

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Tuesday 3 July 2018

Holiday Inn Express, Raw Dykes Road, Filbert Way, Leicester, LE2 7FL

9.00am to 5.00pm

Present:

Satyan Kotecha SK– Chair
 Shezad Alimahomed (SA) – Vice Chair
 Adam Thomas (AT) – Treasurer left at 3.15pm
 Luvjit Kandula – Chief Officer
 Pallavi Dawda (PD)
 Jane Lumb (JL)
 Altaf Vaiya (AV) – left at 1.00pm
 Harmanpreet Kler (HK)
 Rabiya Suleman (RS)
 Mohammed Sattar (MS)
 Hasmukh Vyas (HV)
 Mohammed Bharuchi (MB)
 Irfan Motala (IM)
 Chetan Parmar (CP)
 Ailsa Garner (AG)–Administrator

External Visitors

Salim Issak (NHSE)
 Zaheera Chatra (County Stop Smoking Service Manager)
 Tejas Khatau & Neera Sentur – Community Pharmacy (nasal flu)
 Robin Chipperfield (Oral Health – Leicester City Council)

Contractors

Dr Muhammad Zafar – owner - Reflections Pharmacy

CLOSED SESSION

		Action
1.	<p><u>Welcome</u> SK welcomed everyone to the meeting</p> <p><u>Vision Mission and Values</u> SK gave a reminder about the Vision, Mission and Values of LLR LPC.</p> <p><u>Apologies for Absence</u></p> <p>Vinay Mistry (VM) – Chief Officer Support, LK will provide the meeting with an update on the current projects, SK commented that it was good to have the whole committee present.</p> <p><u>Declarations of interest</u> Forms available for completion at every meeting which are to be circulated for review by members of the committee and amend if required. This practice will ensure that there is no opportunity for criticism in the future. Please ensure completed forms are passed to AG to retain.</p>	

2.	<p><u>Minutes of Meeting held on Monday 21 May 2018</u></p> <p>JL said that agreement had not been reached at the last meeting about contractor calls and SK confirmed there was an item on the agenda, but we would discuss under matters arising.</p> <p><u>Matters arising</u></p> <p><u>Contractor calls</u></p> <p>SK opened the discussion by saying there had been a lot of feedback at the last meeting about making calls to contractors, was this the best way to engage with contractors and what other options are available? and no decision had been made at the last meeting. LK updated the committee about the decision made at the exec meeting to use time within an LPC meeting to make calls so that trends can be identified and shared; also making good use of contractor money. SA had suggested dedicated time of about 45 minutes to an hour to make calls, as capacity was raised previously.</p> <p>There was further discussion in the room about how all calls could be made within the time allocated, and SA said that there would be support from other committee members as CCA tend to use conference calls and email as their preferred communications. Relationships are built up with contractors during the calls and this sometimes leads to calls being made to the committee member – this was particularly true about quality payments, NHSE updates and NHS choices recently.</p> <p>Emails are not an engaging way to interact and build up a relationship, but we need to understand what our contractors want and how best we can meet their needs.</p> <p>It was agreed that contractors need to take responsibility, the committee is not their head office so could there be an option to work with a group of contractors and have a network of pharmacies to support?</p> <p>Contractors speak very highly of LK and appreciate the email updates and information cascaded.</p> <p>As a way forward, it was agreed that each member of the committee would email their contractors, by way of introduction, and confirming that a follow up call would be made to reiterate points and ask if they wish to contribute anything to the next LPC meeting. Time has been allocated on the agenda to look at the allocation of calls to the committee, and this would be the starting point.</p> <p>AP 119 AG to draft introductory email for committee members to use.</p> <p><u>SK then asked for agreement of the minutes held on Monday 21 May 2018; proposed by SA and seconded by HV. SK then signed the minutes as a true record.</u></p>	
3.	<p><u>Action log updates</u></p> <p>The Action Log was reviewed by LK and updated during the meeting, any actions from today's meeting will be added and then recirculated.</p> <p>LK mentioned the action for her from the May (21/5/18) meeting about an audit for palliative care and agreed that the LPC need to understand the process for such reviews and the mechanism for reporting any concerns. We need to be able to support contractors through the process. LK will continue to pursue this and update as and when further information is received</p>	

