

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 15th May 2017

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

9-5pm

| | | |
|-----------------|---|------------------------|
| Present: | Satyan Kotecha – Chair | Neena Lakhani (NL) |
| | Luvjit Kandula (LK) - Chief Officer | Altaf Vaiya (AV) |
| | Adam Thomas (Treasurer) | Mohammed Ibrahim (MI) |
| | Pallavi Dawda | Rafica Ahmed (RA) |
| | Jane Lumb | Liane Hannah (LH) |
| | Mohammed Sattar | Shezad Alimahomed (SA) |
| | External Visitors – contractors 4-5pm | |
| | Yashvant Lodhia – Contractor | |
| | Garry Myers – PSNC regional Representative | |

CLOSED SESSION

| | | |
|----|--|----------------------|
| 1. | <u>Apologies for Absence</u> Sue Hind Liane Hannah (late arrival – early departure) Neena Lakhani (Late arrival) Deep Patel | <u>Action</u> |
|----|--|----------------------|

| | | |
|---|---|-------------------------|
| <p>2.</p> <p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p> | <p><u>Introduction and welcome</u></p> <p>New CCA representative Shezad Alimahomed – Boots</p> <p><u>Matters Arising and Declarations of Interest</u></p> <p>LK informed APPG Specialist Advisor Appointment at APPG Diabetes</p> <p><u>CO update</u></p> <p>Admin Recruitment – confirmed by LK Interviewed and verbally offered the job to start on June 19th 2017</p> <p><u>March Meeting Minutes</u></p> <p>Amendments completed as per request of LPC meeting Addition of AGM discussion AM Barclay to Brandon Name Spelling</p> <p>Proposed: Altaf Vaiya Seconded: Mohammed Ibrahim</p> <p><u>Action Log</u></p> <p>Reviewed on the business plan document</p> <p><u>LPC Post Meeting Action Log</u></p> <p>SK shared template for LPC member use as approved by the executive committee Requested amends and approval</p> <p>Exec agreed to finalise Business plan in mid-June 2017. RA off 18th June – agree a date before Action: LK to send dates (5th or 12th June 2017)</p> <p><u>Member Appraisal completed</u></p> <p>New members to attend Mohammed, Deep and Shezad – end of September Meeting 4 pm</p> <p><u>Review of Members Outputs of 1-2-1</u></p> <p>LK collated feedback and sent to members</p> <p><u>Key Points to note for Future</u></p> <p>Laptops and Mobile phones not to be used during the meeting including Twitter and social media updates to ensure full engagement and input</p> | <p><u>lp</u></p> |
|---|---|-------------------------|

| | | |
|-----------|--|--|
| <p>8.</p> | <p>More equal contribution by all members to LPC work streams as commonly 4 members primarily lead on delivery</p> <p>Next Steps: SK commented that any issues/ concerns should be address to the chair if necessary</p> <p><u>LPC meeting dates</u></p> <p>RA –commented that Boots have set up management planning on Mondays Consider alternative days to hold meeting to minimise disruptions</p> <p>Action: Chief Officer and LPC to review dates for next year’s LPC meeting to take this into account from November onwards to plan 2018 meeting dates</p> <p>As per executive committee discussion SK raised the issue of productivity, delivery, and outputs in LPC meetings to support contractors</p> <p>Proposed Frequency of LPC meetings to be reduced to quarterly specific meetings with interim meetings held as task/finish group and delivery meetings with an assigned worksite to use time more effectively.</p> <p>Comments from LPC members AT – quarterly not frequent enough to received updates and recommended bimonthly meetings are continued. PD – commented a lot is happening so retaining bimonthly meetings is important NL – commented to maintain bimonthly meetings but use AM sessions as a work stream allocation; full day meeting for one month and the following would be half day of LPC meeting with half day of work stream delivery. AT – Proposed to consider moving the LPC meeting day to Tuesday in November SK- consider moving format will be bimonthly meetings with every second meeting PM only agenda and AM for group work only to be attended if needed e.g. F&G meeting can be held at the half day meeting which will reduce the costs to attend evening meetings and complete actions SK Review of external visitors in November 2017 for 2018 meetings SA proposed that the LPC could proactively influence the agenda SK proposed external stakeholders to complete a template before attendance LK commented that it’s difficult to get this information and requested agenda items in advance as often external visitors provide confirmation very late</p> <p>SK provided information on Member contributions template Action: SK to send his template to members</p> <p><u>Next Steps</u></p> <p>Follow up actions – SK provided 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 as per the recommendations of the member review collated summary.</p> <p>JL commented that Tangible outcomes are not delivered by the full LPC team</p> | |
|-----------|--|--|

