



LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE

Annual General Meeting

Monday 24 September 2018

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

7.00pm to 9.30pm

<p>Present:</p> <p>Satyan Kotecha (SK)– Chair Adam Thomas (AT) Treasurer Jane Lumb (JL) Pallavi Dawda (PD) Irfan Motala (IM) Chetan Parmar (CP) Ailsa Garner – Administrator</p> <p><u>External Visitors</u></p> <p>Leyla Hannbeck - Director of Pharmacy, NPA Pallavi Dawda -Local Professional Network Chair for Pharmacy Neena Lakhani – Leicester School of Pharmacy Garry Myers – PSNC Regional Representative</p> <p>Also present were 24 Contractors from LLR, represented by 36 people present</p>

1.	<p><u>Apologies for Absence</u> Luvjit Kandula (LK) - Chief Officer, Shezad Alimahomed (SA) -Vice Chair, Harmanpreet Kler (HK), Rabiya Suleman (RS), Mohammed Bharuchi (MB), Vinay Mistry (VM)</p>	
2.	<p><u>Arrival and buffet</u> Opportunity for contractors to network prior to the meeting with LPC members and external guests</p>	
3.	<p><u>Welcome and Introduction</u> SK welcomed all to the AGM, ran through the agenda and introduced the guest speakers. SK explained that due to urgent family commitments, Richard Chapman (GPhC Inspector) would not be able to attend. However, in his place, the LPC had contacted Virtual Outcomes (the online training provider) who had produced some important training information in the form of a video which he hoped contractors would find useful. SK thanked the LPC treasurer AT and the Chief Officer LK and all the members of the LPC for their support in preparing for the AGM.</p> <p>SK thanked all present for their valued engagement with the LPC, there are feedback forms on each chair and the LPC would appreciate all feedback from contractors.</p>	

<p>4.</p>	<p><u>Approval of draft minutes from AGM held on Monday 18 September 2017</u></p> <p>SK read through the minutes of the AGM held on Monday 18 September 2017, a copy had been circulated both by email and through the post and there were spare copies available to contractors if required this evening. There were no amendments to be made to the minutes.</p> <p>SK asked for a proposer and seconder for the minutes of the meeting held on Monday 18 September 2017 Proposed by Adam Thomas and seconded by Jane Lumb as a true record of the LLR LPC AGM.</p> <p><u>Matters arising</u></p> <p>There were no matters arising</p>	
<p>5.</p>	<p><u>Chair’s Report – extract from full report included in Annual Report documents</u></p> <p>In my Chairs report last year I wrote of the efforts of the committee to engage with the contractors that we represent, I am pleased to say that the team has embraced this challenge setting up small networks of contractors shared amongst the committee to pass on key messages and provide support to contractors. Our Chief Officer took a secondment with NHS Digital for 2 days per week, not only was this helpful to shape the national direction of travel for pharmacy in a fast-evolving digital landscape but also has brought a wealth of knowledge to LLR with our contractors consistently amongst the highest performers for SCR usage, CPAF submission, EPS adoption and NHS mail utilisation. Our chief officer Luvjit Kandula has again worked tirelessly on behalf of the contractors in LLR, albeit for a shorter amount of time continuing to help drive the committees work along themes of Mitigation, Stakeholder engagement and service development in addition to the statutory functions of the LPC.</p> <p>As always, the LPC has maintained its core function to represent our contractor base, over the past year we have done this within our mitigation work the value of which is often not recognised, this work includes negotiation of fees for services, engaging with other stakeholders when pharmacy services such as Flu Vaccination may be seen as competitive to ensure there is a level playing field and patient safety and outcomes are at the forefront of services we provide.</p> <p>As the NHS celebrates its 70th year, despite the financial challenges of the current funding model we see more and more initiatives to better integrate Community Pharmacy into the changing NHS landscape. There has been some real momentum here since appointment of Pallavi Dawda as the Local Professional Network Chair for Pharmacy for LLR, (Pallavi is also an elected member of LLR LPC) Whilst the NHS undergoes significant changes and closer working with NHSI and we move to a larger regional footprint, these local links will prove valuable. The LPC is a member of the STP Medicines Optimisation programme and both myself and our Chief Officer have contributed to an RPSGB briefing paper for STPs on the evolving role of pharmacy and how our profession can contribute to some of the STP priorities</p> <p>We have over the past year built stronger links with Academia, the academic Health Sciences Network. Health Education England and the Clinical Networks, I trust these efforts will bear fruit in the coming year through pathway redesign and workforce development.</p>	

6.	<p><u>Chief Officer's Report - Full report included in Annual Report documents</u></p> <p>As Luvjit was not present at the AGM due to ill health, SK introduced a video produced by VirtualOutcomes about the free on line pharmacy training they provide on a wide number of subjects which include the latest health campaigns.</p> <p>The training can be accessed on all devices, and there is a digital training library to access all topics.</p> <p>LLR LPC has paid for all pharmacies within LLR to have access to the training and urge all contractors to engage with it.</p>	
7.	<p><u>Treasurer's Report</u></p> <p>AT provided the Treasurer's update and financial report as detailed in the Annual Report, circulated by email and post.</p> <p>AT confirmed that a further two- month levy break in December 2018 and January 2019 had been agreed by the LPC to support contractors and use some of its reserves. This will equate to a saving of around £132.00 per pharmacy contractor across LLR. The committee is in a healthy financial position and as well as using LPC funds to provide evening training events, HLP training and other contractor support we felt a rebate in the form of a levy holiday would be welcomed in these difficult financial times. The LPC has adhered to new ways of working over the last 12 months and is in a healthy financial position as a result. We are constantly looking for ways to re-invest LPC money into training and support that benefits local contractors and the pharmacy profession as a whole.</p> <p>The accounts have been reconciled by myself as treasurer and (as per our governance) are also audited by an independent accountant Sharman Fielding.</p> <p>In line with LPC and PSNC governance the accounts have been available for contractors to view 30 days prior to the AGM and will now be formally signed off following a vote to close the years accounts by the contractor's present at the AGM. As ever the committee operates with total transparency and the treasurer will try to address any questions raised by contractors within a reasonable time frame. A full set of accounts can be viewed on request.</p> <p>My thanks go to the Chief Officer, Chair, exec officers and committee members for their ongoing support and governance of the finances of the LPC and I also wish to thank the Pharmacy contractors who fund the LPC and make our work possible</p> <p><u>Approval of Accounts by LPC Contractors</u></p> <p>SK asked those present to vote on acceptance of the account; 20 voted to approve the accounts for 2017/18 as presented (this figure includes one postal voting form received by deadline stated) 0 votes against approval 0 abstention.</p> <p>The accounts were duly approved.</p>	

8.

External Visitors

Leyla Hannbeck - Director of Pharmacy NPA

The Areas of focus in Leyla's presentation were,
Consultations

- GPhC premises standards
- Supervision
- Technician qualifications

FMD

- The EU Falsified Medicines Directive (FMD) must be implemented within pharmacies by 9th February 2019.
- From this date, prescription packs entering the market will be required to display a barcode incorporating a unique serial number and pharmacies will be obliged to scan products to ensure authenticity.
- Contractors will need to upgrade their IT, introduce scanners and consider how to incorporate the checks into dispensary workflows

Brexit

- Supply chain
- Workforce

Clinical Services Programme

Integrated Care Systems (ICS)HS England is currently consulting on a draft ICPO contract, It is an evolved version of the previous draft Multispeciality Community Provider (MCP) contract and the subsequent draft Accountable Care Organisation (ACO) contract. The ICP contracts will be underpinned by [The draft Primary Medical Services \(\[named sites\] Integrated Service Provider Contracts\) Directions 2018](#)

PSNC – Community Pharmacy Care Plan (CPCP)

Support people with long term conditions, New – revision of the community pharmacy contractual framework (CPCF) → Universal Community Pharmacy Care Framework (UCPCF)

NPA Clinical Services Programme

Leyla then answered questions from the floor.

SK thanked Leyla for attending the LLR LPC Annual General Meeting

9.

Garry Myers – PSNC Regional Representative

Garry gave the meeting an overview of the presentation by Simon Dukes, New PSNC Chief Executive showing his priorities overview & fresh approach

Priority 1: setting the scene

- Visiting as many community pharmacies and LPCs as possible: 3,000+ miles in first 100 days
- Talking to influencers, academics, pharmacy advocates in UK and overseas.
- Listening to community pharmacy teams
- Understanding the issues and formulating ideas

Priority 2: UK Government

- Rebuilding working relationships with HM Government
 - including DHSC and NHS England
- Understanding their priorities
- Identifying common ground and where the differences are

Priority 3: Collaborative opportunities

- Other pharmacy trade bodies and groups: NPA, CCA, RPS, AIM, PDA
- Understanding their priorities
- Identifying common ground and where the differences are
- Improving communications.

Initial observations include, Funding and financial pressures, Technology and new models of primary care, Drive to reduce costs across health services and reputation and perception of community pharmacy

Garry then spoke about Simons view of the role of the LPCs, summarised as below

- LPCs are working in an increasingly complex environment
- PSNC should be enabling not restricting LPCs
- A testing ground for innovation and new ideas
- Consider how you are going to manage negotiations with the widening range of stakeholders
 - what additional support do you need from PSNC?
- PSNC reviewing how we support LPCs through these times

In closing his presentation, Garry summarised as follows

PSNC is working hard for LPCs and contractors,

Community pharmacy must adapt to changing needs of NHS and respond to accordingly,

We are the healthcare safety net for the UK

This will require a collaborative approach

Technology is an opportunity for us

The professional network has huge potential

Communication is essential – contact Simon Dukes directly at: chiefexec@psnc.org.uk

10.	<p>Pallavi Dawda – Local Professional Network Chair for Pharmacy</p> <p>Pallavi spoke about DMIRS and gave an overview about the service where a pharmacy will be asked to provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by NHS 111 on the management of specified low acuity conditions.</p> <p>There had been an engagement event on 11 September, which was very well supported. Pallavi encouraged contractors to sign up if they had not already done so, numbers signed up across whole of East Midlands is 219 in the first week with rollout and testing of the system will take place in October and November 2018.</p> <p>The LPC has sent out a lot of information about the service by email but if you have any queries, please ask.</p>	
11.	<p>Neena Lakhani - Leicester School of Pharmacy</p> <p>Neena spoke about the DMU-LPC Collaboration 2018-9 and how local pharmacy contractors could increase collaboration in a number of different way, for example:-</p> <ul style="list-style-type: none"> ▶ Waste audit results 2017-8 ▶ Adopt a student: zero hour contracts etc ▶ Health Promotion: Virtual Outcomes ▶ Audits: valproate and/or anti-coagulation ▶ Service development: BBV, TB and Hep C ▶ Collaboration with GPs: Gout audit, Polymyalgia Rheumatica and Osteoporosis <p>Neena then shared the Waste Audit Results</p> <ul style="list-style-type: none"> ▶ 4,728 individual items returned to 71 pharmacies over a 4 week period, at a cost of £59,253.27. Based on 223 pharmacies in the region that could equate to £186,000 in a 4 week period. ▶ Analgesics were the most commonly returned group by quantity (17, 183 paracetamol tablets, 12, 489 codeine based products, 3507 tramadol based products) ▶ Excluding Tecfidera (£6,178.50), the endocrine system was the BNF category with the greatest returns by cost (approx £10k) ▶ The most common reason medication was returned was 'too much stock' <p>LLR contractors will now be asked if they wish to support the NSAID audit as agreed with DMU to support the QPS, and expressions of interest will be taken from the LPC to prevent students phoning branches directly. Alternatively, contractors can contact Neena directly if they wish</p>	
12.	<p>Q&A</p> <p>A question and answer session took place with questions raised on a variety of topics affecting Community Pharmacy raised by contractors</p>	

13.	<p>SK thanked the external guests for their informative presentations. He reminded the contractors to complete the feedback forms and look at the document from Tim Harrison about the funded post registration training for community pharmacists. Information is available, and SK urged contractors to register and engage with the training.</p> <p>Finally contractors were encouraged to take copies of the DVD “ make your Heart Feel Good”, plenty of copies were available to take away and use as appropriate, as an addition resource to the current “ Know your heart age” campaign</p> <p>Meeting closed by Chair at 8.50pm who thanked everyone for attending</p>	
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