

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 2nd March 2015

The Peepul Centre, Orchardson Avenue, Leicester LE4 6DP

Present:	Sejal Gohil (SG) – Chair	Phil Maslin (PM) (am only)
	Susan Hind (SH) – Vice Chair	Altaf Vaiya (AV)
	David Wood (DW) - Chief Officer	Satyan Kotecha (SK)
	Adam Thomas (Treasurer)	Syma Raza Jones (SRJ)
	Shezad Alimahomed (SA) (am only)	Rajesh Vaitha (RV)
	Veronica Horne (VH)	Liz Harris (LH) - Administrator
	Jane Lumb (JL)	

CLOSED SESSION

SG welcomed Phil Maslin (representing Lloyds Pharmacies and a member of Solihull LPC) to the Committee. Phil will be attending our LPC meetings for the next 6 months in David Smith's absence.

1.	Apologies	Action
	Neena Lakhani	
2.	<p><u>Declaration of Interests and Code of Conduct</u></p> <p>All attendees who had signed Code of Conduct and Declarations of Interest and Confidentiality Agreements at the last meeting were reminded of the importance of declaring additional interests at the beginning of each committee meeting. Those absent from the previous meeting have now signed both declarations. It was agreed that a template of these two documents be added to our website, together with a spreadsheet detailing Committee declarations. This would be regularly updated.</p>	LH/DW LH
3.	<p><u>Approval of Minutes – 25th January 2015</u></p> <p>The minutes of the meeting on 26th January 2015 were agreed. Proposed by JL, seconded by SA and duly signed by the Chair.</p>	
4.	<p><u>Matters Arising</u></p> <p>8.12.2014</p> <ul style="list-style-type: none"> • Declarations of Interest – Social Networking policy awaited from Governance Sub-Committee. To be circulated prior to next meeting. • Once a review on confidential sections of previous minutes had been carried out, these minutes would be placed on our website and contractors would be advised that all minutes can be viewed there, rather than summarising after each meeting • Terms of Reference still to be devised for each Sub-Committee. • Flu Pilot figures to be obtained from Tim Davies. SK advised that a number of pharmacies had submitted data in 2013/14 but that the pilot had never been evaluated. AV to contact Tim's PA, Sue Birchenough. <p>26.1.2015</p> <ul style="list-style-type: none"> • Induction to be drafted for new Chief Officer by end of March. • Judicial Review – Letter sent to Sainsbury's attorney indicating the LPC's position. • Dental Awareness week in May. Liaising with Colgate for oral hygiene training and borrowing a machine to measure halitosis from De Montfort University 	RV/SK/SA DW/LH DW DW DW SG/AV/NL

	Matters Arising (cont/..)	<u>Action</u>
5.	<p><u>EGM</u></p> <p>A contractor had contacted the Chair to express dissatisfaction that the EGM was being held at 5pm on Monday, 2nd March 2015, and that the recommended changes by the PSNC to the Constitution did not appear to support LIPCO. Some committee members were also members of LIPCO, one of whom was a Director, but he confirmed he was not a paid directorship and it was subsequently established that there were no conflicts of interest. Due to the number of postal votes received, it was not envisaged that contractors would attend the EGM as the changes had been made clear and deemed non-contentious. AV advised that as there were approx. 80% LIPCO members in the L & R area, there was a need to recognise local federations but there were guidelines on the PSNC website. The committee was reminded that the LPC represents 228 contractors and that whilst it would be happy to work with LIPCO and other bodies to share best practice, the Constitution should not be amended for one federation, neither would contractor levies be used to support any federation initiatives.</p>	
6.	<p><u>Recruitment of Chief Officer</u></p> <p>JL advised that 10 applications had been received for this full time position. Based on an agreed matrix, 6 had been shortlisted to present to the Review Committee at the Peepul Centre on 4th March. The newly appointed CO would be asked to represent the LPC at a number meetings currently attended by committee members which would reduce the cost of backfill.</p>	<p>Review Committee</p>
7.	<p><u>PSNC Audit</u></p> <p>As agreed as part of the 2014/15 funding settlement, the first English national audit to be conducted by all community pharmacies will take place during March and April 2015. Guidelines on how to conduct this audit had not yet appeared on the PSNC website. The audit is important to demonstrate that patients benefit from having access to the emergency supply of medicines from community pharmacies and that we should be commissioned to deliver the service nationally. The Head Offices of CCA and AIMp members would be issuing their own guidelines but for independent contractors, the PSNC had suggested that pharmacies use the last figure of their ODS code (F code) to determine which audit period you should participate in:</p>	

