockley (MH), Stacie McLeod (SM).

Officers present: Vanessa Taylor (VT), James Wood (JW), Penny Woodgate (PW) Micky Cassar (MC), Hinal Patel (HP).

Observer:

Apologies: Ragae Exander, Ian Wilkinson, Nigel Newman, Sunil Kochhar, Brent Auld (BA), Sheetal Patel (SP),

The Chair thanked all those members who were unable to attend and for their contributions to the LPC and also to Nasim Ladak and Bharat Chotai who are leaving the LPC today for attending and for all their help over the years. Marie Hockley was welcomed to the committee and also welcomed Stacie again. The Chair also took the opportunity to thank Vanessa Taylor who will be leaving the committee today, she was thanked on behalf of CM and the LPC.

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 January 11th, 2018 were considered, approved and signed by the Chair.
Page: 3 – half way down – next step talk to JW to talk to apostrophe missing in Chiefs

Next Steps from 11th January meeting:

Next steps 11th January 2018.pdf

Next steps have all been completed apart from:

- Ask Sunil for a PSNC update – this has been requested and is outstanding

Any Expectations from the members:

[redacted]

CPSS Workstreams:

HP updated:

- NHS Liaison meeting NUMSAS, they are rolling out 20 stores at a time to pharmoutcomes and this is depending on their opening hours. Email is sent out from NHS England to the contractors who are due to become live. Until pharmoutcomes goes live claiming will remain the same. All pharmacies will be live by September. HP will be sent an updated spreadsheet as to which pharmacies will be going live. It was raised that there could be a commercial issue if pharmacies who are not yet on pharmaoutcome are not receiving as many referrals due to this. This needs to be monitored and any examples need to be fedback. Are we satisfied with the timescale of the rollout? It was suggested if you are already providing the service it would be best if they were signed up first. This was the initial idea however the opening hours are vital. Rob Proctor may be able to assist in accelerating this. There is a meeting with 111 next week with HP and JW and they will raise this.
- Quarterly MUR / NMS data – you still have to declare NIL response data if you have not done any. JW has raised this with PSNC. It was asked if this could be sent out in the newsletter. This is done, and PW will arrange further communications.
- Short questionnaire will come out in June. QP was discussed and HLP will remain.
- ES – Every 2 months HP will meet with Janet Rittman and the commissioners. PGD Champix is going live 1st May not 1st April as agreements are not ready and signed yet.
- HLP 2 training attended by HP and health check training.
- CGL group were also visited, date in diary every quarter now so questions can be relayed via HP. The next meeting in in May. Is it commercially viable to focus a PGD on naloxone? Could this be rolled in to Hep B testing etc? HP is looking into this in Surrey and depending on outcome can spread across the patch.
- 1st of May PGD Champix will roll out in B&H. HP has negotiated 3 hours backfilled face to face training which will be held 16/04/18. The training will be videoed and will go onto pharmoutcome for continuity. B&H seem keen to have online training.
- B&H are also interested in health checks so once ES goes live we will look into this.
- Community pharmacy forum, agenda laid out by public health. They asked if pharmacy would like to add to the agenda. So as a way forward we should take issues back to them from B&H.

- Provider activity data – HP has this now, this helps with understanding of increases / decreases.
- Grant from ESCC – CM has not had the paperwork back from the action plan, Janet Rittman is advising if there are issues, CM raised the deadline to spend this money is coming up very soon and there may be pharmacies who do not know if they are acceptable or not.
- Champix – do we have an early sense of how pharmacies are receiving it? Initial data shows in East Sussex 52% of the smoking population would go for the PGD.

NEXT STEPS: to take ideas back to the community pharmacy forum for the agenda.

NEXT STEPS: to send out communications regarding Quarterly returns.

CM raised that if CPSS are putting together work, should this be ratified by the LPC? Is there a model we can apply if its viable or not? For governance / security. JW stated it was something that HP and JW are aware of. Sometimes there has to be a quick answer. One thought was we need to fully understand the spec first to go into the negotiation phase. Second thing is benchmarking. How do you cost a service? PSNC have done some work around this. WE would be expected to take the spec and break it down and consider the time to deliver and the reporting of it. We could then take it to a CCA, AIM, IND, and then to the LPC. At present HP does the research and takes it back to JW and VT. Revenue and cost needs to be considered, expression of interest is lacking in the information of cost etc as its hard to make a decision without this information. We need to discuss ways going forward about services, red / amber / green in relation to viability. Unfortunately, often these decisions need to be made quickly. There needs however to be a structure, this will give the committees confidence. For internal governance we should formulise a framework, so we can feedback to the committee. Once that has been done this will be sold to contractors. After assessing we can show the negotiation, and clarify why we end up green / amber /red. Is this a reasonable way forward? LPC agreed. CCA and AIM – do you have data / models around services and cost? The process is quite complicated. Contractors should be able to get a breakdown of time scale and possible revenue which may help them decide (mini business case).

PW updated:

- Bulletins are continuing, repeat comms are also happening if they are really key. This has had a huge impact on response.
- Communications, we will be evolving the newsletter. The leader piece may change into the key services.
- Contact lists – GDPR presents a good opportunity, NHS England emails have been obtained. We are waiting on legal advice at this time re consent etc.
- We will be doing work around external stakeholder communications.
- HC training events – HEE had surplus funds and we have arranged training events. Brighton 10/04/18 - 25 have signed up already.
- 3 events around GDPR / Revalidation 16/04/18, 17/04/18, 01/05/18 already signed up. NPA will cover both those topics in one evening.
- Twitter – progressing at this time.

CPSS Update – CPSS Launch Event

PDF

Launch Event Wrap
Up Report - Final Ve

As questions were raised during the events these we included and answered at the next event which was really good. The evaluations show that we achieved what we set out to do and contractors are more confident in who they can contact at CPSS and what we do. PSNC made a video however we also had PSNC face to face representation at three events (one in each area). Feedback from PSNC was really nice and they will use this to showcase the launch of CPSS nationally. One venue gave us a full refund and a complimentary event due to issues on the day. Our sponsors were all happy and keen to sponsor our South East Conference. Recommendations we will consider doing maybe 3 or 4 events rather than 6. Also move towards using webinar technology to reach people who cant get to face to face event. From some HEE funds we have we have made a bid for HLP for future. From these funds we have funds to buy the CPSS licence for webinars for a year. NHS England would like us to do one on NHS Shared email addresses. We are going to test the webinar on the CPPS launch event content.

Feedback: Webinar is an exciting development which will reach more people. There may be some hardware that we need to obtain. A Surrey LPC member with a home studio has offered to assist us with this. Webinar is a nice compliment, but networking is also important and at the CPSS launch events there was plenty of time for this. We need to keep face to face also. NHS England want us to do a webinar re generic addresses (email), a how to demo. CM extended a well done to the CPSS team for their work.

HLP 2 managing for the future:
VT updated: There will be more focus on HLP, so we need to make it more sustainable – managing HLP for the future. HP then took over the idea and updated there were many ideas. HEE wanted to do this pilot with us. Continuity was our business case, for the pharmacy owners. Steering group has been set up. The training dates will be June to October. The booking on dates will be live soon. It will have Leadership Level 1 training involved too. If the HC leaves the premises is no longer accredited so for business continuity this training will be good. We will have an opportunity to see if this makes a difference in service contracts. Other commissioners may start to think about it. It may adversely affect some of our contractors who do not want to be HLP. If QP carries on HLP is likely to become essential. Quality and engagement is vital to commissioners, their view is HLP pharmacies deliver better services. We can review how it works for Surrey which gives us some time to prepare. For ES and B&H HLP is here to stay. Provider activity is also taken into consideration.

Update from PSNC

VT, CM and SD attended the PSNC Conference yesterday. Simon Dukes did an introductory talk including his background. PSNC update – working on interim arrangements and should have mandate in early April. The new contract community Pharmacy framework – QP likely to be the same funds. NHS Choices must incl Bank Holiday opening Hours, everyone must have a shared NHS Mail address. NHS England are sending to this account (Easter Hours etc). The claim period will be the end of June. Phas have agreed to continue this into next year. PSNC has no view on the long-term future of Phas. Flu service has been recommissioned. Integrating CP with NHS and

referrals from 111 to pharmacy was discussed. Extending NUMSAS was discussed. Deprescribing initiative was discussed, consultation with OTC. Mike Dent then talked about the ability of the system to deliver margin. 2017/2018 still showed robust margins. Next results due end of April. Good will values are still robust however the government do not appear to be changing their stance.

