

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

In Attendance: Mr Prokopa, Dr Hall, Mrs Lumby, Ali Porbanderwalla; Fazeley Pharmacy, Indy Grewal; Coven Pharmacy, Mohammed Eshak; Stafford Health and Wellbeing Pharmacy

In the Chair: Ms Dean

Business Agenda - LPC Members from 1.45pm

318-1	<p>Welcome and Apologies Mr Prokopa welcomed members to the meeting and noted that apologies had been received from Mr Bullock, Mr Wilson and Mr Ward. Mr Prokopa explained that with Mr Wilson and Mr Bullock absent today, we needed to appoint a chair and that he had spoken to Ms Dean earlier and she had agreed to chair the meeting today. The appointment of Ms Dean as chair for the March LPC meeting was approved; proposed Mr Hames and seconded Ms Evers.</p>
318-2	<p>Declarations of Interest Members had no declarations of interest relevant to the items on the agenda.</p>
318-3	<p>Minutes The open minutes of the LPC meeting on Wednesday 14th February 2018 were approved as amended; proposed Ms Evers and seconded Mr Hames.</p>
318-4	<p>Matters Arising Ms Dean reported that Derbyshire have decided not to roll POD out any further, as they have reached capacity. They are going to keep the number open, to help pharmacies manage patients that are out of sequence with their repeats.</p>
318-5	<p>Regulation</p> <ul style="list-style-type: none"> a) PNA Consultations Mr Prokopa reported that the response for the final PNA consultation for Shropshire will be required by the end of this week. The Staffordshire PNA went before the HWBB meeting last week. Officers were unable to attend the meeting but Mr Prokopa will update members when he hears back from the PH team. Dr Hall noted that Dr Goldstein has moved to a new position in Devon, which will be a big loss for us as she was a great advocate for Pharmacy in PH. b) Change of ownership application for Day Lewis at Gnosall Health Centre Mr Prokopa reported that we have received official notification of the change of ownership for Gnosall Pharmacy and Day Lewis Ltd have taken over. c) Stone Pharmacy – notice of No Significant Change Relocation, commencement of trading 26th February 2018 Mr Prokopa reported that we have received notification that Stone Pharmacy had completed it's no significant change relocation as at the 26th February 2018. d) Application of Change of Core Opening Hours at Carlton Pharmacy. Mr Prokopa reported that we received notification of an application for change of core opening hours by Carlton Pharmacy, Calais Road Burton. Mr Prokopa explained that if you look at specific examples of change of hours applications, they are often very difficult to get through. But in this case, there has been a move of the Out of Hours Service from Cross Street into the hospital. The Out of Hours has identified that Pharmacy services would be useful on a Sunday until 7pm. Carlton Pharmacy have submitted an application to change their core opening hours. So that they will be opening slightly late in the morning 8am instead of 7am and closing at 11pm instead of midnight Monday to Saturday and opening Sunday 9am till 7pm. Mr Prokopa noted that he will be sharing the

