

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday 21 May 2018

Holiday Inn Express, Raw Dykes Road, Filbert Way, Leicester, LE2 7FL

9.00am to 5.00pm

Present: Satyan Kotecha SK– Chair
Adam Thomas (AT) – Treasurer
Pallavi Dawda (PD)
Jane Lumb (JL)
Altaf Vaiya (AV)
Shezad Alimahomed (SA)
Harmanpreet Kler (HK)
Mohammed Sattar (MS)
Hasmukh Vyas (HV)
Mohammed Bharuchi (MB)
Irfan Motala (IM)
Chetan Parmar (CP)

Ailsa Garner (AG)–Administrator

External Visitors

Tim Harrison -Senior Lecturer DMU
Sue Manship (Programme Head – Stop
Smoking)
Garry Myers (PSNC – Regional Representative)

CLOSED SESSION

1.	<p><u>Welcome to the New Committee</u></p> <p>SK welcomed everyone to the first meeting of the new LPC committee, those present introduced themselves and gave a brief overview of their careers.</p> <p><u>Vision Mission and Values</u></p> <p>SK spoke about the Vision, Mission and Values of the LPC, and how everything the LPC does is underpinned by these. Advancing Community Pharmacy through innovation, representation and Leadership</p> <ul style="list-style-type: none"> • Mission and Values <ul style="list-style-type: none"> • Engage, empower and inspire patients, contractors and commissioners to integrate community pharmacy into the wider healthcare team • Leadership • Integrity • Achievement • Influencing others • Accountability and Responsibility • Goals <ul style="list-style-type: none"> • Operational Efficiency • Service Development • Stakeholder Engagement • Contractor Support and Engagement <p><u>Apologies for Absence</u> Rabiyah Suleman (RS) and Luvjit Kandula (LK)</p> <p>AG confirmed inductions had been completed for all new committee members.</p>	<u>Action</u>
----	--	----------------------

2.

Completion of all forms including Declarations of Interest

All new members have read and signed the forms as part of their induction; however All other committee members need to read and sign all documents. There will be available over lunchtime and AG requested completion today.

Dropbox

SK asked those present especially the new members to confirm that they had access to dropbox; there was discussion about how easy it was to find documents, and this sometimes meant that items were not read in a timely way.

Attendance log circulated and signed by all present.

Approval of Minutes – 19 March 2018

Minutes of the meeting held on Monday 19 March 2018 were read through for accuracy and amendments made as per the request of the LPC Meeting.

Having made the agreed changes, SK asked for agreement of the minutes of the meeting held on 19 March 2018. Proposed by JL and seconded by AT. The minutes were then signed by SK.

Matters arising

There were no matters arising that would not be covered by the agenda.

Action Log

Action log reviewed by SK for outstanding actions and amendments will be made by AG and the log recirculated.

AG has included the dropbox link in emails – this will be ongoing

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.

SK spoke about the calls made to contractors by the LPC and reminded the meeting that following phone calls to contractors, it was recorded on the spreadsheet so that any common themes could be identified.

All to update the contractor call spreadsheet to ensure complete clarity – this will remain as an ongoing action

3.

Calls to contractors

SK gave an update to the committee, the new members about the commitment to call contractors bi monthly, to gather feedback and give information in addition to the emails sent out. There is backfill for these calls and the spreadsheet on dropbox needs to be completed to receive any backfill monies.

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. SK said that he recognised that making the calls was challenging and there was sometimes a capacity issue.

HV suggested that a simple email could be sent to all contractors asking for feedback, asking are there any matters you would like to bring up? He mentioned that none of his pharmacies had received a call from an LPC member as far as he was aware.

AV said that in the past the LPC had held a drop-in meeting, but no one had attended.

PD said that lots of information comes out in the calls, JL agreed and said that it does get people talking to us.

Other suggestions included a what's app group; but this was difficult due to the numbers involved.

SK shared a couple of issues raised during his calls as below: -

- Audit for palliative care which had revealed stock issues, contractor was not aware of the visit and was unprepared. Only 2 pharmacies in the City had received visits and this was something the LPC could support with.
- OOPE – communication from NHSE and the repercussions

AP 110 LK to get more details from the contractor concerned, and find out more about the visits to support contractors

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

AG will 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, and he asked everyone to submit their ideas and suggestions as to how we might continue to do this. The distribution of contractors needs to be looked at now that there is a new committee in place.

AP 111 – All, please submit suggestions and ideas about contractor calls to LK and this will be discussed again at the July meeting.

