

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 20th March 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)
	Sue Hind (SH) leaving at 4pm – Vice Chair	Mohammed Ibrahim (MI) left at 12pm
	Adam Thomas (Treasurer)	Rafica Ahmed (RA)
	Pallavi Dawda	Liane Hannah (LH)
	Jane Lumb	Deep Patel
	Mohammed Sattar	
	External Visitors – contractors 4-5pm	
	Yashvant Lodhia – Medicare	
	Tanuja – Wigston Pharmacy	
	Krunal Shah – Omcare late night Pharmacy	

CLOSED SESSION

1.	<u>Apologies for Absence</u> Chris Stredder – left awaiting new CCA representative	<u>Action</u>
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<p>2.</p>	<p><u>AM session 9-1pm</u></p> <p>LK and SK conducted LPC members review – for all members Outstanding reviews – Deep Patel and Mohammed Sattar Action LK to collate the data to collect key themes summary to take forward To grid the MBTI profiles for each member on a collective grid with traits for better team working</p> <p><u>LPC members</u></p> <p>LPC members requested to RAG the stakeholder map in order of priority – completed LPC members requested to provide overview of LPC value added activities for AGM report later in the year – not completed</p> <p>LPC discussed AGM meeting and value of adding it on to the end of the LPC meeting in July 2017.</p> <p><u>Treasurers Update</u></p> <p>The budget forecast for 2017/2018 and spread sheet were presented to the committee.</p> <p>Spread sheet factors in additional payments for pension contributions going forward.</p> <p>Treasurer (AT) requested backfill for an additional full day in April each year (if needed) to finalise all the end of year payments and draw all the accounts and invoices together ready for external accountancy audit. Also, scope in the budget and committee agreed for treasurer to claim a half day backfill each month (if needed) where workload increases and multiple payments are due.</p> <p>Budget forecast still allows for CO admin support - need to act on this now and recruit asap to help Luvjit.</p> <p>AT- Discussed personal PC issues where the treasury spread sheets have been converted to "open office" documents rather than excel on Dropbox and may not open on other machines or devices. AT trying to resolve this.</p> <p>Altaf mentioned there may be a spare LPC laptop at Brandon Street that could help? Action: AV to liaise with AT and confirm</p>	
<p>3.</p>	<p><u>Welcome from Chair</u></p> <p>Declaration of Interest and Code of Conduct Pallavi Dawda works for NHSE as a Pharmacy Advisor</p> <p>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.</p>	

4.	<u>Approval of Minutes – January 2017</u> Minutes read for accuracy. Proposed by NL seconded by RA Ensure old versions are not available on dropbox in future Requested SK for November signed minutes Matters arising – none	
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5.

Seema Gaj – NHSE update

CPAF Visits

SG confirmed that 4 pharmacy visits chosen to visit by NHSE covering 2% of the population 4 in the city, 2 in the east and 2 in the west

One branch performed to a high level

Two scored slightly below as SOP out of date. to be followed up in 3 months

Common issues included; SOP out dated; no signature and no locum induction pack

One branch has improved significantly since the last visit

LK requested that NHSE identify common issues and inform the LPC to communicate to prevent going forward reoccurrences

Changes In personnel

Priya Chavda has left and role is being supported by Nafisa

Easter and bank holiday to be communicated in due course

NUMSAS Update

-10th April go live date

LK fed back that contractors expressing interest to provide NUMSAS have had no acknowledgement of receipt

LK also requested list of current list of numsas providers to support

Actions for NHSE

To complete visits and feedback outcomes to the LPC

Identify key themes to highlight to contractors

Understand what good looks like in key areas as contractors not clear about the standards in some cases

NHSE to update LPC on NUMAS progression in advance to help contractors prepare for the go live date

Louise Ross – Stop Smoking City

Reducing number of pharmacies providing service based on performance

CP have provided a good performance to date but some not performing well

e.g. one pharmacist set 48 people quite dates only 8 achieved

dispensing and letter of recommendations will continue

confirmed that Champix PGD will not be developed due to budget constraints

in 18/19 PH budgets, will be reduced and will have an impact on the service

will support contractors delivering well to continue but poor performers or low uptake

areas will be reduced

unlikely to be a public consultation

SK requested potential of stop smoking in the STP plans and has it been considered in the prevention agenda. No outcome provided
LK asked if Cost model adopted will remain the same – no change anticipated as confirmed by LR
LK/SK provided HLP pharmacy update for LLR and aligning this to HLP level 1 accreditation
NL commented contractors are focussed on quality payments and other national priorities now
JL commented that public awareness of decommissioning as in the county patients complained and were not aware of the changes causing upset and disruption. advised to inform the public with them

