

## POINTS ARISING FROM COMMITTEE MEETING

The Peepul Centre, Orchardson avenue, Leicester LE4 6DP

Monday 3<sup>rd</sup> November 2014

<b>Present:</b>	Sejal Gohil, Vice-Chair (SG) (Acting Chair) Shezad Alimahomed (SA) Syma Raza Jones (SRJ) Susan Hind (SH) Adam Thomas Jane Lumb (JLu) Rajesh Vaitha (RV) Satyan Kotecha (SK) Altaf Vaiya (AV)
<b>Apologies received:</b>	Neena Lakhani (NL) David Smith (DS) Veronica Horne (VH)
<b>Observers:</b>	None
<b>Sponsors:</b>	None

<u>NOTES &amp; ACTIONS</u>	Member To Action	Action Deadline
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<p><u>Introduction</u></p> <ul style="list-style-type: none"> <li>Sejal Gohil, acting chair welcomed Adam Thomas as our Aimp member.</li> <li>Declarations of interest: None</li> <li>On the matter of declarations, the governance committee will bring the declarations of interest folder to each meeting. The declarations of interest will stay in 3 places; with the CO, with the governance committee and thirdly on the LPC website. Raj has put together a spreadsheet which illustrates at a glance, if any documentation is missing from any committee member. Raj will bring copies of blank paperwork with him to next committee meeting to ensure everyone has filled all relevant paperwork</li> </ul>	SG	
<p><u>Discussion around LipCo.</u></p> <ul style="list-style-type: none"> <li>The LPC does not endorse Lipco but is mindful that it needs to support contractors with AQP bids that they may want to make.</li> </ul>	Jlu	

## PNA discussions – Leicester City

- Discussed page by page.
- P6: Need to add in a reference that this must be in line with NHS CoE regulations.
- P8: Needs to mention Better Care fund.
- P18: Needs to be a final statement that it is recognised that pharmacy can play a role but where is the service that follows from this?
- P21: Add in after first paragraph that Pharmacy is also diverse.
- P32: There are no dementia friendly pharmacies in the city.
- P35: Presently only 1% of 111 calls go to pharmacy.
- P37: The population of each ward needs to be added.
- P46: All pharmacies are open for at least 40 hours except for the ESPLPS.
- The overall rate of pharmacies per 10,000 is 2.02 not as listed. There are two pharmacies just outside of the boundary near to the new parks estate which are accessible to new parks residents.
- P49: Health promotion is provided to anyone who visits a pharmacy, and not restricted to the target groups listed. During April 2013-March 2014 there were no PH campaigns directed at pharmacy by the Area Team.
- P52: All the minor ailment conditions need to be listed. The accreditation requirements to enable provision of minor ailments service need to be addressed to allow accessibility to pharmacists. The cap of 170 minor ailments consultations needs to be mentioned. Smoking cessation: Some pharmacies in the city are on the E-cig pilot. There is no provision to provide varenicline under PGD.
- Palliative care: Unaware of any additional training pharmacists were given in order to provide specialist information about palliative care.
- P53: The pharmacy in Freeman is an internet pharmacy.
- P56: The breakdown of targeted MURs needs to be included here. Also, the main aim of MURs is medicines optimisation.
- P58: Needs to be a qualifying statement. NMS depends mainly on prescribing habits and trends.
- P61: Need to add Ella-One. There are no contraception services available through pharmacy.
- P63: Chlamydia: Limited success due to lack of toilet facilities in pharmacies.
- P66: Only 44 pharmacies are accredited to provide minor ailments service. The current scheme is a capped scheme. There is no robust referral scheme for patients

<p>to be referred into the scheme. There are no PGD's. There is no link to an out of hour's service.</p> <ul style="list-style-type: none"> <li>• P66: H-pylori testing in only through GP referral. GP's also provide this service.</li> <li>• P69: There are no pharmacy services for people with mental health conditions or for pregnant smokers.</li> <li>• Wanted a pharmacist to be part of a working group to look at the levonelle PGD which is expiring in March 2015.</li> <li>• Sat volunteered for this.</li> <li>• We as an LPC will formulate response to the three PNA's.</li> </ul>	<p>Sue</p> <p>RM</p>	
<p><a href="#">Public meeting need to insert guests here. Sue Cavill was also present from GEM CSU</a>  <u>City PNA:</u></p> <ul style="list-style-type: none"> <li>• Community pharmacy seems to be well regarded. It appears as though there are enough pharmacies in Leicester. There are a number of issues to look at, but these appear to be historical issues. Some commissioners need to look at whether services they commission are in the right places.</li> <li>• We don't get a sense that pharmacies are delivering but if pharmacy is not commissioned or pharmacists cannot gain accreditation for services then they cannot deliver. There needs to be</li> <li>• a balance in the PNA to reflect that on the whole pharmacies ability to deliver on some things is affected by commissioning, training or accreditation requirements.</li> <li>• The ward system doesn't work and affects statistics depending on pharmacies in each ward. This may lead to misunderstandings.</li> <li>• The wards are based purely on electoral roles.</li> <li>• For example, in New parks PNA states there are 0.5 pharmacies per 10,000 population but there are two pharmacies across the border which are accessible to residents. As the PNA is about CoE this makes it appear as though there is a need for another pharmacy in new parks.</li> <li>• What affects CoE?</li> <li>• CoE is about a gap in provision of pharmaceutical services. It's not about numbers of pharmacies, more about service accessibility.</li> <li>• CoE is about NHS England services. So for example, in New parks, not enough teenage girls access EHC services in pharmacy within 72 hours so could we get an Ella-One PGD which has a 5-day window to address</li> </ul>	<p>JD</p> <p>RM</p> <p>SK</p> <p>AV</p> <p>RM SK</p> <p>RM JLu</p> <p>SK</p>	

