

West Sussex Local Pharmaceutical Committee

Chairman: D. Clark MRPS
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**Minutes of the West Sussex LPC meeting held on Wednesday 14th March 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)
P	James Wood	(JW)	CEO CPSS

Members at the Meeting

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

Guests at the Meeting

p	Gillian Mandelbaum	(GM)	Minutes Secretary/Admin (non member)
P	Penny Woodgate	(PW)	Communication Senior Officer CPSS
P	Hinal Patel	(HP)	Service Development Senior Officer
p	Michaela Cassar	(MC)	Business Administrator CPSS
pm	Dr Andrea Taylor	(AT)	Senior Teaching & Research Fellow

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 & guests to the meeting.

2. Apologies for absence

None

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 10th January 2018, previously circulated for comments, were discussed and then signed by the Chair.

5. Actions from last meeting

Page	Action	WHO	WHAT	Done
3	1	PW/MC	A reminder regarding pregabalin Consultation will be sent out next week from CPSS.	Y
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.	Y
4	3	CEO	Forward questions for Mike Dent to MM now for his presentation for the CPSS launch events.	Y

Action 1 Outcome: Went out to all contractors.

Action 2 Outcome: This was fed back to NHS England (Anna Waterhouse) at the NHS liaison meeting. Zero tolerance was also raised and also the violent patient scheme. NHS England have committed to looking into that, linking the GP scheme with pharmacies. The results should be feedback by the next NHS Liaison meeting. This now needs to be carried forward to the next meeting.

NEXT STEP: Link in with MIND, and also get a result from the NHS Liaison meeting about what will happen. Look into possible training for confrontation resolution.

Action 3 Outcome: This was done, and presentation the was created.

6. NHS England South (South East)

MD – Very positive meeting.

The following was discussed:

- NHS emails and how they can become inactive. NHS England will only use NHS email to contact contractors. You can get more than three emails NHS email accounts linked to one pharmacy.
- NHS Choices active accounts from pharmacies that have closed.
- Rotas and payments.
- NUMSAS being on Pharmoutcomes.
- MUR / NMS data was raised and pharmacies that have nil return still need to declare this.

- Contract Monitoring questionnaire questions have been updated. 20 Pharmacies have been visited, hoping to complete shortly. Contract monitoring is likely to be June, and Quality Payments may come out in June. If this happens can CPSS send out reminders.
-
- 01/10/18 CAPITA are launching an online a Market entry portal.
- Public health campaign, 3 local, 3 national campaigns.

Contractor – if they have issues with non-payments and not claiming in time– initially minor issues but this needs to be highlighted at the time to prevent it escalating. Maybe put in newsletter. Paperwork to NHS England is being lost in the post however it was advised to scan and email and send it in the post should it get lost.

The Phas scheme was discussed, and the Phas scheme is due to end at the end of March with no extension. PSNC have had a discussion with the Department of Health with regards to this. We should send out a communication stating it is due to end at the end of March. Are PSNC going to do anything about this as Phas scheme was due to protect pharmacies. PSNC need to be made aware. JW is due to meet the chair of the all-party group and will raise it there. We could have a local campaign regarding this. Maybe Chair and Chief officer meeting would be a good opportunity to raise this.

NEXT STEP: To raise the issue of Phas ending

Quarterly MUR/NMS reporting was discussed with regards to NIL return. It was discussed that it tends to be the same pharmacies that fail to do this and maybe breach letters are a good reminder as it may initiate them to action this.

NEXT STEP: To raise quarterly reporting at PSNC Chairs and Secretary meeting.

LPN network meeting took place in early February 2018.

Items discussed were:

- There was lots of information regarding consultation in the workforce.
- There were RMOC reports.
- JW raised 28-day prescribing (Keith Ridge), has there been any discussion at the RMOC meeting regarding this? No not at this time. As an argument we could look at how many days prescription we get, take photo evidence of returned waste. PW may be able to create a campaign, East Sussex did a big campaign re waste, encouraging people to only order what they need. Then we can show what this is costing. If CCGs want to challenge this, they need to campaign it better. Use research students, do a waste audit to obtain data. This needs to be linked to the 84-day prescribing.

