

NORTH YORKSHIRE LPC

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MINUTES

CHIEF OFFICER: HAZEL MARSDEN TEL/FAX 01759 318479

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The Crown Hotel, Boroughbridge, May 22nd 2014

Committee members present

Liz Colling (LC)	Lorraine Gell (LG)	Derek Clarke (DC)
Ian Dean (ID)	Richard Harrison (RH)	Tamzin Burn (TB)
Gill Treharne (GT)	Annette Mauder (AM)	Elliot Goran (EG)
Samina Khan (SK)	Warren Cunningham (WC)	
Adnan Yousaf (AY)	Shaun Davies (SD)	

Other attendees

Hazel Marsden (HM)	David Broome (DB) PSNC regional representative	Nima Raei (NR) Contractor (for open section)
Michelle Greatrex (MG) HSCIC (for item 4.1 only)	Tony Woods (TW) Significantly consulting (for item 3.4 only)	

Apologies

Tom Hajdas	Bhavin Morjaria	Constance Pillar
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Summary of actions from the minutes;

Item no.	Action	By whom?	By when?
2.0	Resend Survey Monkey by email	HM	√29/5/14
3.1	PharmOutcomes – officers to price up & make recommendations	HM/LC/ID	17/7/14
3.2	To take forward identification of patients with consultant/nurse and match patients with pharmacies then take proposal to co-fund with CCG	DC	17/7/14
3.3	consider proposal to email contractors for agenda items and feedback prior to agenda setting meeting	officers	17/7/14
3.3	HM to request data from Area Team on NMS/MURs and Local Authorities on public health services provision.	HM	17/7/14
3.3	Committee members to agree individual buddying list contacts and feedback to HM.		21/6/14
3.3	WC to re tabulate the list so that an individuals buddy list can be selected.	WC	√23/5/14
3.4	TW to be booked for business planning day next February	HM	17/7/14
3.5	HM to update business plan and circulate for comment		29/5/14
3.7	Members to feedback amendments to annual report	All	6/5/14
3.8	Day Lewis appeal response to submit	HM	5/6/14
4.1	Document from HSCIC to circulate	HM	
4.1	Issue re requirement of pharmacies to pass on messages to clarify	LC	1/7/14

5.1	Tour de France crossing points ; to discuss with AT and notify affected contractors	HM	5/6/14
5.2	LPN – feedback on vision	DC	25/6/14
5.3	Paper to Mark Hayes	HM	√17/5/14
5.4	Contact GP lead(s) from challenge fund consortia of GPs	HM	5/7/14
5.5	Information to Sally Brown and others from meeting	HM	29/5/14
5.7	Arrange meeting with Harrogate CCG	HM	1/6/14
6.2	Chairs question –all to contact buddy list members	ALL	20/6/14
6.5	Requirements for GPs to take back medicines to be investigated	HM	5/6/14

Item number	Closed section	lead
	<p>Apologies & welcome to new committee Apologies received from TH, BM As this is the first meeting of the committee, the constitution states that elections should be held to appoint officers. It was agreed to defer this until the next meeting which would also be the AGM, in line with past years. The guide to LPC governance was circulated prior to the meeting and committee all signed the declaration of Governance and supplied declaration of interest forms.</p>	HM LC
	Standing agenda items	
1.0	<p>Minutes of last meeting These were agreed subject to a minor amendment.</p>	HM
2.0	<p>Matters arising not on agenda Survey monkey – only 8 people had completed the online survey, the link to which was in the newsletter. It was agreed in future it would be sent out by separate email as well with a reminder emails at a later date.</p>	
3.0	Business matters	
3.1	<p>Innovation funding The proposal to use 10% of the LPC income to fund pilots to collect evidence was agreed A suggestion was made that we buy in PharmOutcomes to collate the evidence base - Officers to price up PharmOutcomes, July agenda item.</p>	HM LC ID
3.2	<p>COPD /Vulnerable patients initiative proposal DC circulated a project overview document for discussion and the next steps were agreed. July agenda item.</p>	DC
3.3	<p>Subgroup work sessions Contractor support (LG,WC,SK,RH) Service support (TB,SD,EG,DC,LC) Regulatory (GT,AY,AM,ID) The groups were tasked with reviewing specific sections of the framework for self evaluation to determine current positions and make recommendations on how we could take forward each red or amber section. Feedback Regulatory GT The requirement for the CO's diary to be on the agenda was discussed and it was agreed this was covered by the weekly reports by CO to the committee, but as this was a recent development, this should be reviewed at the next meeting. Committee were generally in agreement that the weekly reports were better than frequent emails with a bi-monthly CO report. Service support TB</p>	

	<p>It was identified that we lack data currently on service provision from commissioners; HM to request data from Area Team on NMS/MURs and Local Authorities on public health services provision.</p> <p>The possibility of sending out emails to contractors with proposed agenda asking for feedback was also raised.</p> <p>Contractor support LG</p> <p>It was agreed to revamp the buddy lists and so members could have contractors they already had relationships with or were local to. Committee members to agree amongst themselves and feedback to HM. WC to re tabulate the list so that a buddy list can be selected.</p> <p>It was also proposed that officers take over the framework reviews in future and circulate for comment; committee to agree final positions. This was agreed.</p>	
3.4	<p>Leadership event and follow up</p> <p>We need to recognise strengths and how to address weaknesses of the LPC as a combined whole</p> <p>Committee needs to agree the priorities for the year and the order of those priorities</p> <p>Use SMART objectives if possible and relevant</p> <p>Share the workload and commit o delivering what was agreed – hold each other to account but remember it is okay to ask for help</p> <p>Share the LPC vision wherever possible.</p> <p>A proposal by LC to use TW to facilitate a business planning day in Feb 2015 was agreed.</p>	TW
3.5	<p>Business plan 2014/15</p> <p>This was discussed section by section and changes proposed. It was agreed it would be reviewed at every meeting to keep it a live document</p> <p>HM to make suggested changes and circulate for further comments.</p> <p>Questions were raised regarding taking forward flu vaccinations from pharmacies. This work is being led by Paul McGorry on behalf of both LPCs in this area. The Area Team are in agreement in principal and want the LPN to work on this. Unfortunately at this stage the LPN has no resource and no members. Paul is continuing to work with them on this and concerns were raised re the delays in getting this sorted for this year. His was also raised at the Regional LPC meeting and a joint meeting planned with NYHAT to escalate.</p>	HM
3.6	<p>Annual Review of Ch officer & workload issues</p> <p>HM & DB withdrew from the meeting whilst this was discussed. No conclusion was reached as the committee needed more time to digest the issues raised. It was agreed the committee would meet before the July meeting to discuss the proposal from LC and reach a majority agreement.</p>	LC
3.7	<p>Annual report</p> <p>This was presented and members agreed to review and feed back any suggested amendments within 2 weeks</p>	HM
3.8	<p>Correspondence and Contract matters</p> <p>The correspondence list was circulated prior to the meeting and the only addition was an appeal that had been lodged by Day Lewis against the refusal of the Area Team to allow a no significant change relocation of Day Lewis Pharmacy, 61 Baxtergate YO21 1BL to 10 The Parade, White Point Rd, YO21 3JP. The area team has not granted this application as they decided it was a</p>	HM

	<p>significant change due to the distance of the proposed premises outside of the town centre.</p> <p>The committee had originally supported the application and HM proposed that we respond that we have no further comments at this time. This was agreed.</p>	
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Open section

Item number		lead
4.0	Business items	
4.1	<p>EPS, Michelle Greatrex</p> <p>HSCIC and the CSU were working on a revamped lessons learned, top tips and common misconceptions document which would be circulated to pharmacies via HM once complete.</p> <p>MG gave a presentation on the national and local picture. Nationally 10% of items per month are now sent electronically. In Harrogate 25-30% of items are sent electronic</p> <p>HSCIC have stopped deploying until the issues regarding pharmacy support from CSU have been resolved</p> <p>Dispensing practices- no plans from any GP dispensary IT system suppliers to develop an EPS enabled system for within the practice. They can opt to use EPS for non-dispensing patients but the majority choose not to.</p> <p>System 1 doesn't let you split prescriptions if an item is non-EPS eg a CD but Emis does.</p> <p>There should be a message to pharmacy if some items are also awaiting collection as not EPS but this is not happening; MG to look into reasons for this.</p> <p>There was a discussion on the requirement to pass on messages on right hand side of token; MG thought we had a duty to do this but not all pharmacies print off the tokens, nor are they obliged to so clarity is needed on whether it is part of the pharmacy terms of service.</p> <p>The impact of a number of commonly used items being changed to schedule 3 such as Tramadol and testosterone patches was raised. Currently, Schedule 1,2 or 3 controlled drugs cannot be sent electronically.</p>	MG
5.0	Commissioners items	
5.1	<p>Area Team update</p> <p>A written report from CP was discussed.</p> <p>Tour de France – area team should be aware of priority crossing routes – newsletter item for contractors who will be affected by road closures to contact area team for this information.</p> <p>Harrogate District Hospital Trust is proposing to operate OOH centres in Boroughbridge and Pateley Bridge during the event as access to the hospital will be compromised. They are in discussions with pharmacy contractors in these areas regarding additional opening and stock levels.</p> <p>Following discussions in 3.5 on flu, we have asked for a date for a meeting with Julie Warren Director of Commissioning to discuss strategic issues and future direction, and push forward the flu initiative and minor ailment scheme . Post meeting note this has been agreed as June 23rd</p>	HM
5.2	<p>LPN</p> <p>Initially the area team proposed to ask for expressions of interest for the steering group and task and finish groups on a voluntary basis, but they have now identified some funding to support these placements.</p> <p>Mike Rymer had prepared a vision document for the committee and this was discussed.</p>	LC

	DC to feed back the committees views to MR at the next LPN meeting.	
5.3	<p>VoY CCG.</p> <p>HM & LC met with Shaun Macey on 16/4/14 to discuss the basis of the strategic plan and how pharmacy could fit. This was followed up by a meeting between HM and Mark Hayes on May 7th to discuss the first draft. HM agreed to prepare a paper detailing each specific area where pharmacy could be linked in, to feed into the final version.</p> <p>HM & EG to meet with Shaun O’Connell on 29/5/14 to take forward prescribing issues and initiatives.</p>	HM
5.4	<p>HR&W CCG – HM meeting with Dr Charles Parker and Sam Hayward to discuss CCG strategy June 3rd.</p> <p>A group of GPs within this CCG have been awarded £2,481,000 to run a pilot as part of the Prime Ministers Challenge fund. The pilot , titled Together as One Community, is based around extended opening hours – 8am to 8pm, seven days a week – and a new focus on preventative care and care planning, to help to transform GP services in this North Yorkshire pilot, covering 22 practices. Over 142,000 patients, spread across 1,400 square miles, will benefit from community based teams that bring together GPs, the community hospital, community pharmacists and nurses, with IT support. For those patients in rural areas, it will reduce the need to travel long distances for health care. New patient services will include community IVs, pain management, management of stable prostate cancer and pre-operative assessments to provide care, particularly for rural communities, closer to home. Video technology will enable specialist clinicians to offer ‘virtual’ appointments at the patient’s own GP surgery, to provide a seamless service, delivered locally, across hospital and primary care.</p> <p>It was agreed HM would make further contact with one of the lead GPs to discuss how pharmacy can help them achieve their ambition.</p>	HM
5.5	<p>Scarborough & Ryedale CCG – LC &HM met with Sally Brown Head of Programme Management and Integrated Governance on 8/5/14 to discuss the CCG strategy and how we can help. To be followed up with requested information on services for diabetes, emergency supply of NHS medicines OOH and details of our respiratory project.</p>	HM
5.6	<p>Craven CCG – CPWY trying to get a minor ailment scheme approved called Pharmacy first which will cover the Airedale Craven CCG area – details to follow once approved.</p>	HM
5.7	<p>Harrogate CCG – Jane Baxter contacted but no meeting set up as yet.</p>	HM
5.8	<p>North Yorkshire CC</p> <p>Drug Misuse procurement; The Council received 9 Pre-Qualification Questionnaires for Lot 1 (Recovery and Mentoring Service) and 8 for Lot 2 (Treatment Service). Five organisations for each lot were invited to tender with a deadline in March 2014. Contract(s) will be awarded in June and implementation of new services in July with the new service in place by Oct 2014. This is currently in the 10 day stand still period and successful and unsuccessful bidders have been notified. The winning provider decision has not been made public and this will happen following the 10 day stand still period. The new providers are due to take over in September following the lead in period.</p> <p>Sexual Health; they are finalising service specs for all the elements as</p>	HM

	described in the consultation document. Within the local authorities they are sorting out the finance, tender documents and legal side of things before publishing documents. It is proposed to go out to tender for the specialist service at some point in the Summer (June/July). This will be published on Yortender and anyone can tender to provide the service from the NHS or a private provider, e.g. Virgin Health. The GP and Pharmacy service specifications will have a slightly different approach as they want to procure these from our current providers so it is not an open tender procedure. As pharmacists are on an 'approved suppliers list' the pharmacists in NY and Y will all be given the opportunity to sign up to the new service as they would have been when LESs were issued from the PCT, and like then, they can decide if they want to provide the service or not.	
5.9	City of York CC Drug misuse – carrying on as normal, not up for tender. Sexual Health – same as NY.	HM
6.0	Standing agenda items	
6.1	Chief Officers Report - circulated prior to the meeting, no questions raised.	HM
6.2	Chairs report – circulated prior to the meeting and discussed in item 3.6 The chairs question was agreed as; 1) Are you ready to deliver flu services by 1/9/2014? If no then :- 2) could you be ready if the service was commissioned?	LC
6.3	Treasurers report – current balance stands at £98,301	ID
6.4	PSNC report Settlement still not finalised as some issues not agreed. Counterfeit Drug – there is an EU directive for stock to be checked at pharmacy level – this is still under discussion and has a huge workload implication.	DB
6.5	Any Other Business It was agreed more time is needed for subgroups than was allotted at today's meeting. Waste, a complaint has been received from a patient that some GPs and pharmacies are not taking back medicines waste from anyone but their own patients. HM to find out position of dispensing GPs regarding this from area team. Newsletter item plus HM to get current details from local authorities re sharps from patients.	

Next Meeting, Thursday July 17th at the Pavilions of Harrogate, starting with a pre-meeting of the committee only at 11am with sandwich lunch at 12.30. LPC meeting to start at 1pm, followed by evening AGM and open presentation for contractors on GPhC standards.

Future meetings: : Sep 18th, Nov 20th day time at the Crown Hotel Boroughbridge.