

Members Present: Mr Wilson, Mr Hames, Ms James, Mrs Chahal, Mr Marshall, Ms Crompton, Ms Evers, Ms Palfreyman, Ms Dean

In Attendance: Mr Prokopa, Dr Hall, Mrs Lumby, Keith Tapp; Policy Manager GPhC, Yvonne Goulding; Director Central Health Solutions Ltd

In the Chair: Mr Bullock

Business Agenda - LPC Members

717-1	<p>Welcome and Apologies Apologies had been received from Mr Ward, Mrs Roman, Mr Eason and Mr Kapur. Mr Prokopa explained that Raj Kapur is our new CCA member from Rowlands Pharmacy Tamworth.</p>
717-2	<p>Keith Tapp - Presentation on revalidation for pharmacy professional's consultation (followed by discussion on consultation questions) Keith Tapp explained with support of a presentation that the team was put together three years ago to work on the revalidation, which was called continued fitness to practice until just before the consultation when a decision was made to rename it revalidation. The revalidation for pharmacy professional's consultation is very different to the revalidation for Doctors and Nurses. The DH and Professional Standards Authority advised them that they didn't have to put in a fully-fledged revalidation model for pharmacist, based on their assessment of harm, so they have tailored the pharmacy revalidation. In 2015, they spent a year on research and just listening to Pharmacy and tested some proposals with 270 volunteers for 3 months. Keith Tapp explained that the reason for these changes are government regulations and they wanted additional elements beyond self-declaration. The revalidation for Pharmacy is a framework to further assure users of Pharmacy services, that pharmacy professionals are safe and effective beyond initial registration. It encourages pharmacy professionals to reflect on their learning and how it benefits those using pharmacy services and makes recording simpler and more focused.</p> <p>CPD – Keith Tapp explained that they looked at how they could make CPD more meaningful, simpler, more time effective and more valuable. In order to answer those questions, they just asked Pharmacy professionals and therefore everything in the proposal document is Pharmacy lead. The standards for Pharmacy came into effect from 12th May and they are trying to make CPD through the reflect account, much more relevant to the standards. They are currently asking pharmacy professionals to record nine CPD entries each year and they also ask for a lot of information to be provided. They have now reduced the number of CPD entries each year to 4 and will be using a simplified recording process. The reflective cycle has gone and is replaced by planned CPD and unplanned CPD, 4 CPD activities, 2 of which must be planned. Keith Tapp further explained that the reason for this is that patient and public groups have told them that the type of CPD they have most assurance from is the planned CPD and Pharmacists have told them the most valuable CPD is the unplanned CPD. The 18 questions have gone and are replaced by 3 questions for a planned CPD entry and 2 questions for unplanned CPD entry. The questions are - what do you want to learn, how do you want to learn this and what difference did this make to your patient or service user, using a real example. Keith Tapp noted that the rationale is that we know Pharmacists understand the reflective cycle and the original uptodate.org had all those questions to help embed the reflective cycle. They are confident Pharmacy professionals know how to do reflection and Pharmacy schools are now embedding this in their new graduates, so the forms do not need to include any guidance. On average people took</p>

about ten minutes to half an hour per entry and a good CPD answer will be one that Pharmacists have put into practice.

Peer discussion – They are introducing a peer discussion and a reflective account, these are the additional elements beyond self-declaration. Keith Tapp explained that the biggest risk they identified in terms of an allegation being made about a pharmacist often relates to communication, which is why they are using that standard rather than knowledge and skills and one of the biggest risk factors is isolation especially for independent pharmacies. The peer discussion introduced, has one question ‘what difference has your peer discussion made to your service user, using a real example’. Pharmacists can choose their peer, who should ideally be someone they trust, who will challenge and encourage them. Keith Tapp further explained it’s about Pharmacists performance over the year and ideally in a few years’ time we hope that pharmacy will have built up their own support network. They will ask who the peer was and will do an administrative check, but the content will be about the outcomes of the discussion not the elements of the discussion, which will remain private.

Ms James suggested that it would be a good idea to provide some examples of peer discussion as this is a new element and people may need a steer.