4.	<p><u>PSNC Updates</u></p> <p>Meeting with Gary from PSNC – funding challenges will be continuing, there may have been a margin over delivery in Q4 2017/18 and therefore July DT shows a reduction c17p per item, no clarity from PSNC how long this will last but they are asking for the decision to be overturned.</p> <p>Draft paragraph to be emailed to Gary Myers for approval as below by AG after approval from LK AP120 – AG (draft paragraph and email to Garry Myers via LK for approval)</p> <p><i>Funding challenges will be continuing; In 2015/16 there was over delivery of margins (an assumed figure of £200m) which the Department of Health asked PSNC to make an adjustment to cover.</i></p> <p><i>In this financial year £60m a quarter was being recovered, with the expectation that this would end in July 2018, and respite for contractors would happen from August 2018 onwards.</i></p> <p><i>However, there may have been a margin over delivery in Q4 2017/18 (January, February and March) when certain drugs went back into the Drug Tariff for example Gabapentin and therefore the July Drug Tariff shows a <u>reduction of around 17p per item</u>. There is no clarity from PSNC how long the clawback will last, but they are asking for the decision to be overturned. It is anticipated that results of the margin survey will be finalised prior to the November Drug Tariff.</i></p> <p><i>We request contractors to be prepared for this change and manage their finances appropriately to ensure sustainability.</i></p> <p>Waiting approval and then minutes will reflect any changes, and paragraph shared with LPC members to cascade to their contractors.</p> <p>JL said that it was important that contractors complete a proper cash flow plan for the year and need to include tax, vat, rent increases etc.</p> <p>SK asked whether the LPC could offer support? Could a template spreadsheet be shared, to help contractors understand the key stages which must be planned for. Suggestions around the table included a master class funded by the LPC, ideally sooner rather than later but considering school holidays. The date proposed 11 August “how to start planning your cash flow” for an hour. This is a Saturday so might attract contractors to attend “out of hours”, as it is so vital to survival of community pharmacy.</p>	
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5.	<p><u>LPC Business Plan for 2018/19, PSNC RAG rating</u></p> <p>AP 121 -LK to follow up PSNC training day for HV & CP as on contracts committee. LK has updated her report, and this is on the business plan. LK talked through the work strands and how these are managed with AG.</p> <p>All committee to read and reflect on the LPC business plan and bring any issues/concerns to the next meeting.</p> <p>LK was asked to follow up how the LPC are consulted and how we can influence decisions being made such as branded generics. AP 122 – LK to arrange liaison meeting SK said there should be a standing item on the agenda at each meeting with an update on MURs, NMS and NUMSAS referrals, to help the LPC understand the barriers and support contractors to engage with advanced services and identify support needs.</p> <p>PSNC RAG rating to be sent to whole committee to review at next meeting – AP 123- LK to email out. 30 minutes will be allocated at the next meeting to agree the RAG rating.</p> <p>SK also mentioned the action planning document which is a useful template to use to record any actions from meetings and ensure these are captured and followed up appropriately.</p>	
6.	<p><u>Treasurer’s Report</u></p> <p>AT shared the reports in advance of the meeting and resent during the meeting due to formatting issues.</p> <p>The accounts have been received back from Sharman Fielding Accountants, and the report can now be prepared for the AGM.</p> <p>Outstanding invoices to be paid are for the accountants and the Indemnity insurance. AT asked if he could leave the meeting at 3.15pm as this would enable him to visit the bank and sort out the change of signatory. This was agreed.</p> <p>AT also requested that AV should also be an additional signatory for the account in addition to MB as agreed previously. This would mean everything would be up to date and correct signatories in place on the account.</p>	

