

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday, 18 September 2017
Holiday Inn Express, Raw Dykes Road Filbert Way LE2 7FL

1.00pm to 5.00pm

Present:	Satyan Kotecha SK– Chair	Mohammed Ibrahim (MI)
	Luvjit Kandula (LK) - Chief Officer	Ailsa Garner –Administrator
	Adam Thomas (AT) - Treasurer	
	Pallavi Dawda (PD)	
	Jane Lumb (JL)	
	Mohammed Sattar (MS)	
	Shezad Alimahomed (SA)	
	Neena Lakhani (NL)	
	Altaf Vaiya (AV)	
	Rafica Ahmed (RA)	
	External Visitor	
	Garry Myers – PSNC Regional Representative.	

CLOSED SESSION

1.	<u>Apologies for Absence</u> Sue Hind (SH) – Vice Chair Liane Hannah (LH) Deep Patel (DP)	<u>Action</u>
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2.	<p><u>Welcome from Chair</u></p> <p>SK welcomed everyone to the meeting. There was general discussion around how the committee was feeling and what were the main topics of concern currently in community pharmacy.</p> <p>SK confirmed the AGM would start at 6.15pm with a buffet and then prompt start to business at 7.00pm, to allow a timely finish.</p> <p>LK updated that Priya Warner from GPhC was unable to attend due to illness; however, Joanna Martin (Quality Assurance Manager – Education) was attending in her place along with Richard Chapman - Local GPhC inspector. There may also be a couple of other GPhC visitors.</p> <p><u>Declarations of Interest</u></p> <p>Luvjit Kandula</p> <ul style="list-style-type: none"> • Seconded to post of NHS Digital Programme manager for 2 days a week from 1/9/2017 as agreed with LPC Committee • APPG Specialist Advisor – Diabetes, House of Commons • Chair of PCPA, Community Pharmacy, Strategy Group. 	
3.	<p><u>Approval of Minutes – July 10th 2017</u></p> <p>Minutes read for accuracy. Amendments completed as per request of LPC Meeting Luvjit Kandula invited to share ideas with Primary Care Pharmacy Association</p> <p>AG had circulated prior to the meeting the amendments highlighted by LH – these were that the GPhC could be invited to the AGM to deliver a coaching session to support contractors with visits and clarity on gradings systems</p> <p><u>KPI & Budget Alignment (item 5 on July agenda)</u></p> <p>SK advised the executive committee were not able to meet to discuss KPI and Budget Alignment. LK commented that it was a big piece of work and suggested that an afternoon was assigned to this by the executive and bring the next steps to the next meeting.</p> <p>All present confirmed they were happy with the changes as highlighted above in red, and subject to these amendments agreement was proposed by Shezad Alimahomed and seconded by Jane Lumb as a true record.</p> <p><u>Matters arising</u> there were none.</p> <p><u>Approval of minutes – May 2017</u> For accuracy the May LPC Meeting 2017 minutes were read again prior to approval; there were no changes to be made. Proposed by Mohammed Sattar and seconded by Mohammed Ibrahim as a true record of the meeting.</p>	

4.	<p>Action Log</p> <p>Action log reviewed by LK for committee member actions, amendments will be made by AG and action log will be re-circulated once completed.</p> <p>AG updated the meeting on the outcome of the NHSE actions which had been followed up to ensure completion, a copy of the final response was filed in drop box. SK thanked AG for her tenacity in getting the responses.</p> <p>There is a need to capture feedback from contractors by month, and to cascade key topics each quarter consistently; key messages for the next quarter identified as below.</p> <p>AP 69 – AG, LK & SK to produce key topics for this quarter to include NUMSAS, HLP event on 3 October 2017 (packs being sent out to contractors this week), Engaging with Flu and Quality Payments; important to note that Quality Payments and HLP etc are key priorities in terms of survival and sustainability.</p> <p>LK has received a request to provide some feedback re; NUMSAS from the National Team, please send your thoughts so LK can collate and respond. This maybe important for future developments and improved / coordinated implementation and future extension so feedback would be appreciated.</p> <p>AP70 – all to provide feedback as requested</p> <p>Following the discussion at the July LPC meeting, the contractor list had been updated to reflect the changes as agreed by LPC members and details sent out by email; there is also an updated document in drop box. NL asked if this could be sent out by email AP – AG to resend list as agreed; AG asked if there were any queries please could these be raised with LK and AG. (AP 71)</p>	
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5.