	<p>Odd figure – Period 1 - Monday 9 March to Sunday 22 March 2015 (inclusive) Even figure – Period 2 - Monday 23 March to Sunday 5 April 2015 (inclusive)</p> <p>It was agreed that the PSNC Alert be forwarded to all contractors with a covering email along the above lines and PM offered to assist with the narrative.</p>	<p>Action</p> <p>PM/LH</p>
8.	<p>PNAs</p> <p>SG advised that communications between LPC and the Health and Well-Being Boards for Leicestershire County and Rutland PNA was last minute and not well co-ordinated. She suggested that the LPC needed a minimum of two LPC committee members on the working group. This would ensure attendance at all meetings and receipt of all communication sent out and acted on within agreed timescales. DW to set up virtual calendar asap with meeting commitments as discussed at last committee meeting.</p>	<p>DW</p>
9.	<p>Minor Ailments Scheme</p> <p>This is a valuable service for CCG's, pharmacists and patients and is the first service development SG had personally been involved with. Following feedback from contractors, she had liaised regularly with Anne-Marie Harrison of WLCCG. Several points learned about what steps were needed to ensure smooth execution of service and good uptake of service, i.e. service spec details, promotional materials, co-ordination of service details sent to contractors, support to contractors, PharmaOutcomes training. SG has visited contractors to support them with service and it was agreed that FAQs be put on our website and a team of committee members to form 'implementation group". LH to receive training on PharmaOutcomes and contractors advised that she would be the central point for signposting. A presentation on the above was considered for the evening mentioned below but as only contractors in West Leicestershire had been commissioned, it was felt inappropriate, but posters and leaflets had been made available.</p>	<p>LH/DW/SG</p> <p>SG/RV/SRJ & NL</p> <p>LH</p>
10.	<p>Chair's Report</p> <p>LPC/CCG collaborative event – This event covered EPS and UIM training and involved much organisation and liaison with GEM, Health Informatics and CCGs with 150 attendees representing over 100 contractors. The 3 CCGs were positive about this event and wanted to attend and offered to co-commission it. GEM very instrumental and as a result, a good relationship built with them and LPC. After event, CCG personnel have an improved insight from community pharmacy perspective and have taken messages back to GPs re EPS issues. One problem highlighted by a committee member related to EPS claim nomination being removed, and as an LPC this needs to be highlighted to our contractors via our website. It was agreed that a further LPC contractor events be arranged and the Training & Education Sub Committee to organise a timetable, i.e. Minor Ailments, Emergency Supplies, Waste Management, for the remainder of the year. A budget needs to be agreed with AT.</p> <ul style="list-style-type: none"> • CCG relationships – All three CCGs are keen to meet with the LPC and discuss various issues and ways of collaborative working. A meeting scheduled for 26th February was cancelled at the last minute due to staff illness. This meeting is rescheduled for 11th March. Chair will attend with Shezad Alimahomed and Liz Harris. • EHC PGD starting April 2015 was finally finished. Public Health are putting forward a series of EHC training events to address the lack of training opportunities for community pharmacists. 	<p>DW/LH</p> <p>SK/NL/SG/SA</p> <p>SG/SA /LH</p>

	<ul style="list-style-type: none"> • TB screening – Ongoing project meeting at Glenfield Hospital with DW, whereby two potential services could be commissioned in Leicestershire City as a pilot. Costings need to be considered for the whole service from start to finish. PM to forward an example spec. • Chair met with rep from Chiesi, who is very willingly to support some training programme for community pharmacists. Sub-Committee to discuss and put forward suggestions. Rep happy to facilitate joint service with CCG and LPC. • Chair met with Nabeel from Novartis. Novartis happy to absorb cost of a facilitator to support a Team Building/Visioning day for LPC, but at an LPC cost for backfill. To consider once new CO recruited. • Health & Well Being Board Meetings needs to have LPC representation and steps will be taken to ensure this happens. • R Hindocha (RH) had recently emailed the Chair requesting copies of all Minutes (including any confidential aspects) from March 2014. SG gave brief details of the background behind this request and confirmed she had left a message for RH to ring her and once she had spoken to RH, would advise DW/LH accordingly 	<p>Action</p> <p>SG/DW PM</p> <p>SK/NL/ SG/SA</p> <p>C/f</p> <p>SG</p> <p>SG</p>
11.	<p>Chief Officer's Report</p> <p>PNAs – DW had met with Rod Moore, Director of Public Health Leicester City with respect to the City PNA. DW had contributed to the City PNA but the turnaround times for revisions were very tight, bearing in mind DW's current reduced LPC working hours. With respect to Leicestershire and Rutland County PNAs, DW was unable to attend the meeting due to reduced hours and whilst LPC comments had been included, there was concern that the most recent draft included comments from interested parties with little objective review by the HWB. The LPC registered concern that the document would be in existence for the next 4 years. The exercise had been made more time consuming as the most recent changes had not been "tracked" but it was agreed that some committee members would find the time to review the documents.</p> <p>Website – JL expressed concerned that the old website was still appearing if anyone Googled the LPC and it was agreed that Rosemary be contacted to have this website removed so that the only one available would be via the PSNC portal. A virtual calendar for use/access by committee members only to be set up. The new CO and Sub Committee to review contents and training to be given to LH to administer.</p> <p>Newsletter to Contractors - This to be initiated once new CO in post. PR & Social Media Sub Committee to work with CO for a consistent comms approach.</p> <p>EPS - SK had attended a recent IMT meeting where a GP had stated he was not happy with the pharmacists in his area. It was clear that both GPs and Pharmacists needed a better understanding and appreciation of EPS, and how best to work together for the benefit of the patient. Pharmacy2U had been circulating letters to patients which had confused patients and the CCGs and GEM were keen to work with the LPC to ensure everyone understood the system. It was suggested that a checklist be added to the LPC Website, together with a Nomination Form. In addition, a "flyer" would be compiled and circulated to all contractors to print off and add to each prescription.</p>	<p>DW SK</p> <p>SG DW CO/AV/SRJ</p> <p>CO/AV/SRJ</p> <p>SK/DW LH</p>

