LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 16th May 2016
Peepul Centre, Orchardson Avenue, Leicester

Meeting Minutes

Present:	Sejal Gohil (SG)	Altaf Vaiya (AV)
	Luvjit Kandula (LK) - Chief Officer	Mohammed Ibrahim (MI)
	Adam Thomas (AT) (Treasurer)	Rafica Ahmed (RA)
	Jane Lumb (JL)	Chris Stredder (CT)
	Lianh Hannah (LH)	Sue Hind (SH)
	Satyan Kotecha (SK)	Raj vaitha (RV arrived late)

CLOSED SESSION

1.	**Apologies for Absence** Neena Lakhani (Currently on sabbatical until 19th July due to personal circumstances)	**Action**
2.	**Declaration of Interests and Code of Conduct** LH to complete declarations of interest, social media, and expenses policy Reminder of confidentiality to be maintained	SG
3.	**LPC Member "Check-in"** Welcome to the meeting SG updated committee on sabbatical for NL for 3 months due to her current personal circumstances. SG declared she will resign from the CPPE tutor position – to be confirmed MI declared personal interest as provider of flu training AD informed she will be leaving in 6 weeks – not attending July Meeting LH – new member introduction SG – funding cuts – role of LPC to help people to manage change, embrace change, look at innovation and the future of CP **External Speakers** Garry Myers – PSNC update Phyllis Navti – QIPP plans, Out of hours etc. Advised for LPC members to send questions through the chair	LK /SG

	Executive Committee elections notification – advised for LPC members to think about nominations for the LPC committee elections.	
4.	**Approval of Minutes January 11th 2016 and March 21st 2016** SG advised bimonthly meetings and therefore advised for members to check diaries and dates to ensure attendance in light of previous attendance rate on March 21st 2016 Approval of minutes Approval of minutes January 11th 2016. 1 X typo pharmoutcomes Proposed by AT and seconded by AV Approval of minutes March 21st 2016 Camrx – typo Proposed by RA and seconded by JL **Action Log** SG updated that turning point are taking over the swanswell JL highlighted move of patients to shared care and therefore non-payment of supervised consumption for pharmacy under this scheme LK highlighted that the AGM should be later as it was a struggle to finish the accounts and therefore recommended that AGM should take place in September SK highlighted the need for an internal LPC calendar. LK confirmed this was actioned and all members sent a link to the google calendar as per actions last month. No LPC member has accessed the calendar to date. LK confirmed this was also previously set up as an action in May 2015.	SG/LK

5.	**Group discussion** SG asked LPC for questions for Phyllis Navti SH highlighted the need to collect questions in advance and good etiquette Lack of understanding around the hub – Shazia Patel provided a verbal update on the hub. Request PN to address questions that LPC members present to the Chair prior to presentation. MI requested a hub evaluation RA managed repeats – highlighted small sample of patients – presented evidence at the LPC. Recommended to engage Healthwatch who supported a previous LPC discussion. Ensure evaluation is based on local results. SK/LH highlighted that it affects your workload and difficult to plan workload management SK highlighted emergency supply provision during opening hours of GP practice	LK

RA –highlighted Healthwatch devised a letter for patient feedback elsewhere in England to take into account patient viewpoint. – patient signed letters to send to healthwatch
RA also highlights the need for the CCG needs to investigate the complaints procedure as there were many complaints in Luton to NHSE as a result of removal of repeat ordering from Pharmacy.
Local Practice Forums are an option
SK –focus on patient safety and risk
LH highlighted there is no documented evidence or published data
SK highlighted Coventry was a similar situation which has affected operations and patients adversely.
No Pharmacy can dispense a prescription if it is not issued by the GP practice therefore the issue arises from both Pharmacy and GP practices. There is not enough national or local audit which involves large scale auditing for both
SK highlighted a GP practice issued same CD prescription three times indicating the problems lie on the GP practice side which is not widely accounted for/audited.

