

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday 19 March 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) Neena Lakhani (NL) Altaf Vaiya (AV) Rabiyah Suleman (RS)</p> <p>External Visitors Ben Collins -NHSE Caroline Needham – Lead Pharmacist, Leicester City Health Garry Myers - PSNC</p>	<p>Mohammed Sattar (MS) Mohammed Ibrahim (MI) Ailsa Garner (AG)–Administrator Vinay Mistry (VM) – Chief Officer Support</p> <p>External visitors - continued Chetan Parmar New CCA Rep from Lloyds Ashwin Patel & Sawan Karia (Tesco)</p>
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CLOSED SESSION

		<u>Action</u>
1.	<p><u>Apologies for Absence</u> Shezad Alimahomed & Harmanpreet Kler</p> <p>LK updated the meeting that nothing had been heard from Kash Butt (CCA Rep for Lloyds) despite several emails inviting him to the meeting. Chetan Parmar was the new CCA rep for Lloyds from 1 April 2018 and would be joining us for the open session after lunch The induction for RS was still outstanding, however this would now take place with all new reps after 1 April 2018.</p> <p>AG continues to receive updates about Louise and sends these on, it was confirmed that as Louise was now at home it might be an appropriate time to send flowers. AG will ask for Louise’s address AP101 – AG to contact Sue for the address</p>	

2.	<p><u>Welcome from Chair</u></p> <p>SK welcomed everyone to the meeting and introduced Rabiya as the new CCA rep for Boots; Rabiya gave a brief overview of her career and the committee introduced themselves.</p> <p><u>Declarations of Interest</u> Forms available for completion</p> <p><u>Attendance log signed by all present.</u></p> <p><u>Approval of Minutes – 22 January 2018</u></p> <p>Minutes of the meeting held on Monday 22 January 2018 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 22 January 2018. Proposed by Neena Lakhani and seconded by Sue Hind. The minutes were then signed by SK.</p> <p><u>Matters arising</u></p> <p>SK said that there was one sentence in his report which he needed to check by looking at his notes and may need to bring this back to a future meeting on a point of clarity.</p> <p>There were no matters arising that would not be covered by the agenda.</p> <p>SK thanked AG for the content of the minutes.</p>	
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<p>3.</p>	<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>AG has included the dropbox link in emails – this will be ongoing on the action log</p> <p>Dropbox has been tidied up, but this will be a work in progress.</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. LK confirmed that going forward a record will be kept of any repeated requests, and if there is no attendance at a meeting if invited. It would also be helpful if LPC members could give a steer as to who they would like to be invited</p> <p>The action log will continue to reflect that there are ongoing issues such as this, these actions include the agenda items from guests, phone calls to contractors, drop box link in emails.</p> <p>LK reminded the meeting that following phone calls to contractors, it was recorded on the spreadsheet so that any common themes could be identified.</p> <p>All to update the contractor call spreadsheet to ensure complete clarity – this will remain as an ongoing action</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 has started; it helps if there is a database where we can draw from to showcase the fantastic things that are being done.</p> <p>LK confirmed the contractors survey and satisfaction survey had been combined with specific questions to try and get a better understanding of what is affecting community pharmacy</p> <p>AP 102- LK to encourage feedback, and completion of the survey from contractors at the event on Wednesday 21 March.</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 and thanked the committee for calling contractors.

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

- Enthusiastic about contractor event on 21 March
- Contractors have set up their own networks, and use these to good effect, maybe there is a way we can tap into them
- Fully aware of the LPC
- Presence of LPC on Twitter is increasing, contractors are engaged with it and using as a knowledge base
- Great idea, other ways to engage such as email, what's app?
- Stock- biggest concern, doctors do not understand shortages
- NCSO
- Concerns about money
- PSNC- emails
- Contractors worried about the future
- Price concessions
- Dispensing at a loss
- 3rd party ordering
- Fortisip flavour issues
- Dispensing doctor – dispensary closed for 2 weeks- additional pressure in CP as a result

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

AP103- AG to send email once key themes and topics identified

SK summarised that the calls are a valuable way of personalised communication, but in some cases, there is a capacity issue and finding time to make calls. He reminded that there is backfill money available and the spreadsheet needs to be completed to claim this. This would be a decision for the committee going forward as we need to demonstrate value for money to contractors. To lose the rich engagement with contractors is a risk going forward.

