

## COMMITTEE MEETING MINUTES

Thursday 28<sup>th</sup> January 2021

12.00pm – 2.30pm

Venue: Online meeting (Due to Covid 19 restrictions)

### LPC MEMBERS PRESENT:

Raju Malde (RM)  
Daljit Poone (DP)  
Anil Patel (AP)  
Lakhminder Flora (LF)  
Matthew Armstrong (MA)  
Carolynne Freeman - Chair (CF)  
Veronica Horne (VH)  
Kishor Shah (KS)  
Rishi Hindocha (RH)  
Sadaf Ismail (SI)

### OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)

### APOLOGIES

Amrit Minhas (AM)  
Has Modi (HS)  
Amir Ismail (AI)  
Aimee Mulhern (AMu)

There were no declarations of interest reported with the agenda.

The committee welcomed Sadaf Ismail. Sadaf is the manager at Superdrug in Milton Keynes, and fills the vacant CCA place on the committee. She will become a member of the governance committee.

### Minutes of previous meeting

Minutes of the previous meeting (Thursday 12<sup>th</sup> November 2020) were reviewed and approved as an accurate reflection of the meeting and action points. CF signed the minutes as Chair.

### Reports

**Chief officer report**

AMK presented her report to the committee for discussion (See attached notes)

Some discussion points for the committee have been included with the Strategy Subcommittee report.

AMK asked the committee to comment on third party ordering of prescriptions via the pharmacy and how this may have changed due to Covid. It was agreed that major problems had not been experienced and generally GPs were still dealing with requests for repeat prescriptions from the patients directly.

**Finance**

DP presented his report to the committee on behalf of AM (attached)

Levies have now been reduced as previously agreed. This will take us down to a buffer of 4.5 months' funds.

The committee discussed the additional funds in the account from MK council, Integration fund and Northants CC. This money is ring fenced to provide support with HLP / Public Health services. The potential to employ a services engagement officer will be discussed in the future when appropriate.

**Contracts committee**

RH presented the report to the committee on behalf of HM

**Governance committee**

LF presented his report to the committee.

The committee has reviewed the TOR confirming that there were no issues, and will communicate with AMK in order that they can be published on the website.

The committee discussed access to the bank account following an unsuccessful attempt for CF to have additional online access as contingency. It was also pointed out that the previous Chair, SSn remained on the account as a signatory. The committee agreed that CF / RM would again apply for online access. SSn would be removed and a member of the strategy subcommittee, MA added as a signatory.

LF pointed out a potential security / IG issue in the fact that AMK does not have an NHS email account. AMK is aware of the issue and informed the committee that PSNC is aware, and issuing accounts to Chief Officers not easy to set up. The committee discussed the type of information that AMK deals with as CO, and it was agreed that it was unlikely to be sensitive or relate to patients. AMK is careful not to receive patient data and is aware of protocols relating to IG.

LF informed the committee that review dates for AMK and CF would be planned for March 2021.

**Services (Strategy) committee**

MA presented his report to the committee.

The strategy document is under constant review and the updated document can be seen below.

## Questions and Discussion

AMu has asked that MA bring up the issue of Supervised Methadone as a problem due to decreased activity since the start of the Covid pandemic. The committee discussed this at length. DP explained that he has been asked to deliver Methadone to patients who are shielding, and has also been asked to supervise the dose as part of the delivery. SI discussed the fact that in MK, ARC are now commissioned to provide the service and she has seen a big reduction in supervision. She feels that some patients have dropped out of the service. She has also reported issues in contacting keyworkers. VH has not seen any issues in her branches. AMK explained that she and CF meet quarterly with both ARC and SLS. It was agreed that committee members and contractors should feedback any issues they are having, as both organisations are keen to have a good relationship with our pharmacies.

## Any Other Business

DP has expressed concern that his local surgery are now running a Covid vaccination clinic and his pharmacy business is being affected with patients being referred to other local surgeries. The committee discussed this issue and how it could affect other contractors in a similar position. It was agreed that contact should first be made directly with the GP surgery in order to understand how their usual appointments will be managed and how the pharmacy could work with them to avoid disruption.

AMK explained that due to Hansa Bi leaving the committee, there would be a vacancy on the Governance Committee. SI confirmed that she would be happy to slot into this place and would liaise directly with LF.

Date of next meeting confirmed as Thursday 18<sup>th</sup> March 2021

The meeting was closed at 1.30pm

Signed

Signed



Carolynne Freeman (Chair)

## Market Entry Report

### Lowick

The pharmacy previously at Washington House Surgery, 77 Halse Road, Brackley, Northamptonshire, NN13 6EQ will start to provide pharmaceutical services from Brackley Medical Centre & Community Hospital, Wellington Road, Brackley, NN13 6QZ on 16 November 2020. The pharmaceutical list for the area of Northamptonshire Health and Wellbeing Board will be amended with effect from that date. Details are as follows:

*Lowick Ltd t/a Lowick Pharmacy at Brackley Medical Centre & Community Hospital, Wellington Road, Brackley, NN13 6QZ*

### **Jardines Serpentine Court Milton Keynes**

Application offering unforeseen benefits at best estimate: within 250m of 106 Serpentine Court, Lakes Estate, Milton Keynes, MK2 3QL by Jardines (U.K.) Limited. Comments invited on the reps. LPC no further comments, reiteration of need for pharmacy in an area of deprivation.

### **Application to PL DS Barakah Healthcare LTD**

Reps due 18/12/20

Barakah Healthcare Ltd – Distance Selling Pharmacy Application at Unit 3, Priory South Industrial Park, 11 Upper Priory Street, Northampton, NN1 2PT

19/1 accepted

### **MAP Pharma**

11th December MAP Pharma appeal. The Committee determined that the application should be granted.

## **Chief Officer's Report 28th January 2021**

### **LPC/PSNC conference dates**

No joining instruction yet.

Looking for volunteers for working group:

It's quite hard to say time commitment as obviously it will partly depend on whether any of the meetings are cancelled or not! But usually have around three-four meetings of an hour each ahead of every conference/event. There might be some email questions in between those as well. If interested: ([zoe.long@psnc.org.uk](mailto:zoe.long@psnc.org.uk))

- Wed 17th March 2021- online
- Wed 23rd June 2021- online
- Thurs 16th September 2021- online
- Wed 10th November 2021 – venue booked (postponed from this year) but we will have to see what is feasible.

As usual, the September meeting will be the Annual Conference of LPCs and we currently expect that to be a full day event. We expect the March and June events to be half-day morning events, and if there is no need for meetings at all then we will cancel in good time. For the November event we have a venue booked, but if it is still not feasible to meet in person then we can of course run that event digitally as well.

### **HDS Northants**

At the time of commencement of the service, not all NHS Trusts will have put in place processes to refer suitable patients to their community pharmacy. The AHSNs (Academic Health Science Networks) are continuing to work with trusts to put in place referral systems until the end of March 2021, but the initial likelihood of pharmacies receiving DMS referrals will vary depending on the local situation.

In the Northamptonshire and Milton Keynes LPC area, two hospitals, Kettering General and Northampton General will be service ready shortly. If not on 15th February, shortly afterwards. Having now satisfied their divisional IT/IG requirements and wrestled with using either a fully integrated or web based system, they are both about to start the test patient process so it's all looking promising.

Northampton General will most likely focus on patients discharged from cardiology and endocrinology wards whereas for Kettering expect general medicine and care of the elderly to be prioritised for DMS.

The LPC will continue to reach out to the Oxford Academic Health Science Network and Milton Keynes University Hospital to facilitate MDS in Milton Keynes. CQUINs are extra quality improvement goals that hospitals can agree to aim for, there is a financial incentive to achieve those aims. It is speculated that having a robust pathway in place for discharged patients will feature in the new CQUINs from April '21. Hopefully this will incentivise MKUH to embed MDS as soon as possible.

The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for patients.

### **GP-CPCS**

General practices can choose whether they want to refer patients to the CPCS and before GPs can make referrals, there must be local discussions to agree how this will work. These discussions will involve pharmacy contractors, the

Primary Care Network (PCN) and the member general practices, the NHS and your Local Pharmaceutical Committee (LPC).

Preparatory work has been undertaken at a local level resulting in two early adopter practices willing to use the service. Fourteen pharmacies within striking distance of the practices in Abington, Northampton have been invited to join a virtual meeting mid February to learn more about the pathways to expect. Our steering group is carefully adapting the national templates to suit the local situation reflecting how the practices prefer to triage and manage their patients. Experience from the national pilot in eg Essex and Avon shows that other GP practices quickly follow after initial engagement of the early adopters.

Pharmacy contractors that are not registered to provide the service can still do so via the NHSBSA Manage.

### **Extended Access**

(Northampton only)

Pharmacy Extended Care Services will be a whole family of services commissioned by NHSE&I across the whole of the Midlands Regional footprint.

It was decided by the commissioner, in order to avoid duplication and to ensure all information would be updated in a timely manner, one LPC website would carry all the relevant information: <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/>

All the information that you will need to provide this service can be found in the link.

### **Treasurers Meeting**

There is an upcoming meeting for Treasurers. It is on the members area of PSNC website.

Date: Wednesday 10th February 2021

Time: 10.00am – 12.30pm Note, the online event room will be live from 9.45am Location: Online event, via Zoom  
NHSE area team East of England

Following a discussion amongst all East of England LPC Chief Officers, NHSE&I asked to confirm who will be in attendance at the meeting on Tuesday 2 Feb.

In addition, we would also like to devote the first part of the meeting to developing a robust terms of reference for the meeting so that we are all clear on the intended outcomes of the meeting that will benefit us all.

### **PQS part 1**

Weekly NHSBSA reports currently show all pharmacies except 3 community and 4 DSP have declared. Email sent to all.

### **PCN Leads**

I am delighted to say that all of our 23 PCN Pharmacy Lead positions are currently filled, except for one. Red Kite PCN which includes Linden Medical Centre, Weavers Medical Centre, Woodsend Medical Centre and Eskdail Surgery, has a patient population of 58,231 and is currently without a Pharmacy Lead

If a Pharmacy PCN Lead cannot be identified, contractors in the PCN area will not be able to claim payment for either of the PQS domains. This is therefore the current situation. It would still be advantageous to identify a Pharmacy PCN Lead for future collaborations and PQS domains.

I'd like to welcome Laliitha Ranganathan as our newest PCN Pharmacy Lead. Laliitha will shortly be in touch with the 6 pharmacies in the Crown PCN group. Laliitha is a pharmacist working in Boots, Brunel Centre, Bletchley. Prior to leaving community pharmacy and taking up a pharmacist role in the PCN, Yasmin Squire successfully guided the 4 pharmacies in The Crown who engaged with her, through domains 4 and 5. These pharmacies will use Yasmin's details when making their declarations for the current PQS 20/21.

Other recent changes in PCN Pharmacy Leads notified to NHSBSA are Brackley/Towcester being led by Jacqueline Kimberley FW295 (Lowick Pharmacy, Wellington Road, Brackley. NN13 6QZ).

Jemini Pattni FGD08 of Thursfields in Corby has assumed the lead role for Triangle PCN. NB This PCN is sometimes called Gt Oakley, Desborough and Rothwell.

Mahendra Patel FV652 of Dudley Taylor, Woburn Sands is leading the newly created Ascent PCN in Milton Keynes.

### **Covid vaccinations for Health and social care workers**

All those colleagues who want the C19 vaccine have either had one dose or have an appointment for the first dose. Designated sites. Publicity... I can offer to link you with CCG for purposes of supporting comms for the COVID-19 vaccination programme.

There is a strict protocol in place for the announcement of sites, and we need to wait until the national announcement but it will be possible to do some local publicity following that. JCVI cohorts 1-4 need to be completed by the 14th February.

As previously discussed, hospital hubs and vaccination centres are focusing on health and social care staff. Local Vaccination Services PCN and Community Pharmacy are focusing on the elderly and clinically vulnerable. However, they are able to vaccinate health and social care staff opportunistically.

## Strategy Committee

PowerPoint Slide Show - [NNMK LPC strategy sub committee High level plan and PINS 260121 [Read-Only]] - PowerPoint (Product Activation Failed)

### NNMK LPC Strategy sub-committee high level plan

Work stream	High level plan actions	Accountable	Measure of success
Pharmacy Quality Scheme	<ul style="list-style-type: none"> <li>Communicate to contractors on timetable of key dates as per PSNC and existing guidance/webinars</li> </ul>	AMK	<ul style="list-style-type: none"> <li>Claiming of points for LPC</li> <li>Numbers of queries into LPC</li> <li>Sense check performance against other LPC geographies</li> </ul>
Stakeholder relationships	<ul style="list-style-type: none"> <li>Development of relationships with key stakeholders</li> <li>Collaborate working with neighbouring LPC's and CPPE.</li> <li>Regular contact with, PCN, CCG's, STP leads and public health.</li> <li>Completion of key stakeholder map.</li> </ul>	AMK Strategy committee	<ul style="list-style-type: none"> <li>Subjective quarterly appraisal of stakeholder relationships. Collaborative working across NHS agenda</li> <li>LPC engagement with PCN leads and review of CP-PCN relationship and effectiveness</li> </ul>
Primary Care Networks	<ul style="list-style-type: none"> <li>Continual engagement with PCN directors and pharmacists</li> <li>Support PCN leads with local and national initiatives</li> <li>Support collaboration at PCN level between CP contractors</li> </ul>	AMK LPC PCN Leads	<ul style="list-style-type: none"> <li>LPC engaged with PCN leads and all in place</li> <li>LPC aware and engaged on local PCN plan for NN/MK</li> <li>Plan in place to engage with PCNs</li> <li>Pharmacies clear on expectations to engage with PCN and how to support</li> <li>Number of CPs claiming PCN lead PQS points</li> </ul>
Delivery core and new services as part of CPCF and local services	<ul style="list-style-type: none"> <li>Support contractors to deliver core NHS services and any changes as part of the 5 year CPCF</li> <li>Watching brief on developments and pilots with appropriate discussion in sub-committee and LPC</li> <li>Action in plan in place at appropriate time to support rollout when needed</li> </ul>	AMK Strategy committee	<ul style="list-style-type: none"> <li>Committee is aware of developments in CPCF</li> <li>LPC actively involved to support contractor in any pilots/rollout of new CPCF services</li> <li>Successful intervention and support for core service delivery.</li> <li>Successful implementation of CPCS</li> <li>Mentor support provide in 100% of cases</li> </ul>
PSNC/LPC review	<ul style="list-style-type: none"> <li>Understand implications of review for LPC and lead thinking planning for committee on the impact</li> </ul>	Strategy committee AMK + Chair	<ul style="list-style-type: none"> <li>Issues, recommendations and communications from PSNC/working groups discussed with agreed outcomes/decisions from committee</li> </ul>

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PowerPoint Slide Show - [NNMK LPC strategy sub committee High level plan and PINS 260121 [Read-Only]] - PowerPoint (Product Activation Failed)

### NNMK LPC Strategy sub-committee PINS report (Progress Issues Next Steps) – Jan 2021

Work stream	Progress	Issues	Next Steps	Timescale
Pharmacy Quality Scheme	<ul style="list-style-type: none"> <li>Information for H2 PQS now confirmed</li> <li>Further guidance published from PSNC for each domain</li> </ul>	<ul style="list-style-type: none"> <li>Progress of contractors for PQS part 1? (gateway for part 2)</li> </ul>	<ul style="list-style-type: none"> <li>Understand role of LPC to support PQS and specifically re PCNs and PCN leads</li> <li>Assess if any gaps in PCN leads leading up to need to engage with PCNs</li> </ul>	Feb 21
Stakeholder relationships	<ul style="list-style-type: none"> <li>Emergence of PCNs has created new stakeholders (clinical directors and PCN pharmacists)</li> <li>Director of transformation at CCG engaged</li> <li>Ongoing engagement with CCG re eRD, TCAM and CPCF – <b>DMS go live Feb 21</b></li> <li>Emerging detail for C19 vaccine – role for CP via LPC engagement?</li> </ul>	<ul style="list-style-type: none"> <li>How have local priorities shifted from CCG due to C19 and effect on contractors?</li> </ul>	<ul style="list-style-type: none"> <li>Re-connect with CCG director of transformation once DMS announced and understand local plan to implement with appropriate timescales – <b>DMS to go live from mid Feb – should we plan to re-engage based on this?</b></li> <li>Communicate/engage with CCG on upcoming changes to CPCF once announced by NHSE (?DMS, PQS, Flu etc.)</li> <li><b>Discuss role and plan for CP in C19 vaccination – potential discussion point and role of LPC</b></li> </ul>	Ongoing
Primary Care Networks	<ul style="list-style-type: none"> <li>PCN CP leads specified as part of new PQS</li> <li>LPC needs to understand how CP can work within a PCN and optimal engagement with stakeholders</li> </ul>		<ul style="list-style-type: none"> <li>Ongoing engagement to understand current local integration/engagement with PCNs during C19</li> </ul>	TBC
Delivery of new services as part of CPCF and local services	<ul style="list-style-type: none"> <li><b>GP CPCS go live Northants in Feb</b></li> <li><b>Discussion point: review current supervised methadone activity in area and effect of C19 currently and future commissioning</b></li> <li><b>Potential to understand opportunity around lateral flow testing?</b></li> </ul>	<ul style="list-style-type: none"> <li>Shift in patients due to C19/lockdown – how has this affected contractors in geography?</li> </ul>	<ul style="list-style-type: none"> <li>Discuss potential further support required to support with Hep C launch?</li> <li>Review substance misuse models moving forward from potential changes due to C19</li> <li>Understand if/when GP CPCS implemented in locations (referral pathways, go lives, implementation plan and comms) – Understand role of CP for C19 vaccination</li> </ul>	Ongoing
LPC review	<ul style="list-style-type: none"> <li>Initial update from Sept conf not very detail on next steps – further detail may arise from November LPC conference on local actions required</li> </ul>	<ul style="list-style-type: none"> <li><b>Slow progress centrally?</b></li> </ul>	<ul style="list-style-type: none"> <li>Appropriate conversation/discussion to be conducted at LPC when more information is available</li> </ul>	November

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## Treasurers Report

<b>INCOMINGS</b>				
	Nov	6999.95		
	Dec	6999.98		
	Levys Total	13999.93		
<b>TOTAL IN THE ACCOUNT AS OF</b>		<b>01/11/2020</b>	<b>£ 139,078.72</b>	
<b>TOTAL INS</b>			£ 13,999.93	
<b>TOTAL</b>			<b>£ 153,078.65</b>	
<b>TOTAL OUTS</b>			£ 14,112.98	
			£ 138,965.67	
<b>TOTAL AS OF</b>		<b>31/12/2020</b>	£ 145,886.00	
		<b>21/01/2021</b>	£ 141,967.25	
			£ 7,815.43	Pharmacy Integration fund
			£ 6,000.00	MK council
			£ 18,994.00	Northamptonshire council
		<b>TOTAL</b>	£ 109,157.82	

Monthly running costs £11559.47
Therefore currently <b>9 months</b> running costs