CO Report

AGM meeting attendance from contractors raised by LK to address poor attendance

JL highlighted it's not necessarily value for individual pharmacists

SK highlighted that the AGM event should be clearly defined and should be clearer and maybe needs to be. Lack of engagement with the LPC itself

AT recommended it should be fun and engaging

SK – people are not aware of what the LPC is doing, what are they responsible for. Need to do PR around the role of the LPC. Your chance to ask questions for the outputs received
PR/COMMS committee – meet together and get key recommendations
Using the networks – what we are doing for the AGM

Purpose of the AGM needs to be outlined – AGM only for contractors and add onto the end of the meeting

EPS tokens

Fp57 NHS receipts – loaded as pack of 1000 – they went out of stock – 1st April. LK highlighted to the PSNC and gathered feedback to feed into the national steering group. The issue regarding orders is being resolved slowly with staff and IT system issues being resolved. LK requested members for feedback to resolve the issue.

Funding Cuts

LK recommended a Small group engagement event after the funding cuts announcement to gain insight and recommendations to support contractors going forward.

Garry Myers -PSNC update

Recommended to all to check PSNC website – and counterproposals
And 13th May update for the contractors
Flu Service is recommissioned without any negotiations from the PSNC
Recommissioned on same terms and GP rate if much higher
GP fees is well over £12.00

Dec 17th letter – hub and spoke consultation – recommended to put submissions in cop tomorrow
Spoke could be a relevant clinical setting
No cost save advantages of cost saving in accordance to data

Extend period of treatment 28-90 days
Pharmacy access scheme
Future funding cuts next year and year after being examined
Devolution as a future threat
Merging old fees and allowances to single payment
Proposals around market entry and distance selling pharmacies and viability
Pharmacy integration and GP practice pharmacists funding is not aimed at CP

Overall the proposals pose a huge threat to the network .

Negotiations

NPA petition – highlighted risk and threat to the sector
Issue on climb down of errors 3% error rate quoted by Keith Ridge was incorrect
Announcement on margins
PSNC counter proposals around cost saving – key element of the vision of CP being considered by D0H
Remuneration based on prescription volume will go
Pharmacy access scheme – comes from reduced global sum – 60-90 million
Only protecting 1000 pharmacies – but finance not there to support it.
More than 3000 pharmacies at risk. i.e. pharmacies dispensing up to 7000 items per month more at risk. There is a feeling that further cuts are going to follow.
Clinical focussed contract mentioned in letter but there was nothing in source papers about clinical focussed contracted.

Market entry – PSNC broadly supportive of Dept. aims. Aim to encourage pharmacies to close where they are in competition with each other. DOH wants smaller number of pharmacies that operate at high volume.
Changing distance selling pharmacies regulation is likely.

Pharmacy integration fund – consultation ended. PSNC made counterproposals.
20million going up to 100 million. Funds not supporting CP specifically

Care plans proposal keen as it means we can reduce the threat of automation and 'Amazonian' take over. We need to have diff model to MURs as currently thinking is that MUR's are done just to access the funds.
Care plan work should allow to change treatment days to change and reduce polypharmacy. GP rescue fund 2.4 billion. Clinical pharmacist only useful if pharmacist can prescribe. PSNC need to develop this further.

National not dispensed scheme could provide 50 million saving

Emergency supply – 20-40 million saving

Generic substitution – republic of Ireland model – perception that quality inconsistent

Therapeutic substitution scheme rejected

overall PSNC unhappy with the counterproposals - never got a serious hearing but can't use to offset the budget cuts – asked for a multiyear proposition – potential l/t savings greater than cut.

Potential considerations for the future

10% calls to nhs111 is for missing medication and we are already protecting them. DoH worried about impact of pharmacy not doing this. Managed repeat abolition would also exacerbate situation and increase a and e. we may work to rule and do only what we are paid to do which is a threat to the doh and is an unknown quantity.

prescription delivery and ERMS – Key considerations for DOH.

Mid July DOH will need to make decisions cut off point before parliamentary recess and October tariff productions.

In addition to the margin assessment – In January – 45 million assessment
In q4 to take out some margin – 120 million unrecovered margin from last year
Which means 12 million monthly from June onwards

Massive cash flow impact is a big issue

Advise contractors of the financial impact and to adjust finances according to margin survey and definitive cuts in October