Expenses exemptions not being reported to HMRC for LPC members was discussed. There were differences between Surrey, East Sussex and West Sussex. Elected committee members would be office holders and classed as employees therefore these payments need to be reported to HMRC also due to national insurance payments. Are the officers then classed as employed? HMRC – yes. This has other implications, holiday etc.

Alistair Buxton then talked about Flu and then moved onto the new Community Pharmacy Care Plan. This is the new funding model, this is the Scottish model and was introduced there 2008. It works, they have 75% of the funding on this model. 25% is based on items. It is divided into several domains. A comment from the LPC was that Scotland has a different number of pharmacies. The services subgroup at PSNC must have put this together and taken it to the PSNC conference to test the water. The proposal in this plan is a transitional approach. A framework is needed to apply to all patents, phased in over an agreed period of time. Should support local commissioning. Plan A national framework, Plan B a local framework. This will be discussed with the Department of Health.

There was a talk from Gordon Hockey re GDPR. 13 steps to GDPR, toolkit will be out 25/03/18. There is a workbook for LPCs and a contractor's workbook.

NHSBSA then talked about post payment verification.

Integrated Primary Care Team:

VT updated Brighton are looking to implement this. They are looking to incorporate everyone with working better together. Adult social care, mental health teams, GPs etc. This is to get clusters to work better together. Protected learning event, we were included. 25/04/18 next protected learning event, we started planning this in January. 300 people were due to attend from 6 clusters. We created a flyer, and the question of if we will get backfill is still not decided. Objectives are included in this flyer. 6 groups will be created with 2 professional facilitators. Do we go if there is no backfill?

Presentation for VT:
Video of thanks from contractors.
VT thanked everyone and the new CPSS team. 4 Year plan for CPSS and this has now been put in place and I thank all of the committee for their help over the years. East Sussex is a beacon due to all your help and support and I wish you all the best of luck.

End of old committee: 12:20pm

END OF OLD COMMITTEE

C Macdonald 10/7/18

START OF NEW COMMITTEE

Governance:

The committee approved the following appointments of the officers:

Chair
Sarah Davis nominated Craig McEwan
Sandy Jack seconded

Vice Chair
Sarah Davis nominated herself
Paul Antenen Seconded

Treasurer
Sarah Davis nominated Paul Antenen
Julia Powell seconded

Care Navigation
PW updated:
The first part of this relates to B&H where they make receptionist refer to pharmacy if appropriate. PW gave a presentation to explain what should and shouldn't be referred to pharmacy. Now there is a template for conditions where receptionists can and can't signpost to pharmacy based on DoS. This has gone live and there has been no negative feedback so must be going well. Conditions and exclusions are included in the template including safeguarding concerns. Linked to NHS Choices. This is also being rolled out to EHS and H&R. PW has also linked in with the medicines management team. The LPC discussed the attitude towards pharmacy from GPs with regards to Care Navigation and in general what Pharmacy can do. PW and MH will meet with medicines management team to try and resolve any outstanding issues with our relationship as there are issues which are clouding what we as Pharmacy can do. It was acknowledged that communication and relationships are very important here.

There is a steering group for self-care task and finish group for EHS and H&R which PW has been asked to be part of. The OTC consultation has gone out and pre-empting the outcome is how they are going to implement self-care after this outcome.PW discussed what medicines they would be looking to de prescribe. Homely remedy policies in care homes will be looked into by this steering group and that work group will start soon. Pain, indigestion and heartburn will look to be addressed by quarter three. This is a separate workstream and there will likely be a couple of training events. In summary they are looking for HLP level 2 peer training, how to deal with urgent care and self-care. Maybe we could do a webinar for this training. We have MELE events coming up and this is a good opportunity to show how good we are at self-care. This is underpinned by policies in CCGs. If the patient is considered vulnerable the GP can provide. Where the receptionist refers to pharmacy, but the patient won't go there due to cost they need to record this. This needs to be part of the training as they would need to pay at the pharmacy too and we don't want patients to end up going back to their GPs.

Domiciliary care is not a current work stream, but they may need to put something in place in the future.

H&R need to consider where there was an old minor ailment scheme this needs to be communicated properly. Not sure how NHS will get this across.

NEXT STEP: PW and MH to meet with medicines management to build the relationship and try to resolve any issues with regards to Care Navigation.

Locality meetings

PW updated:

PW has put together some support for people who attend to have. This information has been disseminated. Various members are attending the meetings. Each area has slightly different priorities. Feedback from the meetings was varied depending on areas. Some members have made good contacts, got involved with how pharmacy can support with HLP. Mental health is on the agenda across the patch. Now we need to see how these meetings progress. They will be pushing self-care at the locality meetings as this will come down to communications and be vital for our voice. To implement self-care, they need to engage with the public. It was raised that we need a strong message to show why we are there. It is the same Chair at each locality meeting and it may be an idea to have a meeting with her rather than attending 6-hour long meetings. In the meantime, we will continue attending the meetings, but we need to make sure that the right people attend these meetings. You do get backfill however if you can't get a locum the amount does not matter so to get pharmacists released to attend can in itself be difficult. Another challenge is the broad agenda at these meetings. We could go straight to the Chair as a lot of the agenda won't relate to community pharmacy. We want to engage, explain our hot topics, our challenges but we only get a small slot in the agenda.

NEXT STEP: work more on what our key messages are at these locality meetings and what outcomes we achieve.

NEXT STEP: HP will meet with the person who sets the locality meeting agenda to see how we can improve our input.

Matter to be decided:

JW raised we need a decision regarding the integrated care team. VT has requested backfill, but this is likely to be unsuccessful. – It was agreed that if we do not have backfill it would be better if the CPSS team attends. It was recognised that there would be a range of key stakeholders at the meeting, so strategic thinking people need to be the ones attending the first meeting. This is on the 25/04/18. PW will attend the steering group. The committee also agreed to fund for Ramiz Bahnam to cover should backfill not be available.

POD Update

This has been discussed before and now West Sussex are looking into this. It is being extended across East Sussex. There are a range of views from contractors, some think it's a good idea, some really bad. The committee was asked for view from roll out experience.

- No longer have the work around reordering.
- Unintended consequences from prescriptions in the call centre.

- Patient choice
- Sustainability

- SD feedback from one branch – mostly positive, was dreading, thought would be chaos. Some customers have found it hard. Odd emergency supply, one concern, are all pharmacies being treated the same. There are also vulnerable patients who don't understand it so may go without meds.
- Similar feedback from another branch, still option to go to GPs to reorder and again positive feedback. Majority of pharmacies that are not live want it as soon as possible.
- Guaranteeing patient choice is a very important to us, it can depersonalise our experience, what pharmacy is. However, the point is to save money so is this sustainable long term?
- Vulnerable patients are a concern, like house bound patients.
- If it doesn't reduce costs by reducing prescribing where will the funds come from.
- In Kent there have been 4/5 versions with different levels of success. What is the business continuity scheme?
- We would need visibility of their governance policy.
- Trying to push ERd.
- Do some CCGs want to do a pilot of IPADS in pharmacy for repeat ordering.
- The whole point is to save money on prescribing, but it is just a quick win mentality
- There will be a reduction on items when the care navigator rolls out.
- Inappropriate its only open 9-4, that is not patient choice.

Principle of having an exception category would then be a good principle to have.
Principle of having visibility of their governance policy.

Compromise: It was agreed that Principles for POD document be sufficient at this time to go back to the CCGs for response. To be drafted across CPSS via short task and finish group.

Next Step: POD principles document to be drafted across CPSS via short task and finish group.

Kerry Street (Programme Lead, Primary care from Bath University)

PDF

Presentation
PhIF_UoB_LPCs_Fina

Any questions: when the applications deadline for the next cohort is- quite last min but recommend a month. Do the credits expire? Kerry will find out and feedback

New Business:
JW recommends new members day for any members who would wish to attend.