| | | |
|------------|---|--|
| | <p>Overall the LPC members expressed the review was –a useful exercise Action: follow up review of meeting structure via executive committee Action: LK requested feedback from LPC members as in any ideas to improve NL – commented have we had enough time to address and reflect on the summary outputs of the review LK commented that the document was sent in advance of the meeting for feedback and review and any further thoughts could be shared with CI/Chair post the LPC meeting to incorporate</p> | |
| <p>9.</p> | <p><u>Executive Committee Authorisation</u></p> <p>AT- commented that executive committee have ratified the response to common themes such as effectiveness, contribution of members and highlighted key recommendations in this LPC meeting to action SK – commented that ongoing feedback would be welcomed and incorporated at any point in time AV – commented that the summary of outputs of member review is document is a very good piece of work and recommended reviewing after 6 months.</p> <p>AV also commented that the purpose of the meeting and outcomes to be delivered needs to clearer Authorisation by Executive committee should be accepted in certain cases and committing to implementation is more important rather than discussing issues in LPC meeting repeatedly which will add more value for money for contractors MI- commented that whilst the executive committee provide direction and steer the LPC members would need to be consulted agree to it SA –commented that Executive committee should make decisions in certain cases and deliver to promote efficiency and avoid extensive debate.</p> <p>SK request all LPC members to provide feedback – to any of the executive members on any other issues for consideration outside of the LPC meeting.</p> | |
| <p>10.</p> | <p><u>Chairs Report</u></p> <p>SK commented that that written report not provided this month to date Action: SK to complete written report and upload to drobox Updated that he is supporting a contractor and has identified Key themes and signposted to the resources required with advice and support</p> | |
| <p>11.</p> | <p><u>Quality Payments and Contractor Concerns</u></p> <p>JL – raised 3 have not updated their NHS choices profile to achieve the quality payment SH commented she had Submitted early and this required planning and organisation LK commented that some contractors in other parts of the country were unaware of the funding cuts and QP JL commented that Understanding where do our contractors sit is vital – cash flow is in turmoil which in some cases resulted in not being able to pay purchases when funding cuts hit i.e. Less income in January didn't meet the purchases NL – proposed that the terms of reference for the LPC could be amended to incorporate LPC members as mentors for contractors for the LPC – as the LPC an important role</p> | |

| | | |
|-----|---|--|
| | <p>RA – proposed another LPC supporting strategy work and quality payments –divide up LPC contractor base amongst members – to communicate and support contractors and low coverage of the contractor base –The strategy executive meeting can assign budget to the work stream if needed</p> <p>LK – agreed with the comments and highlighted that the LPC does not now have data to identify engagement of contractors and will request the PSNC for the data so we can devise a targeted approach to engage those not involved in QP or needing support</p> <p>SK action: Develop a proposal to share key issues with contractors</p> <p>LK action: assign members to stores to am in contact, support and communicate key messages to the assigned contractor base and provide feedback to the LPC as to where support is required</p> <p>AV – raised that LIPCO supporting contractors for quality payment for achievement</p> <p>SA – is it a skill or a will issue – this needs to be identified and how to upskill and support them and upskill them</p> <p>SK – summarized the</p> | |
| 12. | <p><u>Treasurers Report</u></p> <p>Lloyds Bank account to be closed and funds transferred to Barclays to ensure one account only is open</p> <p>SH is currently a signatory on the account</p> <p>HLC champion funding from HEE is kept separately</p> <p>PSNC invoice paid £29,000</p> <p>52 weeks £8.50 12 hours 5 weeks’ pension requirement</p> <p>JL commented offer to join new admin recruit to the pension</p> <p>AT proposed £78.00 per year accounting software paid for pension processing</p> <p>CO pension will be live in May – all set up</p> <p>Bank rejected signatory request from SH rejected due to signature differing</p> <p>MI, AT, and SH signatory set up with bank in process</p> <p>£23,000 monies received to support HLP from HEE</p> <p>Two accounts only – one for HEE funds and one of all other business</p> <p>£137,00 account buffer of £115,000</p> <p>15,000-month income received</p> <p>LPC reserves are more than the recommended requirements</p> | |
| 13. | <p><u>Use of LPC funds to support contractors</u></p> <p>NL – use contractor monies effectively. provide a levy holiday or money back</p> <p>AT- proposed to use funds to support contractors with visits via LPC members</p> <p>JL – recommended requesting data from NHSE regarding the engagement with the quality payment</p> <p>SK – summarised the discussion</p> <p>AT proposed taking a vote in the meeting for a 2 months’ levy break for contractors</p> <p>LPC discussed financial position and LPC reserves with no further indication from PSNC that additional funds for JR will be needed.</p> <p>It was considered that the LPC should engage some funds towards supporting some contractors to meet QP criteria and support by way of a two-month levy break</p> <p>To be announced at AGM meeting</p> | |

| | | |
|------------|--|--|
| <p>14.</p> | <p>LPC unanimously voted in favour of the proposition to support contractors during this challenging financial climate.</p> <p>The LPC have worked to reduce unnecessary expenditure and negotiated better terms for venues and placed governance structures in place to ensure expenditure for attendance to meetings, remuneration and expenditure is approved in advance which has placed the LPC in a good financial position. All LPC members agreed that funds should be used to support contractors more effectively.</p> <p><u>Business Strategy Planning session – group session and feedback</u></p> <p><u>Contractor Engagement</u></p> <p>Identify support needed for contractors to meet contractual requirements Obtain QP data Promoting CP services to public Passive engagement via survey met Proactive engagement every quarter with contractors via LPC members -ensure its measurable -measure uptake assessment to drive activity -who and how many -RAG tool to use as a baseline for contractor visits -Regularly Review Services in LLR – challenge commissioners sharing data -advising contractors to inform GP’s of advanced services -Comms to explain the new commissioning landscape -so, what and now what – keep messages clear and simple</p> <p>Action: RA and SK to share RAG tool Action: consider pharm data subscription Action: JL to investigate obtaining baseline data for usage by the LPC for visits and payment Action: LPC to develop a toolkit to share advanced services information with GP practice</p> <p><u>Communication and Engagement</u></p> <p>-up to date events calendar – housekeeping -recruitment of admin to support -Meeting minutes LPC to be distributed within 2 weeks of meeting -record of comms for contractors on website -simple table of services contact details sign up renewal date, contact details and how to claim -assign stores to members to support proactive engagement -keep messages SMART and simple -update on LPC, RAG rating tool, support needed -Structured identification and engagement with commissioners Action: LPC members identify who and what we want from them at each meeting Action: LPC members develop contractor engagement messages Action: assign contractors to LPC members for engagement, collecting feedback, deliver key messages, and support</p> | |
|------------|--|--|

| | | |
|--|---|--|
| | <p>LPC members to identify key achievements for AGM</p> <p>Summary KPI's achieved</p> <p>Support delivery of flu vaccination x 10,000 delivered in LLR</p> <p>HLP delivery and Support (leadership training, hlc champion and support)</p> <p>Funding Cuts Support and Business Workshop</p> <p>Raising CP profile nationally and locally ; media, MP;s engagement with love your pharmacy, BBC radio, BBC news; leicester mercury and MP sites</p> <p>QP support – events, updates and toolkits – contractor support</p> <p>Governance and Financial Management</p> <p>Dom Mur</p> <p>Champix PGD</p> <p>BBV testing pilot</p> <p>Engagement with NHSE , commissioners and providers</p> <p>Mitigation Workstreams</p> <p>Pharmacy prereg payments</p> <p>Contractor payment issues for local services</p> <p>GP practice and Pharmacy issues</p> <p>NHSE and CPAF support</p> <p>Contractor queries support</p> <p>Managed Repeat removal</p> <p>Branded Generics</p> <p>Turning Point rate reduction</p> <p>NHS mail issues</p> <p>QP – nhs choices support</p> <p>MDS issues</p> <p>Issus with Capita/PCS</p> <p>Markey entry – Contracts subcommittee</p> <p>Response to consultations</p> <p>Pharmacy integration into local NHS /STP /BCT engagement</p> <p>Flu issues resolved with LMC</p> <p>Other values</p> <p>Age UK Loneliness Prescription Service</p> <p>Diabetes foundation Training Module development with LDC</p> <p>Oral Health Campaign</p> <p>Salbutamol in Schools initiative – on development</p> <p>Integration of pharmacy in local NHS plans</p> <p>Cash values</p> <p>£100k domiciliary MUR NHSE</p> <p>£6000Pharmoutcomes commissioned for flu via NHSE</p> <p>£30K HLP funding via health education east midlands – city</p> <p>£26k HLP funding via HEE national team via LPNWM</p> <p>Champix PGD service stop smoking county</p> <p>Needle Syringe Exchange</p> <p>Fluenz LPT pilot</p> <p>Good management of LPC funds to allow levy holiday and support PSNC JR with 23k</p> <p>Prereg payments 15k x 19 contractors – payments made and compensation</p> | |
|--|---|--|

| | | |
|------------|--|--|
| <p>15.</p> | <p>SCR rollout support £200 per contractor</p> <p>Development Work streams Cardio respiratory service Polypharmacy Fluenz Post Hospital Discharge MUR MUR/NMS referral STP engagement Governance and business plan for LPC to add value to contractors Falls Prevention EM community pharmacy strategy group – to develop at scale pharmacy services</p> <p><u>NHSE – Visit</u></p> <p>Kay Bestall – Contracts Manager for NHSE (covering West Leicestershire CCG) Kieran Leigh LLR and North taking over Lesley Harrison’s role – Assistant Commissioner Manager taking over Lesley Harrison’s role Ben Collins – NHSE Contracts Support</p> <p>New secondment – 10% comes back to NHSE and currently NHSE are recruiting a band 7 post to focus on Pharmacy work as additional resource to the existing team due to competing pressures faced by the team and ensure dedicated support to the role.</p> <p>3 Co-commissioned Contract Managers Kay Bestall – West CCG; Salim Issak – East Seema Gaj – City CCH Previously arrangement for co-commissioning as a secondment to CCG to report back to GP. New position to concentrate on LLR.</p> <p>Lk requested update on the role of head of primary care as well as wider strategic direction for GP and Pharmacy workforce and workplan as well as integration.</p> <p>SK – raised question around engagement of LLR with directorate regarding Pharmacy Integration.</p> <p>NHSE responded that Bhavisha Pattani sits on Pharmaceutical Services Regulation Committee which discusses as well as contracts, changes, and Pharmacy contract.</p> <p>SK requested targeted support information to support contractors with QPS.</p> <p>LK/SK requested steering group and regular contact for integration, work stream development; discussion of integration teams and requested data to allow the LPC to target contractors to ensure compliance and provide support for engaging with QP.</p> <p>NHSE expressed consent need for individual pharmacies LK requested General trends; as opposed to individual branch data would help visibility</p> <p>AV raised continued issues with NHS mail</p> | |
|------------|--|--|

LK provided update on escalations of LLR audit of NHS mail issues to NHS digital due to numerous queries being raised by contractors and LPC having no visibility of overall status

LK requested update on LPS contracts status

KB – LPS contract ended 31st march – moving to consultation change – now move to stakeholder engagement. Purdah is causing issues to say can LPS consultation go out before general election. Payments will be made to the end of June.

SK raised cash flow issue if payments not made in time and highlighted the need for adequate notice to be provided to contractors to plan financially for the future and remain sustainable otherwise there is risk to viability.

LK asked whether LPS payments are still outstanding as contractors had delayed payments. NHSE confirmed this has been resolved.

AV cascade to LPC and then put on website re: health promotions and audit request
6 health promotion campaigns paid for and will be essential to HLP

LK raised request for 12-month health promotion campaigns and advance notification as this is vital for planning and meeting the contractual framework and the HLP accreditation requirements to engage.

Lk requested NUMSAS update

NUMSAS – 23 pharmacies live and referring
52 requested sign up and only 23 are live
LK raised issues and SK requested meeting to resolve NUMSAS

NHSE and Pharmacy audits submission to NHSE – timeframe not confirmed – NHSE are awaiting national guidance

JL recommended link in with the national audit and AKI in pharm outcomes to NHSE for adoption
Action: Share AKI audit data

NL – highlighted that how can the LPC proactively manage and support contractors – NHSE advised Pharmacies are advise to the contractor to contact the LPC if they would like support

Action: Provide headed letter LPC to offer contractor support If they needed

Leicester City CCG

Jeremy Bennett

Strategy and Implementation CCG Manager

JB highlighted that Contribution of Community Pharmacy not acknowledged
Increase in 4000 flu vaccinations delivered in 2016-17
Trends show contribution of Pharmacy is significant

Competition has improved uptake of flu vaccination overall

SK recommended a news story via the CCG regarding flu uptake in Pharmacy.

LK shared Flu figures for CP and potential of CP to support uptake as done in the Leicestershire Flu Planning meeting.

SK/LK discussed potential of care homes, care home staff, front line staff and care home

SK proposed models of elsewhere in the country

RA raised that it's good news story – what good PR can we expect even though

JB proposed that we can make people aware and break down the messages
With Opportunities to use local media with the comms team to develop PR for CP
SA – recommended patient testimonials to be included in the

2 other areas of focus

Unidentified Carers

Leicester health and wellbeing have identified 11% have unpaid carer responsibility in Leicester city

They need to speak to someone – to understand there is a resource and a mechanism identify the carers in the community and identify their needs to make a better service as well as an ensuring they have a flu vaccination, signposting, and mental health support if needed.

SK/ LK asked for a Community Pharmacy Proposal

SK recommended to put together and identify carers; articulate benefits; come back to the LPC to highlight how Pharmacy can support

JL highlighted that County PH provided leaflets for NW district council for carers which were well received and supplies were finished within a few days and proposed a similar model could be adopted

NL highlighted issue MDS capacity and support for medicines optimisation

LK raised that signposting and providing referral service list would be useful as per JL's feedback

When medicines changed – a phone call would be sufficient to reduce anxiety around changes in medicine – registered youngest carer is 9 years old and a new CPPE resource is available. Importance of highlighting that carers can speak to the pharmacist to get advice on medicines.

LLR falls programme

City have stepped back from the LLR Initiative that was being developed

Converted secondary care and community care and didn't address primary care

Dr Dill Lakhani talked about POLYPHARMACY

Identified Potential for MUR/NMS in Pharmacy to support Polypharmacy

LLR business Case does not include Pharmacy currently

Action: share polypharmacy presentation with Jeremy Bennett

Head of Medicines Management – Gill Stead

Update on Cardiorespiratory business case

Proposed Integrated approach to pharmacy in this work stream

Consultant Respiratory Pharmacist Anna Murphy provides Patient pathway asthma and COPD MUR service information

CCG Recognise value in delivering the service through CP

Scoping group in place who have attended a planning meeting with SK/LK

Respiratory pharmacist will be recruited by September

Next steps – addressing barriers to uptake and service development

Template to be used – SIMPLE as an example

Uploaded to patient record

Aim to provide a high quality consistent MUR using Training and upskilling gap, practice staff and pharmacists

SK recommended identifying methodology as a first step to integrate pharmacy

LK Identify key points of leverage, adopt a standardised approach to promote consistency

SK highlighted that Previous COPD service delivered positive outcomes.

NL welcomed the idea

NL raised points of integrating CP and recognising and acknowledging CP as part of pathway

RA – raised the issue of national template already existing and GP's not picking up recommendations to action through MUR's delivered through pharmacy.

It is not seen how accountable the GP is and what has been actioned

Recommended this would need to be looked at as a MUR + service – incentivised payment as the standard template exists and any further activity would warrant additional payment

JL – follow up that provides the most value – still have root in interventions as they see it integral to care

SK summarized outputs and concluded that a framework is developed which would be aligned to the national template

LK provided overview of building the relationship with GP's – and breaking the barriers between the professions and ensuring interprofessional working relationships are developed should be a crucial part of the proposition

PD –recommended engagement with the GP practice as on occasions they had to be called personally to ensure they action interventions – as paperwork gets lost in translation and not actioned

GS highlighted Right Care Report – respiratory cancer and mental health as 3 key areas for LLR to focus on

People want to engage and GP federations want to engage and become sustainable in the future

Integrated team – consultant pharmacist Anna Murphy is well respected well known and medicines optimisation team are fully supportive of the initiative and is a great opportunity as a first step to integration.

