

Open/Closed/Meeting

Wednesday 14 July 2021

Held via Teams

This meeting was conducted in line with the LPC Code of Conduct and Accountability

Present:

Paul Robinson – Chair	LPC Employed Chair	PR
Jo Lane – Vice Chair	Independent representative	JL
Yee Jiun Chow	Independent representative	YJC
Paul McGorry	Chief Executive Officer	PJM
Lisa McGowan	CCA representative	LMc
Manuel Mestre-Valdes	CCA representative	MMV
Neil Mowbray	AIMp representative	NM
Jade Smith	CCA representative	JS
Jon Whitelam	CCA representative	JW
Ian Woolley	Independent representative	IW
Joanne Carter	LPC Office Manager	JDC
Karen Stone (Observer)	Pharmacist	KSt
Karyn Harper (Left after presentation)	Pfizer	KH
Jo Scott (Left after presentation)	BMS	JS

Apologies:

David Broome	PSNC representative	DB
Anthony Bryce	HIPHL	AB
Caroline Hayward	PDP	CJH
Kate Knapik	Independent representative	KK
Hazel Marsden	Commissioning support	HM
Annette Maudar	CCA representative	AM
Kate Stark	LPC Admin Officer	KS
Mari Williams	CCA representative	MW
Vacancy	CCA representative	
Vacancy	CCA representative	

The meeting started 11am

Open session		
1.	<p>Apologies for absence and introductions:</p> <p>The Chair welcomed all to the meeting, including Yee Jiun Chee, who was the newest member.</p> <p>Apologies as above.</p>	
2.	<p>Committee Governance:</p> <p>2.1 i. Members to note the contents of the LPC Code of Conduct & inform the Chair of any changes to their declarations of interest as below:</p> <p>ii. Competition Law Compliance Guidelines Noted by all members</p>	

2a	Karyn Harper from Pfizer gave a presentation on 'The management of non-valvular atrial fibrillation'	JDC to share contact details with YJC
3.	<p>Minutes of the last meeting – 12.5.21</p> <p>Humber LPC minutes: Minutes of the last LPC meeting had been circulated prior to the meeting and were accepted as a true record.</p> <p>One amendment in section 10 around GP CPCS which needs to be reworded to better reflect GPs funding support from NHSE</p>	PR to review from March minutes
4.	<p>Matters arising from the last minutes:</p> <p>PSNC Independents are nervous of the lifting of lockdown. Are PSNC offering any risk assessments or guidance on numbers in store etc any kind of covid update.</p> <p>Boots have issued a thank you for stepping up during the pandemic, report has received a mixed response.</p> <p>Repeat medicines The meeting discussed the current situation with repeat medicines and access to GP practice. A mixed response across the board. Issues included</p> <ul style="list-style-type: none"> • Lack of communication • Push back on length of time needed for ordering repeat meds • eRD dropping rapidly • Patient education <p>The meeting felt it was the right decision to remove pharmacy ordering repeat meds, but still issues with the whole process.</p> <p>From a patient point of view, it was highlighted a lack of continuity over the approach. Frameworks to enable safe repeat prescriptions is required which includes a basic set of instructions/understanding under meds safety.</p> <p>JW highlighted a recent concern over a growing number of tray patients, sometimes with major drug changes which haven't been pointed out.</p> <p>A charter for repeat medication based on patient safety is needed.</p> <p>An organogram of who does what for prescribing would be helpful.</p>	<p>PJM to ask PSNC</p> <p>Repeat meds to be added to IPMO group</p> <p>PJM/JW to contact patient representative group</p>
5.	<p>Finance report (up to date to the last full month before the papers go out):</p> <p>Finance report MMV led the meeting through the finance report. This now reported on 2 months at a time, with the most up to date report being shared at the executive meetings.</p> <p>The finances were on track, and the high expenditure due to the PharmOutcomes licence being paid in one lump sum.</p>	

6.	<p>Commissioning support</p> <p>HM was not at the meeting, but provided the following update.</p> <p>Our practice teams are finally moving away from covid support and back to following a workplan.</p> <p>This varies slightly for each CCG and some CCGs have yet to confirm but so far the core elements include:</p> <p>Better alignment and more focus for PCNs.</p> <p>Self-care and low value medicines ongoing work.</p> <p>Monitoring high cost drugs and specials.</p> <p>Reviews of patients with diabetes and respiratory (details to be finalised but possibly pre-assessment for PCN structured medication reviews)</p> <p>Identification of patients on high dose opiates (following current guidelines on use in chronic pain)</p> <p>Review of patients on sip feeds and infant feeds against HERPC recommendations.</p> <p>There may be other audits on areas including antibiotics, yet to be confirmed.</p>	
7.	<p>PSNC representative</p> <p>No update was brought to the meeting</p>	
8.	<p>Primary Care Networks</p> <p>AB currently filling 2 PCN lead gaps in North Lincolnshire. North care and East care networks. Doesn't need someone who works within a pharmacy in these areas but does need a link to them. Any CCA representatives willing to fill the gaps, please contact AB.</p> <p>LMc happy to be PCN lead for Eastcare rather than deputy for Westcare.</p>	<p>JDC to share one pager of both PCNs with NM and MMV.</p>
9.	<p>LPC Wright review</p> <p>Very little detail over proposals. Levy likely to be biggest challenge.</p> <p>Focus groups were advertised last night, sign up for focus groups and receive more information. 3 day time and 1 evening, members urged to attend.</p>	
10.	<p>Services</p> <p>GP CPCS</p> <p>PJM gave an update, 32 sites now live. Slow to start but needs to start. JW updated the meeting of the commitment from the clinical director of his PCN and pilot in the area.</p> <p>GP CPCS role has 3 people interested, interviews would be set up in the coming weeks.</p> <p>GP CPCS event hosted by Humber LPC saw 95 contractors attend to claim £300.</p> <p>DMS</p> <p>HRI & Castle hill are active. David Corral has returned from retirement until end September 2021, licenses have now been purchased.</p>	

	<p>70 referrals across 37 pharmacies, possibly from York and Leeds trust rather than Humber.</p> <p>Expecting comms in next day or so.</p> <p>Support staff also need to be aware of the service and highlight this is an essential service.</p> <p>Funding for pharmlarms seems to have gone away, but would still be very helpful to have.</p> <p>MMV reminded the meeting that management emails need updating.</p> <p>A comms review is needed by the LPC office following a report of the digest going into junk. Could put a read receipt when the digest is forwarded on an adhoc basis to see who views it.</p> <p>A suggestion of the next buddy calls could include: Do they read the digest? Would they prefer individual emails rather than a digest? Which is the best email address for you to receive the digest?</p> <p>Online consultations Little update, LMc has been part of the project.</p>	<p>Comms also to remind contractors to educate locums on DMS.</p> <p>MMV to share a document on how to update management email.</p> <p>Comms review in the office</p>
<p>11.</p>	<p>Workforce survey Workforce is the biggest concern in community pharmacy at the moment. HEE recently ran a survey so a local survey wasn't re-run.</p> <p>Workforce should now be a priority.</p> <p>People are leaving to go to primary care, locums requesting higher rates.</p> <p>Lloyds struggling massively and currently have 12 positions available.</p> <p>Survey is essential, PSNC should be lobbying on the workforce issue.</p>	<p>PJM to feedback to DB on the workforce crisis.</p> <p>LPC to re-run workforce survey</p> <p>PCN leads to assist with encouragement to complete</p>
<p>12.</p>	<p>COVID-19 NHSE are holding meeting for expressions of interest to provide phase 3 booster. Options of either 100, 350 or 1000 jobs now available.</p> <p>Testing LFT need to be ordered on a company basis now. No dates on the end of the distribution service.</p> <p>Covid restrictions due to end next week.</p> <p>GP practice will remain masked.</p> <p>Different stance for different companies, some restricted entry.</p> <p>Advice unchanged as far as PHE are concerned.</p> <p>Everything to be lifted Monday 19th July 2021 and track and trace from 16 August 2021.</p>	<p>PJM to ask PSNC for restrictions from 19th July</p> <p>PDA recommend to still use masks.</p>

	<p>Covid claiming Webinar scheduled for 4.30 today for CEOs and some contractors. Advise is to attend PSNC event first then make a decision over claiming.</p>	
13.	<p>CPPE JL updated the meeting on upcoming events and workshops. Falls prevention with expert speakers in September. Online events for substance use and misuse.</p>	
14.	<p>Control of Entry/Exit & PCSE 6/4/21 Lloyds Driffield minor location change agreed, due to go live beginning November 2021. 17/5/21 Cambridge Avenue in Scunthorpe completes. 7/7/21 Caring nationwide in Bransholme change of ownership to Faith Pharmacy Ltd – approved, subject to appeal 12/7/21 DSP Karma medical in Cleethorpes finished first 45 days Meeting informed Boots 232 Beverley road to close</p>	
15.	<p>PNA 2022-2025 All PNAs now started. ER will go out again. Hull & NEL on hold. Still waiting for timing on NL and they will then all go out together.</p>	
16.	<p>AOB Nothing brought to the meeting</p>	

The meeting closed at 4.15pm

Future meeting dates:		
Wednesday 15 September 2021 & AGM	13.00 – 19.00	Tbc
Wednesday 10 November 2021	Tbc- 16.30	Tbc
Wednesday 12 January 2022	Tbc- 16.30	Tbc
Wednesday 9 March 2022	Tbc- 16.30	Tbc