

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

**In Attendance:** Mr Prokopa, Dr Hall, Mrs Lumby,

**In the Chair:** Mr Bullock

**Business Agenda - LPC Members from 2.00pm**

218-1	<p><b>Welcome and Apologies</b> Mr Bullock welcomed Jeet Patel to the LPC meeting, CCA representative from Morrisons Pharmacy, Burton on Trent. Mr Prokopa noted that apologies had been received from Mr Wilson.</p>
218-2	<p><b>Declarations of Interest</b> Members had no declarations of interest relevant to the items on the agenda.</p>
218-3	<p><b>Minutes</b> The open minutes of the LPC meeting on Wednesday 10<sup>th</sup> January 2018 were approved as amended; proposed Ms Dean and seconded Ms Evers and the confidential minutes of the LPC meeting on Wednesday 10<sup>th</sup> January 2018 were approved as amended; proposed Mr Hames and seconded Mrs Roman.</p>
218-4	<p><b>Matters Arising</b> Members had no matters arising for discussion.</p>
218-5	<p><b>Regulation</b></p> <ul style="list-style-type: none"> <li>a) PNA Consultations Mr Prokopa reported that we have the final opportunity to make any comments on the Staffordshire PNA, before it goes before the HWBB meeting in a couple of weeks' time. Mr Prokopa explained the main points that he had highlighted, there were a series of descriptions about groups with protected characteristics and within some of these protected characteristics they had specified there were no gaps in relation to those groups. Mr Prokopa had asked whether they should be consistent, if there aren't any gaps in the others, but they have decided to leave them as they are. Also noted that having reviewed the PNA for Leicestershire we had raised the issue of pharmacy contractor consolidation under the NHS Regulations 2013, but they have discussed this, and have decided to leave this out for now. Otherwise the few inconsistencies have been resolved and there have been a few changes in wording to improve clarity. Mr Prokopa felt that we could be confident that this is a good PNA. Mr Prokopa noted that we now have just 2 PNAs left to review and they are the PNAs for Shropshire and Telford &amp; Wrekin. Members had no further questions about PNAs. Mr Prokopa also mentioned that interestingly there had been some discussion on the Secretary Yahoo group about speculative applications based on the draft PNAs.</li> <li>b) NHSE Decision - re Application for inclusion in Pharmaceutical List at Parkway, Centrum 100, Burton on Trent in respect of distance selling premises by Boots UK Limited. Mr Prokopa reported that Boots had applied for a distance selling pharmacy at Burton-on-Trent, which has been approved.</li> <li>c) NHSE Decision - re No significant change relocation to Unit 13 Mercian Park, Felspar Road, Tamworth Mr Prokopa reported that the no significant change relocation to Unit 13 Mercian Park, Felspar Road, Tamworth has been approved and noted this was an interesting application because when they applied there wasn't a ban on</li> </ul>

	<p>using the same premises and therefore, they had been allowed to continue even when the new regulations came in.</p> <p>Mr Prokopa reported that additionally, we are aware of a few changes of ownerships going through. Mr Prokopa explained that we only hear about these when they are accepted or rejected.</p>
218-7	<p><b>Any Other Business</b></p> <p>Members had no other business for discussion.</p>

