

## LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

**Monday, 21<sup>st</sup> March 2016**

**Holiday Inn Express, Raw Dykes Road Filbert Way, Leicester**

### Meeting Minutes

<b>Present:</b>	Sejal Gohil (SG) Luvjit Kandula (LK) - Chief Officer Adam Thomas (AT) (Treasurer) Jane Lumb (JL)	Altaf Vaiya (AV) Mohammed Ibrahim (MI) Rafica Ahmed (RA)
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### CLOSED SESSION

1.	<u><b>Apologies for Absence</b></u>	<u><b>Action</b></u>
	Sue Hind (SH) Satyan Kotecha (SK) Neena Lakhani (NL) Ami Damani (AD) Chris Stredder (CS) Rajesh Vaitha (RV)  New CCA representative Liane Hannah (Boots) was notified late of the meeting therefore will attend the next meeting	
2.	<u><b>Declaration of Interests and Code of Conduct</b></u>  All new LPC Committee members to be with provided Declaration of interests, Code of Conduct, Social Media and Expenses Policy forms to sign and complete. To be Completed by new members next month	SG
3.	<u><b>LPC Member “Check-in”</b></u>  Welcome to the meeting LPC committee attendance was non- quorate today. LK spoke to mike king to confirm status. Only recommendations can be made but the chair can make important decisions if necessary. Recommended to email decisions post meeting for agreement if required SG to address attendance of members at the next LPC meeting Lk cancelled the leadership training sponsored by Lilly for another date. to postpone till SG recommended a separate half day in June JL recommended June dates but falls within month of Ramadan Committee Agreed to propose - 6 <sup>th</sup> June am – 9.30-1.00 pm as a separate session for the leadership training Action: lk to organise book venue and send invites	LK /SG

4.	<p><b><u>Approval of Minutes (Monday 23<sup>rd</sup> November 2015 and January 11<sup>th</sup> 2016</u></b></p> <p><u>Approval of minutes</u>  Amendments required as follows;  Vice chair meeting – amendment from SG – SK  SK – chairing at the time of Bhavisha Pattani’s attendance page 4</p> <p><b>Action: Approval and sign off needs to take place at June meeting due to not being quorate</b></p>	SG/LK
5.	<p><b><u>Matters Arising</u></b></p> <p><u>PH County Update</u>  LK provided update on county PH services as Julian Mallinson sent apologies of absence as a result of personal issue. JM provided a financial update.  Concerns around substance misuse and stop smoking services cuts for community pharmacy.  Detail and agreement still being ratified by the county and status for stop smoking and substance misuse. SG highlighted the new provider for substance misuse provision for city and county.</p> <p>Action: SG to follow up with Davina Gadhia for update</p> <p>LK - Discussion around potentially lower rates of reimbursement proposed for pick and mix needle syringe exchange scheme which may not be viable for CP going forward.</p> <p>AV highlighted more city pharmacies have interest to do this. Problem arising is that patients aren’t returning the used syringes. Increasing rate of steroid usage. If a pharmacy is near the gym, consider supplying needles. LK recommended discussion with substance misuse for guidance on steroid use.</p>	LK

6.	<p><u>Budget</u></p> <p>AT confirmed finances are in good order and there is a Healthy budget due to more effective cost cutting, review of expenses and meeting costs lowering</p> <p>£30,000 PSNC levy to be paid in April</p> <p>AT to use Sharman fielding to do end of year accounts and annual report in preparation for AGM and submission to PSNC</p> <p><b>Action: Finance and governance to meet in April and finalise accounts for 2015/16</b></p> <p>Finance and Governance Set up an additional bank account for funding from commissioned services to separate the LPC funds and received monies for services</p> <p>Lk needs become authorised signatory for finance and governance to action</p> <p><b>Action: JL suggested to move funds from old Lloyds to Barclays to consolidate accounts.</b></p> <p>LK queried funding receipt of HLP training.  <b>Action: AT to check with Nilesh regarding tax implications of receipt funding. MUR funding will be spent on training</b></p> <p>AGM date recommended to take place on Wednesday May 25<sup>th</sup></p> <p><b>Action: LK to organise and invite NPA, PNSC, RPS  Invites to be sent by end of April and provide sufficient notice to contractors to attend AGM in accordance to the constitution</b></p> <p>Discussed administration role – AT recommended possible higher wage – consider Pharmacy technician due to expertise of Pharmacy and familiarity with the profession. NO progress made with recruitment.</p> <p>Trish Simms – to continue with bookkeeping due to no administrator support</p> <p>At recommends that all invoices from LPC members to be submitted by the COP Wednesday 30<sup>th</sup> march 2016 to enable account finalisation.  <b>Action: LK to send out reminder</b></p>	<p>AT</p> <p><u>LK</u></p>
7.	<p><u>Chairs Report</u></p> <p>SG provided Regional PSNC meeting update;</p> <p>Funding Cuts  Extended DOH consultation on funding cuts extended by 2 months of DOH consultation announced to end 24<sup>th</sup> May.  No clarity on period of treatment from 28 – 90 days  Pharmacy integration fund – no clarity on split, assignment of funding and how this funding will be accessed  Discussed potential to Change terms of service for Internet pharmacies who shouldn't receive same level of payment as contractors providing customer facing service  Closures and control of entry regulations – could affect the profession but impact not yet established</p>	<p><u>SG</u></p>

Recommendation from PSNC – CP proposals for future of CP

PSNC want to bring in a national Not Dispensed scheme and long term conditions management using SCR.

