

## LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 10<sup>th</sup> July 2017

Holiday Inn Express, Raw Dykes Road Filbert Way LE2 7FL

9-5pm

<b>Present:</b>	Satyan Kotecha SK– Chair	Mohammed Ibrahim (MI)
	Luvjit Kandula (LK) - Chief Officer	Liane Hannah (LH)
	Sue Hind (SH) – Vice Chair	Ailsa Garner –Administrator
	Adam Thomas (AT) - Treasurer	
	Pallavi Dawda (PD)	
	Jane Lumb (JL)	
	Mohammed Sattar (MS)	
	Shezad Alimahomed (SA)	
	<b>External Visitors</b>	
	Tejas Khatau - LPT	
Salim Issak - NHSE		
Louise Ross – Stop Smoking		

### CLOSED SESSION

1.	<b><u>Apologies for Absence</u></b> Neena Lakhani (NL) Altaf Vaiya (AV) Rafica Ahmed (RA) Deep Patel (DP) – no apologies received	<b><u>Action</u></b>
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2.	<p><b><u>Welcome from Chair</u></b></p> <p>SK welcomed AG to the meeting as her 1<sup>st</sup> one as the new administrator, and the committee introduced themselves.</p> <p>There was general discussion around how the committee was feeling and what were the main topics of concern.</p> <p>SK confirmed that preparation for the AGM would need to take place during the meeting, and it was suggested by LH that the GPhC could be invited to deliver a coaching session to support contractors with visits and clarity on gradings systems. Concerns about the benchmarking.</p> <p><b><u>Declaration of Interest</u></b></p> <p>Pallavi Dawda appointed as LPN Chair for Leicestershire and Lincolnshire, still awaiting start date.</p> <p>Luvjit Kandula invited to share ideas with Primary Care Pharmacy Association.</p>	
3.	<p><b><u>Approval of Minutes – May 2017</u></b></p> <p>Minutes read for accuracy. Amendments completed as per request of LPC Meeting 8. effective to effectively</p> <p>External visitor report (Jeremy Bennett) Pharma to pharmacy</p> <p>Root to routine</p> <p>Proposed by Mohammed Sattar and seconded by Mohammed Ibrahim.</p> <p><b><u>Matters arising</u></b></p> <p>LK confirmed that agenda items from external visitors had been requested in advance, but had not been forthcoming, and was a challenge to get this. SK commented that there was a need to keep asking as it was useful to have sight of this in advance but accepted that it would take time to embed.</p> <p>LK/AG agreed they would continue to ask for this on an ongoing basis</p> <p>Date for AGM agreed – Monday 18 September</p> <p>Keep AGM and STP separate</p> <p>LK still awaiting feedback from NL, DP about HLP progress from contractors</p> <p>Bio not yet received from DP</p> <p>Opportunity to take photographs today, but suggestion to use photographs from NHS Smartcards, as a back-up.</p>	

4.	<p><b><u>Action Log</u></b></p> <p>Reviewed on the business plan document, amendments will be made by AG and action log circulated once completed.</p> <p>Follow up actions – new printed template for members to complete at the LPC meeting and bring back to the following meeting to provide updates to encourage actions to followed up and completed ensuring all members contribute and add value to contractors.</p>	
5.	<p><b><u>KPI &amp; Budget Alignment</u></b></p> <p>SK advised the executive committee were not able to meet.</p> <p>LK commented that it was a big piece of work and suggested that an afternoon was assigned to this by the executive and bring the next steps to the next meeting.</p>	
6.	<p><b><u>Treasurers Report</u></b></p> <p>AT read through his report for 2016/17 and confirmed that the accounts had been agreed by Sherman Fielding – this had taken 7 weeks for them to do, which was not ideal. SK commented that they were the most concise and clear reports he had seen, to date. AT commented that he might need to submit accounts every 6 months going forward to avoid delays in the future.</p> <p>Photo ID issues with Bank Account were still ongoing, despite visits to sort this out, AT said that it was back to the start again with the change of name.</p> <p>Levy holiday – SK confirmed he had downloaded the documents and had shared with AT &amp; AV; there was discussion as to what would be meaningful to contractors by way of a levy holiday.</p> <p>SK proposed a vote for a 2 months' levy break for contractors and LPC voted unanimously in favour of this proposition to support contractors. The LPC agreed to be share this at the AGM and AT agreed to update his report to reflect.</p> <p>The LPC discussed how the levy break would be implemented and what were the timescales to ensure it would happen in September &amp; October.</p> <p>SK suggested that as Salim would be joining the meeting later he should be asked to support the proposition to ensure implemented in September.</p>	