**Strategy Agenda – Members Only**

218-8	<p><b>Lead</b></p> <p>a) West Midlands Regional LPC Forum</p> <p>Mr Prokopa explained that every region of PSNC has 2 regional LPC forums a year, usually every spring and autumn, when all the LPCs in the region get together and this is attended by our NHSE pharmacy advisor and PSNC. Mr Prokopa explained that Jaz Heer has been re-elected as the regional rep for the West Midlands, although there was some concern that some LPCs had not received the relevant notification of the regional elections.</p> <p>Mr Prokopa reported that Mr Pickard gave an update, from NHSE point of view, most of which he covered at the last LPC meeting. Mr Prokopa relayed any additional information: -</p> <p><b>CPAF</b> – The visits will be starting towards the end of February and they are currently reviewing the short questionnaire before the next short CPAF questionnaire due in June, so will be some changes to questions</p> <p><b>Clinical Audit</b> – There was a clinical audit planned for 2017-18, but they agreed not to pile a lot of extra pressure on to Pharmacy at a busy time of the year. Currently with PSNC for agreement and may well be launched in the first quarter between April and June</p> <p><b>Quality Payments</b> – Nationally 320 contractors were unable to verify their QP claims. These were the ones where NHSE have asked for specific verification on parts of the QP claims and contractors have been unable to do so. Mr Prokopa noted that this was from the April claim, but in November there were only 8, so it appears that things are obviously improving as we go through this process. Mr Prokopa explained that all of the 320 contractors will be notified by letter, unfortunately the LPC aren't party to this information, but NHSE will be advising contractors that they can appeal and they can contact their LPC for support.</p> <p><b>Audit on MURs and MUR declaration</b> – Mr Prokopa reported that there were some issues with the portal and NHSE advice was to make sure you use the Snap Tool and Mr Prokopa will advise contractors to make sure they are using the latest version of snap tool.</p> <p><b>Stay Well promotional material</b> - Mr Prokopa explained that there has been a lot of criticism around the Stay Well campaign in that a lot of packs have not been delivered to Pharmacy. Mr Prokopa asked if members had received the promotional packs and noted he will feedback to NHSE. Further noted there was some confusion as to whether the Stay Well campaign is one of the six national campaigns this year? Mr Prokopa confirmed that if you have taken part in this campaign then you have met your requirements, as it is one of the six campaigns. Dr Hall reported that only a small number of contractors have entered their feedback for these national health campaigns onto PharmOutcomes and Mr Pickard had mentioned that this is part of the community pharmacy NHSE contract. Dr Hall to remind contractors in the next LPC News Update. Mr Prokopa noted that at the meeting they had asked Mr Pickard to take back some feedback on this, certainly on planning information and the delivery of campaign material, as it was all last minute; so wasn't easy for Contractors to plan.</p>
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Mr Kapur asked for clarification on recording campaign material on PharmOutcomes?

Dr Hall explained that contractors will receive a letter from Mr Pickard as he writes to every Pharmacy each time there is a new health campaign. In the letter, he asks contractors to complete a tally sheet, which should be used to record how many leaflets you've handed out as well as information on interactions. At the end of the campaign the information on the tally sheet should be transferred on to PharmOutcomes.

Mr Prokopa reported that Mike King was asked about the balance of unused funds on QP and whether this would be distributed as agreed and Mike King confirmed that there will be a small reconciliation, which should be shared between all qualifying contractors and he expects this to be around May.

**PCSE run by Capita** – Mr Prokopa reported that the feeling at the meeting was that they have improved their service, that they are more up to date than they were, and their processes are improving. They are working towards an online portal, which we are expecting in October or November, which will have links to appeals. At the meeting Mr Prokopa had reported that we had some change of ownership outstanding and noted this appears to be the same across some other LPC areas.

Mr Ward mentioned that there was an article on the radio and they stated that the new IT platform to be rolled out, has not really been tested.

**Integration Fund** – Mr Prokopa reported that there are 186 full time equivalent Clinical Pharmacists in GP Practices now in place out of the target of 1,500. He explained that one of the bids locally has been rejected on first application as they don't have enough population to warrant supervising the pharmacist at the higher grade, so they will have to resubmit. Mr Prokopa will be talking to the Cannock Partnership later this week about their bid and they are hoping to get their bid in the next phase.

**Urgent emergency care** – Mr Prokopa reported that there are about 50 pharmacists in place in clinical hubs, mainly out of hours work. We don't have one in Staffordshire. In Shropshire they are with the West Midlands clinical hub and they have a pharmacist who works within that hub and Leicestershire have one as well.

**Post registration training** – Mr Prokopa explained that Keele University have secured funds from HEE for CP. Dr Hall reported that Keele University are running a webinar on the 20<sup>th</sup> February to explain the process and recommended that we get some information out to Contractors. Places will be on a first come first served basis, so also recommended that Contractors apply early. This funding is specifically, for Community Pharmacists and is available for pharmacists working in community pharmacy at least 2 days a week.

**Update on National negotiations** Mr Prokopa explained that NHSE are waiting for the mandate from DH for discussion for 2018-19 onwards. They are discussing transitional arrangements things like QP access scheme, EPS etc. They are hoping for some potential changes and PSNC have proposed a Care Plan service, and we hope to know more about this at the National meeting of LPC. Expecting a marked change in the contract as currently it's not attractive to NHSE the way its structured.

**Judicial Review Appeal** - Mr Prokopa explained that this is set to take place mid-May and PSNC are still unsure whether to proceed, it will depend on what positive developments ensue in the next couple months. Cut off around April when they will look at whether to proceed or not. The outcome of the judicial review is that if the appeal is granted it just puts us back to where we were as if nothing has changed.

