

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 11th January 2016

The Peepul Centre, Orchardson Avenue, Leicester LE4 6DP

Present:	Sejal Gohil (SG) – Chair 12 – 3pm Luvjit Kandula (LK) - Chief Officer Adam Thomas (AT) (Treasurer) Sue Hind (SH) Jane Lumb (JL) Neena Lakhani (NL) Ami Damani (AD)	Altaf Vaiya (AV) Satyan Kotecha (SK) (Vice Chair) left 12:45 Mohammed Ibrahim (MI) Kerry Tew (KT) – Administrator Chris Stredder (CS) Rajesh Vaitha (RA)
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CLOSED SESSION

	<u>Apologies for Absence</u>	<u>Action</u>
1.	Rafica Ahmed (RA)	
2.	<u>Declaration of Interests and Code of Conduct</u> All new LPC Committee members where provided Declaration of interests, Code of Conduct, Social Media and Expenses Policy forms to sign and complete. Completed by new members AD	KT
3.	<u>LPC Member “Check-in”</u> All Committee Members signed in and will be uploaded on to Dropbox. Vice Chair (SK) to chair meeting in the absence of the Chair (SG), SK left the room for a conference call 9 - 9:30am, NL Chaired the meeting until the Vice Chair re-entered the room.	KT/LK
4.	<u>Approval of Minutes (Monday 23rd November2015)</u> November minutes read for accuracy. Proposed by JL seconded by MI	KT

	<u>Chief Officer (LK) chaired meeting in this section</u>	<u>Action</u>
5.	<p><u>Matters Arising</u></p> <p><u>Branded Generic's</u> SH and MI raised issues regarding ELRCCG GP hub who are switching branded generics without notice, LK will be attending the meeting at the end of January with Phyllis Navti (HOMM). Issues raised include; lack of engagement, patient safety, patients being unaware of changes, no prior notice therefore causing wastage in pharmacy and delay to patient supply. action: all committee members to send their comments on Branded Generics for collation before LK attends.</p> <p><u>Fluenz</u></p> <p>Lk requested LPC members for comments / feedback from the committee members that are delivering the Fluenz service for feedback to LPT (Leicestershire partnership trust) and project lead Tejas Khatau.</p> <p><u>Pharmacy Federation</u></p> <p>LK requested comments/feedback from the LPC Committee members post meeting with West CCG Board, Gill Stead, Angela Bright to mirror the GP federation locality leads with Pharmacy Representation.</p> <p>This meeting was attended by JL, LK and West CCG Pharmacists. Committee agreed to provide representation from the LPC (one independent, one multiple) and AT to check if there is budget for future meeting attendance.</p> <p>All LPC committee agreed for a LPC member to represent. LK is to look at mirroring federation model and decide next steps</p> <p>AT to check budget to be able to send 2 LPC members to attend the meetings in the locality</p> <p>LPC agreed that the 1st member be from a multiple store and the 2nd be an independent. The LPC is looking at a mirror format to ensure good engagement on the ground to represent the locality area and liaise with the LPC.</p>	ALL / LK
	<p><u>Vice Chair (SK) is now chairing the meeting.</u></p> <p><u>6% National Pharmacy Funding cuts</u></p> <p>This will have a huge impact on the contractors and is up to the LPC to decide what happens locally in line with PSNC guidance which includes MP engagement and raising awareness locally with key stakeholders.</p>	<u>SG</u>

