

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 7th September 2015

The Peepul Centre, Orchardson Avenue, Leicester LE4 6DP

Present:	Sejal Gohil (SG) – Chair Shezad Alimahomed (SA) – Vice Chair Luvjit Kandula (LK) - Chief Officer Sue Hind (SH) (from 10:00) Veronica Horne (VH)(left 16:00) Syma Raza-Jones Jane Lumb (JL) Kerry Tew (KT) Administrator	Neena Lakhani (NL) Altaf Vaiya (AV) Rajesh Vaitha (RV) (from 10:00) Mohammed Ibrahim (MI) Phil Maslin (PM) (left 13:15) Adam Thomas (AT) (Treasurer) Satyan Kotecha (SK)
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CLOSED SESSION

1.	<u>Apologies for Absence</u> None	<u>Action</u>
2.	<u>Declaration of Interest and Code of Conduct</u> <u>No declarations</u>	
3.	<u>Check in.</u> VM advised this will be her last meeting as her role now covers Northampton PM advised his role was a seconded role and David Smith has returned. SA advised his role will now be in Nottingham and this may be his last / last but one meeting with LLR LPC.	<u>LK to ask CCA for nominations</u>
3.	<u>Approval of Minutes (20th July 2015)</u> Minutes read for accuracy. Proposed by PM seconded by NL	<u>KT to upload to LPC website</u>

4.	<p><u>AGM Agenda and update</u></p> <ul style="list-style-type: none"> • LK advised all documents are in AGM folder on Drop Box. • Discussion ref condom scheme wanted to present at AGM, LPC couldn't accommodate as not enough time. • Agreement all LPC members would be introduced at AGM and would sit amongst contractors. • Agreed that next AGM to be held in June, and committee to plan next year's AGM now and prepare at least 3 months in advance. • LK suggested each subcommittee would report at next year's AGM, VH asked how much extra work was expected from sub committees, LK – the subcommittee are not just a structure and the LPC is a 13 member committee. Requested LPC members to improve responsiveness to emails and input. – Agreed to mark emails on a High priority, Medium priority and Low priority. 	
4.	<p>SK highlighted issues re C card scheme committee had discussion about opportunities being brought to the LPC and future opportunities should be highlighted to all contractors and not just LPC members, it was also agreed LPC can cascade information but cannot endorse opportunities i.e. training etc. A disclaimer has been agreed by governance committee to add to communications.</p>	
4.	<p>Action log update Committee went through outstanding items on action log and it was agreed to remove completed actions, AT suggested that we have a master template as an audit trail for completed action LK confirmed this was in place.</p>	<p><u>KT to update action log</u></p>

5.	<p><u>BUDGET</u></p> <p>AT presented forecast for the coming year and indicated that at the current rate LPC would be over spent by 20 – 30k. However LPC had sufficient funds to sustain an over spend for up to 2 years but this was not sustainable (AT presentation on box) the governance and finance committee had suggested a number of proposals :</p> <p>Increase levys by £10 per contractor per month.</p> <p><u>Proposed to reduce spend</u></p> <ul style="list-style-type: none"> • Reduce number of meetings • Go to half day meetings. • Sponsorship. <p>Discussion regarding various options with additional suggestions</p> <p>Bi monthly with extra meetings if needed (AT) PM suggested committee not ready to go to bi monthly yet JL suggested a mixture of full and half days, contractors need to see value before we consider levy increase. SG – committee working very differently over the last few months and contractors cannot always see the value of stake holder engagement and work behind the scenes. LK suggested LPC need 6 / 8 months to gain confidence from contractors and some tangible outcomes. Questions regarding the budget projections as we are almost 6 months into the financial year.</p> <p>Discussion regarding honoraria for chair / vice chair / treasurer, should be reviewed annually (March) Admin recruitment discussed (LK / KT left the room RV made notes) Agreement to move to a mixture of half day and full day meetings, Admin support (self-employed, £8.50 ph, 12 hours per week, 3 months trial) Admin support to include invoices, pay roll reducing book keeping expenditure.</p> <p>JL proposed half day 26th October, full day 23rd November, full day 11th January, full day 21st march, moving to bi monthly in new financial year. Agreed by all.</p> <p>Request all future meeting dates are on the agenda and treasurer to give a monthly break down on spend.</p>	<p><u>AT to produce monthly reports And half yearly reports</u></p>
6.	Break	