7.	<p><u>Feedback from Committee on contractor calls</u></p> <p>HK mentioned that during one of her calls, she had been asked whether the LPC could financially support an event in Wigston to promote HLP, the pharmacy would like to raise the profile of HLP in the community and involve other contractors in the area.</p> <p>JL suggested the LPC commission some generic banners which contractors can collect and borrow for any events they are attending or local promotion work.</p> <p>LK confirmed that the LPC could fund health promotion packs for all pharmacies.</p> <p>AT said that the pharmacy could submit their proposal for an event, we could have a look to see if they were eligible for LPC funds- set up an LPC bursary which would be open to all contractors to apply, and we could have a group to review and select any proposals submitted.</p> <p>LK – the shingles packs for all contractors within LLR LPC is a great example of how LPC funds ensure all contractors are funded equally and equitably.</p> <p>Other resources are available, Virtual Outcomes have a wide range of promotional information available; how active are our contractors in using Virtual Outcomes and this should be one of the topics for our calls this time.</p> <p>Feedback on Virtual Outcomes from some contractors is that it is repetitive to use, there is useful stuff on there but not very easy to navigate around the system.</p> <p>AV mentioned that there was an appetite for some work on waste management in the pharmacies he contacts in his network.</p> <p>MS has had queries about Turning Point and their actions.</p> <p><u>Re allocation of contractors to LPC Committee</u></p> <p>The existing list was reviewed, and changes recorded to enable AG to change the master list.</p> <p>All members were asked to email AG & LK at least 2 weeks before the next meeting to update how they engaged with their contractors and what feedback was received. AP 124 – All to update as above</p>	
8.	<p><u>Topics for contractor calls</u></p> <ul style="list-style-type: none"> • Virtual Outcomes – please promote use of this, what is the uptake in your pharmacy? What are the barriers to your team using this • Funding issues -have you completed a proper cash flow plan for the year for your pharmacy? • Are you flu ready? There is a different vaccine for over 65s – have you ordered the Trivalent, AT - If they say “no” -should we try to get them to call Sequaris on mass and urge them to re-open the ordering process? LK - Sequaris said they would consider opening orders depending on demand from contractors; the more contractors ask the more likely they will. 	

9.

Chairs Report

We now have a new committee in place with a newly elected exec. A huge thanks to previous committee members who are no longer on the committee and a warm welcome to our new members.

The committee will continue to operate with two subcommittee structures namely the Finance and Governance and Contracts as these are both statutory obligations and require a robust framework of responsibility and accountability.

I attended a number of 'educational' meetings regarding stroke and AF and its clear there is an opportunity for CP to improve detection prevention and protection but no identified funding streams I am meeting with Martin Cassidy from the clinical network this Friday (6th July). Having attended a regional frontline pharmacy event there is work ahead to better integrate Community Pharmacy into STP plans, the APPG has written to all STPs to ask how they are engaging with Community Pharmacy, in LLR we have the STP / community Pharmacy MO group which was set up on suggestion from the LPC as an interface to deliver amongst other things:

- Integration of CP advanced services into care pathways
- Transfer of care from secondary care to community Pharmacy
- Enhance the role of CP in LTCs

Continuing the theme of mitigation – have been working with various stakeholders (particularly NHSE national team and Local Authority) regarding MDS and DDA, still no clear statement from any party as we continue to see requests to contractors to provide MDS and Pivotal at no additional fee. A request has been sent to SPS (special pharmacy services) to discuss prescribing interval and MDS – can I please ask all LPC members to register and submit enquiries relevant to community pharmacy – currently I see these as MDS and 56-day prescribing. **AP 125**– ALL as above to register and submit enquiries.

Jane and I have a date in the diary to meet with Luvjit for annual appraisal and KPIs, we have discussed using a survey monkey to ask members for feedback in preparation, but this hasn't been finalised.

HV suggested that as this meeting was to happen soon, it might be more effective to ask all the committee to provide feedback direct to SK& JL. This was discussed at length and feedback will be requested but may not be on survey monkey due to time constraints

Private & Confidential matter

SK has been working with the executive to address the historic issues raised by a contractor, and as agreed at the last LPC meeting he was invited to attend today's meeting. Following this invitation, there has been some to and froing between the contractor and the executive - he was happy to attend today if we could have someone independent to chair the meeting, but we did not receive confirmation from the independent chair prior to the deadline set to the contractor, and we could therefore not confirm to him. Therefore, the contractor will not be attending today.