7. CCG Development

Crawley CCG:

CJ attended the Medicines Ref group meeting 23/01/18. How to negotiate with trusts was discussed to try and drive down the prizes. There is a large overspend in the area therefore they are trying to think of different ideas of getting this back. Acute care is 55% of the overspend.

CJ attended Crawley locality prescribing meeting on the 13th of March 2018, repeat prescription ordering was discussed. They have decided not to recommend this anymore. The CCG recommends this but it is up to the surgery. In the Kent area this happened recently, and this became a larger problem. Pharmacies and GPs should work together on this. It is not an NHS Service and we are not obliged to do this as a pharmacy. The new way of working where we contact the patient beforehand was discussed, sometimes we can't get hold of the patient. Should we then not order the meds?

Generic inhalers were discussed, new medicine service can be put on the prescription and pharmacies can assist with this and GPs were not aware of this.

It was raised that there are some areas who will explore POD, some are saying it's a good thing, others are concerned about the roll out and support, also longer-term consequences. From an LPC point of view we should establish some principles, highlight some of the risks and that implementation is key. The potential principles were discussed and how this could work longer term. It would be useful if we can establish what these principles will look like by the next LPC meeting.

NEXT STEP: To establish what the POD principles will look like. JW will establish who will do this.

Freestyle Libra has been blacklisted and has gone from Crawley and Horsham however pharmacies have stock sitting on shelves and were unaware of this. GF bread mix and nothing else allowed.

Worthing CCG:

GS attended prescribing meeting – for cost saving, branded drugs are going to APC at the end of month to go black on the formulary. For patients requesting a branded item they will be offered generic first and if not will be given a private prescription for branded generics. This is a patient choice; however, some patients need to have a certain brand due to allergies. If there is a clear reason, then that's fine but otherwise they are offered generic. Also, low value meds will become black on the formulary.

PQRS topics were then raised, have we considered managed repeats for PQRS? (PQRS Prescribing quality review).

Repeat dispensing is a work in progress and more energy needs to be put into this rather than focusing on managed repeats. Have there been any studies if this assists with cost saving? This may be a way forward. NHS digital meeting is in 2 weeks' time, we will raise this then. In Horsham there is no uptake at all, there are issues that people think staff may lose jobs. Where this has been implemented properly staff have not lost jobs just been moved to other tasks.

NEXT STEP: to raise repeat dispensing at NHS Digital meeting.

Mid Sussex CCG:

DC has not attended the prescribing committee meeting as this was postponed, 17/04/18 is the next one. DC attended the last locality meeting (the next one is next week), they are working on a project in Horsham. Every surgery in Horsham has had funding to extend access to clinics, In Horsham they are running and additional clinic that all surgeries have access to. They have pulled their resources. This is working well; the funding however is time limited and runs out around 2019.

Coastal CCG: APC

HP and MD attended the prescribing committee meeting. The drugs approved for formulary were discussed. There are tensions between primary and secondary care. Freestyle Libra – RMOC. The changes in the asthma guidelines were discussed.

JW attended a CDlin event. Generally, they are pleased with the reporting levels from pharmacies. There has been an incident in Lancing where a patient using false ID went into the surgery, asked to update his phone nr and this person has been obtaining morphine. It is believed a pharmacist identified this. CD reporting should be discussed. We raised we report lots of incidents but do not get a lot of feedback. Hints and Tips of good practice could go out from the LPC office. Pharmacies need to use their local Police to do their CD checks.

NEXT STEP: To look into what the key problems of CD reporting are, establish what is good practice and if we can share this.

Going forward for these meetings we need to establish who will be attending. The idea is to strengthen this going forward.

8. Public Health and Local Authority

MM and JW met with the Public Health team. They are renewing all the services for two years. They asked us to provide some stickers for air alert which we have done (20 pharmacies) – Feedback from the room was that they were popular, and this was a good idea and was well received.