**Price concessions** – Mr Prokopa reported that there is a strong feeling that there is far too much risk on Pharmacy in terms of the problems of pricing, so they are looking at better systems to manage this better. Hoping to get some agreement on a fair pricing principle document soon. Dr Hall highlighted that PharmOutcomes uses DMD and doesn't take into account the price concessions at all. Dr Hall has been working through the emergency supply claims and has just got permission from Mr Pickard to put through some adjustments.

**GDPR** – Mr Prokopa explained that Gordon Hockey is currently working on this, but the guidance is taking longer than they thought. They are hoping to publish this at the end of the month or early next month. The guidance is specifically, for Contractors but will be usable by LPC as well. Lengthy document but contains a lot of information including template documents, check lists, worksheets etc and big FAQ section. Will also be webinars and Podcast to support the guidance.

Ms Dean noted that she has seen the draft and felt it would be quite useful, it is lengthy, but the templates will certainly be very helpful.

**Health Care Together** – Mr Prokopa explained that this was the national provider support company setup by PSNC and NPA, 18 months ago. It has actually now ceased trading and PSNC and NPA are splitting up the work they were going to do. PSNC are going to focus on the setting up of local provider companies and NPA are going to focus on horizon scanning etc. We are still getting information about potential tenders, but there is some question as to whether there will be a national provider company, which will support the areas that don't have a local provider company. This may still happen but will be sometime away. Some concerns that the local tender information is not coming through, so they have asked every LPC to ensure they are registered with their local tender portal.

Mr Prokopa reported that there are going to be some PSNC regulation deep dive training workshops later in the year for LPC Officers who are responding to these applications and for LPC members who might have an interest in this. Expect to hear more on this later in the year.

**Practice leaflets** - Mr Prokopa reported that there is a change to the template for practice leaflets coming in and they will all need to be updated by the 31<sup>st</sup> July 2018. Full information available on the PSNC website, so Mr Prokopa will make sure contractors are aware of this.

**LPC Update** - Mr Prokopa reported that Solihull LPC are merging with Birmingham LPC from 1<sup>st</sup> April. There was a lot of interest in our extended care project and Warwickshire has a Diabetes educational programme starting in half a dozen Pharmacies, plus a frailty service.

Mr Prokopa reported that they talked about POD. There were a couple of areas where it was going to happen and problems in some areas where they are looking to expand the service, with patients reporting 50-minute wait to speak to people. Mr Prokopa noted a couple of interesting points one that in Dudley the practice didn't want POD but because the CCG decided to pay for the staff, they decided to go with it and in Hereford and Worcester where the Chief Pharmacist has community background, they have decided to push ERD and not go down the POD route.

Mr Prokopa highlighted the LPC members days, for new LPC members and those wanting an update, also Treasurers Day on 14<sup>th</sup> June.

**Falsified medicines directive (FMD)** – Mr Prokopa explained that they are encouraging people to talk to PMR suppliers initially because there are 2 models for this. There is some information on the FMD website. Mr Prokopa will remind Contractors they need to start thinking about this.

b) CHSL Provider Company Update

Mr Prokopa reported that the SOC meeting was very much focussed on the process for director recruitment once the company have their annual meeting later in the year in September. Mr Prokopa explained that the structure is that the LPCs will have 2 directors and the members will nominate 3 directors. They will start the process to get the appointment process going over the next 2 or 3 months and effectively we are going to be able to nominate from the LPCs for potential candidates and this will include the existing directors, more information will follow next month. Mr Prokopa reported that CHSL have reported that they are working to budget and their business plan. The key announcement was that the Staffordshire Lifestyle tender was won by Everyone Health, who they are listed as a subcontractor for. Therefore, there is likely to be some sort of service around smoking cessation and health checks, which will be offered in Staffordshire in the relevant areas identified.

Mr Prokopa noted they have also asked about PharmOutcomes, they would like to use PharmOutcomes because contractors like it and it is an effective tool to support delivering services. Asked if they could piggyback onto an existing LPC licence and Mr Prokopa felt we would be able to do this in a similar way that we have done for Help 2 Change Shropshire.

Mrs Lumby clarified that we would be asking for the cost of data separation plus a little extra.

