

**Members Present:** Mr Hames, Mrs Chahal, Mr Marshall, Ms Crompton, Ms Evers, Ms Palfreyman, Ms Dean, Mr Kapur, Mrs Roman, Ms James

**In Attendance:** Mr Prokopa, Dr Hall, Mrs Lumby, Andy Pickard; Pharmacy Advisor NHSE

**In the Chair:** Mr Bullock

#### Business Agenda - LPC Members

917-1	<b>Welcome and Apologies</b> Apologies had been received from Mr Eason and Mr Wilson
917-2	<b>Declarations of Interest</b> Members had no declarations of interest relevant to the items on the agenda.
917-3	<b>Minutes</b> The open minutes of the LPC meeting on Wednesday 12 <sup>th</sup> July 2017 were approved as amended; proposed Mr Marshall and seconded Ms Evers the confidential minutes were approved; proposed Ms James and seconded Ms Dean.
917-4	<b>Matters Arising</b> No matters arising
917-5	<b>Regulation</b> PNA Update Mr Prokopa reported that the PNA will be included on the Health & Wellbeing board agenda in early September, for acceptance. There will then be a 60-day consultation period up until Christmas and any revisions will then go into the final draft of the PNA, which will go to the Health & Wellbeing board prior to publication. Mr Prokopa reported they have a teleconference meeting planned on 25 <sup>th</sup> September 2017 and mentioned that there has been some discussion from other LPCs around pharmacy mergers and areas suitable for pharmacy mergers. Ms Dean wondered if people were waiting for when the next PNA is released as at least then they get 3 years protection with the PNA? Mr Prokopa agreed that might be the case and that it will probably depend very much on individual areas. Ms James noted that a new contract starting with a zero-prescription base, is not very attractive to anyone now. Mr Prokopa highlighted that in the annual report he shared earlier we haven't had one relocation or change of ownership to deal with in the last 18 months and this reflects that the existing PNA is quite strong. Mr Prokopa also noted there had been a good response from contractors to the PNA questionnaire.
917-7	<b>Any Other Business</b> Members had no other business at this part of the meeting.

#### Strategy Agenda – Members Only

917-8	<b>Lead</b> a) Funding Changes i. Campaign update Mr Prokopa reported that Mr Wilson had attended the Regional LPC Forum yesterday and PSNC had announced that costs had been awarded against PSNC and NPA of £150,000, which was apportioned two thirds to PSNC and one third to NPA. Our understanding is that PSNC still have enough left in the levy kitty to pay for this. They still have the leave to appeal, which is available till December, so they are considering whether to go ahead with this or not. The feeling at the meeting and in
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other areas is perhaps they shouldn't. There has been a bit of a change in attitude from the new Pharmacy Minister in terms of how they are dealing with Pharmacy in light of the judicial review. So maybe there is more leeway for better engagement between NHSE and Community Pharmacy. The feeling was there would be discussions with LPCs before PSNC decide to go ahead with an appeal. If they do go ahead with an appeal most of the legal work has already been done so the actual cost of the appeal would not be anywhere near the cost of the original appeal.

Ms James asked if all the LPCs had contributed to the judicial review and Mrs Lumby explained that when they had asked the question at the Treasurers Day, the response had been that they had received £1,000,000 and that there were a few LPCs paying in instalments so they were expecting £1,100,000.

Ms Dean asked if they think there would be a different sort of relationship with the DH with Sue Sharpe leaving.

Mr Prokopa confirmed that PSNC are looking at a change of focus.

ii. Quality Payments update

Mr Prokopa highlighted the November review point and reported that CPPE have 3 Summary Care events planned in October, details of which can be found on the CPPE website and they have also been promoted in the LPC News Update. We also have 2 further HC training events on Wednesday 4<sup>th</sup> October at Rugeley Leisure Centre and Monday 9<sup>th</sup> October at Dean & Smedley in Burton. Highlighted that with staff changes we will not be limiting pharmacies as to how many members of staff can attend. Also, North Staffs are running a further full days Leadership Training Event at Keele.

Mr Prokopa confirmed that these events will be highlighted in the next LPC News Update.

Mr Prokopa highlighted that some Contractors had not updated all 3 sections of NHS choices so some leeway had been given. Ms Dean noted that NHS Choices opened for revalidation on Monday and highlighted that contractors updating their NHS Choices profiles for the November review point need to ensure that all the advanced services they provided are listed on their profile. Mr Prokopa to check on the PSNC website and ensure a reminder is included in September News Update.

b) CHSL Provider Company Update

Mr Prokopa reported that Mr Wilson attended the SOC meeting and that there were still concerns about the repayment of the loan and the need for some sort of schedule. CHSL have agreed to do some work on this, but it will be dependent on the number of members joining.

Mr Prokopa noted that Yvonne Goulding will be attending the Annual General meeting tonight to deliver a presentation about membership of the provider company

Ms Dean noted that they had clarified in the members pack about the joining fee of £150 but not in the FAQ, also felt that it wasn't very clear about membership on the CHSL website, so she was still not sure if they join whether they will pay £150 or £150 x 4

Mr Prokopa suggested she ask that question this evening and explained that his understanding was that if you pay £150 joining fee, you will get one membership and you can involve all your premises but you will only get a return on that one membership.

c) GPhC Consultation on guidance to ensure a safe and effective pharmacy team

Mr Bullock asked if everyone had read the document on the GPhC consultation and noted it was a very good document.

