

COMMITTEE MEETING MINUTES

Thursday 15th July 2021

12.30pm – 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)
Rishi Hindocha (RH)
Has Modi (HS)
Aimee Mulhern (AMu)
Amrit Minhas (AM)
Kishor Shah (KS)

OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)

Guest Speaker:-

APOLOGIES

There were no declarations of interest reported with the agenda.

AMK reported two CCA resignations from LPC; Sadaf Ismail and Amir Ismail, both vacancies are being worked through with CCA for replacements.

Minutes of previous meeting

Minutes of the previous meeting (Thursday 13th May 2021) 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)

A discussion was held on the approach to recruit a services offer using public health funding from Northamptonshire CC for 20 hours per week to promote public health services in NN. AM and MA had reviewed and updated the job description shared before the meeting by AMK. It was agreed that this should be progressed and advertised on recruitment websites.

Finance

AM presented his report to the committee (attached)

Current budget leaves 8 months contingency in the accounts, it was agreed to leave current levy 'as is' and review regularly with the AGM a sensible point to review again.

Finance sub-committee, CF and AMK took an action to review finances and accounts ahead of Sept AGM and include in annual report.

Process to add signatories, online banking and bank card is still in progress with CF now having bank account access

Contracts committee

HM reported that there had been no new applications and no specific updates to be shared

Governance committee

LF presented governance report to the committee.

LF shared updates on the pharmacy PC review and that LPCs will be invited to attend focus groups in the coming months and further updates will be given in September.

A discussion was held about plan for future LPC meetings, there was a proposal to try a face to face meeting in September however with rising cases this was agreed to be taken into further discussion out of the meeting to come back a more defined proposal and the current unlocking is monitored further across England.

It was noted that as new CCA members join from the resignations reported they need to attend the necessary induction sessions.

Strategy committee

MA presented the updated strategy report (attached) and presented an update on Local Health and Care Records (LHRCs) for awareness on future digital integration that will come as pharmacy works closer with ICS's.

Questions and Discussion**Any Other Business**

None

Date of next meeting confirmed as Thursday 23rd September 2021 + AGM

The meeting was closed at 2.30pm

Signed



Carolynne Freeman (Chair)

Committee reports

Chief Officer's Report July 15th 2021

In MK , I continue to have weekly meetings with Karen Wilson for MLCSU and /or Steph King for BLMK . Karen is able to support until the CSU withdraw support at end of July.

East MK PCN is enthusiastic about engagement from all 4 practices and aim to send test referrals to Westcroft Boots asap. Area managers and Pharmacy leads have been informed of the progress. I believe uptake is very slow in almost all areas.

A second network in MK, SW PCN is also keen to work with one practice ie Westcroft. Due to holidays this may not go live until August.

In Northamptonshire, I am receiving interest from pharmacies, mainly. I am waiting for CCG to pull together their comms...this was the preferred method of the GPs. A video has been produced which is SystemOne specific. This was funded by NHSE/CCG. NHSE East Mids now want to add and edit the video and use across the patch for both SystemOne and Emis. CCG are pleased to enable this project. Meantime a reference/ user guide has been written for SystemOne practices and a GP has been approached to create an Emis version .

DMS MK

I had a catch up with Helen and the trust have DMS on their workplan for this year. As you are aware, Helen was leading the covid vaccination service at the trust for the first half of this year and had no capacity to progress the dms work.

At the moment the IT team are supporting a major trust electronic patient record and so do not capacity until September. The pharmacy team have also requested support from the transformation team and are awaiting consideration. They have held some conversations with IT and it seems doable as another trust with the same pharmacy system as gone live.

When Helen returns from leave I aim to get reconnected with the programme. I understand there will be a stakeholder/implementation group in which I would anticipate being a core member.

A couple of risks we may need to be aware of is firstly some vacancies in the team – a couple of resignations, and also within community pharmacy we are not sure what the covid autumn vaccination programme looks like but we expect a blended model with community pharmacy as a valued partner.