7.	<p><u>Chairs Report</u></p> <p>Chair's report July - Aug 2015 Key outputs and meetings</p> <ul style="list-style-type: none">• Meeting with Pharma with regards to needle exchange packs and training for pharmacists• Meeting with Lundbeck to discuss a potential service with regards to alcohol brief intervention• Liaising with Chief Officer and Vice Chair on current work streams.• Met with LMC Chief Officer and Development Officer to discuss ways of working together. This lead to CO and Chair being invited to speak at forthcoming LMC committee meeting.• Attended LMC committee meeting. Very positive meeting, a lengthy discussion took place with regards to common issues and pressures faced by both professions and potential ways of working together.• Attendance at exec meeting to discuss agenda for forthcoming committee meeting and AGM.	
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8.	<p>CO Report.</p> <ul style="list-style-type: none"> • SK and LK met Ivan Browne to discuss HLP , AF, Alcohol screening and PH outcomes for the City Agreed to support HLP for LLR in principle and requested regular meetings to develop integration of the plans in BCT and speak to the County to gain buy-in. • £100,000 funding NHSE for care of the elderly commissioned service specification agreed and ratified at LPN. Agreed for LPC to take forward with CCG 's and stakeholders to move forward • Issues – GP engagement is vital and non-referral is repeated cause of low uptake. Data capture/pharma outcomes and quality of service delivery in delivery , need to understand the benefit to GP's to prevent resistance • Next Steps : MP decided that LPC will need to present at the Primary Care Strategy Meeting to engage chair , GP Board members and senior strategic leads and provide a summary document to outline the pathway and benefits • Awaiting a summary from LPN chair to send to the board for the CCG to ratify as it is LPLN driven • Care of the elderly and Polypharmacy task and finish group aims to support elderly with STOP/STARRT tool and medicines optimization stakeholders, UHL, CCG GP lead , MM , LPC, LPT , • Discussions included using the risk stratification tool in GP practice and discharge letters referred to pharmacy • AF project currently on hold with the MM team since Ben Coyle's departure. Requested update at MOC and LMSG no update provided • Met the GP Board Member Dr Roy to progress and he requested a business case • The project would be supported by CCG but funded by Pharma who have agreed to fund but also encountering delays in engagement requested MM to meet us and the sponsors to take forward but no response as of yet • Potential commissioned service for alcohol brief and commissioned psychosocial support to reduce alcohol consumption. NICE TA appraised drug. • Met both LPT and swanswell • Potential GP interest discussed • Also agreed to provide free support to pharmacies and resources to improve uptake of the service agreed with JL and SG to go ahead • The pharma will fund the training for pharmacists SG leading CPPE training. • Needle syringe exchange scheme discussed to ensure greater parity across LLR and tender going out to bid for services and it has been indicated that needle syringe exchange scheme will become tailored service and not just handout of a pack assembly and no increase in reimbursement will not prove worthwhile for pharmacies to provide. 	
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	<ul style="list-style-type: none"> • Tracker developed to monitor actions taken low response rate from committee members ?overall 26% ? • Relook at the ways of working and identify problems with current WOW – LPC discussion • Annual report complete for cascade and needs sign off . • Met Dr Chris Hewitt LMC chair with SG - discussed joint ways of working and attended the LMC meeting to represent and propose future collaborative WOW and iniital resistance translated into a positive engagement piece and have agreed that level of CCG engagement and follow through is not where it should be and a combined approach may bear more positive results. challenges around quality and signposting which increases GP burden. Have requested that thet develop proposition with us to help CCG undertsnad their needs and how pharmacy can support and finish as currently the SLA and PGD's are restrictive with a CAP limiting the extent to which we can support. • Full details are on drop box 	
9.	<p><u>Substance Misuse / Stop Smoking – LPC discussion</u></p> <ul style="list-style-type: none"> • LK met with Davina Godhia and Chris Paling, updated LK on future of needle syringe exchange scheme • Pick n Mix – Pharmacy agreed to pilot this for £2.00 per transaction, in account LK raised issues with the new scheme. – Space – Assembly time – Reimbursement cost not sufficient. – LPC agreed • There has been a county pilot Pick n Mix in Market Harborough, saving money by reducing the items that are in by adding only the items needed they got a collective response. 	
10.	<p><u>Ways of Working / Annual Report and LPC discussion</u></p> <ul style="list-style-type: none"> • To be sent for review to all committee members 	