Members were asked to discuss two aims for local Pharmacy in 2022:

- Leadership to ensure everything we do is of benefit of contactors
- Improve communication to fellow IND contractors to make them aware of the future
- Better understanding of an IND p day to day
- Ensure good financial management
- Promote community pharmacy through contact with stakeholder, commissioner and public
- Bring from other LPC committee experience
- Bring a CCA member perspective
- Innovative strategic thinking
- Feedback info from Kent & Sussex regarding service rollout and feedback
- Expertise in management processes.
- Forward thinking and reality from large multiple
- Passion for services in community pharmacy
- Bring consistency across our patch re services
- Payments and claims – make sure we don't do things for free
- Bring viable services
- Edgy and challenging thinking about value for contractors
- Positive and supportive attitude to find solutions of benefit to our contractors
- Making sure we relay short relevant comms making simple
- Deliver engagement strategy across CPSS once defined. Key word to listen.
- Understanding of private service
- Understanding of commissioning / tendering with focus on commercial viability – is what we are doing worth it
- Run the CPSS team well, bring the 3 lpcs on a journey together
- First class local day 2-day support

Governance forms:
The Committee discussed principles of good governance – and adopted The Nolan principles as a basis of the LPC governance statement. All members have agreed to the Nolan principles and signed these documents.

Discussions around subcommittees, Service & Development / Communications / Governance – finance. CPSS structure / Management group. What will the management group look like?

There is a collaboration agreement signed by the individual LPCs forming and committing to CPSS. The Chairs will have a key role in facilitating the management together and keep CPSS aligned to a common purpose.

What is the general feelings re sub committees?
Service development / comms / governance finance

What are your thoughts?

- Why do you want to split into smaller groups? What is the gain?
- Is there anything in the constitution re this? It is enabling
- If we divided into groups there could not be an equal split of CCA / AIM / IND as there are not equal amounts.

- Now we are down to 9 it would be good to work together, and potentially having had the discussions smaller groups could finish the work off.
- Governance and finance subcommittee should be in place though as this needs to be auditable. Paul Antenen and Craig McEwan can authorise finances and sometimes this needs to be done quite quickly. Ideally, we need another person – Julia Powell volunteered for this. Bank mandate will be updated to reflect this.
- We also need to look into what happens if there is a complaint against a member. Ideally, we would want PSNC to draw up an HR document
- JW and PW will refresh the market entry committee. Maybe it would be ok to have the same committee across all three patches.

Treasurers Update Budget and Levies
PA gave members an update as to the LPC finances. The LPC agreed to drop the levy cost from 13 pence to 11 pence.

AOB

CM asked that we think how the leadership team looks after the management of CPSS. We want to be confident that you guys as committee members represent contactors. We will be working on the strategy at the next meeting.

SJ raised that some emails are coming through a few times. The global list needs to be reviewed.

Matter for decision:
Social prescribing: we have done some work with Possibility People, they have put in a bid with GPs to do social prescribing which did not get accepted. They have quite an established set up in B&H. They have come to us with a business plan tracking patient outcome. They want to know if we would want to be part of a pilot in B&H. They would need 6 pharmacies who would do 2 referrals per week. The University is interested and are prepared to evaluate it and are looking to write a paper at the end of it in the BMJ. There is no funds to do this. Possibilty people are putting their own funds in as are the University. The thought was that it would be quite a big workload with no remuneration. Could we go back and say we are interested however to take this forward we would need to cover their costs.

Review of expectations

Meeting closed at 16:30pm.

Dates for future meetings

10th May 2018 and 12th July 2018, 13th Sep 2018, 21st Nov 2018.

Next Steps:

NEXT STEP: PW and MH to meet with medicines management to build the relationship and try to resolve any issues with regards to Care Navigation.

NEXT STEP: work more on what our key messages are at these locality meetings and what outcomes we achieve.

NEXT STEP: HP will meet with the person who sets the locality meeting agenda to see how we can improve our input.

Next Step: POD principles document to be drafted across CPSS via short task and finish group.