

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday 22 January 2018
Holiday Inn Express, Raw Dykes Road Filbert Way LE2 7FL

9.00am to 5.00pm

<p>Present:</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>External Visitors</p> <p>Priti Raichura & Ben Collins -NHSE Sue Manship -Stop Smoking Service Ranjit - Medicines Optimisation Pharmacist Leicester City CCG</p>	<p>Mohammed Sattar (MS) Mohammed Ibrahim (MI)</p> <p>Ailsa Garner (AG)–Administrator Vinay Mistry (VM) – Chief Officer Support</p> <p>External visitors - continued</p> <p>Jackie Buxton - NHSE Garry Myers - PSNC</p>
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CLOSED SESSION

		<u>Action</u>
1.	<p><u>Apologies for Absence</u></p> <p>Rabiyah Suleman (RS)CCA rep Boots Kash Butt (KB) CCA rep Lloyds</p> <p>LK updated the meeting that apologies had been received from Rabiyah and Kash, their inductions will be completed in due course.</p> <p>AG received an email over the weekend from Louise Ross – Stop Smoking to advise that she was unable to attend today due to ill health. Sue Manship would be attending as previously arranged. AG agreed to keep in touch with Louise and update the committee as and when there was more news. This was going to be Louise’s last meeting prior to her retirement.</p>	

2.	<p><u>Welcome from Chair</u></p> <p>SK welcomed everyone to the meeting and introduced Vinay Mistry as the support for Chief Officer; Vinay gave a brief overview of his career and the committee introduced themselves.</p> <p>VM has a slot on the agenda to present what he circulated previously and to discuss further with the committee.</p> <p><u>Declarations of Interest</u></p> <p>Forms available for completion</p> <p><u>Attendance log signed by all present.</u></p> <p><u>Approval of Minutes – 13 November 2017</u></p> <p>Minutes of the meeting held on Monday 13 November 2017 were read through for accuracy and amendments made as per the request of the LPC Meeting.</p> <p>Having made the agreed changes, SK asked for agreement of the minutes of the meeting held on 13 November 2017. Proposed by Adam Thomas and seconded by Pallavi Dawda as a true record.</p> <p>The minutes were then signed by SK.</p> <p><u>Matters arising</u></p> <p>There were no matters arising that would not be covered by the agenda.</p> <p>SK confirmed that copies of all the signed minutes were now on the website, and this meant that the LPC was in a much better position with governance.</p>	
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3.	<p>Action Log</p> <p>Action log reviewed by LK for outstanding actions and amendments will be made by AG and the log recirculated.</p> <p>NL mentioned that it was difficult to find items in drop box and suggested that where possible that the link could be included in the email. SK said that there are attachments on the emails that AG sends out but agreed that it would also be helpful to include the link.</p> <p>AP 93 AG to include the dropbox link in emails – this will be ongoing on the action log</p> <p>AP 94 LK & AG to look at how things are listed in drop box and amend as appropriate.</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> <p>The action log also needs to reflect that there are ongoing issues such as this and asked AG to look at how they should be recorded, these actions include the agenda items from guests, phone calls to contractors, drop box link in emails.</p> <p>AP 95 AG to look at the action log and how to record ongoing items</p> <p>LK said that it was great to receive photos and news of events happening in LLR and we should leave this as an ongoing action as a reminder to share all that is happening. The preparation for the AGM is ongoing and it helps if there is a database where we can draw from to showcase the fantastic things that are being done.</p> <p>AP 96 LK to send out the feedback from Rutland Health Watch</p> <p>SK said that there were now very few open actions and we would need to keep reviewing how we do things, but it was good to see that progress was being made.</p>	
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4.

Calls to contractors

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. SK asked the meeting to share the content of the calls made to identify any recurring themes.