The PNA has been completed and published.

Linda Barnard has provided a supplementary statement for the last two years which is up to date.

A long-term plan needs to be in place for our relationship with Public Health. The Public Health grant was ringfenced until the end of 2019, so we may have some problems from 2020 onwards. This needs to raise this with PSNC on a national point of view but also locally we need to evidence our services.

HP had a meeting with Public Health re services. Productivity data was discussed, and HP can get this data every quarter. It was asked if this data could be obtained by HP monthly rather than quarterly as otherwise you will be behind, and this is something that we need to stay on top of. HP has had contact with stores to see what issues they had with services. They brought up training issues, pharmacies wanted motivational training. This training was set up but only 6 people attended. We need to understand what training is needed. SLA will come out of Pharmoutcome, once they are ready to send out we will let you know. No changes for payments but with regards to renewal, they will look at pharmacist activity over the last 3 years. For health checks to meet the requirement you have to do at least 12 per year to stay on the register. With the Stop Smoking Service there is confusion, they have said patients have been sign posted incorrectly. They want to get the pharmacies to correct their lists as hospital referrals may start in April / May. Nicky Gill is working closely with us for resources and campaign items. Health Champion training, Public Health team will be present at

the start for a talk. This has been advertised on Pharmoutcomes as we have not had a good uptake so far for the HC training.

Public Health mentioned they used to have sub committee groups from the LPC. They discussed what worked and what didn't, and I think these committees should be recreated, Pre-work done beforehand.

The main message is: If you are saying you are doing a service then do it.

NHS Liaison meeting – NUMSAS update, we didn't get a clear message but it is rolling out in groups of 20.

HLP 2 will start with expression of interest. If you are not sure, ask HP rather than not put in your expression of interest. PGD, once a subgroup has been formed this will assist in taking decisions forward. SLAs are really old and HP is trying to get to a position to know who to talk to so this is in hand.

£18000.00 has been secured for Managing HLP for future. We have created a steering group which will meet in April. Webinar is being looked at for future training. HP asked the room what do they want from training? HP will always try for backfill, but we need engagement.

Webinar was raised as it would allow more access.

Subcommittee idea was also raised would be good, but we need to be careful that people do not demand decisions from the subcommittee.

Declaration of competence, if you set up a new service that has a face to face requirement it makes it more difficult. Pharmaoutcomes is where you make your declaration of competence. You should be able to have a mixture of training, if you declare it as a pharmacist you should be trusted. Face to face training shouldn't have to be a requirement. It is expensive to send staff to training. Whenever we are negotiating anything new we need to negotiate this.

When contracts come out for signing they will come out through Pharmoutcomes.

9. CPSS Development

PW updated NUMSAS comms are due to be sent out with regards to rollout. NHS mail, all comms will be through this. You need to keep you accounts active. Nil response to MURs is a requirement. Self-care has been a big piece of work, GP receptionists will refer to pharmacies. PW has been involved to make sure these referrals are sensible and so patients don't need to be pushed back, so has worked with 111 and DoS. Have been busy with the launch events, Health Champion Training, we are fortunate to have these events, in some areas it is a pre-requisite before you can provide public health services. 3 barriers for HLP level 1, one is getting your health champion so please take advantage of these training events. Billingshurst is next week, the pre-course work may put people off but you do not have to do the prework.

Training – NPA will combine revalidation and GDPR in one training event. 3 dates which will be sponsored and cost neutral.

NEXT STEP: Put a short article in the newsletter re stocking measuring.

JW gave a presentation of the evaluation of the CPSS launch events which can be found below.


 Launch Event Wrap
 Up Report - Final Ver

10. PSNC

PSNC meeting has not yet occurred, report will follow after this.

11. Chief Executive Report

JW & MM met with Julius from the LMC and this was very positive. South East Forum, there is a meeting 06/04/18 and MM will Chair it as his last.