	<p>Key issues identified; impact on patient care/delivery/access. Impact on local pharmacies sustainability and financial impact. No detail provided by DoH on consultation. No rationale/risk impact short and long term</p> <p>Cuts will happen but no detail provided by the Government to date. Impact on net operating profit /bottom line – measures may result in; cut staff, reduce free deliveries and MDS further impacting delivery of care.</p> <p>The Chair will draft a response for the contractors and let them know that the LPC will support them.</p> <p>AV/LK - survey draft is complete the LPC will approve /provide comments and send to contractors and share through all channels. Results to be shared and sent to PSNC (Pharmaceutical Services Negotiating Committee). AV to change survey so that there is option to complete anonymously.</p> <p>It was agreed has a committee would cascade and support parliament petition that requiring 100.000 signatures on the petition for it to make stand.</p> <p>LK will send an email out to the contractors to keep them updated until further detail is released.</p> <p>LK to chase up comments from the LPN (Local Pharmacy Network NHSE) for consultation input from NHSE.</p>	<p><u>LK/AV</u></p> <p><u>ALL</u></p> <p><u>LK</u></p> <p><u>LK</u></p>
6.	<p><u>Budget and Forecast.</u></p> <p>AT has attended PSNC treasurer’s course, AT provided that LPC are in a good position have good governance. Dropbox is a good solution for the committee, Mike King would like temporary access to Dropbox.</p> <p>PSNC advised that LPC keeps £30.000 as a reserve,</p> <p>LLRLPC is in agreement that they keep half the contractors Levy plus £20.000 as reserve</p> <p>Venue change to Holiday Inn, £30 less per meeting, Committee members agree that the next meeting which takes place on March 21st to be held at the Holiday Inn as a trial run, then if all agree the LPC Committee Meetings will be held at the new venue.</p> <p>Honoraria review for Chair, Vice chair and Treasure.</p> <p>Vice Chair - £50.00 per month, in which he will pick up emails and attend Exec Meetings.</p> <p>Treasurer - £100.00 per month, in which he will be picking up emails, putting together spread sheet and attending Executive committee meetings.</p> <p>Chair – the Chairs Honoraria currently and historically stands at £500.00 per month. This was due to previously not having a full time Chief Officer so more work was needed however we do now have a full time Chief Officer which means less work for the Chair. All other LPC Chairs paid £100-150 per month. The Committee postponed discussion and decided to wait till the Chair (SG) arrives to give her view.</p>	<p><u>LK/KT</u></p>

	<p>Committee agreed to reimburse the Chairs Honoraria for £100.00 per month plus a backfill up to £250.00. Vice Chair advised the Chair on the outcome of her Honoraria.</p>	
7.	<p><u>Chair (SG) is now chairing the meeting.</u> <u>Bhavisha Pattani - NHS</u></p> <p>Controlled drugs Accountable Officer – central midlands Pharmacy contracts. Deputising for Ali Rashid (Medical Director) and NHSE lead Central Midlands.</p> <p>Provided an update on LPN strategy development, future workstreams for pharmacy and support for Pharmoutcomes for Leicestershire being considered. Agreement to involve CP in flu planning meeting in 2016.</p> <p>Provided update on the development of CP EM regional development group set up by SK LK Sam Travis (LPN Notts/Derby) and Bhavisha . Currently looking at key stakeholders such as Ash Soni and NHSE to attend and support regional strategy development. NHSE have agreed to support the concept sponsored by the AHSN to develop scaleable solutions for CP across EM.</p> <p>Proposed potential commissioning for Hypertension. Develop business case and put forward to the NHSE. SK/LK to liaise with Bhavisha Pattani and hold regular meetings.</p> <p>LPC to work with NHSE for Pharmaoutcomes for flu and attend the flu steering group for next year preparation.</p>	
8.	<p><u>Ways of Working Document</u></p> <p>Positive feedback for the Ways of Working booklet, a few minor changes.</p> <p>LPC members voted in favour of adoption and agreed to use.</p>	LK
9.	<p><u>Chairs Report</u></p> <ul style="list-style-type: none"> • Attended PSNC’s Chairs and Secretaries Regional meeting in Dec, following PSNC’s planning meeting in November. Capita presented at this meeting as they are taking over the Primary Care Support Services in a phased roll out. Further details given by PSNC about financial pressures in NHS and how it may affect negotiations for funding settlement. Other lpcs reported on their successes and frustrations. • Attended meeting with West Leicester CCG to discuss 3rd party repeat prescription ordering, in light of some complaints from practices. • Attended a work stream meeting to TB pilot screening. • Working on a collaborative project with secondary care relating to post discharge hospital MUR’s – no meeting held yet • Collaborating with other local LPCs to discuss a joint radio campaign to raise the profile of community pharmacy. 	