Phase 3 – independent prescribing. Sending a letter to the minister of APPG group.

Remove practice payment and substitute with quality prescription approval scheme. Oral nutritional support and STOPP (i.e. get payment for stopping inappropriate medicines)

LPC members present concerned about the viability and detail of the proposition. Quality payment may be dependent on NMS and MUR numbers.

AT outlined that an issue raised at AIMP meeting –MP’s perception is that we “get paid too much anyway” This needs to be challenged by local and national campaigning.

Not clear if flu will be commissioned by 2016-17 – if it does get commissioned then will be reimbursed at same rate as GP.

Margin survey indicated over delivery therefore there will be clawback.

JL highlighted concern that we are paying tax on the profit and then the money is paid out again which is a fundamental flaw in our funding structure.

CD prescriptions moving to EPS2 delayed to 2018

New software supplier systems required for smartcards so we have an RA in each pharmacy

Repeat prescribing removal from Pharmacy is an emerging national trend.

JL highlighted community pharmacy pick up errors picked up in pharmacy by surgery as a result in repeat prescribing. Patients not aware or they don’t understand their medication. There is a safety risk issue with this

AT proposed we should be paid for these safety interventions. Issue of capping pharmacy NMS/MUR is an issue and should not deprive patient of services

Check34 – prescription – gives you user friendly data. Item for item breakdown. Can track the patient. Check extra bottles for methadone and so is a useful tool to use.

Planning drop in sessions in MP’s and petitions support are gaining momentum to support lobbying for the funding cuts.

Independents receive NPA campaign packs w/c 14<sup>th</sup> march – multiples still in decision – BTC lobbying nationally

Derbyshire – linking with local charities – signposting all patients on epileptic medicines and information on bone health – AKI (think kidney). increased awareness of what CP and do and Free BBC TV coverage – all the marketing free. Linking with key charity’s a consideration for LPC work streams as recommended by SG.

8.	<p><u>Chief Officers Report</u></p> <p>LK provided interim update and report for further detail is on dropbox</p> <p>Chief officers update – key Highlights</p> <p>LK has HLP funding approved by HEEM for City</p> <p>LK Set up of Domiciliary MUR with NHSE in progression, Secured funding for Pharmoutcomes</p> <p>LK secured 3k funding for NHSE contractual monitoring Consultant has been secured by LK to provide Pastoral support and contract monitoring visits.</p> <p>LPC recommended rate of consultant payment at £400 day MI and JL volunteered providing they have enough notice Action: LK to clarify expectation status and payment from NHS per session with NHSE</p> <p>CarMax – proposed joint event with LPC – to support businesses and funding cuts. At the moment, there is no clarity on the detail of the funding cuts and therefore difficult to plan the meeting and therefore recommended to take the AGM forward and look at this for a later date.</p> <p>LK linked with the NPA and gained funding for local pharmacist – to ring and visit pharmacies to support the Pharmacy cuts campaign. Action: LK to take forward</p> <p>LK linked with LEO and Gal derma to set up dermatology CPD upskilling event in April. In progress</p> <p>EM clinical senate – update on presentation and feedback from the CO report. MI jointly presented with LK and has completed a written report. All slides and info collated by LK to propose CP potential to support hypertension management in CP (prevention, detection and management) using best practice from Canada CHEP guidelines. Action: lk to update NHSE and follow up with EM Clinical Senate</p> <p>CO role Review committee proposed review in April LK requested review of pension and pay review JL highlighted company pension providers as an option</p> <p><b>Action: AV – speak to accountant to gain more information</b></p> <p>Recruitment administration – JL - review committee not best placed to interview as candidate will be working with the CO.</p> <p><b>Action: AV to forward CV’S; one received from Satyan versus Liz.</b></p> <p>AT raised governance issue of record keeping of personal details and ensure declarations of any personal relationships on record prior to recruitment including training certificates.</p>	<u>Lk</u>
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<p>9.</p>	<p>AV reported on leadership training from the PSNC where he was selected through recommendation by the LPC exec. Report on drobox Action: to provide reported update after each meeting</p> <p>Key recommendations from leadership training</p> <p>Recommended to use SWOT analysis for analysis of current state</p> <ul style="list-style-type: none"> <li>• LPC engagement with contractors and member delivery is a recurring theme nationally</li> <li>• SLACK – Facebook tool for management – all of us on engage on discussion forums – thread application and make a decision. Consider this tool for a 360 appraisal</li> <li>• Buddy system – each committee member having an accountability of – 15 people to an area</li> <li>• Consider Student representative on the LPC</li> <li>• Webinars work better than meetings? cost effective option</li> <li>• LPC need to look at local branding and marketing strategy – patients and other bodies are not aware of pharmacy role and perceptions need to be challenged</li> <li>• Face to face committee members to meet is quite effective</li> <li>• Public section – if contractors want to come to the meeting for engagement and better links with the LPC.</li> </ul> <ul style="list-style-type: none"> <li>• Action: Invite contractors to attend open meeting and discuss these options at the next meeting when quorate</li> </ul> <p>JL recommended the pharmacy development group led by the university who support doing the work and second students to support pharmacy services development in other areas with the LPC Action: discuss at the next LPC meeting</p> <p>SG recommended the possibility of using LPC contractor time to visit contractors – in the LPC meeting Action: Discuss at next LPC meeting</p> <p>Action: Discuss contractor to bowling / curry night at next meeting</p> <p>Macmillan and Children in need – propose pharmacy funding event that ties in with these as a potential tie It in with the visit</p> <p>Action: to be discussed at next meeting</p> <p>Preregistration grant cuts – decline in number of interested graduates. Potential for grant cuts in October 2016 with proposed models of self-funded or private placements. Await further detail and discuss at next LPC meeting</p> <p>Action: Discuss at next meeting – CCA representative assignment to executive committee</p>	<p>AV</p>
<p>10.</p>	<p><u>Contracts Committee update</u></p> <p>JL provided update on Dean and Smedley ongoing appeal. RA advised BTC contacted by Charles Russell. Ashby Health Centre relocated from old to new location 1 mile in Ashby de-la douche. A number of pharmacies locally and a new application was sent for additional contract. NHSE did not follow due process. Dean and Smedley opened a pharmacy that cannot dispense in the NHS centre. We represent all contractors equally.</p>	<p><u>JL</u></p>