	<p>application with the current regulation subcommittee, but it seems a reasonable proposal in terms of access to services.</p> <p>Dr Hall reported that she had received notification that Lloyds Pharmacy in Sainsbury's Stafford will be officially closing on 7th April 2018. Mr Prokopa said that we had heard this, but as yet he had not seen any official notification.</p>
318-6	<p>Confidential</p> <p>There were no confidential items for discussion</p>
318-7	<p>Any Other Business</p> <p>Members had no other business for discussion.</p>
318-8	<p>Mike Jones and Clare; Midlands and Lancashire CSU - EPS/eRD Project</p> <p>Mr Prokopa welcomed Mike Jones and Claire from the Midlands and Lancashire CSU to the LPC meeting.</p> <p>Mr Jones thanked members for inviting him to the meeting and explained that they are coming to the end of the EPS project. They have had a further 2 practices signed up, but not all practices have signed up and they are likely to be calling a stop to the project in June. Mr Jones stated that the EPS project has been running for some time and about 1 year ago they produced the digital road map, which brings a lot of the National projects to CCGs, such as patients online, electronic documents and it also brought together all the EPS issues. They hadn't really started the repeat dispensing but this is part of the digital road map. There were 3 stages to this, finish implementation, get the practices up to 80% utilisation and finally, in the GP contract, but none contractual was to get 25% of repeats on EPS by April. They started working on this a year ago and the CCGs have agreed to put some money into this and they are just starting the project to support practices in eRD. EPS utilisation has been very successful, the NHS digital statistic show that of the 6 CCGs in Staffordshire, 5 hold the top 9 positions in the country. On that basis he is confident that when it comes to eRD Staffordshire will do it well. Mr Jones explained that he had some figures to show how we are currently performing with eRD and there is only SE&S at 13% and Herefordshire at 12%, that are anywhere near the target 25% by next April. Therefore, massive gap between what is expected and what is reality and practices are not where they should be at this point. They are looking to provide detailed eRD training and support to 22 beacon general practices across the county, based around localities, with 22 follow up half day workshops. They are currently waiting for CCGs to confirm the practices they want them to work with. They will be looking to invite the top 3 or 4 pharmacies into one of the training sessions for each of the beacon practices.</p> <p>Mr Prokopa asked about plans in place for managing staff turnover of practice eRD champions and future training available for eRD champions?</p> <p>Mr Jones explained he will be finishing on this project in June and its then to be decided who will take this on. In terms of support they will be giving training packs to practices and they will also be giving training packs to Pharmacy.</p> <p>Ms Dean asked how they are going to sell eRD to practices.</p> <p>Mr Jones explained that they are encouraging MM Team to attend all the meetings and that it fits in with the medicines matters project. To start with they identified 50 patients on levothyroxine medication and 3 or less repeat medications. It is their understanding they will need to get patients consent. The practices will then decide, which patients are applicable. Pharmacy may well have an opinion and it maybe that they can contact the eRD champion to discuss.</p> <p>Mr Marshall noted that the way to sell this to practices is that in theory by moving to eRD, practices will save a day's work a week for every 10,000 patients just in terms of re authorisation.</p> <p>Ms Dean explained that it's quite a difficult to manage on the EPS system for pharmacies. They have areas in their business that are using this but one of their pharmacies struggles with it because the practice doesn't stop a batch when they start a new item, they issue another batch, so the patient can end up with 3 or 4 batches to be</p>

	<p>downloaded. Ms Dean further explained that it is the way it's download for eRD that's the issue.</p> <p>Mr Marshall clarified that it's okay if its monthly, it's when it becomes weekly, that it starts to cause problems. If some doctors want a prescription to go out weekly then they provide a weekly prescription, because it downloads a week early, you get the prescription as soon as you download the last one, so can get confusing.</p> <p>Mr Jones highlighted that they have a crib sheet for managing 7-day scripts and confirmed he will send Mr Prokopa a copy of the crib sheet.</p> <p>Mr Porbanderwalla felt it would be good if you could clear old batches?</p> <p>Claire reported that this was happening because GPs are effectively forgetting to cancel the old batch, when they issue a new one and that this is something they can stress at the practice training</p> <p>Mr Jones asked if these sorts of queries could be passed to Mr Prokopa to email on to him.</p> <p>Mr Grewal enquired about timescales?</p> <p>Mr Jones explained that they want to get the information packs signed off by the CCGs as soon as possible and they will be making appointments within the next couple of weeks.</p> <p>Mr Prokopa asked about the number of practices still to go live with EPS in the South and Mr Jones explained that there are 4 practices still to go live.</p> <p>Mr Marshall highlighted that part of the reason why the GPs are resistant is that if you've issued a 12 month repeat dispensing for five or six items, if 10 months down the line you decide to change one item. You have to knock it of the repeat system to stop the eRD and then you've got to do that for all of them so they match up and it would be useful if you could just cancel remaining batches.</p> <p>Claire felt that there had been some system updates that has made changing medication and nominated pharmacies a lot easier.</p> <p>Mr Prokopa stressed that there are events happening with eRD, for example we are hearing of situations where patients come back because they haven't received one of their items of medication. This is the type of things they are trying to pick up as part of the initial work around FAQs and the pharmacy and GP information packs. In general EPS terms there are things that they have tried to iron out and found ways to manage. But it's also about local contacts as well and that it's really helpful if people share good stories about how they've found solutions to problems locally.</p> <p>Mr Jones explained that NHS digital do have a savings estimator tool, which will show you how many hours you can save and that time can be put to better things.</p> <p>Mr Prokopa noted that we know there are benefits to Pharmacy workflow if it works properly but if there are problems that can take up time as well.</p> <p>Mr Prokopa thanked Mr Jones and Claire for attending the meeting.</p>
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Strategy Agenda – Members Only

