

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 16th January 2017

9-5pm

Present:	Satyan Kotecha – Chair	Neena Lakhani (NL)
	Luvjit Kandula (LK) - Chief Officer	Altaf Vaiya (AV)
	Sue Hind (SH) leaving at 4pm – Vice Chair	Mohammed Ibrahim (MI)
	Adam Thomas (Treasurer)	
	Pallawi Dawda	
	Jane Lumb	
	Mohammed Sattar	

CLOSED SESSION

		<u>Action</u>
1.	<u>Apologies for Absence</u> Chris Stredder Deep Patel (Lloyds new CCA representative) appointed in December 2016 . will attend meeting in march 2017.	
2.	<u>Welcome from Chair</u> Declaration of Interest and Code of Conduct New members Pallawi Dawda (Independent) and Mohammed Sattar (CCA – Well) welcomed to the LPC. Pallawi Dawda works for NHSE as a Pharmacy Advisor CO provided all members forms of declarations of interest, expenses policy, social media policy and tracker for signing and audit to ensure compliance to finance and governance policy with up to date records.	
3.	<u>Approval of Minutes – November 2016</u> Minutes read for accuracy. Proposed by MI seconded by RA One amendment to add Mohammed Ibrahim to the attendance list	

4.	<p><u>Finance and Governance Subcommittee Membership</u></p> <p>Altaf Vaiya will support F&g until March 31st and membership will be reviewed with the full committee and newly joined members</p> <p><u>Action log</u></p> <p>Bimonthly updated Chair and CO report available to all members -</p> <p><u>Action</u> LPC Agreed full CO and chairs report to be published on LPC website – completed NL comment : explain what the report is and what the date is covered</p> <p>Narrative around strategy completed by LK/SK . Amends recommended – date amendment . <u>Action</u> Add 2017-2020 add version date and review date – completed</p> <p>LPC members discussed sending the document to key stakeholders for comment or information. SK proposed asking for comment on the document. Action : The LPC voted that the document should be sent to key stakeholders for information. Eg NHSE and CCG leads</p> <p>comments requested from HLP task and finish group for HLP prospectus from NL, JL and SH. – incomplete Action : dissolve task and finish group as no actions taken and no input provided</p> <p>Budget tab on business plan to be completed by treasurer AT – to be completed Action : Complete budget tab on business plan for march 2017</p> <p>Stakeholder map to be worked on by executive committee SK, LK AT and SH – in progress Action : exec to complete as a team at exec meeting and remotely</p> <p>New LPC members to be informed of successful applications and inducted to the LPC – completed by LK</p> <p>Liaison with pharmoutcomes to be completed by LK for access to QP payment module and HLP module – complete Action LK to inform contractors</p> <p>LK set up google calendar on LPC website as requested by the LPC</p> <p>Subgroup reporting to be provided by members to LPC committee – none provided <u>Action review subcommittee function for effectiveness and delivery</u></p> <p>Contracts subcommittee reports and updated spreadsheets completed by LK - available on dropbox . Response input led by JL with comment from RA/SH .Response drafted and sent by LK to NHSE within set timelines LPC</p>	p
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Subcommittee review

In light of capacity issues and workstream accountability LK proposed that individual members could be assigned to specific workstreams to ensure accountability, completion of key tasks and also to leverage individual member expertise. This also prevents chasing by CO and deadlines being short to completion. E.g. no input was provided to the newsletter so LK stated that the deadline was adhered to by completing this on her own but under tight deadlines as input was not provided within the timeframes creating unnecessary pressure. HLP workgroup was set up and strategic steer and advice was obtained.