12.	<p>Treasurer's Report</p> <ul style="list-style-type: none"> • All address and previous signatory changes had been completed with both Barclays and Lloyds Bank. It had been agreed that SH and NL remain as signatories during the transition period but NL now to be removed and replace with RV. • Agreed that funds retained in the Lloyds Account should be used only for contractor training and consideration be given to moving funds to Barclays and investing in a more appropriate account. • Consideration given to reminding contractors not to leave MURs until the last minute. • All outstanding 2014 invoices for Peepul Centre and College Court are now paid. • A detailed breakdown of accounts would be provided at the next meeting. • Expenses Policy, including the revised Claim Form, to be added to website. • LH still negotiating with company responsible for Cloud and lack of access. 	<p>Action</p> <p>AT</p> <p>AT</p> <p>AT DW LH</p>
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OPEN SESSION

13.	<p>Jeremy Bennett, Strategy & Planning Support Officer, Leicester City CCG JB advised that he was now working with Lesley Gant and that the Minor Ailments Scheme was being relaunched, with the amount of funding available known by the end of the week. He did not envisage any radical changes but the CCG hoped to encourage more contractors to sign up. He asked the committee to advise him of any issues, concerns to be taken into consideration, as well as any case studies to promote the scheme. He apologised for the briefness of his attendance but offered to return next month with a more detailed report as he was attending a meeting of all CCG's on 11th March.</p> <p>Emma Aronica, Nurse at the Urgent Care Centre, Loughborough EA had requested an invitation to the LPC to give the Committee an overview of this 24 hour walk-in Centre, the number of qualified staff working there, how it was funded, etc. Over 3,000 people visit the Centre every month with urgent but not life threatening injuries or illnesses which alleviates some pressure on A & E Departments. However, it was obviously that some patients took advantage of the centre rather than making appointments with their GP, and it would be useful if the UUC could work with local pharmacists to signpost patients for minor ailments. Arrangements will be made for some Pharmacy First leaflets to be supplied to EA, and UUC will provide a list of medicate conditions for the LPC to circulate at our next training event or AGM.</p> <p>Emma Croghan, Director of Public Health & Lifestyle Services – Quit 51 & Louise Ross, Stop Smoking Service Manager, Leicester City EC gave an overview of her role with be Quit 51 service which had been set up in 2012 and her keenness to deliver a service with the LPC via Katty Bailey.</p> <p>Sue Hind asked a question about PGDs And working out how to action and be paid and Emma said there were various options and payment would be guaranteed. EC to provide LH with contact numbers. There would be training for all new advisors and every provider would receive a folder containing the appropriate clinical protocols.</p> <p>LR advised of the new restructure and informed the committee of latest quitting results for Leicestershire & Rutland. The E Cigarette event held in January had been successful but that there had been a low-take up for the Stop Smoking in Pregnancy</p>	<p>LH/Agenda</p> <p>LH</p>
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	<p>campaign. She would provide more details at the next meeting but the UUC representative offered to help promote this at the Centre. It was thought it would be advantageous for Emma and colleagues to visit a community pharmacy to appreciate the Pharmacy First Scheme. Protocol for E Cigarettes with specific leaflets to be provided soon?</p> <p>Anna Murphy, Consultant Pharmacist, COPD, Glenfield Worked with respiratory service in conjunction with pharmacists over the last 3 years, with 20 community pharmacists in the City CCG providing asthma reviews using the SIMPLE clinical approach. Further commissioning for asthma is being attempted.</p> <p>280 patients currently being evaluation but no data as yet. AM asked if pharmacies can undertake a 6 month programme with payment which would allow the collection of 12 months' data, which will provide more robust evidence. Need LPC support to help Anna if successful with commissioning. West CCG had GP practice staff trained and AM thought training was going to be opened up to community pharmacies. SG advised AM LPC was keen to support regarding introduction and implementation of the scheme AM advise new Better Care Together Campaign. Breathless Pathway being developed and spanned across primary and secondary care. Pushing branded prescribing for inhalers so patients cannot be switched to generics which cause problems with inhaler technique. Pharmacists must let GP know if patient has been switched devices, When inhalers are prescribed generically, as there are significant differences in inhalers and can result in patient not taking the adequate prescribed dose, resulting in patient harm.</p> <p>Salim Issac, from NHS England, Central Midlands (Sub Region) attended. Salim gave an update on latest restructuring and confirmed that the 3 CCG's would take over commissioning from the 1st quarter of 2015. Three main benefits:-</p> <ol style="list-style-type: none"> a) More control over primary care services b) Robust process and governance element with core GP services c) Better integration. <p>SK asked what Steps will be taken to have a representative from LPC on each CCG Board to ensure community pharmacists are not omitted from core services</p> <p>List of Public Health Campaigns requested but LPC aware of Oral Health one in May. Pharmacies will need to complete a self-assessment on –line this year. It will be hosted by the Business Services Authority. Further details to follow from Area Team.</p>	<u>Action</u>
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CLOSED SESSION