7.	<p><b><u>Feedback from members – CPAF &amp; HLP – phone calls to contractors</u></b></p> <p>LK thanked the LPC for their support in calling contractors and asked for some feedback from the calls</p> <p>SK – a positive response to being called, was able to signpost to PSNC website, very interested in LPC, and also Flu training. Felt there was too much paperwork, CO of LPC was pro-active; more communications than he wants sometimes but accepted better to have lots than none.</p> <p>LK – send one e mail a week now rather than lots during week</p> <p>SK – CPAF level 2 query whether should be level 3, advised be truthful. Common themes include patients ordering repeat prescriptions at the pharmacy, requests for MDS and deliveries, 100 hour pharmacies, demand for deliveries, “just go with the flow”. It was a useful opportunity to signpost to free material, good engagement with CO of LPC consistent response. Agreed to email my details so they can contact me if any issues before next round of calls.</p> <p>PD – names of contacts good, family business, able to give clarity on NHSE emails received. Really pleased with calls, aware of deadline, no problems Had to ring a few times and that was frustrating; still one to call and that is Tesco pharmacy and difficult to get through to right person. Aware of LK and had raised queries in the past which had been dealt with efficiently. Time consuming to make calls and try to avoid peak time.</p> <p>JL – I had very few on my list so that needs to be looked at – if Tesco for example had one person to call all pharmacies that would help Trying to get hold of the right person is a frustration, but on whole all were on board and progressing. Contact from LP was valuable and appreciated support in signposting. A lot of pressure out there.</p> <p>LH – all contractors ok that I was from Boots, no issues with calls and felt they were valuable. LPC and LK – valued contact. Comment that have had queries and these were answered quickly. Questions about changes and what is coming up, hardest thing is the amount of stuff- deadlines all very close. Should be opportunities to complete information monthly as this would ease pressure. Really open with conversations and no issues.</p> <p>MS – made calls and then emailed out my details, used Branch Manager meetings to reinforce key messages; LPC emails useful.</p> <p>AP – LK - let committee know of any things you want to be reinforced on calls to contractors – for example the AGM. Phone call invite to AGM also very impactful, AP – ALL</p>	
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	<p>SA – Leicestershire was split with RA, what was working was to have a nominated lead to cascade key messages from LPC on conference calls and at Area Meetings, felt this ensures that key LPC messages are acted on and action taken where necessary.</p> <p>SH – whole variety of contractors, did send response to LK – “All rung: 3 done already, 2 have it in to do pile, one didn’t know what I was talking about and one I have to phone Monday. Superdrug manager is on long term sick.... I assume head office will do? but locum was vague.”</p> <p>AT – in progress due to other commitments this month- email sent to contact me if needed support in the meantime. Specific issues with staffing/turnover of staff in one branch.</p> <p>LK – please encourage exam papers to be sent by registered post. When packs are received in store, keep hold of it and keep it safe, don’t let it leave if the member of staff goes. Resit is chargeable.</p> <p>MI – all very positive, not much feedback for LPC, still have a couple more to follow up. A good thing to do, could put things on LPC agenda. Alpha Group head office contact.</p> <p>LK - Engagement is positive, one contractor had previous involvement with NHS mail, and HLP Champion. Pressured environment, overall happy with LPC support. Morale is quite low at present – more in independent sector- and wonder if LPC could do anything to help?</p> <p>LH – how we work as a profession is key to keeping it alive.</p> <p>LK – feels that engagement with NMS is at a low level</p> <p>SK – NMS is not seen as BAU, keep constant attention to it, appreciate that its hard work.</p> <p>MS- engagement with GP surgeries is key, opportunity to explain</p> <p>JL – value of NMS is that we are reducing number of hospital admissions and can spot when things might go wrong quickly.</p> <p>AP – LK – what are the barriers that community pharmacy is facing, are there common themes? It could be something small which would prompt people.</p> <p>LK – Flu planning meeting “walk in your shoes” toolkit available; in principle a great idea but will it be promoted?</p>	
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**Chair Report**

AGM – 18 September 2017, after the LPC Meeting which will be from 1.00pm to 5.00pm; it was agreed that the Holiday Inn would not provide lunch that day, it would be a working lunch with sandwiches available.

AP - AG to check with Morrisons and advise SK who will collect.