LPC member contributions During the period of November till January

- MI supported provision of comments on the development of the Champix PGD
- SK supported HEE funding proposal for HLP across LLR and EM. LK supported the engagement and cascade process with Local LPC's in the Central Midlands footprint
- JL supported query resolution on the County public Health tendering process, LK obtained further supporting documents and developed a guide to support contractors to self complete the tender document
- CS provided feedback in relation to store issues and backlog of prescriptions at GP practice on behalf of five areas

AT processed invoices payment for LPC meetings and supported resolution of financial issues eg processing of PSNC levy and other matters

Subcommittee Change Agreement

The LPC agreed that this would be a suitable proposition with only Finance and Governance and Executive Committee remaining as formal subgroups in line with governance requirements.

- NL recommended that LK could notify LPC members at the meeting for specific workstream support requests .
- LH recommended that workstreams should be specific and clarity and deadlines provided.

Contracts Subcommittee (JL,SH RA and LK)

Databases updated by LK requested review by members for errors and corrections
JL commented Capita processing delayed by NHSE
Contracts committee up to date with all responses

Services Committee (NL, MI, SK, LK)

No updates , progress reports or actions taken since June 2016
LPC committee agreed to disband committee as of January 2017

Review Committee (CS,JL,SH)

No updates provided since last CO review in July 2016
No actions taken re: recruitment of administrator
LPC agreed to disband committee as of January 2017

PR and Comms Committee (AV, LH, MI)

No updates provided since June 2016
Agreed actions regarding input to newsletter and alternative format from Visioning day not completed
LK completed the autumn and winter newsletter
LH commented that she was unclear on what input to provide
LPC committee agreed to disband committee as of January 2017

Finance and Governance Update

No Finance and Governance meeting took place between November and January. But work has been completed remotely when required.

Action : AT SK and AV to hold a meeting before March 2017 and review policies providing version numbers and next review date

Action : F&G and contracts committee to be amended on the subcommittee terms of reference

CO update : Finance and Governance

LK completed an audit of F and G policies to track and audit progress – available on dropbox

LK has set up a new folder with copies of approved policies and tracker including declarations of interest, social media policy, expenses policy, confidentiality policy to be resigned by all members

Action : List of approved policies to be signed and read by all members in LPC meeting Action for Exec Agenda item on next exec meeting – setting KPI's

Tracker summary updated and signed by all in the LPC meeting to declare that they have read understood and signed the policies, constitution and corporate governance policy.

Copy of the LPC Constitution provided and other supporting documentation available on dropbox to all members

Action : CS and DP to sign on attendance next month. All other LPC members have signed and completed

Action : Agenda item on next exec meeting – setting KPI's

New members induction update

LK met new members Pallawi Dawda and Mohammed Sattar for a meeting to induct them on LPC.

All documents and dropbox links to key documents sent and provided to the new members

New members to attend PSNC LPC member induction day when the opportunity arises . This was agreed by the LPC to support their development and induction.

LPC members appraisal

LK obtained a member review form to conduct appraisals of committee members in March 2017. Template provided to all members

Action : provide am slots to all members in march meeting and members to complete and send the form in advance for review and identification of common themes

Champix PGD

Action: Contact SS team in County to obtain updated and signed PGD for contractors

Sexual Health Steering group attendance request

LK proposed if any members would attend this meeting and contribute to the TNA for sexual health training

No members volunteered to support through attendance and lead on workstream

JL commented on training for EHC and training dates available to be addressed

LK to attend sexual health meeting as agreed by the LPC

Annual Leave Update

Chief Officer to take annual leave in February 2017 from 3rd -15th February. ALL authorisation and updated records provided to Chair SK

Fluenz Childhood immunisation project

AV commented that Pharmacy is receiving short expired stock from LPT and expressed delays in receiving stock and recommending auditing stock expiry dates

Other LPC members commented that they experiences no issues

Stock received when booking may expire and queries not responded to

LPC members recommended contacting the designated number on Service Specification and feedback to CO if problems persist

Oral Health Project (CPPE and PH)

NL and SK attending Wednesday 18th January (Representing the LPC)

Action : to provide LPC report on the outcomes next steps and progress

BBV testing

NL commented she will attend in capacity of NIHR for representation on the steering group not as LPC.