LK said that there needs to be something in place if calls could not be made, there was discussion as to how this could be done. SK suggested that admin time could be used and asked LK to put together a proposal to look at this for maybe a couple of days a month to support – would not be all contractors.

AP104- LK to prepare proposal as above

AP105- JL, MS & AV to provide case studies of the events described, instances of shortages for palliative care, repeated number of visits to pharmacies, 3rd party ordering. These case studies will be used in the newsletter.

5.	<p><u>Treasurer's Report</u></p> <p>AT circulated the latest finance figures by email during the meeting and gave an update to the committee. Contractors had the Levy Holiday for December 2017 and January 2018 and this was automatically reinstated in February 2018. PSNC levy had been paid and was up to date.</p> <p>The Lloyds account – this account was now closed, and monies transferred to Barclays.</p> <p>Sharman Fielding Accountants would be auditing the year end accounts; please ensure any outstanding claims are submitted as the financial year end is approaching.</p> <p>Claims submitted by VM in his support to CO role had been paid.</p> <p>AT has worked with NHS Digital and had received payment for LK's secondment which started on 1/9/2017.</p> <p>AT said that we should look at how we can support contractors, how do we plan to invest in them; should there be another levy holiday for example? SK said that there should be a vote and it was unanimous that a levy holiday would not be the best way to do this.</p> <p>SK said "the what and how" are big conversations and maybe should be considered by the new committee which starts on 1 April 2018, and suggested business propositions could be submitted via a dropbox folder for consideration, and a template made available to all to complete. NL stressed that the proposition needed to be fair and equitable to all contractors.</p> <p>AT agreed that a half day meeting in early April be agreed with old and new attending, with funding. LK agreed that it would be a good use of time to complete the new member inductions on the same day.</p> <p>Deadline for proposals to be submitted via dropbox would be <u>Tuesday 3 April</u>, and these would be discussed and considered at afternoon meeting on Tuesday 10 April</p> <p>AP106- AT to send through a rough estimate of the amount available to use for support by 26 March</p> <p>AP107- LK/AG to send blank template and dropbox folder set up</p>	
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6.

Chairs Report

Report uploaded to drop box, highlights below

The LPC member nominations received have resulted in no need for a formal election as the number of nominees was equal to the number of independent places available. The exec discussed an option to reduce the size of the committee to utilise resources more effectively, whilst we agreed in principle, the proposal wasn't taken to full committee as it would have needed to be in place prior to nominations. We say farewell to two of our longest serving members Neena and Sue, and to Mohamed Ibrahim -they have very kindly offered to provide ongoing support to the LPC moving forward as and when necessary, these arrangements may need ratification from the incoming committee.

Attending a meeting with DMU highlighted several opportunities to collaborate particularly on initiatives such as work force development. Tim Harrison is keen to progress some work with the LPC around patient safety and maybe access HEE funding to make this available. I suggest that the LPC moving forward have a standing invitation to DMU as an agenda item.

I have been working with HEE on development of a framework for split pre-registration training between community Pharmacy and General Practice, the GPHC have accepted our proposition and I am pleased to say that LLR has 5 sites that have been accepted by HEE for 2019/2020 and one site will be live this year. This initiative may well be the stepping stone to build better relationships between GPs and Pharmacists.

PSNC called a meeting of chairs and chief officers – I was unable to attend however the PSNC presented a number of service development proposals and contract negotiations – I will verbally update on these as they are still under negotiation.

Other things I have been involved in is supporting the BBV project and I am pleased to say we have made progress, Vinay will update on this. The respiratory work with Boehringer is now taking shape with commitment from Anna Murphy, Jane Scullion, City CCG and possibly DMU / NIHR (further to a conversation with Neena last week).

We continue in pharmacy to face pressure from a variety of sources to do things for 'free' this includes deliveries, C Card Scheme, MDS, electronic MDS, hospital discharge reconciliation etc, all of which pharmacy does in the best interests of patients. Moving forward with the current financial climate we may need to consider how we support contractors to have a standardised approach and to mitigate unnecessary pressure from third parties. I have spoken with a care navigator from the City who would be happy to meet with the LPC.