E-cigs update

SK proposed an opportunity – for ecig’s starter pack to provide as a starter delivery included in the planning

JL highlighted opportunity and contact details to be shared with Louise Ross to take forward

EHC training dates

Action: Public Health County date follow up EHC training dates for changing personnel and new pharmacists in additional training

Declarations of interest

No new declarations of interest

Garry Myers – PSNC

Judicial Review Update – information to be released in the public domain in due course. No new updates provided at this time

LLR Executive committee elections March 2017

LK confirms no written expressions of interest received for executive committee elections 2017-18

SK explained that he would continue role as chair
He currently provided he was providing ½ day a week as per the full LPC agreement last year in November when he took over from Sejal Gohil.

SK expressed that he does not believe the chair needs 4 x ½ day per month

SK Proposed 2 x ½ days month and proposed 2 x half day floating days if meetings need to be attended and other support work for the LPC needs to be undertaken only if required.

AT: confirmed £ 500 budget a month - £250 for 2 x ½ days and £250 for 2 x ½ days for floating days (to be used if required)

All committee voted in favour of the new proposition for chair remuneration.

All committee voted in favour of the proposition for march full day payment and ½ floating day per month

Actions: f & G AMEND EXPENSES POLICY TO REFLECT NEW RENUMERATION RATES AND AMEND TO SUBMIT CLAIMS WITHIN 3 MONTHS BY AT and AV.

SK proposed the financial position of the LPC was highlighted the treasurer, considering the uncertainty of the judicial review and current climate we maintain the current financial position subject to outcome of judicial review.

LK confirms no written expressions of interest received

Request for EOI for chair voted x 8 (SH, AT, AND SK)

Request for EOI vice chair – voted x 8 (SH, AT, AND SK)

Request for EOI treasurer – voted x 8 (SH, AT, AND SK)

NL is an elected member and will remain in office till elections in 2018.

Contractor Visit LPC meeting to provide feedback

Guests attending

Yashvant Lodhia – Medicare

Tanuja – Wigston Pharmacy (representing Paresh Chauhan)

Krunal Shah – Omcare Late Night Pharmacy

Main concern is removal of prescriptions – ELRCCG

Large impact on where we are located

All surgeries moved over to the health centre and are the first port of call

Patients in last 30 years' direct pharmacy as how they want help

One surgery only adopting ERD – far and few between

Two surgeries based in health centre – and had no engagement from surgeries

Letters came out which was explained to patients – there is an option 3 and explain that Patient impact included;

too far to travel to drop repeat (Wigston Harcourt) for elderly – they can't get there and have to take 2 buses or taxi)

Patients finding it difficult and would be better to allow to the phone and order as they may not have internet access and mobility/travel issues

Glenfield had no notification prior and communication was poor. Advised the pharmacy to engage with the surgery on a case by case basis by providing rationale and would prefer

AT/JL advised to keep an eye on nominations and ensure patients are nominated.

<p>SK advised one of our regular patients to OOH pharmacy and was coerced into being nominated into another pharmacy despite wanting to remain with current pharmacy</p> <p>LK advised ongoing issue escalation to CCG regarding issues, meetings held with AT to resolve and issues also raised with Primary Care Contracts team at NHSE and issues being resolved</p> <p>Action: add nomination advice to newsletter to encourage nomination levels to improve and track outliers</p> <p>LK advised that low nomination rates for some pharmacies have been highlighted by CCG leads</p> <p>Action: obtain data and liaise with PSNC and NHS digital and send guidance via LPC</p> <p>MS to clarify the Well Pharmacy process regarding nominations</p> <p>AT advised – checking the items in the bag, advise patient to pick up earlier and checking CD’s prescriptions separately. Engage with the surgery and have a process to follow so that you minimise problems.</p> <p>SK advised facilitated meeting if required NL highlighted same issues within the Market Harborough – regarding high levels of nomination in Pharmacy close to GP practice</p> <p>LK advised that all issues have been highlighted to NHSE for resolution</p> <p>Advise FAQ what if happens – a list of good practice options JL advised 28-56 days – not measured – staff time saving with batch prescribing to highlight for batch prescribing</p> <p>Action: JL to provide Business case of benefits of erd Action: Provide FAQ on best practice and advice on nominations Action: LK to attend PLT matters when opportunity arises – east CCG have proposed attendance of LPC at future meeting Action: LK to speak With MS to clarify Well process outside of LPC meeting</p> <p>KS commented – surgeries identified not to issue paracetamol and And not do over 65 and must suddenly leave the house and may have difficulty</p> <p>PD clarified this is the case with paracetamol as new policy</p> <p>AV clarified implementation of changes deprescribing without training Individual practices making decisions on deprescribing and paracetamol – policy and procedures aren’t being communicated and followed</p> <p>YL highlighted issues regarding reconciliation and wastage</p>	
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-if you have a 28-day prescription and another doctor writes 2 months leading into syncing issues
-E.g. 112 prescribing not 120 to reduce wastage

NL wrote a guide for receptionists

JL proposed developing this tool

Action: NL to provide information on previous guidance and share with LK

Regarding Reconciliation, synchronization, medicines optimisation,

NL provided an update on training events and education programme commissioned by the CCG historically

Action: develop a toolkit for receptionists and possibly face to face engagement with practice managers to help understand the process and integration

Some patients have not been supported and trained to enable the ordering process changes

YL highlighted that no DMD coded items and selecting manufacturer specific brand result in non-payment and returned items from the PPD

Advised to highlight issues to the local GP practice

Action: LK to write to the CCG and highlight in communications to all contractors via newsletter and email

SK highlighted issue to the MM team In City

YL raised electronic prescriptions – that's not a regular patient – our pharmacy checks to see if they want us to deliver and dispense the item.

Other pharmacies are claiming the items prior to delivering the item. dispensing is when the patient receives the medication and at that point will be claimed

Action: raise with YL and clarify issues: gentle reminder to contractors to adhere to national guidance and protocols

MDS issues

Capacity issues raised within CP as some pharmacies won't take any more on due to staff shortages and funding cuts

Community Nurses – how are they trained and advised on referrals to MDS
e.g. for single items

NL - Pressure is coming from social care and carers as they can only prompt not administer – this is a wider issue that needs addressing

Contractors need to follow national guidelines, perform an assessment, and provide support as per DDA guidelines.

Action: NL to provide Assessment form available

LK: to raise issues with NHSE and MM

LK confirmed that MDS issues have been raised to all three CCG; s and NHSE regarding capacity and has been raised as an issue for resolution at LMSG STP MO discussion group

Raised issue that CP locally said that only a verbal not a written consent to be required. For nomination. To be clarified with the PSNC and send guidance to contractors

Admin Support Recruitment

LK sought clarification of admin budget and support

LH questioned progression of admin support recruitment

LK highlighted that no actions were taken to support previously as per the action log of previous meeting

LK proposed that recruitment will be addressed by chair and CO going forward

Agreed budget as confirmed by Treasurer and LPC committee

12 hours a week

£8.50 per hour (5k budget)

Suitable applicants

Pension requirements

Holidays 5 weeks

JL proposed that the budget should be used as CO deems fit and arrange

Outstanding Action Log Updates from March 2017

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&G policies to track and audit progress – available on dropbox - review required by F and g

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

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

	<p>To be completed In May meeting</p> <p>Under the following headings to feed into the AGM report; Define cash values Other values Mitigation work streams Development Work streams Incorporation of summary statement for inclusion in KPI's through KPI's</p>	
6.	<p><u>AGM Report</u></p> <p>LPC agree that Value of individual LPC members – key works, contribution, and accountability to be incorporated into the annual report.</p> <p>To be followed up and completed in May meeting</p> <p><u>PSNC RAG Governance</u></p> <p>Updated by full committee – process still not finalised Action: Complete process in the March Meeting</p> <p>To be followed up and completed in May meeting</p> <p>Action: LK requested feedback for dropbox from committee members for amendment</p>	
7.	<p>Chair's report Uploaded to dropbox</p>	
8.	<p>CO report Read then let me know questions/concerns.</p>	
9.	<p>Vice Chair Report None</p>	
10.	<p>Meeting Closed at 5pm</p>	