318-9	<p>New Member Applications</p> <p>Presentations and Questions & Answers</p> <ul style="list-style-type: none"> • Ali Porbanderwalla; Fazeley Pharmacy • Indy Grewal; Coven Pharmacy • Mohammed Eshak; Stafford Health and Wellbeing Pharmacy <p>Mohammed Eshak, Indy Grewal and Ali Porbanderwalla the new member applicants, delivered a presentation on their skills, experience and ambitions as a community pharmacist, particularly focusing on what they can bring to help the LPC represent and support community pharmacy effectively. Members asked a number of questions relating to the presentations and the same questions were asked of all three applicants. Mr Prokopa and Ms Dean thanked Ali Porbanderwalla, Indy Grewal and Mohammed Eshak for attending the meeting and presenting their skills, experience and ambitions as</p>
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	<p>a community pharmacist. All three applicants remained for the rest of the open meeting.</p>
<p>318-10</p>	<p>Lead</p> <p>a) CHSL Provider Company Update – including LPC Director proposals</p> <p>Mr Prokopa explained that Central Health Solutions Ltd is the provider company formed to represent the 12 LPCs across the West Midlands. The company is a limited company by guarantee, the LPCs have been active in forming the company and have loaned the company money to get the company established. The company has now recruited members from across the West Midlands region and there are currently 95-member companies representing 280 contractors. The biggest group that has joined so far is Murrays, the only CCA company that has joined is Morrison’s. Their job is to find opportunities for Pharmacies to commission services. The successes so far are that they quickly got a service in Wolverhampton, on behalf of the CCG, to vaccinate all their staff against flu. They won the contract to write the Sandwell PNA and they are partner of the tender winner for the Staffordshire Healthy Lifestyle contract. We already had expression of interest go out for Pharmacies to help deliver quit smoking service and NHS health checks in the target areas within Staffordshire They are also launching a training day on Sunday 25th March with training on private PGDs.</p> <p>Mr Prokopa explained that they are trying to get as many members as they can, because the more pharmacies they have, the bigger pool of pharmacies they have initially to help drive services. They can also sub contract with other pharmacies outside of the membership and members can choose whether they want to deliver the services and would have a share in any surplus funds. As part of governance there is a representative from each LPC that is part of the Scrutiny and Oversight Committee (SOC) and therefore we have a say in how the company is run. For this LPC, Mr Prokopa is the main member and Mr Bullock who was the chair, has been the deputy, to ensure that we always have a LPC representative attending the SOC meetings.</p> <p>Mr Eshak asked who owns this company?</p> <p>Mr Prokopa explained that it is effectively owned by its members, but because the company is limited by guarantee, the actually financial risk is much less and also it limits any financial risk to LPCs.</p> <p>Mr Eshak clarified that the LPC has provided a loan?</p> <p>Mr Prokopa confirmed it was a loan and clarified that as they get awarded services the company itself is responsible for engaging pharmacies to deliver the services. They can take funds from the service for administration and then the rest will go to providing remuneration for the service and any surplus will then go to members.</p> <p>Mr Porbanderwalla asked if there would be a membership fee on an annual basis?</p> <p>Mr Prokopa explained that the initial joining fee was set at £400. You could join as many pharmacies in your group for that £400, but this is a single membership, you will effectively only have one share and one vote or each pharmacy can join separately. Mr Prokopa noted that initially before 31st December you could join for £150. This was to try and encourage as many members as they could to join. From year 2 onwards the directors will propose an annual membership contract fee per member.</p> <p>Mr Prokopa explained that the 2 key issues to come from the SOC meeting was firstly the process for recruiting the LPC nominated directors for 2018-19. Mr Prokopa explained that when the company was setup there was a recruitment process to get the 5 directors in place, so the company could form. Their financial year started in July and the constitution states, that they must have an</p>