As a way forward, we are going to offer him the opportunity to meet with the executive committee and the meeting will be chaired by someone independent, as the contractor requested. The purpose of meeting is to understand what he wants and to explain we

	<p>have no further information for him - in his communication he has asked for an independent enquiry to which we have explained that we need to identify if there is any merit as it's a historic issue - but a face to face meeting with the executive to decide would be the only way forward.</p> <p>The executive will ensure the LPC committee are kept up to speed with progress and date of the meeting with the contractor and executive.</p>	
10.	<p><u>Chief Officer's Report</u></p> <p>In line with NHSE promotion campaign for shingles vaccination with very little support – I have now managed to gain fully funded health promotion packs for all 226 pharmacies as well as NHS 70th birthday posters leaflets to support the campaign at no cost to the LPC for all LLR contractors. This is positive news and alongside we have support from NHSE PH team who will also be supporting messaging to GP practice and will also support HLP health promotion zones. The packs will arrive next week and will be tracked to ensure they are delivered. Please do support this. I have asked for some delay from NHSE PH team in terms of messaging due to contractor pressure during QPS and CPAF. I will send notification later as well</p> <p>CPAF is around 60% nationally – I am awaiting the next set of data for follow up - I have had many queries so I hope it will be at the upper end.</p> <p>QPS is an ongoing challenge due to technical issues, support helpdesk issues; site failures; lack of info being passed on within branch; I have picked up over 50 queries in the last 2 weeks alone regarding various support needed and will continue to do so till the end. Awaiting data from psnc on branch specific failures to target the approach. It would have been helpful to have this earlier as this has been raised quite a few times by LPC's to ensure they can follow up branches not completing correctly.</p> <p>We also have some opportunity and engagement with Leicester City CCG and Clinical network lead /STP long terms conditions in the EM to support AF screening through CP. This was kindly initiated by Pallavi which I have taken forward. It is vital that CCG buy in is essential from the start and the CCG have agreed to support this as we want to make use of lpc time where things will work. It is anticipated that providing alongside flu service for patients with a set criteria. It is early days but some good progress, costs were discussed as if the LPC were to support we need to see value as we represent all contractors not just the city. SK proposed if the clinical network can supply the equipment (device & internet enabled tablet) the LPC can't pay for delivery of service but the LPC could pay for action and proof of concept.</p> <p>in favour – 11 against - 1</p> <p>If we provide for 6 months, then it gives weight to idea that the service is commissioned to more contractors.</p>	

11.	<p><u>LPN Chair update</u></p> <p>The north east CPRS pilot which is a referral from NHS111 to CP for minor ailments has been a great success since inception last year. It has now been agreed that NHSE will be supporting rollout of the scheme across the east midlands which includes LLR.</p> <p>This is a nationally led NHSE project supported by LPN leads and then LPCs and NHS 111 (DHU) in this area.</p> <p>The indications are rollout date of mid-September which makes timelines short, but plans are being put together rapidly with Project management support and we will be supporting planning and rollout. It is anticipated that those pharmacies who are registered and provide NUMSAS (even if not live) will be eligible to provide it. This is a great opportunity for east midlands CP and it is hoped commissioners will fund post this period. One initial meeting has been attended to date with another one in the diary very soon.</p> <p>A launch event is planned for early September (initial date suggested Tuesday 11 September but to be confirmed) and it is hoped as many people as possible will attend, the LPC will help organise it. Once there are details of possible venues (suggested and funded by NHSE) a small working group of LPC members will recommend a venue to the exec for approval. HK, HV & CP offered to help with the organisation of the launch event, setting up Eventbrite etc.</p> <p>Pharmacies need to sign up and be registered for NUMSAS, have a consultation room and internet connection. Expressions of interest welcomed, and a launch email and information pack will be sent to all contractors. PD will have a slot on the AGM agenda to cascade to contractors and gather feedback.</p>	
12.	<p><u>Chief Officer Support – Vinay Mistry</u></p> <p><u>BBV (Blood Borne Virus) pilot</u> - because of the outcomes, the University of Leicester have extended the pilot scheme to the end of the year. VM has been provided with half day funding weekly by DMU to support and LPC will commit 4 hours monthly for ongoing implementations support for BBV.</p> <p>JL asked if LK had the up to date information on QUIPP; and suggested a formal mechanism to meet and discuss switches in a liaison meeting. AP126 – LK to engage and arrange meetings quarterly.</p> <p><u>NMS/MUR</u> Just started on this area. Aim to increase uptake. Contractors to maximise current earnings potential. Identify challenges and types of support needed. Target groups are those contractors who have started to engage but have not achieved 100/200- murs.</p>	
LUNCH		

