

## LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday 13 November 2017  
Holiday Inn Express, Raw Dykes Road Filbert Way LE2 7FL

9.00am to 5.00pm

<p><b>Present:</b></p> <p>Satyan Kotecha SK– Chair Luvjit Kandula (LK) - Chief Officer Adam Thomas (AT) – Treasurer Sue Hind (SH) – Vice Chair Pallavi Dawda (PD) Jane Lumb (JL) Shezad Alimahomed (SA) Neena Lakhani (NL) Altaf Vaiya (AV) Harmanpreet Kler (HK)</p> <p><b>External Visitors</b></p> <p>Rabiyah Suleman – CCA Observer Salim Issak &amp; Ben Collins -NHSE Louise Ross -Stop Smoking Service Meera Shah - CPPE</p>	<p>Ailsa Garner (AG)–Administrator</p> <p><b>External visitors - continued</b></p> <p>Jit Parekh - NHS Midlands &amp; Lancs Commissioning Support Unit Yashvant Lodhia Medicare -Contractor visit to LPC Meeting</p>
---	--

### CLOSED SESSION

<p>1.</p>	<p><b><u>Apologies for Absence</u></b></p> <p>Rafica Ahmed (RA) Mohammed Sattar (MS) Mohammed Ibrahim (MI)</p> <p>LK updated the meeting that Rafica had now moved to another role and resigned from the LPC. Rabiyah Suleman was likely to be her replacement subject to ratification from the CCA and Rabiyah was attending the open session to acclimatise herself.</p> <p>LK also mentioned that no apologies had been received from Deep Patel, who had not attended for 3 meetings. SK requested that the process be followed and the CCA contacted. LK confirmed this was already in hand.</p>	<p><b><u>Action</u></b></p>
-----------	---	-----------------------------

2.	<p><b><u>Welcome from Chair</u></b></p> <p>SK welcomed everyone to the meeting and introduced HK as her 1st one as the new CCA rep replacing Lianne Hannah; HK gave a brief overview of her career and the committee introduced themselves.</p> <p>There had been a last-minute request for a guest speaker (Jit Parekh to attend), and LK confirmed the agenda would be amended to fit this in. SK provided the context around Jit's attendance which was the drive towards driving appropriate footfall towards community pharmacy, and the promotion of self-care, OTC medication etc.</p> <p>There was general discussion about the expectation of patients visiting community pharmacies, there were leaflets available to support patients, but GPs could also help with better communication and also that there are instances where vulnerable patients needed extra care.</p> <p><b><u>Declarations of Interest</u></b></p> <ul style="list-style-type: none"><li>• HK completed as a new LPC member</li><li>• LK updated to declare Assembly member EM Clinical Service</li></ul>	
----	---	--

3.

**Approval of Minutes – September 18<sup>th</sup> 2017**

SK reminded the meeting that everyone on the LPC committee had received the minutes, in advance, and therefore it was their responsibility to be more thorough when reading them; this was not a reflection of the administrator's notes, but he wanted to express his concern about engagement and all should be better prepared for meetings in the future.

Minutes of the meeting held on Monday 18 September 2017 were read through for accuracy and an amendment made as per the request of the LPC Meeting to reflect that NHS Digital would be invoiced quarterly by the LPC for the period of LK's secondment. Having made this change agreement of the minutes of the meeting held on Monday 18 September 2017 were proposed by Neena Lakhani and seconded by Shezad Alimahomed as a true record.

**Matters arising**

PD had attended two meetings and had provided an update by email as to their content.

**STP meeting 31/10/17 LRI**

It is good for us to be included or we will find we are left out completely of any plans.

Named the LLR Medicines Optimisation time out. Looked at the better care together programme and has 3 priorities, 1} Health and wellbeing, 2} care and Quality, 3} Finance and efficiency. This was primarily a brainstorming exercise looking at what the action points and ambitions are and what is holding us back? And how could we work differently to achieve the ambitions for the STPs.

Included the value of using community pharmacy with MURs and NMS referral. Highlighted the importance of including CP in the healthcare team allowing us access to patients records and discharges. HLP and value we can deliver on prevention and stressed we are very under used.