Keith Tapp stressed that he is reluctant to give a proforma of how to do this as it can turn into a tick box exercise, but lots of people are asking for this so they will provide minimum guidance.

Ms James asked if it was okay to have a reciprocal peer to peer discussion?

Keith Tapp responded this was okay, if it is a two-way discussion.

Reflective account – Keith Tapp explained that this is about how you communicate well with reflection on how you’ve met one or more of the standards to communicate effectively.

Ms James asked whether the GPhC would tell us which standard the reflective account will be on each year?

Keith Tapp explained they are hoping to tailor it this way, but Pharmacists are asking for more freedom on which standards they write about. So, in the first year of implementation they will limit the number of standards Pharmacists are asked to write about.

Simplify Guidance and Standards Keith Tapp concurred that he is equally frustrated on our behalf about the five different guidance documents and that they want to bring the guidance down to a single document.

Review of submitted records - Keith Tapp highlighted that the major change is the 2½ percent random sample. They will now be asking for records to be submitted every year as an annual process, when Pharmacy professionals make their declaration for renewal of registration. Therefore, each year, as part of renewing your Pharmacists registration, Pharmacists will be expected to submit records of their CPD, peer discussion and reflective account to the GPhC. All the protection around sick leave, maternity leave and employment remains unchanged. They are improving the review of these submitted records and each year they will select a random sample of registrants to have their records reviewed. They have a pool of about thirty CPD assessors and under the new system a pharmacist will read a pharmacist’s CPD a technician a technician’s CPD and in both cases, there will also be a lay reviewer as well. The 2½ percent selected will get individual feedback and if they meet the review criteria, then they will not review these submitted records again for the next two years. The annual requirement is 4 CPD records, 1 peer discussion record and 1 reflective account.

Keith Tapp explained the consultation closes on 17th July and during this time they would welcome feedback on the revalidation. Once the consultation period ends, they will analyse the responses they receive. The council will then look at the analysis of this in November and will decide if and how to proceed in 2018.

	<p>Keith Tapp reported that because of the GDPR they shouldn't be holding any records they don't need to hold for immediate purposes so they will be writing to Pharmacists asking them to review and migrate their records on uptodate.org</p> <p>Consultation Questions - Mr Prokopa noted that he would encourage any Pharmacy contractor to respond to this consultation. Mr Prokopa felt that the revalidation was generally positive and would be positive from a Community Pharmacy prospective, because of the focus on reducing the administrative burden related to CPD and making it more reflective of our everyday practice. Felt therefore, we should be supportive as an LPC. Mr Prokopa asked if members were happy with this approach to the document. LPC members discussed consultation questions and agreed the following:-</p> <p>Do you have any comments about the steps in the process covered in the framework? Ms Dean felt that it should be noted that it is very positive that there are now only 3 questions instead of 18 with the focus on the right thing, the reflective process. Dr Hall noted that there will be those Pharmacists who will need extra help to find their Peer.</p> <p>Do you think the changes above will help to support registrants in their practice and provide assurance that pharmacy professionals remain fit to practise? Members agreed the response should be YES</p> <p>Do you have any comments about the changes we have proposed? Anything not covered in the framework? Mr Hames asked for clarity about date for submission and do they fall in the current year.</p> <p>Do you think the revalidation framework overall will achieve its aim of providing further assurance to users of Pharmacy services? Members agreed the response should be YES</p> <p>Is there anything else not covered in the framework, that you would find useful? Please give details Ms Dean asked for clarity on how to retain your records Ms James asked for examples, which cover the breadth of the profession Ms Evers had concerns that only 2½ % of records are going to be looked at.</p> <p>What kind of impact do you think the proposals will have on people using the pharmacy services? Members agreed the response should be positive</p> <p>What kind of impact do you think the proposal will have on people using pharmacy services? Members agreed the response should be positive</p> <p>What kind of impact do you think the proposal will have on pharmacy employers? Members agreed again that the response should be positive</p> <p>Any further comments not covered in the framework that you would find useful? Suggested help for technicians who are not very IT savvy.</p> <p>Do you think the proposal might have an impact on certain individuals or groups who share any of the protected characteristic? Members agreed the response should be No Mr Prokopa asked for any further comments to be submitted by email to him before the end of tomorrow prior to him submitting the LPC's response. Keith Tapp offered to give feedback on any literature produced by Pharmacies to support this process and/or attend any training delivered.</p>
717-3	<p>Declarations of Interest Members had no declarations of interest relevant to the items on the agenda.</p>
717-4	<p>Minutes The open minutes of the LPC meeting on Wednesday 14th June 2017 were approved as amended; proposed Ms Dean and seconded Ms James the confidential minutes were approved; proposed Ms Evers and seconded Ms Crompton.</p>