annual meeting within 2 months of the corporation date. So, by September they have to appoint 3 members directors and 2 LPC directors. The SOC will appoint 2 LPC directors and as part of this process we will have the opportunity to nominate 2 potential candidates. This could be from the existing pool of directors or it could be people within an LPC or people from outside of an LPC that we feel will do a good job. At the next meeting we will have the pack, which will include a nomination form and relevant documents such as personal specification and job description, so we can make an effective nomination. We will also be approaching the existing directors to see if they are seeking a LPC nomination. The other item discussed was regarding the loan repayments, Mr Prokopa explained that initially it was setup so that the loan repayment would be made within 2 years of the company forming. But this was restricting the activities of the directors and the SOC felt that the repayment terms of a loan taken out for any business you are establishing should be a lot longer. This has now been extended so there is a new loan agreement, which states that the loan will be repaid by 2026. It was agreed that the loan would not be paid in the first 2 years. There was a debate between the SOC and all LPCs about the repayment schedule and the 4 potential options Mr Prokopa noted that he required agreement from members that the loan will be repaid this way and noted that it doesn't state a particular schedule but that the loan will be repaid according to an agreed schedule by 2026.

Members had no further questions regarding the loan agreement

Ms Dean asked if the directors had made it clear whether it is their intention to re-stand?

Mr Prokopa confirmed that all five directors have agreed to re-stand. The situation with member directors is that those that haven't taken LPC director places will be eligible to re-stand at the next annual meeting, which will be held in September. This will be done in a similar way to any LPC re-election in that they will approve or not approve any director to re-stand.

Mr Prokopa concluded that the amendments to the loan agreement also covers the change of name to Central Health Solutions Ltd and that he required a proposer and seconder for the loan contract amendments. The proposed amendments to the CHSL loan contract were approved; proposed Mr Hames and seconded Mr Eason.

Ms Dean asked if they had had much interest in the Sunday training event?

Mr Prokopa confirmed that they have 80 people attending and that they actually invited the SOC members and the LPC chairs, if they want to attend as well.

Mr Hames and Mrs Chahal confirmed they will be attending the Sunday training and will be able to report back to the meeting.

b) [Facing the Facts, Shaping the Future – draft NHS Health and Care Workforce Strategy Consultation](#)

Ms Dean explained that she had attended a recent meeting where they had reported that they hadn't had much time to get this in place, so very much a draft consultation and they are aware there are some things missing. They have some ideas how to include missing information and their group felt that pharmacies had very little mention in the report.

Mr Prokopa concurred and noted that the report focus is very multi-disciplinary. Mr Prokopa further noted that it seems a very big strategic document and he would expect PSNC to respond to this. Therefore, due to the time pressures today he wasn't going to cover this further unless members had any objections.

c) LGA Annual Public Health report

Mr Prokopa explained that the LGA Annual PH report was brought to LPCs attention by Alastair Buxton. He had highlighted that this week's Health and

	<p>Care review, published on the website, contained a link to LGAs annual Public Health report (Public Health transformation five years on). This contains several case studies including references to pharmacy, but possibly of greater interest is the introductory section up to page 11 which reflects on the transfer of Public Health to local government and how that is developing. He felt that it was worth a read and that it's probably a good text to encourage LPC members to read. http://psnc.org.uk/our-news/health-care-review-26/ Mr Prokopa highlighted that this is well worth looking at and felt it was important to bring to members attention.</p>
318-11	<p>Be Effective</p> <p>a) Correspondence & Communications Mr Prokopa reported that the CCA have appointed a new Chief Executive. Malcolm Harrison is replacing Nanette Kerr. Mr Harrison is a former senior manager at Boots UK and fellow of the NHS Innovation Accelerator Programme.</p> <p>b) Finance Business Accounts as at 28th February 2018 Members had no questions on the Accounts Mrs Lumby asked that with the end of year approaching, could members please submit their expenses promptly and by Thursday 29th March. Mr Prokopa highlighted that Mr Eshak, Mr Porbanderwalla and Mr Grewal would be able to claim half-day locum cover and travel expenses, as per the LPC's expenses policy and they confirmed that they had received details of the LPC expenses policy.</p>