<u>OPEN SESSION</u>	
13.	<p>Dr Zafar joined the meeting <u>NHSE – Salim Issak</u></p> <p>CPAF deadline extended – details of non-compliance will be given to the LPC, there were 45 and these had been shared previously, please help to push compliance. Quality Payments – deadline 13 July – there is no local flex to this deadline. NHSE are doing reminders. Ben Collins’ post will be filled internally, although currently a freeze on recruitment, will let LPC know who is now in role as soon as post is filled. Salim spoke about the Clinical Pharmacists in GP Practices role, and if the LPC was aware of any barriers which are preventing pharmacists applying for the role. Feedback from the LPC included: - Insecurity in role Salary feeling of working in silos integration with GPS Indemnity expectation that pharmacist is fully trained as soon as they start Longevity of role – recruit for a short contract More pharmacists would be attracted to the role in there was a joint role in community pharmacy and GP practice, the GP pharmacist can visit a community pharmacy nearby, and is well qualified to update GP records as actions taken – this is more effective and safe. Patients first point of contact is with the pharmacist who has access to all the information needed. LK asked for information about the public health campaigns and asked for early notification. Salim confirmed that there are currently 2 national campaigns outlined for next year – Stay Well and Oral Health in addition to 4 local campaigns. If we link Virtual Outcomes to the NHSE campaigns, we can ensure that we can support contractors in a timely way.</p>
14.	<p><u>Stop Smoking Service Manager & Tobacco Control Head – Leicestershire County Council</u> <u>Zaheera Chatra</u></p> <p>Zaheera gave an update to the LPC Meeting about the Stop Smoking Service in Leicestershire, in the last year 2651 people signed up to service and 1621 went onto quit in the County, 61%. Feedback from service users is that it is easy to access. 54 PGD trained pharmacists across West Leicestershire, the challenge is that when pharmacist move on their replacement is not trained- please get in touch and we can organise training, it is free of charge. There is going to be an event on 11 September at the Marriott Hotel, Leicester, with Pfizer presenting as a promotion before Stoptober. LK confirmed the LPC would promote on receipt of the information and content. 10% of mothers in Leicestershire are smoking at time of delivery- target is 6%, gap between rich and poor. UK has 2nd lowest smoking rate in Europe behind Sweden, still more to do and LPC will continue to work with Leicester City and Leicestershire Stop Smoking Services.</p>

15.	<p><u>Community Pharmacy – Nasal Flu – Tejas Khatau</u></p> <p>Tejas began by saying we have had another excellent year with regards to uptake and thanked the LPC for their support. 300 schools were visited in 10 weeks to complete the school age flu programme, with children from reception class upwards to year 6 vaccinated with the nasal vaccine. This equates to 55,800 children vaccinated in school and includes children at special schools (all children) and at private schools on request.</p> <p>13 pharmacies in LLR helped with the mop up when children were not at school on the day. 906 children visited community pharmacies in LLR to receive the nasal flu vaccine, the highest number were of reception class age. Most popular time - 282 visited the pharmacy between 4.00pm and 5.59pm on a weekday, and 10.00am to midday at the weekend. Very successful concept which is taking off and may become a national service. Feedback that there is low uptake of children attending when offered a static clinic with no choice of time available.</p> <p>Feedback from pharmacies was that it was a streamlined process, increased footfall, but still instances where appointments were not made, and need regular updates to identify discrepancies, a happy and positive flu season.</p> <p>Improvements identified included - could there be an electronic form? Monthly update, reminder to please book an appointment and not just turn up. Must bring 2nd opportunity letter with them, there were some instances where child was vaccinated without a letter, but these were quickly identified. Template letter for parent/carer to complete which would be a pre-authorisation checklist for the pharmacy, keep blank copies of the template letter with the vaccines just in case. Can we look at funding again?</p> <p>Tejas said that they are trialling electronic consent this year, so it's all hands on to produce a dual form, community pharmacy will not see a difference this year but working towards being paper light.</p> <p>Looking to run scheme again this year, need support from pharmacies in Hinckley and Melton Mowbray, if LLR can find pharmacies to sign up for the scheme.</p> <p>MS confirmed that he would speak to one of his pharmacies and pass the details on to Tejas shortly, and this will hopefully make up shortfall in Hinckley.</p> <p>PD & JL offered support to any pharmacies are new to the service.</p>	
16.	<p><u>Oral Health - Leicester City Council – Robin Chipperfield</u></p> <p>Robin thanked the LPC for giving her the opportunity to raise the profile of oral health in Leicester City, and shared statistics from 2011/12 which showed that 53% of 5-year-old children in the city had damaged, missing or filled teeth. Improvements have been made but need to keep up momentum. Work has started to build relationships with dentists and community pharmacies, to share consistent messages.</p> <p>1st point of contact in pharmacies would not be with the pharmacist but with health care staff who need targeted training.</p> <p>NHSE health promotion planned for next year, also possibility of working with LPC to ask Virtual Outcomes to build an oral care module which all pharmacies can access.</p>	

17.	<p><u>AGM- update on preparations</u> All Bios have been received- thank you. Some photographs are required, please send direct to LK. Venue will be Holiday Inn Express, with timings as last year. Buffet at 6.15pm, starting at 7.00pm, with latest finish time of 9.30pm Reports from LK, AT & SK are required by 1 August, to allow time for AGM report to be completed and sent to the printers. Everything will need to be in the post to contractors by Friday 24 August.</p> <p>Invitations to speakers have already been sent to GPhC etc, but other suggestions were discussed. HK will pursue one idea for a speaker and report back. Consideration to invite CCG leads and NHSE.</p> <p>LK mentioned that it would be great to hold an event in Spring 2019 for all contractors to celebrate what is great within LLR LPC, an opportunity to raise money for charity, and recognise the successes. Different awards suggested, and we can raise at the AGM and ask for suggestions and venues etc.</p>	
18.	<p><u>Orientation for new members</u> Time had been allocated at the meeting to help and support the new members as they had not met LK before. Feedback was that this had been a very useful meeting, learnt lots about dropbox which felt like a “light bulb” moment, new members feel much more confident about using dropbox now this has been streamlined.</p> <p>LK has arranged to meet the new members on a one to one basis to discuss what support is required, and to ask for help if required.</p> <p>Reminder that dropbox works best if the app is downloaded onto a laptop</p>	
19.	<p><u>AOB</u> There was no AOB raised</p>	
20.	<p><u>Review of Meeting</u></p> <ul style="list-style-type: none"> • Much better meeting than last time • Dropbox now makes much more sense, thanks to support from LK • All questions answered • Exciting • Constructive • Good to meet LK, never underestimate how well thought of you are with the contractors in LLR, very appreciative of all the hard work you do. • Well chaired meeting, very informative and focussed • Very good direction to meeting • Allocation of contractors to committee, and ideas for ongoing communication • Communications strategy – big piece of work but great to have done this • Now I can build my networks, and interaction with my contractors 	
	<p>Meeting Closed at 4.40pm</p>	

Date of next meeting is Monday 24 September 2018
Start time 1.00pm to 5.30pm (lunch 12.30pm onwards provided by Holiday Inn)
Followed by LLR LPC AGM at 6.15pm to 9.30pm

Signed (Chair)

Name

Date.....

last reviewed LK – 31/1/2017