A summary of all points will be collated and then distributed for more comments to be made and this should be sent to Luvjit and then to all of us to comment on.

Request received from Lesley Gant- she would like our algorithm on MDS and wondered if we would be happy for it to be used for the LMSG. Please share your thoughts on this and if all agreed can we action this please Luvjit?

**LIN Meeting 01/11/17 FOSSE HOUSE**

Turning point – reported Rxs being lost even when sent via recorded delivery, this is more of a problem with multiples where it may not be the pharmacy where the post is received. Can we please include something about this in our next email to contractors especially given the recent correspondence about collection of prescriptions. Maybe a good idea to include in our newsletter too?

I have spoken to Indi from TP to ask if I should bring up the collection of Rxs from

	<p>Turning Point in AOB, he informed me no decision has been made and they will wait before the next LIN meeting before doing anything, so it can be discussed with all those who attend the meeting.</p> <p>In terms of incident reporting multiples tend to be better at reporting. Independents seem to be less likely to report. Maybe this is something we can pick up with contractors when we call them?</p> <p>Key learnings from reporting's made were:</p> <ol style="list-style-type: none"><li>1) Delivery drivers collecting CD Rxs from the Surgery – good practice would be for them to have ID.</li><li>2) Problems arise where SOPs are not in place or not used.</li><li>3) Thoughts around including dispensing interval for a patient in CD register.</li></ol>	
--	---	--

4.	<p><b>Action Log</b></p> <p>Action log reviewed by LK for outstanding actions and amendments will be made by AG and the log recirculated.</p> <p>Calls to contractors to continue this quarter, and topics will be captured during the meeting and then reviewed at the end to ensure consistency of the messages. AV shared the content of the calls he had made and how sometimes it was very time consuming to make repeated calls. He suggested that an introductory email could be sent to all contractors explaining that LPC committee were allocated a number of contractors to call, and it is an opportunity to listen to their views and get feedback from the heart of community pharmacy. The committee felt this was a great way to start the engagement process, gain feedback and it was also important to close the loop after we have acted on feedback to demonstrate what the LPC has done to support.</p> <p><b>AP 85 All</b> – calls to contractors to continue quarterly <b>AP 86 AG</b> to compose introductory email to send to the committee who will then forward to their contractors</p> <p>There was discussion about the time taken to make the calls, and SK said that this had been discussed during the recent executive meeting, and there is budget available for backfill. However, it was important to be able to track that calls were being made; any claims for time spent going forward would be approved only if the central spreadsheet is populated and completed. This was agreed by all present to ensure contractor funds are used properly to support them.</p> <p>The levy holiday for December and January is a great good news message and should be shared with contractors.</p> <p>LK and AG always try to get an outline of what guests want to speak to the LPC about and will continue to do so; all guests are advised in advance as to their time slot and every effort will continue to be made to get as much detail as possible. SK suggested that a record could be kept of any repeated requests, and if there is no attendance at a meeting if invited.</p>	
----	--	--

5.

**Agree dates for LPC Meetings January 2018 to March 2019**

The suggested dates circulated with the agenda and available in drop box were discussed, and where possible changes made to accommodate individual circumstances and school holidays.

The following dates were agreed

Monday 22 January 2018
Monday 19 March
Monday 21 May
Tuesday 3 July
Monday 24 September – afternoon meeting 1.00pm start followed by the AGM – 6.00pm start
Tuesday 27 November 2018
Monday 21 January 2019
Tuesday 26 March 2019

**Chair Review**

This will take place during the lunch break today.

**Executive Meeting dates**

These will need to be tweaked slightly to accommodate change of date (July meeting moved) and will be circulated

**Admin Review dates**

Dates agreed between LK and AG and are in diary.

**Chair and Chief Officer** Review dates to be agreed by review committee, AG will send suggested timings, ideally to be held after LPC meetings.

This will need to be agreed by the review committee.

**AP 87 AG** - to send out confirmation of the meeting dates and diary invites as appropriate

6.	<p><b><u>Treasurers Report</u></b></p> <p>AT circulated the latest finance figures and gave an update to the committee. He said that the Levy Holiday had been sorted – this was great news for contractors. Payment suspended for December 2017 and January 2018 and should be automatically reinstated in February 2018.</p> <p>He now had the password for the Lloyds account and SH will support him with this. He will speak to MI about the Barclays account in due course.</p> <p>AT then spoke about there being money in the budget, some of which can be used to support AG to work additional hours if required, and to use as backfill for the LPC members. This will help to provide backfill for the committee to make contractor calls as required.</p> <p>He will liaise directly with NHS Digital and invoice them quarterly as agreed for the duration of LK’s secondment which started on 1/9/2017; and pursue them directly as he had not yet received a signed agreement.</p> <p><b>AP 88 AT</b> to deal directly with NHS Digital, invoicing and chase up receipt of the signed agreement.</p> <p>The budget had been aligned to the KPIs, and this would be shared later in the meeting.</p>	
----	---	--

7.

### Chair's Report

Report uploaded to drop box

Lloyds Pharmacy's announcement to cease trading in 190 Branches sent shockwaves through the community Pharmacy Network, LLR has potentially 3 of these branches. October PPD (for November payments) as predicted was significantly reduced despite the 15p advance payment. To compound issues locally many surgeries have decided to move to 56 day prescribing to try and reduce workload at GP, LPC have raised this at various levels but CCGs and NHSE claim they cannot intervene despite arguments ref Waste, ERD etc, we continue to see complaints from individual pharmacies regarding EPS nomination, P2U and other online pharmacies,

Chief Officer's appraisal and KPIs have been agreed, awaiting a few tweaks in line with comments from Chief officer, Exec have met and finalised a budgeted work plan, this will allow focus and maintain momentum without any significant changes to the workplan as we will have a 'new committee' post March, Luvjit and Ailsa have started preparations for elections.

A huge thankyou to all involved in the HLP event, turnout was fantastic, we will hopefully see the benefit in November QPS submissions. We also had a good turnout to the AGM and the accounts were accepted with only one abstention.

Following 'poor engagement' with the BBV screening initiative, we had a number of teleconferences and expanded the service to an additional 6 pharmacies, the researchers were disappointed with uptake and LPC have done everything we can to support better uptake including an additional stakeholder engagement event, understanding why contractors haven't engaged is difficult.

Finally, I attended a Frontline Pharmacy Event hosted by NHSE and AHSN, there was a lot of focus on General Practice workforce pressures and Clinical Pharmacists in GP, there is a real appetite amongst strategic stakeholders to drive Transfer of Care forward which could increase opportunities for NMS in CP, other areas have been piloting this with a published paper from Newcastle.

Paul Gilbert is interested in developing a joint placement between CP and GP for pre-registration – when communications are available the LPC will send out expressions of interest, I had a call from an interested student for 2018/19 but the timelines may prove challenging.

### Recruitment for Chief Officer Support - update

Offer letter drafted, SK stressed that the support role was not to represent the LPC at external meetings that is the responsibility of the executive. Support to be employed on a 3-month rolling contract and LPC is not responsible for any pension contribution. LK will continue to liaise with the candidate and agree a start date. AG will support LK with induction.

### Chief Officer Review

All details in drop box, waiting to be finalised.

8.	<p><b>Chief Officer's report</b></p> <p>Full report uploaded to drop box, highlights below</p> <p>Flu vaccination which has been addressed via mou and also raising issues to NHSE. As a result of national steer and many issues raised at all levels letter from NHSE. Multiple issues issued through contractors and LPC members to NHSE, Flu leads and CCG.</p> <p>Pharmacy now issue raised by three contactors which is being looked at -raised to PSNC / NHSE - currently being investigated by CCG and NHSE – to be discussed at Pharmacy Planning meeting</p> <p>EPS nomination issues regarding 5 local contractors vs a local contractor alleged to be breaching nomination policy. Contractor spoken to however had been raised to NHSE prior to contacting the LPC. complaints regarding “stolen patients” . Being addressed by NHSE and reminder of nomination principles, NHSE complaints policy, template letters and website page updated to reflect. Patients need to supported to raise issues to NHSE directly for effective management, LPC cannot investigate the issue formally as this is NHSE mandate.</p> <p>LPC conference – CP contract negotiations have not started; local NHS and STP engagement is the only lever; Sir Kevin Barron MP encouraged local constituent Pharmacists and patients to raise awareness to MP’s to support policy for CP to be supported via the APPG Pharmacy group; recognition of diminished financial envelope and opportunity to commission new services. New consultation regarding request of invoices and supporting information for sale and supply of medicines – could be a significant burden for Pharmacy, requested comments to be able to respond as an LPC</p> <p>Increasing cases of 56 day prescribing; raised to CCG and NHSE as multiple contractors raised issues and highlighted impact and confusion on patients and lack of adherence to CCG policy. . Dt clause allows claiming of loss based on historical data - also checked with PSNC and being addressed to ensure mm teams support 28 day prescribing as per policy. MM team have held meetings with the Practice and LPC have chased the issue. Conclusion is that policy cannot be enforced and increasing workload has resulted in the decision. This has been challenged on the grounds of wastage contribution and national guidance. They have provided assurance to continue but GP practices can implement their own policy and CCG role is advisory.</p> <p>Working with Ailsa on all day to day planning for 2018 and outlining key deadlines; Lpc meetings planning for next year events planning; Planning for elections and ensuring a robust process and key timelines are met.</p> <p>NHSE have asked to attend LPC event to address Cd issues due to low engagement with CD online in terms of requesting destruction and reporting CD incidents. I have said that’s great but requested we could try to do an NHSE engagement event covering cd’s contract, NUMSAS and other developments to improve engagement and support contractors early next year but likely NHSE will add a session to an LPC event to address.</p> <p>KPI’s for CO are almost finalized with SK and JL. Sent comments – to be finalized for 2018.</p> <p>HLP engagement work continues. HLP leadership event attendance was over 230 pharmacist and team members. As of November 2017, 154 Champions are now qualified.</p>	
----	---	--

Leadership numbers attended = 170. Feedback regarding event was very positive. All contractors received phone line support and folders and materials. All stores qualified received Pharmacy Complete packs to support. Some contractors referred to LPC by Perrigo. More than 50 queries regarding HLP received over last 2 months from contractors and teams

Attended Pharmacy Show presenting on 2 panels and STP engagement presentation to support others to learn. Next steps include helping contractors and all teams understand the FYFW and impact of the STP and importance of engagement with GP Practices and also with STP plans to ensure understanding of NHS landscape via STP engagement event.

Flu Radio campaign has received Positive feedback from many people who are not Pharmacists and has impacted raising awareness of Pharmacy role in stay well in winter and Flu in Pharmacy. Figures to be verified but more than last year's season already delivered this year and contractors appreciated support with queries with PGD, updates and signposting to training. Also received queries from locums regarding flu training as they are more keen to engage.

I have met the potential support officer to discuss co support

4 areas of project that could be supported;

1. NHSE 15k proposal development
2. Look at secondary care service development -
3. business case development for stp alignment and development of cp
4. Service development strategy

At the moment on 3 days a week; the innovation and service development are rather behind.

Events planning for next year – have contacted Pharma for sponsorship and also been in conversation with Camrx for Pharmacy business support workshop for next year which will progress.

Reviews done for all Lpc members and administrator. These are available on drop box. Chair's to be completed in November LPC meeting.

Arranged for Jon Ashworth to visit Yakub to have flu vaccination and press release on the website.

We have around 90% engagement with QPS In LLR with some areas of weakness aligned to national trends including patient safety report and low levels of HLP accreditation. Communications and reminders sent out regarding major issues fed Back through contractors, PSNC to ensure same mistakes aren't made on the claims. Some issues with Dos Profile. PSNC sent NHS mail update and some contractors were not live. All contacted to ensure they double check status with the NHS mail team.

Numsas feedback sent to national team as requested. Engagement levels are low, and a large number of referrals not actioned aside from being CD, Engagement is overall quite poor but also less coordinated in east midlands. A meeting is being set up in due course with NHSE. Have also requested a NUMSAS event to encourage engagement and training to increase levels of engagement and understanding. LPC to consider setting up own event?

	<p>Chief Officer to take annual leave for 2-2.5 weeks at Christmas; this is to be confirmed by the Chair and to give advance notice to LPC Committee members.</p> <p><b>AP 89 LK</b> to investigate managed repeats at Oadby Surgery and involvement of Pharmacy 2 U and acceptance of a posted/faxed request.</p> <p>LK asked for minutes to record that whilst NHS Digital are being invoiced quarterly by the LPC, since the start of her secondment on 1/9/2017, as soon as the support person is appointed for a while the LPC will be paying for 2 days support in addition to 5 days for LK until NHS Digital. This has been budgeted for, and as such is not an issue, but minutes should reflect this.</p>	
<p>9.</p>	<p><b><u>LPN Chair update</u></b></p> <p>PD provided the meeting with an update of the activities as this was a new role for her and she was “finding her feet”. It is hoped that there will be a reenergising of the steering group early in 2018, currently looking at the opportunities arising in the transfer of care from hospital for patients, medicines management and discharge project, as currently 90% of patients are discharged from hospital with a change to their medication and this was something that community pharmacy could support. Hospitals are enthusiastic about how this can be supported for patients</p> <p>NUMSAS – evaluation of feedback was currently underway CPPE – upskilling</p> <p>SK said it was important to know what is being looked at so that the LPC can support as part of the budgeted work plan</p>	
<p>10.</p>	<p><b><u>KPI &amp; Budget</u></b></p> <p>KPI finalisation document uploaded to drop box following discussion and agreement at the executive meeting of the LPC in October 2017; the four workstreams were identified as</p> <p>Achieve Operational efficiency</p> <p>Building collaborative working relationships</p> <p>Service Development and Implementation</p> <p>Empower and Inspire Contractors</p> <p>Budget has been allocated to each activity within the workstreams as detailed on the document.</p>	

11.

**OPEN SESSION**

**NHSE – Salim Issak & Ben Collins**

Salim began by talking about Quality Payments – the portal is open until 18/12/2017, validation of last years claims showed that 816 contractors nationally did not meet the criteria, and contractors were given the opportunity to update NHS choices; there is a dispute resolution process available if required.

Contractors may ask the LPC for support, so SK requested that if this was the case contractors should be signposted to the LPC.

Salim said that there was not many in the LLR, SK said this was good to know but if there were any common themes support could be tailored to need and good to know where we have fallen short.

LK asked about Quality Payments post November, Salim said that nothing had been received yet, there was no clear steer and there may need to be changes in what contractors are asked to do.

SK stressed again that local data would be appreciated.

DOS Update – impacts on contractual requirements, there is a tidy up exercise underway as there are known issues.

MURs – Quarterly data to be submitted via NHS BSA

NUMSAS – 9 referrals in August 2017, of which 4 looks as if nothing was done; these could be no shows but should still be completed in all cases.

Health Campaigns – November and December – stay well this winter, all pharmacies should have received their packs. Still finalising campaigns for next year but February is likely to be a continuation of stay well this winter, in particular under 5-year-old children

LK asked that the LPC are informed of the health campaigns so that we can help contractors to prepare.

Ben Collins updated the meeting about the CPAF visits and agreed to share the pharmacies so that the LPC can support them to complete; there are currently 6 pharmacies within LLR who had been requested to complete a full CPAF and had not yet completed this. Ben agreed to send the details to LK.

AG asked Ben to send the Christmas and New Year opening hours as soon as it was available, and he agreed to do so. He commented that there were still some stragglers and he would be chasing them to respond. He expected to be able to send the information through soon.

