Minutes of the LPC Committee Meeting on 16th October 2017

Open Section of the Minutes

Present: Pete Szczepanski (PS), Matthew Cox (MC), Michelle Dyoss (MD), Lynn Rees (LR), Scot Taylor (ST), Stephen Noble (SN), Diane Walker (DW), Thomas Thomik (TT), Abul Kashem (AK), Kalpesh Patel (KP), Amjid Iqbal (AI) and Vijay Lad (VL).

In attendance: Clare Evans (Solutions 4 Health), Jill and Kath Clarke (EHC and Sexual Health Services).

1. Welcome

MC welcomed the members and guests and opened the meeting at 14.00pm.

2. Apologies

DA, DP, MM and JS sent their apologies for the meeting.
3. Declaration of Interest

There were no declarations of interest for this meeting.

4. Solutions 4 Health Update

Clare Evans representing S4H gave a brief update on Smoking Cessation. She began by thanking the committee for the invite. She said that she had been in post for 3 months and that the majority of that time had been spent dealing with challenges that have arisen since S4H had taken over the contract.

She commented that she appreciated it had been a difficult transition but felt confident that going forward, communication should be improved. She said that all contractors on board should have received a copy of the update forwarded at the end of August when the new SLA agreement for NRT was complete and that this would be running until end March next year. Clare commented that Tim had been out to visit nearly all pharmacies last week calibrating CO monitors and improving communication.

She briefly commented on training. In terms of Champix, S4H had held two sessions and 15 pharmacies are now on board delivering the service. She said that no more training is planned at present but that she had had some expressions of interest and would inform the committee in due course. She commented that S4H now have a pharmoutcomes license so all activity is being captured via that and expects payments to follow suit although at present, there is an issue with that but will stay liaised with contractors and wanted to reassure them that S4H are honouring all payments.

Clare commented that she can be contacted directly and had copies of the service specification and leaflets which contractors can get through her.

TT asked for clarification around the behavioural support. Clare commented that behavioural support for NRT is done through pharmacy but through wellness coaches for Champix so this was supply only. MM asked how many contractors had signed the SLA. Clare said she would forward an updated list to PS but thought it was 15. PS asked if she would also forward an electronic copy of the PGD and SLA.

Clare commented that wanted to clarify that the vouchers that some contractors are seeing are only for under 18s (they could be pregnant but overriding rule is under 18). She commented that Jill had attended a previous meeting regarding young persons smoking cessation.

VL commented on payments for Champix; a lot of work for not much remuneration since contractors no longer receive a quit fee as the behavioural support is done by the wellness coaches and now reimbursed only for supply. Clare commented that
she appreciated what was being said and will take it back but can’t really comment other than S4H made decision on economic factors and that patients are best supported through wellness coaches. She said she would like to come back to see how we can work together in future maybe with the “one you’ quiz which is a triage way for the individual to identify how good/bad their health is. Clare commented that collaboratively we need to think creatively on how services can be transformed to improve outcomes for public health; working together to come up with new solutions to revolutionise lifestyle support.

5. **EHC and Sexual Health Services**

*Kath Clarke* gave a brief update on sexual health aspects of the contract that they have through public health.

She commented that there had been a new PGD for emergency hormonal contraception as it was due for renewal and that there had been new guidance; particularly with regard to ensuring every female that accesses the service is made aware that the coil is the most reliable method; although this doesn’t necessarily mean that they can’t be given EHC.

She commented that when producing the new PGD, they also needed to consider guidance that Ella One is thought to be the most effective oral method due to not having decrease in efficacy. Never the less, due to the financial impact the new PGD would have had to cap off the age group. Within Dudley however, there is good access in all age groups and particularly want to target termination of pregnancy in higher age groups. Thus with the potential for the cost to triple, they decided not to cap age but continue with supply of Levonelle. The other change to the PGD is to supply double the dose with patients overweight and also with those taking liver enzyme inducers. Kath commented that payments have been changed on pharmoutcomes to reflect this. Kath then raised the issue of the changes to the chlamydia PGD to supply tablets rather than capsules.

Kath also commented that there is an expectation that with each consultation, chlamydia screening is offered to under 25s and 3 condoms are supplied. She commented that it is evident through pharmoutcomes data that this is not being done. LR mentioned that this may be that screening was offered but refused. Kath commented that she appreciated this may be the case but screening should be routine rather than optional.