4.	<p><u>Election of Executive Committee (Treasurer, Chair and Vice – Chair), F&G Committee, Contracts Committee</u></p> <p>SK said that he and LK had some responses regarding nominations for the Executive Committee but none for Chair – as an interim solution SK offered to remain as chair until the meeting in September (24 September) as this gave an interim solution whilst new members find their feet This was agreed as the best way forward and SK was thanked for agreeing to stay in post as Chair for a further 4 months.</p> <p>Vice – Chair; 2 nominations had been received for the position from AV and SA. Both were invited to give a brief statement to support their nomination. Following this SK distributed paper so that votes could be cast. AG counted the votes, which were 8 votes for SA and 2 votes for AV. SA was duly elected as vice -chair of the LPC.</p> <p>Treasurer – SK said that he had received one nomination from AT which was seconded by PD. AT was duly confirmed as treasurer. SK said that AT had done sterling work and the LPC was in a good solid financial position.</p> <p>F&G Committee currently consists of AT, SK & AV- ideally needs another person as this is a statutory obligation. AT gave some background about the committee and its responsibilities and confirmed that ideally the additional person would be happy to be the second signatory for any bank payments. MB agreed to join the F&G committee.</p> <p>Contracts Committee – only JL on the committee now as RA and SH are no longer on the LPC, it required a CCA rep and one other person. JL explained how important the role was to review applications and approve responses; and therefore, there was a need for a CCA rep and another independent. HV agreed to join the committee as an independent and CP as the CCA rep.</p> <p>SK said that there was a training day provided by PSNC and they could attend the next one as this would be fully funded by the LPC.</p> <p>Review Committee – unchanged SK & JL; LK to conduct AG reviews. All AG reviews had been completed and were up to date.</p> <p>LK had her annual review and the review committee were waiting for feedback on whether the targets set had been met.</p> <p>All committee members have a review annually, and this would be planned into a future meeting. HK offered to support SK with the annual LPC member reviews, these are valuable sessions and help to shape the LPC going forward.</p> <p>Time will be planned into a meeting to complete them, and nearer the time the questions will be circulated in preparation.</p>	
----	---	--

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.</p> <p>Sharman Fielding Accountants would be auditing the year end accounts; the accounts were with them now and it would take approximately 6 weeks to complete. The accounts would be presented at the AGM in September.</p> <p>SK asked the new members of the committee if they were aware that the LPC was looking at business propositions to support contractors rather than another levy holiday, as a way of using surplus funds to the best effect.</p> <p>HV said that investment in training was helpful, some contractors had not noticed the levy holiday so suggested that it was something meaningful to all. AT said there could be a combination of a levy holiday and something else. SK mentioned the HLP event on 15 May, it had been good to see some representation from the multiples but not all, there had been over 100 people there but would be good to understand how many pharmacies were represented, and what were the barriers to attending.</p> <p>The LPC represents all contractors equally, all pay levies and it is a difficult balance to find a solution that would benefit all. AT said he welcomed all suggestions as to how surplus funds could be allocated. JL reminded the meeting that we had asked for business cases to be submitted before, and this was an opportunity to be a real advocate for pharmacy at NHSE, especially as we have the LPN chair on the LPC. HV mentioned a PSNC training day on 6 August, there is a cost of £135.00 per delegate to attend, but this offered an opportunity for people to understand how to put a business case together and build a network of people to work with in the future.</p> <p>SK commented that there was still a lot of work to do with HLP.</p> <p>Following this there was a discussion about the amount of reports and other papers which was relevant to the meetings, and how could this be circulated so that nothing was missed. The committee confirmed that as a way forward AG would circulate one email to the committee with all the attachments they needed. This will be reviewed to see how effective it is.</p> <p>AP 112 -AG to send email as above 1 week prior to meeting, and we will review how this is going and how effective it is.</p>	
---	--	--

6.

