

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Tuesday 26 March 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 Sue Hind (SH) - Interim Chief Officer Altaf Vaiya (AV) – vice chair Shezad Alimahomed (SA) -left at 2.45pm Pallavi Dawda (PD) Jane Lumb (JL) Hasmukh Vyas (HV) Chetan Parmar (CP) Mohammed Bharuchi (MB) Harmanpreet Kler (HK) Meyur Patel (MP)	External Visitors Sam Morgan & Jan Hutchins – Contract & Quality Managers Mark Muddimer -NHS Leicestershire Health Information Service Garry Myers – PSNC Regional Representative
	Vinay Mistry (VM) – Chief Officer Support Ailsa Garner (AG)–Administrator	

CLOSED SESSION

		<u>Action</u>
1.	<p><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 until new Chief Officer has been appointed. SK also introduced the new CCA representative for Well, Mayur (MP) a branch manager for Well in Loughborough; MP gave an overview of his career and the committee introduced themselves.</p> <p><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.</p> <p><u>Apologies for Absence</u> Rabiya Suleman (RS) and Irfan Motala (IM) did not attend and have not sent apologies. IM has missed 3 meetings and under constitution of LPC will lose his place. AP 163 AG to contact IM by email, about his absences and remind of LPC constitution.</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. Declarations of interest forms have been uploaded to the LPC website</p>	

2.	<p><u>Minutes of Meeting held on Monday 21 January 2019– amendments made as below</u></p> <ul style="list-style-type: none"> • Add missing numbers to pages • On last page, amend MNS to NMS <p>With the above changes made, SK then asked for agreement of the minutes for the meeting held on Monday 21 January 2019; proposed by JL and seconded by SA . SK signed the minutes as a true record, these will be uploaded to the LPC website by AG.</p> <p><u>Matters Arising</u></p> <p>SK thanked AG for her tenacity in contacting stakeholders for email updates. Stop Smoking Service (Leicester City) – LPC have had a communication to say decommissioned. LPC responded robustly but have not received a response. SH has had a meeting and will update as part of her report. LPC need to ensure that any funding of this service which is unused is reinvested into community pharmacy. SH has compiled a spreadsheet of all commissioned services and SLAs as requested previously, the next step is to add the monetary value. SK has offered suggestions as to how this document could be added to. JL suggested that if document was to be shared it should include indicative income. SA agreed that if pharmacists could see the monetary figures there might be more buy in.</p>	
3.	<p><u>Action log updates</u></p> <p>The Action Log was reviewed and updated with closed actions. AG has done a lot of work to ensure the action log is updated with actions taken and new actions from the LPC meetings.</p> <p>There was one action from an earlier meeting which was for AG to invite someone to a meeting but despite a number of email invitations, nothing had been heard. This will be an action for the new Chief Officer to build up a network of stakeholders; PD suggested Jenny Doxey and Pauline Hind would be good contacts for DHU. AP 164 for new Chief Officer.</p> <p>SA confirmed the outcome of the CCA discussion as to representation on the LPC committees as below:-</p> <p>HK – F&G Committee CP – Market Entry/Contracts SA – Recruitment and Review Committee MP – Executive Committee</p>	
4.	<p><u>Contractor Engagement</u></p> <p>SK asked for feedback from the committee on any issues raised by contractors JL – queries about commissioning and the tender process PD- help with H Pylori</p> <p>SK commented that it seemed to be a common theme that contractors were asking for help with tendering. He had raised an issue about CDs from 1/4/2019, where scripts issued by GPs would be legal now but not after 1/4/2019. NPA had issued very helpful guidance document and he suggested this was cascaded to all contractors. AP 165 – SH to find the information for cascade.</p>	

5.	<p><u>Update on Chief Officer Recruitment</u> VM & PD left the room at this point</p> <p>JL updated the committee about the progress for recruiting a new chief officer; there had been 7 applicants and a couple of enquiry phone calls which did not result in a formal application. One late application was accepted and invited to interview. JL also had to chase up candidates who were slow to respond to interview invitations.</p> <p>There were 4 interviews in total (on 15/3 and 22/3), carried out by the recruitment committee of JL, SK & SA. In terms of the interview process, each candidate was scored against a range of competencies, skills and experience. After each interview these scores were moderated to ensure that no unfair bias, whether positive or negative, was involved in the scoring process. The recruitment candidates were then discussed and ranked in order of scores and this was discussed at length with positives and negatives for each being debated in full.</p> <p>JL explained the rationale behind the recruitment committee's decision, to seek agreement of the whole committee to offer the preferred candidate the position. The decision had been extremely difficult, but the preferred candidate would be offered the role on their merit, the recruitment committee were in agreement that this was the right person for the role of Chief Officer of the LLR LPC.</p> <p>JL gave a brief background to the candidate and their experience and asked the committee if happy to accept the decision made by the recruitment committee to offer the role. The committee agreed unanimously they were happy with the decision to make an offer.</p> <p>AT asked for clarity on the salary which would be offered, there was some discussion as to what would be appropriate and a figure was then agreed.</p> <p>SK then said that in line with the decisions made in January's LPC meeting, there would be other matters to agree on.</p> <p>SH left the room to allow further discussion within the committee as to the next steps. The committee agreed to recruit for a Professional Chair, initially for one day a week, to both support the Chief Officer position and both to better manage our LPC meetings and provide further focus to supporting our contractors. It was also agreed to advertise for a service development role which is circa 1 full day a week (to help deliver on projects). This would be a contracted role, with clearly defined roles and responsibilities.</p> <p>The committee gave agreement for JL to advertise both roles.</p> <p>SK thanked JL for all her hard work and dedication to finding the right candidate for the role. The unsuccessful candidates would be contacted today by JL and feedback given to each one.</p> <p>VM, PD and SH re-joined the meeting</p>	
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6.	<p><u>Treasurer's Report</u></p> <p>AT confirmed the cashflow figures had been updated for review by the committee and hardcopies were circulated. The information was also available on dropbox, and account balances communicated verbally to the committee.</p> <p>AT thanked SH who had worked tirelessly with him for the last three years, authorising payments. MB and AV have now been added as authorisers.</p> <p>PSNC have billed for first half of levies due from the LPC (30k) and this was the next large expenditure on the horizon.</p> <p>SH has emailed AT about the funding of either 1 or 2 events in May 2019, suggestion is that there should be 1 big event, held in a prime location. Early investigations into cost using Holiday Inn Wigston cost of room £800 + Vat, food £12 + vat per head, speaker £450 cost of packs £30 each, catering for 100 pharmacists: grand total around £5,450 for 1 meeting. Do we need to hold another? The Pharma companies promised £300-500. Per session x 7 companies gives us £3500, is there an option for LPC to support as The Holiday Inn Wigston is available on 23 May when the speaker is available. There could be 150 pharmacists, incurring an extra £600 + VAT on food. SK asked the committee to vote on whether there should be one launch event and money from the LPC training fund used to make up any shortfall of between 2K and 3K, but this would benefit all contractors. The committee agreed to the one event on Thursday 23 May unanimously, and the use of LPC funds as detailed above.</p> <p>VirtualOutcomes - the interim extension to the VirtualOutcomes licence comes to a close at the end of March. AT had received an email from Richard Brown about raising an invoice for 2019/20? Including the discount for the CCAs pharmacies this would be for £3,027.22 including VAT (223 pharmacies). This would need approval from the committee. SK summarised the user reports sent each week from VirtualOutcomes and suggested that this might form a KPI for the new Chief Officer to increase uptake. We also have the video provided at the last AGM which could be cascaded at a locality meeting. SK asked for the committee to vote on the proposal to continue to fund VirtualOutcomes. This was agreed unanimously, and the committee agreed to continue funding virtual outcomes for the Leicester contractors for another 12 months. In addition, the committee agreed that this training platform needs continual promotion and reminders to contractors throughout the year so AT will request any promotional videos etc. that we can circulate or use at future LPC events.</p> <p>AT reminded the committee that Trish is retiring at the end of March, and Naina Suchak will be taking over – she will need the software for her computer at a cost of £80.00, this needs to be approved by the LPC and was agreed unanimously. Naina will receive remuneration at the same amount as Trish currently - £200.00 per quarter.</p>	
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7.	<p><u>Chair's Report</u></p> <p>Subsequent to Luvjit's resignation and the committees decision (minutes January 2019) I have been working with Jane and Shezad to progress recruitment, I want to say a massive thankyou to both of them for their support, with particular thanks to Jane and Ailsa for finding previous recruitment documents, coordinating applicants etc.</p> <p>Having met with DMU regarding the Pharmacy Integration funding for Post Graduate Education. We have the opportunity to offer out education as a quality improvement module around respiratory if we choose. There is no cost to contractors, it is only available to those who work in community pharmacy and the application form has to be signed by a pharmacy contractor but could be to any pharmacist working in a community pharmacy.</p> <p>DMU are happy to offer training in the evening and weekends to make it more attractive, and can also facilitate a write up or evaluation (at a cost of c5k) via research team at Nottingham University who wrote up NMS, DMU have already started some work with Derby and Coventry / Warwickshire LPC, Derby is doing HLP whilst Coventry & Warwickshire are doing Quality Improvement. The initial module is for 15 credits which can be extended further leading to a post graduate certificate. Commitment is 150 hours over 6 months and entails 3-6 f2f sessions depending on whether evening or full day. We are fortunate that DMU will offer their facilities if we went for evenings at no extra cost but if weekends there would be venue costs. Committee is asked do we support this? Also when Tim Harris came to LPC we discussed offering a bursary of c £500 to each contractor upon completion to pay for backfill time etc not for attending the workshops as these would be evening / weekend but for protected time in the pharmacy to apply the quality improvement initiative, the university suggests waves / cohorts of 20 but this could be larger if we want. I have reviewed the blackboard (distance learning offering) and it is very user friendly, the University would allocate a mentor to each student as well.</p> <p>This could be a one-off opportunity for pharmacists to receive funded post graduate education under the PHIF, there has been poor uptake and this sends the wrong message to HEE and pharmacy leaders. The initiative ends December 2020 my recommendation is we progress this with DMU and pay for the evaluation and a bursary for up to a maximum of 40 pharmacists in wave 1 total cost would be a maximum of £25 000, but is an investment from the LPC into the community pharmacy workforce, if we had to pay for the module this would be c£1500 for each student so the ROI is good, QI initiatives can be anything from error reporting, quality of MURs NMS, uptake of Flu vaccination, delivery of MECC, implementation of FMD etc, dispensary efficiency, Patient safety AMR etc</p> <p>I met with Anna who is very keen to do the respiratory education under the banner of respiratory medicines optimisation, the pharmaceutical companies are ready to fund we have some provisional dates etc, the only disappointment was that GPs don't want information from pharmacists that requires no action despite it providing valuable QOF information. I am not sure if this all GPs or just the few that the CCG consulted with.</p> <p>Our meeting with Jon Ashworth and Simon Dukes went well, the contractor was excellent in providing the right balance of here is what we do (not just supply) these are the challenges we face (funding stock shortages, dispensing at a loss etc) and here is what we could do in the future (AF screening, BP monitoring etc). Jon was particularly impressed and his office together with the PSNC did a press release (draft attached). The contractor also did an AF screen for Jon, he was suitably impressed and asked why all pharmacies couldn't do such a simple test that can be lifesaving, the contractor highlighted that they had done over 100 tests and found 2 people who went onto be diagnosed with irregular</p>	
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pulse, one of whom has confirmed AF and is on stroke prevention treatment of anticoagulants and rhythm control. We explained the benefits of Community Pharmacy seeing patients that don't always go to their GP and also that we were not competing with GPs, just case finding and only referring those that need further investigation. In answer to the question why is this not everywhere we explained it needs to be commissioned and business as usual, not a pilot or something to do for just the flu season, we also discussed the cost of a stroke to the system vs cost of AF detection.

I also raised the announcement that day of contract negotiations, 200 MURs QPS etc with Jon

I was disappointed that MAS and Smoking have both been decommissioned, the former due to the selfcare agenda and the latter due to budget constraints, I raised the issue with the commissioners that we were not given a lot of notice or consulted but with very little response from them. I have raised issues regarding low numbers of referrals from DMIRS to LPN who is working to improve this but there is also some work to be done on the contractor side to ensure referrals are completed.

NHSE announced it would fund flash glucose monitoring for eligible type 1 patients in January, they have subsequently taken away some funding from CCGs to ensure this is implemented, in our locality this will be in excess of £500k. The current model is that Freestyle Libre is provided from specialists in secondary care, however, the funding will only be reallocated to CCGs based on NHS BSA prescribing data, this means that the CCG will want to ensure prescribing of sensors is done in Primary Care and may initially look like an opportunity for CP. However, Freestyle Libre is only available directly from Abbott via a web portal ordering system, there is no carriage but the product attracts no discount, it is subject to discount clawback c7.5% for the average pharmacy. I have raised this with Abbott and PSNC, I have even asked if this would be eligible for an AUR to PSNC. Abbott have no plans at present to apply discount as the UK is the cheapest acquisition cost in the world so over to PSNC. There is information on the PSNC website on how to obtain and maybe worth cascading. Abbott say that there is an opportunity for CP in terms of margin on sales etc but that did not wash with me!

I attended the Primary Care Network Meeting and it was confirmed that there will be 26 PCNs covering LLR with populations of 30-50k each. There is funding for a clinical lead, this doesn't have to be a GP. I raised the point that CP needs to be integrated and this was agreed (See NHSE update) Tim Sacks spoke with me afterwards and committed to a 1-1 meeting with the LPC to progress.

Raised issues ref Gabapentin and CD prescribing with three CCG HOMs and CDAO subsequent to calls from 2 contractors and Jane, also escalated to NPA and NHS digital, the issue is that System 1 is not writing scripts as CDs for these items therefore any scripts done prior to April 1st will be invalid, the CCGs accept this is an issue and have cascaded to GPs NPA has done a superintendent update.

8.	<p><u>Interim Chief Officer's Report</u> Jan 2019/March 2019, report available on dropbox and happy to take any questions</p> <p>Hand over commenced, some meetings with Luvjit ,Vinay and Sat to catch up with current workstreams and ongoing projects. AF screening – update received only 7 pharmacies fulfilled claims out of 26 who carried out the screening. SH has asked for further information to follow up with the contractors.</p> <p>Meetings attended :</p> <p>IM&T board: Meds Optimisation Board : Optimising Resp MUR and NMS : collaborative project all CCG . Going well , meetings nearly booked . VM to update need to obtain placebos and incheck . Quest speaker is Anna Murphy 22/23 may. Work ongoing to produce paperwork etc. MOPB: CD issues and changes talked about, Big projects on workforce of pharmacy across Leicester and county, to find skill mix across the board within pharmacy both community, hospital and practice. They want to map the skill sets across the area . EHC county PGD: several meetings to finalise the new PGD for Ella One as first line in the county. Levonelle if excluded from Ella One . To be sent out soon. EMASHQ MAAD : multi-disciplinary meeting to discuss prevention of hospital admissions. Mainly focused on fall patients and what could be done to speed up responses to falls, hence reducing hospital admissions. Com pharmacy could focus on dom MUR/MUR to help with the prevention. Referred to the Dom MUR project. LMSG FEB & MARCH: Highlighted the number of over tariff items , and discussion about 'orange books'. GF products. Repeat prescribing/ 3rd party ordering: meeting regarding coms to pharmacies and gps . Staging a managed roll out starting after Easter. Mentioned patient education and LPC campaign. Coms being sent from ccg Anticipatory meds: Update to the out of hours provision of IV antibiotics. The SLA is to change with the changed requirements of the IV antibiotics. A new set of pharmacies may be chosen depending on location and hours of opening. Ongoing project regular updates and meetings. Mike King: introduction and help for role. Hep C initial promotion meeting: inaugural training meeting for the 8 pharmacies that are taking part . Had an overview of service and demo of machinery Cambrian /LPC joint meeting at the Wigston Stage: Very well attended, update on TCAMs DMIRS and purchasing profits. Harpreet Sohal: Healthy lifestyle manager of City Public health: re smoking service and future possibilities, Apologies for the way the smoking service discontinuation was communicated to pharmacies. Looking forward to potential that pharmacy can play in the public health agenda. Met Simon Dukes and John Ashworth at Pearl Chemist, spent an hour talking to the MP and Simon Dukes about current pressures. The MP was tested for AF and was told all about stock supply issues and current pressures on pharmacy. Chief Officer and Chair meeting PSNC: Very useful update on PCN, NHS long term plan and what was happening regarding negotiations to come . Met with Mala head of trustmed pharmacy, wants to become involved with integration of community pharmacy .She wants to be involved with campaigns etc.</p> <p>Services spreadsheet been updated is on Dropbox and awaiting replies from bodies about expired SLA's</p>	
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	<p>Rag Rating: MUST finish rag rating today, blank copies will be filled in today so we can analyse.</p> <p>Services database now been updated and on Dropbox, awaiting replies from Turning Point and also the changes of the palliative care and out of hours service specs to the Anticipatory meds group. A new service is being set up, reformed from the old with new expressions of interest and a slightly different spec and requirements.</p> <p>Walk in my shoes: 15k has now been received and project needs to start. Along with Dr Kirk Moore we aim to help set up a series of locality meetings (9 possible meeting venues in each locality) to take this forward. Aim to start September with meetings .</p>	
9.	<p><u>Medicines Waste Campaign</u></p> <p>AV gave an update and said that all packs had been delivered. He thanked AG for putting the packs together and arranging the delivery and posting. Contractors had given very positive feedback to the campaign and it was important to keep in touch to see how it was going. AG confirmed there was a plan to keep in touch. AP 166 – AG to keep in contact with contractors until campaign has ended. JL mentioned that not all of her pharmacies had received their packs, and it was agreed AV would look into this further outside of the meeting. Going forward there may be an opportunity to despatch materials in a different way.</p>	
10.	<p><u>Optimising Respiratory MURs and NMS</u></p> <p>SH gave an update to the committee we are working on the project as a joint venture with the three CCGs, we are having one BIG launch at the Wigston Stage where Anna Murphy will do the speaking and we will be training all with inhaler techniques. Each attendee will receive a bag of placebo inhalers (In-Check device, awaiting approval from Anna) and templates to help standardize the MUR/NMS.</p> <p>The idea of the project is to improve the standard and quality of the MURs and NMS, providing a spacer if required (possibly claiming through pharmoutcomes) and a measurable audit will be done to see if there has been an uplift in numbers and quality.</p> <p>Date will be Thursday 23 May 2019</p>	
11.	<p><u>LPN Chair update</u></p> <p>DMIRS has been extended until September 2019, it is ticking along with referrals from GP practices coming through.</p> <p>Transfer of care – LPT going live imminently.</p> <p>LPN – more work streams added</p> <p>HV asked why his pharmacies were not receiving any referrals and PD explained how the process worked.</p> <p>NHSE are cascading out about DMIRS, and Virtualoutcomes will be writing a module on DMIRS to support the pharmacies in successfully implementing the project when it goes live.</p>	

12.	<p><u>Vinay Mistry Chief Officer Support update</u></p> <p><u>BBV (Blood Borne Virus) Project</u></p> <p>Objective - 500 patients screened by 31/03/2018 , Pilot commenced September 2017. Status at start of January 2018 - 9% of target. Status 3rd February 2018 -17% of target. Status 16th March 2018 - 82% of target. <u>Out come on 31st March 2018 – 125%</u></p> <p>Project extended to March 2019. Total 1314 screening to date, 167 blood tests and 3 positive patients identified.</p> <p>Thank you & Feedback meeting Planned for 8/9th April, and the next steps analysis write up.</p> <p><u>Hep C – Project</u></p> <p>In line with National drive to eradicate Hep C, Collaborative Project with Uni of Leicester; LLRLPC and MSD - OST patients and needle exchange patients. Training completed 12/02/2019, with almost 100% attendance- one will be trained on site. Currently Cepheid machines and contracts being completed. Data on number of screens etc to be shared in due course. End date extended to end of July, with 8 sites participating: HMS Loughborough, Medicine box, Patel's Narborough Rd, Parkem, Moins - Mkt Harborough, Hinckley HC and Boots Uppingham Rd</p> <p><u>MUR/NMS</u></p> <p>Aim to increase uptake and build contractor relationship. 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. Also drive to remind them to sign up and implement Virtual Outcomes across the team. Prepare for flu and reminding them of DMIRS scheme sign up.</p> <p><u>Walk in MY shoes project</u></p> <p>The aim of the project is for both the community pharmacies and GP practices to gain: valuable practical insights into their respective professional working environments.</p> <p>The key objective is to: Develop a better working relationship between GP Practices and Community Pharmacy, Improve systems to improve patient care and provide seamless care. Deliver financial benefits to the NHS.</p> <p>How? GP Practice and community pharmacy teams will be invited to a stakeholder event to : understand roles of the respective professions, address and identify key barriers and challenges to facilitate better working relations, conduct workshop sessions to develop action plans to improve relations including setting up regular meetings with both parties to review processes and improve patient care.</p>	
13.	<p><u>Minor Ailments scheme</u></p> <p>AV said that the service had been decommissioned, but the LPC had not been given any feedback as to why the decision was made. He felt the LPC should write to find out why and also check if there was money outstanding, it should be returned to contractors for training. It would also be helpful to understand the results of the consultation. SH is already looking into this and will continue to pursue to an outcome and feedback to the committee.</p>	
14.	<p><u>MDS</u></p> <p>AV had only received one response from the committee to his email about MDS, he said that locally contractors would like support, hints and tips and wondered if the LpC could and should be doing more. There was discussion about MDS and SK summarised that it was a valuable piece of work, multi agencies involved and sometimes pharmacies had to make difficult decisions.</p> <p>AP 168 -AV to produce hints and tips for the news letter</p> <p>AP169 – SH to set up a meeting with AV, CCA Rep (MP) and the new chief officer to look at this further</p>	

15.	<p><u>Quality Improvement Module</u> SK said this was covered in his chair’s report, and discussion followed about how to increase participation. How do we upskill pharmacists versus sustaining the business we have already and offered by community pharmacy the pressures with cash flow etc. The risk is that the next generation of pharmacists coming through will have nothing to attract them to community pharmacy. SA mentioned Dr Moore who had attended the January meeting and spoken about the active signposting within the NW Leics GP Federation. Was there an opportunity for the LPC to try something in this locality and work with Dr Moore to host a locality meeting. AT confirmed there is the 15K funding for the walk in my shoes project. Freestyle Libre – information was available on PSNC website.</p>	
16.	<p><u>Pharmacist Training - Covered in discussions above.</u></p>	
17.	<p><u>Meds optimisation</u> Covered in earlier part of meeting – guest speaker is Anna Murphy, and date we are looking at is Thursday 23 May 2019, at the Holiday Inn Wigston. SH will pursue this with support from VM.</p>	
18.	<p><u>NHSE Update</u> In advance of the LPC Meeting, AG requested NHSE to provide any updates relevant to community pharmacy; updates received by email as below Long Term plan: NHSE continues to engage with local STPs and is determined to ensure that all primary care contractor groups are involved and engaged in the development of Primary Care Networks (PCN) which are a key aspect of the NHS Long Term Plan and the new GP Contract. PCN Update: A PCN event was held on Monday March 11th in Leicester with attendance from local STP colleagues and the LPC. We accept that historically these kind of initiatives and work-streams have focused all too readily on solely Primary Medical care, it is our commitment to ensure that the LPC and pharmacists (alongside dentists and optometrists) are able to participate in discussions, working groups and the wider development of PCNs. Presently we are still awaiting further guidance (including the PCN contractual documentation and enhanced service specification) but we are keen to ensure that the LPC is sighted and involved as we progress this key work-stream. NHSE has already communicated with the LLR Primary Care Board to state that it is imperative that the LPC, LDC and LOC are stakeholders in any future work relating to PCN development. Tying in to the PCN work will be the Clinical Pharmacists in General Practice scheme. The current wave of recruitment (wave 8) is very likely to be the final such wave (this is to be confirmed nationally). Within the PCN documentation received to date there is an outline of workforce development opportunities, within which is contained guidance on PCNs accessing and employing clinical pharmacists.</p>	

	<p><u>NHSE Update continued</u></p> <p>General update: NHSE wishes to thank the LPC for assistance in advertising the role of Assistant Contract Manager earlier this year. Luvjit very kindly circulated the NHSE advert within the LPC network and we are delighted to confirm that we successfully appointed. The new Assistant Pharmacy Contract Manager will commence in post in May. We are excited for the new postholder to commence with NHSE so that we can dedicate greater resource to pharmacy contract work and improve our engagement with stakeholders such as the LPC and LPN. We will circulate contact details and schedule induction meetings for the new member of staff once they are in post.</p> <p>Pharmacy provision over Easter bank holiday: Opening schedule provided by email for information. This has been shared with all pharmacies.</p> <p>CPAF visits: All visits are to be completed by the end of the month. Notifications of the visit have been sent to the relevant pharmacies and any common themes will be shared.</p>	
19.	<p><u>Stop Smoking Update</u></p> <p>SH met with Harpreet Sohal, Healthy lifestyle manager of City Public health: re smoking service and future possibilities, Apologies for the way the smoking service discontinuation was communicated to pharmacies. Looking forward to potential that pharmacy can play in the public health agenda.</p>	

	LUNCH	
	<u>OPEN SESSION</u>	

20.	<p><u>Mark Muddimer – NHS Leicestershire Health Informatics Service. Pathway and Referral Implementation System</u></p> <p>In 2012 the East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG), and West Leicestershire Clinical Commissioning Group (WL CCG) in partnership with NHS Leicestershire Health Informatics Service (LHIS) set out to develop a GP support tool to enable better quality referrals for patients requiring secondary care either in the community or acute setting.</p> <p>NHS Leicestershire Health Informatics Service were approached by a GP on behalf of the East Leicestershire and Rutland, and West Leicestershire CCGs to create a bespoke package to suit local needs and then later Leicester City CCG (LCCG) came on board. PRISM works with both clinical systems used by LLR GPs (SystemOne and EMIS Web) and aims to act as a central hub of information; which in turn provides clinicians with easy to access referral criteria, linked into local and national referral guidelines and simple access to information and resources for both clinicians and patients.</p> <p>The PRISM team continue to work with both GPs and providers to ensure good quality referrals are hosted and updated in line with local and national guidelines. The three CCGs continue to support PRISM’s development which is also seen as a key enabler for local Sustainability and Transformation Plan (STP). Every GP practice in Leicestershire and Rutland (LLR) now have access and use PRISM referrals to support the creation of consistent and quality referral letters.</p> <p>There was discussion (and scope to discuss further) the following:</p> <ul style="list-style-type: none"> • Pharmacies referring into practices or other service providers • Access to PRISM • Sharing information with GP practices via PRISM <p>Mark confirmed he was happy to be contacted via email to extend the conversation and provide a demo of PRISM at a future LPC Meeting.</p>	
21.	<p><u>Sam Morgan – Contract and Quality Manager & Jan Hutchins Strategic Commissioner Public Health</u></p> <p>Sam and Jan thanked the LPC for the invitation to attend the meeting and updated the LPC Committee about the collaborative working with NHS-E & CCGs</p> <p>Public Health are looking into collaborative ways of working across GP / Pharmacy contracts with NHS-E and CCGs, and the possibilities of joint quality visit / schedule information sharing across LLR, to reduce duplication across organisations.</p>	
22.	<p><u>May LPC Meeting – structure and content</u></p> <p>SH updated the meeting that this would be a shorter meeting and would start at 8.00am, it would cover the business plan for 2019/2020, look at the future meetings and content, LPC member reviews will be conducted in July and any documents will be circulated in May meeting. All LPC policies will need to be read and signed as part of the meeting, and once approved by F&G Committee will be circulated in advance to allow any questions to be raised in advance.</p>	

23.	<p><u>Levies</u></p> <p>SK has been looking into LPC levies and whether they can be reflective of the quantity of dispensing. There was discussion amongst the committee as to how this might work in practice and the LPC represents all contractors. SK asked the committee if they were happy for him and AT to take a small amount of time to look at the figures and report back at a future meeting.</p> <p>The proposal was put to the meeting, 1 voted against, 4 abstained and 5 approved.</p> <p>AP 170 – SK to spend small amount of time to look at figures and report back</p>	
24.	<p><u>Rebranding – Logos</u></p> <p>SK had previously asked for comments and agreement on changing the logo of the LPC, and as the LPC were in agreement the logo would be changed. SK said that he would resend the rebranding proposals by email. He would obtain some additional quotes for printing and these would be circulated.</p> <p>AP171- SK to obtain costs for rebranding and circulate to the committee.</p>	
25.	<p><u>AOB</u></p> <ul style="list-style-type: none"> • SH and AG are putting together a calendar of interim chief officer meetings which will be emailed out next week. It is subject to change and will be resent at the end of the month to reflect any changes. 	
26.	<p><u>Garry Myers – PSNC Regional Representative</u></p> <p>Garry gave a confidential presentation summary to the committee and answered the questions raised.</p>	
27.	<p><u>Review of Meeting</u></p> <ul style="list-style-type: none"> • Smoothly run meeting • Well chaired • Effective- felt as if we had achieved a lot • Reduced number of visitors, more effective use of time • Morning session went very well • Good discussion and agreement <p>SK then thanked PD for her contribution and commitment during her time on the LPC, she has been a massive advocate and will be much missed.</p>	
	<p>Meeting closed at 3.50pm</p>	

**Date of next meeting is Monday 20 May 2019
8.00am to 1.00pm, LPC Office, Brandon Street, Leicester**

Signed (Chair)

Name

Date.....