12. Treasurer Report

The treasurer updated the LPC members with regards to the current financial circumstances. There was an underbudget for members attending meetings and as a consequence travel expenses were also underbudgeted. Payments to CPSS for next year have been amended and passed to JW who will take over and the bank mandate will be updated to reflect this and the new Chair and JW will be appointed to this. JW has discussed with PA that there will be a consolidated CPSS account.

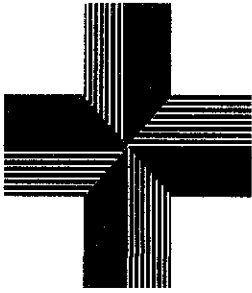
13. Market Entry

Cowfold is outstanding (appeal has been logged).

DC thanked everyone for their support during his time as Chair.

14:30 End of Old Committee:

Page	Action	WHO	WHAT	Done
2	1		Link in with MIND, and also get a result from the NHS Liaison meeting about what will happen. Look into possible training for confrontation resolution.	
3	2		To raise the issue of Phas ending	
3	3		To raise quarterly reporting at PSNC Chairs and Secretary meeting.	
4	4		Put a short article in the newsletter re stocking measuring.	
4	5		To establish what the POD principles will look like. JW will establish who will do this.	
5	6		to raise repeat dispensing at NHS Digital meeting.	
5	7		To look into what the key problems of CD reporting are, establish what is good practice and if we can share this.	



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14:31 Start of New Committee:

1. Officers at the Meeting

p	Mark Donaghy	(MD)	Chairman (AIM member)
p	Alan Salter	(AS)	Treasurer (AIM member)
P	Gemma Staniforth	(GS)	Vice Chair

Members at the Meeting

p	Yola Barnard	(YB)	CCA Member
p	Sam Ingram	(SI)	CCA Member
p	C J Patel	(CP)	Independent Contractor
p	Julia Powell	(JP)	AIM member
P	Nish Patel	(NP)	Independent Contractor
p	Kevin Headington	(KH)	CCA Member
P	Sara Paxton	(SP)	CCA Member

Guests at the Meeting

p	Gillian Mandelbaum	(GM)	Minutes Secretary/Admin (non member)
P	Penny Woodgate	(PW)	Communication Senior Officer CPSS
P	Hinal Patel	(HP)	Service Development Senior Officer
p	Michaela Cassar	(MC)	Business Administrator CPSS
P	James Wood	(JW)	CEO CPSS
pm	Dr Andrea Taylor	(AT)	Senior Teaching & Research Fellow
P	Martin Mandelbaum	(MM)	Observer
P	David Clarke	(DC)	Observer
p	Karuna Askoolum	(KA)	Observer

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

DC invited our guests, Val Turner, Wendy Langley and Jan Brice.

JW Thanked DC for all his hard work and contributions to the LPC over the years.

Appointing of the new Chair, Vice Chair and Treasurer was the addressed.

- Alan Salter nominated Mark Donaghy. This was seconded by Yola Barnard and the committee approved the appointment of Mark Donaghy as Chair.
- Mark Donaghy nominated Gemma Staniforth. This was seconded by Yola Barnard and the committee approved the appointment of Gemma Staniforth as Vice Chair.
- Alan Salter was nominated as Treasurer by Mark Donaghy. This was seconded by Yola Barnard and Alan Salter was appointed.

The Governance of the New LPC was addressed with all new members signing:

Corporate Governance Statement

Declarations of Interest

Confidentiality Agreement

JW gave a presentation to West Sussex LPC meeting covering committee governance expectations of the future. The committee was asked to accept and adopt The Nolan Principles as a basis of the LPC governance statement All new members signed their documents and adopted the LPC governance statement.

PDF

West Sussex LPC
First Meeting March

During this the new LPC members were asked to list two things that they would bring to the LPC table over the next four years.