717-5	<p>Matters Arising</p> <p>a) Pharmacy 2U – awaiting discussion with LMC secretary Mr Prokopa reported that he is still waiting to talk with the LMC secretary around the faxing of repeats, not able to speak to him last week, but hoping to make contact next week.</p> <p>b) Telephone MURs Mr Prokopa reported that he followed this up with NHSE locally and the view is they will be approved subject to regulations, that there is no other way of conducting the MUR and that they only make up a small amount of the MURs conducted each month. Mr Prokopa felt that this was a very practical approach. Mr Prokopa will be discussing with NHSE how we can facilitate the process and make sure that when a Pharmacy does request a telephone MUR there is a robust process in place.</p>
717-6	<p>Regulation</p> <p>a) Appeal against the grant of application for a no significant change relocation from 5-7 High Street, Stone, ST15 8AJ to The Mansion House Surgery, Abbey Street, Stone, St15 8YE Mr Prokopa explained that the approval from NHSE has been appealed and reported that this has been discussed by the regulations and governance subcommittee and they were all of the opinion that the reliance of the appeal appears to be on the definition of significant in relation to the relevant regulations. Mr Prokopa explained that they didn't feel it was the LPC's job to define significant and that this was a decision for the appeals panel. Mr Prokopa explained that the Pharmacy is currently situated on the main road and therefore easy for a patient to find. The new proposed site is off the main road and not so easy to find, but is not that far from the current location although access could be more difficult outside of normal hours. Mr Prokopa to send appropriate response to FHSAU.</p> <p>b) PNA Update Mr Prokopa was pleased to report that about 75% of Pharmacies have completed the PNA survey online. Noted they did have one issue, in that several pharmacies had completed the Pharmacy service questionnaire, which was setup as a survey of Pharmacy services for the Patient facing website. This has now been sorted and these Pharmacies have since completed the PNA survey. When asked Mr Prokopa confirmed most of the Lloyds Pharmacies had completed the survey but none of the local Boots branches. Ms Palfreyman confirmed she had emailed the area managers, but she would follow this up. Ms Dean asked whether there was another option to completing the PNA on PharmOutcomes. Dr Hall explained that Ms Dean could have a PharmOutcomes login for each of their branches or it might be possible to have a central login for all branches. Mr Prokopa reported that Contractors have up until the end of this week to complete the survey. Mr Bullock asked what would happen if Contractors didn't complete the PNA survey and Mr Prokopa explained that they will use other information such as information from NHSE and that the LPC could provide some of the data from PharmOutcomes. But the bit they can't do is what you the Contractor would be prepared to do if there was a commissioned service. Mr Prokopa further explained that from an engagement point of view, we have worked with Healthwatch to get people to complete the PNA questionnaire. Dr Hall had attended the Healthwatch AGM and reported that everyone that attended the Healthwatch AGM completed the PNA questionnaire. She highlighted that everyone there had said how wonderful Pharmacy is and at the</p>

	<p>falls groups people always say how good their community Pharmacy is, so universally the feedback has been excellent.</p> <p>Mr Prokopa noted there will be another meeting of the PNA group on 31st July and that all the data gathered will go into preparing a draft PNA, which will be included on the Health & Wellbeing agenda in early September for acceptance. There will then be a 60-day consultation period up until Christmas and any revisions and all of the consultations information will then go into the PNA, which will go to the Health & Wellbeing board prior to publication.</p> <p>Mr Prokopa to highlight in the LPC News Update the comments from the public at the Healthwatch AGM regarding the excellent service from community pharmacies.</p>
717-8	Any Other Business