Timings for AGM discussed:

Buffet from 6.00pm – for early arrivals

6.30pm to 7.00pm AGM starts – statutory part

Further food available from 7.00pm, will need people to usher contractors into seats to allow a prompt start.

Topics to include – GPhC, HLP, Quality Payments, could STP attend or does there need to be a separate meeting agreed.

LK confirmed there is a plan in place to ensure all information is out with contractors by 18<sup>th</sup> August, there will also be an electronic invite, would be great opportunity to talk about when contractors are phoned.

Need to think about contingency if the GPhC cannot attend- it could be that the HLP part is extended.

SH- apologies for AGM tendered

SK confirmed report would be uploaded to drop box; currently supporting LPC on 2 half days a month.

New blood borne virus project in some pharmacies, blood test offered to patients, has had a slow uptake but now finally has patients recruited.

NPA conference 8<sup>th</sup> October in Leicestershire.

Hospital Discharge Pathway – huge piece of work ongoing.

JL asked if there was a really robust policy in place? Clear examples as there were many cases of errors made with medication, medicines missed and GP's interpretation of discharge notes.

SH agreed there were massive problems with this.

LK commented that there is a pilot scheme already underway in Nottinghamshire, huge opportunities for community pharmacy to support patients.

Chair's report for AGM updated on drop box

9.	<p><b><u>Chief Officer's report</u></b></p> <p>Tejas is coming to the meeting to talk about LPN Fluenz Childhood project, nasal spray. Earl Shilton Pharmacy will be taking this up.</p> <p>The figures are promising and are in the PJ to support interest and likely uptake</p> <p>Knowledge to Action, joint event for 1 leader and 1 HLP Champion, hold 1 big practical HLP event where we can embed the culture. Tentative date 21 September, but this is in same week as our AGM so difficult to gauge the appetite for this? Would the weekend be better? Suggestion to raise awareness at AGM, and arrange a date in early October- only attendees collect training pack, encourage attendance. AP SK/LK to discuss how to take this forward</p> <p>LK has uploaded slides to drop box and encouraged all to look at them, they show in detail a collaborative project with LLR and DMU</p> <ul style="list-style-type: none"><li>• Adopt a pharmacist – volunteer to adopt a student to coach and mentor</li><li>• Use student resource to conduct audits</li><li>• Students available to support health promotions</li></ul> <p>If we support designing the audit, we can make it more robust, also a good link for pre reg recruitment.</p> <p>NHSE – sum of £15k – discussion about what to do with this, could be used for supporting health promotion.</p> <p>Flu planning – engagement with carers and care homes, make aware of the services pharmacies can offer and explain benefits of flu immunisation and what the risks are to health to wider family if not. Need to ensure housebound are also included – domiciliary MUR opportunity Carers need to be registered for right support, there are not enough district nurses to deliver services so community pharmacy has opportunities.</p> <p>Oriel registration - missed the deadline last year but waiting to hear when window opens this year so contractors can apply.</p>	
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<p>10.</p>	<p><b>External Visitors</b></p> <p><b>Tejas Khatau – Family and Young Persons Partnerships</b></p> <p>Nasal/injection flu vaccines, school age from 4 years old to secondary in 350 schools  Would like to use expertise of pharmacies within LLR to vaccinate children who do not have the vaccine in school.  Originally offered in 14 pharmacies and 250 patients were vaccinated, this figure could increase further as reception class children are now included.  Home schooled children are also eligible.  There are not enough resources to make more than one visit to schools and that is where the local pharmacy will help support the service. Letters will be sent to parents offering them the service; gives flexibility for child to be vaccinated at a more convenient time. It fits in with lifestyle, and offers choice to parents.  Currently looking for support in Hinckley and Melton Mowbray.  Ideally a journey time of 5 minutes, but need to offer to parents who do not drive but want convenience.  The system is admin heavy so the process needs to be streamlined. A letter is sent home along with a token and the parent can make an appointment at a pharmacy of their choice.  The vaccine is administered under a PGD, only with the token and the pharmacist is able to verify the details and ask relevant questions.  It is not proposed that parents could walk in off the street and child vaccinated- an appointment has to be made.  SA – Head Teacher co-operation is going to be really important to help with engagement of parents – how can you be sure letter and token are delivered home and actioned.  SK suggested that Tejas work with LK &amp; LPC to compose a well written letter to direct parents to the appropriate pharmacy offering the service.  LK – the token and letter have to be sent/given together.  SK – agreement in principle, subject to PGD and SLA, however this does involve more work in pharmacies who offer service so there would need to be an uplift in payment, and the LPC would work with you on that. Need to look at the charge for National Flu vaccination £7.82. Pharmacies need to be remunerated for the additional work this service will generate.  Tejas said there would be a small uplift as there are cost savings, but NHS will be supporting with the mail shots, but no figure agreed to share in meeting, but not as much as £7.82.  SK confirmed that whatever price was agreed has to take everything into account, and should the LPC agree a lower fee this could be interpreted as devaluing community pharmacy and LPC would need to explain why the funding of this service was different to National flu benchmarking.  SK reiterated LPC support and proposed Tejas working with LK on the PGD and SLA, and whatever the price was agreed would need to have full consensus of the LPC.</p> <p><b>Louise Ross – Stop Smoking City</b></p> <p>There are a reducing number of pharmacies providing the service; budgets have been halved so pharmacies asked to streamline the services, stop smoking within the city is down, unlikely that there will be a stop smoking service in the future. However, while there is a need they will continue to be supported. There are over 50,000 smokers in the city – what will happen to then when they decide to give up?</p> <p><u>E-cigs update</u></p>	
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Thornton & Ross e cigarette pilot in 5 pharmacies, training done, positive feedback so far and keen to roll out; on the trial pharmacies are supplied with 4 weeks' liquid. JL commented that there were successes with a move to low strength, and liked the way it had been marketed as a medicine. SK it gives pharmacies opportunities to connect with patients and another offer for them. Vape used as relapse prevention not encouraged to use to stop. JL – its harm minimisation, it's what we need to do "quit and we can help" it's the same as e cigs. E cigs most popular aid to stop smoking. SA asked about Shisha smoking and the data on oral cancer incidents as a result. LR - It's not seen as a daily activity so not surveyed, and difficult to get an accurate volume measurement. However, it's not as much as you might think. MS – not seen as smoking, inside homes and as a social activity so how would it be picked up. SK asked about Champix, LR commented that it is working quite well, no budget to pay for it; no appetite from CCG so GP prescribed medication.