Treasurers Report

AT began by saying that there was a proposed rent increase (from £300.00 per month to £330 per month) for the facilities at Brandon Street; there had not been an increase for 3 years and he asked SK to leave the meeting whilst the issue was discussed. The increase was discussed considering that there had been an increase in the utility bills and broadband usage, over the last 3 years and the rent had remained the same. It was felt that there would need to be an agreed review date in place and a vote then took place

In favour of rent increase – all present agreed

Against – none

Abstention -none

SK re-joined the meeting and AT updated him of the committee’s decision; it was agreed that after the increase now, the next review would take place in April 2019 and thereafter annually.

AP SK & AT to agree date this will take place (AP72)

The Lloyds account was now in process of being closed as the ID issue was resolved.

Barclays account – 2nd signatory issues ongoing, progress being made; currently applying for additional signatory as SH’s form was rejected.

All finance and governance updates had been done and signed.

PSNC – 2nd levy paid.

The levy holiday was a work in progress, and he would update the AGM with the progress. **AP 73 AT to share progress**

The treasury spreadsheet was shared with the committee, there had been payments in respect of postage for the AGM documents and other office supplies submitted by AG, and payment to a previous administrator for anti-virus software of £90.00 which had not been reimbursed.

LK confirmed that during her secondment NHS Digital would be invoiced quarterly by the LPC, and there would be costs for the Chief Officer support for 2 days so the budget might need to be looked at again.

HLP – cost of folders £8500.00 for 110, so approximately £55.00 plus vat each; look out for the folder arriving and keep safe. Arrangements had been made for a central drop off for Boots and Well for onward distribution to contractors.

LK talked about the HLP event on 3 October and who was invited and that in practical terms 40% of the criteria would be covered at the meeting.

HLP training event RA asked if it was possible to get the number of champions for Boots, how many have registered for the event? LK said that this information would need to come from the training provider. **AP -LK to see if available. (AP 74)**

SK said that the challenge would be engagement with contractors, to make every effort to ensure phone calls made and update who has made their calls,

AP 75 AG - to produce simple form to go onto drop box to record calls made and any issues arising.

LK reminded that the calls would need to be made in the next two weeks and commitment was required from all to do this, we can be more relaxed next quarter.

AP 76 – all committee agreed to make calls to contractors and cascade key messages, in order to help with the calls a script would be produced and sent to the committee

AP 77 SK, LK and AG to support with this.

6.

Chief Officer Review

SK, JL and SH performed Luvjit's review on Monday 18 September and have made some recommendations, to be discussed at committee today.

LK was asked to leave the meeting at this point.

SK talked through the Chief Officer Review document, it was stressed that it was important that the infrastructure was in place with laptops and phones etc, to get it right in the first place, and quarterly review meetings are really important and should focus on 80% day to day work and 20% innovation.

Recognition of what a hard role it was; LK level of engagement with contractors is fantastic and very well documented.

SK explained pay and pension contributions, needs to be a robust plan and the KPIs should be mapped to the business plan, delivery to each quadrant identified and also opportunities for development.

SK said there will have to be clear objectives that can be measured moving forward, and asked for any feedback to be sent to him. SK, JL & SH will set the KPIs. **AP 78 to complete on receipt of feedback from committee**

LK re-joined the meeting and SK explained in detail the remuneration package proposal which the committee were happy with, and the dates it was effective from. LK felt the remuneration package innovative and fair.