Mr Prokopa explained that as it stands now the GPhC regulates pharmacy professionals and they have approved training for non-registrants and it's the RP

who is responsible for all the people who work in the Pharmacy. The changes are that they will not be responsible for approving training for non-registrants and the Pharmacy business owner will be responsible for the employment and the training and development of the non-registrants. It will be the responsibility of the RP to make sure the people are competent to perform the task when they are in Pharmacy. The feel of the document is very much like and reflects the new standards for pharmacy premises, this is what you should be achieving and the need to document the process.

Mr Prokopa then highlighted bits that he felt were really relevant to Contractors. In the past, individual pharmacists have been accountable to the GPhC for the training of staff – which should be the responsibility of the pharmacy owner.

Mr Prokopa felt that this was reasonable

The draft guidance makes it clear that the pharmacy owner is accountable for making sure unregistered pharmacy staff are competent for their roles. This strengthened accountability for pharmacy owners does not change the important responsibility of individual pharmacists – particularly the responsible pharmacist – to delegate tasks only to people who are competent, or to those that are in training and under supervision.

Mr Prokopa asked if members concurred.

The new guidance, supporting the standards for registered pharmacies, is intended to replace the existing policy on minimum training requirements for dispensing/pharmacy assistants and medicines counter assistants. Mr Prokopa asked if members had any concerns?

Ms Dean had a general concern that this will lead to a lack of training in some Pharmacies as there is no minimum requirements and this is purely guidance.

Mr Bullock felt that the document was trying to deregulate the process and questioned whether this was a good thing or not. He felt that any deficiency should be picked up in the inspection.

Mr Prokopa agreed that there should be a consistency of approach to inspections and that this is a point we should make. Need some assurances that the training you are signing up to is going to achieve what you want it to

Ms Dean had concerns as to how they are going to assess whether the level of training is the same across all pharmacies?

Mr Prokopa noted that there is a requirement under your contractual obligations to record staff training. So, if this goes through we've got to be clear to our contractors that they have an obligation not only to train staff but to record what they do and record the outcomes. How your training reflects current practice, changes in roles, incidents and how it relates to everyday practice.

Ms Palfreyman noted that putting this training in to practice is the important part of this process.

Mr Kapur suggested some sort of auditing to make sure this is being carried out Mr Prokopa agreed and that it was important to have some sort of reflection and agreed with what Mr Bullock had said in that the guidance is much more user friendly.

Mr Prokopa noted they have identified non-registered staff and that unregistered pharmacy staff work in a variety of roles including as dispensers, medicines counter assistants, delivery drivers and pharmacy managers. That they may work full time, part time or just in holidays. Their responsibilities can include: providing information and advice on symptoms and products; selling and supplying medicines; receiving and collecting prescriptions, including assembling and dispensing prescribed items; delivering medicines; ordering, receiving and storing pharmaceutical stock; and leading and managing teams

History and current framework – will no longer approve training for unregistered staff.

Mr Prokopa asked if members had any comments?

Mr Prokopa explained that what they are proposing that following this consultation on the new guidance for pharmacy owners, and subject to their governing council's approval, they would no longer approve individual training programmes and qualifications for unregistered pharmacy staff and asked if members had any concerns?

Mr Marshall had concerns as to who is regulating the training and that you have to trust the firms providing the training and therefore you need some sort of reassurance.

Ms Dean noted that if they are not regulating the training providers that provide training for un-registered training staff, which they acknowledge work in a pharmacy, how are they going to ensure public confidence in Pharmacy if they are only going to inspect every five years?

Mr Bullock responded that they are putting the onus on the Pharmacy owner to ensure that the training is to the standard the owner considers is satisfactory

Mr Kapur felt that they need to look at away of regulating the trainer or the training provider.

Mr Prokopa clarified that we need some sort of assurance process on the training itself?

Ms James noted it does open up a risk

Ms Dean felt that it doesn't create an even playing field as an independent contractor has got to have some knowledge of what is going to give a new member of staff good quality training against a whole big learning and development department in a CCA company who have the manpower.

Mr Prokopa noted that we need some sort of assurance or bench mark of training without this there could be a risk to the public or the contractor.

Ms James thought that the Insurance company would want to know who had provided the training and will there be an impact on professional liability insurance?

Mr Hames highlighted that a lot of the people providing the training are Pharmacists who are either writing or running these department and what accountability will they be held to for the training they offer to community pharmacists? What accountability will there be on pharmacists and technicians who write, edit, proof-read or deliver training?

Ms Palfreyman noted that currently the GPhC must have some criteria against which they look at the training providers or courses, to decide if they are good enough and is it just a case of them publishing that framework.

Mr Prokopa noted that the he guidance sets out the key areas that should be considered to ensure a safe and effective pharmacy team: -

The pharmacy owner's responsibility to make sure unregistered pharmacy staff are competent for their roles and the tasks they carry out

The pharmacy professional's responsibility to make sure anyone they delegate a task to is competent and appropriately trained, and to exercise proper oversight.

That unregistered pharmacy staff who are involved in the dispensing and supply of medicines must have the knowledge and skills of the relevant units of a nationally recognised Level 2 qualification, or are training towards this. The importance of staff in managerial or leadership positions (who may or may not be a registered pharmacy professional) understanding that pharmacy professionals have a responsibility to prioritise patient safety and the full guidance – point 2 refers to Pharmacy: -

There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided. Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training

Mr Prokopa asked for any comments about the guidance?

Ms James noted it all seems common sense and Mr Prokopa agreed.

Mr Prokopa felt that one of the key questions was 'are contractors being asked to do anything that they wouldn't have done previously?'

Mr Marshall felt that it's not going to change but muddy the water in years to come where you have new training providers and you don't have any standards.

Mr Prokopa to note comments already raised against the appropriate questions and to draft response to consultation, which he will share with LPC members prior to submission. Mr Prokopa asked if there were any further comments in relation to the consultation.

