**Vanguard Teleconference minutes**

**Monday 15th June 2015**

**LPCs present:** Paul Bennett (Hampshire and IOW LPC),Helen Murphy (Community Pharmacy Cheshire & Wirral), Pete Szczepanski (Dudley LPC), Hemant Patel (North East London LPC), Nick Hunter (Nottinghamshire LPC), Bethan Pickup (Salford LPC), Andrew McCoig (Sutton, Merton & Wandsworth LPC), Robbie Turner (Community Pharmacy West Yorkshire)

**Other pharmacy organisations present:** Clare Kerr (Celesio), Deirdre Doogan (Pharmacy Voice), Alice Dartnall (RPS), Heidi Wright (RPS)

**Three types of new care models:**

1. **Integrated Primary and Acute Care Systems** – joining up GP, hospital, community and mental health services
2. **Multispecialty Community Providers** – moving specialist care out of hospitals into the community
3. **Enhanced health in care homes** – offering older people better, joined up health, care and rehabilitation services

**North East London LPC**

**Vanguard site: Tower Hamlets Integrated Provider Partnership (**Multispecialty Community Provider)

The LPC was not involved at the start of the process. Several attempts have been made to make contact but still struggling to engage.

Janika Patel, who has been working with the LPC, spoke about the project which involves training four community pharmacists up to become independent prescribers. The four independent prescribers will cover the whole of the Tower Hamlets area assisting with the provision of care over the weekend and during the hours 8am-8pm.

Initially the plan was to have eight independent prescribers; however, delivery costs were not included in the costings so the number was reduced to four. Today (15.06.15) was the last day for pharmacists to submit expressions of interest. Representatives from the CCG, LPC and GP Care Group (GPCP) are meeting next Monday (22.06.15) to view the expressions of interest and select the successful applicants, who will then commence their six month training period in September. Roll out will begin after this.

**Community Pharmacy Cheshire & Wirral**

**Vanguard sites:**

1. [**Wirral University Teaching Hospital NHS Foundation Trust**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/primary-acute-sites/#one) (Integrated Primary and Acute Care Systems)
2. [**Primary Care Cheshire**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#twentyone)(Multispecialty Community Providers)

[**Wirral University Teaching Hospital NHS Foundation Trust**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/primary-acute-sites/#one)

This project is an integrated primary acute care system, working with Cerner to link up hospital and GP practice systems. The project will identify and spot gaps in care, and proactively manage patients. The starting point is to understand the data for the local population and then look at preventative ways to stop people becoming ill. They are also doing some learning from a hospital in Chicago as Cerner has worked with this hospital in the past.

The LPC is heavily involved in the [Vision 2018](https://www.wirralccg.nhs.uk/Vision2018/vision-2018.htm) (plan to re-shape health services and social care in Wirral, whilst supporting people to take more responsibility for looking after their own health) and the data from the vanguard site project will feed into the vision. The LPC is working hard to ensure the vanguard team remember that once they have the data, that pharmacy can contribute to the plan going forward.

[**Primary Care Cheshire**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#twentyone)

The LPC has far less information on this vanguard site. The vanguard integrates different local health and care services for patients to “Stay well”. Three main groups are targeted:

* “Stay well” programme - best start for babies, children and young people
* “Being well” programme - will help people manage long-term conditions
* “Ageing well” programme - for frail/complex patients

Representatives from the LPC are attending a meeting in a month’s time to see how pharmacy can get involved in the project going forward.

**Dudley LPC**

**Vanguard site**: NHS Dudley CCG

Pete advised that the LPC has tried on numerous occasions to get involved with the vanguard site; however, so far, the CCG has failed to engage with the LPC. Involvement of pharmacists in the vanguard looks like it will involve primary care pharmacists not community pharmacists.

Peter advised on 30th June that the Chairman and Vice Chairman of the LPC have been invited to a vanguard meeting on 17th July.

**Nottinghamshire LPC**

**Vanguard sites:**

1. [**Mansfield and Ashfield and Newark and Sherwood CCGs**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/primary-acute-sites/#two)(Integrated Primary and Acute Care Systems)
2. [**Principia Partners in Health**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#twentythree)(Multispecialty Community Providers)
3. [**Nottingham City CCG**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/care-homes-sites/#twentyseven)(Enhanced health in care homes)

[**Mansfield and Ashfield and Newark and Sherwood CCGs**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/primary-acute-sites/#two)

The LPC has been trying to engage with the vanguard site and has just received a response saying that a [newsletter](http://www.bettertogethermidnotts.org.uk/resources/uploads/specialeditionbriefingvanguard.pdf) was published in March giving an update. The project is still in its early stages so not a lot else to report at this stage.

[**Principia Partners in Health**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#twentythree)

Representatives from the LPC attended a stakeholder event one month ago and will be attending the next one. The GP consortium is leading this project, not the CCG. The vanguard builds on the Prime Minister’s Challenge Fund work, which involves ensuring seven day access to GP services. At the moment the team is working on the strategy, aims and objectives so still at an early stage.

**Nottingham City CCG**

The LPC has tried to engage with the CCG but so far has had no response. The CCG currently commission a domiciliary service so there may be plans to extend this and there is also a scheme where pharmacy technicians provide support to care homes. These could possibly be extended but no confirmation of this at the moment.

**Salford LPC**

**Vanguard site: Salford Together** (**Integrated Primary and Acute Care Systems**)

The LPC has been trying to contact the vanguard team to see how the LPC can get involved but at the moment they have not received any response.

**Hampshire & Isle of Wight LPC**

**Vanguard sites:**

1. [**Hampshire and Farnham CCG**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/primary-acute-sites/#seven) – **Integrated Primary and Acute Care Systems**
2. [**Isle of Wight**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/primary-acute-sites/#nine)– **Integrated Primary and Acute Care Systems**
3. [**Southern Hampshire**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#twenty)– **Multispecialty Community Providers**

**Isle of Wight**

**This vanguard is led by a consortium of 17 GP practices (known as One Wight Health) who are working in partnership with the CCG, NHS Trust and council. The vanguard team is known as “My Life, a Full Life”.**

**The LPC has been involved in the stakeholder events and the leadership group and has encouraged local contractor participation in the public engagement sessions. There is interest in developing Healthy Living Pharmacies as part of the integrated care package which is actively being pursued**

**Southern Hampshire**

**This site includes 27 GP practices and the project leadership includes the Chief Exec of the LMC who is a senior partner in one of the practices. The LPC was asked to support the bid so the LPC was recognised at an early stage as an important partner and was subsequently invited to the engagement events hosted at the same time as the NHSE visit.**

**Hampshire & Farnham CCG**

**There has been limited engagement with this Vanguard other than a proactive approach made at the time of bid submission.**

**North Hampshire Alliance (Provider Company) was unsuccessful in their bid but the LPC has been asked to provide support for the plans on behalf of contractors, as it is expected the plans will be taken forward anyway. The LPC has been actively encouraged to participate and the LPC CO sits on the Provider Board. A Concordat document which describes the relationship between the NHA and provider bodies has been produced and the LPC invited to sign.**

**Paul advised that all the ideas are shifting slightly and the boundaries between PACs and MCPs seem to be becoming a blurred.**

**Celesio**

**Vanguard site: Lakeside Surgeries (Multispecialty Community Provider**)

Celesio were part of the initial bid and attended the vanguard workshops. Clare explained the vanguard workshops were a chance to comprehensively explore the role of pharmacy in an MCP and challenge the status quo to deliver new integrated models - the central NHS England team were really looking for innovation and partnership working.

Their vanguard focuses on helping patients with long-term conditions, working with GPs, medicines management and urgent care. The site is looking to deliver a population health model for the 100k patients covered by the practices.

**Community Pharmacy West Yorkshire**

**Vanguard sites:**

1. [**Calderdale Health and Social Care Economy**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#ten)(**Multispecialty Community Provider)**
2. [**West Wakefield Health and Wellbeing Ltd**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#fourteen) (**Multispecialty Community Provider)**
3. [**NHS Wakefield CCG**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/care-homes-sites/#twentyfour) **(Enhanced health in care homes)**
4. [**Airedale NHS Foundation**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/care-homes-sites/#twentynine) (**Enhanced health in care homes)**

[**Calderdale Health and Social Care Economy**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#ten)

The focus of this site is the frail/elderly. Engagement has been good with this team. They seem to want community pharmacy involved and are meeting with the LPC and other stakeholders, and seem to be moving forward with this.

[**West Wakefield Health and Wellbeing Ltd**](http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/community-sites/#fourteen)

For this site, the LPC is on the project group and have regular meetings with the Chair.

The project builds on the work done so far on Primary Care 2.0 (funding received from Prime Minister’s Challenge Fund), which aims to improves access to primary care and improved use of technology to support this. For pharmacy, the vision is to be able to offer better support for the self-management of long-term conditions “facilitated self-management”. Still planning how to get there, this may include independent prescribing for pharmacists. This project is still at an early stage but coming up with good vision; the main concern is whether there is the pharmacy workforce to take this forward.

**NHS Wakefield CCG and Airedale NHS Foundation**

The LPC has not been greatly involved in these vanguard sites. The sites have recognised that pharmacy can offer some support but the LPC is working to try to show that pharmacy could be more involved.

**Sutton, Merton & Wandsworth LPC**

**Vanguard site: Sutton CCG** (**Enhanced health in care homes)**

Andrew has had no contact from the vanguard team so is unsure if pharmacy will be involved.

Andrew advised on 30th June that the CCG has employed an additional pharmacist to look into the issues relating to medicines (review, compliance, optimisation and WASTE) in care homes. She will be supported by a 2 day-a-week pharmacist seconded from the prescribing team.

**Additional discussion points**

* The money for the vanguard sites does not seem to being handed over as a lump sum to the successful sites. The sites are being provided with a limited amount of money to develop business cases and then as they progress and prove that their plans are innovative then more money will be distributed.
* Paul Bennett highlighted how helpful the PSNC sponsored HSJ/LGC supplement on community pharmacy services has been. The Directors of Public Health and the Vanguard Leadership team have viewed the supplement and there has been real interest in the variety of services highlighted. This led to a discussion around the importance of influencing commissioners at a local and national level and the importance of drip feeding more information, case studies to commissioners, such as the prospectuses which PSNC are starting to release.
* Nick Hunter talked about the challenges they’d faced recruiting pharmacist independent prescribers for their Prime Minister’s Challenge Fund project. Initially they had thought it would be easy to attract pharmacists but those that are independent prescribers are already using their qualification in their day job so are unable to be released to get involved in the project.
* Heidi Wright advised that she had produced a mapping document which showed which LPN areas had won bids as Vanguard sites, Better Care Fund, etc. Heidi emailed this to the group at the end of the teleconference. Deirdre Doogan also advised that Pharmacy Voice was updating its landscape document. (The Local Commissioning Landscape discussion document and table of LPCs mapped against various transformation programmes were sent to all LPCs, pharmacy stakeholders and other health professional colleagues on 29th June).
* The group agreed to arrange another teleconference in a couple of months to see how the vanguard sites were progressing. Rosie Taylor to organise.