


Draft minutes

Gloucestershire LPC Meeting

10am Thursday 14th January 2015, Cheltenham Regency Hotel

Item	Actions
<p>1. <i>Present:</i> Chris Gifkins, Fiona Castle, Iqbal Topia, Sian Williams, Peter Badham, Rebecca Myers, Pete Arthur, Phillip Lewis (til 1pm), Thomas Banning, Gary Barger, Wayne Ryan, Mike Powis, Aitzol Calleja, Lis Jardine (notes) <i>Apologies:</i> Pat Quinn <i>Guests:</i> Magdalena Bogdan (will be covering Rebecca Myers maternity leave)</p>	
<p>2. Minutes of previous meeting <i>Accuracy</i> The minutes were accepted as a true record <i>Items for redaction from publically published minutes</i> None <i>Matters Arising</i> MAS contract has not yet been circulated; LPC can best help by showing patience. Pharmacy staff need to progress with training for online test. <i>Action Report</i> All actions complete. Will need to start again re emergency planning document.</p>	
<p>3. Sub-committee reports/updates <i>Finance (inc Treasurer's report)</i> LJ and AC to redraft claim form using category headings, and attach cost coding. £20,000 surplus (although there are outstanding invoices). Group will discuss how to handle this in next year's budget - income will decrease anyway with 6% cut? Change to fixed levy? Bank account – user changes have been made but AC needs to apply for online access. <i>HR/Employment</i> Gloucestershire LPC and Swindon & Wiltshire LPC met as a joint sub-group. Discussed Engagement Officer proposal – await PSNC perspective Wednesday 20th January. Chris Shields volunteered to work on a sessional basis re PharmOutcomes services streamlining. 31st March PSP role changing – employed by CCG, could be very different. AC to meet with RT and discuss aligning more budget lines to save duplication of effort. FC to arrange access to Dropbox for Chairs and Vice Chairs – timesheets and holidays etc. RM maternity cover for HR subgroups: PQ and PA have agreed. SW to provide handover guidance. CG remains FC line manager. <i>Training</i> Due to contract delay, planned MAS date was cancelled. Hoping to arrange Sexual Health training but Glos Care proving difficult to engage with. May use internal resources instead for an evening update. Stroud delivery gap: underlying resistance to providing services. PA reported staffing issues as can be difficult to recruit, intends to talk to his teams. Training venues selection unlikely to be key enabler.</p>	<p>LJ, AC Finance Subgroup</p> <p>FC</p> <p>AC FC SW/PQ/PA</p> <p>FC</p> <p>PA</p>

	<p>Possible focus on one or two pharmacies (HLPs) with mentoring etc? RM maternity cover – PL agreed, SW to bring him up to date.</p> <p><i>HLP</i></p> <p>43 now accredited at level 1. From March it will be a self-accreditation, will benefit those who are delivering but haven't gone through process. EB to be asked to complete PHE survey.</p> <p><i>Contracts</i></p> <p>NHSE are turning down most applications, therefore there are currently many appeals.</p>	<p>PL, SW</p> <p>EB</p>
4.	<p>Chief Officer report and update</p> <p><i>Discussion/queries arising from written report</i></p> <p>Contract funding: shock at public announcement of 6% cut. Chairs and CEOs meeting on 20th January to discuss. Will feedback after this meeting.</p> <p>URMS: going well but need to ensure pharmacies are using wherever appropriate. Locums often not briefed. LJ to add page of examples to upcoming newsletter. Good training topic? Positive risk taking... put patients' best interest first.</p> <p>Flu: Patient satisfaction survey locally, feed to PSNC. Pay pharmacies £20 as incentive, provide tally sheet for the questions we really want answered plus mechanism to pay. Use PharmOutcomes to collect/invoice. GB to help re questions.</p> <p>Hospital elderly care: interested in electronic referrals for NMS especially anticoagulants.</p> <p>Senior nurse at the TIA clinic to set up on PO, work our end to get pharmacies ready.</p> <p>Waste – contract returning to council/Tony Childs – feedback re what's not working would be useful.</p> <p><i>Presentation on SCR roll-out</i></p> <p> SCR Presentation with notes.pdf</p>	<p>FC, CG</p> <p>LJ</p> <p>FC, GB</p> <p>FC</p>
5.	<p>Member Expectations</p> <p><i>Role</i></p> <p>Most LPC members willing to spend more than two hours to contribute to the active work/support of contractors between meetings; a couple would do a paid day or more. LPC members can't – and shouldn't - leave context of company at the door.</p> <p>Requests for help should go out to most appropriate people first. FC to create email list using skills table (LJ to circulate again, all to complete with note of time available).</p>	<p>FC</p> <p>ALL, LJ</p>
6.	<p>Guest – Pete Wilshire: DAAT commissioning officer (Public Health), works with Outcomes Officer.</p> <p><i>Update on Substance Misuse Tender process</i></p> <p>Process of recommissioning adult D&A treatment service. Out to tender mid-2016, active from 1.1.17. Will include Supervised Consumption and Needle Exchange budgets in tender envelope – will be provider's responsibility to subcontract to pharmacy.</p> <p>Aim to close gap between clinicians and pharmacy. Control spending, scrutiny over caseload and appropriateness of certain individuals receiving SC and NX.</p> <p>Phased/ extended transition period – CC will remain commissioner until e.g. April 2017.</p> <p>NX – waste issues. Big concern, waste sorted at depot so unable to pinpoint culprits.</p> <p>Working with Turning Point to get message out. May have to consider restricted supply if continues.</p>	
7.	<p>Guest – Joanna Glasscock (Deputy Head of Health Improvement, Glos Care) and Mary Conway</p>	