Mr Bullock explained that members can all respond individually and the LPC would encourage members to do so.

Mr Prokopa to include reminder in News Update for contractors to respond to the consultation.

d) Exec Meeting 9<sup>th</sup> August 2017

**Judicial Review** - Mr Prokopa noted that he had already updated members on the judicial review costs.

**NUMSAS** - Dr Hall explained that NHSE is under pressure to switch NUMSAS on and we are almost at the required 10% of pharmacies signed up. Mr Pickard was aware that in other areas NHS111 had switched NUMSAS on alongside other local supply services. Therefore, he is going to have another word with Richard Topping because Richard Topping had advised previously that if we switched NUMSAS on then they would need to turn off the local emergency supply service as it would cause confusion. Dr Hall felt that if the services could run alongside each other it would be much more positive outcome. Noted the NUMSAS project has very little time left to run.

**STP** – Mr Prokopa highlighted the meeting report about POD and the Pilot going on in Tamworth. Mr Prokopa noted that Mr Wilson had heard at the meeting yesterday that the POD in Coventry is about to collapse, some of GPs have pulled out, people are running out of medication as they can only order 5 days in advance and its taking 3 days to get through on the phone and costing is also an issue. Ms James to get an update from Alex Parkin.

**LPN Meeting** - Mr Prokopa highlighted that we have a LPN meeting with three of the STP programme leads next Tuesday to which all of the LPCs have been invited. Unfortunately, Officers are unable to attend and Mr Prokopa asked if Mr Bullock would be able to attend this meeting? Mr Bullock confirmed that he would Ms James noted she will be attending the Coventry AGM on the 5<sup>th</sup> October and they have got POD and ERD on the agenda.

**POD Pilot in Tamworth** - Dr Hall explained that we haven't been invited to anymore meeting but speaking to Medicines Optimisation this is because they haven't happened yet and we are still in the loop.

**LPC Elections in March** - Mr Prokopa explained that having read the PSNC website guidelines on committee sizes, he had then reviewed the size of the LPC committee. He further explained that the calculation is quite complicated and that the current committee size of 14 members is made up of 6 CCA members, 5 Independent members and 3 AIM members. Due to rounding, a committee size of 13 members would be rounded up to the same as 14 and committee size of 12 members would be rounded down to 11. A committee size of 11 members would be made up of 5 CCA members, 4 Independent members and 2 AIM members and this would therefore impact substantially on AIMs representation on the committee. The Contractor mix is as at the 31st October so any changes could impact on the committee. We need to keep our committee reflective of the membership of contractors so unless there is a big change it's unlikely to have much impact. Mr Prokopa to email Neil Slater regarding AIM Membership.

Mr Prokopa explained that the process will be that in December we will circulate the nominations to independent contractors. We will email through to CCA and AIM to ask for their nominations. We will get the nominations for Independents in January; the elections will be in February and the announcement in early March ready for the April start.

e) GDPR

Mr Prokopa explained that the initial GDPR guidance suggested that you shouldn't use personal devices for business purposes. However, there are several articles suggesting that provided the necessary policies and precautions are in place, then this can be ok as many companies have a 'bring your own device' policy. Therefore, it's now how we put such policies together that meet the needs of the protection required and allows us to carry on efficiently and effectively. Therefore, we are asking if members had any snippets of information to help the LPC manage this better. Mr Prokopa confirmed that we are also going to follow this up with PSNC Dr Hall suggested that maybe PSNC should write a generic policy for all LPCs Mr Prokopa explained that every LPC maybe different as you would need to look at data security, sharing data and data transfer.

Mr Prokopa explained that we use Office 365, which is cloud based and questioned whether this puts our information at risk or does it mean that we are protecting our data on these servers. He felt generally, more confident about data being managed by Microsoft. Questioned also whether we need to look at not emailing some information?

Ms James noted that this is really difficult we are there to provide a service to patients and we all appreciate patient safety and this takes it to a whole new level. Mr Prokopa explained that contractors will be looking to us for support.

Ms James reported that PharmOutcomes have recruited a new member of staff just to look at the GDPR.

**Data Security** - Ms Dean explained that they recognised the need to ask the question of their PMR houses. The data held on the PMR is backed up by them and therefore they hold the data rather than the Contractor. They are going to ask the question of their PMR provider, as Proscript Connect is cloud based whereas the original Proscript is backed up in a different way. Contractors need to look at the data they hold as a business

**Data Transfer** - Ms Dean explained that one of the IG criteria is that you must map data out from the Pharmacy, so most contractors may already have a flowchart, which tells them directly where their data goes out to, although it may need some development.

**Consent** – Ms Dean highlighted the difference between implicit and explicit consent. Explained that the patient will be required to say they are happy for you to hold information, whereas now it is implied when they give you a prescription. Therefore, felt the DH needs to come up with something that says how a Pharmacy or Doctors surgery are going request consent from the patient to record their information?

Mr Prokopa highlighted PharmOutcomes only holds data for 2 years so we need to remind Contractors that if they want to keep patient records they will need to download the data.

Ms Crompton reported that at a recent meeting that Joy Winfield had said that they don't need to have explicit consent to keep PMRs as its part of your NHS contract.

PP questioned whether this would include all essential services.