Strategy Agenda – Open 3.00pm

318-12	<p>Maximise Opportunities</p> <p>a) Meetings Reports Mr Prokopa asked if Ms Crompton could highlight any critical points from the STP Medicines Safety Group meeting she attended. Ms Crompton reported that the main issue, that came across at the meeting, was communications and how we get primary care incidents reported back effectively and the same in secondary care. Ms Crompton explained that there were suggestions of everyone having access to Datix, but there are licencing problems with that and this would be another burden for Pharmacies. Felt it was about finding something that works without being too erroneous on Contractors. Ms Crompton highlighted that there have been incidents particularly with anti-coagulants. Mr Prokopa asked if this was because changes in secondary care were not being picked up in primary care? Ms Crompton clarified that this was mainly where it was issued incorrectly in secondary care and perpetuated in primary care Ms Crompton further highlighted that there had been a situation where a patient was issued with 2 similar drugs because the GP was not aware that the patient was on clinical trial and whether they are taking the actual drug or placebo. Mr Prokopa commented that one of the things of interest was about trialling Datix access, as this is something that GP practices use to report incidents, but pharmacies don't have access too? Dr Hall noted that Mr Pickard had talked about whether we could find a way of having something on PharmOutcomes, so Pharmacist could have some way of reporting incidents.</p>
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Ms Dean felt that if you have lots of areas for pharmacist to report errors on to, then they won't report on all of them, because they just simply don't have the time.

Member discussed reporting of errors. With most members reporting errors on their own intranet systems and they were dealt with locally.

Dr Hall observed that if you get a script with a clear prescribing error, we have no means of onward reporting.

Ms Crompton explained that you can complete the NMEL E form, but you have to put the prescribing error down as a pharmacy error and then make clear that this is a significant intervention. It's still flagged as a pharmacy error, so not great, but it gets the information on the NMEL system, although it's not accurately reflected

Mr Marshall explained that GPs do have an obligation to report these incidents as well and they do have policies in place.

Dr Hall asked if there was any mention of the Refer to Pharmacy service, to improve communications?

Ms Compton confirmed that this was mentioned.

Dr Hall explained that all the hospitals in Staffordshire and Shropshire will have this refer to pharmacy system, where Pharmacies will get a discharge message if one of their regular patients have been discharged from hospital.

Ms Crompton also highlighted discussions about empowering patients to check their medication themselves and patients being aware of what they are taking. Noted they are looking at changing the medication bags, suggestion of posters and animation for GP practices, with talk of using some of the networks limited budget for this.

Mr Prokopa noted that this is another side of the waste campaign that we want patient to check their medication, so will be interesting to see what the outcomes are?

Dr Hall reported that she had done some recording with the CCGs, short videos, which they will be tweeting and one of the things they talked about was patients checking their medication bag.

Pharmacy First – Mr Prokopa reported that we are hopeful that all the Pharmacy First service will all be recommissioned for a further 2 years.

Dr Hall explained that Mr Pickard will be sending out the SLAs for the Emergency Supply and the Common Ailments and they are working on the UTI and Impetigo SLAs, so they should follow shortly. The SLAs will run for 2 years with the proviso that they can be reviewed earlier.

Ms Evers asked if they would get all the SLAs before April?

Dr Hall confirmed that they should, but it is a big task to get all the SLAs ready.

Dr Hall further explained that because the care navigators couldn't understand why we have a UTI and Impetigo service as they are not really related to each other. It was decided that they would split the services up and have a Pharmacy First PGD service, Mr Pickard is writing an introductory SLA for that and then sitting underneath there will be a UTI service and Impetigo service and if the Extended Care service gets taken up, which NHSE are very interested in then the ENT and Eye service will also sit underneath the Pharmacy First Service.

Dr Hall further explained that one of their issues is getting Pharmacies to sign up every year or every 2 years and that Mr Pickard will be writing to all Pharmacies highlighting any changes to the SLA in the letter. Dr Hall further noted that Cystitis will be removed from the Common Ailments Service as the current advise is that woman who have Cystitis should have a course of antibiotics.

Mr Prokopa explained that they had reviewed all the clinical knowledge summary and the guidance from NICE and there will be a few changes from

that. Dr Hall stressed that she will update the information on PharmOutcomes so that pharmacies are downloading the latest guidance sheets.