12.	<p><b>CPPE – Meera Shah</b>  <b><u>What’s new at CPPE November 2017</u></b></p> <p>Mary Seacole Leadership Programme -<b>community pharmacists and pharmacy technicians</b> have a wonderful opportunity to join an NHS Leadership Academy (NHSLA) Mary Seacole leadership programme for community pharmacy.</p> <p>In this NHS-led flagship programme you will develop your leadership and management skills to enable you to drive quality services in community pharmacy and make a difference to the health of the people you see in your practice. This is an opportunity to continue to build on the leadership training that you may have already done for HLP accreditation and complete a nationally recognised NHS leadership development programme which will award you with the <b>NHS Leadership Academy Award in Healthcare Leadership</b></p> <p>Online access to the NHSLA virtual campus for this cohort starts: 7 December, with face to face study days with the NHS leadership academy and CPPE facilitator in the East Midlands.</p> <p>What’s new in BNF evening events for pre-regs. These events will give pre-reg opportunities to apply unfamiliar information to clinical case-studies under time pressure. As this event is exclusively for pre-regs it will provide an opportunity for peer networking and support.</p> <p>Public Health Workshops, being held locally at St Peters Health Centre – Emergency Contraception, on 9 December and 3 February.</p> <p>All day study days – fully booked</p> <p>Inhaler technique learning event</p> <p>Fundamentals of working with GPs: <i>General practice – the fundamentals of working with GPs</i> is ideal for any pharmacy professional wishing to understand and increase integration with general practice.</p> <p>Consultation Skills Event – 2 all day events in March 2018</p> <p>Meera asked for the LPC to give some thought to what events could be held April to September next year. Suggestions included Consultation skills, EHC, Health Promotions, with a request to hold events in Leicester if possible, and also could evening meetings be considered.</p> <p><b>AP 90 ALL</b> to send suggestions to LK as soon as possible, so that a response can be sent to Meera by Friday 17 November</p>	
-----	--	--

13.	<p><b><u>Stop Smoking – Louise Ross</u></b></p> <p>Louise gave an update about the Stop Smoking service, and reminded the committee that pharmacy episodes need to be closed off.</p> <p>Still struggling with STRIVE</p> <p>Use of vaporisers being reviewed to see if this is an acceptable way – early indications are that it is a positive measure but also instances where patients come in and take one and then do not come back.</p> <p>Lifestyle services review is ongoing</p> <p>Vaping was the biggest driver in Stoptober this year.</p> <p>Plans to produce a poster as a local campaign about e cigs and their use</p> <p>Discussion about the use of chewing tobacco which is still an issue in some parts of the city; known oral cancer risks and Louise has leaflet available for contractors to display.</p> <p>Stop Smoking offers a real opportunity to work with Healthy Living Pharmacies, it's a win win situation and a great chance to achieve something. The challenge is to have a robust referral mechanism in place, which is auditable too.</p> <p>Louise can supply tear-off cards for pharmacists to use to signpost smokers to Stop.</p> <p>There is also some thought about the suggestion that we create some sort of referral system, but at present cards would not be helpful because they would need posting, and a simple email would work best, to <a href="mailto:stop@leicester.gov.uk">stop@leicester.gov.uk</a></p> <p>SK suggested a training event which would include HLP and some input from the Stop Smoking service, and use of e cigs.</p> <p>LK asked if it was possible to have an updated list of which pharmacies offer stop smoking, and those who offer supply only services. In addition, was it possible to find out how many vouchers are being issued and this will help the understanding of whether the voucher service is sustainable.</p> <p>Louise agreed to consider these queries and send over the information requested.</p> <p>At the end of the presentation Louise told the meeting that she would be retiring in March 2018 and the January LPC Meeting would be her last one.</p>	
-----	--	--