Ms Crompton explained that she'd just mentioned PMRs

Members agreed too much information to consider now and that PSNC should be taking a lead for both contractors and LPCs. Mr Prokopa to contact PSNC for further advice

	<p>Mr Prokopa explained that he had looked at the ICO self-assessment on their website and we have already discussed this and there are a few things we know we can start doing now.</p> <p>Mrs Lumby asked if we could contact the ICO for advice</p> <p>Dr Hall suggested that PSNC should do this on our behalf and on behalf of contractors</p>
917-09	<p><b>Be Effective</b></p> <p>a) Correspondence &amp; Communications</p> <p>Mr Prokopa reported that everything highlighted is covered in the agenda, but noted we have had another change of ownership application from Bestway, Well Pharmacy. Also, Lifeline project substance misuse service in Stoke-on-Trent went into receivership. They don't actually owe the LPC money, but this has affected Pharmacies in Stoke-on-Trent who were owed money.</p> <p>Mr Prokopa checked that members are receiving their PSNC updates and LPC updates. Mr Kapur confirmed that he is not receiving the PSNC updates and doesn't have access to PSNC website member's section yet. Mr Prokopa and Mrs Lumby to confirm Raj Kapur's registration with PSNC.</p> <p>b) Finance</p> <p>i. Business Accounts as at 31<sup>st</sup> July &amp; 31<sup>st</sup> August 2017</p> <p>Members had no questions on the business account</p> <p>ii. Approval of the Service Accounts 2016-17</p> <p>Mrs Lumby explained that at the Finance Subcommittee meeting they'd looked at the service accounts 2016-17 but they now require full committee approval. Mrs Lumby explained that there has been little movement of services money except for the new funding we have received and the payment of £5000 to the Pharmacy First Minor Ailments Service. The service accounts for 2016-17 were approved proposed Mr Marshall and seconded Mr Hames.</p> <p>iii. Approval of the Service Management Invoices</p> <p>Mrs Lumby explained that Officers wages are paid out of the business account, therefore the service management invoices are raised to cover the hours that Dr Hall and Mr Prokopa spent managing PharmOutcomes. The money will then be transferred from the service account to the business account. The service management invoices were approved proposed Mr Marshall and seconded Mr Hames.</p> <p>Mrs Lumby also confirmed that the LPC's current expenditure was on budget and she has now opened the second savers account with Nationwide and has transferred over from the service accounts the initial balance required to open the account. Mrs Lumby further explained that we have opened the second Nationwide savers account to enable us to transfer money out of the service account to comply with FSCS regulations for one financial institution.</p>

### Strategy Agenda – Open 4.00pm

917-10	<p><b>Maximise Opportunities</b></p> <p>a) Meetings Reports – <b>please email any queries before the meeting</b></p> <p><b>Virgin Care Meeting</b> - Mr Prokopa reported that the Virgin Care meeting he attended with Ms Dean was a very positive meeting. Ms Dean noted the recent email about the 8 to Hydrate pharmacy launch meeting and that she has asked that someone from each branch attends this meeting. Mr Prokopa explained that the Hydration project is largely about ensuring that people get their 8 drinks 200mls a day to ensure hydration unless they are on a fluid restricted diet. Good campaign, well thought out and we have said we are happy to collect feedback.</p> <p><b>Video Consultations</b> – Mr Prokopa reported they are hoping there will be a couple of pilot sites within Staffordshire, where they take this forward. Looking to get all Contractors in the area involved and if the IT in the Pharmacies is not adequate</p>
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then potential funding is available. Working with LIS team to get the relevant people involved.

**Pharmaceutical Waste Group** – Mr Prokopa explained that they have reduced the patient pledges down to three. Going to be a good campaign looking for a launch date in October and further meeting planned soon.

**CAS** – Mr Prokopa explained that they are looking to get some Pharmacies involved in Carers Rights day in November, about 10 Pharmacies. Looking to get someone in Pharmacies for half a day just to provide general information and advice. Noted that he'd mentioned about Flu vaccinations that carers are included in the main groups and often get left behind by practices so worth reminding them about this. Ms James asked whether Staffordshire County Council ever do a scheme for their council workers and carers?

Mr Prokopa confirmed they have done this in the past but not sure who's providing it this year.

Ms James explained they do this in lots of different ways. In some local authority areas, they do it through the LPC and it's open to everybody. In other areas they buy vouchers from one provider, but they don't tend to use a tender route for this. Ms James explained that she had had a conversation with Ruth Buchan in Yorkshire last week and at their Urgent Care forum there were concerns raised about residents in Care homes getting flu vaccinations and carers working in care homes getting Flu vaccination. Ruth Buchan was trying to setup a scheme, to pull together where you've got a council run service and a national service so you can send a Pharmacists in who could vaccinate the care home resident and the care home worker. Members thought this was a good idea for consideration next year prior to the flu vaccination season.

**LPN Meeting** – Dr Hall explained that at the end of the LPN meeting Manir Hussain brought to her attention the CCG consultation report, which was looking at medication that shouldn't be routinely prescribed. The final section of the document looks at items available over the counter such as acute-paracetamol, head lice, conjunctivitis, fever medication. Members noted if this is a stance that the CCG takes this could have implications on the Pharmacy First Service. Ms James noted that in quite a few areas they are getting rid of their minor ailments scheme and it's just PGDs.

Dr Hall noted she has been talking to the CCG boards about the common ailments service and they are less interested in this than the minor ailments scheme and the emergency service, so this maybe highlights the path of travel.

b) Healthy Lifestyles Tender SCC

Dr Hall reported that she attended the Staffordshire Market place event alongside the directors from CHSL. Dr Hall explained that the service is aimed at prevention in the 50 plus group, the tender includes smoking cessation, NHS health check and a weight service in the form of a weight management service for groups. The tender is huge, so the provider company couldn't run this service but they talked to all the attendees with potential for sub-contracting and we have had some follow up since.

Ms James noted that the only problem with health checks in pharmacy as opposed to GP surgeries, is that in GP surgeries they can data mine to identify the right people to send invitations too, but this is more difficult in Pharmacy.