I think there will be manageable patient numbers referred through DMS but in the early stages pharmacy contractors will need to invest some time and resource to making sure all governance is in place and to attend any lpc/hospital engagement events.

DMS NN

We have been piloting the PharmOutcomes referrals for about two months now and it might be time to touchbase and see if there are any suggestions of Pharmacists who could join a Stakeholder group.

There are now 2 pharmacists from NGH working on the project. Suhel has recently joined my team and is the Specialist Clinical/ePMA Pharmacist who will be deputising on occasions. Suhel has been gathering information on the Pharmacies who have not been completing the PharmOutcomes referrals and some follow up on why. The main reason for follow up, was to check that it wasn't due to any lack of clarity on our part, which thankfully (from my perspective), it wasn't.

If possible, over the next couple of weeks I will be meeting with Suhel and Meenal
The meeting would be to discuss:

- Members of DMS stakeholder group (suggestions on 1 or 2 Community Pharmacists, that would be great)
- How the service is going from our perspective and to ascertain what information we can and can't see with respect to PharmOutcomes referrals
- Suhel to provide a summary of Pharmacies who have not completed the referrals and some common themes he has found as to why.
- Any other matters that I may not have thought about.

We need to have further discussions internally about our next roll out plan etc

KGH still in an IT tangle and NHFT now want to scope whereas previously they thought it wasn't a possibility.

Services Engagement Officer

With the support of Northamptonshire County Council and our strategists, we are now hoping to move this work stream forward and appoint a suitable candidate to the role.

Members' Days PSNC

PSNC would like to invite new LPC members and existing members that would like to refresh their knowledge on areas such as LPC governance, finance and leadership to a virtual LPC Members Day on **26th July 2021, 1.00-4.30pm**.

The event will run via the Zoom videoconferencing platform and will be limited to 20 delegates.

Over the course of the afternoon, Gordon Hockey, PSNC'S Director of Operations, and James Wood, PSNC'S Director of Contractor and LPC Support will cover the skills and knowledge necessary for LPC Members and Officers to carry out their work, including, LPC Members' role and understanding the LPC Constitution.

PSNC/LPC June conference

The June 2021 meeting gave LPC delegates an update from PSNC CEO Simon Dukes about PSNC's ongoing negotiations on year three of the Community Pharmacy Contractual Framework (CPCF), information about the progress of the Review Steering Group (RSG) following the engagement events in May, and provided an update from Make, who PSNC has employed to relaunch and upgrade the PSNC and LPC websites. The meeting also gave LPC Chief Officers the chance to discuss progress and opportunities regarding the 42 emerging Integrated Care System (ICS) areas. Finally, delegates were invited to attend presentations focused on community pharmacy and ICS from Ed Waller, the Director of Primary Care for NHSE&I, and Dr Keith Ridge, England's Chief Pharmaceutical Officer.

Updates and the event slides are available below. These may be useful for LPC Members who did not attend the meeting.

LPC templates update

PSNC has employed Make to relaunch and upgrade the PSNC and LPC websites. PSNC Director of Communications and Public Affairs Zoe Long and the project team from Make gave the following presentation to delegates of the June event.

I would envisage putting in our expression of interest for a later ie Autumn rollout which would enable me to tap into the expertise of LPCs in our area who have greater capacity. We can potentially engage one of them to support, rather than paying Make.

CPAF

Have until **midnight on Saturday 24th July 2021** to complete the Community Pharmacy Assurance Framework (CPAF) screening questionnaire for each of their NHS pharmacies

9TH on the table, 61% of 174 contractors have completed.

Guidance on delaying LPC elections 2022

The term of office for LPC members expires on 31st March 2022 and for the LPC to continue, elections must be held to form a new committee to take effect from 1st April 2022.

