

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Monday 20 May 2019

LPC Office, 54 Brandon Street, Leicester

8.00am to 1.00pm

Present: Satyan Kotecha SK– Chair
 Adam Thomas (AT) – Treasurer
 Rita Patel (RP) - Chief Officer
 Sue Hind (SH) - Interim Chief Officer
 Altaf Vaiya (AV) – vice chair
 Shezad Alimahomed (SA)
 Jane Lumb (JL)
 Hasmukh Vyas (HV)
 Harmanpreet Kler (HK)
 Meyur Patel (MP)

Ailsa Garner (AG)–Administrator

CLOSED SESSION

1.	<u>Welcome</u>	<u>Action</u>
	SK welcomed everyone to the meeting and introduced Rita Patel as the new LPC Chief Officer; and the committee introduced themselves.	
	<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> Chetan Parmar and Mohammed Bharuchi sent apologies.	
	<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	

2.	<p><u>Minutes of Meeting held on Tuesday 26 March 2019– amendments made as below</u></p> <ul style="list-style-type: none"> • Remove “reviewed by LK and date from last page” <p>With the above change made, SK then asked for agreement of the minutes for the meeting held on Tuesday 26 March 2019; proposed by JL and seconded by AV.</p> <p>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 excellent minutes, the new LPC logo will be added to all LPC communications going forward including the meeting minutes and agenda.</p> <p>SK asked the committee if some of the ongoing matters arising should be added to the work plan, and this needs to be decided as a committee.</p> <p>JL agreed and mentioned that the meds shortages is one such example. SK suggested this should be looked at in detail by RP & SH to formalise ongoing issues into the LPC workstreams and reviewed at each meeting.</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>SPS – SK suggested that all contractors should be made aware of the link and given opportunity to sign up. AP 172 – RP to send link to all contractors and ensure updated documents are added to the website</p> <p>PCNs – 26 in LLR, try and align geographically, this is a big piece of work and has not yet been finalised. AP 173 – AG to send locality maps to all LPC committee.</p> <p>JL said capacity could be an issue, and there may be a need to ask contractors to represent the LPC on the PCN, this would need careful consideration. SA suggested an engagement event could be an option, and SK said a lead LPC member could coordinate.</p> <p>SH & RP are attending a meeting in early July, and RP has contacted Fiona from Coventry . AP174 – AG to contact Jackie Buxton to check which pharmacies are live on DOS vs BSA.</p> <p>MDS is still a big problem with contractors, SK suggested RP could raise this at the meds optimisation meeting under AOB, as the LPC has received feedback from a number of contractors, patients are being advised to ask for support from community pharmacists and carers are asking locally for support, saying the local authority have suggested this.</p> <p>JL suggested the LPC should put together a proposal to NHSE for domiciliary MURs with funding.</p> <p>SA said there are options and pharmacies can push back.</p> <p>SH spoke about the pilot project where a pharmacist is employed to visit vulnerable patients and ensure the appropriate care package is in place and liaise with community pharmacy. Looking forward this could be an opportunity to work much closer with community pharmacy.</p> <p>SK suggested a technician could be released for an hour or two to do this, with the support of all stakeholders to drive this forward.</p> <p>JL left meeting for an appointment at 8.55am</p>	

4.	<p><u>Contractor Engagement</u></p> <p>SK asked for feedback from the committee on any issues raised by contractors, SH and AG are currently reassigning contractors to the LPC committee and therefore calls to contractors is currently paused. A new list will be produced which will include the NHS.net email addresses. Notice was given to all contractors that the LPC would be using the NHS.net email address from 1 May 2019, and contractor were given the opportunity to add an additional/alternative email address by exception. It was suggested the forthcoming event could be useful as an opportunity to let contractors know how we are planning to communicate going forward.</p>	
5.	<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>The accounts for last financial year have been completed – thank you for everyone for submitting their expenses in a timely way before the end of March 2019.</p> <p>The accounts are currently with Sharman Fielding to be audited and are due back very soon.</p> <p>April is historically a quiet month, PSNC have been paid for first half of levies due from the LPC (30k).</p> <p>An increase in rent for the office to £330 a month has been put forward by the landlord, this was agreed unanimously by the committee.</p> <p>Naina is now on board and is up to speed with the pay for AG & RP.</p> <p>VirtualOutcomes – final payment made this included the discount as agreed.</p> <p>AT mentioned there is still monies available for training, and SK suggested that contractors be contacted to see what sort of training our contractors are interested in the LPC providing, a suggestion could be to provide a bursary to fund the training of a Healthy Living Champion. Details could be included in the newsletter to contractors.</p> <p>AP175 – AG/RP to contact contractors for ideas and the top 3 suggestions would then be voted on and agreed by the committee.</p> <p>AT said that he will be leaving the committee, with reluctance, and therefore the role of treasurer. The way the role is set up means that it is much earlier now for a successor to take over. SK said that there will be discussion later in the meeting about the treasurer role, once JL returns,</p> <p>AT will be leaving at the end of June 2019, and will prepare and present the accounts at the AGM later in the year.</p> <p>SK asked the committee for agreement that any work carried out by AT in the interim period should be reimbursed, and this was agreed unanimously. SK said AT had been an excellent treasurer and has worked tirelessly in the role. His work to change the bank account signatories has involved a lot of personal time and commitment.</p>	

6.

Chair's Report

In opening my Chairs report I would like to Welcome our new Chief Officer Rita Patel. It has been my pleasure to be involved in Rita's induction and I would like to thank Sue and Ailsa for their ongoing support with this. I would also like to extend a thank you to Jane & Shezad for their valued contribution to the recruitment process both for our Chief Officer, Chair and Engagement Officer.

I have been working with Rita on LPC branding and we have started the process to develop materials and resources for the LPC under the new logo and brand.

The respiratory work is progressing well and we have our first meeting on 23rd May with a full 50 pharmacists attending and a further event planned for June.

Flu plans have started and we went to the first meeting chaired by Tim Davies. The GP representatives raised a concern that flu was the one time they could engage with patients on annual checks medication reviews etc , this was discussed by the full meeting and the group felt that this was not commonplace in all practices and the LPC suggested closer working so pharmacists could sign post. There was also discussion about marketing materials arriving late, and I propose that the LPC produce these for pharmacies that wish to use them. We also suggested a voucher based occupational health offering for front line staff as most organisations fail to meet their CQUINN targets (and therefore payment) via community pharmacy and will need to explore this. Indications are that Fluenz will be continued and we will work with LPT to try and have more sites on board.

The BBV service has come to a conclusion with 3 cases found – whilst this doesn't sound like many, the researchers are very pleased and this was the catalyst for the Hep C service, this latter service got off to a shaky start but we have already found 10 cases, the pilot will come to an end at the end of June, unfortunately it will not be continued as this pilot was to inform the national programme, the POCT offering (that we piloted) scored an impressive 85% but could be challenged as the equipment is too expensive to have in every pharmacy, it is possible that a less sensitive test (Dry Blood Spot Testing) could be rolled out. We have more than adequately demonstrated that Community Pharmacy can engage with this cohort of at risk patients.

Update from PSNC regional meeting

Mandate – negotiations – look at 10 year plan, PCNs Multi year deal not expecting us to be showered with cash, incremental funding has been allocated to PCNs the centre of the NHS and will supersede CCGs as we know them. NHSE has advised PCNs to involve other professions – Eye Dental and Pharmacy. Ed Waller comment regarding Clinical Pharmacists and their role – he doesn't believe that Community Pharmacy will take over LTC management wholesale. Clinical Pharmacists initiative will have an impact on workforce. I asked what element of the negotiations take account of the workforce development of existing community Pharmacy Workforce.

Funding there will be some release of cash – NIG has increased by 18p because of the reference period of SEPT OCT NOV least year as factory gate prices have gone up plus the increase in 12p due to the 10 million. Prices are rising so DH owes us money I raised that factory gate isn't a realistic measure wholesale prices do not track factory gate so whilst we receive 18p extra, the purchase price also increases.

Hub & Spoke – still on the agenda significant implications – concerns that this could take margin out of CP. Concerns amongst some chief officers that some companies when OOS they put price up and therefore the entire market increases – Metformin Sertraline etc manipulating the market.

Gordon Hockey presented on Provider Companies (again?):

Why?

<p>Commissioners can use single point and don't need to engage with each contractor LPCs involvement</p> <p>Can LPC be a provider – no as we cannot be support for community pharmacy and commission. We may use levy to provide a start-up loan</p> <p>Why change the model? To allow AIM and CCA to be on board – so commissioned services can be delivered across a locality Provider companies would need to ensure they earn enough money to run? – Services are being decommissioned and also as PCNs evolve maybe on a locality footprint, not at scale.</p> <p>If viability and income is proportionate and linked to commissioning and delivery of services that will be challenging particularly as contractors do not consistently deliver ROI for contractors – if bid too high to include infrastructure costs then they are not going to be successful if take a slice – not attractive to contractors so won't deliver.</p> <p>We discussed at length about supplying in excess of tariff and asked Gordon how enforceable is reasonable promptness? Reasonable – work with GPs do your best to supply Regulations are there if you can get it then costs should not be an issue! PSNC believes that a definition of reasonable promptness wouldn't be in best interests of contractors and contractors that do not supply should not quote cost as the sole reason.</p> <p>PCN Mike Lennox & Luvjit implementation road map PCN development toolkit mobilise the contractor base and LPC to facilitate that Map what road map looks like: If independent contractors may engage the PCN – white label ? Tools to get hold of slides – materials contractors – Yorkshire has a draft MOU.</p> <p>NPA have scheduled a webinar 30th May</p> <p>Luvjit and Mike – educating people on PCNs Toolkits engagement and contractor readiness for change – people aren't ready for change as so desperate at the moment – be mindful of raising hopes of contractors TCAM is a priority. My update for the group included:</p> <p>MDS checklist with referenc to demands from carers and stability, Respiratory work, BBV 3 positive cases 500 screens,HEP C 10 cases in 1 month, Smoking decommissioned,Third Party ordering removal with nothing else in place, Selfcare agenda, QUIPP – switches of DOACs and DPP4 Inhibitors, BP training, DMIIRS issues with DHU referring into CP offered training possible pilot referral from A&E Structure of LPC down to 10 members with PT admin CO recruiting a professional chair and project support / engagement officer,TOK pilot programme with 1 MHT with plans to roll out to three acute trusts ,FLU CQUINN – voucher scheme? Shape tool PNAs reduction in supplementary hours supplementary statements etc plans to develop a briefing document for PCNs.</p>	
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7.	<p><u>Interim Chief Officer's Report</u></p> <p>Since the last meeting, I have been introducing our new Chief Officer to the job, guiding her through what to do with the emails, and accompanying her to some meetings.</p> <p>We had a teleconference with Tim Sacks regarding PCN and the involvement of pharmacy.</p> <p>Respiratory MURs is ongoing with organisation for the events on 23rd May and 11th June.</p> <p>I performed Ailsa's annual appraisal a copy of which is on dropbox.</p> <p>Anticipatory medicines group is working on a new scheme for provision of iv antibiotics to replace the pre-existing schemes. There will be a consistent scheme across all CCGs and this was being led by Jas Kaur who has now gone on Maternity leave. Gill Stead is taking over and is reporting to the July LPC meeting. Awaiting instructions to send out EOI to the contractors.</p> <p>LMSG attended x 2 meetings since last LPC.</p> <p>As an extra to LMSG there was a prescribing standards meeting that discussed a document that is being written regarding prescribing across the UHL and LPT.</p> <p>Meds optimisation board discussed the minor ailments guidelines that are being sent to all practices, outlining where community pharmacy can sell / advise on a host of minor ailments. Also TCAM scheme discussed.</p> <p>Skill mix in pharmacists across pharmacy workforce to be mapped.</p> <p>Also attended a PSNC chairs training in Coventry to provide information on how to effectively chair meetings.</p> <p>Also analysed the rag rating from last meeting, details follow.</p> <p>Spent some time looking at the business plan to align to the current day situations</p> <p>Reports of each meeting are on dropbox.</p>	
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8.	<p>PSNC RAG Rating</p> <p><u>LPC Self Evaluation 2019/20</u></p> <p>This is a synopsis of the general points the LPC collectively need to do to achieve the exemplary or purple standard.</p> <p><i>Business and strategic planning</i></p> <p>A strategic plan that outlines the vision and work streams for the LPC in the present NHS environment including the budgetary plans. The work streams must be reviewed regularly at each meeting and the strategic plans every 9 months.</p> <p><i>Governance</i></p> <p>The LPC should have written governance, with a lead/subcommittee for governance and regular reports for the committee. The Declarations of Interest should be reviewed every 15 months and published on the website. The Chief Officer has a job description and employment contract with biannual appraisals and reviews that review performance against targets. The LPC and members should report and feedback from all meetings attended on behalf of the LPC at each meeting.</p> <p>Contractors can view the agenda before the meetings and minutes are available on the website three days after being approved. The agenda is available for members to read before the meetings. Also any 'in camera' portions of the meeting are described sufficiently so that the information may be understood.</p> <p>There should be clear separate roles for the treasurer and the chief officer, and the LPC should satisfy itself that the treasurer is personally independent at least every 15 months. And review the appointment of the treasurer every 15 months. This assurance should be documented to make sure of openness and transparency.</p> <p><i>Management and Structure</i></p> <p>The committee structure should check the operational capacity every 12 months, and regularly review at least twice a year, the work program along with capacity should be reviewed at each meeting. The LPC should formally identify the capability and expertise needed to perform the work plan and have reviews and costs at each meeting. The size and structure should be discussed at least once in 4 years, at committee and regional levels. Joint working and possible collaboration and sharing with neighbouring LPCs should be discussed. Members training should be regularly reviewed and updated and skills gaps with clear action plans to improve the skills of all members(audit available on PSNC). PSNC regional rep gets a regular invite and agenda to attend all LPC meetings. Innovation is shared locally with contractors, regionally and nationally.</p> <p><i>Financial Management</i></p> <p>There should be a clear budget in place with expenditure policies, regularly reviewed. The treasurer should present detailed accounts at the annual review and to the committee on a regular basis as well as an expenses management report. The reserves are proactively managed in line with the PSNC guidance.</p> <p><i>Communication</i></p> <p>There should be a structured plan reviewed every 12 months to communicate with the contractors. A website, regularly maintained, with clear links to the strategic plan. The press and media should be proactively informed of issues and events, as should local MP's.</p> <p>The contractors' views are sought in advance of at least three meetings a year and there should be a mechanism for contractors to be able to have their views considered at the meetings.</p> <p><i>Contract Development</i></p> <p>Essential and advanced services are regularly reviewed and contractors not performing are identified and supported. An ongoing communication plan has been sent to the contractors to explain the local landscape. Negotiation of local services and successful</p>	
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	<p>implementation. If no new services, then the reason should be outlined in the work program with actions. The LPC should demonstrate that they have actively provided support to contractors to engage and deliver local services. The</p> <p><i>Stakeholder relationships</i></p> <p>The LPC should identify the key individuals who can influence planning and strategic decisions at CCG levels and patient level, MP's etc. Proactive engagement and reporting. Representatives should be at least twice a year with LMC colleagues, and actively promote the 'walk in my shoes' project. Other connections should exist between other key professionals. With the NHSE team and the local authorities, CCGs and so the STP and PCN and secured involvement at board level.</p> <p>AV and HV suggested there might be an opportunity to hold locality meetings to support contractor engagement.</p> <p>SH agreed this was a good idea, but the LPC also needed to take personal responsibility to respond to emails and there was sometimes quite low engagement within the committee and we should be brave enough to call it out.</p> <p>JL re-joined meeting at 10.04am</p> <p>SH suggested the RAG rating should be completed in 6 months time and see if we have been able to improve our scores</p>	
9.	<p><u>Optimising Respiratory MURs and NMS</u></p> <p>The first event is on Thursday 23 May, at the Holiday Inn, Wigston and 50 contractors have signed up to attend. There is a conference call on 21 May to finalise the arrangements. More events will be held going forward and content will be reviewed after the 1st event.</p> <p>The second event is on Tuesday 11 June at the Peepul Centre, there may be a possibility of a further event for the CCA contractors, and another in the north of the county. SH asked the committee to support attendance.</p>	
10.	<p><u>LPN Chair update-</u></p> <p>SH attended the LPN meeting and minutes are on dropbox for the committee to read and ask any questions. Topics covered Transfer of care, DMIRs, and PCNs.</p> <p>Oral Health Campaign – some contractors had not received the promotional materials</p> <p>All contractors to be reminded of the need to report all CD incidents – SH suggested this should be included in the newsletter.</p>	
11.	<p><u>Vinay Mistry Chief Officer Support</u></p> <p>update included in Chair's report</p>	

12.	<p><u>Structure of future meetings and content.</u></p> <p>Once a draft agenda has been produced, this will be sent to the LPC committee for any comments/builds etc.</p> <p>Following the resignation of 2 independent committee members, SH contacted the PSNC for guidance as to the numbers on the LPC committee. Currently the committee is at the correct number (10) as confirmed by the PSNC, potentially we could advertise for 3 more members however as there is still work to be done with the PCNs, SK asked the committee is they were happy to leave those places vacant as we are at the correct number as confirmed by the PSNC. The committee agreed unanimously that the number of committee member should stay as it is.</p> <p>RP has contacted AIMp about AT leaving the LPC committee and they will provide a replacement for AT in due course.</p>	
13.	<p><u>F&G – review of documents</u></p> <p>SH confirmed all F& G documents have been reviewed and updated where necessary, they will have the new logo added and be filed in dropbox</p>	
14.	<p><u>Update on Chair and Service Delivery role recruitment</u></p> <p>JL gave an update on recruitment, there are 3 candidates and interviews will be held on Friday 24 May.</p> <p>SK, RP and SA will be supporting with the selection process and candidates have been asked to prepare a presentation.</p> <p>Once the posts of chair and service delivery have been filled, we will announce to the contractors that AT is leaving</p> <p>Options to recruit a new treasurer:</p> <p>Option 1 – is there a committee member who would be happy to take on this role? AT said the time spent is variable and could be a couple of hours a week. The way the work has been set up now means the amount does not impact a huge amount.</p> <p>Support will be available to the new treasurer, the spreadsheets are set up and Naina is up to speed with the work.</p> <p>There are templates to use for the AGM.</p> <p>Option 2 – employ a professional treasurer, bring all in house.</p> <p>Although the activities of the treasurer would be completed by an external person, responsibility and oversight has to sit within the committee.</p> <p>AV agreed he would contact MB to make him aware of AT stepping down from treasurer.</p> <p>AP 176 - RP to contact PSNC to check whether there is anything in the constitution about having paid chair, chief officer and treasurer.</p> <p>AT will call MB and also sound out whether Naina would be happy to take on the additional responsibility, there is a job description on the PSNC website which might provide clarity.</p>	

15.	<p><u>LPC Business plan for 2019/20</u> SH presented and actively amended the content to ensure it was correct; it was agreed this will be reviewed at every LPC meeting, and amendments made. This will also be presented at the AGM.</p> <p>The LPC meeting each year will include an overview of the business plan and the achievements – it will be agreed at this meeting whether there are to be any increases in pay or bonus payments. All prework for this must take place in January each year so the committee can make their decision in March meeting in readiness for the new financial year.</p> <p>AP 177 – RP - Media Training to be arranged</p>	
16.	<p><u>Preparation for LPC member reviews</u></p> <p>HK has offered to support RP with the reviews which will take place during the July LPC meeting, the timing of the meeting will need to be looked at. HK confirmed any pre work will be circulated in good time.</p>	
17.	<p><u>AOB</u></p> <ul style="list-style-type: none"> • Flu ready message to contractors, with LPC possibly supporting with window decals • Outstanding actions to be discussed along with workplan at each meeting from July 2019 onwards • Liam Stapleton has confirmed he will be attending the AGM along with Richard Chapman from the GPhC • Garry Myers will attend the next LPC meeting in July • Mike King from the PSNC is retiring at the end of May, the LPC would like to recognise the work he has done and will contact him to arrange a gift. 	
18.	<p><u>Review of Meeting</u></p> <ul style="list-style-type: none"> • Good meeting • Nice to meet people • 8am start time worked despite reservations • Good meeting content, exciting times ahead • Mixed emotions, work life balance very difficult for contractors at present • Constructive • Informative • Good engagement 	
	Meeting closed at 12.20pm	

**Date of next meeting is Tuesday 2 July 2019
8.30am to 3.30pm, Holiday Inn Express, Raw Dykes Road, Leicester
Please note timings to accommodate LPC member reviews and guest speakers**

Signed (Chair)

Name

Date.....