	<p><i>Stop Smoking Award scheme</i></p> <p>Many pharmacies inactive/intermittent: national trend - difficulty recruiting, developing confidence. Referrals from GPs are very variable. Other agencies don't refer in.</p> <p>Need access to major products – Champix. Licensing has changed so any advisors can now deal with pregnant mums – Glos Care will offer extra support. Link in to MUR, particularly COPD and asthma – Stop Smoking is best intervention.</p> <p>Fast track training for pharmacists for accreditation? One event per year? FC to share pre-learning available, help JG to identify which aspects need face to face training. Daytime update is difficult to attend, webx for those geographically challenged?</p> <p>Recognition may help – bronze, silver, gold certificates to stimulate confidence and interest.</p> <p>Stop Smoking web site needs to have post code search facility.</p>	FC
8.	<p>Provider Company</p> <p>Avon LPC are thinking of setting one up – may be opportunity to join with them.</p> <p><i>Opportunities</i></p> <p>Healthy behaviours tender for exercise, weight, smoking, alcohol. Consultation document/cards going out – encouragement to say 'we want this in our pharmacies' (newsletter).</p> <p>GPs funded to see COPD patients more often and use Sound Doctor; pharmacists can refer to Sound Doctor too. More leaflets available from CCG (newsletter).</p>	LJ LJ

Appendix 1: Strategy and Action Plan development

Continuing work from November

Communication & relationships

Top priority

- HWB – SW continue to attend as representative
- Invite stakeholders to meetings
- Political stakeholders – EB to continue hosting MP visits
- Stakeholder mapping – LJ and FC working on database for interactions
- Locality CCGs – identify local members, make initial contacts. CG and HW meeting Stephen Rudd and Helen Miller at end January
- Identify motivated local pharmacists to set up relationships with lead GPs with EB support. Ask AMs for list of potentials – will also feed into succession planning
- Continuing engagement with patient groups and health groups. Offer speaker & presentations. Members to state whether they would be willing to do this in skills profile

Contractor support

- Public facing web site area: link in to Healthwatch from our site. LJ to set up tab for patients with link to NHS Choices ‘find a pharmacy’, bank holiday opening hours etc
- Non-engaged pharmacies: explore possibility of face to face support
- Newsletter, advice re national contract: highlight news but don’t necessarily give chapter and verse (link to NHSE/PSNC as appropriate)
- Signposting: plan review of web site. Log queries, and feed in to web site/‘Ask Fiona’ in newsletter.
- Training: ideal of four different meeting topics a year. Planning/budgeting for these, get dates booked ASAP. Better coordination with CPPE and RPS (not meeting in same week). RPS might not continue doing clinical meetings – something for us to pick up?
- Provider organisation: stay on the agenda.
- Continue to support EPS2/SCR (less so as time goes on): invite Thoko to March meeting, encourage attendance at HSCIC masterclasses, ask for supplier updates to enable transfer of GP notes to patients
- Repeat dispensing: training topic – dispensary management for repeat dispensing.
- Advanced services: working on anticoagulant referrals, take other opportunities. Some doing it but not claiming for it. LJ to add PA patient story to newsletter for encouragement
- Engaging with locums via mailing list: encourage accreditation. Service communications to pharmacies should say ‘let locums know’. RM to send locums list to LJ
- One to one support for independents? Could be a 2-3 month project – mystery shopper, feedback and education

Service development

- Use relationships to drive service development. This will mean a smaller budget allocation for service development – just business cases, direct negotiations etc

- Feed in to tenders at an early stage
- Convert conversations into opportunities? Look for opportunities under identified 'hot' topics. Whole committee should 'sell' pharmacy whenever they are with stakeholders.
- 5 point plan – local priorities work alongside PSNC priorities.

Enablers:

Healthy Living Pharmacy

- Low priority at present
- Lloyds Area Managers are on board
- Committee will not make any major decisions until national drive becomes clear
- Factor costs of moving to Level 2 into negotiations for service development
- Get existing money spent as a priority before March meeting on monitoring and training

Governance

- Regular updates from AC re budget
- Mid-February deadline for budget requests for subgroups
- Subgroups term of reference not fully realised – each subgroup should propose priorities (and maximum spend without whole committee approval) for ratification
- Check PSNC self-assessment up to date every 6 months

PharmOutcomes

- Who will to pay for it if TM won't? It is likely someone else will pick up tab, but LPC needs access to data

Committee administration

- Regency Hotel – good value for money, will continue to use this venue for meetings
- AC should be informed which meetings people are planning to attend, and claims should be submitted on time
- Whole committee could review honoraria, travel expenses?
- The aim is that sub-groups will be done in the afternoon of whole day meetings.