Strategy Agenda – Members Only

717-9	<p>Lead</p> <p>a) Funding Changes</p> <p>i. Campaign update</p> <p>Mr Prokopa reported that PSNC have been granted leave to appeal on the Judicial Review, but they haven't decided yet whether they will appeal or not. Mr Prokopa felt that it was clear from the last meeting that members felt we shouldn't waste a lot of resource on this and that from a cost point of view the message from PSNC was that the additional cost was not going to be substantive.</p> <p>Ms Dean reported that at the AIM meeting last week it was noted that for the judge to grant a leave to appeal his own decision, was not very common.</p> <p>Mr Prokopa asked for members view on whether we should support an appeal?</p> <p>Mr Hames asked whether we had any money left over from the money we contributed?</p> <p>Mr Prokopa explained that we are still waiting on the apportion of costs. Mrs Lumby related that at the PSNC Treasurers Event, PSNC had reported they had received £1,000,000 of the requested special levy payments and that some LPCs were paying in instalments, so they anticipated receiving up to £1,100,000. They had mentioned costs to date, which included legal fees and the cost of the PWC report of about £800,000. Mrs Lumby felt that it was unlikely that the LPC would get any of the special levy funding back and she had some concerns about whether we could be asked to fund further costs, although she noted that at the Treasurers meeting there had been little appetite for an appeal.</p> <p>Mr Prokopa had concerns about not giving PSNC any steer and members agreed that Mr Prokopa should contact our regional rep to express concerns from LPC over JR appeal. Not to express LPC opinion on whether to appeal or not but to ensure all relevant evidence and input from LPCs are considered when reaching the decision.</p> <p>ii. Quality Payments update</p> <p>Mr Prokopa reported that we have not yet had any information about the contractor figures, other than the overall figures to the LPC, but we should get some feedback on the performance of each LPC soon.</p> <p>Mr Prokopa noted that we will be running a further Healthy Living Pharmacy Leadership and Health Champion workshops in the run up to</p>
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the November review point in the Autumn and the LPC will be running a SCR event with CPPE, Dr Hall confirmed dates have been sent out. Ms Dean noted the new dates are available for the NHS Choices 4-week window in November.

Dr Hall to write and circulate QP update to contractors and highlight NHS Choices check and update window and availability of new PharmOutcomes module for next review point to record compliance.

- b) CHSL Provider Company Update – Yvonne Goulding – Director, CHSL
- Yvonne Goulding explained that they had had problems with the company name as the 'Health Service' part of the name is a protected title and unfortunately, they haven't been able to acquire this name. Therefore, they decided to keep the same initials and are now Central Health Solutions Ltd. Yvonne Goulding stressed that the main purpose of her visit today was to get feedback from members as to what they expect from CHSL as potential members?
- Yvonne Goulding explained with support of a presentation that CHSL is made up of 5 directors, Yvonne Goulding, Michelle Dyoss, Bruce Prentice, Jackie Buxton and Len Dalton. She explained that they have written their HR policies and have setup their website and emails, but obviously have some amendments to do with the change of name. They are focusing on gathering lots of information. They had sent out a service template to all LPCs for completion and have received these all back so they now have up to date information on current services, the value of those services, uptake of these services and what LPCs see as their top 3 priorities. Currently they have offered help writing PNAs as this would place them well for delivering whatever was decided as an outcome of these. They have contacted other provider arm companies and they are collating service templates. They are moving forward with setting up bank accounts and are in the process of setting up a strategy. They have created a new members pack, which was shared at the SOC meeting and they would welcome feedback from members on this. Explained that as they grow they are looking to work collaboratively with other providers to deliver services. Their work is partly proactive but a lot is reactive and as they become established their ultimate aim is to procure profitable services which are a benefit to patients and to commissioners.
- Yvonne Goulding explained that the Income streams they are looking at are working with commissioners but they are also looking at corporate affiliations to provide training, networking, service updates and the other source of income will be joining fees. The top 3 priorities as reported by LPCs are - STPs Integrated care, Managing ITC and Health prevention / HLP. They would like to have two or three LPC representatives invited to attend the first part of each Central Health Director meeting and they are keen to attend LPC meetings. Their focus now is getting members to join and are asking LPC members to promote this as they see fit. Also looking for support with networking and promoting CHSL and Commissioner contact details and introductions, which again she thanked members for the information they had already received.
- Yvonne Goulding had 2 questions, which she put to the LPC members: -
As potential members, what would you want to see from CHSL and actually what is it that would make you want to join and as LPC members what do you think should be our priorities?
- Mr Bullock explained that we were previously discussing dressing supply a service under threat that we would like to see developed.
- Mr Hames – Mentioned that a lot of the issues around service delivery and service uptake is that people are not seeing enough value in the service and that too many hoops to jump through is seen as a barrier to uptake.