11.	<p><u>Work stream Priorities – LPC discussion – SK update</u></p> <ul style="list-style-type: none"> • LK presented KPI'S for LPC 2015/2016 – KPI'S agreed by committee members. • LK and SK attended various meetings • Dr Roy requested CCG to work with us. Full details on box, • SK and LK met with Ivan Brown – Director of new PH, He agreed to support HLP and intervention of community pharmacy strategy onto BCT. • LMSG report on box. • All in agreement of newsletter going out every ¼. 	
9.	<p><u>Vice chair Report no report</u></p>	
10.	<p><u>Briefing for committee re: External Speakers</u></p> <p><u>Lunch</u></p> <p><u>Phil left at 13:15</u></p>	
11.	<p><u>Stop Smoking – Louise Ross</u></p> <ul style="list-style-type: none"> • Haven't meet target for 2014 / 2015 – no figures yet. Pharmacy doing well but still in red. • Leicester doing very well with annual target at 74%. • 20% better success with NRT and Ecigs • SG asked if pharmacy to give out Ecigs but nothing in place yet to give out Ecigs. Louise will email LK with training dates. 	
12.	<p><u>Salim Issak – NHS England</u></p> <ul style="list-style-type: none"> • Annual frame work been piloted in west CCG. To be updated in November. • Christmas day and New Year day, contractors have been written to give 90 days' notice. SI awaiting data to analyse needs. • NHS England to direct pharmacy's to open if no one comes forward. • Annual submissions to NHSE to be on electronic platform. • SK asked SI for evidence collation platforms to evidence base our interventions mine at present • Agreed to work with LPC to development submission case on pharma outcomes. 	
12.	<p><u>Gill Stead West Leicester CCG</u></p> <ul style="list-style-type: none"> • Requested LK for information on LPC strategy primary care workforce development. • Questioned LPC strategy. • GP clinical bid and primary care workforce development plan. • To meet LK re: Primary care work force development plan. 	

13.	<p><u>Dr Chris Hewitt – LMC Chair</u></p> <ul style="list-style-type: none"> • Agreed to work with LPC on future joint interventions and BCT plans. • Engagement with LPC. 	
	<p><u>Break</u></p>	
14.	<p><u>Other subcommittee Reports</u></p> <ul style="list-style-type: none"> • Newsletter to be completed for the end of September. • SK to become the 4th signature alongside SH, AT and RV. All Governance agreed 	
15.	<p><u>Subcommittee Works</u></p>	
16.	<p><u>Feedback and next steps from subcommittee</u></p> <ul style="list-style-type: none"> • Survey monkey in a years' time do it again and see the results and to be uploaded on drop box. • Report the way of working and survey monkey on drop box • Needed one more signature to make up to 4 signatories SK to become the 4th. LPC agreed. • Survey monkey – to do it again in a years' time and see results. • More PNA • 	
17.	<p><u>LPC Meeting Review and feedback</u></p>	