

LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE

Annual General Meeting

Monday 26 October 2020

Due to Covid-19 Meeting restrictions, the meeting was held using Zoom
7.00pm to 8.30pm

Present:	<p>Altaf Vaiya (AV) – Chair Rita Patel (RP) Chief Officer Satyan Kotecha (SK) vice -chair Mohammed Bharuchi (MB) Treasurer Jane Lumb (JL) Hasmukh Vyas (HV) Meyur Patel (MP) David Evans (DE) Vinay Mistry – Service Development Lead Ailsa Garner – Administrator</p> <p><u>Guest Speakers</u> Simon Dukes – PSNC CEO Meera Shah – CPPE Tutor</p> <p>Also present were 45 Contractors from LLR, represented by 53 people present</p>
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1.	<p><u>Welcome and Introduction</u> welcomed all to the AGM, ran through the agenda and introduced the guest speakers. AV was introduced as the new Chair of LLR LPC until 31 March 2021, SK has now become vice- chair AV thanked the LPC treasurer MB and all the members of the LPC for their support in preparing for the AGM., and all present for their valued engagement with the LPC. Feedback forms will be sent by email following the event and the LPC would appreciate all feedback from contractors, to help shape future events and training.</p> <p><u>Apologies for Absence</u> Apologies were received in advance from LPC members, Hasmukh Vyas, Gurikbal Singh and Shezad Alimahomed.</p>	
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2.	<p><u>Approval of draft minutes from AGM held on Monday 23 September 2019</u></p> <p>AV confirmed the minutes had been available on the website and also circulated by email to all contractors in advance of the meeting. AV asked those present if there were any amendments to be made to the minutes. There were no amendments to be made to the minutes.</p> <p>AV asked for a proposer and seconder for the minutes of the meeting held on Monday 23 September 2019 Proposed by David Evans Seconded by Rahul Patel</p> <p>The minutes of the AGM held on Monday 23 September 2019 were then duly signed by AV as a true record of the LLR LPC AGM. The minutes will now be added to the LLR LPC Website</p> <p><u>Matters arising</u></p> <p>There were no matters arising which needed to be raised at this point.</p>	
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3.

Chair's Report

Extract from LLR LPC Annual Report

It has been an absolute honour and privilege to write the Chair's report for Leicestershire Leicester and Rutland Local Pharmaceutical Committee.

I would like to thank Sue Hind, for making a significant contribution to our LPC both as Chair and with over 30 years of experience previously.

The past twelve months have not only transformed pharmacy but has transformed the world; the impact of COVID-19 has affected every part of our daily lives. It has also had a tremendous impact on community pharmacy, leading to changes in the working lives of pharmacists and their staff. As an LPC we have demonstrated strong leadership in supporting our contractors during these challenging times and also highlighted the importance of Community pharmacy to the wider system. With the increase demands on community pharmacy during these times our contractors rose to these challenges admirably on the front line of primary care.

The efforts of community pharmacy has been recognised by Government officials, with the Pharmacy minister sending out additional PPE to those pharmacies affected by the extended lockdown.

As an LPC committee, our team has worked hard to support all our contractors in coping with this challenging time. I would like to personally thank our office team Ailsa, Vinay & Rita, who went above and beyond to help support all our contractors during these unprecedented times. Without their support, we, as a committee, would not have been able to support many contractors.

I would also like to thank all our LPC committee members who have continuously worked behind the scenes to support the LPC and our contractors, and their dedication, hard work has played a crucial role in helping bring many benefits to our contractors I want to thank Satyan Kotecha (Vice-Chair) for supporting the committee and contractors to navigate the changing landscape in which community pharmacy is a pivotal stakeholder, these changes include evolving PCNs, a single ICS and pharmacy representation in the future.

I would also like to thank, Mohammed Bharuchi, our treasurer for maintaining our books and making sure our LPC is in a strong financial position. I close this report by acknowledging all the hard work, care & dedication put during the past months since the nation went into lockdown due to the Covid-19 pandemic.

A heartfelt thank you to all pharmacy contractors and their pharmacy teams who have supported patients and members of their community tirelessly. Without your commitment, LPC would not be able to deliver on our vision and goals.

4.

PSNC Update – Simon Dukes PSNC CEO

Starts by saying Thank you to LPC contractors etc.
Significant different patients, new ways of treating etc.
Acknowledgement from the government.

Frontline contractors are still in the position of uncertainty in terms of funding which is not a good situation. It is disgraceful.

What to do about it? Two parallel funding.

1. £370million advance which we have in the course of the starting months of the pandemic
2. Additional funding added to the contract sum of £2592 million.

