

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 21st November 2016
Holiday inn express, Filbert Way, Raw Dykes Road Leicester LE2 7FL
9-5PM

Meeting Minutes

Present:	Sejal Gohil (SG) -Chair – left at 10.30am	Altaf Vaiya (AV)
	Luvjit Kandula (LK) - Chief Officer	Rafica Ahmed (RA)
	Jane Lumb (JL)	Chris Stredder (CT)
	Neena Lakhani (NL)	Sue Hind (SH)
	Adam Thomas (AT)	Mohammed Ibrahim
	Yashvant Lodhia (Contractor attending LPC meeting 1.45pm – 4pm)	
	Garry Myers (PSNC Regional Representative) 4-5pm	

CLOSED SESSION

1	<u>Apologies for Absence</u>	<u>Action</u>
	Lianh Hanah (LH)	

2.

Declaration of Interests and Code of Conduct

SG welcomed committee to the meeting.
No declarations of interest except MI updated CO on email which has been updated on dropbox

Chair nomination and succession planning

SG obtained a new role and is no longer CCA representative.

SG discusses capacity issues to continue the role having considered an employed chair role with the executive committee. The executive committee discussed at exec meeting and proposed SK (Vice chair) to provide interim support in the capacity of LPC chair till March 2017.

NL proposed that this can create capacity issues and therefore should be appropriately renumerated.

LK highlighted the need for delivery support at this critical time to achieve tangible outputs. LK highlighted that no admin support means CO is picking up administrative duties since February 2016 equating to 12 hours employed time a week and therefore requested delivery support rather than strategic advice from members and chair going forward. Difficulty keeping up with admin and all emerging changes therefore some items get delayed

JL – agreed the proposition.

LPC committee agreed Set amount of hours and honorarium payment.

SK highlighted he will support this arrangement this till march 31st 2017 at which point it will be reviewed.

Proposition;

£100 honorarium

£125 (4 hours a week) (£ 500 month)

Preapproved time for other meetings if required – 1 extra day a month for meetings equivalent to 4 hours a month

Actions : SK – document, review and report to the LPC meeting in a structured way agreed with CO.

Voting outcome

Vote – all LPC committee members in favour and agreed the above proposition.

Propose by NL and seconded vote by SH.

Vice chair nomination

NL nominated herself to support but highlighted capacity issues but will continue on the LPC till march 2017 subject to review.

SH has agreed to step in as Vice Chair moving forward till march 2017

SG announced leaving the committee at this point as handover and agreement as chair succession has taken place. We thank Sejal for her contributions and support over the years both in the capacity of an LPC member and as Chair of the LPC.

SG left at 10.30 am.

Meeting minutes and action log

July 2017 minutes approved.

Proposed by SH and seconded by AV

Signed off at November meeting as committee was not quorate in September.

September 2017 meeting minutes approved.

No amendments required

Proposed by NL seconded by AV.

Independent LPC vacancy

LK confirmed 3 interested candidates

2 had not sent complete nominations before the deadline of 16th November 2016.

LK spoke to Mike King (PSNC) to query two independent member of the LPC being from the same group. MK confirmed this is acceptable to fill a vacancy but not in an election.

Only one complete nomination received by the deadline

7 voted for the independent nominee and 1 vote abstaining

Write to Pallawi Dawda to inform her formally

Action : Formally write to the others to let them know as incomplete nominations

Action: define the nomination process as a governance procedure and incorporate into ways of working by SK and LK for ratification

LPC structure and subcommittees review discussed to check fitness for purpose and delivery. LK highlighted inconsistent approach and delivery of workstreams to support LPC through current structures.

Review Committee Update (JL,SH,RA,LK)

All applications up to date and responses submitted

JL commented deadlines for committee review contracts should be done more in a timely manner.

RA commented that responses were completed in accordance to NHSE deadline.

Action: Set deadline two weeks after response received to ensure timely responses provided and prevent outstanding items to chase regardless of NHSE deadline.

PR/comms committee Update – no update provided (AV, LH,MI)

Last agreed actions at visioning day in June regarding writing and producing LPC newsletter by PR committee

No LPC newsletter content or update provided to CO.

CO actioned in October as previous

No actions/Reports/Meetings took place since then

AV supported LK with promotion of events through networks

Services committee Update (SK, MI, NL)

MI and SK met to discuss service proposition to be proposed.(Apologies – NL)
Minutes of meeting uploaded to dropbox completed by MI
No previous actions or updates provided followed up since July 2017

Review committee Update (JL,SH,CS)

LPC need to agree KPI's and then review progress of workstreams
And performance review on that basis

Finance and Governance

No meetings held since July 2016
AT lead to and we have one vacant post in finance and governance. AV has offered support the committee if required.

NL raised the terms reference review in light of the changes.

Action : to be reviewed by Finance and Governance

JL proposed supporting the LPC priorities and have different projects that lead on the project that can pick up individual pieces of work and project manage, work out the key priorities and have leaders for each individual work stream.

One person needs ownership and accountability.