Mr Hames noted that Dr Hall had said that this tender was too big for the provider company and questioned that one of the reasons for having the provider company was to bid for this type of tender?

Dr Hall and Mr Prokopa confirmed that CHSL would have tendered for the service, it just came too early in the cycle of setting up the provider company.

Ms James felt that this should give contractors at the AGM meeting this evening some reassurance that the provider company is the right thing to do.

	<p>Mr Marshall asked whether the provider company potentially has the opportunity to improve links with GP surgeries and enquired about the possibility of funding GP surgeries to write to patients to ask patients to go their Pharmacy for health checks Ms James explained that you would normally get paid £28 for providing the Health Check service and in some areas the GP gets £5 for identifying the patient and the Pharmacy get £23 for providing the service. The GP sends the letter and if the patient brings the letter to Pharmacy the GP gets paid £5.</p> <p>Mr Marshall noted that if GP surgery worked with Pharmacy they would also get QOF points.</p>
917-11	<p><b>Support Contractors &amp; their Teams</b></p> <p>a) HLP Update</p> <p>Mr Prokopa had already covered the HC training and leadership training previously on the agenda.</p> <p>Dr Hall reported that Lyne Deavin had informed her that across the LPC 3 areas, of the 350 pharmacies just over 60 had declared as HLP in April.</p> <p>Ms Dean felt it would be useful to send a link to the register in the LPC News Update, as when she checked the register, one of their Pharmacies who had claimed in April and submitted in April, they were not included.</p> <p>Mr Prokopa explained that the RSPH website has a list of HLPs accredited under QPs but not those HLPs accredited locally.</p> <p>Mr Prokopa to suggest in News Update that contractors check their HLP status on RSPH website, especially if accredited and if they claimed for April QP review point</p> <p>b) CPPE Update</p> <p>Dr Hall reported that they have had a very low uptake of the SCR events in October and she explained that to get the quality payment contractors must have accessed summary care records more times than they accessed summary care record in April. Dr Hall also noted that she is aware that many contractors are still phoning GP surgeries to check on patient details, which they could have sought through accessing SCR and that we are not doing ourselves any favour if contractors contact surgery about patient rather than use the summary care records. Dr Hall to promote training via News Update and highlight issue around contractors calling GPs rather than using SCR.</p> <p>Dr Hall reported that CPPE have a Foundation Practice Pathway for people working for Independents or small groups. Pathway to support Pharmacists in the first couple of years of their career.</p> <p>c) Patient Facing Website</p> <p>Dr Hall asked members if they see anything that's not correct on the website then can they let her know and explained that the CCGs are keen for us to use mapping and are looking at sharing their maps.</p> <p>d) Pharmacy delivery of services – recent incidents (<b>See service summary document</b>)</p> <p><b>Emergency Supply</b> – Dr Hall explained that she received an email to say that 2 Pharmacies in our area had refused to provide an emergency supply. This was a NHS 111 referral where a patient had run out of medication and the way NHS 111 works is it comes up with the nearest 2 Pharmacies and unfortunately these 2 pharmacies had both refused to provide an emergency supply on a Saturday in August, because they had locums working who didn't do the service. Dr Hall has spoken to the Pharmacies concerned and in one case the pharmacy had employed a locum they had never used before, the pharmacy team pleaded with the locum to do an emergency service but the locum refused to deliver the service. In the other case the locum was from another area and wasn't aware of the service and they also refused to deliver the service. The Pharmacies are having a conversation with Team Locum to the affect that they need locums who are prepared to deliver the local services. Dr Hall has responded to NHS 111 and copied in the CCG.</p>

Unfortunately, this week there has been a further 2 refusals to provide emergency supply in North Staffs area, which Tania Cork is investigating.

Dr Hall explained that we need to make clear to the agencies these are the services locally and we need them to supply locums who will provide these services.

Ms Dean highlighted that it is also important to ensure staff are upskilled in the services the Pharmacy provides.

Ms James asked that we bring it to contractor's attention via the LPC website and the LPC News Update.

Dr Hall noted we also need a reminder to contractors on the changes to guidance about when the service can be provided.

Mr Marshall pointed out that the restriction of it 'having to be impractical to get a prescription from the surgery' is open to interpretation.

Mr Prokopa felt that this was down to local knowledge and local relationships.

Mr Kapur asked whether the SLA stipulates percentage of cover, in terms of pharmacists needed to be able to deliver certain services.

Mr Pickard explained that the 3 services commissioned through NHSE are available to all contractors, they don't put any restrictions on the service. The expectation is that if you've signed up to the service you are expected to deliver the service with in the contracted hours you are open.

Mr Kapur clarified that the SLA would require certain qualifications therefore when an independent contractor or company is sourcing a locum they must check that that locum has those qualifications.

Mr Pickard explained that for example when the multiples sign up as a company, they give them a list of which branches they want the service delivered from and NHSE expectation is that the information is distributed to their branches and then through their rota systems. If they are having locums or relief managers working in these branches again the expectation is that they have shared this information with them, but this is not currently working that well. Mr Pickard further explained that this applies to all Contractors, this is about when booking a locum, Contractors need to check that the locum has done these services or accredited to provide them. Mr Pickard will be covering this at the AGM because currently if the Practice refers a patient to Pharmacy and the locum can't deliver the service for an exceptional reason they then refer the patient back to the practice and ideally, we need to manage that patient in Pharmacy, which is how NUMSAS works. If you can't do the NHS 111 referral through NUMSAS you are obliged to manage that referral and find another pharmacy who can provide the service. This would be better for the patient and prevent negative feedback