The first funding.

- Covid costs. The cost did not stop after the end of the first wave.
- You see increases in patients, costs, meds, and we need assurance that they will be covered. We are in a National crisis given this pandemic.
- Government is spending money on track and trace; what we are asking is significantly less, given what benefit the healthcare community is providing is much more than what we are asking for.

The second funding.

- We have put a firm bid for additional funding. The contractual funding earlier was not designed for any pandemic, and it has changed patient behaviour. Community pharmacy is more sensual to patient's health care.
- We put up a fund not counting the one year of COVID. So, we will put another bid considering it.
- We know treasury is looking on this matter, but not sure what the reality will be. Despite that uncertainty, we have received an acknowledgment on our clinic performance by NHS. Pharmacy access.

Why we are asking for funds?

- We are saving 57,000 GPS appointments every week, that's 65 appointments for every general appointment. We are saving NHS much time and a lot of money. Other services are rolling out too, medicine in January.
- We need quicker results, quicker decision making and faster funding due to pandemic. We can be as transparent as we can be.
- One of the reasons I called for contact representative support review in September last year as we can provide better service in the same amount of money for contractors.

Achievements.

- We received 370 million.
- Also 60 million for June July Aug Sept.
- Regulatory acceptability in terms of closing time of clinics.

Conclusion

- However, it's never enough. We need more to keep fighting this battle. To look ahead, to look at the vision.

	<p>Simon thanked the committee for inviting him to the AGM; and asked if anyone would like to ask a question tonight or he was happy for his email address to be shared so contractors could contact him.</p> <p>Questions raised:</p> <ul style="list-style-type: none"> • Likelihood of going paperless, digital consultation sign up process was tortuous, a lot of the bureaucracy could be removed. • Support to community pharmacy by removing need to gather signatures from exempt prescriptions, reduce workload • Flu – aware that surgeries are inviting those between 50-64 to come in and get a flu jab but there is no stock for community pharmacy until November/December and happy to share evidence. • Cost Savings, why are we still struggling to get additional funding? • Possibility of community pharmacy losing pharmacists who will want to work in GP Practices for a more clinical future. • Education of GPs and NHS 111, in some cases GPs are not aware of CPCS so will not refer to community pharmacy. 	
5.	<p>Chief Officer’s Report – Extract from LLR LPC Annual Report</p> <p>Community pharmacy stepped up to the plate during the Covid-19 crisis and was the one constant across Primary Care still open and fully accessible to the general public. We are truly grateful to all in community pharmacy for their hard work and dedication throughout this most challenging year. This was demonstrated through your continued commitment to your local community in the face of huge challenges.</p> <p>Thank you.</p> <p><u>Update on LLR LPC Committee</u></p> <p>The primary purpose of this report is to give you an overview of the work and focus of LLR LPC during the previous financial year, and we began with a new Chief Officer and Chair with an expectation of continuity and stability in supporting our contractors. Aligned to this was the continued attention to our expenditure and requirement to be providing good value for the levy that we receive. The decision was consequently taken by the committee that we could confidently reduce from 13 committee members to 10 and still provide effective representation. We also welcome 2 additional members to the committee in the form of CCA representative Claire Kerr alongside AIM representative David Evans. We are fortunate to have such skilled and experienced members on the committee.</p> <p>In these unprecedented times my final thanks go to the members of the committee whose ongoing support, knowledge and wise counsel has being not only invaluable but hugely appreciated, I would also like to recognise the role Vinay plays in engaging with and supporting contractors. I am aware that Vinay is often if not exclusively the face of the LPC in LLR for many independent contractors. ... and a final “finally” – thanks to Ailsa who keeps LPC members and myself organised, sends all the emails to contractors and in addition to all the mundane tasks like minutes and governance support. Ailsa is an integral cog of the LPC office and without her valuable insight, knowledge and expertise we would not be able to serve you as contractors to the highest standard as we currently do.</p>	

During the AGM, the Chief Officer presented slides detailing the work undertaken by the LPC in response to

COVID-19 pandemic

Implemented LLR LPC initiative – COVID 110 Posters for independents/multiples
Facilitated and organised Emergency PPE supply via Military for independents/multiples
Supported & clarified new SOP opening hours with GP surgeries and contractors
Collaborated with Leicestershire Fire & Rescue for emergency delivery in 24-hour window
LPC sourced free visors for all the contractors
Drove Pharmacy buddy system via PCN across the patch with 95% uptake
Sourced and agreed local British Red Cross volunteer delivery service
LDC – Local Dental Committee – designed flow now adopted as national template
Facilitated care home access to PPE
Supported and owned the local testing process