Attending BBC Radio Leicester to talk about stay well – really positive feedback shame that PHE embargoed all press releases until the morning.

7.	<p>Chief Officer's Report Report uploaded to drop box</p> <p>Richard Brown – Avon PC coming to meeting to present about a new e learning platform that we might be able to use to embed HLP and also MECC.</p> <p>4 events planned for contractors this year</p> <p>1)21st march meeting organised and set up. High attendance numbers resulted in another room having to be sourced and paid for. Food costs reduced from £10 per head to £6. AG/LK organised the meeting. LK set up speakers and AG/LK to collate attendance data and collect data regarding attendance on the night for KPI data requirements</p> <p>2)HLP event on 15th May – no cost to LPC, SK said it needs to be clear to contractors what the benefit are etc, suggestion that Ivan Brown from PHE could open the event. JL said that the LPC does need to do more to provide support to contractors, resources for campaigns etc, and shared with the meeting a council run initiative for a “slipper swop” The challenge is how we translate all we know about the May event into how contractors and pharmacies can be integrated into other pathways.</p> <p>3)AGM on 24th September, suggestion to invite Liam Stapleton, and other suggestions for guest speakers welcomed. These included the GPhC about revalidation, input from pre regs, someone from NHSE to give a contract update, interactive peer discussion. LK thanked everyone for their input.</p> <p>4)November event would include a session on SCR/ERD/EPS, digital engagement and FMD. Date in diary for this is Wednesday 21st November.</p> <p>KPI master spreadsheet set up, is a work in progress but is evidence based, challenging to fit into 3 days work.</p> <p>SK said that there was now a proper structure in place, and the performance of the whole committee would be visible, how we can measure you in your role and also facilitate workings of the committee.</p> <p>LK commented that F&G committee and Market Entry are on only ones up to date on delivery, the business plan would need to be reviewed in May.</p> <p>LK also shared the mitigation work which has been entered onto a log, and agreed the link would be shared with the committee as soon as it has been updated with the latest workstreams</p> <p>AP108- AG to share mitigation link in dropbox once updated with current workstreams</p> <p>NHS Mail email addresses – in future all LPC correspondence to be sent via this address.</p> <p>NL offered to support LK with a health promotion.</p>	
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8.	<p><u>LPN Chair update</u></p> <p>Steering group relaunched, good for LPC to update and engage with others. Really good positive position Flu- increased uptake of Flu vaccinations, great engagement between community pharmacies and patients- thank you and well done Quality Payments data is on PSNC website. Transfer of care offers opportunities for CP NUMSAS – gaps within LLR LPC Frequent flyers - identify Stay well campaign videos</p>	
9.	<p><u>Chief Officer Support – Vinay Mistry</u></p> <p>Vinay presented an update on <u>BBV (Blood Borne Virus) pilot</u></p> <ul style="list-style-type: none"> ▶ 500 patients screened by 31/03/2018 ▶ Pilot commenced September 2017 ▶ Status at start of January 2018 - 9% of target. ▶ Status 3rd February 2018 -17% of target. ▶ Status 16th March 2018 - 82% of target. <p>Two weeks left to get 100 patients screened</p> <p><u>Walk in MY shoes project</u></p> <ul style="list-style-type: none"> ▶ Initial Proposal sent In February. ▶ Revised version sent back early March. ▶ Awaiting approval. ▶ Meantime key stakeholders sounded out and initially engaged <p><u>COPD/asthma</u></p> <ul style="list-style-type: none"> ▶ Meeting with Industry: business case developed. ▶ Meeting with West CCG service commissioners. ▶ Status: issue in the community arises once the patient has been discharged from the hospital. ▶ Trust follows up for the first 5 days. ▶ If the patients ok, case closed by the trust. ▶ Problem arises if that patient, then has an issue, say 4 weeks later? ▶ They would get referred to community respiratory team who should see them in 48 hours. This is not happening because 2 week waiting time thus they end up back in the trust. ▶ Potential opportunity for Community Pharmacy. ▶ Initial area as part of enhanced MUR - patients discharged by the trust should be referred to the community pharmacy. ▶ Who should then review these patients and undertake management in terms of compliance and concordance of the condition. ▶ If issues happen then refer to community respiratory team – this should alleviate pressure of in appropriate referrals. ▶ Second level train up some community pharmacist to carry out a more clinical role – caveat is that this will have to be funded. ▶ Challenge: everything is disjointed -West CCG currently trying to understand what is needed? 	