10.

Chief officer report.

CP Integration and BCT

December 2015

Set up meeting with CCG Board and 5 local Pharmacists (also attended by Jane Lumb)
To discuss next steps for developing a Community Pharmacy strategy for integration with West CCG Led by Medicines management, Chief Operating Officer , and GP board members. West CCG Agreed to set up a West CCG pharmacist event for engagement and take forward integration and mirroring of GP federations.

Next steps for LPC

Gillian stead also discussed identifying key local pharmacy leads with skill set and strategic and Communication skills to enable this Need workforce skill visibility and expressions of interest for Pharmacists who would like to take responsible role

Need LPC consultation on how to gain data on workforce, skills and right persons

CCG willing to support for possible implementation of across LLR

Awaiting further information from the CCG

GP workforce Development Group

December 2015

LPC invited to join BCT (Better Care Together) GP workforce development Group
Funding from (HEEM)Health Education East Midlands) for GP workforce development identified

Chair – Angela Bright requested propositions and business case for bids for consideration

LMC and LPC proposed joint GP and Pharmacist leadership training bid

Case developed and submitted within five day deadline

Conference call held to ratify the business cases

Presented to HEEM and the bid was successful for 53k non recurrent funding to be used before march 2016

Next steps : meet LMC to discuss taking forward

LPN – Strategy and elderly funding December 2015 – stakeholder engagement / services

No further updates received from LPN in regards to this funding

Identified lack of support for LLR from an LPN perspective to gain CP funding for NHSE initiatives and “catch up” with progress from other parts of the country

Met CCG NHSE lead Bhavisha Pattani due to engagement from SK who shared contact with myself and identified that more resource and capacity is required

No LPN strategy aims and work streams exist in a robust manner to follow up

NHSE provided feedback about investigating repeat prescribing being a recurrent issue

and this will be addressed as CCG's are auditing and looking at creating centralized CCG led repeat prescribing which have resulted in cost savings of substantial value across Coventry and Warwickshire already

Action : need to urge pharmacists to ensure they check items are required £330,000 saved in six months in a pilot of less than 10 surgeries

Agreed to set up a meeting with CP and Chair of LPN to discuss WM LPN Strategy and decide the key focus

Also agreed to engage and invite CP to relevant projects and flu planning meetings next year

Andy Riley – ABPI RIG – stakeholder engagement

Presented to ABPI RIG - role of CP in MO and polypharmacy

Restructure and future changes to the RIG addressed

Strategic alliance group focus on JW with NHS in project work and non-promotional workstream support

Better outcomes.

Ensured recognition of CP to implement non-promotional initiatives to support effective drug usage To gain continued support on HCP and stakeholder engagement and gain further sponsorship

Positive engagement with industry and future collaborative working opportunities

December 2015 – Comms/PR

AV / LK completed winter newsletter (edited completed and sent out)

All presentations cascaded

Positive feedback received for the newsletter from CCG and other organizations

Dec 2015 Events

GpHC inspection event organized and completed on 3rd December

Venue, speakers, presentations and social media engagement devised by LK/AV implemented