Chairs Report

Report uploaded to drop box, highlights below

This has been a relatively quiet period in terms of any developments that require reporting. I attended a clinical update workshop hosted by Boehringer regarding COPD / Asthma, Pranab Halder (amongst others) presented, the clear message was that correct device selection was often more important than drug selection in respiratory, there were numerous CCG and secondary care pharmacists present but no community pharmacists, I believe invites went out, but it would not surprise me if community pharmacy was informed late in the day. Moving forward we need to consider how the LPC is made aware of local meetings to ensure contractors are aware and represented, I highlighted the missed opportunity regarding NMS MURs and potentially enhanced (commissioned) offerings from CP. To reinforce the lack of communication from industry to CPs and the LPC, there have been Smoking Cessation events from Pfizer, AF events from Boehringer and I believe an event run by RB Healthcare; there is a risk of event overload vs dilution of engagement with contractors – what do they or should they go to? There have been however some well attended successful meetings – GDPR, a huge thanks to Leyla from the NPA, and to Bhavisha and Amit from NHSE, the NHSE presentation highlighted some areas regarding reporting of CD incidents with case studies, some contractors were frustrated with repeated errors on CD scripts but did not necessarily report them, but instead just had them amended, the CDAO and LPC felt that highlighting these would help mitigate in the future.

I met with Ketan Kavia, a practice pharmacist regarding GP workload, 7-day scripts, inappropriate pharmacy ordering and MDS. We had a long discussion and it was clear that GPs from their federation / practice were planning to stop 7-day scripts for MDS and this could have a significant impact on local pharmacies. I explained that 7-day scripts were not intended to fund MDS, however I patients did not fall under DDA then there was currently nothing commissioned to fund this activity. We discussed ERD and he was keen to progress this on a locality footprint, they will invite Luvjit and myself to the next locality meeting (date tbc – I will follow up). It was clear to me that GPs had not considered ERD as a way of reducing workload and improving relationships with CPs, it was also clear that practices were working on a locality footprint and we need to understand these structures better.

AP 113 -LK to attend a locality meeting as a start to building better and productive relationships between GPs and Community Pharmacies across LLR.

A consequence of the BBV project has been that the UHL team can see the opportunity of working with CP, I had a teleconference with them that has led to a meeting due to be held on 22/5/18 to discuss an enhanced service for HEP c screening in community pharmacies, this would be an opportunity for all CPs engaging with substance misuse services, there is a significant national drive with associated funding to improve HEP C screening and treatment, the treatment is expensive but attendance to treatment clinic is poor and adherence is anecdotally low – an opportunity for CP across LLR.

Discussed patient safety with Tim Harrison from DMU – see business case to be presented later.

Pivotell devices – general discussion about their use. SA & CP confirmed that they are not used in their pharmacies. This does give opportunities to work closer with GPs and other healthcare professionals to improve patient care.

Private & Confidential matter

SK gave an overview of the current situation to the LPC, there had been a huge amount of time and contractor money spent in an effort to resolve the matter, despite this the LPC had received further correspondence and the members had been asked to decide what course of action would be most appropriate bearing in mind we had new members on the committee who were not aware of the history and background. The LPC has shared willingly everything that has been asked for, on a number of occasions going back over the years. The action taken by the LPC has been examined independently but we are at now at an impasse.

Nothing had been raised at two consecutive Annual General Meetings.

The committee had voted by email on various options presented and the results were tied, which means that there will need to be a further vote today. SK outlined the proposals and asked for a show of hands.

9 votes in favour of the proposal with 1 person voting against. There were no votes for the third part of the proposal. What was agreed was to offer an invitation to attend the next LPC meeting in July, to present to the committee all issues which are still unresolved. This would be included as part of the agenda, for an agreed amount of time. The committee suggested the invitation include a request for a response within 7 days, accepting or declining the offer to attend. An outline of the topics in advance which are going to be brought will ensure the time spent in the meeting is used to best effect. If there is no response to the invitation, then the LPC will consider the matter closed and no further correspondence will be acknowledged.

SK/LK and AG now need to work together to formulate the response and next steps. There was agreement that the accounts presented at the AGM should include a full breakdown for contractors on how their money has been spent by the LPC to resolve the matter.

The response and invite will be checked by a solicitor; the whole LPC will need to agree to the wording, before it is sent.

AP 114 – ALL as above to respond to above with any comments

AP 115 – SK/LK & AG to draft response and sent to LPC and take advice from a solicitor

7	<p>Chief Officer's Report Report uploaded to drop box</p> <p>HLP event on 15 May, well attended with over 100 attendees, good content and engagement; the venue was easy to find and accessible.</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>Pharmacy labels x 2 – discussion and agreement about the way forward, feedback from discussions will be sent. Suggestion that LPC could put forward a business case for MAR sheet based on a fee.</p> <p>Reminder that bios are required from all LPC for inclusion in the AGM, if there are no changes required to last years, please let AG know as she is collating responses.</p> <p>AP 116 -ALL – bios to LK/AG for AGM report, will be required by next meeting and we will decide then whether to include photographs</p>	
---	--	--