LK to continue working with the infectious diseases consultant at Glenfield as agreed by the LPC as project began more than 18 months ago

LK provided venue, comments to service specification, provided SOP draft and designed the EOI form for development. A period of 6 months of no activity till November 2016 due to a lack of funding to take the project forward.

Some concerns raised about category of project research vs service development. These concerns have now been resolved

KPI Development and Approval

Action by LPC committee : Use AM session in March to define the value of pharmacy obtained for contractors

Action: Report to be completed by LPC members in March Meeting for inclusion in the AGM Report

Under the following headings to feed into the AGM report

Define cash values

Other values

Mitigation workstreams

Development Workstreams

Incorporation of summary statement for inclusion in KPI's through KPI's

Webinar Facilities

AV provided information about webinar facilities

Action : to be shared with the LPC

5.

AGM Report

LPC agree that Value of individual LPC members – key works , contribution and accountability To be incorporated into the annual report.

PSNC RAG Governance

Updated by full committee – process still not finalised

Action : Complete process in the March Meeting

NHSE external visit

Caroline Goulding – Senior contracts manager

Salim Issak – Primary Care Contracts Manager

NHSE agreed dates to attend all LPC meetings in 2017-18

NHS mail Update from NHSE

Sent out the guidance to apply for NHS mail application in February

LK commented that communications had been sent since December to ensure adequate notice provision

SI commented Applying for NHSE Shared mailbox attached to Pharmacy not individual National NHS team working with NHS choices so pharmacy can update the details Annual surveys that can be uploaded to the website

PSNC have done much work and many toolkits

DOS updated BY NHS digital – they are looking at this – information is due in next weeks

SK – no communication back acknowledging receipt of application we have no return of information and consider that locally

SH – ensure they keep a copies of communication as no mechanism of audit or acknowledge reply

LK – migration of email – there is no solution or clear plan

SK – no definition maximum number of assigned people to the share mailbox

Lk raised issue regarding shared mailbox and status of existing mailboxes in LLR not being clear

SI /CG agreed to update the LPC on developments and implementation plan when the information has been provided by NHSE national team

LK commented that LLR is to go live on 1st February – no information has been provided and requested an outline of the implementation plan

LK commented that NHS mail is a pre-requisite to apply for NUMSAS which reduces uptake and no clear direction has been provided

NUMSAS Update from NHSE

As per the NHSBSA sign up
Phased approach in February
Urge members to sign up asap
Understand pharmacies need to refer and both pharmacy can claim consultation fee
30 pharmacies registered to date

Information to be uploaded to DOS but no updates provided by NHSE

SI/CG said Pharmacies would be receiving the information in the next few weeks
Emphasised it is Not a promoted service – and only via NHS 111 activity
It is a pilot so it will be evaluated
NHSE are Looking at what CCG's are currently providing
Recommended that Pharmacies need to check EPS tracker in case a prescription is available and then request the patient phone NHS 111
Use blank token to claim and separately bundle these at end of month
LK commented whether Pharmoutcomes would be considered
SOP's will be required as this is an advanced service – this will be monitored
3 calls every 10 minutes will be considered as a reasonable attempt to contact patient
Advised to keep audit within pharmacy of interactions and actions taken
Cost of medicines supplied – is it costed to the CCG (this was not clarified)
LK raised issues regarding engagement with CCG and informing GP leads to ensure all are up to date. No engagement has been done to date
SK further emphasised the mobile DOS update timelines
LH – asked for % of contractors expected to engage – no response provided
LK raised issues about NHS111 engagement – and ensuring referral to CP and reduction in out of hours referrals to supply emergency repeat medicines
AV raised issue of knowledge of patients to use pharmacy for supplies, OTC medicines and other services
SI – lot more promotion to use pharmacy this year and NHSE team will look to plan build on this further in collaboration with the LPC