Pharmacy Business magazine online inclusion led by AV

Excellent turnout of 120+ people indicating positive engagement

Also provided training opportunities for staff and pharmacists

PH oral health

EPS events

<p>11.</p>	<p><u>Open Meeting.</u></p> <p><u>Seema Gaj - NHS England.</u></p> <p>CPAF questionnaire is now 99% complete Once all on line they will review all submissions and any complaints that they have Received, they will then notify any Pharmacy noted and carry out visits. Pharmacy Flu Service monitoring, all details will be released to the LPC, Selection will be Upon notification and are looking at it nationally. Examine data and feedback GP's who have said they Have not yet received any information.</p> <p>Pharmaoutcomes Salim Issak asked for update from LPC regards to next steps for Flu Pharmaoutcomes. NHSE commission in 98% of the country. LLR is not. NHSE requested LPC to ask the LMC (Local Medical Committee) for nhs.net email addresses for pharmoutcomes database which is not appropriate and will not guarantee 100% ability to notify electronically.</p> <p>Health promotion campaign – Bladder cancer around February – April, details will be Provided to LPC and contractors hopefully by mid-January.</p> <p>Christmas opening hours Seema Gaj indicated that there No problems from Contractors or Patients in terms of coverage There was still a lack of Pharmacies open during the Christmas period, but going Forward next year needs more consideration. JL highlighted it was a “low flu season” so this should be taken into account for next year and provide more coverage.</p>	
<p>12.</p>	<p><u>Amit Sammi – Attended on behalf of all 3 CCG'S</u></p> <p>Emergency Repeat Medicines – (ERMS)</p> <p>In City – launch on 18th December. 11 Pharmacies signed up and had another 9 to be added in Phase 2</p> <p>In the East week 1, 33 people phoned 111 to say they have ran out of repeat medicines Only 2 were passed on to a Pharmacy, Week 2, 77 people phoned 111, only 11 were referred to a Pharmacy, Week 3 73 people phoned 111, only 15 were referred to a Pharmacy. All these were booked in as an emergency, some patients needed control drugs, other patients had no evidence of what medicines they required . The CCG will need to speak to the call handlers at 111 to see why this happening. Also the Pharmacies are not understanding the services as information was not passed on to the locums or they did not have the medication in stock so was sending them back to NHS Direct West midlands DOS program is not correct.</p> <p>Minor Ailments Service (MAS)</p> <p>Jeremy Bennett has secured funding, CCG is back on board to collect further funding, By mid-February we will have more information on how things stand to re-launch the service once funding is secured.</p> <p>GP'S are aware of this scheme, wait till mid-February then tell GP'S which Pharmacy is doing which scheme. All GP'S have signed up but we need to know more about what GP'S think.</p>	

	<p>Problems around medications that are not common, and are difficult to get hold off, the Pharmacies are being contacted but not the LPC. Each Pharmacy to show how much stock they have in on Pharmaoutcomes.</p> <p>Contractors are contacting the CCG to ask about the bin changes but it is not the CCG they have to contact NHSE.</p>	
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13.	<p><u>Louise Ross – City SC Team</u></p> <p>Novated contracts expire 31st March, all information needs to go to contractors, Contractors who are not ready can do it at a later date, and All paper work will be sent out soon – LK to cascade to contractors when received</p> <p>Smoking in Pregnancy It has now been closed as the uptake is low and reflects the national picture. Most pregnant women want the service at home. in Pharmacy 289 out of 784, 208 lost follow ups, Contractors need to phone or get completion.</p> <p>Ecigs Ecigs in packs for all Pharmacy, we can support people in Pharmacy as it does work.</p> <p>No Smoking day No smoking day is in March, all materials are on the website, as it is easier this way. Leicester – Johnson and Johnson quoted Leicester City are flying with the Stop Smoking scheme.</p>	LK
14.	<p><u>Michele Hulme – SCR (Summary care Records)</u></p> <p>HSCIC (Health and Social Care Information Centre) website – visit NHSE and ask to be delivering in SCR.</p> <p>2 Ways delivery, local delivery via Arden and Gem CSU, Phase 2 is looking around April in Leicester but may be sooner.</p> <p>Electronic Patient Summary It is optional and patients can choose to have it or not, and it is only accessible with permission except for in certain circumstances, and can only be accessed by authorised Pharmacy staff.</p> <p>Its read only 2016 and it is free and available 24/7 365.</p> <p>97% have SCR, 1.3% didn't want it, but 1.7% is not counted for, 2.5 million SCRS was accessed last year a large number from the hospital.</p> <p>The benefits of using SCR are 85% safety, they either agree or strongly agree that having SCRS are better for patient safety, it will reduce the need to contact doctors.</p>	

