

West Sussex Local Pharmaceutical Committee

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**Minutes of the West Sussex LPC meeting held on Wednesday 10th January 2018
at 9.30am at The Old Tollgate Hotel, Bramber, West Sussex.**

1. Officers at the Meeting

p	David Clark	(DC)	Chairman (Co-opted for MS&H)
p	Mark Donaghy	(MD)	Vice Chairman (AIM member)
p	Martin Mandelbaum	(MM)	Chief Executive (non member)
p	Alan Salter	(AS)	Treasurer (AIM member)

Members at the Meeting

p	Yola Barnard	(YB)	CCA Member
p	Sam Ingram	(SI)	CCA Member
p	C J Patel	(CP)	Independent Contractor
aps	Julia Powell	(JP)	AIM member
aps	Nish Patel	(NP)	Independent Contractor
p	Gemma Staniforth	(GS)	CCA Member
p	Katharine Cox	(KC)	CCA Member
p	Sanam Sarwar	(SS)	CCA Member
aps	Karuna Askoolum	(KA)	CCA Member
p	Kevin Headington	(KH)	CCA Member

Guests at the Meeting

p	Gillian Mandelbaum	(GM)	Minutes Secretary/Admin (non member)
Pm	Penny Woodgate	(PW)	Communication Senior Officer CPSS
Pm	Hinal Patel	(HP)	Service Development Senior Officer
p	Michaela Cassar	(MC)	Business Administrator CPSS
pm	Vicky Fenwick	(VF)	Sussex Foundation NHS Trust - Time To Talk

p	Present	pm	Part of the meeting only
aps	Sent apologies	apns	Did not attend or send apologies

1. Opening Remarks

The Chair welcomed the members and the guests to the meeting.

2. Apologies for absence

Karuna Askoolum, Nish Patel, Julia Powell

3. Declarations of Interest

A Declaration of Members Interest register had been previously circulated to the members as a reference point.

All members were asked if there were any changes to their DoI. There were no changes reported.

4. Minutes of Previous Meeting

The Minutes of the LPC Meeting, held on 8th November 2017, previously circulated for comments, were discussed and then signed by the Chair.

5. Actions from last meeting

Page	Action	WHO	WHAT	Done
3	1	CEO	Feedback to see how the flu vaccination stickers have worked.	Y
3	2	CEO	Publicise the fact that PharmOutcome could put the GPs NHS Email address on PharmOutcome – to make sure it is kept up to date.	Y
4	3	CEO	Establish if anyone has used the CD destruction portal.	Y

Action 1 Outcome: There has been no specific feedback, but it is likely that the stickers have raised the profile. The stickers may be introduced for Health Checks etc in the future.

Action 3 Outcome: CD destruction, Martin Mandelbaum (MM) checked with Sue Carter (SC) and her deputy, but they are not aware of anyone using this yet. The members discussed CD destruction and Kamsons have used it.

SDSO update:

Hinal Patel introduced herself and gave a background of her work experience. She explained why she changed roles and what her new role at Service Development Senior Officer (SDSO) will involve and how she sees the role going forward. She updated the members in relation to meetings attended including a recent NUMSAS meeting. The end date for NUMSAS is the 30th of September 2018. There are challenges for NUMSAS including locums at the weekend not having NHS email and Contractor opening times. HP explained that Locums don't have NHS emails, so they are working on the emails they have at this time. It was discussed that Quality Payments may start to include the NUMSAS service. NUMSAS was discussed in the room including issues with it and how it could be simplified. HP agreed to feedback issues raised by the committee at the NHS Liaison Meeting on Friday the 12th of January. It was suggested that training for NUMSAS may be needed for the 111 call handlers and also contractors. It was also discussed if the public are aware of the service and if more advertising would assist. Rob Proctor (RP) is looking after NUMSAS for NHS England. The next six months will hopefully be used to make improvements in the NUMSAS system. The key is that the public need to know where they can go out of hours.

HP asked what expectations the committee have from her and what they require from her in her role in CPSS moving forward. It was suggested that successful services

used in other areas of the country could be researched and maybe implemented here. Also, that existing services that pharmacies already do but are not too good at implementing need support. It was agreed that we need to find a balance of making existing services work and introducing new services. It was suggested that relationships with local surgeries could be improved, with targeted MURs with help from local surgeries. GPs can identify who could need these services and we can then report back to them.

