

Gloucestershire LPC meeting

Thursday 12th March, Cheltenham Regency Hotel, Gloucester Road, Cheltenham, GL51 0ST

Item	Action
<p>Present: Thomas Banning, David Evans, Vishant Patel, Abs Bashir, Sian Williams, Fiona Castle, Gary Barber, Aitzol Calleja, Vanessa Chelu-Walmsley, Peter Badham, Rebecca Myers, Chris Gifkins, Lis Jardine (notes), Mike Powis (pm)</p> <p>Apologies: Mike Powis (am), Wayne Ryan</p> <p>Guest: Andrew Lane, PSNC Regional Representative</p> <p>Declarations of interest – additional item from Rebecca Myers</p>	
<p>Minutes of the previous meeting</p> <p><i>Accuracy</i> The minutes were accepted as a true record</p> <p><i>Items for redaction</i> None</p> <p><i>Actions Update</i> PB and VP received confirmation for PSNC Members day – 16 April. Discharge envelopes have not yet been followed up.</p> <p><i>Feedback from Healthwatch</i> Mostly positive; stock shortages were highlighted, URMS referral.</p>	EB
<p>Andrew Lane: PSNC update.</p> <p><i>Current concerns:</i></p> <ul style="list-style-type: none"> • Pregablin – advice • EPS – research into costs, work into current funding negotiations • CCG deals with pharma over certain molecules - FoI requests • Facilitation and advice to support local provider companies? Conference 4th November • National Flu and MAS service • Audit – communication. 	
<p>Update on meetings attended by members:</p> <p><i>Contracts Applications Training: Abs Bashir</i> Neighbourhood, exemption tests gone. New entries mostly unforeseen benefits/access. Applications can be deferred for 6 months. Support but no legal guidance.</p> <p><i>Health and Wellbeing Board: Sian Williams</i> Important to have Community Pharmacy representation here and at bi-monthly Primary Care commissioning meeting. FC meeting with Dorcas Binns?</p> <p><i>LPN Inaugural meeting: Rebecca Myers</i> Meeting focused on networking, priorities, and ideas for implementation.</p> <p><i>Substance Misuse: RM, SW, GB, CG</i> Drugs/alcohol tender process - new provider 2016. Looking for 'innovation/partnership working' – pharmacy opportunity to input to service specification.</p>	FC

<p>Supervised Consumption: budget may move to lead provider, with pharmacy subcontracted.</p> <p>Receptive to discussion on e.g. codeine/alcohol abuse. SW to speak to Sue Weaver re this. FC to feedback to Jenny Scott re Barton St.</p> <p><i>Health and wellbeing intervention tender Soft Market Testing – SW</i></p> <p>Looking for one lead provider. Community Pharmacy has big stake in what that provider does. Take Pharmacy Voice materials: we're an important partner.</p> <p><i>JSNA Stakeholder Event: PB, SW</i></p> <p>Only one member of group knew about pharmacy/enhanced services. Public awareness opportunity. Scope for provision of more pharmacy services. LPC to attend engagement events, offer solutions.</p>	<p>SW FC</p>
<p>HLP Update</p> <p><i>Accreditation and Engagement</i></p> <p>47 pharmacies came to Engagement Event, 23 signed an EoI. 30 are now at Level 1, 37 are working towards, and 36 are not engaged. Barriers: Time; AMs not always supportive.</p> <ul style="list-style-type: none"> • Multiples: accreditation should be straightforward - just submit evidence. VCW and EB/BW to compare their staff development programmes and HLP. • PO in Lloyds slow to log in, under resourced: delegate inputting of evidence to a named member of staff. • Upskill techs to deliver – pharmacist has more time. <p>MECC training 16 March has had admin issues. BW trying to get another organised in 8 weeks.</p> <p><i>Proposals for Level 2</i></p> <p>PH funding for 'Behaviour change' training? Public/community engagement focus. No additional funding at present. Selling to the sceptical. HLP badge = essential for commissioning. EB to continue to develop ideas.</p>	<p>VCW, EB, BW</p> <p>BW</p> <p>EB</p>
<p>URMS Update</p> <p><i>Review of barriers</i></p> <p>Survey said: Staff not aware – 39%; No patients – 33% of respondents Refresh guidance to pharmacies every 6 months. LPC could clarify process for locums to offer service e.g. send out crib sheet again. Extra tickbox on PO to record whether the patient presents because can't get GP appointment. Recommend use of tablet computers to access PO.</p> <p><i>Implications of change in OOH provider</i></p> <p>List for referral has to comprise active pharmacies in light of changes to OOH Provider on 1st April Agreed to seek removal of pharmacies that are inactive because no demand (ie pharmacy hours match surgery hours)</p>	<p>LJ/FC</p> <p>FC</p>
<p>Other Services Update</p> <p><i>Pharmacy First (Minor Ailments/MAS)</i></p> <p>Proof of concept nearly complete, CCG seek funding to continue until next winter. Dealing with a lot of u13s, 48% self-referrals. Will need planning time if rolling out next winter.</p> <p><i>Sexual Health</i></p> <p>ellaOne - good uptake. P license in April – pregnancy risk has been downgraded. HPA will be running more training events in May.</p>	