8	<p>LPN Chair update PD gave an overview to the new committee members as to her role as LPN chair. NHSE national priorities included NUMSAS, which is a pilot scheme until September but should be encouraging more community pharmacies to sign up.</p> <p>NHS111 are referring callers to NUMSAS so that patients do not need to travel far, and this sets a precedent for other services to be provided.</p> <p>Transfer of Care – discharge information from hospitals sent to a designated community pharmacy.</p> <p>Trying to secure funding for a trial – ENT symptoms, an opportunity for community pharmacy to deal with minor symptoms.</p> <p>Atrial Fibrillation- this is a workstream that the LPC will be involved with to increase uptake of diagnosis.</p> <p>Locally, care home visits by pharmacists- LPC involvement.</p> <p>SK said that in April 2018, NHS111 had referred more patients to NUMSAS than to the Out of Hours service – a very powerful message.</p>	
---	--	--

9	<p><u>Chief Officer Support – Vinay Mistry</u></p> <p>SK gave the background to the Chief Officer Support role, which was in place 2 days a week to Support LK on her secondment to NHSD and presented an update on the BBV (Blood Borne Virus) pilot.</p> <p>At the review meeting for BBV we were pleased to have achieved the revised target of 500 screens, the team thanked Vinay and the LPC for their support. There was funding available to continue the activity beyond the April deadline with a focus on quality as well as quantity, a (small) number of blood spot samples were rejected by the lab and some pharmacies were doing lots of scratch cards with very few blood tests, it was suggested a review meeting with all pharmacies takes place and the project is rolled forward on a 3-monthly basis, a write up of the findings will follow.</p> <p>A consequence of the BBV project has been that the UHL team can see the opportunity of working with CP, SK had a teleconference with them that has led to a meeting due to be held on 22/5/18 to discuss an enhanced service for HEP c screening in community pharmacies. SK, VM and LK to attend this meeting</p> <p><u>Future workstreams</u></p> <p>NHS – Walk in my Shoes project, monies have been approved and once this arrives VM will work on the milestones.</p> <p>Integration Fund – look at using integration fund money to commission urgent care, refer to community pharmacy for self-limiting conditions.</p> <p>Referral from NHS 111 for coughs, colds and ENT to community pharmacy to give patients best course of action, may have to pay. We could use some of our surplus funds to upskill pharmacies in preparation for this. Great opportunity to upskill, drives internal job satisfaction and promote self-care for patients.</p>	
---	---	--

10	<p><u>Presentation of LLR LPC Business Plan and KPIs – SK & Tim Harrison (TH)</u></p> <p>Tim Harrison joined the meeting, introductions. SK shared the purpose of the business plan which was that the LPC could consider using funds to support roll out of quality improvement training for community pharmacy teams to improve patient safety and efficiency. The project would include measurement of impact.</p> <p>SK gave the background to the Pharmacy Integration Fund (PhIF) which was established to support transformation and the use of the fund has subsequently been influenced by the independent review of community pharmacy clinical skills. The aim of the fund is to establish workforce transformation, with the aim of better use of community pharmacy services and to further develop the skills of community pharmacists and technicians achieve greater integration into local care models and pathways. £4.8m has been allocated for the 2017/8 and 2018/19 financial years for post registration training of community pharmacists.</p> <p>TH said that the funding is focussed on workforce development and transformation, it gives opportunity for pharmacists to develop clinical and non-clinical skills, so they can engage with future landscape. The syllabus focuses on 5 key themes- service improvement, extended skills, patient activation, delivering medicines optimisation and local priorities and requirements.</p> <p>DMU was awarded contracts by HEE to deliver training with funding available to local pharmacists. This proposal involves utilising the PhIF to allow pharmacists across the LLR region to access training, with support from LPC to enable education and training to be delivered in line with contractor needs.</p> <p>SK gave an update on the modules and how it is delivered, focus on the quality improvement project (patient safety) and the benefits and outputs. For LPC discussion after lunch – do we roll this out? Funding for evening/weekends ongoing contractor support – backfill Support with evaluation project backfill. Possible next steps are that a working party would be set up between LPC and DMU.</p> <p>.....</p> <p>Prior to lunch SK asked the committee to familiarise themselves with the KPI documents and LPC business plan and go through them in detail ready for discussion and agreement at the next meeting.</p> <p>AT said that he wanted to remind the committee about accountability and how important it was that if you agree to do something then you do it. This ethos is something the LPC should all agree to follow.</p> <p>AP 117 -ALL to familiarise themselves with KPI ready for next meeting when LK would be going through the LPC business plan 2018/19 and reviewing PSNC RAG rating</p>	
----	---	--

