

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

Tuesday 26 November 2019

Holiday Inn Wigston, Leicester Road, Wigston, LE18 1JW

8.00am to 3.00pm

Present:	<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) Meyur Patel (MP) Gurikbal Singh (GS) Hasmukh Vyas (HV) Vinay Mistry (VM) – Service Development Lead Ailsa Garner (AG)–Administrator</p>	
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CLOSED SESSION

		<u>Action</u>
1.	<p><u>Welcome</u> SH welcomed everyone to the meeting</p> <p><u>Apologies for Absence</u> Harmanpreet Kler is beginning an IP course soon so will be going on a 12-month secondment to concentrate on this and will temporary step away from the LPC. Clare Kerr will be covering Harman’s secondment for this time period as a temporary CCA representative on Leicestershire LPC. Clare Kerr is Head of Healthcare Policy and Strategy at McKesson and is a CCA and a PSNC board member. Having Clare on the committee will be hugely beneficial for LLR LPC going forward.</p> <p>David Evans (DE) and Claire Kerr (CK) sent their apologies in advance of the meeting.</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. GS to complete his form during the meeting so that it can be uploaded.</p>	

2.

PCN Update

As SA had indicated in advance that he needed to leave for an important visit at 8.40am, SH confirmed the agenda has been amended to include the PCN update early so SA could hear the update and be involved in any decision making.

SK gave an update on the progress of the PCN work to date and brought the committee up to speed with the next steps required. He had produced a presentation which had been circulated in advance to ensure the committee were fully appraised of the decisions to be discussed and agreed.

27 PCNs within LLR, with PCN leads in each. The work had been completed to allocate pharmacies to PCNs and there had been discussion where contractors felt the PCN allocated was incorrect. SK had circulated the MOU which would be given to all PCN Leads, this needs to be looked at in detail and amended as required.

MOU amends discussed and agreed, to ensure complete clarity and responsibility.

SK confirmed there needed to be a process where there was more than one nomination for a PCN lead to ensure any voting process was clear and transparent; contractors within the networks where it applies would be asked to vote.

HV asked if there was an overlap with the work of the Chief Officer and the PCN lead for the LPC, RP replied that definitely you did need a dedicated PCN lead.

SA asked about the funding of the lead, and AV mentioned some LPCs have employed someone to work solely on this.

GS commented that the MOU looked very good and clearly defined the roles and responsibilities, and asked what if it goes wrong?

SK said slow and steady progress was being made, RP and SK will present to Tim Sacks at the end of January what has been done within LLR. SK said he was happy to continue to lead on the work and asked if the committee were happy with this. This was agreed by all present who also confirmed they were happy with the structure.

JL said it was important the PCN leads were representative of all contractors, there is some very strategic stuff, and the LPC needs to ensure all communications help 230 contractors to get over the line. They are in effect the face of the LPC. JL also asked if there was overlap with the Service Development role in the PCN work to help engagement.

AV asked about training the leads; SK said there are options, online and face to face training for leadership, abide by the Nolan principles and be sure to set our expectations of the PCN lead. Deadline to have alignment with PCN lead to PCNs is mid-January, and SK would hope to meet all PCN leads by February.

Funding discussion – how could the LPC fund the training and ongoing support to the PCN lead? After lengthy discussion, MB suggested that the LPC ring fence money to be used for PCN training and ongoing development of the PCN Lead. JL submitted this as a proposal which was seconded by AV. A vote was then taken and agreed unanimously by show of hands.

SK thanked the committee for their support and the committee thanked SK for all he had done so far with this piece of work.

3.	<p><u>PSNC RAG Rating</u> SH had circulated in advance the PSNC RAG rating for the committee to complete and return today; the results will then be analysed.</p>	
4.	<p><u>Minutes of Meeting held on Monday 23 September 2019</u></p> <p>SH asked the committee to read through the minutes and ask for any alteration or amendments. No changes were required for the minutes of the meeting held on Monday 23 September; SH then asked for agreement of the minutes of the meeting; proposed by AV and seconded by MB. SH signed the minutes as a true record, these will be uploaded to the LPC website by AG.</p> <p><u>Matters Arising</u></p> <ul style="list-style-type: none"> • JL reminded the meeting that there is £15k of funding for “walk in my shoes” and this money needs to be allocated. • Pharmacists in GP practices where there is evidence of patient direction, SH agreed to look at the cases highlighted and write a letter to be sent from the LPC. • Letter to NHSE to remind them of statutory obligations to the LPC – suggestion to send to Parminder – this is an addition to the outstanding AP 191 (SH) from September 19 • SH agreed to update the business plan, and this has now been completed 	
5.	<p><u>Action log updates</u> 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, are added after each LPC meeting.</p>	
6.	<p><u>Treasurer’s Report</u> MB gave an update to the committee about the current state of the LPC finances. There is training money available which can be ring fenced for bespoke training for PCN leads. SK proposed to hold a leadership and training event, delivered by a third party, and for the LPC to fund bespoke training for the LPC PCN Leads and the PCN Clinical Pharmacists. These would be funded by the LPC, the proposal was seconded by MP and the committee were asked to vote. This was agreed unanimously and will be progressed by the Exec committee. SK will forward to MB the business proposal . SK has a copy of a bid submitted to HEE and agreed to send to MB for information. The MOU for the PCN leads will need to incorporate something about training.</p> <p>Indemnity Insurance paid with second part of PSNC levies due on 1 December 2019. A folder is to be set up in the office to record invoices received and paid so that we can cross refer payments made. AP 195 – AG to set up a folder in the office and a file in dropbox to record invoices received and paid.</p>	

7.	<p><u>Chair's Report – sent out in advance by email</u></p> <p>There has been an enormous piece of work being going on since we last met and Rita and Sat have been working hard on PCNs, to be updated in the meeting. Ailsa as always has been working tirelessly in the office and we have all had many enquiries from our contractors. Vinay has done well informing our contractors about the new changes to the contract and as reported by Rita we have achieved very high numbers in MYS registration. Some points that I have been working on are as follows.</p> <p>Constitution change / governance change I have investigated the process of changing the constitution, so that we can add the amendment so that the process for CCA contracts voting on the accounts for the AGM can be added as an addendum. Each CCA should be given a postal vote representing the number of contracts in our area.</p> <p>For constitution change we must call an EGM, giving the contractors 30 days' notice to vote for the change. AP 196- AG/SH to ensure all contractors and CCA are aware</p> <p><i>UPDATE - Following discussion within the LPC meeting on 26 November, it was agreed to hold the EGM at the end of the January 2020 LPC Meeting. Communications will need to be sent to all contractors initially before Christmas to make them aware. It was also agreed to include as part of the EGM, the size of the LPC Committee currently and the agreement to remain as we are, as minuted in an earlier LPC Meeting.</i></p> <p>Pharmalarm: As requested last meeting I made enquiries about the cost, It will cost £1 per week per contractor, and the replies I received back from the committee members indicated that it wasn't really necessary as a lot of contracts have their own arrangements/SOP or processes, however Rita has further developments</p> <p>Agm: This was a resounding success with record attendance, thanks to all for their hard work, especially Ailsa and Rita.</p> <p>I had a meeting with Neena to discuss the audit that the DeMontfort University students are helping our contractors to perform. We came up with the basis of the audit and then sent out coms to the contractors. The University wanted 70 contracts, and I think they are now at full capacity now. Report on dropbox.</p> <p>Doac meeting and email . After an extremely successful and well attended meeting on DOAC's we had a very informative talk about AF, and the use of a handheld device that Bluetooth to the phone and gives an ECG trace. I am in communication with Trevor the Bayer rep to see if he can do a deal for the contractors across LLR. (Awaiting response)</p> <p>Pharmoutcomes and county etc. I have been in communication with the county EHC service, about registering the service so that contractors can claim for the service via Pharmoutcomes. We are still waiting for the answer, its going through finance at the county council.</p> <p>Conference. Rita and I both attended the Chairs and Chief officer conference in September.</p> <p>Visited a contractor about a problem with requests for dossette boxes where the CCG had got involved. We sorted out the issue and the contractor was very happy for us to visit.</p> <p>LOGO We have had a request to use our logo by the De Montfort university on a display board for students , after an exec discussion I have replied that we are happy for this to happen, but should it be required elsewhere then we are to be consulted first.</p>	
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8.	<p><u>Chief Officer's Report</u> RP gave a presentation to the LPC about her activity in the role of chief officer since the September LPC Meeting</p> <p>LMC Meeting Met with Chair and Secretary, Main Challenge – lack of understanding of CPCF, Outcomes: - Briefing paper written by LPC and sent to all GP practices. - Regular quarterly meetings - Support on switching comms</p> <p>Met with first ACD Outcomes: - Positive feedback on LLR PCN pack - Collaborative working on CPCS GP referral pilot</p> <p>New Initiatives Outcomes: Workforce Workstream Working with Anna Murphy – inhaler recycling programme (early 2020)</p> <p>Events AGM – 55 attendees LPC/LIPCO – 75 attendees DOAC/AF – 55 attendees All successful and majority financed through sponsorship</p> <p>Plan PCN Plan CPCS/PQS Plan</p> <p>Next Steps & Forward Planning</p> <p>Upcoming Initiatives EPS 4 – small no of practices go live in Nov 18th. LLR dates between 02/03/20 – 20/03/20 Once local dates agreed LPC will work with IT lead on comms/support of implementation TCAM – UHL (date Mid Dec – LPC working with UHL on delaying this date) PSNC Review (end date April 2020)</p> <p>Work in Progress PQS - 2 days of chase Audits – All contractors must start by 29/11/19 CPCS Registration – Final support before 1st Dec £900 deadline CPCS – No of referrals, Quality/ calls, Escalation Process to be defined Increase utilisation of Virtual Outcomes Integration - PCNs</p> <p>Tim Sacks – 25 ACDs (end Jan)</p> <p>Decisions made Vinay – confirmed 2 days a week (31/03/20) Website – confirmed restructure – agreed by exec committee</p> <p>To be made: Pharm Alarm (£62 per contractor) after discussion amongst the LPC, SK proposed the LPC will fund the device for a 12 month period only, after which time contractors may continue a subscription at a cost of £62.40 (per annum) or alternatively return the device. The LPC is working with the local IMT Board to source ongoing funding but we cannot commit beyond 12 months at this time.</p>	
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	<p>Seconded by HV. The committee agreed unanimously to this. RP has contacted Lloyds, Well and Boots who have declined based on their secure systems. It could be that other CCA may feel the same way and SH offered to email Asda, Tesco etc. with the proposal and await their feedback. AP 197 -SH- to contact as above</p> <p>LPC future meeting dates – to be circulated – committee happy to hold meetings on a Monday where possible and consider Wednesday as a possible day.</p> <p>HV suggested the LPC hold more inclusive events in the future and invite technicians. The Peepul Centre was a good venue and the feedback from the events held there was very positive.</p> <p>GS suggested looking at a locum database, AG confirmed she was slowly building up a network of relief and locum pharmacists who wanted to receive information from the LPC.</p> <p>MB asked is there was any mileage in the LPC working with the PDA to hold an event locally for all locums. SK said that he did have contact details for the PDA which he would forward on.</p> <p>TCAMS-discharge MURs, there had been a pilot in LLR looking at this and maybe it was worth checking the archives to see if this would be taken back to NHSE. SK suggested Mark Pearce at Leicester City CCG would be a good contact. AP 198- SH to investigate this further.</p> <p>At this point SK asked for the minutes to be noted that there was no financial conflict of interest where he has suggested business proposals.</p>	
9.	<p><u>Service Development Lead Update</u></p> <p>VM gave the committee an overview about the workstreams he is currently looking at.</p> <ul style="list-style-type: none"> • <u>MYS & CPCS registration at 92% and 96% respectively.</u> • <u>NHS 111 KPI – 80% “demonstrating confidence in the service”</u> <p><u>PQS – 88% gateway criteria</u></p> <p>Targeted Approach visiting contractors (on-going)</p> <p>Data via NHS England – gateway criteria and DoS.</p> <p>On 22% Oct</p> <p>Now 88% as 23/11</p> <p><u>Key message to contractors during visits: Audits – Diabetes, Valproate, Lithium and Nsaid</u></p> <p>What this means is that contractors are ready and engaged in the new world, interested in how to access income stream.</p> <p><u>LIPCO/Pillbox – Collaboration meeting on CPCF</u></p> <p>Aim for the collaboration to deliver CPCF to maximum contractors.</p> <p>Very short timeline (3 days)</p> <p>Numbers committed before LPC engagement – 14</p> <p>Numbers post LPC engagement and on the day – 75</p>	

10.	<p><u>PSNC Update</u></p> <p>Luvjit Kandula from PSNC joined the meeting to give an update about the Independent review into representation and support for contractors. PSNC has commissioned an independent review of contractor support and representation. PSNC Chief Executive first announced this at the LPC Conference in the autumn and has already been seeking views from your Chief Officers. The purpose of this independent review is to ensure that we are working as effectively together as we possibly can to meet those needs of contractors. The review will help us to reduce duplication in the system and increase efficiencies, as well as recommending what models and ways of working will serve us best going forwards. The work that PSNC and LPCs collectively do to support contractors through that change is becoming increasingly important but also more and more challenging. The review will be funded by PSNC and the LPCs, but it will be led independently by Professor Wright and his team. We very much hope that LPCs will support this endeavour – there are several ways in which you can engage and make your views heard. Importantly, we can now confirm that the cost of the review is under our initial estimate (which was max £100k inc) which means that with a 70/30 split of funding between, the average cost for LPCs will be in the hundreds rather than thousands of pounds.</p> <p>More information will follow shortly.</p>	
	<p><u>LUNCH – working buffet lunch</u></p>	
11.	<p><u>HR & Recruitment Committee Update</u></p> <p>SK confirmed the contracts for RP, VM and SH had been drafted, and the LPC handbook amended. MB is currently checking the financial and pension information to ensure the contracts are correct.</p> <p>JL suggested the HR & Recruitment Committee became part of the responsibilities of the Exec Committee, as a sub-committee to ensure that things did not get left. The LPC agreed to this suggestion; it was noted that SH and VM had completed their three-month probation and review meetings do need to take place. GS offered to take on the HR responsibilities for the LPC as he was interested in HR and wanted to offer his support.</p> <p>HK was due to complete the LPC reviews, but as she is now on her secondment this will need to be picked up by GS in the New Year. SH will look for the documents previously sent out and forward these to GS.</p>	

12.	<p><u>AOB</u></p> <ul style="list-style-type: none"> • LPN Update – LPC had requested an updated from LPN chair, but nothing had been received, we will continue to pursue this and cascade when information is received. • County Tender – EHC, Champix -deadline is Friday 20 December to complete tender process • SSP -serious shortage protocols information- difficulties with GPs prescribing unavailable medication. The most up to date information about SSPs is on the PSNC website. • Christmas and New Year opening hours – RP is pursuing this with NHSE (Mel Burdett) and will send on to the LPC once received • Diabetes UK – SK mentioned a project looking at the mechanism to identify patients at most risk of hypos, and this is also looking at fasting and its effects on patients with diabetes. How could community pharmacy help with this? SK asked the committee if they were happy for the LPC to support and attend an initial meeting, it could lead to other opportunities for community pharmacy – for example falls prevention and the frail and elderly. The LPC agreed unanimously for SK to continue with this project and looked forward to an update in due course. 	
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13.	<p><u>NHSE Update</u></p> <p>1. Community Pharmacy Consultation Service It is important to recognise that this new service is still very much in its infancy, we are aware of some initial teething problems and are working with local and national DoS colleagues to rectify. Having said that referral activity is positive considering the service is been live for less than a month. Any issues identified by contractors should be directed to Melanie Burdett (melanie.burdett@nhs.net) in the first instance.</p> <p>2. Community Pharmacy Assurance Framework (CPAF) – Full Questionnaire Contractors identified for completion of the full CPAF questionnaire were sent a link on 31st October to access the questionnaire via the MYS portal. Reminders have been sent weekly to those contractors that have not yet completed the questionnaire. The deadline for completion is Sunday 1st December 2019</p> <p>3. Christmas and New Year Opening We have now agreed Christmas and New Year bank holiday opening hours with contractors, linked to the location and opening hours of GP urgent care/extended access hubs. The process has required NHSE to direct some pharmacies to open for a 3-hour period under an SLA. All direction notices have been accepted, apart from one contractor in Coalville who has rejected the notice. The pharmacist has been advised that the direction notice still applies and that unless an appeal is lodged and upheld, NHSE will expect the pharmacy to open as directed. Several emails have been sent to the contractor requesting confirmation that they will either be open or will be submitting an appeal; however, no response has been received. Pharmacy provision on bank and public holidays specifically in the Coalville area has been under intense scrutiny by members of the local authority Health Overview and Scrutiny Committee (HOSC). It is therefore important that we ensure there is provision available for patients in Coalville on Christmas Day and New Year’s Day; any support from the LPC in resolving this matter would be greatly appreciated.</p> <p>4. NHSE&I Internal Restructure The internal restructure continues, with colleagues being appointed to roles in the new structure. Details will be shared as soon as we are able.</p>	
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14.	<u>Review of venue</u> <ul style="list-style-type: none"> • Better venue, although space would be an issue if full committee and guests attended. • Lights were on for whole meeting and could cause headaches – if we use venue again need to check if another room would be available. • Food higher standard today • Subject to a larger room being available, would LPC like to come back again in January – this was agreed unanimously. Start time to be communicated in due course. <p>Meeting closed at 2.08pm</p>	
	Following the main LPC Meeting, the Executive Committee met to agree a budget	

Date of next meeting is Monday 20 January 2020
Location – Holiday Inn Wigston, start time to be confirmed

Signed (Chair)

Name

Date.....