SK explained in detail how the remuneration had been calculated and agreed everything would be formalised in writing. **AP 79 letter to be sent by SK to LK.** It was agreed that review dates needed to be set to allow adequate preparation.

LK thanked the committee for their support, recognition of the structure that was now in place to deliver outputs from the contractors.

SK said there had been many achievement – Fluenz, domiciliary MURs, and LK has such a drive and passion which reflects so well and should celebrate your achievements.

AP 80- dates of review meetings to be agreed LK/SK and communicated

Recruitment of Chief Officer Support

SK has been supporting NHS Digital to finalise LK's Secondment for 2 days per week and this has run surprisingly smoothly to date. At the last LPC meeting in July it was agreed to arrange suitable support for the 2 days LK is not with the LPC and suggested a project support officer rather than the chief officer role to be split, allowing the LPC clarity on who does what etc and to ensure that we do not fall down on statutory obligations of the LPC due to lack of time.

LK's secondment began on 1 September 2017, and the successful candidate would need to be able to work on specific projects, guided by the committee and LK, 2 days a week to deliver key, tangible outcomes.

SK proposed an ex industry project manager who has already delivered business case successfully as PM in Warwickshire to support CO for 2 days, vast experience of project management.

LK said that there are currently 2 pieces of work where business plans were needed, this person was an expert and there were opportunities to learn herself.

AT pointed out that the candidate was not a pharmacist and therefore this would need to reflect in what the role entailed.

SK said that there may be meetings where he could support or it may be that one of the committee could attend

	<p>NL asked about governance, and the admin role currently</p> <p>SK replied that there is nothing in the constitution which says we cannot buy in resource if required.</p> <p>LK replied that the admin support role carried out by AG was 12 hours a week only, with very specific tasks.</p> <p>SK - It is not a true secondment if we don't fill the 2 days, if LK can list the things she does now we can divide the workload, but we have not progressed since July.</p> <p>AV – we need to be clear on what can be achieved in 3 days by LK and what we are expecting the support officer to achieve in their 2 days</p> <p>SK said we need to recruit to the role in line with LK's secondment, clear start date on a rolling 3-month contract with end date, clear and transparent guidelines to meet the candidate. If that does not work out we may need to go external to recruit.</p> <p>LK said that once the support officer is recruited they should be reviewed regularly also and have the same measures to achieve, with set dates for review and a clear induction plan in place.</p> <p>LK to pursue meeting the candidate and report back AP 81.</p>	
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Chair Report

Report uploaded to drop box

despite holiday season there have been some developments with various stakeholders. Highlights listed below, Whilst CCGs face mounting pressure to achieve cost savings we continue to see an uplift in branded generics and 'de prescribing of products for selfcare such as OTC remedies including paracetamol, this is becoming more widespread and I am concerned that as patients are sign posted to community pharmacy for selfcare this has to be appropriate and expectations managed. CCGs are still attempting to roll out POD and we continue having conversations to ensure that they do not implement this with a broad brush detrimenting patient care and impacting on pharmacy work load, I have personally started working with a number of practices to identify patients suitable for RD particularly blisters etc.

With increasing pressures on work load and finances we continue to see patients requesting blister packs and also challenges in obtaining stock below DT, supply issues when resolved seem to result in increased costs, we must ensure contractors are mindful of this and report issues to PSNC. Other issues include the ongoing push from GPs to discourage patients accessing community pharmacy flu vaccination, this has been raised at several levels and we continue to escalate issues to NHSE, on a positive note the LPC has commissioned radio advertising promoting flu vaccination via community pharmacy, whilst there was a significant expenditure, it was felt by the majority of the committee that it was worthwhile, we will have to evaluate impact over the next few months.

Leicester Diabetes Centre invited LPC to attend a meeting regarding medicines optimisation and diabetes and are keen to build on the work we did last year regarding upskilling community pharmacists. I have also been working with Luvjit and Boehringer to develop a respiratory framework and pathway to integrate community pharmacy with a phased approach of upskilling, leveraging existing services (NMS MUR Flu) moving to commissioned advanced MURs should phase 1 be successful and measurable. I have also provided the cardiovascular network with a business case for NDPP referral via community pharmacy and started some engagement with the acute trusts for transfer of discharge information to community pharmacy from secondary care.

8.	<p><u>Chief Officer's report</u></p> <p>The minutes of the executive meeting are available in drop box</p> <p>Radio campaign update –to go live at 23rd September when vaccines arrive.</p> <p>LPC members raised issue of GP messages to patients regarding GP's coercing patients to use GP practice (as it will affect their survival), need evidence of this happening, not anecdotal.</p> <p>Propositions for HLP training – support for HLP champions – embedding HLP champions, reminder again of event on 3 October and importance of attending</p> <p>NHSE funding available, using money for innovation and funding community pharmacy to work in GP practices and encourage closer integration. Suggestion to support PSNC Walk in your shoes -project</p> <p>ERD – tangible outcomes for repeat dispensing to reduce burden on GP practice</p> <p>Quality Payments support</p> <p>Admin – appraisal – 3-month probation period and process network – date to be agreed AP 82– LK & AG to agree date of this meeting and plan other dates.</p> <p>Electronic Health Records – access to GP records, opportunity for community pharmacy to support patients to request access. LPC agreed in principle to this.</p> <p>'save the date' 27 January 2018 STP event in Leicester, no further details at present; please keep this date free.</p> <p>Opportunity for community pharmacy to support patients with provision of laxatives prior to diagnostic tests; great benefits to patients to have this service, cost implications so LK would like feedback. AP 82 -Committee to give feedback</p>	
9.	<p><u>External Visitor</u></p> <p>Garry Myers – PSNC Regional Representative.</p> <p>Garry gave a PSNC update to the meeting and answered questions raised by the committee. He will be present at the AGM and will give a presentation to contractors.</p>	
10.	<p><u>Preparation for AGM to follow at 6.15pm</u></p> <p>The AGM will start promptly at 7.00pm to allow for good discussion time; refreshments and food will be available from 6.15pm</p>	

11.	<p><u>AOB</u></p> <p>NL asked lpc members to remind contractors about the DeMontfort University (DMU) collaboration.</p> <p>'There is a fantastic opportunity to have DMU students to help you with health promotion and hlp activities, audit and generally to uplift your services. A sound resource: you will be enabling the future workforce and local students can also be future employees. NL will raise at AGM and can take name and email address of the pharmacy there and then, or contractor can fill out on the survey monkey link.</p> <p>NL suggested that LK resend the announcement as a separate piece of information- it somehow got 'lost' and many didn't read this in the original email.</p> <p>A few pharmacies say they have dmu students working voluntarily in the pharmacies but without a 'framework'. Perhaps we can in the medium term put together a working operational framework for the pharmacies under the banner of 'adopt a pharmacy student'.</p> <p>NL said that comments would be welcomed from the LPC committee to her. NL agreed to send all relevant information by email to LK for onward cascade to contractors.</p> <p>AP 83 – NL to send information to LK</p> <p>AT updated the meeting about a conversation he had with AG about workload and hours of work. He asked that where there was a need for additional hours to be worked and AG was happy to do this, then there was budget available if required. Any such instances would be referred to the executive committee for prior approval. The overall feeling was that this gave flexibility to the role.</p> <p>NL- A flu and Health Promotion will be taking place at Beaumont Leys shopping Centre</p> <p>LK – pharm data -opportunity for contractors to have on line advertisements; an email will be sent with the details</p> <p>SK asked how the meeting had gone, overall the LPC members felt it had gone well, the content had covered a lot of important information and those staying were looking forward to the AGM later</p> <p>Meeting Closed at 5.33 pm</p>	
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