<p>Sexual Health Needs Assessment complete, FC working with all stakeholders to complete actions arising relating to Community Pharmacy</p> <p><i>Stop smoking – mystery shopper.</i></p> <p>Community Pharmacy not referred without leading questions. Admin staff are letting Gloucester Care down. FC has fed back to Karen Pitney/Tracey Marshall.</p> <p><i>MAS uptake</i></p> <p>Lower overall than originally anticipated, however deemed success by commissioners. What are the barriers? GP engagement, relationships? Should LPC communicate more with surgeries?</p> <p><i>ASAP</i></p> <p>Pack hitting pharmacies on 23rd March.</p>	<p>FC</p> <p>FC</p>
<p>Stakeholder Engagement – Ev Beech</p> <p>HLP launch/MP visits to ‘showcase’ pharmacies. EB supporting, and contacting MPs/candidates.</p> <p>EB to distribute link to Pharmacy Manifesto.</p> <p>LJ and EB to work on a glossy and professional leaflet to represent LPC/community pharmacy ethos, service delivery, contacts etc.</p> <p>Possibility of holding a ‘Think Pharmacy’ or open door event?</p> <p>Radio Gloucester is open to broadcasting a pharmacy slot once a month. LPC role to find and fund/develop a ‘face’ to represent local community pharmacy.</p>	<p>EB</p> <p>EB/FC</p>
<p>Outcome expectations</p> <p><i>Committee additions to support work-plans</i></p> <p>Publicity: EB needs to be involved in coordinating PSNC resources/campaigns, work with health charities etc.</p>	<p>FC/EB</p>
<p>Treasurer</p> <p>AC agreed to take on the role as MP stands down. MP volunteered to provide support to enable a smooth handover of duties, and confirmed that he intended to remain an LPC member until July</p>	<p>MP/AC</p>
<p>Review of Business Plan – progress to date</p> <p>See appendix</p>	
<p>Any other Business</p> <p>Revised expenses claim form: LJ to circulate once MP/AC have looked at draft. Assign time to cost centre? Space for ‘other expense’ details.</p> <p>LJ to ensure all meeting reports have an ‘A’ number.</p>	<p>LJ</p>

Appendix

Business Plan Progress Review

Objectives	Comments – FC	Committee notes
Following the November 2014 LPC meeting, we will have a clear strategic agenda covering the term of the committee which is visible to contractors	Decision required – does the committee agree that our budget/business plan fulfils this?	Not clear
By the end of November 2014 we will have an agreed budget associated with the business plan. Expenditure against this budget will be reviewed in January, May and November each year. A new budget will be prepared for approval at the March LPC meeting each year	Decision required – Budget associated with plan proposed by Finance Sub-group. Has this been accepted/adopted by the committee?	New claim form, to be circulated by LJ. Comments by end of next week. Documenting other expenses. Treasurer to add cost code. Happy with current costings.
Have clear understanding of the remit and authority of all sub-committees and officers		Yes this is clear – need to add the Terms of Reference for each group to web site.
Ensure appropriate training opportunities are identified, offered and taken up	Process for matching committee members with opportunities is not effective	Yes, we're making progress
Review status of LPC Self-Assessment every 6 months and agree appropriate actions	Last reviewed May 14 – needs to be looked at again	To do
Maintain a useful and current website	Are committee members happy that the website is fulfilling contractor needs?	Content is good, target to get people to use it. Hit counter. Use newsletter links to direct people rather than giving all the detail up front.
HWB: Be seen and known; Keep LPC informed of priorities and opportunities	Sian Williams attends as observer?	Valuable. SW should claim for hours of prep.
Whole LPC to entertain and engage with a guest at each meeting	Only successful so far at inviting guest to one meeting	Continue to invite.

To create a stakeholder environment within which Community Pharmacy can flourish	Ev Beech has been tasked with identifying the parliamentary candidates and promoting Community Pharmacy.	National issue. Do we gain a lot by it? Add town/district/county councillors. Do less but better organised!
Continue development of URMS, Minor Ailments, Palliative Care With CCG	Supportive work ongoing with URMS and Pharmacy First.	At what point do we draw the line with non-engagers? Block HLP status?
Continue development of Stop Smoking, Sexual Health, Substance Misuse, Alcohol	Regular communication with commissioners to support improvements to these services	Continue
Engage with area team on Flu Vaccination, Rotas others	Work done on rotas Area Team (Public Health Team) have done evaluation on evidence for flu and still hanging in balance	Continue
Work with LPN on Cross sector initiatives e.g. hospital discharge communications	Delegates engaged with LPN. Also working with AHSN on pilot project to push NMS referrals through GPs	Need IT infrastructure. Wait and see what pilots in South West come up with. Analysis of outcomes from HDE project.
Support PSNC negotiations and disseminate relevant information to enable local contractors to	EG communications about audit	
Maintain up-to-date database of useful information to help contractors deliver their service	Being built on website but needs structured input	Extra work for LPC members – find x, how easy was it to find?
Contractor Meetings and Communication	No objective defines – Decision required	How many, skills/clinical/contract based? Link to national agenda? RPS good clinically locally. Manager focused? Time management and organisation. Expert patient centred? RM working on plan for year. Joint with LPFs? Add to large cohort already attending. Help with networking/building relationships.

		Organise training for all the new inhaler devices. (eg Elipta) LPC to recreate packs of placebos on joint formulary as CCG is doing for GP Practices
Provide advice and support (not financial) to groups of contractors who want to explore setting up a provider organisation	Decision required – do committee intend to be pro-active in this, or wait for request from contractor or group of contractors	Don't have size to go for big contracts. Summary of what pharmacies can offer – send to tender applicants. Ask contractors if they want this?
Disseminate relevant information about EPS2 and provide appropriate support especially to independents	Working supportively with the project team – is anything else required?	Continue
Increase opportunities for targeted interventions in NMS and MUR	Decision required – how would the committee like to achieve this objective?	Minority delivering near maximum. Target those nearly there? Business opportunity they're missing out on. Four categories split by hundreds. CG to write to each group and ask why they are not delivering. Use data from existing service to show Duncan Thomas it's worth commissioning an additional MUR+ service.
Engage with HLP to deliver 54 Accredited pharmacies by end of Dec 2015	Despite great activity from Barbara Workman, only 30 so far accredited. 47 working towards accreditation including Wave 2 and final wave participants	Aim for another 20 accredited by end July.
Ensure well planned and effective Health Promotion Campaigns to support HLP	Decision required – what priority does the committee give this? No campaigns likely to come from commissioners unless driven by LPC	Yes - take the lead. Pick topics and approach organisations for materials or bring to

		<p>Tracey ask if they can send the materials in good time. LPC keep control of the data.</p> <p>Ideas:</p> <ul style="list-style-type: none"> • Carers • Mental health • Smoking
Achieve recognition of HLP status/engagement in development of commissioned services	Decision required – should this be led by commissioners or LPC?	Continue.
Promote benefits of HLP to commissioners: Demonstrate value leading to further commissioning	PharmOutcomes data now being used to demonstrate that engagement from HLP pharmacies is greater, however must recognise that there are HLP accredited pharmacies who are not delivering on services/campaigns and non-HLP pharmacies who are!	ASAP initiative – shows commissioners have got the message.