| | | |
|-----|---|--|
| | <p>SK Working through a federated model via practices and pharmacy in that area – get federation buy in and operational support – ensure the whole workforce is upskilled and see the value of the programme Rolling programme and IT integration essential for data collection and audit</p> <p>SK champions an area representative pharmacy for a champion all work today to help implement this</p> <p>GS said All the Pharmacist need to own the process and raised concerns about consistent engagement LK recommended that Expressions of interest could be used to identify pharmacies that will deliver which has worked well for other services. Action: LK to collate feedback from LPC to feedback to group.</p> | |
| 16. | <p><u>Yashvant Lodhia Medicare – Contractor Visits to the LPC meeting</u></p> <p>YL identified that each time all deadline is piled up to complete between January and March putting undue pressure on pharmacy in the backdrop of funding cuts and increasing workload Recommended splitting the workload into quarters rather than piling it into a short timeframe e.g. CG deadlines, end of year submissions and QP. The current change management requires a lot of manpower and is pressured Make life simpler – and phase it in a period in a planned fashion</p> | |
| 17. | <p><u>Garry Myers – PSNC regional Representative</u></p> <p>Provided update on JR and date of announcement is pending Sue Sharpe Chief Executive of the PSNC has announced retirement at the end of 2017.</p> | |
| 18. | <p><u>SK requested feedback for LPC meeting held from members.</u></p> <p>Overall LPC members felt the meeting as was positive, productive, and well structured. Recommendations to reduce extensive debates on past issues Refer questions to external visitors to the chair Maintain positive stance with external visitors and put any concerns regarding specific incidents to the chair for post meeting follow up Reduce session time and focus on solutions and value to contractors</p> <p>Meeting closed 5PM</p> | |

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | |
|-----|--|--|
| 14. | | |
|-----|--|--|

| | | |
|-----|--|--|
| 14. | | |
|-----|--|--|

| | | |
|-----|--|--|
| 15. | | |
| 16. | | |
| 17. | | |

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | |
|----|--|--|
| | | |
| 2. | | |

3.

Introduction and welcome

New CCA representative Shezad Alimahomed – Boots

Matters Arising and Declarations of Interest

LK informed APPG Specialist Advisor Appointment at APPG Diabetes

CO update

Admin Recruitment – confirmed by LK

Interviewed and verbally offered the job to start on June 19th 2017

March Meeting Minutes

Amendments completed as per request of LPC meeting

Addition of AGM discussion AM

Barclay to Brandon

Name Spelling

Proposed: Altaf Vaiya

Seconded: Mohammed Ibrahim

Action Log

Reviewed on the business plan document

LPC Post Meeting Action Log

SK shared template for LPC member use as approved by the executive committee

Requested amends and approval

Exec agreed to finalise Business plan in mid-June 2017.

RA off 18th June – agree a date before

Action: LK to send dates (5th or 12th June 2017)

Member Appraisal completed

New members to attend Mohammed, Deep and Shezad – end of September Meeting 4 pm

Review of Members Outputs of 1-2-1

LK collated feedback and sent to members

Key Points to note for Future

Laptops and Mobile phones not to be used during the meeting including Twitter and social media updates to ensure full engagement and input

More equal contribution by all members to LPC work streams as commonly 4 members primarily lead on delivery

Next Steps: SK commented that any issues/ concerns should be address to the chair if necessary

LPC meeting dates

RA –commented that Boots have set up management planning on Mondays
Consider alternative days to hold meeting to minimise disruptions

Action: Chief Officer and LPC to review dates for next year’s LPC meeting to take this into account from November onwards to plan 2018 meeting dates

As per executive committee discussion SK raised the issue of productivity, delivery, and outputs in LPC meetings to support contractors

Proposed Frequency of LPC meetings to be reduced to quarterly specific meetings with interim meetings held as task/finish group and delivery meetings with an assigned worksite to use time more effective.

Comments from LPC members

AT – quarterly not frequent enough to received updates and recommended bimonthly meetings are continued.

PD – commented a lot is happening so retaining bimonthly meetings is important

NL – commented to maintain bimonthly meetings but use AM sessions as a work stream allocation; full day meeting for one month and the following would be half day of LPC meeting with half day of work stream delivery.

AT – Proposed to consider moving the LPC meeting day to Tuesday in November

SK- consider moving format will be bimonthly meetings with every second meeting PM only agenda and AM for group work only to be attended if needed

e.g. F&G meeting can be held at the half day meeting which will reduce the costs to attend evening meetings and complete actions

SK Review of external visitors in November 2017 for 2018 meetings

SA proposed that the LPC could proactively influence the agenda

SK proposed external stakeholders to complete a template before attendance

LK commented that it’s difficult to get this information and requested agenda items in advance as often external visitors provide confirmation very late

SK provided information on Member contributions template

Action: SK to send his template to members

Next Steps

Follow up actions – SK provided 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 as per the recommendations of the member review collated summary.

JL commented that Tangible outcomes are not delivered by the full LPC team

Overall the LPC members expressed the review was –a useful exercise
Action: follow up review of meeting structure via executive committee
Action: LK requested feedback from LPC members as in any ideas to improve
NL – commented have we had enough time to address and reflect on the summary outputs of the review
LK commented that the document was sent in advance of the meeting for feedback and review and any further thoughts could be shared with CI/Chair post the LPC meeting to incorporate

Executive Committee Authorisation

AT- commented that executive committee have ratified the response to common themes such as effectiveness, contribution of members and highlighted key recommendations in this LPC meeting to action
SK – commented that ongoing feedback would be welcomed and incorporated at any point in time
AV – commented that the summary of outputs of member review is document is a very good piece of work and recommended reviewing after 6 months. r

AV also commented that the purpose of the meeting and outcomes to be delivered needs to clearer

Authorisation by Executive committee should be accepted in certain cases and committing to implementation is more important rather than discussing issues in LPC meeting repeatedly which will add more value for money for contractors

MI- commented that whilst the executive committee provide direction and steer the LPC members would need to be consulted agree to it

SA –commented that Executive committee should make decisions in certain cases and deliver to promote efficiency and avoid extensive debate.