Included in the feedback was the following:

- Bring an accurate assessment of the cost to the contractor.
- Establish what is achievable.
- Getting local engagement between LPC and contractors.
- Good network to share our knowledge with other pharmacies and competitors as long as it promotes pharmacy.
- Increase the number of health checks.
- Empower CPSS to support struggling pharmacies.
- Support pharmacies for claiming funds.
- Have approachable LPC members.
- Be realistic and practical.
- Positive approach to Community Pharmacy within the wider network.
- Simplicity / innovation.
- Always question the why so we understand.
- How do we measure the benefit of what we do?
- To lead the strategy and the team as individuals and together.
- Help struggling pharmacies if they need support.
- If something works in a local branch, share why and how.
- Take what is complicated and make it bitesize.
- Innovation of new services.
- Standardising across CPSS.

JW discussed the LPC collaboration agreement between all the Community Pharmacy Surrey & Sussex LPCs and that it was important that the Local LPCs still have a voice.

The LPC also discussed three potential sub-groups Services / Comms / Governance and how they would like this taken forward. It was discussed if there should be formal subcommittees.

- Feedback:
- Some people might be best placed on all three groups which may be good being mindful of time. Maybe have three groups but to then come together at the end to discuss further.
- It may be better as it is a smaller LPC committee to stick together and stick to the agenda.
- Maybe just a separate group for Market Entry?
- We need to see how the agenda works in the future and then review.
- Maybe send ideas that the committee need to think about before the LPC meeting to bring as much information to the meetings as possible.

It was agreed that due to a smaller sized committee of 9, there wasn't the need for sub-committees at this time, although this could be reviewed in future. A pan Community Pharmacy Surrey & Sussex market entry group should be established, with revised terms of reference being drafted for the July LPC meetings.

JW asked the members what they would like to see less / more of in the future
Feedback:

- We need to know what each area is doing. We are looking to deliver value for money and need to keep focused.
- To make sure that action points established at the meetings are actioned as soon as possible and not brought back to the next meeting with no update.
- Properly document action points to make it more formal.
- More regular updates on how contractors are performing with regards to services as if some are performing badly we may lose that service.
- Obtain data on flu / MUR etc across the patch monitored by Dashboard.
- We are WS LPC and our priority is WS LPC. CPSS need to prove what they are doing for contractors.
- Development is important but CPSS also needs time to settle.
- Have a report from CPSS with what they have done, success stories etc.
- We need to get all pharmacies to a baseline where they are trained and able to be Level 1 HLP.
- You shouldn't be allowed to withhold SLA data.
- Data is key, we need to know what contractors are doing so we ourselves can do better.
- NHSBSA website has data but 3 months out of date.

MD took the opportunity as Chair to thank the LPC for the vote of confidence. He also thanks MM and DC and the old committee members leaving this month. MD stated that he hoped as a new committee we can use the past experience gained and also the experience of the new members.

MM took the opportunity to thank the LPC stating it had been a pleasure to deal with them and he had always looked forward to the meetings. The contribution of people leaving this committee has been enormous and always no end of volunteers who have stepped forward over the years. DC has been great and an inspiration, I have valued his judgement and experience. His enthusiasm has always impressed me and it was

always just a case of getting on with things and this has resulted in how CPSS has come about now. MM thanked DC for all his hard work.

DC thanked the room and wished everyone the best for the future.

MM stated there has been a huge change in the LPC since DC has joined, and that he had been on the committee for 31 years. He thanked several previous colleagues from the LPCs over the years. DC added that as chief officer we couldn't have asked for better.

1. Open part of the meeting with guests

The Chair welcomed our guest, Dr Andrea Taylor, Senior Teaching & Research Fellow from Bath University.

PDF

University of Bath -
Dr Andrea Taylor Ph

Dr Andrea Taylor talked to the LPC members around free funding which was available to them from Health Education England and how they could apply to study.

2. Date and Venue for next Meeting

The next meeting will be on Wed 9th May 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 11th July 2018, Wednesday 12th September 2018, Wednesday 14th November 2018.

3. Action points

4. AOB

No

MD offered a big thank you to MM, DC and also GM.