Mr Prokopa explained that CHSL are looking at offering training for Flu early in May 2018– looking at NHSE private services, children and they are also talking about looking at expanding the number of private contracts they have. So, any opportunities, for small to medium size operations locally, looking for flu vaccination service would be ideal to put towards them.

Mr Ward enquired about GDPR and PharmOutcomes and would we have to gain additional consent from contractors.

Mr Prokopa didn't think so as in terms of personal data there shouldn't be any issue with that.

Mr Prokopa explained that they are looking for ideas on flu marketing for next year. They did the flu campaign on the buses in the West Midlands last year and wondered if we wanted to do something like that this time?

c) [Conditions for which OTC items should not routinely be prescribed in primary care: A consultation on guidance for CCGs](#)

Mr Prokopa divided members into 3 groups to discuss.

Mr Bullock reported that their group discussion raised the following points: - Prescribers already under pressure from patients to prescribe medicines so that's only likely to get worse, although some practices already don't routinely prescribe items such as paracetamol suspension and many parents happy to buy Calpol. The other side of this is what happens when people really can't afford to buy medicines and there can also be the case of won't buy rather than can't? Danger of 'up-prescribing' if less potent medicines are not available then GPs likely to prescribe more expensive alternatives.

Discussed what will be the effect on minor ailment schemes if we stop the NHSE supply? Could be an opportunity to beef up minor ailment supplies so that we are supplying more prescription only medication.

Dr Hall reported that group discussion raised the following points in addition to those raised by Mr Bullocks group:

Conversations around product licence issues where we wouldn't be able to treat patients for example hydrocortisone for the face or very young children.

Mr Ward noted that they had discussed the need to give some of the common examples to prescribers, so that we are not constantly having to have these conversations.

	<p>Mr Marshall suggested that we ask whether we could have these items on a PGD. Mr Hames highlighted hydrocortisone for children and Nystatin for the under 6s. Mr Prokopa felt this was a really good idea.</p> <p>Mr Eason noted that it's not the cost of the drug that's the problem it's the cost of going to the doctors to get the prescription. Mr Marshall agreed that we are not actually going to reduce the number of waits, or going to free GPs time up, as the report suggest. But will free up some appointments, so will just reduce waiting time.</p> <p>Dr Hall asked that If simple meds are not allowed on FP10s then where do patients go? Will they just buy a product or are they more likely to go to OOH and A&amp;E and if they turn up at OOH and are given a script, then this is an even more expensive supply of a simple medicine.</p> <p>Also agreed this highlights that more PGDs on the pharmacy service could help reduce pressure.</p> <p>Ms Dean reported that their group discussion raised the following additional points: -</p> <p>If you look at some of the financial figures some of the categories are exactly the same. For example, Mouth Ulcers and Toothache have the same spend of five and half million. Enquired how they have worked out the data as the prescribing on mouth ulcers seemed excessive.</p> <p>Ms Palfreyman noted that Cradle Cap and Dandruff also have the same spend. Mr Prokopa noted that is looks like they have pooled the resources together.</p> <p>Ms Dean explained that they looked at the open prescribing data to see who is bad at prescribing. For example, looked at Dentinox and Leeds and Bradford prescribe 20% of the total cost across the whole country. Therefore, shouldn't they look at this data and target specific areas that are bad at prescribing.</p> <p>Mr Eason explained that you can use the OPD to filter each of the products to look at where they are doing the most prescribing.</p> <p>d) GPhC revalidation toolkit of resources for organisations</p> <p>Mr Prokopa reported that GPhC have produced their revalidation toolkit and noted that we will promote this to contractors in the next News Update.</p> <p>Ms Dean stressed that it is important to highlight the time frames to contractors as there are different cohorts depending on when you joined the register.</p> <p>Dr Hall highlighted that in April they are switching all the records to PDF format and will be deleting all the old records on the 1<sup>st</sup> June2018, so it is important for CPs to download any information they require. Dr Hall explained that with the new online recording system GPhC will only retain records for the last 18 months. Ms Dean clarified that this is also to do with the GDPR and not being able to retain records for any longer than they need them for.</p>
218-09	<p><b>Be Effective</b></p> <p>a) LPC Elections 2018 Update and Expressions of Interest</p> <p>Mr Prokopa reported that we have only had 3 nominations for the five places so those 3 candidates have duly been re-elected. In the constitution we then had the opportunity to send out for expressions of interest to be returned within seven days for the remaining place and we have received 3 expressions of interest, but only have 2 places. Mr Prokopa explained that last time we were filling a vacancy we asked the candidates to deliver a short presentation and suggested that we could ask candidates to deliver a presentation at the March LPC meeting.</p> <p>Mr Hames asked if there was anything geographical that would influence our decision? Mr Prokopa confirmed that there wasn't.</p> <p>Ms Palfreyman suggested that maybe we could ask them to give a presentation on their experience of being a Pharmacist and what you can bring to the LPC.</p> <p>Ms Dean asked if we were allowed to know who the candidates were?</p>