Service income needs to increase to demonstrate that the transition the LPCs within CPSS are going through is financially worth it. The new overarching committee will need to think about this as it is how we will be seen in the public domain. It was suggested that a regular financial update in our meetings with regards to this would assist and make sure we are on track.

It was raised that we would expect the claims and reporting audits to be on PharmOutcomes, we cannot deliver a clinical audit on paper. HP stated that with all new services, they will push for them to be on PharmOutcome. It was discussed that training for Health Champions etc needs to be spread across the pharmacy team, so the service doesn't cease if one member of staff is sick or has left the employment. It was asked that if a pharmacy is doing something well that they could write an article for the newsletter to explain how they work and what makes the process work well. Making every contact count was raised, and the importance of creating that mindset and maintaining this, using contractors training to create more opportunities.

6. NHS England South (South East)

The NHS Liaison Meeting will take place on the 12th of January 2018. At the meeting they will discuss NHS mail addresses, 96% of pharmacies now have the new style email address. They will also discuss Quality payments, there is however no information at this time how these will look. They will also discuss Contract Monitoring and MUR. At present 8300 Healthy Living Pharmacies have now registered, which is around 70%. The Pregabalin Consultation is currently open until the 22nd of January and the members were urged to take part as it is in our interest to do so.

Next step: A reminder from CPSS will be sent out next week.

Kevin Noble (KN) gave a talk at the South-East Annual Conference and hoped that all reporting and claiming for future services should in future be done on PharmOutcome. Mike Hedley (MH) is likely to report shortly that NUMSAS will move to PharmOutcome. Penny Woodgate (PW), Sally Greensmith (SG) and Martin Mandelbaum (MM) are working on a hospital discharge project which will use PharmOutcome. There is a lot of interest in the hospital discharge project so when the pilot is ready hopefully all areas will be keen to participate. PW and Hinal Patel (HP) will be taking this forward and SG is the LPN Chair driving this.

The members discussed the issue of zero tolerance due to an example of an abusive patient who swore at their pharmacies pre-reg. A letter was sent to this person stating they were not welcome back at the pharmacy due to this behaviour. This has led to a threat of a County Court case made against this pharmacy. The zero-tolerance policy from NHS England should support the pharmacy however this does not appear to be a

priority any more. This will be fed back at the NHS Liaison meeting and also fed back to PSNC.

It was requested that the issues with the Christmas rota timelines were fed back at the NHS Liaison meeting as there was not a lot of time for pharmacies to respond.

Next step: To feed back the lack of time to respond to the Christmas Rota, also where NHS England stand on Zero tolerance support.

7. CCG Development

Crawley CCG:

The prescribing meeting yesterday was cancelled, therefore no update.

Mid Sussex CCG:

David Clark (DC) attended the prescribing committee meeting and has circulated the report. DC is writing an article for the newsletter relating to stock shortages and requests from pharmacies to GPs about alternative suggestions. GPs have asked that we suggest an alternative with what to supply reflecting what we have in stock.

Local NHS bodies are being restructured across the country. They are encouraging surgeries and pharmacies in given towns to work together. We have recruited a number of pharmacists to do this in this area. This could assist with planning and stock holding, also improving communications between pharmacies and GPs. There is also a pharmacist now in post focusing on care home visits.

GF supply was raised and a consultation is currently underway.

Coastal CCG:

There was a meeting in November which Mark Donaghy (MD) attended. Medications which have been approved were discussed. With regards to diabetic pen needles, anything over £6.00 per 100 will be removed from the formulary. The new glucose test strips were discussed. The APC meeting will take place within the next week.

The Worthing Locality Meeting was attended by Gemma Staniforth (GS), managed repeats and ERD were discussed. Staffing capacity at the meds management team has reduced and they are looking to outsource. All surgeries in Worthing sent a combined letter to all practices and pharmacies in the area about managed repeats where the guidance is not being followed and pharmacies are ordering for people who have died, or are in care homes etc. The GPs have stated they will not accept managed repeats from individual pharmacies should this continue. This is a warning from GPs that should this not improve, this is what will happen. It was requested that individual issues should first be discussed with the pharmacies in question rather than a blanket approach.

