

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 20th July 2015

The Peepul Centre, Orchardson Avenue, Leicester LE4 6DP

9-5pm

Present:	Sejal Gohil (SG) – Chair	Neena Lakhani (NL)
	Shezad Alimahomed (SA) – Vice Chair	Altaf Vaiya (AV)
	Luvjit Kandula (LK) - Chief Officer	Rajesh Vaitha (RV) (from 9:43)
	Sue Hind (SH)	Mohammed Ibrahim (MI)
	Veronica Horne (VH) (Up to 1pm)	Phil Maslin (PM) (from 9:25)
	Syma Raza-Jones	

CLOSED SESSION

1.	<u>Apologies for Absence</u> Adam Thomas (AT) (Treasurer) Jane Lumb (JL), Satyan Kotecha (SK)	<u>Action</u>
2.	<u>Declaration of Interest and Code of Conduct</u> <u>No changes</u>	
3.	<u>Approval of Minutes</u> Minutes read for accuracy. Proposed by MI seconded by NL	

4.	<p>Action Log – Ambers and Reds reviewed</p> <p>Action point 9: LK located a contact in Health and Wellbeing board – requested attendance to meeting.</p> <p>Action point 12: Expenses policy form on website found to be incorrect. AV located correct form on dropbox. Electronic copies of claim forms/ paper copies to be sent to Adam.</p> <p>Action point 13: Social network policy signed off (completed on break)</p> <p>Action point 21: P&As final documents now published and forwarded to MI – MI to upload to dropbox or send to LK.</p> <p>Action point 27: Ongoing dialogue. SK & LK to pursue further with CCGs. LK extracting AGM funding.</p> <p>Action point 31: National condom card scheme. Expected to be done for free – may open door for snowball effect of free services. General consensus is that it should be remunerated but may not be appropriate. GPs do it for free. Ok as part of EHC but inclusion of data capture should perhaps be remunerated.</p> <p>Action point 41: Gary Myers invited to AGM (away on holiday) actioned just awaiting confirmation</p> <p>Action point 43: NL to circulate – OK to share draft</p> <p>Action point 44: DMU student practice audit. LK proposed student to see quality of MUR & NMS. NL says more ideas welcome.</p> <p>Action point 48: See CO report</p> <p>Action point 51: Previous SLA specs to LK. JL updated. LK hopes East can do the same. SH/MI to do East.</p> <p>Action point 52: Circulation of good practice guide.</p> <p>Action point 57: Contract levies to be confirmed – identified a contractor not paid. LH has emailed LK. SG queries if Bestway is paying levies.</p> <p>Action point 58: Share information. LK chased KPIs for LPS from NHSE , asked for it in writing.</p> <p>Action point 60: Liz has completed and circulated. PM has seen</p> <p>Action point 61: Lead on panel – LK has requested Seema Gaj NHS England. Lesley Harrison. Structural reshuffle not complete.</p> <p>Action point 64: Rotation of chair – SG & SA to alterate. Postpone til next time</p> <p>Action point 65: Expense policy to be reviewed and formally adopted. Action point uploaded by AV in expenses folder. Old form needs deleting.</p> <p>Action point 67: All forms to be circulated prior to meeting. SG problems with dropbox.</p> <p>Action point 69: LK awaiting W CCG</p> <p>Action point 70 – MAR Charts 0 carers to take responsibility. Evaluation of time impact. Appropriate patients. LK: evaluation done by DMU needs to be evidence based. NL: Audit was too long, could be tick box exercise. NL suggests over 6 months SH says at least 10 pharmacies. PM emphasises operations audit over research audit. SG and LK to progress further.</p>	<p><u>MI</u></p> <p><u>SG & LK</u></p> <p><u>SH</u></p> <p><u>LK & SG</u></p>
5.	<p>Check in</p> <p>All members well. VH suggests check in be optional if attendees have anything pertinent.</p>	