Chairs Report

	SG highlighted that is was uploaded late SG and LK presented at the Practice Manager Training session led by the CCG attended with 80 practice managers. LK/SG presented on MUR/NMS – selection, target groups, and potential for CP to support medicines optimisation and reduce workload for GP through MUR/NMS referral and post hospital discharge MUR. Post actions completed by LK/SG. all information requested by CCG provided by LK to cascade to GP practices. Key recommendations included Facilitated group sessions / Shadowing "walk in your shoes" Flu -updated on commissioning context –CP target hard to reach population and those that don't go into a GP practice. Vulnerable patients only vaccinated in march as care homes can be addressed by Pharmacy **CO Report** LK led LPC/LMC GP workforce development project gaining a bid from HEEM jointly with LPC. LMC/LPC chose Loughborough for 5 GP practices. LK Recruited pharmacists for the project. GP federation leads, Practice Manager, Head of MM and GP's also attending the sessions held for 5 consecutive evenings till July 13th on a weekly basis. Refer to CO report for the other key updates and progress reports.	
	Budget Report Summary 2015/16 Average income £90,000 - £180,000 Outgoing - £168,000 reducing costs and better rationalisation will result in improvement in budget. 1st April 2016 - 150,000 balance PSNC levy to be paid leaving a balance of £115,000 Approx. running of committee – 13 members £3435 for on meeting = £20,000 £40.00 flat fee for exec total exec £960 Honorarium – chair £100 vice chair £50 treasurer £1000 = £3000 Including LK salary, admin and £140,00 based on these figures Cost breakdown spreadsheet presented Amendment: to set up honoraria by direct debit	P

	RA raised that an invoice would need remittance advice to particularly CCA members Trish Simms meeting – happy to continue £17.50 per month Sharman Fielding have audited the accounts – fees confirmed £600 2015/16 AT confirmed finances are in good order and there is a Healthy budget due to more effective cost cutting, review of expenses and meeting costs lowering £30,000 PSNC levy to be paid in April AT to use Sharman fielding to do end of year accounts and annual report in preparation for AGM and submission to PSNC **Open meeting**	

Salim Issak- NHSE

Flu Commissioned for 2016/17

Terms and conditions, SLA's and service specifications will be made available soon
0.5 million vaccinations nationwide for CP
Leicestershire and Lincolnshire 13,500 flu vaccinations delivered in total
Conference call for NHSE/LPC to be arranges to take forward with NHSE
NHSE agreed to Communicate to GP practices regarding the flu service to engage and raise awareness of CP role emphasising the role of patient choice
Pharmoutcomes is under consideration to be commissioned by NHSE – aware of the problems regarding real time information transfer, GP engagement and other problems
Pharmoutcomes being used across midlands and east region in variable forms- NHSE currently reviewing arrangements
Short timelines
One CCG contacted NHSE to offer of flu service on the platform they have purchased
Will be some improvements in uptake due to earlier notification this year
Initial evaluation of flu 2015/16 indicates hard to reach group have been targeted but will need verification
Indications that this Increases patient accessing flu services

Community Pharmacy Assurance Framework

Short questionnaire and follow up with % of pharmacy visits
National process agreed
Validation visits undertaken – 2 pharmacies within each CCG march/April
5 issues no concerns – checked for evidence 1 pharmacy dispensing sop was out of date
Look at data for 10 questionnaires and pharmacies chosen to complete full CPAF
54 completed the full CPAF 2 did not complete despite reminders and extend the deadline. They are required to complete the full copy and visit pharmacies
6 pharmacies further visit 2 x area
Format for the future not fully agreed – being defined by the national group
Outcome of the visits will be shared
Details of pharmacies to be shared

Action LK agreed to keep track and follow up contractors to support compliance

MUR – domiciliary visits – Salim Issak NHSE

Issues for payments being resolved
AT commented that if CP submit PREM2C, DBS check and chaperone policy – can contractors start delivering the service as contractors are not receiving acknowledgement of receipt.
SI Agreed that they could as long as they met the terms of the SLA

Action: Assurance from NHSE and reminder email will be sent to contractor's address issue highlighted by AT.

Phyllis Navti – ELRCCG Head of Medicines Management

Welcome and thanks for the opportunity to attend the LPC meeting
Assured LPC that ELRCCG will Respond to the hub pilot and branded generics
Prescribing QIPP plans for next year will be shared with the LPC and contractors
Smallest and underfunded CCG in the country – many more challenges and struggle to approval compared to the City CCG

APRIL 2013 – practices given incentive to deliver the MM
Hub pilot – to use that get medicines quality out in practice as part of the federation
Pilot – focus was clinical – polypharmacy, medicines reconciliation, shared care agreement backlash, to do formulary switches
In October 2015 – 1.5 million overspend identified. NHSE directed CCG to implement cost savings and switches to support deficit. The CCG avoided this measure for a long time – finance director so PN agreed that the right governance and communications needs to be behind it going forward.