Key themes from calls to contractors were identified as below: -

- Quality payments – workload involved
- Information Governance
- 56-day prescribing – lots of dialogue on this subject and concerns about safeguarding
- CPAF – there is support available for visits from the LPC and this will be included in the email about key topics for contractor calls this quarter.
- Very happy with support from LPC
- Time to read and digest the amount of emails received.
- Low mood
- Pharmacy2U – new mailing campaign, the LPC office had received a mailing letter too, patients are concerned and there was discussion about the complaints procedure.
- NUMSAS – not many referrals- clarity that 111 call handlers and NHS out of hours service are aware – LK said that she had written asking for a meeting as very keen for LPC to be involved and work together to a solution. Suggestion that Urgent Care lead be invited to attend a meeting. LK to pursue this.
- NUMSAS provision in LLR, Jackie Buxton will be at our meeting later so can raise directly, SK to get hold of a locality map for LLR, although it should be in the PNAs but if not then SK has a contact in PHE Local Authority who might be able to help.
- Fluenz feedback
- NCSO
- Deprescribing update
- Quality payments
- Pre-Reg
- MDS Capacity issues
- Cashflow issues

Following discussion, it was suggested that LK could get a survey out to all contractors in LLR to get a sense of what the key areas of concern are in community pharmacy and this would shape how we act and take the feedback forward.

AP 97 LK to produce survey, with support from NL & HK.

Previous AP 85 All – calls to contractors to continue quarterly – recorded on ongoing tab on action plan

AP 98 AG to send email once key themes and topics identified

	<p>Following the discussion about calls made to contractors, SA asked if he could provide the LPC with an update following the television programme on Monday 8th January 2018, made by the BBC.</p> <p>SA went on to say that patient safety is always at the heart of pharmacy but feels that with the support of the LPC it could be a much bigger area of focus, and the LPC could support contractors more going forward.</p> <p>SK suggested that a patient safety training event should be considered, it was high profile and something that the newly elected committee after April 2018 could be involved in.</p>	
5.	<p><u>Treasurer's Report</u></p> <p>AT had circulated the drop box link for the latest finance figures prior to the meeting and gave an update to the committee. Contractors had the Levy Holiday for December 2017 and January 2018 and this should be automatically reinstated in February 2018.</p> <p>Indemnity Insurance paid.</p> <p>Agreement from the Executive committee for LK to purchase a new laptop.</p> <p>The Lloyds account – AT had spent hours in the branch trying to resolve identity issues so that the account could be closed, it was very time consuming and frustrating to get this sorted.</p> <p>Sharman Fielding Accountants had written to AT offering an insurance product for tax; there was discussion within the committee as to whether this was required, as the only risk to the LPC would be PAYE, and with 2 employees only it was felt that the risk was minimal. It was agreed that such a product would not be required at present but there was the option to put to the new committee going forward.</p> <p>AT is continuing to liaise directly with NHS Digital and invoice them quarterly as agreed for the duration of LK's secondment which started on 1/9/2017; he advised that it was now with the HR Team at NHS Digital and he had received confirmation that the matter was with the finance department.</p> <p>SK said that the LPC had done everything they had been asked to do but was pleased that the matter was moving ahead and should be resolved soon.</p>	

6.

Chairs Report

Report uploaded to drop box

- Care Homes in Rutland – interesting meeting
- Rutland hospitals rank No. 3 in the country for discharge – better care fund work stream care homes provider forum, shared training GP support.
- LLR work – Care home projects practical things over next year – Alison from Nottingham
- Vanguard trail and pilot ideas and then develop how to guides for other areas – principles not step by step but for local adaption.
- Admission avoidance tool level 1 2 3
- Looked at admission avoidance data what about waste/ quality of life, outcomes
- New score – national early warning scores 999
- The Local authority lead would like to work with LPC to develop a proposal for better care fund – possibly a commissioned service. The challenges with Nottingham model include sustainability and work force, can we invite to the LPC for a workshop session?

AP 99 LK to invite to LPC Meeting to discuss this further

SK also spoke about the BBV testing pilot; follow up with team shows low uptake and issues with consultation and engagement with patient. Solutions have been discussed to share data weekly to follow up branches to maximise performance

Chief Officer Review

Chief Officer's appraisal and KPIs have been agreed, and SK thanked the exec and JL for putting the document together, which was formed from all the feedback received. It now focused on 3 objectives, with points allocated.

1.LPC Operational Efficiency

2.The LPC actively supports contractors to develop their businesses

3.Stakeholder engagement.

A meeting was held last week (Wednesday 17 January) to finalise this and he thanked those present for their support- LK, JL and AG. RA had also supported this piece of work and SK requested this was to be minuted.