10.	<p><u>Richard Brown & Judith Poulton -Virtual Outcomes</u></p> <p>Richard presented about Virtual Outcomes, an on-line training portal, set up by 3 pharmacists with over 75 years experience.</p> <p>Set up to improve training following analysis as to why face to face training is not well attended. On line training accessible to all, can be completed at a time convenient to staff and on whole range of devices.</p> <p>Content is based around national campaigns, HLP, obesity, children’s health, alcohol etc, underlying making every contact count.</p> <p>Registration is via the website, to pages with the course objectives and an overview. There is also a link to a resources page to enable users to download all tools. Training can be branded to the LPC.</p> <p>Certificates of completion available, and CPD questions for all courses based on completion of a set of course questions at the end of the webinar. Feedback from current users shared with the meeting.</p> <p>There is also the facility for management information, including monthly reports, by course and highlighting any zero users.</p> <p>There is an in hours helpline available too.</p> <p>8 LPCs have already agreed to work with Virtual Outcomes.</p> <p>Cost – and what you get; currently it works out at less than £15.00 a year per pharmacy to have access, there would be an opportunity for bespoke training for LLR LPC to include Monthly HLP updates aimed at champions and team, flu engagement, MECC and CPAF to motivate people to find out more; not just improve clinical skills.</p> <p>Richard answered questions raised by the committee and confirmed what information would be needed to set up for LLR LPC.</p> <p>Next steps for LPC to decide which LK would convey to Richard.</p>	
	<p>LUNCH</p>	
11.	<p style="text-align: center;"><u>OPEN SESSION</u></p> <p>Ashwin Patel and Sawan Karia from Tesco joined the meeting, with introductions from the committee</p> <p><u>NHSE – Ben Collins</u></p> <p>Ben said that he hoped to be able to send out the Easter opening hours information on 22 March.</p> <p>CPAF – 1st visits completed, commitment to share learning once completed and aware that the LPC can offer support if required.</p> <p>Committed to 3 public health campaigns nationally, understands why the LPC would want advance notice so that support can be given to contractors</p>	

12.

Caroline Needham

Caroline gave some background about her career in pharmacy, and the about Pre-registration pharmacists placements in general practice;

- Expression of interest submitted 3rd March LRI wide incorporating 3 federations with UHL as pharmacy partner for 2019 start date
- Feedback from HEE - funding structures for Pre-registration placements means that UHL as a partner is unlikely to be feasible for 2019 initiative
- Plan to find community pharmacy partners to move bid forward - with adverts on Oriel by **16th March** (opportunity to amend/tweak detail on adverts expected until March)
 - Existing bid from Saffron Health and Interpharm
 - Anticipated bid from Mason Pharmacy and Whitwick practice
 - Interest from Belgrave Pharmacy (Satyan) - link to federation practices
 - To investigate if other community providers wish to be involved - via LPC/LPN -please advise by Monday 12th
- Successful bid sites will be encouraged to be involved in curriculum development
- Interest in developing joint working with UHL and community pharmacy partners to create a two-week placement within 2018 pre-registration year in general practice
- Interest in working LLR wide to create a programme (subject to national changes) for pre-registration programme 2020 onwards - to revisit this in 6 months

Caroline confirmed that the next step was to set up informal meetings with the pharmacies involved, GPs and pharmacists from the GP Practices

AP 109- LK to share LLR LPC workplans with Caroline

External guests

Ashwin from Tesco asked about NUMSAS as he believed that Tesco Hamilton was set up but was not receiving any referrals. PD explained how NUMSAS works and that sometimes NHS111 would direct a patient to an out of hours service rather than NUMSAS, having made further checks, PD confirmed that Tesco Hamilton was not registered to provide the service and supported with next steps.