LPS contracts Update from NHSE

LK requested update on LPS contract status and review dates
SI commented it is a 2 year contract – visits planned in the next few weeks
LK asked if NHSE visit can be attended by LPC on request by the contractor
SI responded yes
Contracts are Ending in march 2017
All LPS can revert to the national list
If they wish to continue for LPS contract they will need to re-apply for a contract
And will go via the NHS committee for ratification
SI commented this was Time limited contract – the aim was to support the Pharmacy to become viable during the period financial support was provided
LK commented on allowing adequate timelines and information to allow contractor to plan for changes in line with the options provided.
SI commented NHSE need to be mindful to financially support LPS contracts in the context of the funding cuts
One could qualify for pharmacy access and is recommended to apply

LK commented that One LPC contract is for 5 years and others vary
Business case to nhse and the pharmacy committee will decide the outcome

Stephen Taylor – Out of Hours Pharmacy lead

Outlined Challenges faced in OOH

20% of calls are repeat medication requests as Pharmacy could deal with them
NHS 111

Average cost to ring 111 average of £120.000

Onward costs incurred through Referral to a doctor and Referral to a base visit

Some examples of Pharmacy incidents below;

1. EPS – out of stock – sumatriptan injection – advised to ring 111

Rather than provide the prescription or return to the spine when it was available at a pharmacy down the road.

2. Patient missed one month of repeat medicine – and refused bendrofluazide and atenolol

3. Baby milk emergency supply – pharmacy taking a repeat slip –

JL – lending practices not prevalent but if emergency supply provided it would be charged for and not part of NHS provision

4. Patient had prescription that wasn't on repeat – wanting it added to repeat prescription and was advised to contact NHS 111.

5. CD prescription issue – for prescription amendment

RA/LH – CD regulations do not allow changes to form of a CD Prescription
PD confirmed status

SK – This can highlight differences in practices of different pharmacists

LPC comment : this is the word of the patient and needs to be investigated further to ascertain status and not base any feedback on assumptions

SK recommended that use of SCR and CPPE training to improve usage, refer to OOH and integrate pharmacy into the wider system

ST overarching examples would be presented

SK: Recurring issues : could be raised with chair and chief officer for RCA and analysis
NHS 111 costs £120 each time to ring which is expensive

NHS 111 need better training with emergency supply regulations

JL – asked if there was a reduction in referrals with areas ELRCCG and WLCCG with commissioned service for emergency supply medications service

SH commented no difference was apparent

SK – recommended ST provide a newsletter article to improve engagement – and steer on how we can support OOH services

LK SCR issue around verbal consent needed for NHS 111.

ST – Oakham and Melton Mowbray – problems for emergency supply in rural areas which have not been addressed

Pharmoutcomes Update – CO

LK updated the committee on Purchase of Pharmoutcomes for HLP and Quality Payments is now ready and available for contractors

LK asked LPC to consider NUMSAS for contractors.

LPC commented they would reconsider depending on uptake and numbers

JL asked if West CCG will decommission the ERMS ?

LK no update provided but have asked the question

SK – CCG should be encouraging to continue commissioning despite national direction

LK – on announcement of NUMAS ELRCCG decommissioned the service

NL – emergency supply medication is being confused with lending practices (clinical decision of the pharmacist)

SK compatibility issues with ADAstra – only unified system going is NHSmail

Set out of a clear contractor emails sent by LK to all contractors in alignment to