Mr Pickard suggested that contractors not using the Emergency Supply service may have it withdrawn Mr Prokopa to remind contractors in News Update to actively use the Emergency Supply service or risk withdrawal of their pharmacy and not to use loans against future repeats as this is outside of both Emergency Supply service and Emergency Supply regulations

e) 84 Day Repeats

Mr Prokopa reported that we have had one group practice, who has 2 branches in Tamworth suddenly switch from 28 to 84-day repeats. They have already stopped doing eRD as practice, and it appears that this process is not being clinically managed. Patients not on warfarin and not on CDs are being switched to 84 day repeats. The practice is saying they don't have enough resources to sign all the scripts for 28 days and are refusing to do eRD because they don't think it works and it causes to many problems. The LPC is keen to get some resolution on this as its going to mean Pharmacy will have less resources to deliver other services and will push patients back to GP surgeries. We have highlighted this to CCG and NHSE, but the CCG don't have any guidance on this and the difficulty is that this has happened suddenly with no discussion. Mr Prokopa is trying to get a meeting with the

	<p>practice, the pharmacists locally, the LPC, the LMC and the CCG to try and resolve this, as we don't want other practices following suit.</p> <p>Dr Hall noted that at the SES Board meeting she attended Sam Buckingham had explained that they are looking at getting some funding to employ a dedicated technician to work with the practices to get repeat dispensing working.</p> <p>Mr Kapur reported that the surgery has written to all the local Pharmacies to say they have stopped RD out right. This appears to have been communicated to the neighbouring surgeries and one of these surgeries has written to them to say informally they are looking at switching everyone on RD to a post-dated script.</p> <p>Ms Dean felt this was a national problem as eRD is not understood by a lot of practices</p> <p>Mr Prokopa noted that the LMC are concerned about this as they can see there will be a knock on affect to their members and their GPs.</p> <p>Mr Prokopa explained that here had also been issues with 7-day scripts, they had previously asked the pharmacies if they would do 7-day trays if they provided 7-day scripts but now looking to stop 7-day scripts, but still want the Pharmacy to provide 7 day trays. Pharmacist have asked if they have reviewed the patients, but they say they don't have the resources to do this. It has been suggested that a review will happen over a period of 6 months</p> <p>Mrs Chahal asked what PSNC have said about this. Mr Prokopa explained that the LPC have provided them with all the guidelines on the PSNC website</p> <p>Mr Prokopa noted that over the coming months at the MCAT meeting they will be talking about concordance and compliance. Big engagement across CCGs, primary care, secondary care etc and hoping to achieve a good conclusion.</p> <p>Mr Pickard explained that a number of these work groups will dovetail with each other to come together on this. The CSU were funded to roll out EPS but the eRD is a new work stream and their argument is that they haven't been funded for eRD. They have discussed funding for this with the CCGs but are getting different messages. Therefore, NHSE are looking at putting an EPS/eRD work group together which can get a definitive plan of work and get people in to practices, dispel some of these myths and address some of these practical issues.</p> <p>Dr Hall noted that Stafford, Cannock and SES have taken repeat dispensing out of the GPs EPS targets.</p>
917-12	<p><b>Build relationships</b></p> <p>a) Commissioner Reports:</p> <p>i. NHS England Area Team;</p> <p>Provision of Enhanced Services commissioned by NHS England North Midlands</p> <p><b>CPAF</b> – Mr Pickard explained that across whole of Shropshire and Staffordshire there were only 7 contractors who didn't complete the short questionnaire. Those 7 contractors will now get the full CPAF</p> <p>Confirmed they are just in the process of agreeing the contractors they will visit, this will only be 9 contractors and the 3 in South Staffs have been notified.</p> <p><b>Full CPAF</b> Mr Pickard explained that the full CPAF will go out in October to about 70 contractors. Will include the 7 contractors who didn't complete the short CPAF any new contractors, full change of ownership and any contractors they have had issues with. Contractors will have the opportunity to complete the CPAF online. They will then go out in February to visit around 4 contractors in each area.</p> <p><b>QPS</b> – Mr Pickard reported that nationally 99% of contractors met the gateway criteria and 95% received a payment for at least completing one of the QP criteria. The South Staffs area reflected the national figures. There were a couple of contractors who hadn't completed the full NHS choices profile, which needed to be completed by 10<sup>th</sup> October they have been liaised with and have now completed.</p> <p><b>Next submission – 24<sup>th</sup> September</b> – Mr Pickard explained that there has been a couple of changes around DOS – contractors will be able to update their DOS</p>