**Salim Issak NHSE, with Kerry Ollie as observer**

a letter has been sent to all contractors, which communicated help available, and raise awareness that they can contact LPC for support with visits

CPAF closing date was 9/7/2017, there are still a number of pharmacies who did not complete the short questionnaire, data should be available from 11/7 onwards and there will be some visits to validate the returns. Pharmacies who did not complete the short survey will need to complete the full one.

LK –LPC have been calling contractors and consistent message is to be truthful JL commented that the standards are challenging, an interpretation of what you do, GPhC inspections; a short questionnaire does not address it – suggested that the questions could be better.

SK requested information about CPAF for next year- when would it be and suggested a joint LPC and NHSE meeting to help contractors; are you able to share who did not respond and what were the themes?

SI- agreed that this could be done

The LPC agreed it would be good information to have in advance of the AGM.

LK/SK requested data to allow the LPC to target contractors to ensure compliance and provide support for engaging with QP.

SK/AT raised levy holiday and what support could be given to ensure this was actioned in a timely way

LK requested update on contracts status

SI requested details of any issues which were outstanding - process was in place but this had been delayed due to the General Election.

LK requested update on NUMSAS, still a number of issues with pharmacies requesting support, and there is an appetite for a local workshop to encourage sign up.

	<p>LK to send SI details of the different scenarios she had received.</p> <p>SK raised contractor feedback about campaigns and the materials, need to know faster what the 6 campaigns are, offer to sit down and plan with NHSE so that we can let contractors know what you are doing. Belief in the campaigns is strong, but early notice is vital for planning and meeting the contractual feedback.</p> <p>SK summarised the key points of the discussion as</p> <ul style="list-style-type: none"> <li>• SI agreed to share the quality payments information as soon as possible, to enable common themes to be identified and shared prior to our AGM in September</li> <li>• Levy Break – to support the process with our treasurer and where possible ensure that the levy holiday for 2 months would progress in a timely way; enabling contractors to be advised at the AGM; this may require you to act with Capita as appropriate</li> <li>• Meeting to be held with Chief Officer to ensure timely information about Public Health Campaigns can be cascaded to contractors,</li> <li>• Improved update on Numsas situation – Chief Officer to provide scenarios provided by contractors on the difficulties encountered</li> <li>• CPAF – next year LPC would like to hold a contractor event to cascade key information, so key insights will be essential.</li> </ul> <p>AG requested to email confirmation by SK and follow up as required</p> <p>AP – AG to send email and diarise for responses  AP – AT to ensure SI is copied in on email re levy holiday</p>	
11.	<p><b><u>MBTI Personalities – review</u></b></p> <p>The LPC shared their results of the MBTI profiles and discussed how this may influence the way they work, and the styles adopted.</p>	