Kath said that there is soon to be an opportunity to join the C-Card scheme. She said she was hoping to get pharmacies on board targeting the 20-24 year old group and men in particular. She commented that there will be training and the
provisional date is 28th November but would keep the committee informed. VL expressed his concerns with coverage of EHC supply whilst the new PGD was rolled out as several contractors had been unable to attend the first session at short notice. Kath said there was already a mop up training session for EHC planned on 30th October and invitations had gone out but if anyone had any particular concerns, she could perhaps go through the training at the office. MD commented that she would be happy to do one to one training if necessary. Kath said she would look into that but as there had not been an update for a while, it was a good opportunity for contractors to have some face to face training as the commissioners are held accountable for those contractors delivering the service.

6. Community Pharmacy Development Officer Report – Michelle Dyoss

MD forwarded her report to committee members prior to the meeting and briefly covered the important issues.

Healthy Living Pharmacy

MD commented that she had re-wrote HLP part of PNA and sent to JS, updated list (39 accredited) including RSPH accredited pharmacies, visited and accredited Evergreen Pharmacy and also supported Dispharma, picked up HLP packs, distributed at AGM and during visits, set up Eventbrite for leadership training and sent info out to contractors, set up another 5 HCs with Buttercups online training and re-issued lost certificates.

Commissioned services

MD commented that she had helped Clare chasing SLAs and had attended and supported Champix training.

Meetings

MD attended the Dudley Healthcare Forum/MCP event on 21st Sep and attended meeting on 26th Sep, made notes and distributed.

Promote community pharmacy

MD commented she had finalised presentation with Pete for the pharmacy show.

Public health campaigns

MD had spoken to DOPH regarding evaluation of be clear on cancer data.
JS sent his apologies ahead of the meeting but forwarded his update to committee members.

“PNA write up well under way and projected to have draft ready for consultation with CPDSG (PNA Steering group) by **Thursday 27th October 2017**. Papers for HWBB will need to be submitted by mid-November thus PNA steering group will have couple of weeks to look over for comment. Even when the draft is completed, it will require consultation so there is ample opportunity to note comments and consider change if required and agree with steering group.

**Kath Clarke should be in attendance (from Public Health) – from agenda (off memory) – she will update with further training regarding EHC via PGD (2nd date planned early Nov 2017). This will support pharmacists unable to attend the 1st training session held 27/9/2017 – off memory 38 attendees.**

**STP update – Dudley CCG continues to work with partner teams in our footprint to ensure a Minor Ailments Service continues from April 2018 – at present reviewing options to consider financial commitment from all the CCGs in the STP footprint. Dudley CCG remains committed to commissioning this service in line with the Dudley Prescribing policy.**

**Dudley MCP (Multi-speciality community provider) – Following an initial evaluation, the CCG in partnership with Dudley Council (commissioner), will enter into a dialogue process with a consortium involving four local NHS Trusts and local GPs. The four trusts are – Birmingham Community Healthcare NHS Foundation Trust, The Dudley Group NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust and Black Country Partnership NHS Foundation Trust. I am supporting the development of the bid for one of the levels of the MCP – Whole Population Management and Prevention. This includes working with colleagues in Public Health. The MCP gives opportunity to radically change the way health and social care works and as such, I am working to explore opportunities of how community pharmacy could integrate within the MCP. The consortium will present the official bid for the tender (to move onto the next stage of the procurement) in December 2017. This will be pivotal in ensuring the procurement can move to the next stage. Early days, will keep posted as the MCP develops.**

Finally, an issue with Grange Pharmacy, Halesowen coming from the practice based pharmacist at Lapal surgery and unhelpful with partnership working between pharmacy/GP (likely to create distrust). I want the LPC to be aware of such and if a pharmacy cannot dispense an item based on costs to procure (versus reimbursement), then should be transparent with patient to allow them to take their script elsewhere. I think the PBP has dealt with at practice level.”
8. Committee Meetings:

a. Area Clinical Effectiveness Committee

Unfortunately the committee was unable to send a representative to the meeting. ACE meeting will need representation.

b. Prescribing Subcommittee Meeting

VL attended the meeting on 12th September and forwarded his report to committee members prior to the meeting. He briefly covered the main points:

**Prescribing Policy - Updates.**
Laura Broster (Director of Communications & Public Insight) provided an update on the feedback received since the launch of the policy. The comms were designed for support for GP’s and CP’s in their communication with patients. Dudley has since been involved in a large amount of interest and challenge from people outside of the organisation regarding CCG’s local decision.