Extended Care Service - Mr Prokopa reported that they have been asked to put forward a proposal for extending the Extended Care Service and basically, we are looking at doubling the number of Pharmacy outlets and increasing the number of conditions we are able to treat, so moving towards respiratory and skin. Dr Hall explained that this is happening imminently as Rebeca Woods is waiting on the official evaluation. We have decided to do the evaluation now as 400 patients have accessed the service. Keele University will be doing the evaluation and they will also be using the PharmOutcomes data, which Dr Hall has downloaded.

Dr Hall explained that she had a question from another area saying surely, we are increasing the number of antibiotics people get and are antibiotic PGDs in pharmacy a good idea? Dr Hall has sent them some information to show that all Pharmacist are Antibiotic Guardians and that the idea is that by looking in to people's ears etc we can say whether or not they have an infection and only give antibiotics when needed and the idea is to save GP appointments.

Minor eye consultation service (MECS) - Dr Hall further explained that regarding the minor eye service it was hoped that it would come online for April, but Mr Pickard to look at the NHS framework, as he may need to put it in with the Common Ailments Service. Funding is there but NHS are looking at a local service to make sure it is following the legal requirements.

Ms Palfreyman highlighted that they had received leaflets yesterday about the MECS available from local optometrists.

Dr Hall explained that at the minute if the patients goes for MECS at the optometrists and they need a product, if it's something they can and will buy, then they will go to the Pharmacy. If it's something they don't want to pay for because they're exempt, then they have to go to the GP for a prescription. So, the idea is that this is the same MECS service, but they will get a signed order for a limited formulary and the usual, recording and data collection will be via PharmOutcomes. This will not happen until the SLA is written and in place.

Ms Palfreyman stated that the leaflet doesn't really read like that now?

Mr Prokopa explained that one of the benefits is they can treat non-bacterial conjunctivitis as the indications for selling chloramphenicol are very specific.

Ms Evers asked if there is any progress on some of the CCAs signing the SLAs for services.

Dr Hall confirmed that they are still no further forward and noted Mr Pickard has escalated this with NHSE.

Ms Palfreyman asked whether they are sending out paper SLAs or electronic copies and are they getting sent out to the head office only or to the stores as well?

Mr Prokopa clarified that they'd asked that they go both to the head office and the branches, so that they are both aware.

Mr Patel asked what has happened to the replacement PGD for Locorten.

Dr Hall to chase up the replacement PGD with Mr Pickard.

b) Flu Vaccination Service

Mr Prokopa explained that the Flu service is almost coming to an end and stressed that if you have made any supplies you will need to claim by the fifth day of next month.

Mrs Roman reported that last week they had to re-enrol onto PharmOutcomes to give a patient a flu vaccination.

Dr Hall explained that as it is a national advanced service this is a locked module on PharmOutcomes. Dr Hall to report to PharmOutcomes to see if there is a reason for re enrolment.

	<p>Mrs Chahal queried the Flu vaccine for the coming season and that if you can't get the adjuvanted trivalent vaccine, then it's not saying you have to give that vaccine, but they recommend it?</p> <p>Mr Prokopa explained that he had made this point to PSNC, but the guidance is that CPs will use it in most circumstance, unless it's not available.</p> <p>Mrs Chahal reported that she had been told that the adjuvanted trivalent vaccine is now not available till mid-October?</p> <p>Mr Prokopa to follow up with PSNC.</p> <p>c) Pharmacy First Extended Care Covered previously in the agenda</p>
318-13	<p>Support Contractors & their Teams</p> <p>a) HLP Update</p> <p>Public Health Campaigns - Dr Hall reported that Mr Pickard will be sending information out to Contractors because the last time they downloaded information from PharmOutcomes, only 20% of pharmacies were completing the PH campaign feedback module. It will be a reminder for Contractors that this is part of community pharmacy NHS contract and they are required to take part in Public Health Campaigns. NHSE are now going to start looking at this and if CPs don't meet all their essential services and they don't do the PH campaigns then CPs won't be able to offer any advance services and may be at risk of having their NMS and MUR payments taken off them. Dr Hall explained that she has worked on this module to try and make it a little more straight forward, so CPs can now record how they ordered the material and can also record that they haven't received the campaign material. Dr Hall further highlighted that you can still record previous campaign material as there is no date restriction. Ms Palfreyman asked how contractors should receive tally sheets by email or by post?</p> <p>Dr Hall confirmed that contractors should receive tally sheets by email to their NHS email account and there is also a generic tally sheet on the LPC Website. Dr Hall stressed that if Contractors haven't received their campaign material they should let Mr Pickard know.</p> <p>Ms Palfreyman asked if the campaign material goes to the email address on PharmOutcomes</p> <p>Dr Hall explained that eventually all information from NHSE will go to Pharmacies NHS mail account.</p> <p>b) CPPE Update</p> <p>Dr Hall highlighted the Risk Management Guide 6 challenges and the Patient Safety campaign and asked please can we have lots of Contractors sign up to this campaign. Noted that the Spring CPPE Focal Point event is Patient safety on reducing risk in anticoagulation</p> <p>c) Patient Facing Website</p> <p>Dr Hall reported that she has updated the UTI list again and will not update the list now until after the SLAs come out.</p> <p>d) How to videos for PharmOutcomes</p> <p>Dr Hall reported that a series of You Tube videos have been uploaded to the LPC website</p> <p>e) Pharmacy first service</p> <p>Dr Hall explained that Mr Pickard had been asking about Pharmacy First Service payments. Mr Pickard felt that some services are easier to deliver than others and maybe we should have different service professional fees.</p> <p>Mr Marshall agreed that it does make sense that if it is a more involved process it attracts a better fee.</p> <p>Ms Dean noted that it would make it more complicated for accounting, you would have to make sure the branches were recording information for internal</p>