<p>this? This would be a first step before deciding another pharmacy is required. The PNA is very quantitative. To be useful it needs to be outcomes driven. For example, with MUR's, what is the target breakdown? These targeted groups are priority groups and the NHS area team collates this information quarterly.</p> <ul style="list-style-type: none"> <li>• There are three documents which read slightly differently; the full document, the summary document and the public consultation document. There needs to be consistency.</li> <li>• Only the full document is published but they should all read the same.</li> </ul>	<p>JL</p> <p>JD</p>	
<p><u>County and Rutland PNA</u></p> <ul style="list-style-type: none"> <li>• I have led the development of the County and Rutland PNA's. The main recommendations around essential and advanced services were for NHS England to maximise MUR and NMS uptake and to ensure quality of these services. Also that PH need to do more to link in PH campaigns with the over-arching commissioning strategy.</li> <li>• Do you feedback PNA gaps and needs back to CCG commissioners?</li> <li>• Yes.</li> <li>• Some of the services mentioned e.g. health checks are not available to pharmacies.</li> <li>• Some of these services may not be provided currently by pharmacy but may be commissioned in the future.</li> <li>• Some pharmacies serve traveller communities who have high health needs and do not always access healthcare correctly. These communities are not mentioned in the PNA's.</li> <li>• We did not consider traveller communities.</li> <li>• There is also no mention of 'flu vaccinations.</li> <li>• 'Flu needs to be added to future services.</li> <li>• There is no provision for PR to support services. E.g. leaflets and posters. More needs to be done to engage patients with pharmacy services.</li> <li>• It would be useful to have insight into the results of the community pharmacy patient questionnaires.</li> <li>• You should have as the results are required to be sent through to the NHS area team each year. We send through data about best performing, worst performing and most improved areas.</li> <li>• Any other comments are welcome during the consultation period.</li> </ul>	<p>JD</p> <p>AV</p> <p>JD</p> <p>AV</p> <p>JD</p> <p>JL</p> <p>JD</p> <p>SK</p> <p>JD</p> <p>AV</p> <p>JD</p> <p>JL</p> <p>JD</p>	
<p><u>Formulation of PNA response</u></p>		

<ul style="list-style-type: none"> <li>• Sat to formulate draft PNA response for Leicester City by 15/11/14.</li> <li>• Jane to formulate draft PNA response for Leicester County and Rutland by 15/11/14.</li> </ul>	SK Jlu	
<p><u>Joining of new members</u>  Presentations from the two applicants for the role of Chief Officer; John Make piece and David Wood.</p> <p>Vote taken from Lpc members in attendance. David Wood appointed after a unanimous vote for. No votes against, none abstained.</p> <ul style="list-style-type: none"> <li>• Proposed start date for David Wood to be 17<sup>th</sup> November.</li> </ul>		
<p><u>Brief update on Independent Contractor Vacancy</u></p> <ul style="list-style-type: none"> <li>• Mentioned M Ibrahim has expressed an interest and is the only one out of the 5 contractors who expressed an interest to submit the completed 'self nomination' form.</li> <li>• <b>Confidential Minute</b></li> <li>• <b>End of confidential minute</b></li> <li>• SH to continue to contact the bank and to remove all other signatories on the account who no longer serve on the LPC and to provide that she hasn't received any statements from the bank and that they seem to be still going to Pickford House and they haven't been forwarded onto the LPC</li> <li>• SG mentioned the Finance Governance seminar run by PSNC on 19th November and suggested someone from the LPC should attend, especially someone from governance and finance committee. If anyone from that subcommittee could not attend, then SG was happy to attend on <a href="#">behalf of</a> LPC. SK from finance and governance committee said he was happy to attend.</li> </ul>	SK  SK, SG  SH  SG, SK	
<p><u>Brief report on PSNC conference</u></p> <ul style="list-style-type: none"> <li>• SG gave a report on the PSNC Chairs and Secretaries meeting she attended and a report on the PSNC LPC conference.</li> <li>• At the PSNC Chairs and Secretaries meeting, LPN chair Avril McDermot asked for Leicester flu pilot figures and an invitation to next LPC committee meeting.</li> </ul>	SG	

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<p><b><u>Next Steps for the LPC Committee</u></b></p> <ul style="list-style-type: none"> <li>• SG to contact Salim Issak re pharmacy visits and any feedback from them</li> <li>• LPC need to ask Time Davies PA for flu pilot figures</li> </ul>	SG	
<p><b><u>Date of Next Committee Meeting</u></b></p> <p>8<sup>th</sup> December 2014. 9:00am start for 9:30 prompt finish 5pm.</p>		

Amendments to Minutes (if any):

Signed as true and proper record:

Approved by.....

Date: