

## LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Tuesday 2 July 2019

Holiday Inn Express, Raw Dykes Road, Leicester

9.00am to 3.30pm

<b>Present:</b>	<p>Sue Hind (SH) – Chair Rita Patel (RP) - Chief Officer Altaf Vaiya (AV) – Vice Chair Mohammed Bharuchi (MB) – Treasurer Satyan Kotecha (SK) Shezad Alimahomed (SA) Jane Lumb (JL) Hasmukh Vyas (HV) Harmanpreet Kler (HK) Meyur Patel (MP)</p> <p>Ailsa Garner (AG)–Administrator</p>	<p><b>External Guests</b></p> <p>Rob Andrew -Pharmacy Engagement Manager for Primary Care Support England -</p> <p>Mel Burdett - NHSE Support Contract Manager</p> <p>Mala Khiroya- Superintendent Pharmacist, TrustMed Pharmacy</p> <p>Sarah Kirwood &amp; Ketan Paw - NHS Complaints Advocates – City and Rutland, POhWER - Information, Advice &amp; Advocacy Service Centre</p> <p>Manveer Johal -Abbot Diabetes Care</p>
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### CLOSED SESSION

1.	<p><u>Welcome</u> SH welcomed everyone to the meeting and shared the Vision Mission and Values of the LPC. SH mentioned the Nolan Principles as everyone should be abiding by these as they are at the heart of the LPC.</p> <p><u>Apologies for Absence</u> Chetan Parmar (CP), RP updated the meeting that there was a change to the Lloyds representative on the LPC, and further details would be given later as part of the chairs report</p> <p><u>Declarations of interest</u> Forms available for completion at every meeting which are to be circulated for review by individual members of the committee and amended if required. This practice will ensure that there is no opportunity for criticism in the future. Declarations of interest forms have been uploaded to the LPC website</p>	<u>Action</u>
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2.	<p><u>Minutes of Meeting held on Monday 20 May 2019– amendments made as below</u></p> <ul style="list-style-type: none"> <li>• Addition of “to” in chair’s report</li> </ul> <p>With the above change made, SH then asked for agreement of the minutes for the meeting held on Monday 20 May 2019; proposed by JL and seconded by SA .</p> <p>SK signed the minutes as a true record, as he was in post as chair at time of May 2019 meeting; these will be uploaded to the LPC website by AG.</p> <p>SK said there are lots of opportunity as to how we translate the business of the LPC meeting into the business plan and how we allocate resource, and this will form how successfully the committee works.</p> <p><u>Matters Arising</u></p> <p>LPC member reviews -these have been rescheduled to September. HK has sent the template to AG to be distributed by email after the meeting, as this will allow 2 months to complete. <b>AP 178 - AG</b> to email to the LPC committee, timeslots will be allocated and communicated.</p>	
3.	<p><u>Action log updates</u></p> <p>The Action Log was reviewed and updated with closed actions. AG has ensured the action log is updated with actions taken and new actions from the LPC meetings.</p> <p><b>Allocation of contractors</b> – SK said there are two elements to contacting the contractors, one of which is setting up a micro network of pharmacies and engagement to cascade the strategic information from the LPC.</p>	
4.	<p><u>Feedback from Committee on current issues</u></p> <p>AV – issues with 3<sup>rd</sup> party ordering, this has been raised in the past, but problem is ongoing.</p> <p>SH- need to be mindful of GDPR as we cannot share patient information, please refer all queries about 3<sup>rd</sup> party ordering to RP so they can be logged. Any prescription direction issues should be forwarded to NHSE to ensure a structured response.</p> <p>SK – Issues with GPs telling patients to go to other pharmacies when something is out of stock.</p> <p>HK suggested that the next LPC newsletter should include information for contractors about how to deal with patient direction for out of stock medication/ethical behaviours.</p> <p><b>AP 179 – RP</b> to include in next newsletter to contractors.</p>	

5.	<p><u>HR Discussion</u></p> <p>SK gave an overview to the committee about the HR Recruitment &amp; Accountability Subgroup proposal which he has drafted. With the changing landscape and workload LLR LPC is moving towards a business office operating model and now has 3 employees (chair, chief officer and administrator). The purpose of the document is to formalise the HR process for the LPC, and to ensure clear lines of accountability, responsibility and reporting not only for employees but also for committee members. It was important for employees to feel valued, have training needs identified and a fit for purpose job description. SK, SA &amp; JL are the subcommittee dealing with recruitment, and this committee report to the executive committee. SK asked the committee to vote on whether the detail of the proposal he has drafted (and is in dropbox) can be taken forward and finalised. This proposal was seconded by MB and agreed unanimously. The committee also agreed that any tie required by SK, SA &amp; JL should be reimbursed, the proposal was a good first step to have long overdue structure with recruitment/employment and was the right way forward. Review dates will need to be planned in for chair, chief officer and administrator in line with line management reporting. The HR subcommittee will attend executive committee meetings if clarity is required.</p> <p><u>Service Development Lead</u></p> <p>JL gave an update and context to the recruitment of the role. The role had been advertised and a candidate interviewed; a job offer was made, and no queries were raised about the offer made. Subsequently the candidate has raised concerns about the remuneration for the role, which was clearly stated on the job advert. SK has had conversations with the candidate and shared the content with SA&amp; JL for transparency. The candidate has been given notice for the role of 2 days a week which ends on 31 July, and to date has not accepted the role working 1 day a week. SK asked the committee to consider whether there was a way forward, which the committee discussed at great length. JL summarised the discussion and asked the committee to vote on whether the original job offer made should stand. The committee voted unanimously that the original job offer made to the candidate would not be amended and a decision was required as to whether this was accepted or not. SK agreed to update the candidate about the decision of the committee.</p>	
6.	<p><u>Treasurer's Report</u></p> <p>MB updated the committee and confirmed AT had left things very well set up. All expense claims are up to date, and he will provide the spreadsheet for the committee at the next meeting.</p> <p>Another signatory is required to replace AT, after discussion HV agreed to do this. HV will work with MB to ensure this is taken forward with the bank. The committee agreed AV, MB &amp; HV could have backfill for the time needed for the signatories to get together and complete the paperwork for the bank.</p> <p>MB asked that expense claims are submitted regularly and with as much information as possible to ensure timely payment.</p>	

7.	<p><u>Chair's Report</u></p> <p>I have taken on the role of Chair since the 1<sup>st</sup> of June, and I promise that I will work hard as Chair, I am passionate about community pharmacy and realise what challenges all the contractors are facing. I will make sure that LPC business is conducted in an appropriate manner and help all the members to conduct LPC business.</p> <p>Currently we have held 2 very successful meetings, one in the Holiday Inn and one at the Peepul Centre. We had great engagement and 98% attendance. The feedback was extremely good, with everyone saying that they have increased in confidence to be able to demonstrate inhaler technique and perform MURs. The next meeting is to be held at Boots where we are expecting 40 attendees, and Anna Murphy is talking and demonstrating the inhalers. Great engagement with the CCGs too. I suggest that we do one final mop up in September to make sure that the education has been delivered to as many as possible.</p> <p>The CCGs are keen to carry on the format of educational meetings, so we need to plan similar events for another subject, possibly Diabetes, (Sat has contacts and ideas)</p> <p>Walk in my shoes needs to be focused on to get that off the ground, and we will be focusing on that next.</p> <p>I had a meeting with some of the social care team at County Hall, this in in the very early stages, but we were discussing the possibility of payment to contractors for provision of MDS.</p> <p>It has become apparent recently that there has been inappropriate use of what's app and I would just like to remind everyone that the policy has been updated last meeting, please make sure that any requests for action on behalf of the office team are made by email, so that we have a credible trail of evidence to follow in case of any questions.</p>	
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### Chief Officer's Report

Firstly, thank you all for making me feel welcome and your help during these first few weeks. I am getting up to speed on matters and I am pleased provide a summary activity for June as follows: These reports have been uploaded to dropbox and I am happy to answer any questions which may arise.

#### **LMSG Meeting**

- DOAC – discussions on whether orange books are still available. Concerns raised on DOAC queries raised via dentists, website link with resource to aid queries shared with LLR contractors.
- Heavy discussions around about the best way for GPs and consultants to send information to each other regarding shared care agreements and refusals. The current system involves fax but GPs as part of their contract need to phase out fax machines - as the email ended in nhs.uk the data was secure. Clarification required that shared care agreement info (patient identifiable details, drug and condition) could therefore be sent securely to and from UHL/LPT and GP addresses if the address ends in nhs.uk? Answer is yes, however the discussions clearly showed the NHS.NET issue we are facing is affecting GPs etc equally.

#### **IM&T Meeting**

- Request to encourage patients to download NHS app.
- Request to Community Pharmacy (LPC) to continue to raise via LPC/ PSNC to push for more details via SCR.
- Discussions around use NHS.NET mail for LPC to CP and CP to GP.

#### **Medicines Optimisation operational and Governance Group**

- Gillian Stead asked for support from LPC to launch webinar training for red flag for CP to look at reducing/ supporting OTC prescribing. Suggestion on using MUR as a tool to direct patients back to GPs for this group. Ongoing discussions
- Confirmation from Gillian within meeting on success of Respiratory event on 11<sup>th</sup> June.
- Confirmation of PCN breakdown = 8 PCN for West Leics, 7 PCN for East Leics and 9 PCN for City Leics.

#### **Removal of Third-Party Ordering**

##### West Leicestershire CCG

- Issue raised from a contractor regards to the surgery system EMIS directing patients to Online options.

After investigation CCG confirmed issue is with EMIS system and this will be raised through appropriate channels. RP raised with PSNC / NHS digital.

##### East Leicestershire CCG

- Raised issue to CCG and asked for a blanket comms to surgeries for clarification. Please see reply received - *Leics City CCG are progressing with plans to mirror previous work undertaken by ELR CCG .I appreciate this may cause some confusion for patients/pharmacies but eventually LLR will have a uniform approach to third party ordering. LC CCG GPs were informed of this at a PLT event earlier this week. Presently pharmacies can continue to order on behalf of Leics City CCG patients however as you will appreciate, GP practices are well within their rights to implement their own processes about third party ordering.*

	<p><b>SLAs</b></p> <ul style="list-style-type: none"> <li>Updated SLAs sent to all pharmacies on 1st July from Turning Point, Valid till 31st March 2021. These will need to be signed and returned within 14 days.</li> </ul> <p><b>LPC Committee – welcome to new members</b></p> <ul style="list-style-type: none"> <li>New AIM member - David Evans (Daleacre Healthcare Ltd) Background info -member of Derbyshire LPC &amp; sat on PSNC for over 12 years until April 2018.</li> <li>New CCA member – Gurikbal Singh (Lloyds Pharmacy) Regional Manager.</li> </ul> <p><b>AP 180 – AG</b> to send thank you email to CP for his contribution to the LPC and his work with the contracts sub- committee.</p> <p>The agenda for the event at Boots on 9 July had been finalised and would be a great opportunity to raise the profile of the LPC at the event.</p> <p>HV commented on the quality of the meeting reports which he said were very useful and he found the newsletter very informative. It was suggested here was an opportunity for the LPC to add to the newsletter anything which was felt to be useful to contractors.</p>	
8.	<p><u>LPN Chair update</u></p> <p>SH &amp; RP had attended the LPN meeting on 15 May and the minutes from this meeting had been circulated by email to the committee.</p> <p>NUMSAS and DMIRS were extended until the end of September 2019.</p> <p>GP/DMIRS service will be piloted in nine sites from July 2019.</p> <p>NHS England &amp; NHS Improvement annual Health Promotion Campaigns for pharmacies:</p> <p><b>Children’s Oral Health</b> – started 13<sup>th</sup> May 2019 until June 2019, LPC reported that pharmacies have not received the packs for the campaign yet. The packs had been posted the week before and they should be arriving at the pharmacies imminently, any problems with the packs will be fed back to the National team. The electronic packs had already been sent by email to all pharmacies by the NHSE&amp;NHSI Contacts Team.</p> <p>Request to the LPC members present at the meeting to send comms to the community pharmacies asking them to liaise with their local Dental Practices (the ones who are accepting new patients) as it would be useful to signpost the new patients.</p> <p><b>Antimicrobial Resistance – September 2019</b></p> <p><b>Stoptober - October 2019</b></p> <p><b>Help Us Help You – Winter campaign, November and December 2019</b></p> <p><b>Alcohol - January 2020</b></p> <p>SH updated the LPN meeting that the results of the Atrial Fibrillation screening project have come out and some patients were referred back to their GPs. SH shared that the project was well received by the public and the results were promising.</p> <p>SK said it was in the interests of all contractors within LLR to make sure DMIRS is delivered; call handlers at NHS111 should sending the referrals through. He suggested a letter could be sent to NHSE from LPC offering support to ensure the referrals are sent.</p> <p><b>AP 181 – RP/SH</b> to draft and send letter.</p>	

9.	<p><u>Vinay Mistry – Service Delivery Lead update</u></p> <p>Vinay had provided an update which was shared with the committee in advance of the meeting. Highlights include</p> <p><b>Hep C</b> – Project extended until the end of July 2019, activity and outcomes shared  We have had positives from these pharmacies -HMS Pharmacy = 10, Hinckley Health Centre = 1, Medicine Box = 8 and Moins = 4. A great success picking up 23 new positive patients.</p> <p><b>Optimising Respiratory MURs/NMS</b> - Standardised training provided by Anna Murphy, so far, the team have put on two meeting:  23<sup>rd</sup> May attendance = 45/50. = 90%  11<sup>th</sup> June attendance = 51/50 = 102%</p> <p>Planned – Boots 9<sup>th</sup> July and further event at beginning of September 2019.  Post training follow up visits in progress by Vinay. Number of visits to date 20.  3 respiratory MURs conducted with these forms – by the same locum in 3 different branches.</p> <p>All the attendees needed a refresher:</p> <ul style="list-style-type: none"> <li>○ On why we are doing this service.</li> <li>○ What needs to be done.</li> <li>○ How the forms need to be used and send to the Dr’s.</li> <li>○ Why its critical we deliver on this service</li> </ul> <p>These are early days.  That is why its paramount that repeat follow up are maintained.  We did this for BBV and Hep C – and they delivered.</p>	
10.	<p><u>PCNs</u></p> <p>SH had sent the link to the PSNC website prior to the meeting to allow the committee to look at the information - <a href="https://psnc.org.uk/lpcs/lpc-members-area/primary-care-networks-information-for-lpcs/">https://psnc.org.uk/lpcs/lpc-members-area/primary-care-networks-information-for-lpcs/</a></p> <p>SK gave a short introduction to the committee and this was followed by a brainstorming session to decide the next steps. SK showed the committee the folder of documents he had put together and suggested the LPC could produce for each contractor to whet their appetite. Questions were raised about how the LPC could take this forward? how much help would there be from PSNC, NPA and CCA? SK said there was an opportunity for the LPC to set the priorities and run as a proper project. It was important to have contribution from our contractors so suggested a brief communication document, with outline information and an expression of interest form for nominations to be the lead pharmacy in each network. Support was available for mapping contractors and it was hoped this could be completed and circulated soon</p> <p><b>AP 182 RP/SH</b> to draft and send comms to contractors to gauge interest  <b>AP 183 RP</b> to set up meeting with Tim Sacks</p>	

11.	<p><u>Optimising Respiratory MURs &amp; NMS</u></p> <p>SH gave an update to the committee about the 2 very successful meetings, one in the Holiday Inn and one at the Peepul Centre. There had been great engagement and 98% attendance. The feedback was extremely good, with everyone saying that they have increased in confidence to be able to demonstrate inhaler technique and perform MURs. The next meeting is to be held at Boots on Tuesday 9 July where we are expecting 40 attendees, and Anna Murphy is talking and demonstrating the inhalers. Great engagement with the CCGs too.</p> <p>SH suggested that we do one final mop up in September, possibly at the Peepul Centre to make sure that the education has been delivered to as many as possible, and targeted invitations would be sent to contractors who have not attended the 3 events already held.</p> <p><b>AP184 – SH</b> to share feedback from the events with the committee.</p>	
12.	<p><u>Review of Business Plan and Social Media Policy</u></p> <p>No great changes to the business plan discussed in the May 2019 LPC meeting, PCNs will need to be added as a workstream to capture all activity.</p> <p><u>Social media policy – use of what’s app</u></p> <p>As SH had included in her Chair’s report earlier, there has been inappropriate use of what’s app, SH said she wanted to remind everyone that the policy has been updated last meeting. Please make sure that any requests for action on behalf of the office team are made by email, so that we have a credible trail of evidence to follow in case of any questions. We need to be open, honest and transparent in our dealings.</p> <p>Each member of the committee was given a copy of the updated social media policy to be read and signed to confirm understanding. These will be filed in the office.</p> <p>SA reminded the committee not to automatically use “reply all” on emails. In addition, we have had a few changes to the committee recently and this is a good time to review your contacts list and delete email addresses for people no longer on the committee.</p>	

13.	<p><u>AGM</u></p> <p>SH updated the committee about the preparations for the AGM in September, there were enough folders for each contractor and all the inserts would be loose-leaf to reduce the cost of producing a booklet.</p> <p>There was discussion among the committee that many of these packs are rarely read and always discarded. A suggestion was made to investigate this requirement and perhaps look at alternative methods, i.e. emailing all contractors and asking who would like the packs and only send them to those who express a desire to receive one.</p> <p>Alternatively, we could direct our Contractors to our website where we upload up all the necessary information, or perhaps a combination of the two options.</p> <p>We email the information to our contractors and upload to the website now, and as we have the folders already and work is underway on the inserts, it was agreed to carry on this year as in the past and post to all contractors. However, looking ahead the committee agreed for future AGMs to look at the cost of producing and sending these packs, in line with the LPC wish to be environmentally sustainable where possible.</p> <p>SH reminded the committee about the reports which need to be with AG by the end of July and updated bios if required.</p> <p>Use of NHS mail was discussed, AG has previously contacted all contractors asking them to confirm which email address the LPC was to use. PSNC advise using the NHS.net email address, but it is clear more work needs to be done. The LPC needs a mechanism to contact all contractors <b>AP185 – RP/AG</b> to look at how to drive this forward and obtain correct contact details.</p> <p>Confirmed guests are Richard Chapman – GPhC Inspector and Liam Stapleton. An invite has also been sent to Garry Myers who has not yet confirmed.</p>	
	<u><b>OPEN SESSION</b></u>	
14.	<p><u>Rob Andrew Pharmacy Engagement Manager for Primary Care Support England</u></p> <p>Rob introduced himself to the members of the committee. He explained the changes to the Communications and Engagement Team, gave upcoming service updates regarding supplies ordering and any changes to the Market Entry application process.</p>	
	<u>LUNCH</u>	
15.	<p><u>Mel Burdett – NHSE Support Contract Manager</u></p> <p>Mel Burdett introduced herself to the committee as she is the new Assistant Contract Manager for Pharmacy in LLR from May 2019. Mel will be representing NHS England at the LPC meetings going forward and the committee said they looked forward to working closely with Mel in the future.</p> <p>Mel confirmed the mapping for PCNs was underway and this would be shared on completion; feedback would be welcomed. There are meetings coming up and RP has been invited to attend.</p> <p>Mel also mentioned there is a role for NHSE to support the nomination and appointment of a lead pharmacy in each PCN area and would send RP all the information, in addition the guidance around the appointment of Accountable Clinical Directors.</p> <p>CPAF update- ended 30/6/2019, next step is to review the information and visit contractors. AV asked if the LPC could be notified in advance of these visits as it was important for the LPC to offer support. Mel agreed this would be shared with RP as soon as visits to contractors identified.</p>	

16.	<p><u>Mala Khroya – Superintendent Pharmacist – Trust Med Pharmacy</u></p> <p>Mala thanked the LPC for the opportunity to come and talk about her role at Trust Med Pharmacy which, is not NHS registered, and dispenses all the outpatient prescriptions across 3 sites in Leicester. Mala is looking to expand into the community, and said she hoped the LPC would offer an opportunity to work collaboratively. JL mentioned the instances where an outpatient presents their prescription at a community pharmacy and wondered if there could be a mechanism to share contact details, so the patient was not inconvenienced further. SK mentioned this should be raised at IM&amp;T and Meds Optimisation Meetings by RP/SH.</p> <p>SH offered support to help promote NMS and suggested a leaflet could be produced and given to a patient collecting a prescription for a new medicine from Trust Med Pharmacy. These patients would not be routinely followed up otherwise.</p> <p>SK agreed there are significant numbers of outpatients attending appointments who could be followed up in community pharmacy.</p> <p>RP/SH are to facilitate a meeting with Mala to progress these suggestions and ideas further.</p>	
17.	<p><u>Sarah Kirwood &amp; Ketan Paw -NHS Complaints Advocate – Leicester City and Rutland, POhWER -Information, Advice and Advocacy Service Centre</u></p> <p>Ketan and Sarah gave an overview about the NHS Complaints Advocacy Service Leicester City, Leicestershire &amp; Rutland provided by POhWER. This is a free and independent service helping people to raise their NHS complaint using the formal processes available. The service is not part of, or funded by the NHS and as such, impartial to help those who have experienced problems with their NHS care and treatment, or a family member or friend to raise this on their behalf.</p> <p>Anyone who wishes to make a complaint or raise a concern regarding NHS care has the right to do so, and POhWER supports all members of the community to do this, including people in prisons and secure accommodation.</p> <p>The service helps people through the complaints process by providing information, advice and guidance about their rights/options within the formal complaint system. Where people require additional assistance, an experienced and qualified advocate is assigned to support people through the complaint process – and through to the Parliamentary and Health Service Ombudsman if required.</p> <p>POhWER can provide a vital lifeline at what can often be a difficult time, ensuring people do not feel alone when navigating the complaint process. Assistance provided includes drafting letters, speaking to NHS staff regarding the complaint and empowering individuals to make their own decisions and have their voice heard. We can also attend local resolution meetings with the client at the hospital or surgery, if required, to assist in resolving the complaint.</p> <p>Ketan gave the committee an information leaflet which includes the link to the information page <a href="http://www.pohwer.net/self-help-tools/nhs-complaints-advocacy-self-help-tools">http://www.pohwer.net/self-help-tools/nhs-complaints-advocacy-self-help-tools</a>. This page provides further information on how to raise an NHS complaint. Literature that is tailored for client’s needs - including foreign languages and large print. Support through home visits, is available if appropriate.</p>	

18.	<p><u>AOB</u></p> <ul style="list-style-type: none"> <li>• Flu - will contractors be flu ready- early signs that flu season has started very strongly in Australia and this could be replicated here as has happened in the past. Need for LPC to notify contractors now so they can act. Suggestions to include in the next newsletter – <b>AP 186 SH/RP</b> to include in newsletter to contractors</li> <li>• Following on from above could LPC to investigate whether it would be possible for community pharmacy to vaccinate staff by way of a voucher - <b>AP187 SH</b> to investigate this and report back</li> <li>• Earlier start to meetings to be considered, higher engagement with earlier start</li> <li>• Freestyle Libre issues (will be a presentation later this afternoon)</li> <li>• Self-care leaflets – where do we get these from??</li> <li>• Waste Meds Audit data – results/learnings from this, how well has it been received.</li> </ul>	
19	<p><u>Review of Meeting</u></p> <ul style="list-style-type: none"> <li>• Smaller committee worked well</li> <li>• Earlier start time for next meeting (after the AGM)</li> <li>• Interesting and informative</li> <li>• Guests were varied, good subjects covered</li> <li>• Constructive</li> <li>• Regular updates in the future from NHSE – Mel Burdett</li> <li>• Much more efficient meeting</li> <li>• Information and ideas shared about PCNs</li> <li>• Suggestion to set start and end times to meeting to allow 1 hour for sub committees to meet</li> </ul>	
	<p><u>Presentation by Abbott – Freestyle Libre</u></p> <p>Manveer Johal -Abbot Diabetes Care joined the meeting to talk about the Freestyle Libre with a presentation and demonstration.</p>	
	<p>Meeting closed at 3.40pm</p>	

**Date of next meeting is Monday 23 September 2019**  
**LPC member reviews will take place prior to this meeting**  
**12.30pm to 5.00pm, Holiday Inn Express, Raw Dykes Road, Leicester**  
**Followed by AGM starting at 6.15pm**

Signed ..... (Chair)

Name .....

Date.....