If everyone was now happy, the KPIs would be used going forward for 2018/19, and in terms of this year (2017/18) LK would produce a report in early March to tidy up anything which was outstanding. This was agreed by the LPC Committee.

The KPIs for LK will also form part of the KPIs for AG and VM going forward.

The budgeted work plan will allow focus and maintain momentum without any significant changes as we will have a 'new committee' post March.

7.	<p>Chief Officer's Report Report uploaded to dropbox; highlights below</p> <p>Elections Elections coordinated and organized. CCA and AIM contacted AG and LK worked to meet key deadlines, all nominations to be received by 12 noon today (22/1/2018).</p> <p>Turning Point Proposition to remove postal was consulted with LPC members and a response sent to Turning Point. Outcome: Meeting in January 2018 has confirmed that turning point will not go ahead with this change Additional requirements identified poor mystery shopper results because of poor needle exchange understanding – to be addressed via training session Audit of turning point payments showed claims made for SC when patients are not SC and identified overpayment. Will be reviewing outcome post communication with the network.</p> <p>Champix SS PGD review on 19th December resulted in agreement to add mental health aspect of the PGD as an add on option to the service. No extra payment to be made but the core service will remain</p> <p>STP engagement with CP followed up – delayed due to issues with funding from Pharma – offered for LPC to support and book venues</p> <p>Admin appraisal quarterly conducted and stored in dropbox – all Admin administration workplans in development and progress</p> <p>QPS support continued up until 24th November 2018 with supporting communications</p> <p>HLP Update -Coordination with Pharmacy Complete to follow up outstanding HLP trainees RSPH on a weekly basis. Outcome: 155 HLP champions completed training and accredited via HLP = 84.5% of registered trainees HLP level 1 status as of 19th December achieved 169 HLP level 1 Pharmacies in LLR equivalent to over 70%</p>	
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8.

LPN Chair update

NHS England is launching a new Stay Well campaign focused on encouraging parents with young children to use community pharmacies.

Running from 12th February to 26th March, the Stay Well Pharmacy campaign will be targeting parents of children aged five years or under, aiming to increase their confidence and trust in the advice given by community pharmacy teams, and encourage them to use pharmacies rather than visiting their GP for minor health concerns. Campaign materials will be available for community pharmacies ahead of the campaign, and these feature real community pharmacy team members.

Steering Group meeting next week, so anything you would like on the agenda, let me know?

Hospital discharges – there has been a little bit of progress with ward based technicians who contact GPS and arrange dosettes for patients and set up.

Upskilling – urgent care in community pharmacy, plan for 20 places within LLR to go on course but this is at early stages at present.

SK commented that knowledge and skills training exists but there needs to be an interface and a direct line for pharmacies to be able to use to get through straight away in the case of queries.

JL said that the patient journey is important, not just now but looking forward

NL asked about a patient coming to a LPC meeting, being part of the LPC.

LK replied that this question had been asked previously, it is not within the LPC constitution, and Mike King at PSNC has confirmed this.