SK request all LPC members to provide feedback – to any of the executive members on any other issues for consideration outside of the LPC meeting.

Chairs Report

SK commented that that written report not provided this month to date

Action: SK to complete written report and upload to drobox

Updated that he is supporting a contractor and has identified Key themes and signposted to the resources required with advice and support

Quality Payments and Contractor Concerns

JL – raised 3 have not updated their NHS choices profile to achieve the quality payment
SH commented she had Submitted early and this required planning and organisation
LK commented that some contractors in other parts of the country were unaware of the funding cuts and QP

JL commented that Understanding where do our contractors sit is vital – cash flow is in turmoil which in some cases resulted in not being able to pay purchases when funding cuts hit i.e. Less income in January didn't meet the purchases

NL – proposed that the terms of reference for the LPC could be amended to incorporate LPC members as mentors for contractors for the LPC – as the LPC an important role

RA – proposed another LPC supporting strategy work and quality payments –divide up LPC contractor base amongst members – to communicate and support contractors and low coverage of the contractor base –The strategy executive meeting can assign budget to the work stream if needed

LK – agreed with the comments and highlighted that the LPC does not now have data to identify engagement of contractors and will request the PSNC for the data so we can devise a targeted approach to engage those not involved in QP or needing support

SK action: Develop a proposal to share key issues with contractors

LK action: assign members to stores to am in contact, support and communicate key messages to the assigned contractor base and provide feedback to the LPC as to where support is required

AV – raised that LIPCO supporting contractors for quality payment for achievement

SA – is it a skill or a will issue – this needs to be identified and how to upskill and support them and upskill them

SK – summarized the

Treasurers Report

Lloyds Bank account to be closed and funds transferred to Barclays to ensure one account only is open

SH is currently a signatory on the account

HLC champion funding from HEE is kept separately

PSNC invoice paid £29,000

52 weeks £8.50 12 hours 5 weeks' pension requirement

JL commented offer to join new admin recruit to the pension

AT proposed £78.00 per year accounting software paid for pension processing

CO pension will be live in May – all set up

Bank rejected signatory request from SH rejected due to signature differing

MI, AT, and SH signatory set up with bank in process

£23,000 monies received to support HLP from HEE

Two accounts only – one for HEE funds and one of all other business

£137,00 account buffer of £115,000

15,000-month income received

LPC reserves are more than the recommended requirements

Use of LPC funds to support contractors

NL – use contractor monies effectively. provide a levy holiday or money back

AT- proposed to use funds to support contractors with visits via LPC members

JL – recommended requesting data from NHSE regarding the engagement with the quality payment

SK – summarised the discussion

AT proposed taking a vote in the meeting for a 2 months' levy break for contractors

LPC discussed financial position and LPC reserves with no further indication from PSNC that additional funds for JR will be needed.

It was considered that the LPC should engage some funds towards supporting some contractors to meet QP criteria and support by way of a two-month levy break

To be announced at AGM meeting

LPC unanimously voted in favour of the proposition to support contractors during this challenging financial climate.

The LPC have worked to reduce unnecessary expenditure and negotiated better terms for venues and placed governance structures in place to ensure expenditure for attendance to meetings, remuneration and expenditure is approved in advance which has placed the LPC in a good financial position.

All LPC members agreed that funds should be used to support contractors more effectively.

Business Strategy Planning session – group session and feedback

Contractor Engagement

Identify support needed for contractors to meet contractual requirements

Obtain QP data

Promoting CP services to public

Passive engagement via survey met

Proactive engagement every quarter with contractors via LPC members

-ensure its measurable

-measure uptake assessment to drive activity

-who and how many

-RAG tool to use as a baseline for contractor visits

-Regularly Review Services in LLR – challenge commissioners sharing data

-advising contractors to inform GP's of advanced services

-Comms to explain the new commissioning landscape

-so, what and now what – keep messages clear and simple

Action: RA and SK to share RAG tool

Action: consider pharm data subscription

Action: JL to investigate obtaining baseline data for usage by the LPC for visits and payment

Action: LPC to develop a toolkit to share advanced services information with GP practice

Communication and Engagement

-up to date events calendar – housekeeping

-recruitment of admin to support

-Meeting minutes LPC to be distributed within 2 weeks of meeting

-record of comms for contractors on website

-simple table of services contact details sign up renewal date, contact details and how to claim

-assign stores to members to support proactive engagement

-keep messages SMART and simple

-update on LPC, RAG rating tool, support needed

-Structured identification and engagement with commissioners

Action: LPC members identify who and what we want from them at each meeting

Action: LPC members develop contractor engagement messages

Action: assign contractors to LPC members for engagement, collecting feedback, deliver key messages, and support

| | | |
|--|---|--|
| | <p>LPC members to identify key achievements for AGM</p> <p>Summary KPI's achieved</p> <p>Support delivery of flu vaccination x 10,000 delivered in LLR</p> <p>HLP delivery and Support (leadership training, hlc champion and support)</p> <p>Funding Cuts Support and Business Workshop</p> <p>Raising CP profile nationally and locally ; media, MP;s engagement with love your pharmacy, BBC radio, BBC news; leicester mercury and MP sites</p> <p>QP support – events, updates and toolkits – contractor support</p> <p>Governance and Financial Management</p> <p>Dom Mur</p> <p>Champix PGD</p> <p>BBV testing pilot</p> <p>Engagement with NHSE , commissioners and providers</p> <p>Mitigation Workstreams</p> <p>Pharmacy prereg payments</p> <p>Contractor payment issues for local services</p> <p>GP practice and Pharmacy issues</p> <p>NHSE and CPAF support</p> <p>Contractor queries support</p> <p>Managed Repeat removal</p> <p>Branded Generics</p> <p>Turning Point rate reduction</p> <p>NHS mail issues</p> <p>QP – nhs choices support</p> <p>MDS issues</p> <p>Issus with Capita/PCS</p> <p>Markey entry – Contracts subcommittee</p> <p>Response to consultations</p> <p>Pharmacy integration into local NHS /STP /BCT engagement</p> <p>Flu issues resolved with LMC</p> <p>Other values</p> <p>Age UK Loneliness Prescription Service</p> <p>Diabetes foundation Training Module development with LDC</p> <p>Oral Health Campaign</p> <p>Salbutamol in Schools initiative – on development</p> <p>Integration of pharmacy in local NHS plans</p> <p>Cash values</p> <p>£100k domiciliary MUR NHSE</p> <p>£6000Pharmoutcomes commissioned for flu via NHSE</p> <p>£30K HLP funding via health education east midlands – city</p> <p>£26k HLP funding via HEE national team via LPNWM</p> <p>Champix PGD service stop smoking county</p> <p>Needle Syringe Exchange</p> <p>Fluenz LPT pilot</p> <p>Good management of LPC funds to allow levy holiday and support PSNC JR with 23k</p> <p>Prereg payments 15k x 19 contractors – payments made and compensation</p> | |
|--|---|--|

| | |
|--|--|
| <p>SCR rollout support £200 per contractor</p> <p>Development Work streams Cardio respiratory service Polypharmacy Fluenz Post Hospital Discharge MUR MUR/NMS referral STP engagement Governance and business plan for LPC to add value to contractors Falls Prevention EM community pharmacy strategy group – to develop at scale pharmacy services</p> <p><u>NHSE – Visit</u></p> <p>Kay Bestall – Contracts Manager for NHSE (covering West Leicestershire CCG) Kieran Leigh LLR and North taking over Lesley Harrison’s role – Assistant Commissioner Manager taking over Lesley Harrison’s role Ben Collins – NHSE Contracts Support</p> <p>New secondment – 10% comes back to NHSE and currently NHSE are recruiting a band 7 post to focus on Pharmacy work as additional resource to the existing team due to competing pressures faced by the team and ensure dedicated support to the role.</p> <p>3 Co-commissioned Contract Managers Kay Bestall – West CCG; Salim Issak – East Seema Gaj – City CCH Previously arrangement for co-commissioning as a secondment to CCG to report back to GP. New position to concentrate on LLR.</p> <p>Lk requested update on the role of head of primary care as well as wider strategic direction for GP and Pharmacy workforce and workplan as well as integration.</p> <p>SK – raised question around engagement of LLR with directorate regarding Pharmacy Integration.</p> <p>NHSE responded that Bhavisha Pattani sits on Pharmaceutical Services Regulation Committee which discusses as well as contracts, changes, and Pharmacy contract.</p> <p>SK requested targeted support information to support contractors with QPS.</p> <p>LK/SK requested steering group and regular contact for integration, work stream development; discussion of integration teams and requested data to allow the LPC to target contractors to ensure compliance and provide support for engaging with QP.</p> <p>NHSE expressed consent need for individual pharmacies LK requested General trends; as opposed to individual branch data would help visibility</p> <p>AV raised continued issues with NHS mail</p> | |
|--|--|

LK provided update on escalations of LLR audit of NHS mail issues to NHS digital due to numerous queries being raised by contractors and LPC having no visibility of overall status

LK requested update on LPS contracts status

KB – LPS contract ended 31st march – moving to consultation change – now move to stakeholder engagement. Purdah is causing issues to say can LPS consultation go out before general election. Payments will be made to the end of June.

SK raised cash flow issue if payments not made in time and highlighted the need for adequate notice to be provided to contractors to plan financially for the future and remain sustainable otherwise there is risk to viability.

LK asked whether LPS payments are still outstanding as contractors had delayed payments. NHSE confirmed this has been resolved.

AV cascade to LPC and then put on website re: health promotions and audit request
6 health promotion campaigns paid for and will be essential to HLP

LK raised request for 12-month health promotion campaigns and advance notification as this is vital for planning and meeting the contractual framework and the HLP accreditation requirements to engage.

Lk requested NUMSAS update

NUMSAS – 23 pharmacies live and referring
52 requested sign up and only 23 are live
LK raised issues and SK requested meeting to resolve NUMSAS

NHSE and Pharmacy audits submission to NHSE – timeframe not confirmed – NHSE are awaiting national guidance

JL recommended link in with the national audit and AKI in pharm outcomes to NHSE for adoption
Action: Share AKI audit data

NL – highlighted that how can the LPC proactively manage and support contractors – NHSE advised Pharmacies are advise to the contractor to contact the LPC if they would like support

Action: Provide headed letter LPC to offer contractor support If they needed

Leicester City CCG

Jeremy Bennett

Strategy and Implementation CCG Manager

JB highlighted that Contribution of Community Pharmacy not acknowledged
Increase in 4000 flu vaccinations delivered in 2016-17
Trends show contribution of Pharmacy is significant

Competition has improved uptake of flu vaccination overall

SK recommended a news story via the CCG regarding flu uptake in Pharmac.

LK shared Flu figures for CP and potential of CP to support uptake as done in the Leicestershire Flu Planning meeting.