RA said it would be better to have a few pieces of work and achieve on those and leverage the expertise

AV – proritize workstreams and LPC membership accountability. If we don't have capacity outside the meeting instead focus on a few big wins and deliver those.

Summary

SK: Rather than having a subcommittee structure we look to all LPC members that have capacity/skillset. Can have implications on the budget which need to be considered.
The project management defines time via exec for approval.

AT: LPC finances in a healthy position and using this money more effectively in support structures

LK : recommended that having one or two key workstreams and achieve those in line with the agreed objectives rather than pursuing multiple workstreams and achieving no outcomes.

SH : recommended retaining subcommittee structures will remain but Project leaders and teams will be assigned on lpc agreed workstreams

Proposition :

Examine the business plan the action will be assigned to individuals

Action log in the business plan will reflect volunteer individuals leading on workstreams

Voted in favour by all members

SK recommended that all members will come to feedback to identify capacity, and give any report via written reports updates

Action : lk/sk to set up a template for members to complete a feedback/review

Presentation of Key, goals and mission

SK to gain approval from committee members of the summary document

Action : LK to tidy the formatting up

Action : agenda items within specific timeframe – 1 weeks before

Action: use google calendar to communicate regular meetings attended by LPC/CO contractors and LPC

Action : action logs and minutes 2 weeks after LPC meeting

Action : add to the CO section summary of minutes and action logs and send two weeks before

Action: exec committee support stakeholder map

Action : change – bimonthly meetings page 5

Action: set exec meetings 2 weeks before the meeting

Action: add lpc member feedback verbally to provide updates and templates

And ways of working exec meetings

SK : Approved by the members in principle subject to amends share with public facing Contractor

Review of Goals and Business Plan

Review of Pharmoutcomes- Self Assessment template by all committee members as a baseline measurement for performance

SK recommended - Review of operational business plan

AV : recommended mapping the pharmoutcomes self assessment to the business plan

Action :LK : change name of document “ways of working” to “strategy document” and ways of working to be a separate document.

Action: LK/Exec : narrative around strategy required for the summary document

Independent Contractor Yashvant Lodhia from Medicare visited Open part of LPC meeting from 1.45 pm onwards

Treasurer Update

Update on expenditures provided.

AT highlighted Additional signatory needed since RaJ Vaitha left to allow payments to be made and ratified by a second member.

mohammed Ibrahim has agreed to become additional signatory.

Vote on additional signatory

All LPC member agreed that MI should be the additional signatory on the LPC accounts in addition to SH to cover leave and other uncertainties

LK linked with Arden and GEM CSU to facilitate Health Check For NHS 111 staff via pharmacists which was backfilled and paid for.

Volunteers and attendance by SK and AT facilitated by LK
 SK – requested by Stephen Taylor to attend the next LPC meeting regarding queries relating to ooh, emergency supplies and other issues relating to OOH.

AV – queries relating to minor ailments has increased and capacity in the hub has reduced.

LK updated that MAS with City and West has been followed up with MM team to define status and review date. At this stage – no update has been provided.

AT updated committee Barclays – new form signed by LK for LPC card
 Total 117k 30 k payment so need 60k for reserves
 balance 80,000
 Average monthly spend is 5-8,000 a month
 Allocated effectively back to contractors

CO review – formal pay review update by letter still outstanding since July 2016.
 Action : to send CO letter for acceptance and review (AT/JL to support)

LK updated committee on MP follow up after house of commons – letters sent to 5 MP's on behalf
 JL response received from Andrew Bridgen

Review and development of KPI's for LPC
Pharmoutcomes self -assessment

Lk proposed to the regarding the urgent need for HLP platform and multiple service platform at 13,572 per annum as a value add spend more money to support contractors. NHSE are looking at possible funding this regionally but there are no timelines for action.

SH we need to be a ready to go platform for multiple use
 AT agreed to use pharmoutcomes and thinks it would be good use of money
 AV highlighted the benefits of the pharmoutcomes
 SK highlighted benefits of pharmoutcomes and Understand why to use it and
 JL proposed sense check for usage and payment via the LPC LK
 summarized use of pharmoutcomes and benefits – achieve quality payments , HLP, NMS/MUR referral, post hospital discharge MUR and CPAF
 Yashvant Lodhia commented that this would equate to £5 per contractor per month and is a good use of contractor money
 Action : Liaise with Kevin Noble LK and SK

Vote
 To pay for pharmoutcomes platform via LPC funds taken proposed by Sue Hind and seconded by Adam Thomas
 Total – 8 voted for the proposal 0 against

Business Support Workshop Update

LK updated actions; venue booking, national speakers , sponsorship and agenda development, coordination, booking collation and invite
 LK liaised with Contractors on the ground – to get the feedback on what they need during the time of funding cuts for support and meetings

Topics of interest would include PSNC update, CP future vision, operational efficiency, income generation and quality payments
MI and SK to present at meeting.
AV supporting promotion

LIPCO joint training with HLP

Committee agreed that Should be an LPC led event and will be provided to all contractors as funding from HEEM assigned to LPC.
co-branding the event could result in confusion for contractors
HLP is very important make the funding available to all of the contractors
Feedback to the NPA that we will hold the meeting but ensure LIPCO and all contractors are informed