Dudley CCG may be challenged for their approach in this area by The Advertising Standards Agency and The Chemist & Druggist. Following this the CCG decided to write to all GPs regarding the wording of the campaign materials, they were asked for their views on the following 3 options:

- **OPTION 1:** ‘Prescriptions for self-care medicines may no longer be available from your GP’
- **OPTION 2:** ‘Prescriptions for self-care medicines are no longer available from your GP’ with a caveat that states ‘GPs in Dudley may prescribe medicines for non-minor conditions at their own discretion for individual patients’
- **OPTION 3:** To leave the message as it is: ‘Prescriptions for self-care medicines are no longer available from your GP’

The CCG received 23 responses from GP Practices. PSC agreed on option 3. PSC decided to add a statement in the policy to reflect the self-care element and the GMS contract and to continue with option 3. The PSC discussed monitoring the implementation of the Policy, CH advised a dashboard was in development to track practice performance for all drugs and products featured in the Policy,

**Finance Update:**
Finance report for the prescribing budget to month 5, this includes GP prescribing information reported by NHSBSA for the period to June 2017.
General overspend of 445K - possible reasons Increase in dressings spenditure plus escalating price increases of several generic drugs such as Quetiapine and Olanzapine- Result in a significant reduction in Cat M costs across the rest of the financial year.

**CP Update:**
Minor Ailments Scheme for those under 16 years of age live from April 2017 commissioned by NHSE. Dudley CCG has agreed to ‘top up’ this service providing access for those aged 16 years and over who fall into the prescription exemption category. Available from 10th July 2017 till March 2018.

NHSE are looking to decommission this service from 1 April 2018.

CCG looking at ways to further extend this service beyond March 2018.

**OOPE’s** - Still ongoing issues. Contractors to be vigilant when claiming OOPE in line with current regulations- maybe in breach of their services and liable to NHS Contracts team who may take action.

**Flu Planning: 2018/19.**
Immunisation & Flu Planning Meeting - to ensure the uptake of the flu vaccination programme improved. Public Health England cost effectiveness analysis for the Quadrivalent vaccine not yet conclusive. CCG advice for GP practices to use Trivalent vaccines as routine in place of Quadrivalent vaccines.

**CP Issues** - GP’s notices and public messages LPC to respond directly to LMC?

**P.O.D**
Original plans for High Oak to join the POD have been put on hold due to the telephony and IT issues resulting from the increasing demand on current resources.

(Due Sept.2017).
Increase in call upto 1000/week - Plan to increase POD hours and take on 3 more operatives (Oct end).
Recent outcomes data from the POD practices is particularly encouraging; to June 2017 POD practices have collectively demonstrated a 7.1% reduction in prescriptions items issued and a 1.6% reduction in prescribing costs.

Members mentioned that obviously dlcv would have an impact as would changing prescribing period – 56 to 84 days would reduce no of items.

**Reports:**
Audit on proton pump inhibitors prescribing in Dudley Practices (MP)- prescribing can be limited or terminated in some cases.
Audit on Urinary Tract Infections- Protocols & Guidance policies for care home nursing staff to follow in appropriate cases with indwelling urine catheters.

Wound Care - summarise the options for wound care for adherence to wound care formulary and procurement.
Addressing formulary may be the best option- Good news for CP's.

The next meeting is on Tuesday 7th November 2017 and VL will attend.

c. Primary Care Development Committee

TT attended the meeting on Friday 29th September 2017 and forwarded his report to committee members prior to the meeting. He briefly covered the main points:

1. There is work across the Dudley CCG area offering support to Practice Patient Participation Groups (PPGs). The CCG is looking at developing activities, events, sharing information and creating opportunities to further develop PPG activity.

2. The CCG has received details of an initial proposal for the merger of 2 Dudley GP practices. No details as of yet.

3. Primary Care Extend Access Scheme. All pharmacies have been asked to display the local extended access hours for surgeries to help improve awareness of the scheme.

4. CQC Ratings Report.

Bath Street Medical Centre has been rated as inadequate overall and for the safe and well-led domains. The CCG has carried out follow up visits to support the practice.

The Greens Medical Centre and The Dudley Partnerships for Health (now Dudley Wood) have been rated as good overall following re-inspection.