SK – Action : Optimise Rx – no referral to the CP services

SK – Action : Summary for STP – send to JI and PW

LK booked onto the STP engagement in Hinckley

Action : LK requested feedback for dropbox from committee members for amendment

End of February Date for achieving quality payment

Contractor survey

Basics around IG

Safeguarding

Points to achieve and timelines are

Clinical effectiveness

Newsletter and action plan

Evening

Drip feed information and

Achieving the quality payments -

6.	<p>Chair's report</p> <p>SK to update committee – provided apologies for the late report Rod Moore from Public Health highlighted PNA review in 2018 LK/SK Delivery of modules with leicester diabetes centre – good evaluation and outcomes SK met Hina Trivedi at diabetes meeting to discuss /create enhanced pharmacy diabetes management pharmacy stores – od pharmacies which go above the basics in diabetes management LK and SK met Martin Cassidy – clinical senate – better integrate pharmacy into asthma into BCT – every pharmacy has gone through the – create scaled approach to achieve outcomes LK and SK Diabetes Prevention Programme – integration of CP MECC access for LLR SK accessed HLP training funds for Midlands and East and provided MOU to complete for LLR to obtain funding .</p>	
7.	<p>CO report Read then let me know questions/concerns.</p>	
8.	<p>Vice Chair Report None</p>	
9.	<p><u>Treasurer Report</u></p> <p>Back dated pay from april for CO to be actioned in April Expenses meetings Upgraded dropbox for £80.00 – early January Current balance at £191,00 (levy out) Credit Card – not possible to have a credit card for a multi-signatory account Change of signatory details actioned NHS 111 payment Emergency levy – LPC have agreed to pay it for – just awaiting final go ahead Current Spend on £150,000 Good reserves</p> <p>Action : Budget to presented in march</p>	

10.

Garry Myers PSNC update

Judicial Review Update

Application granted by Court indicates PSNC has a strong case and PSNC will go ahead. PSNC requested all LPC's for reserve funding to support financing the judicial review

LK – need guidance from PSNC to communicate to contractors

GM agreed to speak to the PSNC to gain draft statement to communicate LPC reserves to be spent to support PSNC judicial review financing

LPC comment : we think managing expectations, transparency and informing contractors is important

Margin update

There was an adjustment to tariff in January

5-6 million a month reduction

Category M supply chain review 9 during june/july average procurement cost went down. Net effect of a reduction in procurement in middle of last year and loss of margin on parallel imports due to pound. Latest survey data indicates 15/16 margin not finalised. Adjustment in pregabalin not confirmed. 40 million over delivery of margin. Currently paying excess from previous years till march 2015. It might happen on 1st april (increase in 10 p per item). Underlying procurement costs higher due to pound and therefore cannot predict effect on tariff.

Contractors need to make sure they have sufficient cash flow terms and reduce drawings from 1st march onwards. PSNC briefing and income tables available on website.

VAT element – single activity fee – zero rated – aim

Expecting news from 2-4 weeks

Look out for announcement of single activity fee

All the quality payment in april – aim to do july period

Category m reimbursement p.13

Expecting a judicial review from branded generic manufacturer

Category m 1 and m2 split into two components

Category m1 – brand originator – possible roll out date is April

Will modulate prices so they are no reimbursement cost advantage

As they reduce margin pump remaining into category 2

Aim of the department generic simvastatin will be no more than simvador

MR preparations, asthma inhalers – if they category m1 – then m1

There is a price setting for category c generics – uncaptured margin

All the margin is in the category m

Change clawback operates and recharge arrangements on a fixed basis based on average monthly cost.

The aim is to split clawback so you received different clawback to generic

	<p>There will be an incentive to promote generic prescribing</p> <p>NHSBSA need to alter systems</p> <p>Department clear they are committed – to protect pharmacy access scheme pharmacies</p>	
11.	<p>Other subcommittee reports.</p> <p>PR and social media – PM to Join Syma and Altaf.</p> <p>Newsletter completed for summer.</p> <p>Vitamin D training. Sept Marriott evening events.</p> <p>Ideas for newsletter please send. SG how often? LK: every quarter. Survey to send out again.</p> <p>Service development committee- business case for minor ailments east ccg sent and likely to answer then – Aug/Sept.</p> <p>Ammendments: chair/co discretion.</p>	
12.	<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.</p> <p>Not sure about future of admin – copy of tenancy contract – not paid.</p>	
13.	<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>	
14.	<p>AGM – Sept 7th. Committee day time. Exernal speakers. Q&A panel? “12 months on – what to expect from inspection” Update on flu.</p>	
15.	<p>Meeting Closed at 5pm</p>	

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