	<p>profiles a lot easier. Just need to enter your postcode or ODS code and this will bring up your DOS profile.</p> <p>Ms Dean noted that she has been led to believe that the aim is the DOS profile and NHS choices will be linked.</p> <p>Mr Pickard highlighted that they have been asked to do some validation around QP round asthma referrals, but not yet been given any guidance. Mr Prokopa to ensure contractors are preparing for their DOS update in good time to ensure changes done prior to review point</p> <p><b>Health Promotion campaigns-</b> Mr Pickard explained that they have been liaising with their West Midlands colleagues and are getting support now from PH West Midlands. They will help with the distribution of resources, so he is hoping this will be a bit more co-ordinated. The Cancer Awareness campaign finished in June July time and the Stay Well campaign with a Flu focus will start in October, which is when the resources will come out. The Stay Well data will need to be input on the PharmOutcomes Module. There will be an Anti-Microbial Resistance campaign in November and a further Stay Well campaign in February March</p> <p><b>NUMSAS</b> – Mr Pickard explained that only had 34 contractors have signed up to NUMSAS some delay due to issues with NHS mail and we have a very good local service. Explained they are under pressure now to get this implemented in this area. Their objections previously were that the DOS profile only lets you have the local service profile or the NUMSAS profile but this has now been updated and the services can be provided together. Looking to reconvene the NUMSAS working group with a view to getting it up and working. The DOS will now look at what service is available in the local postcode area.</p> <p><b>FLU Vaccination</b> – Mr Pickard asked if there had been any negative feedback. Mr Prokopa reported that he had had 2 reports in Tamworth that there had been some misinformation. A nurse telling the patient that the Pharmacy vaccination is not affective and the other one where a patient was told they must not go to pharmacy they must come to the surgery.</p> <p>Mr Pickard noted they'd had far more significant issues up in the North poor communication and miscommunications and some indication of targeting where practices are actively targeting patients who were vaccinated in pharmacy last year.</p> <p>Dr Hall asked if not all Pharmacies are recording flu vaccination on PharmOutcomes how do we confirm the total flu statistics.</p> <p>Mr Pickard explained that they get their stats from BSA claims for Flu vaccination payments and last year the figures were more or less identical to the figures on PharmOutcomes so the vast majority of Pharmacies must use PharmOutcomes.</p> <p>Mr Prokopa to advise pharmacists to actively promote the service and ensure all records processed and notified as required.</p> <p><b>Wider Consultation</b> – Mr Pickard highlighted the Items that are looking to be removed from primary prescribing and the implications on Common Ailments. Mr Prokopa explained that PSNC will be discussing this at their meeting next week and we should have some guidance on this next week. Mr Prokopa to highlight to contractors; for discussion at October LPC, also PSNC response due prior to close of consultation.</p> <p>ii.CCGs iii.Public Health</p>
917-13	<p><b>Any Other Business</b></p> <p>Ms James enquired about expressions of Interests that were requested for Pharmacists in GP practices. Dr Hall explained that in Stafford the federation withdrew from this but there are practices going ahead. Mr Prokopa noted that no decisions have been made yet. Apologies were received from Tim Hames and Vicki James for the next Governance and regulations subcommittee meeting and LPC meeting.</p>

	<p>Mr Prokopa explained that Vicki James has been seconded to work for PSNC for 2 days a week while Rosie Taylor is on Maternity leave and therefore she will not be able to attend the LPC meeting during this time</p> <p>Mrs Chahal reported that a few of their eRD prescriptions have disappeared after they have made the last repeat supply, but before the claim was submitted, especially when close to the prescription expiry date. Mr Prokopa to check with other Analyst users, also on whether any other PMR users have experienced this via the LPC News Update.</p>
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	<p><b>Next Meeting</b>  <b>Wednesday 11<sup>th</sup> October</b> in Conference room at The Museum of Cannock Chase, Valley Road, Hednesford, Cannock</p>
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**LPC Meeting – Wednesday 13<sup>th</sup> September 2017**  
**Appendix 1 - Communications Report**

Agenda items in **BOLD**

**NHSE North Midlands Communications**

**Received**

**a) 02/08/2017 Andy Pickard - Provision of Enhanced Services commissioned by NHS England North Midlands**

**PSNC Communications**

**Received**

- a) 13/07/2017 PSNC News: Share your views on service toolkits | Pharmacy and new models of care | Quality Payments support | Health Profiles | CPPE Corner | Cancer Research UK
- b) 14/07/2017 PSNC News: July 2017 Price Concessions/NCSO
- c) 18/07/2017 LPC News: New care model's webinar on-demand; Tees LPC wins award; PharmOutcomes Masterclasses; Antimicrobial stewardship; PSNC Services Database
- d) 18/07/2017 PSNC News: July 2017 Price Concessions/NCSO (update)
- e) 19/07/2017 PSNC News: July 2017 Price Concessions/NCSO (update)
- f) 19/07/2017 PSNC News Alert: EPS enhancements survey – pharmacy teams, please share your views
- g) 21/07/2017 PSNC News: EPS enhancements survey | August Category M adjustments | SCR calculator | Patient activation project | NUMSAS FAQs | Care home case studies survey
- h) 21/07/2017 LPC News Alert: Communications and Public Affairs update
- i) 21/07/2017 PSNC News: July 2017 Price Concessions/NCSO (further update)
- j) 25/07/2017 LPC News Alert: Two weeks left to respond to consultation on Minor Ailment Service toolkit
- k) 28/07/2017 PSNC News: Pharmacy Access Scheme updates | Longer waits for GP appointments | Stopping the prescribing of certain items | Patient safety alerts webpage
- l) 28/07/2017 PSNC News: July 2017 Price Concessions/NCSO (further update)
- m) 01/08/2017 LPC News: One week left to respond to toolkit consultation; NHS England publishes STP Dashboard; Study on variation in public health commissioning
- n) 04/08/2017 PSNC News Alert: Important information on the Flu Vaccination Service 2017/18
- o) 07/08/2017 PSNC News Alert: PSNC support for the Flu Vaccination Service 2017/18
- p) 09/08/2017 PSNC News: National workforce survey | Hepatitis B guidance | Preparing for Flu Vaccination Service | NMS offers £500m in long-term savings
- q) 10/08/2017 PSNC News Alert: Quality Payments - Urgent action required by contractors who did not fully update their NHS Choices profile
- r) 10/08/2017 LPC News: Leadership Academy update; LPC Leaders Forum; PSNC flu presentation; Conference booking; EHR briefing
- s) 10/08/2017 PSNC News: August 2017 Price Concessions/NCSO
- u) 14/08/2017 PSNC News Alert: Last chance to share your views on EPS enhancements
- v) 14/08/2017 August edition of CPN magazine out now
- w) 16/08/2017 PSNC News: Quality Payments news | Cashflow changes resources | Record keeping | Hepatitis B vaccine shortage letter | Adrenaline auto-injectors | Flu FAQs