8. Public Health and Local Authority

The PNA process went very well. We had the last PNA meeting after the previous LPC meeting and went through all the responses which have all have been dealt with accordingly, including the Arundel issue. The PNA is completed and has gone to the Health and Wellbeing Board for approval.

Public Health and the LPC have a meeting tomorrow. MM will attend with MD and HP. The health campaigns were discussed by members, we can be asked to do up to 6. Healthy Living Pharmacies need a coordinated approach and the Health Champions need guidance. It was discussed that the £2500.00 pharmacy grant for East Sussex should be raised at the Public Health Meeting and questioned if this could also be applied to West Sussex.

Feedback to Public Health would be that the shelf advertising for stop smoking has encouraged members of the public to approach staff.

9. CPSS Development

The new Chief Officer has been appointed, he will have some time to create his vision and strategy which he will initially take to the Chairs. The website is up to date and the Bulletins are working well. The social media policy is in draft format, this will be a big part of the newsletter.

The CPSS launch events are coming up over the next couple of months. We have 6 events in total for CPSS, 2 in each LPC locality. At present we have fairly broad topics which closer to the time will become more set as speakers are confirmed. Key parts will be: meet the team and representation from PSNC to talk about Quality Payments and funding updates and also discuss key issues. Mike Dent (MD) from PSNC will want questions raised now so that he can work this into his presentation for the events. Please can any questions be forwarded to MM now to forward on to MD.

Health Champion Training: The feedback Health Education England received from Surrey and Sussex means they have put in a bid for a further 45 Health Champion training slots.

Advance Assessment Skills Training has been advertised and the uptake has been good.

Public Relations: PW will contact MPs to raise awareness with regards to recent government decisions. Price concessions and quality payments also need to be highlighted to MPs.

MM – CPSS finance: There was a realignment of what was needed, and the Standing Order has been amended. Paul Antenen has been asked to put together a budget for April 2018.

Next Step: Forward questions for Mike Dent to MM now for his presentation for the CPSS launch events.

10. PSNC

Mike King (MK) attended the South-East Forum meeting. PSNC have appointed the new C/O, however he will not be starting until May. Sue Sharpe will stay on until April. On the 21st of March 2018 PSNC are having a conference in London, it is not a Chair and Chair Exec meeting, each LPC can send 2 representatives. There will be no press, it will be confidential. We need to decide who will go to the conference from

our LPC. The Judicial Review is still an option until May and PSNC have not decided yet if they are to proceed.

The elections for PSNC representatives has started. This is open to private contractors currently on LPCs.

The LPC elections are going well. There will be 5 CCA members, 2 AIMp members and 2 private members. This information has been sent to AIMp and CCA who are currently making their decision. The private contractor nominations have been sent out, we only had 2 nominations so both CJ Patel and Nish Patel were duly elected.

In March, the LPC meeting will consist of the existing committee in the morning and in the afternoon, will consist of the new committee the new and old committee members will be invited to attend as observers in the morning and afternoon respectively.

11. Market Entry

PW, Micky Cassar (MC) and MM are meeting on Monday to discuss the handover. Capita, NHS England and the litigation authority information will start to be copied to the CPSS office as of now so as to allow for a smooth handover.

Applications:

The Tangmere application went to an oral hearing. There were 2 parts, one from the Surgery stating they would have to close due to loss of earning. The litigation authority agreed that the surgery could possibly close due to this. The second part of the test was what the CCG could do with regards to their 4000 patients. The case from the surgery was that they would be without a GP. The litigation Authority decided for the second part to turn this down. They agreed the other surgeries would be able to cope with these extra 4000 patients. The last part of the application for a new pharmacy was turned down by the litigation authority and no one will be allowed to apply for a further 5 years.

The Crawley internet pharmacy is now operational. There are a number of relocations which are ongoing including Petworth and Haywards Heath where Lloyds have relocation requests granted.

The Cowfold application has been turned down by the CCG they have however requested an appeal. At this time, we do not know if the appeal will go ahead.

12. Open part of the meeting with guests

The Chair welcomed our guest, Vicky Fenwick from The Sussex Community Trust. She discussed their service, Time to Talk which is a primary care level service, working with people with low level anxiety and depression as well as a cardio problem, COPD or diabetes. This can include over the phone sessions, group work and web therapy. This has been running since 2008. 15% of people with these symptoms are currently dealt with but they are hoping to increase this to 25% by 2020. They now have 50 members of staff; half of these are trainees and half are core staff. The key about the model is they need to be integrated in the medical teams. There are therefore other providers they work with which has its own challenges.

Pharmacy needs to be part of this too. They now have funding for a further 2 years. In West Sussex they are working with people with long term cardio problems, COPD and diabetes. They have noted that they are seeing more males and older people with these long-term conditions alongside the issues of low level anxiety and depression. Often people with these long-term issues have other conditions (anxiety and / or depression) which they may not realise themselves they suffer from. Time To Talk Health is across West Sussex in a variety of healthcare settings. IBS and asthma sufferers may benefit from our services, this will be looked into in the future. There is huge potential for pharmacy to be part of this. There are self-assessment questionnaires and promotional material which could be provided in pharmacies. Waste medicines may be able to assist us to identify people who have stopped taking their medication for long term illness which may be due to depression etc. It was asked if hospitals and surgeries would refer patients to this service. If a patient is diagnosed with diabetes they get bombarded with information and its important to appreciate the stress that this can cause and that is where Time To Talk hope to fill the gap. They want their therapists to be in the surgeries to see patients, or conduct home visits if that's more suitable. The self-assessment questionnaire is a good way for people to see if maybe they should consider therapy as it can be daunting to be told it but its for the person themselves to answer the questions. To signpost someone to something can be difficult as it can be hard to start the conversation for eg re alcoholism or obesity. Pharmacists need professionals to signpost patients to and Time To Talk want to encourage patients to take this help. Time To Talk initially give a telephone assessment (national model). They would ideally want to see if the person is registered at the local GP practice and they could see them there however they can see people in consultation rooms at pharmacies. Part of the initial difficulty is identifying that the patient has a problem as a lot of people will just say they are fine. Pharmacists may need to have training on this, so they can recognise the symptoms. The aim for Time To Talk is to increase access to psychological help and access people who may not realise they are suffering. They would like to send out their promotional material to pharmacies. Stickers may be a good idea to place on the patient's medicine to highlight their services. This would also assist if the conversation is difficult to raise as the patient will see this and perhaps self-refer.

13. Chief Executive Report

The South-East Forum had their meeting last Friday which was the last one of the current year. The 23rd Novembers South East Annual Forum Conference was a success with 10 sponsors on the day. The South-East Forum meeting looked at the future format and it was decided to continue as it is. Both Vanessa Taylor (VT) and MM are happy to organise the next South-East Forum meeting, but new arrangements will need to be agreed. The NPA have created a leaflet with regards to pharmacy2u.

14. Treasurer Report

The treasurer updated the LPC members with regards to the current financial circumstances. At present we are on budget. We need to establish who the treasurer will be in the next financial year.

15. Date and Venue for next Meeting

The next meeting will be on Wed 14th March 2018 at the Old Tollgate Hotel, Bramber, West Sussex, the meeting will start at 9.30am.

The future LPC meeting dates for 2018 which will be at the current venue of the Old Tollgate Hotel, Bramber are Wednesday 9th May 2018, Wednesday 11th July 2018, Wednesday 12th September 2018, Wednesday 14th November 2018.


16. Action points

Page	Action	WHO	WHAT	Done
3	1	PW/MC	A reminder regarding pregabalin Consultation will be sent out next week from CPSS.	
4	2	CEO	To feed back the lack of time to respond to the Christmas Rota, also where the NHS stand on Zero tolerance support.	
4	3	CEO	Forward questions for Mike Dent to MM now for his presentation for the CPSS launch events.	

17. AOB

It was raised that the websites designed by "Neighbourhood Direct" by default nominate pharmacy2u when a patient tries to order a repeat prescription on the website. It is also the only pharmacy that it mentions. This is currently being looked at by PSNC.

It was advised that GPhC have released a learning point document and that any pre reg should read this document before they do their revision.

Signed.....

Chair 14 March 2018