	<p>BTC and Tesco did not initially respond. Dean and Smedley arguing should have picked up in the PNA. Oral hearing attendance would require equal representation of all contractors and so it was decided it's not valuable to attend. FHSAL will re-evaluate the position.</p> <p>Awaiting response from SH re: dispensing doctor rights and open a pharmacy in display grange. Pharmacy was granted an application some years ago. Due for submission to NHSE</p> <p>Victoria park health centre at Leicester part of millennium health care (GP Federation). Due for submission at NHSE in April</p> <p><u>Services Committee</u> MI provided update on the post hospital discharge SLA developed Action: comments wait from services committee</p> <p><u>Diabetes service</u> AKI – SG indicated a one-page summary being developed as a focal point workshop – that should be available soon to run events from September onwards. Derbyshire LPC had a successful CPPE event with AKI and gained CCG engagement</p> <p><u>Finance and Governance Meeting</u></p> <p>Action: Cascade protocol for raising issues needs to be decided by full committee. Full record keeping, appraisal, PDP and clear notification</p> <p>SG provided update on personnel processes and future wow for employees</p> <p>Action: JL to provide LK with application form and personal details form. Action: Agreed at the last meeting to have SK has additional signatory. Action: AT to provide paperwork for LK - Action: Proposal to have a Facebook group for Leicestershire LPC – proposal to discuss next meeting</p>	<p>MI</p> <p>AT</p>
11.	<p><u>Funding Cuts Campaign and MP letters</u></p> <p>LK provided update that LLR has engaged well and gained additional support from NPA to visit pharmacies. 30 pharmacies visited.</p> <p>Action: AT to ask contractor to share MP letter with the LPC</p> <p>AV shared with Keith VA – NPA MP cards (no formal letter sent)</p> <p>MI updated that a patient has sent a letter to the MP Action: MI to share with the LPC</p> <p>BBC Radio campaign coverage of funding cuts.LK Interviewed on BBC radio Leicester LK participated in the 24 hour Pharm weep twitter campaign – resulting in 10,000+ tweets from all Pharmacy profession to raise awareness.</p> <p>Lk currently engaging all MP's and arranging contractor visits with Keith VA and Jonathan Ashworth. LK met with Amelia Coyne from Keith VA office to provide overview of the funding.</p> <p>To gain update on funding cuts for contractors at the AGM post consultation period ending.</p>	LK

16.	<u>Feedback and next steps from Committee</u>  SG closed meeting at 1pm	
17.	<u>What's gone well? / Dates of next meeting / AOB</u>  Next meeting will be held on Monday 16 <sup>th</sup> May 2016, at the new Location Holiday Inn Express,	

LK -04/05/16

**Signed:** ..... (Chair)

**Name:** .....

**Date:** .....