	LUNCH	
11	<p style="text-align: center;"><u>OPEN SESSION</u></p> <p><u>Stop Smoking Sue Manship – Programme Head</u></p> <p>Sue began by talking about how Leicester City Council provide a range of services aimed at supporting people to make and maintain healthy lifestyle choices. The council are currently looking at the way some of these services are provided, how to develop them for the future and continue to improve the effectiveness and efficiency of these services. It is proposed that in the future these services are more integrated and to a large extent operate as a single team to help ensure clients are considered holistically. Stop Smoking Service is under review, the new proposal may have significant changes to how we deliver the stop smoking service. It would be really helpful in this process if we could get as many people as possible to complete the survey. With these proposals in mind a public consultation has launched and will run for 8 weeks. The consultation closes on 10th June. Within this consultation the council are seeking the views of members of the public, service users, staff, partners and other interested parties on the proposed changes to lifestyle services in Leicester.</p> <p>The consultation is open to all, but I would like to encourage community pharmacy to contribute as a key stakeholder. The information gathered via the consultation will be important in shaping a final model for lifestyle services in the city and your input will be extremely valuable.</p> <p>Pharmacies which were under review (previously communicated to LPC) there are 6 who will have their contract terminated; not in a position to say which these are yet but will let us know asap so that LPC can support. It is combination of low footfall and poor quit rates. Sue will ensure that the rationale for the decisions is shared as this will be useful for the LPC to work with the contractors; also review what changed if anything after the improvement notices.</p> <p>Update on E Cigs Strive Quit Manager & Mental Health training available as below, please remember to tick the box if the patient has mental health problems.</p> <p>Training Updates</p> <p>The NCSCT Mental Health Specialty Module is available to all NCSCT certified practitioners. http://www.ncsct.co.uk/publication_MH_specialty_module.php</p> <p>NCSCT E-cigarette online training The NCSCT have launched a new online training module: <u>E-cigarettes: a guide for healthcare professionals</u>. This includes the latest evidence and recommendations for practice, building on the Public Health England e-cigarettes <u>report</u> published earlier this week. http://elearning.ncsct.co.uk/e_cigarettes-stage_1</p> <p>AP118 – AG – cascade to network to encourage completion of questionnaire and training</p>	

12	<p><u>Review of business proposals</u></p> <p>SK asked the meeting for feedback on the business proposal presented earlier by Tim Harrison. The LPC felt that there was merit in the proposition, albeit that it will require some more work, particularly around the financials, and level of support etc. Additionally, some members felt that there should be a clinical focus.</p> <p>What would motivate a pharmacist to try post graduate education and how could the LPC support this?</p> <p>Suggestions were</p> <ul style="list-style-type: none"> backfill costs Printed books Evaluation support Standard templates and work to follow Project management support Offering bursaries Advertising <p>Needs to be equitable across whole of LLR LPC.</p> <p>Training to upskill pharmacists might be better use of LPC money, could this include travel vaccinations.</p> <p><u>SK to respond to Tim Harrison</u></p>	
13	<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"> • Margins • How to drive efficiencies • Quality Payments • Health & Wellbeing Survey – Leicester City Council • Training – stop smoking and mental health training • Virtual Outcomes -suite of training available funded by LLR LPC • <p>Email confirmation of these will be sent out from AG as agreed earlier in the meeting</p>	
14	<p><u>PSNC – Garry Myers</u></p> <p>Garry gave a confidential PSNC update to the meeting.</p>	

15	<p><u>Review of Meeting</u></p> <ul style="list-style-type: none"> • There was a lot to take in • Good orientation as a new member • Very intense at times, there's a lot going on in community pharmacy at present • Very informative • More work required on HE Funding • Contractor calls need to agree way forward with these, this is such important engagement • Missed Luvjit at the meeting <p>AT asked the meeting to approve the necessary expenditure for new software, approx. cost £78 for Trish to complete the wages; this was agreed unanimously. AT asked for this to be minuted as agreed.</p>	
16	<p>Close</p> <p>Meeting Closed at 4.20 pm</p>	

Date of next meeting is Tuesday 3 July 2018

Signed (Chair)

Name

Date.....

last reviewed LK – 31/1/2017