	<p>Mr Prokopa reported that the 3 candidates are Ali Porbanderwalla from Fazeley Pharmacy, Indy Grewal from Coven Pharmacy and Mohammed Eshak from Stafford Health and Wellbeing Pharmacy.</p> <p>Mr Prokopa to organise presentations for next month's LPC meeting</p> <p>b) Correspondence &amp; Communications</p> <p>There were no items of correspondence or communication not covered on the agenda</p> <p>c) Finance</p> <p>i. Business Accounts as at 31<sup>st</sup> January 2018</p> <p>Members had no question on the business accounts as at 31<sup>st</sup> January 2018.</p> <p>ii. Draft Budget 2018-19 for approval</p> <p>Mrs Lumby explained that the draft budget 2018-19 was discussed by the finance committee at the Finance subcommittee meeting last month and was approved. Mrs Lumby explained that she had made a couple of changes to the draft budget to include a budget item for locality leads and had slightly reduced the spend on succession training. Members had no questions on the draft budget and the budget for 2018-19 was approved; proposed Mr Marshall and seconded Ms Dean. Mr Prokopa explained that we have to submit the budget to NHSE before the last month of the financial year and he also reminded members to please submit all their expenses promptly by the end of March.</p>
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**Strategy Agenda – Open 3.00pm**

218-10	<p><b>Maximise Opportunities</b></p> <p>a) Meetings Reports</p> <p><b>Meds Compliance</b> – Mr Eason queried labelling issues?</p> <p>Mr Prokopa explained that this was particularly in relation to where there is a carer organisation involved, as it is very difficult for them to administer the medication without a label. Particular problem with dressings directly supplied from ONPOS and the other issue is the labelling of creams, ointments and inhalers, if the label is on the box and the patients throws the box away. Usually they will get a new prescription issued, but this is increasing waste.</p> <p>Mr Ward felt the Pharmacists are very good at considering where the label should go and that it depends on the patient's situation.</p> <p>Mr Prokopa agreed that it was about communication and knowing that the patient has carer administration.</p> <p><b>MURs by video by link</b></p> <p>Mrs Chahal enquired about video MURs and when it might be implemented.</p> <p>Mr Prokopa explained that we will have expression of interest going on PharmOutcomes shortly. Looking firstly for an expression of interest and then the IT consultant will visit the pharmacies to identify IT equipment needs tablets, dongles etc. Will also work with the LIS team to assess their IT needs and carryout upskilling of Pharmacist and care staff in the use of IT equipment. Hopefully from April this service will go live and the MUR will take place when the LIS team are there with the patient.</p> <p>Mrs Chahal asked whether they would make an appointment with the Pharmacy?</p> <p>Mr Prokopa explained that it will be relatively short notice, because of the way the discharge happens. The LIS team spend 2-3 hours on their first visit so will have a window to contact Pharmacy. Hoping it will take place on the first or second visit day and explained that medicine problems and side effects are the biggest reasons that get patients readmitted.</p>
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	<p>Mr Prokopa noted that there will be a little bit to do on PharmOutcomes to record feedback on outcomes, so we can get some evaluation long term. Ms Palfreyman asked about consent? Mr Prokopa explained that what we had agreed with Mr Pickard is that it would be similar to the domiciliary MUR project for Rugeley and that as long as you can identify that it is within this project, then you won't need any more consent. We will still require MUR consent from the patient and we are working on how we will get this back to Pharmacy. Mr Ward had concerns that those Pharmacies that have already reach their 400 MUR limit would be put off by the additional work involved to provide this service, but they could be the pharmacies better placed to provide this service. Mr Prokopa explained that the service will not go live until the new financial year in April. There will be some small financial benefit for doing the evaluation on PharmOutcomes and that the benefit long term is that the service could be commissioned ongoing.</p> <p><b>Primary Care Contracting Workshop – Local Dispute Resolution</b> Mr Marshall questioned breach of opening hours and that a good cause is one that's out of contractors control e.g. flood and that a pharmacist car broken down is not a good cause. Mr Prokopa explained that the reason given was that it was the Pharmacists choice as to how many Pharmacist they employ or engage on a particular day. They expect you to be open come what may and if you choose to employ too few pharmacists, then you take that risk. Mrs Chahal questioned the scanning in of consent forms. Mr Prokopa explained that this is as a backup, that you should have a good filing system, so you can retrieve these appropriate consent forms. In case of a fire backups should be stored off site and that this is part of business continuity planning. Ms Dean pointed out that in Derbyshire just this week they have announced that they are only excepting CoC by email and the increase cost of having a scanner in every pharmacy.</p> <p>b) Flu Vaccination Service Mr Prokopa reported that the focus is very much on next year and one of the points brought up at the LPC regional Forum was that the adjuvanted trivalent vaccine for the 65s and over, is more expensive than the other vaccines and not available at such a good discount, so there is a feeling that some providers may steer away from that. Ms Dean noted that PH advice is that you must use the adjuvanted trivalent vaccine for the 65s and over. Mr Eason questioned whether you <u>must</u> use the adjuvanted trivalent vaccine? Mr Prokopa explained that the PSNC summary guidance states that GPs and Pharmacies Contractors should provide the adjuvanted trivalent vaccine for all 65s and over; and the quadrivalent vaccine for people in the 18 to under 65s at-risk group but doesn't say must. Mr Prokopa to check with PSNC.</p> <p>c) ONS Service Dr Hall reported that they are organising a Staffordshire wide meeting next week, so should know more about the service after that meeting. Mr Marshall mentioned that Derbyshire have stopped all gluten free on prescription. Dr Hall explained that Staffordshire have gone to patient council on stopping gluten free prescribing for adults. But there is still some interest in a Pharmacy service for gluten free on a very restricted list for under 18s.</p>
218-11	<p><b>Support Contractors &amp; their Teams</b> a) HLP Update</p>