12.	<p><b>MDS</b></p> <p>A lot of contractors feel challenged to do MDS; it adds to workload and it's difficult to say no. The LPC agreed it was something they had encountered and SK asked how do we help contractors?</p> <p>LK –there is a real lack of understanding of the DDA – comments such as we have always done it, but there is a crisis in LLR and pharmacies feel they cannot cope as there are capacity issues.</p> <p>Pharmacies are not obliged to accept the request, what should be done is an assessment and this would identify if there are other options available. We need to support contractors and raise awareness of the assessment.</p> <p>SA asked if there was already guidance in another LPC</p> <p>LK –there had been in Barnsley, but we do have protocol explaining to healthcare professionals what is appropriate, the problem is engagement. Some pharmacies have started charging.</p> <p>JL – we do charge where a patient is requesting a blister pack but could use the pouch we charge £5 a month and have about a dozen who pay.</p> <p>LH- the DDA is about reasonable adjustment; we need to help the NHS understand what this is and get better at looking at other options.</p> <p>SK – do we look at an MDS toolkit? There are reasonable legal solutions for patients, all different options. Patients must be stable is one criteria.</p> <p>Payment for service; is this an option</p> <p>LH – we need to support contractors with clarity; what is in the contract. Nervous about best way of doing it- until the NHS comes up with funding contractors do what they want, they are not breaking contract but trying to do their best for patients.</p> <p>PD – letting contractors know what backing there is and options what you can do.</p> <p>LK- contractors have to be able to justify why not done MDS- “these are the alternatives I identified in my assessment and offered the patient”</p> <p>LH –an algorithm to help?</p> <p>AP - JL &amp; PD to create algorithm</p> <p>SK commented that Altaf and Neena had done some work around this so worth picking up with them.</p>	
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13.	<p><b><u>Redistribution of Contractors</u></b></p> <p>LPC agreed to a fairer distribution of contractors, changes were agreed and the updated list will be circulated; LK agreed to provide a brief list of topics which can be covered during phone calls;</p> <p>1. Check HLP status – champion leadership and progress to November qps Find out about any problems for this</p> <p>2. I have also looked at EPS nomination data; I have been asked by CCG;s as well if we can support engagement It would be great to encourage contractors to nominate patients to improve uptake as there seems to very low usage in some pharmacies but this could be due to a surgery not being live but if they are live it would be great if we could encourage uptake as ERD uptake and progression has been challenged by CCG due to a perceived low engagement with EPS . I hope we can support this to improve uptake which would encourage erd adoption to prevent third party ordering issues</p> <p>It would be good to understand the reasons as it’s not always the pharmacy.</p> <p><a href="http://psnc.org.uk/leicestershire-and-rutland-lpc/eps/">http://psnc.org.uk/leicestershire-and-rutland-lpc/eps/</a> ( contractors can be signposted here for all supporting docs and info) AGM invitation also can be conveyed and attendance encouraged. Phone calls quarterly to contractors.</p>	
14.	<p><b><u>AOB</u></b></p> <p>AT advised that the Indemnity insurance was due.</p> <p>SK asked LK to leave the meeting briefly so that he could update the LPC about a secondment opportunity for LK; NHSE have offered LK a secondment of 2 days a week for a year working on NHS Digital. It represents an opportunity to influence National Policy and he asked for comments.</p> <p>There would need to be backfill for the Chief Officer role, for the period of the secondment (no start date agreed, could be 3 months lead time) and their duties would need to be clearly defined to ensure there was not an overlap of responsibilities. The secondment contract would need to ensure that recompense to the LPC covered all contract terms in relation to holiday and sick pay. It offered a fantastic opportunity for LK and subject to agreement and reconciliation of the conditions discussed, the committee fully endorsed the secondment. LK re-joined the meeting and was advised of the decision.</p> <p>SK asked how the meeting had gone? Overall LPC members felt the meeting was positive, productive, and well structured. Guest speaker Salim to be emailed with the action points agreed to ensure that these are responded to in a timely way.</p> <p>Meeting Closed at 5.10pm</p>	