LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday 21 January 2019
Holiday Inn Express, Raw Dykes Road, Filbert Way, Leicester, LE2 7FL
9.00am to 5.00pm

Present:	Satyan Kotecha SK– Chair Adam Thomas (AT) – Treasurer Luvjit Kandula (LK)– Chief Officer (joined meeting at 11.30am) Sue Hind- Interim Chief Officer (SH) Shezad Alimahomed (SA) Pallavi Dawda (PD) Jane Lumb (JL) Altaf Vaiya (AV) – vice chair Hasmukh Vyas (HV) Vinay Mistry (VM) Mohammed Sattar (MS) Ailsa Garner (AG)–Administrator	**External Visitors** Dr Kirk Moore – Measham Medical Centre/NW Leics GP Federation. Garry Myers – PSNC Regional Representative

CLOSED SESSION

1.	<u>Welcome</u> SK welcomed everyone to the meeting and introduced Sue Hind (SH) as Interim Chief Officer; currently working 2 days a week to ensure a smooth transition after Luvjit leaves in February. SH has completed the declaration of interest form and signed the LPC confidentiality agreement; these will be uploaded to website in due course. The committee introduced themselves. SK confirmed that LK would join the meeting later as she had received a very last-minute request to attend a pharmacy visit in Loughborough with Jon Ashworth MP. <u>Vision Mission and Values</u> SK gave a reminder about the Vision, Mission and Values of LLR LPC, and showed the banner to the committee. <u>Apologies for Absence</u> Irfan Motala (IM), Chetan Parmar (CP), Harmanpreet Kler (HK), Mohammed Bharuchi (MB) and Rabiyah Suleman (RS) <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. Declarations of interest forms have been uploaded to the LPC website	**<u>Action</u>**

2.	Minutes of Meeting held on– amendments made as below • Backfill for PD- AT explained the situation and asked the committee if they agreed PD should be paid for her time at the same rate as backfill rate. This was agreed by the committee unanimously, and PD's time needs to be remunerated at backfill rate by Masons Chemist. • AT confirmed the levy holiday for contractors would be December 2018 and **January 2019** With the above changes made, SK then asked for agreement of the minutes for the meeting held on Tuesday 27 November 2018; proposed by Adam Thomas and seconded by Pallavi Dawda. SK signed the minutes as a true record. Matters Arising As recorded in the minutes of the Exec Meeting, SK confirmed that the contractor issue had been resolved, a final letter was sent and this confirmed all requirements had been met, and information, where available, had been provided where possible. Peter Jones had billed the LPC for his time, and this has been paid. SK said that good accurate record keeping is key. There was discussion as to the cost of dealing with this, a conservative figure was 30-40 hours' worth of peoples' time to investigate and reply. The committee agreed the cost to the LPC should be shared at the AGM, so contractors are aware.	
3.	Action log updates SK said he wanted to say well done to AG who constantly chased guests at our meetings to confirm their attendance and pre-defined the agenda. The Action Log was reviewed and updated with closed action. Calls to contractors will remain on the action log; there is budget to compensate the committee for the time spent calling subject to completion of the spreadsheet. AV mentioned that contractors had spoken to him about H-Pylori, what is happening with the service? They are upskilling themselves but going forward there might not be any local commissioned service. **AP 149 – SH/LK/SK** to contact Rosemary at Lipco to ask if here has been any communication from the CCG about this and any plans looking ahead, also need confirmation that contractors will receive payment for patients this month. AT has raised at Exec re Stop Smoking Service and training – this will be raised later in meeting with the Stop Smoking Service. A suggestion was made to look at services each meeting, review all the services and their expiry dates, these can be updated and added to website; it would be a big piece of work but worthwhile, and communicated to contractors. There had been a reminder about completing CPPE for substance misuse, and the need to ensure locums who work within LLR should be aware of services provided and requirements - **AP 150 – LK/SH** to work on this. There is some work to be done on the Action Log – **AP 151 – AG/SH** to work on tidying the document up.	

4.	<u>Contractor Engagement</u> HV asked if it was possible to hold contractor meetings, this would allow open communications, and a great mechanism to gather feedback, in smaller groups. SK replied that as an LPC we cannot segregate contractors, from past experience we can cast our nets as wide as possible and CCAs would not always attend. VM said it was good to have a forum to build rapport and encourage attendance; it sometimes felt there was a disconnect with contractors. SK said there is budget for a meeting, but there needed to be an agenda and every member would be able to attend the meeting and have an opportunity to feedback. **AP 152 – SK/AG with support from HV** to look at what the agenda might me JL asked about federations, this had been suggested before and SK confirmed that the LPC needed a comprehensive view of the landscape **AP 153- LK/SH** to pick this up. HV said it would be useful to have an up to date directory of people to call and have a core list of contacts. After discussion the committee requested that the contractors list is looked at to align to locality. **AP 154 – AG/SH** to look at contractor list and reassign to committee. SK mentioned he had coached a contractor after a claim had been made but the prescription had not been dispensed; there had been issues with stock availability in this case. A suggestion was made to ask PSNC if a page could be available to put down where stock is available **AP 155 – AG –** to contact PSNC and ask the question. <u>Business Plan</u> This was discussed briefly at the last meeting; whilst the plan shouldn't change, there may need to be a review of capacity if more workstreams are added. There are statutory things which must be done, and this shouldn't change. Future of the LPC and federations – collaboration and regular meetings with other LPCs, pool resources, and invite a guest from a neighbouring LPC to every meeting. There is a need to have a CCA rep on the Exec; **AP 156 SA** to pursue this and confirm who the representative will be. Recruitment of Chief Officer, we will talk about today. Should plan to have 1 contractor meeting every quarter, do need to set our stall out but meetings must have purpose. This will need to be looked at from March 2019 onwards. All F&G documents need to be reviewed by the F&G committee prior to the March LPC Meeting , use of what's app, and tidy up documents Need to get AV, SK, AT together to look at the documents **AP 157 - AG** to arrange a meeting of the F&G committee as above**.** <u>FMD</u> The Exec agreed that information and guidance can be shared, but it is largely a business decision; the PSNC webinar was useful. Advice to the LPC is to signpost and support contractors, and it is highly likely that the GPhC will send something out, don't sign up to anything long term, and watch this space.	

5.	<u>Treasurer's Report</u> AT confirmed the cashflow figures had been updated for review by the committee and hard copies were circulated; it has been a busy month. The accounts balances were given to the committee verbally. The mandate change form – there were problems with the signature being very slightly different, so bank unable to accept, but it is now in hand, so should be resolved soon. NHS Digital – still chasing some outstanding LK expenses Waste Medicines Campaign- invoice has been paid Trish Simms who supports AT is retiring at the end of the financial year, AT has been looking for someone to support him part time and was pleased to confirm he has found someone – Naina Suchak. Naina will arrange a handover with Trish in due course Levy holiday – December 2018 and January 2019 Budget is available for locality meetings.	
	<u>Medicines Waste Campaign</u> Packs are now being put together, and AV and AG offered to go to the LPC office during the lunch break and collect packs for the CCA reps to circulate. AG will arrange with SA a convenient drop off point for the Boots stores. AV has access to a driver who can deliver to 68 pharmacies locally, there will also be some packs that can be delivered by VM on his MUR visits. There needs to be a launch date for the campaign and a letter and audit sheet to put into the packs. There was some discussion about the content of the audit, and it was agreed to keep this very simple and ask the patient if they had taken notice of the Stop, Think, Reorder message when requesting their repeat medication, thus reducing number of items ordered. The results could then be analysed to measure effectiveness.	
	<u>NHSE Update</u> In advance of the LPC Meeting, LK requested NHSE to provide any updates relevant to community pharmacy ; integration fund, contract negotiations; local NHSE developments relevant to cp. The Long-Term plan has elements of pharmacy included which the National Pharmacy Team will be looking at and will confirm next steps of local involvement. Will keep the LPC updated on any information. Thankful for support provided by Luvjit around the RP Log request from pharmacies. • cpaf update - No issues that we have been aware off. Going forwards, any themes arising from the next round of visits will be shared with you. • any updates on Easter pharmacy openings -This has been briefly discussed at PSRC, process is currently work in progress. • ph campaigns update for 2019-20 NHS England and PSNC have agreed the following National Public Health Campaign topics: 1. Mid-February 2019 to mid-March 2019 Help Us Help You Pharmacy Campaign (formerly Stay Well Pharmacy) 2. Mid-May 2019 to mid-June 2019 Children's Oral health / Smile Month (in line with the training currently being incentivised by QPS) 3. September 2019 Antimicrobial resistance 4. October 2019 Stoptober 5. November 2019 / December 2019 Help Us Help You main winter campaign (formally Stay well this Winter) 6. January 2020 Alcohol	

6.	<u>Chair's Report</u> Happy new year to you all. We start the new year on a sad note that our Chief Officer has tendered her resignation following almost four years' service. I would like to take this opportunity to thank Luvjit for her tireless work both locally and nationally in supporting contractors, the LPC and Community Pharmacy. From the end of November, a lot of focus has been on succession planning for Luvjit. I am pleased to say that we have agreed to engage Sue Hind, a former LPC member and contractor to step in as interim Chief Officer. The rationale for this was discussed by the exec by teleconference, particularly the issue that we didn't wish to rush into such an important decision and required a safe pair of hands for handover, a proposal was subsequently sent to members and agreed. Sue has been working with Luvjit since the beginning of January to understand workstreams, regular meetings attended etc, Luvjit has started to introduce Sue to stakeholders and Sue will eventually take over the generic Chief Officer email address and Mobile phone number. I have been in communication with the three CCGs regarding the Respiratory MURs and there was a meeting planned for 22nd January 2019 which has been moved to later in January / Early February due to availability of key stakeholders, the momentum is still there with the CCG keen to work with CP on this initiative. I attended a meeting with West & City CCG regarding removal of third-party ordering, Pallavi and Luvjit also attended. This meeting was to ensure that this change was smooth and did not impact negatively on patients or community pharmacy. There were a number of requests / suggestions, which we responded to, the key points were: • Timelines of February are too ambitious and suggested April as the absolute earliest • This is practice driven with federations taking the lead supported by CCGs • There are no financial incentives for GP practices from the CCG • It is the GPs responsibility to inform patients not Community Pharmacy, however community pharmacy will support this by handing out leaflets supplied by CCG (template from Warwickshire suggested) • There will be a clearly defined cohort of patients that will be exceptions, pharmacies will need to fill out a form signed by the patient (LK has template from East CCG work) • Lessons learnt from East CCG will be used in implementation • If the delays are too long, then there is a risk that GPs will progress on their own without a systematic and uniform approach. • ERD would solve many of these issues and the CCG would promote this With the above in mind, we need to communicate this to contractors and also run the waste campaign as soon as possible to demonstrate that community pharmacy is part of the solution not the problem. The CCG welcomed the waste campaign initiative.	

	I attended a meeting regarding Split Pre registration training, HEE have a week by week template work plan (available from Paul Gilbert) a number of practices are keen to do this, the pilot funds GPs for time etc (c£7k pro rata). The benefits to the pre reg and pharmacy are clear however there is an element of risk that all the competencies may be challenging to cover as the pre reg spends less time in CP. There is also an opportunity for 2-week placements in GP which may prove attractive, HEE is working on how this could be facilitated and funded. Under the banner of MO, LPT are progressing with discharge information going to CP, there is a teleconference on 23rd January. Key points to note that whilst the numbers of patients are small, many of these have severe mental illness and transfer to their community pharmacy will improve safety. There is an element of workforce development and education for community pharmacy as these are complex patients and drugs. The other trusts are keen to progress but there are funding and technical issues. This work is being facilitated by the AHSN who have a £30k funding envelope to deliver. Finally, there was a positive meeting with DMU to progress the work proposed last year regarding quality Improvement. DMU are funded under the Pharmacy Integration workstream and have agreed to offer a bespoke package for LLR – evenings, weekends, half days etc. We are working with Sejal Gohil to put a proposal together and LK will be communication with contractors to ask which of the various options is most attractive. The work is related to improving quality and quantity of MURs, patient safety, NMS etc. We will need to see how the above translate into tangible outcomes and outputs in the new year and inform the LPC business plan moving forward.	

	Recruitment of Chief Officer The Executive Committee has met and discussed a variety of options to fill the post; what do we want the Chief Officer to do? could we employ a part time chief officer, and would this support driving the LPC agenda forward? The role needs to be resourced correctly being mindful that VM has been engaged to work with the LPC on a number of projects on consultancy basis. Currently, in addition to VM (above) we have a full-time chief officer and 12 hours of administrator time (12 hours a week over 2 days), a book keeper (ongoing) and a chair. AG has flexibility with days of work but is not in a position to increase contracted hours at present. SK said that we do need to move forward and recruit, but the Exec cannot make decisions in isolation and need the views of the committee, and clarity as to whether the committee wanted a chief officer working full time, 5 days a week as this would influence the job advert. JL asked whether 5 days of chief officer cover was required but agreed that on fewer days it might be difficult to manage the workload, is there an option to have a chief officer to work less days, but with the support of a professional (paid) chair and the existing admin support. SK outlined the 3 options under consideration **Option 1 (suggested by JL)** Chief Officer working 3 days a week (24 hours) thus providing 24 hours of cover across 5 days Chair employed for 1 day a week Additional resource as required as service development lead -self-employed. Admin support of 12 hours a week as now The costs of this option per annum are £35k chief officer, £13k Chair, £26k additional resource and £6k for admin support; total of £80k. **Option 2** Full time chief officer. and 12 hours of admin £6k per annum. Chair remunerated for time as now for half day a week approx. £6k = £67k per annum. **Option 3** Full time chief officer £55K approx., Services development lead £26K (2 days), admin as now £6k, and Chair remunerated for half day a week approx. £6k ; total of £93K Considerations for the committee are cost, the future direction of the LPC, cross collaboration with other LPCs and the size of LLR LPC committee. Recommendations are for 2 x Exec committee members to attend WM Federation **AP 158 – AV/AT/SH.** Follow up with PSNC about cross LPC working and with the employed chair collaboration on workstreams. Assign key responsibilities to committee members as a suggestion if we had a smaller committee. SK confirmed the things the committee needed to consider, including the Chief Officer role could be a job share, which would have benefits to meeting attendance. SK reiterated for clarity that option 1 above would mean flexibility across 3 days with a chief Officer employed for 3 days working 24 hours across 5 days, an option to have a couple of days support for service implementation (1-2 days a week), an employed chair, and no change to admin hours.	

	Chief Officer Recruitment continued After consideration and discussion, SK asked for a show of hands from the committee as to their preferred option. Option 1 – 6 votes Option 2 – 0 votes Option 3 – 0 votes There was 1 abstention. SK then asked, in terms of recruitment, from the 6 who had voted for option 1 was anyone intending to apply for option 1. No-one who voted for option1 will be applying for the role. SK thanked the committee for their thoughtful consideration and confirmed JL will place the advert in line with the agreed option.	
7.	Chief Officer's Report SK and SH have met and already attended some meetings together during the transitionary handover period . For accuracy and oversight, I have summarised the projects and summarised the key focus for the quarter and actions (this will be updated on an ongoing basis till my end date).These have been updated on dropbox The key areas for consideration are outlined below; a) Annual Business Plan draft Next steps – this requires approval by the LPC and ongoing work to continue Recommended to SK that next 3 months priorities should be set for VM/SH/AG for continuity whilst recruitment takes place b) Summary handover document with action logs Actions/ next steps and summary for ongoing work to continue c) Project Summary document The main workstreams summary is as follows; 1. LPC operations and finance – refer to the annual business plan 2. LPC Contractor Support/engagement – refer to communications sent and website/twitter 3. LPC stakeholder engagement – which are outlined below as part of project work 4. LPC Service development workstreams including AF Screening project, Fluenz Childhood immunisation pilot, Advanced MUR Project, QI Pharmacy integration fund to fund modules via DMU - ICS step up/step down - CBS tendering Champix PGD Stop smoking service – County - -EHC PGD Review – to include Ella one – County NMS/MUR delivery (Led by Vinay Mistry) Hepatitis C – (led by Vinay Mistry) GP Pharmacist Integration project (NHSE funded 15k) TCAM and post hospital discharge MUR project QPS .	

8.	<u>LPN Chair Update</u> Stock issues to go via PD then these can be escalated to LPN Transfer of care – looking at doing an event with the LPC DMIRS - is progressing well in LLR, could I remind all Pharmacies delivering DMIRS to ensure they are checking pharmoutcomes daily; actioning referrals; ensure that Pharmoutcomes is being completed post referral as soon as possible and finally all staff, locums and relief pharmacists are left details of Pharmoutcomes login details and the DMIRS service to ensure all referrals are actioned, the LPC can support contractors with this, it is a great initiative. Please encourage patients to complete the survey as this will inform and provide feedback for improvements to the service. Patients in the age group 21 -30 years are the highest referrals at present. LRI transfer of care -looking at DMIRS from A&E into selected pharmacies- this is ongoing work, and a steering group will be set up.	
9.	<u>Chief Officer Support Report</u> working 8 days a month, of which 6 days are committed to MURs/NMS, 1 day to hep C and 1 day to AF screening, roughly. **BBV** (in conjunction with the University) – update given 1000 screenings, 115 blood tests and 2 patients identified. The service will run until March. **AF Screening** – all passed onto LK, nothing happening with service at present, but LK is updating contractors **MURs/NMS** – visits are continuing to support contractors with MURs and NMS, would like to have access to bespoke reporting tools to support contractors. Visits completed for less than 100 MURs completed, half the visits done for 101 -200 and actively visiting those who are in 201-300 bracket. PD asked if there is a tracker which shows progress to date after visits, and SK suggested that follow up calls on the phone might be more time effective than visits. **Hep C** – this is moving at pace, serviced funded and expressions of interest requested from contractors who provide a commissioned substance misuse service. Really good opportunity for those selected, with training and ongoing support. Clients will receive a voucher (£5 Tesco) to give the blood sample and incentive given to return for the result. Contractors need to have a lockable room for the machines which are limited at present, as 7 available, but this is something that could grow massively, and demonstrate how community pharmacy can work in the future, and machines moved from place to place. More information about the selected pharmacies and training event will be communicated in due course.	

	LUNCH	
	<u>OPEN SESSION</u>	

10.	<u>Dr Kirk Moore – Measham Medical Unit/NW Leics GP Federation</u> Dr Moore thanked the LPC for inviting him to come along and talk about active signposting, within Measham Medical Unit and the wider NW Leics GP Federation. The number of patients requesting appointments to see their GP is increasing, and it was recognised that this was not always necessary, and patients could be directed to a local pharmacist for self-care advice and support, as appropriate, thus freeing up GP appointment time in the surgery. Dr Moore met and worked closely with the local pharmacy to develop a joint form which would advise the patient of the options available to them, including the time they might wait to see a doctor vs seeing a pharmacist. There is a list of conditions which the pharmacist is happy to see the patient about, and this is expected to increase with training and confidence. The scheme has saved GP appointment time and freed up time in the surgery. The benefits are a closer working relationship with GPs and Pharmacists, increased footfall into community pharmacy, and patients receiving advice and support in a much timelier way. Dr Moore said that he could not praise the scheme highly enough and urged everyone to get involved if they are approached. The committee asked how the model could be shared within LLR, and the potential for referring more patients could be achieved by upskilling pharmacists (one example was ear examinations) SK thanked Dr Moore for attending and agreed to email him the Community Pharmacy Communication Form to/from GPs for his comments and builds.	
11.	<u>MDS</u> This is a complex issue and LK said this has been discussed at length in previous LPC meetings. The committee is very well aware of the impact this is having in community pharmacy. There are often very challenging conversations and need to review patient by patient and may need to include this in the business plan for 2019/20 and have specific recommendations. **AP 159 -AV** to produce a check list to support contractors	
12.	<u>QPS</u> LK confirmed that the QPS data has been sent to contractors, with the relevant guidance/factors which are resulting in not achieving the criteria. This work is ongoing as the data is produced each week and support is being given as required.	

13.	<u>Virtual Outcomes</u> Following discussion at the Exec meeting, we have received data on the contractors who have accessed the training, AV commented on uptake vs value. The licence ran out in December 2019, and we were given a grace period to extend our access to allow discussion at this meeting. Approx. 50 contractors within LLR have accessed the training, and a weekly report is available to the LPC to show this. Some courses have had higher uptake than others, and also recognition that multiples use their own in-house training, so their use will be limited. To this end VirtualOutcomes have suggested a discounted price of the licence to the LPC until the end of March 2019. There was discussion and agreement that the discount shows a sensible approach and acknowledgement to the larger multiples who may not engage with the platform or use it as much. The committee is purely looking at uptake and trying to gauge and encourage it's use amongst contractors in terms of benefit to them. We have promoted it at every opportunity and for those using it, it is well received.is that contractors are fighting against things like QP which seem to consume all free time and the compulsory CPPE training that is affiliated with that. SK asked the committee to vote on the proposal to offer the LPC a discounted licence. All present were in full agreement with this proposal and AT agreed to follow up with VirtualOutcomes by email.	
14.	<u>Stop Smoking Service – Leicester City Update</u> • The Stop Smoking Service has made 3 members of staff redundant and the new service is in the planning process. • A review of the Pharmacies who have a contract with us is being undertaken and an update on that will be provided asap As a committee we had the point raised that there are several pharmacy contractors across the city who are registered to deliver a STOP smoking service at their branches yet due to staff leaving they have no one trained to deliver the service. Contractors have broached this independently with STOP and despite there being online training available have been told that new staff can only complete training in order to provide the service with a face to face session. They have then been told that there is no face to face training sessions planned for the foreseeable future? In order to support pharmacy contractors who are currently missing out on providing this service the committee would like to understand what the plan is for face to face training going forward or if a compromise of online training could be used to accredit the staff at these pharmacies. If there is no face to face training planned, then we would like to understand what the barriers are in you putting on these training sessions and if the LPC can help in any way? <u>The above query was emailed to the stop smoking service on Monday 21 January 2019</u>	

15.	<u>Dates of future meetings</u> The dates were circulated in advance of the meeting by email, all LPC meeting dates agreed and diary invites will be sent in due course. The location of the March and September 2019, (and LPC AGM) meetings will be at the Holiday Inn Express, but this will be reviewed. The committee agreed the May 2019 meeting will be in Brandon Street, starting at 8.00am for half day as a business planning meeting; no guests will be invited to the May meeting to ensure we concentrate on the business plan. The dates of the Exec meetings are 2 weeks before the LPC Meeting, again dates will be sent by diary invite. CCA need to put someone forward to join the Review/Recruitment Committees, in addition to the Exec as previously discussed.	
16.	<u>Review of Committees</u> AV is the vice chair and will remain in this post when a paid chair is appointed. SA already has an action point to arrange a conference call with CCA Reps and agree who will join the Exec committee. **AP 160 - LK** will check in with SA. Market Entry/Contracts Committee is JL, HV, CP and SH F& G Committee, MB should be on this committee.	
17.	<u>MUR/NMS/Flu update</u> LK agreed to share information with the committee as soon as it is available, and produce an NMS top tips document which can be shared with contractors **AP 161 – LK** to produce and send to committee	
18.	<u>Garry Myers – PSNC Regional Representative</u> Garry gave a confidential presentation summary to the committee and answered the questions raised.	
19.	<u>AOB</u> NSAID Audit – **AP162 -AV** to send details to LK by email AV asked about mediation training/dispute resolution training. LK has attended the NHS mediation training, but we can look to see what else is available. Note- need to look into NHS affiliated training sessions as there was funding available to support this, and there should bean NHS person to go to for support. LK said the meeting that the CO folder on dropbox held details of all historical project data. The stakeholder map is currently being updated by LK.	
	Meeting closed at 5.00pm	

Date of next meeting is <u>Tuesday 26 March 2019</u>
9.00am to 5.00pm, Holiday Inn Express

Signed …….. (Chair)

Name ……..

Date……
last reviewed LK – 31/1/2017