LPCs may wish to delay the elections because of the timeline indicated by the Review Steering Group (RSG) about the programme to deliver the future vision of contractor representation and support. PSNC recently agreed to postpone PSNC elections, so that the current committee continues until 31st March 2023 and recommends to LPCs that they also delay elections using the same timing.

This guidance note explains the background to the decision and what LPCs need to do to operationalise a delay in LPC elections. It only applies to LPCs that have adopted the PSNC model LPC constitution and the dates only apply to those on a 4-yearly election timetable like PSNC. LPCs that follow this election cycle established new committees in April 2014 and 2018.

The LPC constitution needs to be amended to grant the LPC the power to delay elections. The procedure for amending the Model Constitution is set out in section 19 of the model constitution. The constitution may only be amended in accordance with the procedure in this section.

PSNC also recommends that the special meeting and associated voting be aligned with the Annual General Meeting (AGM) of the LPC, wherever possible to reduce the burden on contractors and LPCs.

This can be achieved virtually.

Section 19.6 of the PSNC model LPC constitution requires the LPC Chief Officer to send a copy of the contractor notice and proposed amendment to the constitution in a notification to the Chief Executive Officer of PSNC. This can be done by emailing chiefexec@psnc.org.uk .

There are 3 main reasons for delaying the elections.

1. To avoid contractor confusion and annoyance and wasted time and effort. It is counter-intuitive to hold routine elections for the existing bodies, LPCs and PSNC, for the appointment of new members for the next 4 years - at the same time as there may be a contractor vote for major transformational reform of these bodies;

LPCs

2. To avoid the unnecessary use of PSNC and LPC resources to elect new members whose terms of office are reasonably expected to end after a short period of time and who are then likely to have to go through more elections soon afterwards – for new LPC and PSNC structures; and

3. To prevent routine elections for LPCs and PSNC taking time and effort away from the work around the proposed transitional reform of contractor representation.

Finance report

Treasurer Report for May June 2021			
INCOMINGS			
May		7000	
June		7000.13	
Levys Total		14000.13	
TOTAL IN THE ACCOUNT AS OF	01/05/2021		£ 141,343.21
TOTAL INS			£ 14,000.13
TOTAL			£ 155,343.34
TOTAL OUTS			£ 11,180.31
			£ 144,163.03
TOTAL AS OF	13/07/2021		£ 132,364.43
			£ 6,785.43 Pharmacy Integration fund
			£ 6,000.00 MK council
			£ 18,994.00 Northamptonshire council
	TOTAL		£ 100,585.00
			Monthly running costs £11436
			Therefore currently 8 months running costs

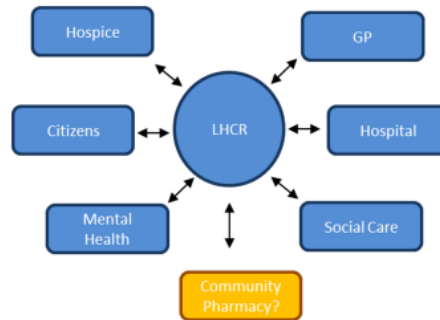
Strategy report

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

Work stream	Progress	Issues	Next Steps	Timescale	RAG
Pharmacy Quality Scheme	<ul style="list-style-type: none"> Submissions complete 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Watching brief for next set of PQS requirements and understand support for contractors 	Aug 21?	Green
Stakeholder relationships	<ul style="list-style-type: none"> Ongoing engagement with CCG re eRD, TCAM and CPCF Emerging detail for C19 vaccine – role for CP via LPC engagement? 	<ul style="list-style-type: none"> How have local priorities shifted from CCG due to C19 and effect on contractors? 	<ul style="list-style-type: none"> Communicate/engage with CCG on upcoming changes to CPCF once announced by NHSE (DMS, PQS, Flu etc.) Understand next steps for eRD use Discussion outputs on eRD 	Ongoing	Green
Integrated care systems (ICS)	<ul style="list-style-type: none"> IPMO submitted in NN PSNC engagement with LPCs on Local Health and Care Records (LHRCs) 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> How does LPC best engage in ICS? Understand digital maturity of ICS and CP access to LHRC (where appropriate) Submit clinical Community Pharmacy service proposals to the ICS 	Ongoing	Yellow
Primary Care Networks	<ul style="list-style-type: none"> LPC needs to understand how CP can work within a PCN and optimal engagement with stakeholders 	<ul style="list-style-type: none"> Future role and funding model for PCN leads unclear 	<ul style="list-style-type: none"> Ongoing engagement to understand current local integration/engagement with PCNs Maintain PCN leads – filling vacancies as they arise Investigate opportunity for external funds to support PCN integration 	Ongoing	Yellow
Delivery of new services as part of CPCF and local services	<ul style="list-style-type: none"> GP CPCS rollout continues DMS live in NGH 	<ul style="list-style-type: none"> Need to be at the forefront of ICS integration 	<ul style="list-style-type: none"> Continue to monitor GPCPCS roll out as re-emerge from C19 Submit clinical Community Pharmacy service proposals to the ICS Develop locum guide / FAQs to support contractors with the engagement of GP CPCS 	Ongoing	Yellow
LPC review	<ul style="list-style-type: none"> No further current updates to inform LPC activity 	<ul style="list-style-type: none"> Slow progress centrally 	<ul style="list-style-type: none"> Appropriate conversation/discussion to be conducted at LPC when more information is available 	TBC	Yellow

Shared Care Records/Local Health and Care Records (ShCR/LHCR)

- NHSX vision for local partnerships to create a safe, secure and trusted information-sharing environment
- Likely to align to ICS geographies to support better sharing of data to support integrated patient care
- Term LHCR now used interchangeably with Shared Care Record (ShCR)
- Relevant digital patient records available more quickly to those involved in that patient's care and support
- Supported by standards set by the Professional Records Standards Body (PRSB)
- To date, Community Pharmacy has had little involvement but emerging requests via LPCs to promote CP access:
 - Dorset
 - Bolton/Greater Manchester
- PSNC/RPS wrote recent letter to NHSE to support use in CP



Shared Care Records/Local Health and Care Records (ShCR/LHCR)

- Joint LPC/CPITG engagement session held 1st July with supported by NHSX colleagues
- Evolution of ShCRs and associated ICS more broadly are in different levels of maturity with large variation of set up across the country
- Pharmacy involvement is still on a low scale, case studies and **qualitative** benefits from Dorset and East London were shared
- Overall the forum gave the following important aligned feedback to NHSX/PSNC:
 - Avoid complex data sharing agreements
 - Any data governance processes should be common across all LHCRs
 - Lessons learned from SCR consent models should be considered and move to implied consent
 - Any technical processes to enable access should be standard across all LHCRs so processes can be performed once and not multiple times based on geography
 - A standard sign-up process should be implemented
- LPCs are to be engaged shortly via PSNC on LHCRs:
 - First step is to really understand level of maturity/CP engagement on LHCRs locally
 - Support LPCs to engage where appropriate to understand next steps locally

Shared Care Records/Local Health and Care Records (ShCR/LHCR)

Advantages	Considerations
Potential enabler to CP having enhanced integration to wider health system	No current defined business case or clinical services associated with gaining access to LHCRs (e.g. SMRs, LTC management)
Access to greater information than in PMR and/or SCR at point of care to increase patient safety	Number of instances where LHCR would be access over and above SCR/PMR information likely to be low
Better patient experience – only tell their story once	Existing NHS CPCS service transfer of information happening via other channels (DMS, CPCS on Pharmoutcomes/NHSmail etc)
Foundational digital integration capability to wider health system to enable future clinical services	IT set up costs
	Better access to data in CP could potentially lead to increased workload for no extra funding (e.g. access test results, over-analyse information during clinical check)