Yvonne Goulding agreed that for any services developed we need to reduce or navigate the hoops to be able to provide the service and ensure uptake. Ms James felt from her perspective that 75% of time spent on bids is too high, because this is purely reactive to what comes out onto the market. That there is lots of opportunity right now and that CHSL need to focus their energy and efforts on demonstrating the value of CHSL for those local relationships to get some local services up and running. She explained that in Somerset, there was a real challenge with the minor ailments services and Avon Health Care Service got involved and managed to get a scheme up and running and this is what she would like to see from CHSL. She felt that this is because although tender opportunities are there for pure pharmacy based solutions there are not that many of them.

Yvonne explained that they are also looking at more focus on local work and private services.

Mr Prokopa asked how could CHSL add value to a service that's already commissioned, that may be rolled over year on year and how might it benefit contractors in both the short term and the long term. For example, the minor ailments scheme, which is commissioned each year locally and is there anything CHSL can add to that?

Yvonne Goulding felt she would need to understand the service better to be able to answer that question. But one of the things they are looking at is supporting administration and signposting. Looking at having a central number and using CHSL to manage appointments on behalf of contractors.

Yvonne Goulding explained that one service that has worked very well in Sandwell is Health Checks and Pharmacists that have been very successful have been the ones that have delivered and therefore got other appointments from this. She further explained that they would pay the same remuneration for a service whether member or non-members but there would be an admin charge for non-members.

Mr Prokopa enquired about time spent on STP documents and engagement with STP, as this is something we see as an identified potential for Pharmacy to deliver, but often for nothing. How can CHSL make that case for a funded properly commissioned pharmacy service?

Yvonne Goulding explained that she will be able to update Mr Prokopa after their next meeting as 2 of the other directors have been focusing on working with STPs.

Joining Pack - Ms James felt that the image on the front page of the members joining pack was not an innovative picture of what Pharmacy can offer and that the front cover photo needs changing to reflect modern community pharmacies. Ms Palfreyman felt that the member's fees to join was quite confusing and not very clear regarding number of premises.

Ms Dean highlighted that the paragraph on page five on the righthand, side third column down, didn't read well and therefore doesn't make sense. Felt that the FAQs were good but they could be developed to incorporate the questions over fees for members and non-members and what the benefits of being a member are.

Ms James asked about providing QP training, IG etc. as there is already a lot of provision for this elsewhere that contractors will already be using and whether they had done any research or had any evidence to suggest that this is what contractors want CHSL to focus on?

Dr Hall asked if they had had much engagement with other provider companies to see what they have done well?

Yvonne Goulding agreed that it was important that they engage with LPC members and Contractors

Mr Marshall noted the importance of looking at new income streams, better chance of selling to Contractors

Mr Bullock questioned whether members would be happy if we let old service go while we are looking for new services

Ms James explained that Greater Manchester are not paying for the service until contractors have actually delivered a defined number of provisions for example they have just launched an Inhaler technique service with no payment until the service delivery threshold reaches 5 provisions

After discussion members felt that initial offering needs to be more innovative, responsive to STPs and less reliant on tenders

Ms Dean agreed that if the service was linked to quality payments then Pharmacists would get behind it, as the basis is already there.

Mrs Chahal felt that we need to provide a service that offers a bit more than what's available now, such as spirometry.

Ms Dean felt the pack is too long and wordy felt it would be better to have a single folded A4 leaflet. Also, too many versions of company name - Central Health, Central health Solutions Ltd, CHSL and they need to stick to just one, once full name specified.