6.	<p>Avril Mcdermott LPN Chair</p> <p>Introduction – Currently LPN chair, CO of Lincs LPC and Community Pharmacist.</p> <p>MUR+ Has obtained £200k of funding for MUR+. For the identification of vulnerable patients in pharmacy/homes. MUR+ to be a package of care. Wanting two CCGS to have £100k each. Community pharmacists to provide service; receiving £20 a month for six months to a year.</p> <p>LK: Leicester City on board, Richard Pearce meeting request. Avril (AM) to attend if possible. AM to sign off ASAP. SG queries timescales and patient numbers. AM: ASAP, 80-100 each. NL suggests LPC to select. AM – pharmacies to express interest – hold off until next week with final sign off. Pharmaoutcomes platform. Technicians to follow up with patients. SA: will there be GP engagement (AM confirms). PM asks what is measure of success: AM says another MUR at the end of the period for comparison. AV queries training, AM hoping no training needed and stresses the budget is finite. AM clarifies not patient opt-in but GP and Pharmacy selection. SG asks if MUR+ can result in social care referral, AM confirms, roll out may be Sept. To be confirmed next week.</p> <p>Summary care records /NHS mail– NHS net emails in to pharmacies.</p> <p>NHS mail for transfer of patient identifiable data ie anticoagulation nurse not feasible, summary care records make NHS mail redundant.</p> <p>SG: Declaration of interest – NHS England make funding available – community pharmacists. Secondary care pharmacists. Just opened to band 7s. 35k.</p> <p>MI: DOI – involved at early stages. NL: Range of models. LK: approached by GPS to work with them from POV LPC.</p> <p>AM: GPs to employ pharmacists. Now federations to employ.</p> <p>Healthy living pharmacy – NHS England want agenda. Community pharmacy implementation plan. Sg: discussions with commissioners.</p> <p>LK: secured buy in.</p> <p>Winter pressures: emergency supplies. SG: One in west til end July. Need to have whole year. Action Info to AM – LK: confirmation of procurement.</p>	
7.	<p>Running 20 minutes behind schedule: SK asks that all questions go through the Chair.</p> <p>Email etiquette: LK: as a committee we’re a lot busier, when an email comes out rather than copying in everyone please just email the sender unless specifically asked.</p> <p>Syma asks her Lloyds email address be removed and replaced with syma_raza@hotmail.com</p>	
8.	<p>Workstream prioritisation.</p> <p>Review and appraisal process – who does it. Treasurer and Chair done by review committee. SG: a 360 for CO, Chair, Treasurer.</p>	

9.	<p>Empower and inspire contractors. Curry night (informal) CPPE education (formal) LK: let me know if email feedback another way? Summary of plan LK: anything missing? Neena: engagement with LPF. LPF and LPC successful to same time. Would it be beneficial to contribute. LK: are you on? NL: yes Suggest to chief officer to attend. PM: future agendas lot to tell us what's going on. NL: LPC should be represented – recommend LK PM co-events. NL I've suggested, easier to engage. NL to liase with with LK and copy in SG.</p>	
10.	<p>Budget SG: struggling to understand line of thought. LK : powerpoint done on financial plan. Averaging over 2 years. VH: buffer of 85k to 75k. SH- not enough buffer for PSNC. LK- worst case scenario. VH: need to agree where we're saving 10k SG: need realistic budget, can't see training events+ travel planned in. Needs fixed costs inbuilt. VH – meeting costs? Seems to be costed bi-monthly and we're doing them monthly. PM suggests temp admin support to work out budget rather than commit to an admin. LK to revisit with Adam. Difficult with AT missing. Propose admin support over 3 months. AV proposed NL seconded. Vote – in favour- All. SG: Max of 16 hours a week. Action :SG to liase with Adam to feedback and resolve raised issues and questions</p>	
11.	<p>Chair's report PSNC regional meeting. Minor ailments bid. Engagement piece. Leics city public health.</p>	
12.	<p>CO report Read then let me know questions/concerns.</p>	
13.	<p>Vice Chair Report Public liability and social media policy – SG: if any declarations of interest anything changes its members' responsibility to inform us of changes.</p>	
14.	<p>Afternoon session</p>	
15.	<p>Syma NHS England Contract monitoring – 14 not completed visited. Copy of themes: SOP implementation, patient satisfaction surveys, annual complaints nil response, not recording signposting, EPS, in house audit action plans, NHS branding – updating leaflets, Near misses and serious incidents, PAT testings (certified). If you feel advice was missed let us know. Summary of analysis rather than whole thing. SG asks if it can be put on LPC website. Electronic submission – will email all pharmacies – self assessment. LK: public health campaigns data capture electronically? At the moment it is paper based / via email. Speaker: I can find out. AV: IG toolkit, email chair with update with level 2 IG. LK: who is pharmacy lead? Not determined. Will share when becomes national. Letter to go out to clinic pharmacist 17/9/15.</p>	
16.		

17.		
18.	<p>Other subcommittee reports.</p> <p>PR and social media – PM to Join Syma and Altaf. Newsletter completed for summer. Vitamin D training. Sept Marriott evening events. Ideas for newsletter please send. SG how often? LK: every quarter. Survey to send out again. Service development committee- business case for minor ailments east ccg sent and likely to answer then – Aug/Sept. Ammendments: chair/co discretion.</p>	
19.	<p>Governance and Finance Subcommittee</p> <p>Internet banking now available. Expenses- per hour. £25 per hour. £125 half day £250 full day. LPC insurance at Numark. Not sure about future of admin – copy of tenancy contract – not paid.</p>	
20.	<p>Review committee met with LK to do informal review. KPIs cannot be set until business plan and goals agreed with the wider committee. . 3 months time.</p>	
21.	<p>AGM – Sept 7th. Committee day time. Exernal speakers. Q&A panel? “12 months on – what to expect from inspection” Update on flu.</p>	
22.	<p>Feedback – what’s gone well / what could do better</p> <p>RV: AM good, try and invite again. PM: What do we want the subcommittee meeting to be? Agreed 15 min reports earlier then talk about later. Action log – all items on dropbox inc draft if necessary. If anyone speaking to commissioner for LPC matters please copy chair/CO or inform prior to meeting.</p>	