Dr Hall noted that she had nothing further to report this month and the PH campaign have been covered earlier in the agenda

b) CPPE Update

Dr Hall reported that CPPE won't be providing any training for CPD this year as this is a much easier process going forward. CPPE are going to make sure all their materials have the new process in mind and are looking to put peer discussions as part of their learning process.

Mr Marshall highlighted that there has been a case where a GP's reflection had been used against them in a court of law!

Dr Hall reported that the spring campaign is patient safety learning campaign which will start on 26<sup>th</sup> February.

c) Patient Facing Website

Dr Hall reported that she has spent a lot of time updating the lists. NHSE have taken 99 Pharmacies off the UTIs list because they have had no activity in the first 3 quarters of the financial year and have taken 40 Pharmacies off the Common Ailments list. For those Pharmacies contacting NHSE to go back on the list, Andy Pickard is emphasising that they do need to provide the service, while they are open.

Mr Prokopa questioned whether there would be an appetite for a services training workshop. Just to increase staff's confidence, get the skills, think about how they get accredited and think about the declaration of competence.

Ms Palfreyman felt that people want to do the training with in their working day.

Dr Hall highlighted that people want to come to the training and be service ready and if we are talking about doing this in an evening we couldn't get people service ready.

Ms Dean felt that staff have lost the drive to attend workshops in the evening.

Mr Eason suggested a webinar or You Tube video on the service page of the LPC website.

Mr Ward asked in relation to sending people away service ready, is there anything we could do to say if you come prepared that you will leave with a declaration of competence for minor ailments for example as this would be a real motivator.

Mr Prokopa asked should we include something else that is essential like GDPR?

d) ENT Service

Dr Hall updated members about the ENT Service. Dr Hall explained that she had downloaded information in the middle of January when the service had been running for 6 weeks. 9 pharmacies had signed up for the service then and now we have all 10 pharmacies signed up. There were 91 patient consultations that took place in the six weeks. Not every patient had treatment, which shows that where appropriate Pharmacists are telling patient they don't need antibiotics. People had attended for all the conditions covered, which are eyes, ears, sinuses and sore throats. Some people had deferred antibiotics, which shows pharmacists are managing to persuade people to not start antibiotics yet but come back if they need them. Dr Hall further explained that Pharmacies then do a 5 day follow up, because we want to know what happens next, so we don't get the argument, how do we know they wouldn't have gone to the doctors anyway? Of the 91 consultations, 61 follow-ups have been recorded to date and of the 61 patients contacted, only 3 reported not taking the medication advised by the pharmacist, of these 1 reported that they had had a reaction to the antibiotic. Only 6 had subsequently gone to their own GP and one to OOH, so we have saved 54 GP appointments. Dr Hall explained that the patient feedback is collected anonymously by giving the patient a feedback form and a prepaid envelope, which is returned to the LPC office and the responses entered

	<p>onto the Patient Website. The patients can also access the website directly either by using the website information or the QR code on the feedback form. For patients under 16 years the form is completed by the parent or guardian. Dr Hall stated that the patient feedback has been overwhelmingly positive. Dr Hall reported that Rebecca Woods Head of Primary Care at NHSE Shropshire and Staffordshire is interested in the project and has asked to see all the data with a view to finding additional funding.</p> <p>Jeet Patel stressed it's about working with the surgery, because their surgery contacts the Pharmacy each day to check that the Pharmacy can offer the service before referring patients.</p> <p>Dr Hall noted that Keele University will be undertaking a proper evaluation of this project and Derbyshire and Nottingham LPC will be piloting the project using our paperwork and that we will be looking at distributing the additional LPN funding differently to cover those Pharmacies delivering more of the service.</p>
218-12	<p><b>Build relationships</b></p> <p>a) Commissioner Reports:</p> <ul style="list-style-type: none"> <li>i.NHS England Mr Prokopa reported that this has been covered previously in the agenda</li> <li>ii.CCGs <b>Ophthalmology MECs service</b> - Dr Hall reported that she has had conversations with Sam Buckingham about when this would happen as part of Pharmacy First suite of services and this should happen soon.</li> <li>iii.Public Health</li> </ul>
218-13	<p><b>Any Other Business</b></p> <p>Dr Hall noted that Stafford Borough Council HWBB group are looking at getting us more involved in more strategic conversation.</p> <p>Mrs Chahal explained that she had ordered some tokens from PCSE and received a message to say they would be delivered the following Wednesday, but they didn't turn up. When she contacted PCSE, they could see the order was on their system, but it didn't flag up that the tokens hadn't been delivered. Has now reordered and asked if any other members had problems when ordering from PCSE</p> <p>Mrs Chahal reported that sterile water is in the drug tariff at 97p per 1 litre bottle, but they have never been able to purchase at this price, normally about £1.20 per bottle. Recently received a prescription for 56 bottles and was advised to ring and order directly from the Pharmaceutical Company. Mrs Chahal explained she was told that if you don't open an account you will have to pay delivery charges, which you can't claim back. If you open an account it will be delivered free, but the list price for the sterile water is £1.60. Mrs Chahal confirmed that she had reported this to PSNC.</p> <p>Mr Marshall reported that on System One you now have the means to record assorted flavours</p> <p>Mr Eason reported that the NUMSAS test email was a very confusing email. Came directly to his email account as well as his shared NHS email account, which said they have opened your case but doesn't refer to the test email just the case number. Dr Hall asked if Mr Eason could forward the email to Mr Pickard.</p> <p>Ms Crompton noted the issue that she and Ms Dean had reported to Mr Prokopa with a Practice refusing or seeming to refuse, by giving contradictory information about 56 days prescribing for MDS patients and whether this is wider spread than one practice and how we go about tackling this. Mr Prokopa recommended that he takes this up at the next MCAT group meeting in April.</p> <p>Ms Dean noted that there are changes to the exemption certificate, it's going to be a double side A4 piece of paper instead of the card and the changeover is going to take them 5 years. Mr Prokopa explained that the medical exemptions have 5 years till they expire.</p>

	<p>Ms Dean also mentioned that the deadline for employer registration on the Oriel application portal is 16th March 2018</p> <p>Mr Prokopa highlighted the sensory impairment training and that Mr Pickard has managed to get 10 places free of charge. Noted the training will take place around 13th or 15th March in Stafford. Looking for five pharmacists and five Healthy Living Champions or other support staff to attend. Mr Prokopa was keen to fill the places as the training is free.</p> <p>Mr Prokopa explained that next month meeting will now start at the usual time of 1.45pm not 2.15pm as previously advised, with refreshments at 1.30pm</p> <p>Finally, Mr Prokopa thanked Steve for all his efforts as a LPC member and Chair and wished Steve a long and happy retirement. Mr Prokopa noted that Mr Bullock joined the LPC in 2000, was Vice Chair from 2006 and Chair from 2010.</p> <p>Mr Bullock responded that he had been proud to be Chair of South Staffs LPC and that it had been an absolute pleasure to know everyone and wished members all the best.</p>
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	<p><b>Next Meeting</b>  <b>Wednesday 14<sup>th</sup> March 2018</b> in Conference room at The Museum of Cannock Chase, Valley Road, Hednesford, Cannock</p>
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**LPC Meeting – Wednesday 14<sup>th</sup> February 2018**  
**Appendix 1 - Communications Report**