	<p>accounting purposes. Can be quite difficult to tie up what arrives in your bank account, therefore how the service claim is split down needs to be made quite clear.</p> <p>Dr Hall explained that she had asked that they put in the SLA, which local payment the service relates too. They are looking at changing this and possibly have some sort of national codes.</p> <p>Mr Marshall asked if we could record the payment reference on the claim? Dr Hall and Mr Prokopa confirmed that we should be able to do this.</p> <p>Ms Dean felt it would be right to have different payments for different services Mr Prokopa noted that with the UTI service there are a lot more questions, contra indications and cautions and therefore it is a lot more complex service than when it was setup.</p> <p>Ms Palfreyman asked how much it would cost if the patient was to visit the GP as opposed to pharmacy? Mr Prokopa stated that a GP appointment costs around £26, Out of Hours £43 and A&E, just attendance £75 and noted that it is also about accessibility, that people can get seen much quicker and in a setting that is convenient to them.</p> <p>Ms Palfreyman explained that something needs to be done to make there be a shift from having a service on offer and actually delivering. Unless you have more money coming in you can't have more staff.</p> <p>Mr Eshak agreed that you can't positively staffs otherwise.</p> <p>Mr Prokopa also highlighted the care navigators as a positive thing for Pharmacy as this is actively pushing people towards CP and they want to know CPs who are delivering consistently.</p> <p>Mrs Roman noted that patients in Pharmacy expect to be seen straight away, whereas for a GP appointment they would have to wait.</p> <p>Dr Hall reported that patients are prepared to wait for the extended care service, as Fradley Pharmacy has had up to 5 patients waiting and it's about educating the patient.</p> <p>Dr Hall noted that Members agreed that we would like £20 for the UTI service and £10 for Impetigo.</p>
318-14	<p>Build relationships</p> <p>a) Commissioner Reports:</p> <p>i. NHS England Mr Prokopa noted that Mr Pickard had asked Dr Hall about the payments for the Pharmacy First UTI and Impetigo, which we have dealt with previously in the agenda. Mr Prokopa also mentioned that there is something coming up soon about out of pocket expenses, which one of the CCGs mentioned at a meeting with Mr Pickard.</p> <p>ii. CCGs</p> <p>iii. Public Health</p> <p>iv. SSOTP</p> <p>Mr Prokopa reported that apologies had been received from Lisa Thompson</p>
318-15	<p>Any Other Business</p> <p>Mr Patel asked about the Impetigo PGD as previously they could use fusidic acid? Dr Hall explained that fusidic acid topical treatment was removed as this is not in line with current Staffordshire local antibiotic guidelines. Fusidic acid is to be used for bone infections as we need to reduce its use and decrease likelihood of resistance.</p> <p>Ms Palfreyman noted that this will be her last meeting and thanked the LPC for having her.</p> <p>Mr Prokopa thanked Ms Palfreyman for contributing so much to the LPC meeting and noted that Ms Palfreyman joined the LPC in 2007.</p> <p>Mr Hames reported back from the DT meeting and explained that with Burton and Derby hospitals merging the 2 D&T committees will continue to run for a little while as</p>

	<p>there are so many different policies in the 2 hospitals it will take quite a while to merge. Mr Hames also highlighted Free style Libra, which has been approved by Derby APG, but not yet by East Staffs and noted that there will be conflicts in what they are able to prescribe.</p> <p>Mr Kapur explained that this will also be his last meeting and thanked members for having him on the LPC.</p> <p>Mr Marshall noted that it is his last meeting too and thanked members for having him. Mr Prokopa thanked Mr Marshall Mr Patel and Mr Kapur for their contributions to the LPC.</p> <p>New member applicants left the meeting. Members felt that all three independent contractor candidates delivered very good presentations and had excellent credentials. After some deliberation members did make a unanimous decision that the two candidates to represent Independent Contractors from April 2018, would be Ali Porbanderwalla and Indy Grewal. Mr Prokopa to thank candidates for attending and inform them of the LPC's decision.</p>
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	<p>Next Meeting Wednesday 11th April 2018 in Conference room at The Museum of Cannock Chase, Valley Road, Hednesford, Cannock</p>
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LPC Meeting – Wednesday 14th March 2018
Appendix 1 - Communications Report

Agenda items in **BOLD**

NHSE North Midlands Communications

Received

- a) **22/02/2018 PCSE: Change of ownership application for Day Lewis at Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 0GP.**
- b) **06/03/2018 PCSE: No Significant Change Relocation, commencement of trading 26th February 2018 – Stone Pharmacy, Mansion House Surgery, Abbey Street, Stone ST15 8YE**

PSNC Communications

Received

- a) 19/02/2018 PSNC News: LPC News: PSNC/LPC collaborative working; Pharmacy closures; Healthcare Together support moves to NPA and PSNC
- b) 21/02/2018 PSNC News: Class 2 MHRA drug alerts – Ventolin Accuhaler 200mcg and Seretide Accuhaler 50mcg/250mcg (Glaxo Wellcome UK Ltd)
- c) 23/02/2018 PSNC News: Stay Well Pharmacy resources on their way | Fire risk of paraffin-based emollients | Pharmacy anticoagulation service has good patient outcomes
- d) 23/02/2018 PSNC News: Price Concessions/NCSO February 2018 - 1st update
- e) 27/02/2018 PSNC News: Price Concessions/NCSO February 2018 - 2nd update
- f) 02/03/2018 PSNC News: NHSmail accounts for LPCs
- g) 09/03/2018 PSNC News: LPC News: Accessing expertise; Informing PSNC of LPC changes; Revalidation resources; Clinical governance deadlines
- h) 09/03/2018 PSNC News: February 2018 Price Concessions/NCSO – final update

Other Communications

Received

- a) 22/02/2018 GSK Pharmaceuticals: Urgent Product Safety and Recall Information
- b) 26/02/2018 HM Revenue & Customs: Repayment due
- c) 27/02/2018 Sarah Gilmour: West Midlands Mental Health Transformation and Sustainability Network – reminder
- d) 27/02/2018 HIMSS UK Team: Partnership spells new approach to digital health tech
- e) 27/02/2018 Osama Ammar GPhC; Revalidation: Personal timelines for pharmacy professionals

- f) 27/02/2018 Adrian Reeves; CCA: CCA appoints new Chief Executive
- g) 28/02/2018 Future Healthcare: Place reserved for you, rsvp and claim your CPD points - Future Healthcare 13-14 March 2018 Olympia London
- h) 01/03/2018 GSK Pharmaceuticals: Reminder: Urgent Product Safety and Recall Information
- i) 09/03/2018 MHRA Drug Safety: Drug Safety Update: daclizumab, Esmya (ulipristal acetate), head lice treatments...

10(a) Appendix 2 – Meeting Reports

Chief Operations Officer:

- a) Feb - Mar 2018 Monthly Report

Service Development Officer

- a) Feb - Mar 2018 Monthly Report

Other

- a) Alison Crompton – STP Medicines Safety Group

10(b) Appendix 3 – Finance

- a) Business Accounts – February 2018