Mr Prokopa noted that the joining pack needs to be clear on the front page as to why you should sign up to CHSL.

Ms James felt it needs clarity on value for money she would want to be clear on what she was getting for £150.

Mr Marshall stressed that contractors need to know that they are going to get something tangible and are going to get some financial return.

Dr Hall felt we needed to have a unique selling point.

Ms Dean concurred that the members pack needs to be more about the benefits of joining CHSL and more detailed information about the CHSL vision should be included as an additional document that they send out with the members pack.

Ms James suggested that maybe there is some mileage in asking Bruce Prentice to speak to those contractors in Greater Manchester who hadn't signed up to the provider company to understand why they hadn't.

Ms Dean enquired about the PSNC provider company

Mr Prokopa explained that the PSNC provider company, Health Together was formed to support LPCs and their associated provider companies. They will support LPC provider companies with a range of tasks from company formation to the implementation of successful tenders.

Dr Hall suggested that the FAQs should mention Healthcare Together

Mr Prokopa asked how CHSL see the relationship with LPCs developing as South Staffs LPC has already been quite proactive, as we appointed our first Service Development Officer in 2005. Where can we work together, what do you expect of us and what can we expect of you?

Yvonne Goulding explained that she sees the relationship as needing to be close and sees CHSL as being able to provide support where it's a bigger provision or where more administrative support is required and that communication is the key.

Ms James questioned whether there is a key role to sharing best practice and ideas across LPCs, looking at case study developments to support local discussions with commissioners

Yvonne Goulding noted that they have shared that at the SOC and that this is something they would really like them to do. Yvonne Goulding thanked members for their input and noted that she would welcome any further feedback by email.

	<p>Mr Prokopa reported that the feedback from the SOC was that they felt the members pack needed to be available at every LPCs AGM. Members agreed that Mr Prokopa will report feedback and notes on CHSL discussions to Yvonne Goulding and SOC, also STP proposal documents and other current LPC projects. Mr Prokopa to check with other provider companies on contractor membership rates.</p>
717-10	<p>Be Effective</p> <p>a) Correspondence & Communications Mr Prokopa reported that everything highlighted is covered in the agenda; there were no questions on remaining correspondence.</p> <p>b) Finance</p> <p>i. Business Accounts and Service Accounts as at 30th June 2017</p> <p>ii. Finance Sub Committee Meeting Mrs Lumby reported that at the Finance subcommittee meeting they had discussed: -</p> <p>Budget analysis from April to June 2017 - Mrs Lumby explained that the finance subcommittee had reviewed that budget analysis from April to June 2017. Currently the LPC budget is on spend, although some areas of expenditure slightly exceeded, but this mainly relates to the outstanding creditors for 2016-17, such as wages, pension, locum costs and mileage expenses.</p> <p>PSNC Levy payment monthly by direct debit - Mrs Lumby explained that at the PSNC Treasurers Event some LPCs had enquired about paying the PSNC levy monthly by direct debit. PSNC have since responded that they may not pursue this option but will continue to consider individual requests from LPCs</p> <p>Cyber Insurance - Mrs Lumby reported that she had contacted Rob Wallis last week at NPA Insurance about the proposed Cyber Insurance policy for Pharmacies and LPCs. Mrs Lumby explained that she had hoped to be able to provide the policy documents prior to the finance subcommittee meeting for discussion but the policy was awaiting managerial approval.</p> <p>Opening second Business saver account - Mrs Lumby explained that we currently have a Nationwide business savers account, which holds money from our Business account. The FSCS for any financial institution is now £85,000 and that because we have considerable funding in our Service account we now have to keep the balance in the Business account low to avoid exceeding the FSCS limit for Lloyds. Mrs Lumby further explained that the Finance Subcommittee had discussed and agreed the option of opening another Business Savers account with Nationwide, which would allow us to transfer funds from the service account and therefore be able to run the business account with a higher balance. The opening of a second savers accounts was approved proposed Mr Marshall and seconded Mrs Chahal</p> <p>iii. Approval of the Annual Accounts 2016-17 Mrs Lumby explained that the draft business accounts for 2016-17 had been approved by the Finance Subcommittee. Mrs Chahal reported that the Finance subcommittee had reviewed the business accounts and she explained that Mrs Lumby had provided supporting documentation to explain the movement of creditors and debtors. Ms Dean also noted that they had commented on the accountancy fees being high this year and Mrs Lumby explained that the accountancy fees included the cost of examining both the business and service accounts, the one-off setup costs for pension payments and the filing of the corporation tax for both</p>