20-10 branded generics switches taken place. PN extended apologies as ELRCCG did not inform community pharmacy in advance.
PN agreed that arrangements will be made for all switches to be communicated in advance and provided assurance of Joint working arrangements and communications going forward.

Date of hub pilot finished: 1st week of June
Independent evaluation drafted but cannot be shared
Incentive scheme proposed for supporting QIPP in practice
Use that mechanism to refer NMS/MUR to CP as the plan was neglected last year and will look to incorporate this going forward into CCG plans

CCG's to meet secondary care to develop help for harry scheme and post hospital discharge MUR

MI commented branded generics really disadvantages some practices in certain areas
PN responded by indicating examining benchmarking data and checking outliers to protect practices.

SK raised that CP interventions and be paid and do it no faxed costs. PN indicated CCG challenged the quality of the MUR/NMS.

JL commented local knowledge and counselling is of more value than computer screen interventions. PN that indicates more time to add to workload means they are less likely to commission those services.

SK proposed pharmacists could highlight patients in community and could refer them to the practice pharmacist (look at recommendations which would be more cost effective) in the form of a funded prescription intervention service

LK - Awaiting response to submitted branded generic report from the ELRCCG.
PN provided assurance that this would be provided soon.

QIPP Survey discussed
Branded generics discussed

Removal of Repeat Ordering

Proposal from PN to remove Third party ordering from CP to GP practice based on the Luton model
Proposal for Reduction in paracetamol prescribing

Action : LK to collate and action repeat ordering questionnaire completion by contractors , LPC and other representatives

Action: LPC and contractors can submit comments to the survey for consideration of comments/proposals for the Three CCG's to support integration of CP going forward in LLR. LK/AV to collate survey monkey and send out. LK to collate response and send to CCG.

Luton model

SK – Have CCG's have Taken into account IT issues, vulnerable and language barriers and associated risk management
LK/SG – highlighted scheduling, capacity issues and delays to patients due to communication issues in this system which has caused issues in Coventry and Rugby CCG
MDS – need these prescriptions well in advance to prepare
JL raised issue around MDS capacity and operational management
RA – is there a working group for this that we can attend and support the project
PN responded not currently
AV highlighted up to 20 prescription ordering queries a day in pharmacy – this needs to be considered as burdens GP's further
AV highlighted lack of receptionist training and education to the right level to support this and other priorities such as hospital discharge
PN highlighted both GP's and pharmacists contribute to over ordering
LH requested to ensure that this is evidence based approach and CP are involved in negotiations making sure the model reintroduces in the direction of the government alignment
MI asked about the timeframes; who will complete the consultation
Implementation plan information for the patients – working on patient information
How will the pharmacist be informed of the changes if they occurred?
PN commented that Some patients will be eligible and the model will be not being suitable for all patients. LK commented this could create confusion and will be a cause for concern
SH commented that robust procedures should be placed in practice – educating the patient is important

Update on CP initiatives for LLR 2016-17

Schemes for commissioning
Minor ailments were not approved by the CCG board due to other priorities
ND scheme being considered
NMS /MUR referrals being considered
Mur+ Respiratory reviews
Help for harry projects to be taken forward

Leicester City CCG - Amit Sami – MM lead

City QIPP agenda being finalised
LPC requested feedback on the AF project –
AS confirmed he would send an update

MAS (Minor Ailments Scheme still awaiting further update
Board have taken MAS into consideration as part of QIPP
SK : Whole list of GP's but practice list need to updated to reflect changes
No outcome confirmed at this time

ERMS – pilot for CP
Activity is low in west and city but continuing
SK commented to consider and share the good practice from WM regarding engagement with NHS111
AS commented that it is a different NHS111 and therefore problems are different
Majority of calls are being referred to OOH (out of hours)
LH –commented that the model in wales based on a walk in to pharmacy ERMS rather than NHS111 for consideration going forward

Louise Ross – Stop smoking City

Report for output
Overall success at 41% higher than other LA
We need to close off many episodes of care and close off
Overall a positive story
Overall target will be 1615 will be falling – co verification, health inequalities and quality focus going forward
E cigarettes – attract people to use NRT and support e-cigs
Royal college pf physicians report supports this
Recruit vapers into the service
Issue raised with SS contracts sent by post with not enough postage on the sla's for signature to be sent back hence the lack of response from CP. LR provided assurance this will be raised with the SS team.