- x) 16/08/2017 PSNC News: August 2017 Price Concessions/NCSO (update)
- y) 17/08/2017 LPC News: LPC flu toolkit launched; 15k of savings from medicines optimisation service; Provider company networking event; LPC Conference Dinner
- z) 21/08/2017 PSNC News Alert: Quality Payments - Do you have editing rights for your NHS Choices profile?
- aa) 21/08/2017 PSNC News: August 2017 Price Concessions/NCSO (further update)
- ab) 22/08/2017 PSNC News Alert: Contractor warning - unsolicited calls claiming to be from the NHSBSA
- ac) 24/08/2017 PSNC News Alert: Quality Payments reminder - Urgent action required by contractors who did not fully meet the NHS Choices gateway criterion
- ad) 24/08/2017 Promoting the Flu Vaccination Service | NHS Identity guidelines | Pregabalin statement | Needle stick injury procedure | Health & Care Review
- ae) 25/08/2017 PSNC News: August 2017 Price Concessions/NCSO (further update)
- af) 29/08/2017 PSNC News Alert: Service specification & PGD for national Flu Vaccination Service 2017/18 now available
- ag) 29/08/2017 PSNC News Alert: Incomplete version of Flu Vaccination Service PGD uploaded to NHS England website
- ah) 30/08/2017 PSNC News Alert: Directions published for the national Flu Vaccination Service 2017/18
- ai) 30/08/2017 LPC News: Opportunity to develop pharmacy; Patient communication materials for Flu Vaccination Service; LPC Conference Dinner; LPC elections 2018
- aj) 31/08/2017 PSNC News Alert: National Flu Vaccination Service 2017/18 starts tomorrow – are you ready?
- ak) 01/09/2017 PSNC News: Flu Vaccination Service is launched | PSNC talk video on flu jabs | Workforce survey reminder | NovoPen device alert | 'Acid' attack guidance
- al) 04/09/2017 PSNC News Alert: Quality Payments - Have you got editing rights for your NHS Choices profile?
- am) 05/09/2017 PSNC News: LPC News Alert: Negativity from GPs surrounding the Flu Vaccination Service
- an) 07/09/2017 PSNC News Alert: Quality Payments deadline approaches - Urgent action required by contractors who did not fully meet the NHS Choices gateway criterion

## **Other Communications**

### **Received**

- a) 14/07/2017 Mohammad Arabo: Health and Care Consultation - Healthwatch Staffordshire
- b) 17/07/2017 Stafford County Council: Receipt and Payment of Purchase Invoices
- c) 19/07/2017 Sarah Gilmour: West Midlands Mental Health Transformation and Sustainability Network – 19th October 2017
- d) 20/07/2017 Duncan Rudkin: GPhC Consultation on guidance to ensure a safe and effective pharmacy team**
- e) 21/07/2017 MHRA Drug Safety: Drug Safety Update: Daclizumab and liver injury; bendamustine; nivolumab, pembrolizumab...
- f) 25/07/2017 MARKETENTRY, PCSE: COO applications by Bestway National Chemists Ltd at DE13 8AA and DE15 9QD CAS-77877-S1N9J5 and CAS-77885-N6B9J8
- g) 02/08/2017 PharmOutcomes Support Team - PharmOutcomes - New Functionality Update - August 2017
- h) 16/08/2017 MHRA Drug Safety: Drug Safety Update: ibrutinib, corticosteroids, and adrenaline auto-injectors...
- i) 16/08/2017 Sarah Gilmour: West Midlands Diabetes Transformation and Sustainability Network 13th September – booking

## **10(a) Appendix 2 – Meeting Reports**

### **Chief Operations Officer:**

- a) 19/07/2017 Rural Health Conference
- b) 26/07/2017 LHRP Meeting
- c) 27/07/2017 POD Meeting
- d) 27/07/2017 Virgin Care Meeting

- e) 08/08/2017 CHSL SOC Meeting
- f) 15/08/2017 Video consultations/technology-enabled care
- g) 16/08/2017 Pharmaceutical Waste Task & Finish Group
- h) 16/08/2017 Carers' Partnership Board
- i) 17/08/2017 Carers Hub
- j) 29/08/2018 EPS Teleconference
- k) 29/08/2017 Meeting with Sandoz
- l) 30/08/2017 MCAT (Notes and Actions)
- m) 30/08/2017 Meeting re Social Impact Bonds (SIB) Bid for video MURs
- n) 05/09/2017 SIB/LIS & video MURs?

#### **Service Development Officer**

- a) 13/07/2017 SSSFT Meeting
- b) 14/07/2017 LPN Meeting
- c) 01/08/2017 U&EC Steering Group Meeting Queens Hospital
- d) 08/08/2017 Healthy Lifestyle Tender
- e) 08/08/2017 ONPOS Demo & 16/08/2017 Rugeley Wound Care Project Meeting
- f) 15/08/2017 Transfer of Care Meeting
- g) 17/08/2017 STP Workforce Group Meeting
- h) 18/08/2017 APG Meeting
- i) 21/08/2017 Stafford & Surrounds H&WB Group Meeting
- j) 05/09/2017 U&EC Steering Group Meeting
- k) 06/09/2017 MOG Meeting
- l) 06/09/2017 Rugeley PCH Meeting

#### **Other**

- a) 12/07/2017 Finance Sub Committee Meeting
- b) 09/08/2017 Exec Meeting

#### **10(b) Appendix 3 – Finance**

- a) Business Accounts – July & August
- b) Annual Service Accounts 2016-17
- c) SSLPC Invoices 17-11,17-12, 17-13 and 17-15