Agenda items in **BOLD**

**NHSE North Midlands Communications**

**Received**

**a) 12/02/2018 Primary Care Support England: Application for inclusion in a pharmaceutical list at Parkway, Centrum 100, Burton on Trent, Staffordshire, DE14 2WA in respect of distance selling premises by Boots UK Limited**

**Sent**

a)

**PSNC Communications**

**Received**

- a) 11/01/2018 PSNC News: National meeting of LPC representatives - booking now open
- b) 12/01/2018 PSNC News: Clinical governance deadlines approaching | NMS post-payment verification | Dispensing & Supply updates | New NUMSAS claims process
- c) 19/01/2018 LPC News: LPC members days; NICE draft consultation on community pharmacy; PharmOutcomes MasterClasses; Flu vaccination poster
- d) 19/01/2018 PSNC News: January edition of CPN magazine out now
- e) 23/01/2018 PSNC News: Preparations for Stay Well Pharmacy campaign | PSNC's 2018 work plan | Managing Smartcards video | Flu Vaccination Service update
- f) 29/01/2018 PSNC News: January 2018 Price Concessions/NCSO
- g) 31/01/2018 PSNC News: PSNC seeks fairer price concession system | Post-registration community pharmacist training | Initial NUMSAS evaluation | BHF Innovation Award pilot
- h) 02/02/2018 PSNC News: January 2018 Price Concessions/NCSO update
- i) 05/02/2018 PSNC News: Stay Well Pharmacy campaign: Resources hub launched
- j) 05/02/2018 PSNC News: Final guidance on flu vaccine ordering for 2018/19 – action required by contractors
- k) 06/02/2018 LPC News: Booking open for members days; A message for LPC Treasurers; Chief Pharmaceutical Officer's Conference
- l) 07/02/2018 PSNC News: Changes to practice leaflet requirements | PSNC elections | FMD guidance | Gluten-free foods to be restricted | Flu vaccine ordering
- m) 08/02/2018 PSNC News: LPC Communications: Communications and public affairs resources
- n) 09/02/2018 PSNC News: January 2018 Price Concessions/NCSO (final update)

## **Sent**

### **Other Communications**

#### **Received**

- a) 10/01/2018 MHRA Drug Safety: Drug Safety Update: daclizumab, erythropoietins, drug-name confusion, co-dydramol...
- b) 15/01/2018 PharmOutcomes Support Team: PharmOutcomes Upcoming MasterClass Dates 2018
- c) 19/01/2018 Sarah Gilmour: West Midlands Mental Health Transformation and Sustainability Network - 17th April 2018
- d) 22/01/2018 Sarah Gilmour: West Midlands Diabetes Mellitus Transformation and Sustainability Network
- e) 23/01/2018 PharmOutcomes Support Team: PharmOutcomes Upcoming MasterClass Dates 2018
- f) 31/01/2018 Sarah Gilmour: West Midlands Diabetes Mellitus Transformation and Sustainability Network – 28th Feb
- g) 07/02/2018 Osama Ammar, GPC revalidation toolkit of resources for organisations
- h) 08/02/2018 MHRA Drug Safety: Drug Safety Update: misoprostol (Mysodelle), mycophenolate medicines, gadolinium contrast

## **Sent**

- a) 29/01/2018 Independent Contractor: Confirming the outcome of the LPC Election Nominations and seeking Expressions of Interest

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

#### **Chief Operations Officer:**

- a) Jan – Feb 2018 Monthly Report

#### **Service Development Officer**

- a) Jan – Feb 2018 Monthly Report

#### **Other**

- a) 10/01/2018 Finance Meeting

### **10(b) Appendix 3 – Finance**

- a) Business Accounts – January 2018
- c) Draft Budget 2018-19