Contracts Subcommittee

All responses are up to date and complete

JL raised concerns regarding Consistency of approach
Chief Officer raised concerns about capacity and knowledge and skillbase to provide input to responses. JL only LPC members who provides responses
JL highlighted Master Contracts grid is not to update
LK highlighted the monthly grid is complete and master contract grid requires more historical examination and confirmation from NHSE. Previously master contract grid was not completed fully making it difficult to form a retrospective completion. CO highlighted that support and capacity is required to complete this.
LK highlighted No admin support since January equates to 16 hours admin duties picked up by CO in addition to core 37.5 hours contract.

Action : LK to speak to Steve Lutener and look at training event from PSNC to get upskilled.

Communications subcommittee

Action :
Lk requested newsletter article submission from members
AV uploaded report regarding attendance to PSNC leadership skills course
Capacity and Resourcing support issue raised by LPC members to support the CO and LPC discussed supporting officer, LPC member operations support or a service improvement lead.

No agreed actions to take forward

Service committee

Service specification for post hospital discharge MUR Draft v1 on dropbox
Private flu vaccinations for NHS staff discussed and communicated to head of NHSE– fosse house to vaccinate Front line NHS staff outside of the NHS
Age UK funding came from lottery funding
Proposed referral from Belgrave Pharmacies for the loneliness prescription service
And Signposting them to the support services including;
Federation of pharmacies to refer and audit the outcome
Befriending service – includes; assisted walks around the neighbourhood
Clinics in pharmacy to support hearing aids and batteries
Use opportunity to support Hospital discharge MUR , NMS/MUR highlighting pharmacy support in future

Governance and Finance

AT and LK to look at LPC historical paperwork stored at Glenfield for archive
RV and AT to work for authorised bank card
Accounts finalised

Executive committee elections

SG – Elected as chair
SK- elected as vice chair
AT – elected as treasurer
RA – CCA representation in exec

Flu uptake

Contractor visits to support flu uptake and then at the start of the flu season
No actions agreed by LPC committee to go ahead

Proposed to the committee use LPC funds for training event and provide flu training

Voting not in favour of proposition
5 Supported
7 against

Communication/Engagement with Contractors

LPC proposed Each committee has a buddy system – to represent 10 contractors as a point of communication and engagement
RA indicated that Pfizer funding not be used in flu.
SK supported to flu service campaign – people will be returning
LH derive footfall and support income
AV indicated that cost was £25,000 – 5,000 per branch
Only GEM 106 radio station that covers all area
Marketing support not required as all companies and wholesalers provide marketing campaign materials

Action : SG gained LPC agreement to Get quotes from local radio stations

Locality Leads – West CCG

LK provided update and recommended that LPC members to be bound by governance. I
LPC agreed members who would lead the locality in the first instance
LK - No clarity on funding and structure has been provided by the CCG to date.

RA raised questions and concerns for the arrangements
SK recommended LPC member would facilitate and lead a locality – who would support and coach successors as f locality leads from the network on review
JL highlighted the Need assurance that is the right person , the need to manage risk and representation from the LPC

SK commented that this is a good opportunity to forge good relationships between GP's and contractors

Recruitment and admin Support for CO

Proposal to check Capacity within the committee on odd days
Members commented that support required on a Regular basis
JL – proposed two models – pharmacist one day a week
Model of administration at low rate and low hours – not a model at works
AV – LPC members need to take accountability for management
LK proposed that she would define the roles and responsibilities

	Base on the clear project plan Agree £9000 employee provisor of RA – JD and annual plan 2016/17 SK agreed to provide CO the template of the LPN Service Improvement Lead RA raised business plan should be reviewed to on a monthly basis Review CO salary and pension in the CO annual review **<u>Private minutes re CO pay and pension</u>** **AOB** **Lk confirmed arrangements for the AGM 25th may** **Lk confirmed leadership day to be held on the 6th June**	
16.	<u>Feedback and next steps from Committee</u> SG closed meeting at 5pm	
17.	**<u>What's gone well? / Dates of next meeting / AOB</u>** Next meeting will be held on July 11th 2016, at the new Location Holiday Inn Express, June 6th 2016 – leadership training	

LK –01/07/2016

Signed: …… (Chair)

Name: ……..

Date: ……