Stakeholder Engagement

PSNC and the Rapid Action Teams
NHSE – Midlands
LMC
CCGs
Community Trusts, NHS Trusts & Mental Health Trusts
GPhC Inspector
Public Health LLR/LLR County Council

Communication to contractors – setting up of what’s app groups and targeted messages approach

CPCS –98 % of contractors registered

PQS (MYS, Gateway Criteria & DOS, final support offered to contractors)

PCN – LPC outlined robust process to select PCN leads (EOI),
PCN Engagement pack developed and presented to CDs,
LPC facilitated auditable PQS requirement,
Funding received £200K
PQS income £164,000 + £36,000 total £200k

Provision of **Pharmalarms** by the LPC Free of charge until 30/4/2021, 60 initially and then a further 40.

Contractor Engagement

10 events held for contractors – variety of subjects covered and all well attended and supported by contractors

6.

Treasurer's Report

MB provided the Treasurer's update and financial report as detailed in the Annual Report, circulated by email and available on the website.

The accounts have been reconciled by MB as current treasurer and (as per our governance) are also audited by an independent accountant Sharman Fielding.

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.

MB asked if there were any questions from the contractors?

One contractor asked why the LPC was holding so much money in reserve?

MB replied that he was intending a levy holiday for contractors and this would be communicated soon.

SK said that with the Wright Review it was prudent to maintain the status quo, the committee was exercising financial prudence by holding virtual meetings at minimum cost.

Approval of Accounts by LPC Contractors

AV asked those present to vote on acceptance of the accounts; he confirmed we had received 62 postal votes from contractors in advance and therefore anyone who had already voted by post should not vote again.

28/32 contractors, eligible to vote and has not voted by post, voted in the Zoom room to approve the accounts for 2019/2020 as presented.

0 votes against approval

4/32 abstained.

In total 90 contractors voted to accept the annual accounts

The accounts were duly approved.

MB agreed to contact one contractor within LLR who had queries he wished to raise, off-line and would personally contact him to ensure clarification and explanation was given.

7.

Meera Shah CPPE Tutor

Meera gave an update to the contractors, to demonstrate how CPPE can support community pharmacists in LLR this autumn.

Online workshop options

COPD focal point www.cppe.ac.uk/programmes/l/copd-ew-01/ **Advisable**

Emergency contraception: www.cppe.ac.uk/programmes/l?t=EHC-EW-01&evid=

Supporting patients living with dementia:

www.cppe.ac.uk/programmes/l?t=SuppPtsDem-EW-01&evid=

Foundation pharmacist 2020-21 programme- advisable, ff not currently provided by employer

GPhC, Employing a provisionally registered pharmacist 2020

Community Pharmacist Consultation Service – advisable

Community pharmacist consultation service Essential skills: An online programme available to those pharmacists who were unable to attend the previously held face-face NHS CPCS events.

Remote consultation skills e-learning – advisable if offering this service

Stage 2 quality payments -**Mandatory** For quality payments

Guide to the pre-registration year **Advisable**

- Your pre-registration year
- Support to gain evidence towards GPhC performance standards
- Support to prepare for your registration assessment
- Support to be ready to provide services when you qualify

Declaration of competence- Influenza

Mandatory -Declaration of competence

If offering this service but individual CPPE learning programmes and assessments are not mandatory

Reflection video learning – revalidation resource

The GPhC have announced that pharmacy professionals who have a registration renewal deadline between 1 September and 31 December 2020 will only need to submit a reflective account when they renew their registration.

www.cppe.ac.uk/programmes/l/reflect-l-01

New services

Hep C service: <https://www.cppe.ac.uk/services/hep-c>

An advanced service. The link to this learning is hosted by CPPE.

Service running from Sept 2020 <https://www.england.nhs.uk/wp-content/uploads/2020/08/par0097-hep-c-service-specification.pdf>

Mandatory -If undertaking this service

NHS Discharge medicines service - <https://www.england.nhs.uk/wp-content/uploads/2020/08/par0097-hep-c-service-specification.pdf>

Essential service coming soon = **Strongly advisable**

CPPE e-learning and e-assessment

Mandatory- Declaration of competence

Contact Details

www.cppe.ac.uk

info@cppe.ac.uk

0161 778 4000

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8.	<p>Independent PSNC/LPC Review – Satyan Kotecha leading for LLR LPC</p> <p>WRIGHT REVIEW</p> <p>PSNC and LPC commissioned the Wright Review on community pharmacy representation in September 2019. The findings from the review were published in June 2020 with 33 recommendations. It was clear that LPCs felt funding for any changes in representation should come from the current funding envelope and not additional levies, LPCs would need to look at current expenditure and reserves but also needed clarity on a budgeted cost model for any recommendations. Some of the recommendations are</p> <p>More Transparency, Accountability & Greater Emphasis on Contractor voice</p> <p>We at the LPC wanted to share some key findings and update you on the current position of our LPC.</p> <ul style="list-style-type: none"> • Elected PSNC Committee should be replaced by a Council of LPC Chairs • Contractors should have more transparency about where their levy payments are being used • Bringing together local and national representation functions reducing duplication and more centralised functions • Better engagement between all the Committees and contractors • A national vision and strategy for community pharmacy in England as well as an external communications strategy, • PSNC will also have a Negotiating Team consisting of contractors and contractor representatives who are employed and extensively trained. • The creation of new policy units and a Negotiations Strategy Committee • The formation of a national Community Pharmacy Integration Centre <p>LLR LPC agrees with many of these recommendations and has already worked towards meeting some of them as highlighted below:-</p> <ul style="list-style-type: none"> ➤ We are Geographically aligned to the ICS (Integrated Care System) ➤ We represent 234 contractors in line with the recommendations ➤ The committee has proportionate representation of our contractor base and consists of 10 members ➤ We have a robust governance structure ➤ Manage our finances well ➤ Engage with our contractors. <p>We look forward to the opportunities that implementation of the recommendations of the Wright review will bring and are confident that we will rise to the challenges in an evolving landscape. Implementation of the review recommendations is a huge undertaking, the PSNC and LPC will keep you informed with progress and continue in two way communication as we progress and shape the future for community pharmacy representation with contractors and patients at the centre of whatever we take forward.</p>	
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Primary Care Networks

They are the building blocks of the Integrated Care System to support delivery of the Long-Term Plan

Based on GP registered Lists of 30 -50 000 patients, geographically aligned

Primary Care Networks and not GP Networks. Each network consists of a Multi-disciplinary Team with new roles funded through a Network DES

Mechanism for funding into PCNs is via Network Direct Enhanced Services (DES) - A future model for funding into Primary Care (£5 billion over 5 years)

All 234 Community Pharmacies have been mapped to a PCN, they all have agreed which PCN they should be aligned to – based on Geography and also patient flow

We have 24 /27 Community Pharmacy Leads agreed – one per PCN, each with a signed MOU with the LPC (*recruitment for 3 vacancies is in progress*)

Leadership and organisational development February / March deferred due to Pandemic. Ongoing support and coordination from LPC to support PQS & Business Continuity.

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	<p><u>Local Systems and Landscape / IPMO</u></p> <p>ICS has two key roles:</p> <ul style="list-style-type: none"> • System Transformation • Collective management of System performance. <p>Every ICS expected to have a coordinated Pharmacy & Medicines Optimisation transformation Plan (<i>encompassing Primary, Secondary & Community Care</i>)</p> <p><u>IPMO Timelines</u></p> <p>Draft transformation plans by end of November 2020 Appointment of a Chief Pharmacist (tbc) Final Plans for board Sign of April 2021</p> <p><u>IPMO Priorities & Community Pharmacy</u></p> <ul style="list-style-type: none"> • Workforce, Medicines Value, Safety • community pharmacy as the first port-of-call for self-care, minor illness consultation and prevention • Support of the community pharmacy Discharge Medicines Service designed to support patients with their medicines on discharge from hospital. <p><i>LLR LPC is recognised as a key stakeholder in the transformation plan development and will continue to raise support the integration of community Pharmacy into new structures and systems.</i></p> <p>SK ended his presentation by saying that the AGM would be the last one attended by our Chief Officer, Rita Patel as she would be leaving soon. He said her support to contractors had been outstanding and she would be missed by all. He wished to thank the office team for their support to the contractors.</p>	
9.	<p><u>Quick Updates</u></p> <ul style="list-style-type: none"> • If you have yet signed up to the PPE Portal, please do so • Track and Trace – there have been issues and you will be sent a checklist • PQS1 – we are using data from 2 years ago so please bear with us • PQS2 – domain 4 nailed this with the PCN Leads, currently working on Domain 5 and you will receive comms very soon 	
10.	<p>AV thanked the external guests for their informative presentations, and the contractors for attending the AGM. Simon Dukes said he had read the annual report and it was really good reading, this has been a fantastic year for community pharmacy and the report shows how LLR has responded to the challenges. Simon reiterated that he was happy to receive questions from contractors and AHG would share his email address in the coming days.</p> <p>AV thanked the office team for all their hard work with the AGM and for their consistent support over the year.</p> <p>Meeting closed by Chair at 8.43pm</p>	