	2014-15 and 2015-16. Additionally, the accountant is now charging Vat, so the final figure contained an adjustment for the Vat not included in the previous year's accruals. Members had no further question and the business accounts 2016-17 were approved prior to going out to Contractors for approval at the AGM; proposed Mrs Chahal and seconded Ms Dean
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Strategy Agenda – Open 4.00pm

717-11	<p>Maximise Opportunities</p> <p>a) Meetings Reports - please email any queries before the meeting</p>
717-12	<p>Support Contractors & their Teams</p> <p>a) HLP Update Dr Hall explained that the 'Be Clear on Respiratory' campaign is being extended until 31st July 2017. This is to allow all contractors the chance to take part in the campaign, including those who experienced a delay in receiving their kit from Public Health England. Dr Hall reported that information on future campaigns will be available soon and that the feedback form is now available to be completed on PharmOutcomes.</p> <p>b) CPPE Update Dr Hall explained that an email update had been included with the LPC papers and asked that the update report be included in the minutes - Summary Care Records an event to increase usage of SCR and therefore help Contractors to meet the Quality Payment Criteria. The overall aim of this workshop is to help pharmacy professionals develop their knowledge, skills and confidence to use Summary Care Records (SCRs) more often in your practice and maximise the opportunities they present to improve clinical outcomes for patients. This training is very timely as it will help contractors increase their usage and thus help them meet the Quality Payment Criteria which requires that "On the day of the second review, the pharmacy can demonstrate a total increase to access to Summary Care Records between Monday 1st May 2017 and 24th November 2017 in comparison to the previous 7 months from 3rd October 2016 to Sunday April 30th 2017" Refreshments at all 3 venues from 7pm and the event runs from 7.30 to 9.30pm Tues October 3rd. Lichfield Cathedral Visitor Centre. (CPPE ref 6458) Thurs October 5th. Old Library, Keele Hall (CPPE ref 6459) Weds October 11th. Telford, venue TBC (CPPE ref 6460) Contractors can attend any of the three events depending on the date and location that suits them best. Booking is via the CPPE website (NB Telford event will be released for booking when we have details of the venue). If contractors need to ring CPPE about a booking please quote the event reference number shown in brackets above. Emergency Contraception e-learning updated to reflect latest FRSH advice Our e-learning programme on emergency contraception (EC) will help pharmacy teams to identify who may need advice and support, how they can give that support and what is the best course of action. It includes information on emergency hormonal contraception (EHC), the copper-bearing and the intrauterine device (IUD). The programme has been developed to support pharmacists to set up an emergency contraception service as an enhanced community service.</p> <p>c) Patient Facing Website No further update</p> <p>d) Urgent Care</p>