	<p>It will have 12 months' worth of updated medication and repeats, when GP Practice goes live any changes made to core data all items will be updated automatically with SCR.</p> <p>SCR will also contain significant diagnosis, for example care plan information eg – End of life, long term illnesses and any other info that is relevant by the patient or GP.</p> <p>It works by a Smart card, you need to put in why you are doing an emergency SCR, every time it is reviewed it alerts the Privacy Officer and it will tell you the date it was last updated.</p> <p>Patient can ask for the information to be held outside the GP'S record.</p> <p>To view SCR you need to use a N3 computer, To have a Smart Card with Passcode, have the appropriate Role Based Access Control (RBAC), and have a good relationship with the patient.</p> <p>You will need to ask permission to view their records this could be done by getting them to sign a form for a 12 month insight to their SCR.</p> <p>Note in PMR (Patient Medication Record) that Patient consent is gained and the reason for accessing .</p> <p>If a patient comes out of hospital how to get around SCR, Electronic based discharge permission to view Patient SCR that is not seen in person, so could ask a carer for permission.</p> <p>Getting Ready for SCR'S</p> <p>Identify users, Need smart card authentication, Every Pharmacy needs a privacy officer, this is to manage and oversee the process by exception, and to track how SCR is been used.</p> <p>CPPE learning is live, All will need to complete e-learning and then attend face to face meetings, Will need to decide on an access agreement per Pharmacy.</p> <p>Payments to Pharmacies is £200.</p> <p>No communications are out yet in this area, only to Multi contractors.</p> <p>Lk to send out communications to do e-learning and to look out for the invites.</p>	
15.	<p><u>Closed Meeting</u></p> <p><u>Other Subcommittee Reports</u></p> <p>LK meet with HEEMs project manager regarding HLP across the City, putting a bid in the City.</p> <p>HLP Alcohol tender for all Pharmacists in County according to PH County Director however Pharmacies are unaware of the service commissioned. No training and support provided for non LIPCO members. Only 8 Pharmacies delivered out of 85 and service is being decommissioned.</p>	

	<p>LK raised that a LPC member (SH) delivered the service but when it came to submit payment it said that they was not registered. Advised SH to email Shaun Tweed.</p> <p>£5 full audit and £8 for a full intervention.</p> <p>Pharmacies did not want to pay for the cards them self's so LPC brought for pilot but have not let LPC see the results, and did not want to pay for training as they didn't think it was cost effective.</p> <p>HLP no guarantee they would do it will need the board to sign it off .</p> <p>LK met Julian Mallinson (director of PH –county) to revive HLP for the county and and they would like to progress the bid to obtain funds. Lk to establish whether HEEM will support . Includes project management, IT support, marketing, communications and training</p> <p>PR AND SOCIAL MEDIA</p> <p>BBC radio presenter Rupal Rajani the lady has been on leave. LK to follow up.</p> <p>AV proposed AF screening and opportunities for Pharmacy to support the NHLPT Fluenz, London is leading the County in the Hypertension management with 17% down to 13% compared to 27%.</p> <p>AF checked last year, this year on call pharma get £90.</p> <p>3 reading of Blood pressure and AF could be considered for delivery by services team</p> <p>All files on Dropbox to be changed to PDF .</p>	<u>KT</u>
16.	<u>Feedback and next steps from Committee</u>	
17.	<p><u>What's gone well? / Dates of next meeting / AOB</u></p> <p>Next meeting will be held on Monday 21st March, at the new Location Holiday Inn for a trial run.</p>	

KT/LK –25/01/16

Signed: (Chair)

Name:

Date: