South Staffordshire PHARMACY COMMITTEE

Open Minutes of the Meeting held on Wednesday 12th April 2017 in the Conference Room at The Museum of Cannock Chase, Valley Road, Hednesford, Cannock at 1:40pm

Members Present: Mr Bullock, Mr Wilson, Ms Dean, Mr Hames, Ms Evers, Ms James, Mr Eason, Ms Palfreyman, Mrs Roman, Mrs Chahal, Mr Marshall, Mr Diep, Mr Ward

In Attendance: Mr Prokopa, Dr Hall; Dr P Staite, Aspire Integrated Rugeley; Mr I Carruthers, UHNM.

In the Chair: Mr Bullock

Business Agenda - LPC Members

417-1	**Welcome and Apologies** Apologies had been received from Mrs Lumby and Mrs Compton.
417-2	**Dr Pat Staite – Aspire Integrated Rugeley & Sandy Lane Practice** Dr Staite explained with support of a presentation firstly that NHS England looked at two models for the future of Primary Care: 1. A vertically integrated model, with large secondary care trusts merging with local GP practices 2. A horizontally integrated model, with groups of practices merging or working together collaboratively to provide more out-of-hospital care in the community. It is the second model – known as Primary Care Home – which AIR operates in Rugeley. The process began in April 2016 and launched officially on 1st April this year; Rugeley is one of 15 "rapid test" sites or pilots. The plan is to align clinical responsibility with financial accountability; funding is via the CCGs, and in some cases funding is devolved directly to the PCH body, however because of current deficits Cannock Chase would only do this if the PCH body took on a proportion of the debt too. Each locality in South Staffordshire has a PCH in formation – Dr Staite agreed to pass on details of the lead for these locality groups. Most would encompass a geographical area which equates roughly to a population of 30,000 people, however in Stafford and Surrounds this was a little more complicated. For Cannock Chase the three localities were Rugeley, Cannock and the Villages (Norton Canes, Cheslyn Hay, Great Wyrley etc). As these models developed, Dr Staite expected that the process of CCGs working together and merging would end up with there being one CCG for the North of the County, and one for the South. Essentially locality MCP sites will become a delivery body with the CCGs commissioning. Dr Staite raised a question on changes to the community pharmacy contract, especially on reduction in funding; he mentioned the dressings supply solution which was outside of community pharmacy, which he was not in favour of at a time when both professions needed each other more. Mr Ward asked what Dr Staite and his colleagues knew of the Community Pharmacy Contract, and Quality Payments in particular? From what was being discussed, there was much already within that - and locally commissioned services – which could support the project. For example, the New Medicine Service or NUMSAS emergency supplies. Ms James noted that a former colleague, Michael Lennox, was heavily involved as a community pharmacy representative with NAPC who lead on PCH test sites. He had said they were developing a toolkit for engagement with community pharmacy, which was expected around May. There were chapters on service directories and IT inter-operability. In addition, Ms James referred to a project on education used in London called Walking in their Shoes – where professionals and support staff in both practises and pharmacies spend a few hours in each other's' environment – this had shown to develop a broader understanding of the day-to-day work and foster better professional relationships. The final chapter was around understanding the pharmacy contract.

	Mr Ward then mentioned Pharmacy First UTI and Impetigo service could keep many people from making unnecessary GP appointments, which could have better uptake with collaborative working with practices. Dr Staite explained that his practice had referred patients for the UTI service, but realised after some patients were refused the service that they hadn't carefully checked the service level agreement for the exclusions – there was an opportunity to inform both public and practices better. Dr Staite did express concern that pharmacies were already busy and GPs didn't want to overburden pharmacies. Mr Ward did respond that pharmacies will always be busy and the more GPs refer in then the pharmacies will be able to increase staffing to meet demand. Mr Prokopa added that Mr Eason had experience of working with practices to provide the service successfully with practices referring eligible patients. Mr Ward noted that engagement from key figures such as Dr Staite would encourage better engagement from both GPs and community pharmacists. Dr Staite felt that many GPs do not realise they could refer in to the service; he could speak to the network lead in each locality to highlight this, especially if it is relieving pressure on GP appointments. Mr Prokopa noted that it should be possible for LPC officers to attend a PCH PLT session to explain more about both national and local services, however once the basic information had been discussed he would encourage local contact between GP practices and pharmacies locally to find the best way of managing the service effectively – for instance some practices had included messages within telephone systems. Furthermore, the LPCs across Shropshire & Staffordshire had some funding for an Urgent Care network for improved treatment in community pharmacy or enhanced referral. Mr Prokopa added about working with other GP networks in recruitment of sessional pharmacists for GPs in Burntwood/Lichfield and Stafford. He further added about the situation with public health and how this had impacted the project? Dr Staite expressed concern about the removal of funding however he had confirmation that prescribing for NRT or varenicline could continue. Mr Prokopa added that there may be opportunity to work together to find solutions to the lack of motivational support for quit smoking or weight management. Mr Hames mention opportunities for collaborative working on prescription problem-solving for example at discharge; there could be scope for a more formal service than that currently done informally on a day-to-day basis. Dr Staite agreed and asked about how EPS works at the pharmacy end? Ms Dean replied that it does up to a point, however running both EPS and paper FP10s was still the biggest barrier. Mr Prokopa added that e-Repeat Dispensing was seen as a useful tool in managing waste; also phase 4 under EPS would help including controlled drugs under EPS and removal of the need for nomination so prescriptions could easily be pulled down to any pharmacy. Dr Staite asked about how quickly acute prescriptions are available at pharmacies under EPS? Mr Prokopa replied that it depended on the computer system used at the pharmacy, as some can identify acute prescriptions quicker. Other than the electronic transfer, the rest of the dispensing process is the same in most cases so the patient's experience would be no different to paper prescriptions. Mr Bullock added that GPs, trainees or practice staff could benefit greatly from spending even a few hours in a pharmacy – and vice-versa – this happened much more so in the past. Mr Ward added that the government had appeared to want to agitate the healthcare market to precipitate change, and despite this there was an opportunity for all to benefit; Dr Staite agreed, and added that with flu vaccinations for example, it was immaterial who delivered the vaccinations provided that the GP practice meets their targets. Dr Hall mentioned the LPC's Patient-Facing website as a useful tool to see what services were available locally; the LPC would share details of that as it provided details of services in a way which was more appropriate for practices as well as patients, compared to our own LPC website which was contractor-focussed. Dr Staite also mentioned that there is a mobile phone app which can enable patients to find the most

	appropriate healthcare provider – this works a little like NHS111, and could be used to signpost patients to the website. Mr Bullock thanked Dr Staite for his presentation and members agreed that it presented an opportunity to enhance provision of healthcare and better utilise pharmacy services.
417-4	**Declarations of Interest** Members had no declarations of interest relevant to the items on the agenda.
417-5	**Minutes** The open minutes of the LPC meeting on Wednesday 8th March 2017 were approved as amended; proposed Ms Evers and seconded Ms Dean.
417-6	**Matters Arising** Mr Prokopa advised that although he had hoped to mention the latest Pharmacy 2U campaign when he presented to the LMC last month pressure of time did not enable this, so would email separately to all stakeholders – the key message being that patients are not always aware that the adverts or flyers did not simply refer to their local pharmacy, but that if they sign up then all their nominated prescriptions would come from P2U in Leeds. Mr Eason mentioned that there are still many Twitter feeds complaining about the service of P2U – he referred to an incident at his own pharmacy where a patient had an urgent acute script from the local GP which they had been told had been sent via EPS "to the pharmacy", however this had gone to P2U as the nominated pharmacy. Mr Eason continued that the service from P2U in getting the item identified and returned to the spine for him to pull down was poor and very slow. Mr Ward identified a number of issues where patients previously using MDS devices with Boots had been issued with boxes or bottles and simply could not manage their medicines effectively, leading to excessive waste.
417-7	**Regulation** a) Change of Ownership application for Pyramid Pharmacy at 29 Market Hall Street, Cannock Mr Prokopa reported that the change of ownership at Minster Pharmacy had completed at the end of March, notification from NHS England had confirmed opening hours and services provided remained unchanged.
417-8	**Confidential** There were no confidential items for discussion
417-9	**Any Other Business** Members had no other business

Strategy Agenda – Members Only

417-10	**Lead** a) Funding Changes i. Campaign update Mr Prokopa reported that when the judicial review had completed, the outcome was expected to be announced this week, but there had not been any news yet. ii. Quality Payments update **Pharmacy Visits –** Mr Prokopa explained that he and Dr Hall were to visit each independent pharmacy (not part of a group) before the first review date; those visits had commenced, and only one pharmacy out of 10 visited had decided to not take part in the Quality Payments scheme at all. **Directory of Services** - Ms Dean said her experience of the Directory of Services update was poor. There were multiple entries to check and amend – one for each service apparently and it appeared that all the submission would do is trigger a message for a DoS lead to contact the pharmacy for confirmation? Dr Hall explained that the DoS functionality had not been set up to allow such a large number of amendments or

updates concurrently and would lead to the whole system crashing. She agreed to follow the comments up with local DoS leads, however the key was to follow the correct procedure for checking the DoS entries and completing the survey.

Healthy Living Pharmacies – Dr Hall confirmed that further training for Healthy Living Champions and Leadership were to take place on Monday 8th May (HLC, Hednesford) Tuesday 6th June (HLC Burton) and Tuesday 20th June (Leadership, Lichfield). Mr Eason commented that one member of his staff had attended the Stafford HLC training in March and had come out of the training not understanding what Healthy Living Pharmacies were? Dr Hall explained that the Pharmacist engaged by HEE for these events was following a programme not specific to pharmacy or HLP and the LPC-organised events included a session delivered by herself on the background of HLPs.

NUMSAS – Dr Hall explained that despite efforts locally it had been decided not to launch the service before Easter due to the limited number of pharmacies with the relevant nhs.net email addresses needed to provide the service. The local Pharmacy First service had just been re-commissioned and would continue but with the ability to provide the service throughout all pharmacy opening hours, provided that a prescription could not be obtained within a reusable time period – for example if a patient was working in a different town to where their GP is and unable to collect a prescription before the practice closed. Ms Dean expressed concerns about the opportunity with NUMSAS for patient nominations to be changed when a supply was made at a different pharmacy – thus it was important that the service wasn't launched until all pharmacies wanting to take part were able to do so – so that there would be a level playing field. Dr Hall reminded members that the new SLA which came into force at the end of March 2017, which Contractors need to sign and return to Andy Pickard.

b) CHSL Provider Company – Mr Prokopa announced that despite a tight timetable the five Directors of CHSL had been appointed. They are: Len Dalton, Solihull LPC Chair and Independent contractor – Mr Dalton had been asked to chair the board initially; Bruce Prentice, LPC member and Director of the Greater Manchester provider company; Jackie Buxton, formerly NHS England Midlands & East liaison officer for Boots and member of Coventry LPC; Yvonne Goulding, Chief Executive of Adam Myers Pharmacies and LPC member in Hereford & Worcester; Michelle Dyoss, formerly Public Health Practitioner for Dudley MBC; Michelle also works with a number of LPCs on public health and HLP projects. Mr Prokopa also noted that the loan agreement between the LPC and CHSL was being signed today, and preparations were well under way for the company to form in the next few days. Mr Bullock reported that the scrutiny committee had highly praised Mr Prokopa on his excellent work in relation to the recruitment of the five directors.

c) West Midlands Regional LPC Forum – Mr Prokopa asked members if there were any questions from the meeting report? Members had no further questions.

d) Exec Meeting 6th April 2017 – Mr Prokopa advised members that minutes were not yet available, however there a few key points arising:

Quality Payments – Mr Prokopa explained that Officers had concerns around staff and locum engagement and asked if companies are doing anything in terms of support staff engagement in QP such as providing briefings? Dr Hall noted that at the Tamworth event she asked how many attendees knew about the new contract and QPs and there were no responses from the whole room of 24 people. Mr Ward confirmed that at least one member, either a technician or

	pharmacy advisor from every single branch had been briefed. Members felt it was perhaps a quieter group and confirmed staff have attended briefings. Mr Prokopa to highlight PSNC resources or LPC website resources available. **Funding Cuts** –Mr Prokopa felt this was an opportune time to remind Contactors about what the procedure is to go through for any applications or notifications on changes of hours. **HLP Leadership** – Mr Prokopa reported that we will be running another day session on Tuesday 20th June planned to take place in Lichfield. **HLC Training** – Mr Prokopa reported that the next HLC training event is 8th May at Hednesford and the LPC also plans to hold one in Burton on 6th June but no venue confirmed yet. **Sessional Pharmacist in GP Surgeries** – Mr Prokopa reported that we already have Burntwood and Lichfield Network of GP practices active and we are aware that other localities are looking to take up some of the funding, so the LPC would really encourage people to get involved. The key benefit would be better engagement between community pharmacies and GP practices locally, whilst people are still retained as community pharmacists primarily. It is a long-term project, so there is time to train people up who are not already prescribers. Mr Bullock noted that when the pharmacists were first involved in practices in the late 1990s they were all community pharmacist who went and did sessional work and it made a tremendous difference to the understanding between pharmacy and the medical practices. Mrs Chahal enquired about expression of interest and Mr Prokopa explained that they have just finalised the submissions for the next wave of applications. They are looking for around 20 sessions a week and have agreed to apply for, 2 full time equivalents, plus a half-time lead, 0.5 full time equivalent, at a slightly high grade, so overall 25 sessions a week in total. Hoping that the agreement will come through 1st July and it will launch 1st September. e) Mental Health Awareness & Dementia Weeks (8-14th May & 14-20th May) – Dr Hall had been asked by Stafford Borough Council if the LPC would take a stand at two engagement events in the two weeks highlighted? Previous experience had suggested these are not necessarily likely to prove great value in promoting community pharmacy to the general public. Mr Ward expressed concern that this would take two days of LPC officer time for little perceived benefit; this view was supported by other members and the decision taken not to attend the events.
417-11	**Be Effective** a) Correspondence & Communications Everything highlighted is covered in the agenda; there were no questions on remaining correspondence. b) Finance i. Business Accounts as at 3rd March 2017 - Mr Prokopa referred members to the monthly accounts, draft balance and comparison to budget. Mrs Lumby was praised by members for her work in both keeping expenditure within budget, and for the accuracy of the budgeting process. Service accounts were also circulated prior to the meeting and were noted. c) Sub-committee meetings – Mr Prokopa advised members that there were to be two sub-committee meetings next month. The finance sub-committee would meet at 12.45pm for a short update pending the outcome of the judicial review and any impact on the special levy; Services and Communications sub-committee would meet from 12 noon.

Strategy Agenda – Open 4.00pm

417-12	**Maximise Opportunities** a) Meetings Reports including discussion on proposed Pharmaceutical Waste Charter (circulated). **Local Optical Committee Meeting** – Mr Ward questioned 'supply by a signed order through community Pharmacy' and whether the pharmacy would require a wholesale licence? Mr Prokopa confirmed that this was the legal route of supply if they have got a local service. He explained that the optician issues a signed order, which is treated as a script. Mr Prokopa noted that as far as he is aware It specifies the patient details so it's not a supply to the optician but a supply to the patient. Mr Ward highlighted that for a signed order to be legal it needs to be infrequent, small volumes and not for profit. Mr Prokopa to clarify about meeting the regulations in relation to wholesale dealings. **LPN Meeting** – Ms Dean had concerns regarding the point about 'setting up a working group to consider blister packs / day scripts and a Toolkit to support Contractors to make decision'. Dr Hall explained that her understanding was that this was there to back Pharmacists up. **Pharmaceutical Waste Charter -** Mr Prokopa explained that members had discussed the key points for the Pharmacy Charter at the last meeting and he had now put together a draft charter, which had been circulated for members' approval. Mr Eason highlighted the need to record pharmacy intervention and to have some way of communicating interventions to practices without having to wait hours on the phone. Mr Prokopa agreed that we could record Pharmacy intervention on PharmOutcomes to provide an electronic paper trail. Mr Eason felt that recording interventions on PharmOutcomes would also provide an audit of the reasons for the intervention. Ms Evers questioned whether we could do something about surgeries not having valid nhs.net email addresses. Mr Prokopa explained that surgeries must confirm with PharmOutcomes that their email address is current and monitored. Dr Hall stressed that Contractors need to be proactive and check with their GP surgery, to find out what nhs.net email address they want to use. Where PharmOutcomes requires verification of the nhs.net email then the LPC can get a verification email sent out by PharmOutcomes, which they would then need to validate. Mr Ward proposed some wording changes – Didn't like the word 'automatic' in ordering service and suggested should read managed. Item – 'Encourage all patients to check their bag for items not needed prior to leaving the pharmacy or on delivery'. Questioned whether on delivery necessary as phoning to arrange delivery is the key step to check whether the patient requires all items. Questioned - asking the patient about how much medication they have at home before re-ordering to avoid unnecessary waste and what are the expectations, as not always appropriate to ask this question as it depends on the patient. Felt it was important that everyone sees the charter as a set of principles. Members considered each point of the pharmacy charter and recommended amendments as appropriate. Mr Prokopa to make the necessary amendments as advised.
417-13	**Support Contractors & their Teams** a) HLP Update Dr Hall confirmed all relevant information on HLPs currently had been reported under Quality Payments update. b) CPPE Update Dr Hall noted that all current CPPE activity was as discussed at the March meeting and reported via News Updates. c) Patient Facing Website - d) Z-Cards – Dr Hall explained that the cards were to be distributed to patients as a quick-reference guide to accessing health services appropriately – the style and size of card was chosen to be kept handy in wallet or purse. She added that one

of the key aspect from a pharmacy point of view was that it included a link to the LPC's patient-facing website. Mr Ward supported the card, but questioned aspects of spelling grammar and formatting? Dr Hall agreed that this was just a mock-up and issues would be corrected prior to printing. Mr Ward highlighted the benefits of each of the messages on the squares being displayed on the surgery screens.

e) NHS Protect

Mr Prokopa reported that NHS protect are phasing out and creating a new special health authority called the NHS counter fraud authority and it will focus on tackling fraud, bribery and corruption across the NHS and the wider health group.

f) Annual Complaint and CPPQ

Mr Prokopa explained that NHSE have asked the LPC to circulate information about Annual Complaints and CPPQ and he confirmed that information is now on the LPC website.

g) Total Wound Purchasing Pilot

Mr Prokopa explained that he received this document yesterday and that SSoTP have come up with 2 options for the pilot implementation: -

1. Direct Ordering using ONPOS
   Orders processed through SSoTP procurement contract with NHS Shared Business Services
2. Community Pharmacy Ordering
   Appropriate for community nursing, practice nursing and residential and care homes.

SSOTP have said if Option 1 is the preferred option they will assist with implementation. If Option 2 is the preferred option, SSoTP will not be in a position to lead on the implementation of the pilot. Mr Prokopa explained there was a very similar service that went live in the North of Tyne. Launched at the 1st April and Pharmacy were asked to sign up to deliver a service for the supply of dressings from a limited formulary. Mr Prokopa explained that the drivers for commissioners are reduced costs, better adherence to the formulary and better lead time and less waste. He stressed that the key point is that Pharmacy do not get a fee for the service, but ONPOS say that Contractors will have an improved ability to generate more discount. Mr Prokopa understands through Sharuna Reddy, that locally they are looking to have one or two pharmacies in the Rugeley area supplying this service. They see savings in term of time and less waste. The LPC have reminded them that the order will be subject to VAT, but noted that they haven't identified that they won't get any benefit from the deduction scale and there won't be any saving in terms of fees. Mr Prokopa reported that the feedback from the North of Tyne service is that the CCG and ONPOS reported a successful implementation, but only 10 pharmacies out of 52 pharmacies have engaged and most of them have been Independents. Tesco's did sign up but they pulled out. As of yesterday, no Pharmacies had been setup for payment with the Shared Business Services, so there is a time delay in terms of getting payments back. Mr Prokopa explained that there is no fee provision for the service, but the reimbursement is at drug tariff price with no discount claw back, plus VAT. It was presented as a fait accompli and there is no evidence that Contractors have been able to increase their negotiated discount with wholesalers for all products. It was done direct with the pharmacies not with their local provider company. There is some benefit being seen by the Contractors involved, because they are delivering to one-site not to every single patient, as the requirement is that it is delivered to the district nurses base site. Mr Bullock noted that not only do we not get any payment, but we are expected to deliver the product as well. Mr Prokopa had concerns about the impacts it

	has on script numbers and income for pharmacies and the possibility of pharmacies being left with stock they can't use. Mr Ward asked if we could see their costings as the service would cost Contractors money in-terms of delivery and it would be interesting to seeing the costings for the project. Mr Prokopa added that he had spoken to Ann Gunning at North of Tyne yesterday, as he had concerns that this was the first of many services that start to go in this direction. They also had similar concerns and had asked whether appliances would be next. They have been told that they don't want to go down that route for appliances as to complicated. Dr Hall noted we already have a new project in Staffordshire and Cannock for appliances, but they haven't gone down the direct supply route, they have left it open so the people managing the service can do FP10s. Noted that the next thing will be SIP feeds because the CCGs spend a lot of money on them and are looking for cost savings. Mr Prokopa felt that if we agree to route 1 - we make a rod for our own backs in the future, but we don't want to put Contractors in the position where they feel they have to provide the service if we agree to route 2. Mr Ward noted that if we do go for route 2 Contractors will have to do a lot of work for nothing Ms Dean highlighted that previously we had discussed that PSNC said this wasn't a legal route of supply? Mr Prokopa explained that with the momentum of a lot of areas using ONPOS it has reached a national level and we maybe at the stage now that it just goes that way. Mr Ward enquired about the service being put out to tender, as this would be a fairer option. Mr Prokopa agreed that this was something we could put to the CCG, that because of the value of the service then shouldn't they really put it out to tender? Members discussed whether the LPC should spend time putting together another option or whether the decision has probably already been made by SSoTP. Mr Ward asked as SSoTP are pushing for this, could we work with the CCGs as they hold the budget for all wound management products. Mr Ward also added whether we could ask, what the Primary Care Home solutions is to this. Dr Hall felt we would be remise as an LPC if we don't do anything? Mr Ward agreed and stressed that Mr Prokopa should speak to Pat Staite and ask if he could come up with something which meets their needs but doesn't exclude Contractors Ms Dean questioned that if Bina Mistry doesn't support this why is she letting it go ahead? Mr Prokopa explained that they have a meeting planned early May to discuss this, but we are now being told that we have either got to come up with an alternative solution or accept one of the 2 routes proposed. Mr Prokopa proposed that he should investigate who is making the decision on the project and that we would put something together within the timescales given.
417-14	**Build relationships** Commissioner Reports: Mr Prokopa noted that there had not been any commissioner reports submitted to this meeting.
417-15	**Presentation – Ian Carruthers, Head of Widening Participation UHNM** **Hart School Project, Rugeley** Mr Carruthers explained his role in widening participation and engagement in interest in pursuing careers in the NHS at UHNM, at all levels. This is on the agenda for all NHS organisations to some degree; it is especially pertinent in Stoke on Trent because there is low aspirations and social mobility – UHNM also biggest local employer. They engage with schools, colleges etc. Impossible to attend all school or careers events, with only a small team. How could the team meet the needs of the community whilst providing a

	positive outcome for the Trust? The benefit is aimed to be a reduction of A&E attendances at the front door; additionally, the potential to improve recruitment to care sector locally to encourage more effective discharge at the "back door", both resulting in reduced pressure on beds. The key issue was how could the small engagement team at UHNM get improved results from engaging with schools, without simply going to deliver a message at careers events? Following a conversation with Mani Hussain, a project working with one of the most deprived and under-achieving schools where there were high levels of asylum-seekers identified low levels of awareness of the best place to access health and care, which resulted in many families using A&E as the default provider, especially in those who did not have English as first language. Secondly there was a need to encourage schools' ownership of careers advice, especially where those giving the advice in schools had little or no experience of actually working in health and care. The approach was to either bring healthcare professionals to the school, or take pupils to see technology or other areas of interest for example see how technology is used in a renal unit. Thirdly, the opportunity to deliver public health messages was seen as a key opportunity. With better understanding of public health issues or better control of long-term conditions there could be benefits all around. So, in one school an asthma society was formed and a respiratory nurse came to support inhaler technique sessions. The opportunity for school pupils to take messages back to family members was also recognised. Mr Carruthers described how Ian Greaves of Gnosall Surgery and GP First, set up a showcase event to demonstrate local innovations to senior NHS England staff, and he had asked Mr Prokopa to come along to see how the Rugeley project was developing, along with the GP and optician already recruited. Mr Prokopa told members that at first, he had struggled to see the benefit of engagement to pharmacy Contractors but so long as backfill funding was available he could envisage that there would be benefits to improved relationships with other healthcare professionals, and making pharmacies more young person friendly. Mr Carruthers added that since the project had started to come together, other areas such as Stafford Borough and Stoke-on-Trent had taken interest; the Academic Health Science Network too had been interested, and may be able to find funding for healthcare professional backfill. Tesco Farm to Fork initiative had also taken interest, however they didn't have access to funding for the project. The next steps were to hold a meeting with school and other stakeholders in a couple of weeks; St Giles Hospice were also to provide end of life mentors for teenagers at the school. Mr Carruthers asked for questions from members. Ms Palfreyman asked what the ages were of children involved? Mr Carruthers said that the school academy had pupils from primary to 6th form – it was hoped that older children could be health ambassadors to cascade health or lifestyle information to younger ones, also Keele pharmacy students could provide information on the degree course for interested teenagers. The project would run for two years, with a baseline being taken in September and regular evaluation on key aspects eg asthma control or health messages. Mr Marshall asked what he saw as the role for the pharmacist involved? Mr Carruthers thought this should be down to the pharmacists concerned, focussing on local need for example increasing interest, increasing awareness of health and care careers, improving control of long-term conditions or reducing the impact of waste medicines. Mr Prokopa added that improved awareness and understanding of pharmacy services for example Pharmacy First, but perhaps the main benefit is the message that community pharmacy involvement portrays. Mr Marshall also questioned the time commitment? Mr Carruthers again thought this was down to the individual to decide. Ms James thought that without specific funding involvement would be down to goodwill from a few individuals. Mr Prokopa agreed,

	however it may not always need to be a pharmacist that is involved, technicians or other support staff could also visit schools for specific topics. Mr Wilson asked if local pharmacists did not get involved, could someone from outside of the area do so? Mr Carruthers agreed; he added that even if more traditional funding sources weren't forthcoming then other eg local philanthropists or even small scale project lottery funding could be sourced – they key thing was to get the project model developed first and then source the funding wherever possible.
417-16	**Any Other Business** Members had no other business

	Next Meeting **Wednesday 10th May 2017** in Conference room at The Museum of Cannock Chase, Valley Road, Hednesford, Cannock

LPC Meeting – Wednesday 12th April 2017 Agenda items in **BOLD**
Appendix 1 - Communications Report

NHSE North Midlands Communications
Received
a) 06/04/2017 Staffordshire & Stoke on Trent Pharmacies Easter 2017
b) 07/04/2017 Change of Ownership Midcounties Co-Op (Minster Pharmacy) to Pyramid Pharma Pharmaceuticals Ltd (Pyramid Pharmacy) – notification of full details
c) 10/04/2017 Copy of letter to NHS England from NHS Protect and change of function/new NHS Counter Fraud Authority
PSNC Communications
Received
a) 09/03/2017 PSNC News Alert: Quality Payments - SCR calculator now available
b) 13/03/2017 PSNC News: SCR calculator for Quality Payments | Webinar reminder | Drug Tariff news | Updated Quality Payments resources | NHS England pharmacy conference
c) 15/03/2017 PSNC News Alert: Last chance to register for Quality Payments webinar update
d) 15/03/2017 PSNC News: March 2017 Price Concessions/NCSO
e) 16/03/2017 PSNC News: LPC News Alert: PSNC Office Relocation
f) 20/03/2017 PSNC News: PSNC telephone disruption | Judicial Review cases to be heard | April payment date | Prescription charge to rise | Quality Payments webinar on-demand
g) 21/03/2017 PSNC News: March 2017 Price Concessions/NCSO (update)
h) 22/03/2017 PSNC News: LPC News Alert: Judicial Review update
i) 23/03/2017 PSNC News: LPC News: Leadership Academy candidates; Pharmacy Contact Sheet; Chairs & Chief Officers meeting; Quality Payments webinar slide deck; NHS logo use
j) 24/03/2017 PSNC News: Judicial Review hearing ends | Final print issue of CPN | Single Activity Fee increase | Drug Safety Update | Pharmacy flu service recommissioned
k) 24/03/2017 PSNC News Alert: Directory of Services checker now available
l) 24/03/2017 PSNC News: LPC News Alert: Judicial Review Concluded
m) 29/03/2017 PSNC News: March 2017 Price Concessions/NCSO further update
n) 31/03/2017 PSNC News Alert: PSNC News Alert: Don't forget to submit your NHS flu vaccination claims
o) 03/04/2017 PSNC News: NHS England publishes delivery plan | PhAS update | Changes to submission for additional payment | Quality Payment resources | COPD service success
p) 05/04/2017 PSNC News: LPC News: LPC Conference 2017 | Pharmacy closures | Treasurers Meeting | Suffolk LPC in the Spotlight | COPD service results | Upcoming conferences

Other Communications
Received
a) 16/03/2017 GSK - GSK 2016 Full Year EFPIA Disclosure Statement for GID -9900237626

b) 16/03/2017 PharmOutcomes Support Team: NUMSAS Access Approval Guide

10(a) Appendix 2 – Meeting Reports

Chief Operations Officer:
a) 09/03/2017 UECN Meeting
b) 23/03/2017 West Midlands Regional Meeting
c) 29/03/2017 Pivotell Meeting
d) 4/4/2017 Meeting with LOC re Minor Eye Care Service

Service Development Officer
a) 08/03/2017 & 13/03/2017 – NUMSAS
b) 17/03/2017 LPN Board
c) 23/3/2017 Stafford Health & Wellbeing Strategy

10(b) Appendix 3 – Finance
a) Business Accounts – March
b) Service Accounts – March

13(d) Appendix 4
Z-Card - final draft