9.	<p><u>Chief Officer Support – Vinay Mistry</u></p> <p>A dropbox folder has been set up so that VM can update the action log and workstream information. There is an introduction document which gives career history etc. The draft proposal was submitted by email for the LPC to read and raise any issues. For clarity, the 3 Areas he is working on are</p> <p>Walk in your shoes (1) BBV (2) COPD (3)</p> <p>His priorities are to be agreed with LK but are the Walk in your shoes (WIYS) and COPD initially, to make best use of his time working 2 days a week for the LPC.</p> <p>NL asked how much of the areas are LPN vs LPC driven.</p> <p>SK said that whatever VM worked on had to be achievable within the days he works for the LPC; there is money for WIYS 15K, and he has the capacity to produce a business plan so that the LPC can support GP and pharmacy relations; the direction of the LPC is that it is here to add value, build the foundations of GP practice and Community Pharmacy.</p> <p>The LPN is not just about community pharmacy, WIYS project is to support and empower, it's not been invented in LLR, it is a way to utilise the resources from NHSE, you cannot measure a relationship, but you can have better relationships, look at mitigation, over ordering queries and have joined up thinking.</p> <p>One of VM's roles will be supporting the implementation of the BBV project, nowhere else is doing this and opportunities are massive.</p> <p>LK & VM will be working on this together as it is so vital and crucial.</p> <p>Frailty update to meeting & COPD meeting next week is planned.</p> <p>WIYS the proposal needs to get to NHSE, looking to get GPs and pharmacies to an event, toolkits provided and agree dates to go to each other's practice with follow up visits agreed.</p> <p>SH said its great to engage practice pharmacists who do not know about community pharmacy.</p> <p>NL said that GPs will question how the money has been spent, and the evaluation needs to be clear and show SMART objectives. NL offered support to LK and VM to ensure that the proposal has evaluation methodology and SMART objectives.</p> <p>AP 100 NL to send thoughts and comments by close of play Friday 26 January to VM so that the completed proposal can be submitted within the required timescale.</p>	
10.	<p><u>Major Issues affecting contractors and future support required</u></p> <p>LK attended the LPC Conference in November and content included coordination of service development, case study development and mitigation issues. During the conference it was discussed that better leverage of Chief Officer expertise could be made across regions to develop key workstreams and mitigation issues that are common to develop coordinated solutions to prevent duplication and effective use of resource. There are bits of innovation happening, but these are lost within the "day to day" so never easy to establish what is the biggest one to concentrate on. The Exec discussed this on 10th January and LK asked if the meeting could help to identify the key issues, by splitting into smaller groups and presenting back to the whole committee.</p> <p>LK thanked the committee for their support.</p>	
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11.	<p style="text-align: center;"><u>OPEN SESSION</u></p> <p><u>NHSE – Priti Raichura & Ben Collins</u></p> <p>Priti gave the committee an overview of her career to date and confirmed that she had taken over Salim’s old role. She sees the role as a bridge between NHSE and the LPC and was keen to find out about the specific challenges in community pharmacy so that she can support. LK mentioned HLP in LLR and suggested that visiting a pharmacy for half a day might be of benefit. PD offered to support and host Priti. SK said that it could be of benefit to look across the range of pharmacies in LLR.</p> <p>Current issues within LLR LPC include MDS/56-day prescribing, the BBC programme and emphasis on patient safety (how can we support contractors). NUMSAS – not getting many referrals, issue of scrips from Out of Hours service which could have been NUMSAS.</p> <p>Priti said that she was looking forward to attending meetings so that best practice could be share and work with the LPC to support contractors.</p> <p>Reminder about upcoming Public Health Campaign – stay well in winter, specifically targeted at parents with children of 5 years old and under.</p>	
12.	<p><u>Stop Smoking – Sue Manship</u></p> <p>Sue gave an update about the Stop Smoking Service and financial pressure; if pharmacies are under performing with the service then their contract could be cut. This is very much a last resort and support is given but need is there to see the delivery of activity and quit rates.</p> <p>LK said that this was something the LPC could work with using any data available so that we can identify where there is an issue and offer support.</p> <p>Sue agreed to send the details through by email so that this can be looked at and support offered as appropriate.</p> <p>LK mentioned the Healthy Living Pharmacies and how we can support with stop smoking, building on the work already done, it’s a win-win and a great opportunity to achieve something.</p> <p>STRIVE evaluation is still on going, 5 pharmacies are still giving out e cigarettes.</p> <p>Increased use of cannabis within some city locations was discussed, although the Stop Smoking Service remit.</p> <p>The posters the LPC asked for about what pharmacists can tell their patients about e-cigarettes have been produced, and are with AV if anyone wishes to take some, there are also cards about the stop smoking service available and oral health.</p> <p>At the last meeting in November 2017, LK had 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. LK confirmed with Sue that this information had been received.</p> <p>Sue agreed to keep AG updated about Louise, and said she looked forward to seeing us again at the March meeting.</p>	