14.	<p>LPC Representative Mohammed Ibrahim had been invited by SG to attend the meeting following his application for the Independent LPC vacancy. He gave a brief presentation on his professional background and an overview of his achievements to date. A number of questions were posed to Mr Ibrahim at the meeting with respect to his business interests. Mr Ibrahim gave his reassurance that any conflicts of interest would be managed through our corporate governance procedures. After MI had left the meeting, it was agreed that an appointment letter would be sent to him asking for written assurance that he will not undertake any medicine management work via his company whilst a committee member for any of the three CCGs in Leicester. The governance committee to produce a template letter for SG to send to MI.</p>	<u>Action</u> SG/SK/SA /RV
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15.	<p><u>Contracts Sub-Committee Report</u></p> <ul style="list-style-type: none"> • Three ESPLPS contracts were received (Medicine Box (Loughborough University), Wymeswold and Stoneycroft Pharmacies), which were renewals of the existing contracts which were due to expire at the end of March. The LPC had sent comments to the Area Team supporting all ESPLPS contracts and enquiring to make sure due process was followed when considering these applications. DW contacted the Area Team to remind them of the service provided by the ESPLPS and their need highlighted in the PNA consultation. SG rang and spoke with Salim Issac and all 3 ESPLPS granted with a series of conditions set by the Area Team for each contractor to meet. • A new contract application had been received for Osbaston under ‘unforeseen benefits’ clause. 	<u>Action</u>
16.	<p><u>Other Sub-Committee Reports</u> Covered under Matters Arising</p>	
17.	<p><u>Any Other Business</u></p> <ol style="list-style-type: none"> 1. MOC Conference on 30th April – Details passed to SK who will attend 2. LPC Regional Meeting on 18th March. SG to attend. 3. AGM – NPA had offered to present on the next steps of GPhC. It was agreed an invitation be extended. Auditorium at Peepul Centre to be booked. 4. Garry Myers to be invited to attend a future LPC meeting once new CO in situ. 5. As Boxing Day falls on a Saturday this year, contractors will need to apply to change hours 90 days prior to this. Advice to be sent out later in year 6. The PSNC and IPF are proposing a Manifesto for political parties to adopt and have asked LPCs for their support. –can you please expand. Agreed local councillors would be lobbied. RV to contact Keith Vaz. 	<p>SK SG SG/LH LH New CO</p>
18.	<p><u>Date of Next Meeting 2015</u> Monday, 20th April 2015 at 9.30 a.m. at Peepul Centre.</p>	
<p>As it was David Wood’s last official committee meeting, a vote of thanks on behalf of the Committee was given by the Chair</p>		

The meeting was closed at 4.50pm and the Chair thanked the committee for their contribution.

Signed: _____ (Sejal Gohil, Chair)

Liz Harris
Administrator
10.3.2015

Dated: _____