5. A plan has been devised to extend the premises of High Oak Surgery (serving approx. 3,900 patients). This includes 2 additional consulting rooms, additional administration space and additional car parking space. Work is proposed to start Feb 2018 and completed Apr 2018 and during this time, the practice will continue to operate with a minimum of disruption.

The next meeting is on Friday 20th of October 2017 at BHHSCC at 1pm and TT will attend.
d. **PSNC Regional Meeting**

PS spoke on behalf of DA regarding the regional PSNC meeting attended on 12th September. He commented on the main points that DA had highlighted in his report:

**DH discussions/ Judicial Review**

- Encouraging signs from Pharmacy Minister that community pharmacy potential is underused
- Currently in lockdown because of JR – PSNC doing a lot behind the scenes to get negotiations back on track.
- Very little activity in terms of pharmacy closures – funding cuts not hit yet? LPCs encouraged to log on to PSNC site and report when a pharmacy in area closes + reason
- Price concessions recognised as major concern and PSNC working hard to be more responsive. Meeting fed back to PSNC that a more robust system is required for dealing with price changes so that Contractors not left out of pocket. Contractors urged not to be complacent, but to report all stock shortages and price issues to PSNC.
- Government running consultation on medicines prices and transparency

**Events**

- 21st March 2018 – Chief Officers & Chairs Meeting – Central London
- 26th September 2018 – LPC Conference – Birmingham
- May & November 2018 – PSNC Regional Meetings

**Communications**

PSNC has had a lot of reports of concerns re: Pharmacy2U – LPCs must be wary of what you say, posters created for distribution etc, or could face legal challenge. Best to concentrate on promoting local contractors’ strengths.

**LPC & PSNC Elections**

- Present Committee comes to an end 31st March 2018. See PSNC site – Resources for guidance on preparing for new Committee.
- 31st October – date on which we need to look at profile of our Contractor base to determine make-up of new Committee

**LPC Size & Structures**

- MK working on discussion document looking at making new Committees fir for modern purpose- need for strong, well-led LPCs to deal with STPs, new NHS & local commissioning structures
- Committees need to consider whether current structures work – mergers; obtaining greater expertise within the Committee etc
• Document aims to give idea of expertise/resources needed on LPCs- aiming in future for ‘gold standard’ LPCs
• Need for us as a Committee to start looking at what we currently do, and how we do it- new Committee to take up this work

PSNC Mentoring Scheme

• PSNC introducing this scheme for new Committee members – informal set-up putting them in touch with more experienced LPC members.
• PSNC looking for volunteer mentors

Around the LPCs:

Dudley

DA shared experiences that we are having with POD & Stop Smoking Service issues with Solutions 4 Health, albeit managing to retain a smoking service in Dudley

Warks & North Staffs

TC & FL – Pharmacists experiencing severe backlash from GPs re: flu – Patients are being told that must have jabs at Surgery- Pharmacists not trained; vaccines used by us is weaker/ineffective; Patients who missed jabs last year (supposedly had at pharmacy) are being phoned and told to cancel appts at pharmacy – being looked at by NHSE
MK advised that any practice like this to be reported to NHSE & PSNC.

North Staffs

• Just been granted an extended care service – patients to receive ear, nose and throat treatments by trained pharmacists at the pharmacy, to prevent hospital admissions
• Just been granted a new service delivering MURs via Skype for patients discharged from hospitals, to prevent re-admissions. MURs paid as normal and cap of 400/pharmacy remains, but IT equipment for the pharmacy comes with funding.

Worcs

FL – Worcs are introducing their ban on prescribing of DLCV as of 18th September- causing consternation between CCG and the GP Federation

Birmingham

Doing well with Sexual Health Services – have two tiers – Tier 1 and Tier 2 suite of services. Encouraging that number of pharmacies moving from Tier 1 to 2.
e. **Community Pharmacy Steering Group**

**PS** gave a brief overview of the meeting. He commented that it mainly concentrated on the PNA. With regards to services, the PNA can only consider gaps with nationally commissioned services such as MUR and NMS. **PS** commented that perhaps the committee can help support contractors with numbers of patients taking up these services. With respect to flu and minor ailments, there was good coverage and there were some pharmacies registered for NUMSAS but there had been no activity. He commented that the draft would be coming to the committee by 22nd October.

9. **A.O.B.**

There was nothing further discussed at the meeting.

This concludes the minutes from the open section of the meeting.

Signed by the Chairman . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date: Monday 13th November 2017