SK/LK discussed potential of care homes, care home staff, front line staff and care home

SK proposed models of elsewhere in the country

RA raised that it's good news story – what good PR can we expect even though

JB proposed that we can make people aware and break down the messages
With Opportunities to use local media with the comms team to develop PR for CP
SA – recommended patient testimonials to be included in the

2 other areas of focus

Unidentified Carers

Leicester health and wellbeing have identified 11% have unpaid carer responsibility in Leicester city

They need to speak to someone – to understand there is a resource and a mechanism identify the carers in the community and identify their needs to make a better service as well as an ensuring they have a flu vaccination, signposting, and mental health support if needed.

SK/ LK asked for a Community Pharmacy Proposal

SK recommended to put together and identify carers; articulate benefits; come back to the LPC to highlight how Pharmacy can support

JL highlighted that County PH provided leaflets for NW district council for carers which were well received and supplies were finished within a few days and proposed a similar model could be adopted

NL highlighted issue MDS capacity and support for medicines optimisation

LK raised that signposting and providing referral service list would be useful as per JL's feedback

When medicines changed – a phone call would be sufficient to reduce anxiety around changes in medicine – registered youngest carer is 9 years old and a new CPPE resource is available. Importance of highlighting that carers can speak to the pharmacist to get advice on medicines.

LLR falls programme

City have stepped back from the LLR Initiative that was being developed

Converted secondary care and community care and didn't address primary care

Dr Dill Lakhani talked about POLYPHARMACY

Identified Potential for MUR/NMS in Pharmacy to support Polypharmacy

LLR business Case does not include Pharmacy currently

Action: share polypharmacy presentation with Jeremy Bennett

Head of Medicines Management – Gill Stead

Update on Cardiorespiratory business case

Proposed Integrated approach to pharmacy in this work stream

Consultant Respiratory Pharmacist Anna Murphy provides Patient pathway asthma and COPD MUR service information

CCG Recognise value in delivering the service through CP

Scoping group in place who have attended a planning meeting with SK/LK

Respiratory pharmacist will be recruited by September

Next steps – addressing barriers to uptake and service development

Template to be used – SIMPLE as an example

Uploaded to patient record

Aim to provide a high quality consistent MUR using Training and upskilling gap, practice staff and pharmacists

SK recommended identifying methodology as a first step to integrate pharmacy

LK Identify key points of leverage, adopt a standardised approach to promote consistency

SK highlighted that Previous COPD service delivered positive outcomes.

NL welcomed the idea

NL raised points of integrating CP and recognising and acknowledging CP as part of pathway

RA – raised the issue of national template already existing and GP's not picking up recommendations to action through MUR's delivered through pharmacy.

It is not seen how accountable the GP is and what has been actioned

Recommended this would need to be looked at as a MUR + service – incentivised payment as the standard template exists and any further activity would warrant additional payment

JL – follow up that provides the most value – still have root in interventions as they see it integral to care

SK summarized outputs and concluded that a framework is developed which would be aligned to the national template

LK provided overview of building the relationship with GP's – and breaking the barriers between the professions and ensuring interprofessional working relationships are developed should be a crucial part of the proposition

PD –recommended engagement with the GP practice as on occasions they had to be called personally to ensure they action interventions – as paperwork gets lost in translation and not actioned

GS highlighted Right Care Report – respiratory cancer and mental health as 3 key areas for LLR to focus on

People want to engage and GP federations want to engage and become sustainable in the future

Integrated team – consultant pharmacist Anna Murphy is well respected well known and medicines optimisation team are fully supportive of the initiative and is a great opportunity as a first step to integration.

| | | |
|----|---|--|
| | <p>SK Working through a federated model via practices and pharmacy in that area – get federation buy in and operational support – ensure the whole workforce is upskilled and see the value of the programme Rolling programme and IT integration essential for data collection and audit</p> <p>SK champions an area representative pharmacy for a champion all work today to help implement this</p> <p>GS said All the Pharmacist need to own the process and raised concerns about consistent engagement LK recommended that Expressions of interest could be used to identify pharmacies that will deliver which has worked well for other services. Action: LK to collate feedback from LPC to feedback to group.</p> <p><u>Yashvant Lodhia Medicare – Contractor Visits to the LPC meeting</u></p> <p>YL identified that each time all deadline is piled up to complete between January and March putting undue pressure on pharmacy in the backdrop of funding cuts and increasing workload Recommended splitting the workload into quarters rather than piling it into a short timeframe e.g. CG deadlines, end of year submissions and QP. The current change management requires a lot of manpower and is pressured Make life simpler – and phase it in a period in a planned fashion</p> <p><u>Garry Myers – PSNC regional Representative</u></p> <p>Provided update on JR and date of announcement is pending Sue Sharpe Chief Executive of the PSNC has announced retirement at the end of 2017.</p> <p>SK requested feedback for LPC meeting held from members.</p> <p>Overall LPC members felt the meeting as was positive, productive, and well structured.</p> <p>Recommendations to reduce extensive debates on past issues Refer questions to external visitors to the chair Maintain positive stance with external visitors and put any concerns regarding specific incidents to the chair for post meeting follow up Reduce session time and focus on solutions and value to contractors</p> <p>For July meeting ; complete MBTI exercise</p> | |
| 4. | <p>Chair’s report To be uploaded to dropbox</p> | |
| 5. | <p>CO report Read then let me know questions/concerns.</p> | |
| 6. | <p>Vice Chair Report None</p> | |

| | | |
|----|-----------------------|--|
| 7. | Meeting Closed at 5pm | |
|----|-----------------------|--|