14.	<p><b><u>Jit Parekh - NHS MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT</u></b></p> <p>Jit presented an update on planned activities in promoting pharmacy services across West Leicestershire and to also an update on overall winter activities across LLR.</p> <p>Jit gave a media promotion update to build Better links to support signposting to community pharmacy from urgent care initiative. He asked for volunteers to support the Community Pharmacy Promotion, there were;</p> <p>Masons - west CCG area ( PD / JL) Glenfield - AT - East Leicestershire Belgrave - City pharmacy - SK</p> <p>It would be good also to consider other pharmacies to be covered too for any other opportunities.</p> <p>Jit said that the LPC had made a huge contribution to the uptake in LLR for flu vaccinations last year and initial results showed that this was going really well again this year, so he wanted to thank everyone for their support.</p> <p>He gave examples of where there had been health promotions recently including a 1-hour session on flu on Sabras Radio, and a big screen at Diwali.</p> <p>West Leicestershire self-care promotion, patients encouraged to self-care as opposed to visiting their GP.</p> <p>LK asked for all updates to be sent to her and AG on any work to be undertaken for our records and annual report next year (including any media coverage; videos, magazines, posters etc) so we can highlight and share via the LPC and llrlpc twitter account. <b>AP 91 - ALL</b></p>	
15.	<p><b><u>PNA Review</u></b></p> <p>SH acknowledged the work already underway with the review of the PNA for Leicester City, Leicestershire and Rutland, and a response will need to be sent from the LPC. It was agreed that leads would collate feedback on their respective documents and send one document to LK which would have all the feedback included. This would mean that LK would be able to add her comments and then provide the LPC response.</p> <p>Leads identified as JL (Leicestershire), NL (Leicester City) and SA (Rutland), who will respond to LK by 22/11/2017, thus allowing plenty of time before the deadline</p>	
16.	<p><b><u>Yasvant Lodhia Medicare – Contractor visit to LPC Meeting</u></b></p> <p>YL spoke about the challenges facing community pharmacy and the 56 day prescribing, and showed examples of incidents where this was happening. From the incidents YL shared it was clear there were concerns about patient safety and as such these should be reported as a safe guarding issue.</p> <p>SK assured YL that the LPC was working hard as a committee to mitigate the situation, the matter had been raised to the CCG and it was felt that a meeting would be beneficial with the GPs and Pharmacy.</p> <p>LK stressed the support of the LPC to every contractor within LLR, it was important to collect evidence, and this can be sent to LK.</p>	

17.	<p><b><u>STP Engagement/ Development Plan</u></b></p> <p>LK talked through the NHS 5 year forward view, and how can community pharmacy support.</p> <p>There will be a STP engagement event in January 2018.</p>	
18.	<p><b><u>Contractor Events in 2018</u></b></p> <p>LK and AG are currently working on a calendar of events for contractors to support engagement with key messages, and would like to include details of events.</p> <p>We have had offers of sponsorship for events so once ideas are received these can be planned in to the diary.</p> <p>LK asked that can the committee send ideas for what events would add the most value for contractors so we can start planning in advance rather than last minute.</p>	
19.	<p><b><u>Topics for Contractor calls this quarter</u></b></p> <ol style="list-style-type: none"> <li>1. Quality Payments – deadline is very soon, so please ask if they need any support</li> <li>2. Good news - LPC Levy message 2-month break December &amp; January</li> <li>3. Any feedback on 56-day prescribing</li> <li>4. Deprescribing</li> <li>5. DOS check -make sure your profile is correct; if a profile is missing you will need to update</li> <li>6. MUR quarterly submission</li> <li>7. NHS choices- please complete section 2 and section 3</li> </ol> <p>Stay Well this Winter campaign</p>	

20.	<p><b><u>AOB</u></b></p> <p>NL gave an update about the waste management audit, there are 55 pharmacies involved, but she noted that there were no multiples signed up. DMU were very pleased with the engagement but wanted more if possible.</p> <p>In February 2018 there would be a get together and it was hoped the LPC would be involved.</p> <p>Flu event at Beaumont Leys was on hold.</p> <p>Anti-coagulant audit – 4 pharmacies chosen to complete this.</p> <p>SA commented that there were big data protection issues and governance in the CCA which means that offering opportunities to students is not possible.</p> <p>LK stressed that the LPC had given unconditional support to NL in reaching a wide an audience as possible, at the AGM and at the HLP event in October, and would continue to do so.</p> <p><b><u>Review of Meeting</u></b></p> <p>SK requested feedback for the meeting from members.</p> <p>Overall LPC members felt the meeting had been positive and productive, but the morning session had been quite slow in parts, and the agenda was busy.</p> <p>Timekeeping was raised as an issue, with concerns raised about sufficient time being given to guest speakers and allowing everyone the time to reflect and ask questions.</p> <p>YL had articulated very well the feelings in community pharmacy about 56-day prescribing; We need to ensure that we are providing key messages to contractors and affirm our support to them.</p> <p>“what have we delivered for Contractors?”</p>	
21.	<p><b>Close</b></p> <p>Meeting Closed at 5.04 pm</p>	

**Date of next meeting is Monday 22 January 2018**

Signed ..... (Chair)

Name .....

Date.....

last reviewed LK – 31/1/2017