	Mr Prokopa reported he had received 60 expressions of Interest so they are very pleased with the uptake.
717-13	<p>Build relationships</p> <p>a) Commissioner Reports: No reports have been received. Mr Prokopa to contact all Commissioners to remind them that they are invited to attend all LPC meetings and that they can submit relevant reports by email if they are unable to attend.</p> <p>i. NHS England Area Team; ii. CCGs Dr Hall reported that she had spoken to Sam Buckingham at the MOG meeting and they are conscious that the CCGs are not attending LPC meeting and are going to try and attend every quarter.</p> <p>iii. Public Health</p>
717-14	<p>Any Other Business</p> <p>Ms Dean noted that there was a report in the CPN magazine that from the 1st October schools will be able to hold emergency stocks of adrenaline auto-injectors. Mr Prokopa to highlight in the next LPC News Update.</p> <p>Ms James congratulated Dr Hall on being made a fellow of the Royal Pharmaceutical Society and Ms James also asked if LPC Officers could send the meeting papers out earlier as there is not always enough time to read reports Dr Hall reported that she and Mr Prokopa had discussed this earlier this week and it was in hand.</p> <p>Mrs Chahal reported that a lot of GP surgeries in her area have stopped taking phone call orders from patients and asked if anything had occurred regarding POD Mr Marshall -explained that this happened in Cannock a few years ago and that they had been told that the reason behind this was transcription errors and the issue of patient safety.</p> <p>Mr Prokopa confirmed that POD is being actively discussed at the Pharmaceutical Waste STP group.</p> <p>Dr Hall noted that at a recent training event there was a Pharmacist there who's using POD and said it was fantastic. The Patient gets what they want on time, they will do adjustment amounts to get things in line each month and they always receive prescriptions on time.</p> <p>Ms Palfreyman reported random prescribing of fexofenadine and concerns with high dose prescribing.</p> <p>Mr Wilson asked for members opinion of the provider company? Mr Prokopa concurred that we need to be clear to the provider company what we expect of them and we need to make sure we tell them what we expect of them. Mr Prokopa to talk to Jack Davis from North Yorkshire as he understands their engagement was very good and they got a partnership agreement with stop smoking.</p>

	<p>Next Meeting Wednesday 13th September at Chasewater Innovation Centre, Brownhills at 3pm, followed by Annual Contractor Meeting at 7pm</p>
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LPC Meeting – Wednesday 12th July 2017
Appendix 1 - Communications Report

Agenda items in **BOLD**

PSNC Communications

Received

- a) 14/06/2017 PSNC News: June 2017 Price Concessions/NCSO update
- b) 14/06/2017 PSNC News: Government health team update | June CPN out now | PhAS review responses | CPAF screening process begins | HLP and NUMSAS resources available

- c) 15/06/2017 LPC News Alert: Engaging with MPs following the General Election
- d) 21/06/2017 LPC News Alert: STPs, new care models and ACS: Where are we now?
- e) 23/06/2017 Nearly one million pharmacy flu vaccinations | New pharmacy minister | Pharmacy Safety website | Lung health service pilot | NUMSAS toolkit
- f) 28/06/2017 LPC News: New care models' webinar; Next Steps on NHS Five Year Forward View video; ACOs explained; LPC elections guide; Managed repeats
- g) 30/06/2017 PSNC 'Walk in my Shoes' toolkit | Update on Judicial Review appeal | Pregabalin dispensing news | Submitting MUR/NMS data | Services case studies hub
- h) 05/07/2017 LPC News Alert: Last chance to register for new care models' webinar

Other Communications

Received

- a) 22/06/2017 MHRA Drug Safety: DrugSafetyUpdate: denosumab, brimonidine gel, pseudoephedrine and ephedrine, e-cigarettes.
- b) 26/06/2017 Nationwide Building Society: We're changing our address and the Business and Corporate Saver terms and conditions.
- c) **28/06/2017 NHS Resolution re SHA/18733 – Imami Ltd T/A Stone Pharmacy – Application for a no significant change relocation from 5-7 High Street, Stone, ST15 8AJ to The Mansion House Surgery, Abbey Street, Stone, ST15 8YE**

10(a) Appendix 2 – Meeting Reports

Chief Operations Officer:

- a) 15/06/2017 PNA Teleconference
- b) 15/06/2017 Meeting with MSD
- d) 19/06/2017 Meeting with CHSL Directors
- d) 19/06/2017 Pharmacy First for Extended Care project group
- e) 5/07/2017 STP Pharmaceutical Waste Task & Finish Group

Service Development Officer

- a) 19/06/2017 Public Health and Meds Waste Meeting
- b) 21/06/2017 SSOTP Woundcare project meeting
- c) 23/06/2017 NHS Workforce Development Group Meeting
- d) 04/07/2017 Primary Care Homes and Pharmacy Meeting
- e) 05/07/2017 MOG Meeting

10(b) Appendix 3 – Finance

- a) Business Accounts – June
- b) Service Accounts – Quarter 1
- c) Annual Business Accounts
- d) Annual Service Accounts