Ashwin offered to provide additional email addresses for Tesco as there was some concern raised that their pharmacist was not receiving the LLR LPC communications. It was agreed that a telephone number and named person would be good for making the contractor calls, AV confirmed that he knew the pharmacist at Tesco Narborough Road was receiving the emails and had registered for the contractor event on 21 March.

<p>13.</p>	<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> <ul style="list-style-type: none"> • Is your email address correct? • NHS Mail – please ensure you access this, otherwise you may need to set up again • LPC survey coming out soon to all contractors, we are looking to capture the current challenges within community pharmacy, please encourage completion. • NUMSAS – have you signed up for this service? What is your feedback and what is the barrier stopping you if you have not signed up? <p>Email confirmation of these will be sent out from AG as agreed earlier in the meeting</p> <p>Ashwin offered to provide additional email addresses for Tesco as there was some concern raised that their pharmacist was not receiving the LLR LPC communications. It was agreed that a telephone number and named person would be good for making the contractor calls.</p> <p>Chetan Parmar new CCA rep for Lloyds joined the meeting at this point, and the committee introduced themselves.</p>	
<p>14.</p>	<p><u>NHS Flu Vaccinations</u></p> <p>LK asked the meeting for suggestions as to how the LPC might support CP with NHS Flu vaccinations. There was discussion about support being fair to all and not easy to give an independent pharmacy the same support that a CCA would receive.</p> <p>Could offer bursaries for training, or signpost to PSNC for information.</p> <p>We did the radio campaign last year – feeling was that this was costly and did not reach demographic, could Sabras Sound be approached as they have a Friday afternoon health slot?</p> <p>Advertising on buses – could be explored, LPC branded promotional material.</p> <p>Simple A5 leaflet attached to px bags (MS agreed to share this), stickers on bags from July/August onwards, booking forms and ringing ahead of time to get appointments in the diary- pre-booking in July to start in September.</p> <p>Other suggestions included a flu implementation pack for every pharmacy in LLR, with a marketing campaign alongside to drive footfall. LK thanked all for their contribution to the discussion</p> <p><u>Virtual Outcomes</u></p> <p>SK recapped on the earlier presentation to our external guests, he then asked those present to vote “ do you feel this is a good use of LPC resources ?” He had discussed with AT and there was funding for 3 years so if this was agreed, we could sign up for a year and then re evaluate and decide on further 2 years funding of the on line training platform. A vote then took place on the proposal above which was unanimously agreed. The LPC decision is to support CP by funding using Pfizer funds available for training for an initial 12 months, LK will communicate decision and provide information as requested.</p>	

15.	<p><u>Mitigation Workstreams</u></p> <p>SK asked for feedback from the meeting about the additional burden on community pharmacy when services are completed for nothing. He says that this is becoming overwhelming and wondered if a framework could be put in place to support. Examples of the additional services are MDS (push back unless patient is stable and on 28-day ERD), Dossett boxes, guidance when a request is made based on patient safety, vulnerable patients whose medication is unstable are not suitable for MDS, includes vulnerable patients with multiple hospital admissions.</p> <p>General discussion about Pivotal devices and their wider use. SK suggested that LK contact the Care Navigation team for support.</p> <p>Other examples include delivery of urgent antibiotics and number of mid cycle requests for delivery – synchronisation form.</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>Stop Smoking update</p> <ul style="list-style-type: none"> • For all pharmacies providing any service, all invoices need to be submitted asap as we are coming to the end of the financial year. • We have included on Quit Manager links to two NCSCT training courses, which are: NCSCT Mental Health Training and E-cigarettes – A Guide for Healthcare Professionals. All pharmacists and their staff will find this training useful to undertake. • We have also included on Quit Manager two factsheets about e-cigarettes, which again all pharmacists and their staff will find useful to read. • There is currently nothing to report about the Strive trial. • The period for the pharmacies under review will end on 30th April 2018. <p>SK has agreed to stay on as interim chair until May 2018 and the elections held.</p>	
18.	<p>Close</p> <p>Meeting Closed at 4.56 pm</p>	

Date of next meeting is Monday 21 May 2018

Signed (Chair)

Name

Date.....

last reviewed LK – 31/1/2017