13.	<p><u>Leicester City CCG -Ranjit (Medicines Optimisation Pharmacist)</u></p> <p>LK gave Ranjit an overview about CCG attendance previously at LPC meetings, and how the LPC was looking forward to working collaboratively with the CCGs, with regular dialogue, to look at the issues most affecting community pharmacies.</p> <p>SK explained that LLR LPC represents 226 contractors and issues currently include 56-day prescribing – this can be confusing for patients, there is potential waste, and the potential to increase GP workload. out of stock/branded generics.</p> <p>Promoting self-care/deprescribing- patients on long term care suggestion to buy OTC, but pharmacies cannot sell more than 3 packs. Also issue of cost, and suggestion that cheaper to buy paracetamol, for instance, in a supermarket for 16p.</p> <p>GPs are encouraging patients to self-care and refer to pharmacy, this means more patients wishing to buy OTC but often outside of licence, so this means another trip to GP. West Leicestershire CCG have already done a lot of work on self-care and OTC which LK offered to email to Ranjit.</p> <p>There is a standing invite to CCGs to attend the LPC meetings with a view to having great dialogue.</p>	
14.	<p><u>Key topics for contractor calls this quarter.</u></p> <p>Following discussion in the meeting, the committee agreed the following were the most important to be shared with contractors during calls this quarter.</p> <p>CPAF – questionnaire Preparation for audit MDS – remind of the alternatives Information Governance LPC survey coming out soon to all contractors, we are looking to capture the current challenges within community pharmacy.</p> <p>Email confirmation of these will be sent out from AG as agreed earlier in the meeting</p>	

15.	<p><u>NHSE – Jackie Buxton -Community Pharmacy Integration Lead – Midlands and East</u></p> <p>Following introductions and an overview of her career to date, Jackie explained about her current role within NHSE and NUMSAS.</p> <ul style="list-style-type: none"> • The pilot launched in December 2016 in a phased manner across England. Workshops were run January to March 2017 by PCC and NHS England with participation of local LPCs and LPNs • Mobilisation dependent on NHS mail deployment • 3,674 pharmacy registrations by 8th January 2018 • 212 de-registrations – majority due to incorrect email addressed used to register. • 11 declared no longer wish/able to deliver service <p>Jackie then shared call data information from NHS 111 – this showed around 2% of all calls made to NHS 111 are from people who have run out of their repeat medication, and this figure rises to over 3% at the weekends.</p> <p>NUMSAS extended until 30/9/2018 and 72 pharmacies in Leicestershire are registered with the BSA for NUMSAS. There are planned workstreams to continue to improve the service.</p> <p>Update on other PhIF projects</p> <p>Pharmacists in IUC</p> <ul style="list-style-type: none"> • 3 applications approved in first moderation panel (Care UK in the West Midlands, DHU in the East Midlands and Lincolnshire Alliance. All now beginning implementation • 5 more applications awaiting the results of the second moderation <p>Medicines Optimisation in Care Homes</p> <ul style="list-style-type: none"> • Documents due 22nd January <p>Training and Development opportunities (via HEE)</p> <ul style="list-style-type: none"> • Specific pathways training for Pharmacists in IUC and Care Homes • IP training for Pharmacists in IUC and Care Homes • Post registration training for community pharmacists • Technician development programme • Mary Seacole Leadership training for pharmacists and technicians <p>Regional Integration Event (likely June/July)</p>	
16.	<p><u>PSNC – Garry Myers</u></p> <p>Garry gave a PSNC update to the meeting and answered questions raised by the committee.</p>	

17.	<p><u>AOB</u></p> <p>JL asked if there was any LPC guidance for contractors about flu vaccine choice as the orders need to be placed very soon. LK agreed to pick this up and cascade the response as soon as it is received</p> <p>SH told the meeting that she was not going to put a nomination in for herself to continue on the LPC; she had been on the LPC for a good number of years and was now ready to take a break. The committee said they would miss her but understood and accepted her decision</p> <p><u>Review of Meeting</u></p> <p>SK requested feedback for the meeting from members:</p> <p>One of the best meetings</p> <p>Everyone was well prepared for meeting – thank you</p> <p>Good to have new stakeholders joining us and this has really helped to focus us – looking forward to working with them in in the future.</p> <p>Good pace to meeting,</p> <p>Time keeping slipped but did not feel pressured to stop discussion</p>	
18.	<p>Close</p> <p>Meeting Closed at 4.56 pm</p>	

Date of next meeting is Monday 19 March 2018

Signed (Chair)

Name

Date.....

last reviewed LK – 31/1/2017