HLP training

RA – plan behind it and a Proper strategy to deliver HLP training need to get from 0-227
Need to aim high and forwardly thought out
LK has been working on the plans; funding obtained, training examined; dates pencilled for jan 2017. Draft documents for HLP produced for review and ratification
Committee proposed support for HLP via HLP team
CCA contractors and staff will be attending the HLP sessions

HLP project team volunteers – SK, MI, NL, SH – lead

Action : Set up meeting and set up whatsapp group – lead by NL

Future LPC meetings agreed with LPC members

Bimonthly meetings and exec 2 weeks before

Monday 16th January 2017

Monday 20th March 2017

Monday 15th May 2017

Monday July 10th 2017

Monday September 18th 2017

Monday November 13th 2017

Monday January 22nd 2018

Monday March 19th 2018

Actions: LK to send meeting invites

Actions Executive meetings Invites to be sent out by LK

Services Committee Update

MI and SK met to discuss future workstreams for Service Development

Get all the SLA's delivery and uptake

NMS, MUR and FLU to concentrate

Plan to better communicate NMS and MUR looking at the MO dashboard

Tools for contractors to use for GP engagement

Number of NMS stickers and improve adherence and link to Notts Evaluation

Allocate a budget from LPC funds to action

If every contractor did 0.5 MUR improvement per contractors would generate break even.

Proposition to design engagement and engage PLT and GP raise awareness.
 JL – do we understand why contractor do not perform. JL demonstrated an example of high dispensing store that does no NMS . Highlighted whether the investment would deliver outcomes without further investigation
 SH : How highlighting this to GP 's will improve uptake ?
 RA : whether the funding will be wise use of LPC contractor money
 For every 250 items you will get one NMS.
 JL : this is dependent on the location of the surgery as in if it is the nearest pharmacy which improves uptake
 MI: NMS perceived to be a higher workload and perceived that way. Potential to improve NMS uptake through education and raising awareness by GP's.
 CS :we need to win hearts and minds : processes in business already exist.
 Lk: JL: offer a menu of service open to contractor.
 AV: instead of focussing on nms – focus on clinical upkilling for common conditions rather than the service
 NL : highlighted need for demand based propositions on contractors
 LK : highlighted having spoken to other CO in LPC's regarding improved uptake of NMS/MUR. This is commercially sensitive and interferes in the work of HO and area managers. We can provide tools and encouragement to improve uptake and in light of national media coverage we must not be seen to push numbers rather than quality of care

SK summary;
 Generally , many pharmacists are not proactive but reactive.
 By having a mechanism I would like you to provide this service for this pharmacist through the sticker on rx by GP practice to engage those not delivering.
 We should concentrate and engage gp practice/pharmacy relationship. Value to a patient is great.
 Develop a proposal effectively communicate to GP to help them understand NMS/MUR.

JL: ensure it is a quality referral and of a high standard

CS: seeing the person beyond the prescription winning hearts and minds

SK/MI to re- look at the proposition to look at engagement to help them

NL – emphasised win hearts and minds of professionals

YL –contractors try to engage with the surgery and no feedback is received feedback – where is it going ? contractors who don't do an MUR – but some always deliver. Some contractors need to step up and improve uptake and use the oportunity. Assisting with all of this is Important. What's happening at the coalface? Variable standards and consistency need to be addressed.

CS : variance is also prevalent in all settings. A process will not change behaviours. Its is behaviour and attitudes that need management

Action : SK/MI to re- look at the proposition, review to re-present to the committee

KPI development

KPI's agreed and highlighted at strategy and visioning day ratified by full committee

	<p>It was decided that the pharmoutcomes self-assessment should be used as the base for the KPI and operational plan should emerge from this to keep measurements output simple and easy to review</p> <p>Action : JI to review KPI's and complete the first draft for review in Januray</p> <p>Garry Myers PSNC</p> <p>Attended and gave a confidential update on funding cuts scenario to date LPC members questioned the need for updates to contractors to help them manage and monitor. Re-negotiations are going on approx. 17p and item reduction</p> <p>http://psnc.org.uk/our-news/the-value-of-community-pharmacy-a-summary-of-pwcs-report-september-2016/</p> <p>PSNC to develop a summary of the CP forward view</p> <p>CP forward view highlights the future vision- funding and margin system</p> <p>http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/</p> <p>Plan to keep providing update at LPC meetings and regularly touch base with us</p> <p>LPC members asked what could be communicated to contractors to provide support</p>	
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16.	<p><u>Feedback and next steps from Committee</u></p> <p>SK closed meeting at 4.45 pm</p>	
17.	<p><u>What's gone well? / Dates of next meeting / AOB</u></p> <p>Next meeting will be held January 16th 2017 , at the new Location Holiday Inn Express, Raw Dykes Road, Filbert Way, LE27FL</p>	

LK -31/1/2017 v1

Signed: (Chair)

Name:

Date: