

COMMITTEE MEETING MINUTES

Thursday 17th March 2016

1-4pm

Venue: Holiday Inn, High St, Flore, Northants, NN7 4LP (off J16 M1)

LPC MEMBERS PRESENT:

Sue Smith (SSm)
Raja Srikakulapu (RS)
Chirag Patel (CP)
Steve Allan (SA)
Daljit Poone (DP)
Anil Patel (AP)
Has Modi (HS)
Reshma Kanani (RK)
Veronica Horne (VH)
Lakhminder Flora (LF)

OTHERS IN ATTENDANCE:

Carolynne Freeman - Vice Chair (CF)
Anne Marie King – Chief Officer (AMK)

APPOLOGIES

Rishi Hindocha (RH)
Kishor Shah (KS)
Raju Malde (RM)

Declarations of interest all complete

ANNOUNCEMENT

The committee heard that the current chair SSn had stepped down and resigned from the committee. The vacancy will be filled once the CCA place had been filled. The vice chair (CF) will take on the role of chair in the interim.

The committee would like to thank Sue Snelling for all her hard work as Chair and wish her all the best for the future.

Any member of the committee who has an interest in becoming chair should let CF or AMK know. A decision will be made when the new CCA member is in place. If nobody expresses an interest we may look to appointing a chair from outside the committee.

The minutes from Thursday 21st January were confirmed as a true and accurate reflection of the meeting and signed by the Vice Chair.

Chief Officer Report

AMK gave her report (Attached)

Cuts and Efficiencies

It was agreed that we would organise a meeting to engage with contractors. We will aim to provide an agenda suitable for pharmacists and staff at branch level in order that they will be motivated to engage with the public campaign.

GPhC Inspector. It was agreed that it would be very useful to have an inspector present at the next meeting to discuss internet pharmacies and how they follow SOPs

Hospital discharge project

SSm will step up to help AMK with this project as SSN had resigned

DISCUSSION

Direction of prescriptions

Following a complaint regarding Pharmacy2U marketing material being displayed in a pharmacy, PV are doing work regarding direction of Rx directly from a GP to a pharmacy. They have asked for examples where this has happened.

P2U have formed LLPs with GP surgeries. May not class this as open Rx direction, could be classed as open competition.

Regarding this case, the committee will look at data to establish if P2U have had an effect on Rx volumes dispensed by local pharmacies. Agreed that it would be a useful exercise to look at which pharmacies are dispensing Rx's from the surgery concerned and to see if this varies greatly after the recent changes to practice literature.

MEETINGS ATTENDED

- Has attended a Media Skills workshop presented by PSNC

HM reported that the training was useful and would recommend for other committee members in the future. He is happy to help in the future if there is an issue.

- Anil will be attending Market Entry training in April

REPORTS

Sub-groups reports (services/contracts/finance/governance)

- Finance

RS reported that the paperwork for the new accountant had not been signed as a query needed to be resolved. CF agreed to sign the contract if the accountant was still happy to go ahead.

- Applications committee

AMK presented a summary of ongoing and recent applications (attached)


AP will feed back to AMK regarding the Day Lewis Application for Hall Park contract

- Governance - Nothing to report

It was agreed that at the start of each committee meeting we would ask members if they had any

<p>conflicts of interest regarding the agenda, particularly concerning contract applications.</p> <ul style="list-style-type: none"> Enhanced Services <p>SSm gave her report on a meeting attended with Marianne Price</p> <p>Gluten free contract. The contracts had been sent to contractors without allowing time for feedback from the committee following reports that the service is costly to deliver. As many contractors had signed their contracts,</p> <p>Hospital discharge project SSm will step up to help AMK with this project as SSN had resigned</p>
STAKEHOLDER ENGAGEMENT
<p>PSNC Report</p> <p>Reports are attached from Mike King and Lisa Giles who were unable to attend</p>
Any Other Business
<p>HM expressed concern regarding the PSNC increasing levies in light of the funding cuts. The committee discussed that it may be appropriate to write to the PSNC possibly jointly with neighbouring areas.</p>
Date of next meeting confirmed as May 19th 2016
The meeting was closed at 3.45

CHIEF OFFICER'S REPORT 17TH MARCH 2016


 Freeman Vice Chair
 19/5/2016

GPhC Inspector

I have asked Noor, our Inspector for MK to present at our May meeting. I have asked in particular that she makes reference to inspection of internet pharmacies and adherence to SOP's. Direction is not something they usually get involved with at GPhC since this is a contractual matter. NHSE or even NHSE Identity in her experience will be helpful. Noor cannot say at this time if she will attend in person because of a possible surgery planned around that time. She has contacted Richard, Inspector for Northants to see if he can pick it up (should she be unable to attend herself). If neither can attend a replacement should be found by them. Meantime Noor did suggest that we contacted Richard anyway in relation to Northants allegations around non-adherence to SOP's. Off the record.

Consent Form issues

Rishi wanted me to bring the following to your attention and I am seeking your advice as to how to progress his complaint. Rishi wrote the following

' It seems as though the surgery staff have been trained to either discard our consent forms - which patients normally fill out to request their prescriptions to be sent to us, or they alert the pharmacy to convince the patient to stay with their practice. Both of which are unethical. This has happened on a number of occasions. When we then come to order the prescription, it has already been sent to the neighbouring pharmacy (of which the doctors have a financial gain). We have let this issue proceed for a

while now, but the most recent case happened this week which has triggered this immediate response. Upon confronting the surgery reception desk, they seem to "pass the buck" with each other, not taking responsibility for their actions.'

Cuts and 'Efficiencies'

As you know and have seen, the LPC joined forces with colleagues in Herts, Beds and Leics to offer a response to the DOH open letter of December 17th. This was circulated to our Stakeholders and interested parties including MP's and Cllr's. The response was disappointing and I am seeking advice from you on anything you would like me to do ahead of the end of the newly extended consultation period (24th May). I have asked for guidance re engagement (successful engagement) with our MP's and Cllr's from campaign at PSNC and Luther Pendragon as per PSNC News in Friday 11th March edition. I have contacted my own Cllr and stated that I am a constituent but still nothing. In this letter I asked that the Council's Public Health panel wrote an across party letter to Mr Hunt and Mr Burt. I have also contacted Cllr Brown, again, since he is not only Northamptonshire's Health and Wellbeing Board Chair but also the Head for Health and Wellbeing on the Council.

NPA and PSNC are seeking the help of LPC's to boost the signatures collected on the petition. Currently at 100,000 names. Thoughts please. They are really wanting LPC's to phone round pharmacies but I don't think I can undertake to do that on my own. NPA can supply a conversation template.

Public Health Campaigns

Where are we at with the Public Health Campaigns for 2016-17? Yes I know we haven't finished this year's yet but you'll be surprised at the number of pharmacies that start contacting me in April to start getting prepared. Suggestions put forward by the 4 LPC's included;

- we move the smoking campaign to October
- that there is some kind of alcohol campaign (January seems sensible and there is now a lot of talk about the dry January initiative)
- that there is a physical activity campaign
- that we have another mental health wellbeing one

LPN Chair Graham Phillips

One of Graham's tasks has been to set up North Locality Pharmacy LPN Work Streams 2015/16. This is work in progress and the final version has not yet been distributed. We were also asked to offer comments on NHSE Direct Commissioning Plan 2016/17. Helen and I looked at this together and offered a response. It had similar points as were in the Governments proposals. The document spoke of a Local Domiciliary MUR project but did not give details. There seems to be a new emphasis on eye health and also encouraging CCG's to enable community pharmacists to have a positive impact on care homes by enabling MUR in care homes

Tillots and POCT

The results of a project focussed on early detection of people with undiagnosed coeliac disease have been published by Coeliac UK, the National Association of Primary Care and its primary care innovation network.

The service targeted patients presenting with a minor ailment or a prescription which suggested that they may have undiagnosed coeliac disease. Pharmacy staff asked suitable patients to complete a short questionnaire and where appropriate carried out a point-of-care test (POCT) – a rapid finger prick blood test.

The project, which was commissioned by Coeliac UK, involved over 500 patients and was undertaken across 16 English community pharmacies. The study showed that 98% of those identified as eligible for POCT accepted the offer to take part. Of those, 9.4% showed a positive test result for coeliac disease and 7.2% tested positive for IgA deficiency.

Patient feedback indicated that community pharmacy was the ideal place for this type of service to be offered

I have met with Barry, from Tillots a couple of times now and have been trying to set up an opportunity for his Project Liaison Manager to speak to you all. This has proved difficult and they cancelled for today and cannot do May. Sue would like the services sub- committee to meet with him which may be easier to arrange. I have asked for a list of possible dates which you can then respond to. Barry has already met with Nene CCG.

[Contact for a possible speaker AT AGM](#)

Michael Holden:

May be a possible contact regarding your AGM/ tariff presentation to engage the contractors. Michael was Chief Executive of the NPA from 2010-2014 after being Chief Officer of Hampshire & IOW; you can find his resume on the 2016 Pharmacy show website. He is very approachable and you can contact him at michael@pharmacycomplete.org

SCR

Currently 31 pharmacies across the whole patch to complete the CPPE and then attend the face to face

SCR

Services Roundup

In Northamptonshire we still have the on-going saga of PH and their willingness, or not to fund the next round of training. CPPE have costed and are willing to engage but now Kelly says she has no funds. I was asked if the LPC would fund the venue and the food but I didn't this would be acceptable. I have chased Kelly again and asked her to keep in mind that the PGD will be due for renewal in the summer

I have met with Matthew Foulson of the NHFT side of the smoking contract to find out more about First for Wellbeing. I am meeting the Director of First for Wellbeing also.

You may have seen my small article on this new service in the March newsletter. The name of the new wellbeing community interest company (CIC) for Northamptonshire was announced in December. The new company has been created by Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton.

The types of services First for Wellbeing is likely to offer could include smoking cessation clinics, help with weight management, debt advice, befriending services, support for people to improve their physical activity levels or improve their literacy. Councillor Robin Brown (pictured right), Northamptonshire County Council's cabinet member for health, said: "The founding partners of First for Wellbeing are committed to improving the wellbeing of the population of Northamptonshire and by working together, and with a wide range of other organisations we are developing new and innovative ways to achieve positive health and social care outcomes for our community. I have also attended the Northamptonshire Health and Wellbeing Board development session. The theme for the event was 'Collaborative Sustainability and Transformation Plan Development'. I took the opportunity to speak about how HLP might fit into the scope of the new CIC and it seemed to be well received. The attendees were keen to consider Community Pharmacy as a partner in suitable future commissioning opportunities.

Matthew asked his team ahead of our meeting what they would like him to ask me and they all said to enquire about the possibilities of Champix on a PGD.

I have also met with the commissioner, Keith Sumner at the County Council to discuss the contract they proposed sending to pharmacies. Keith was very open and we discussed the following:

- Pharmoutcomes – discussed the requirements for April 1st usage of this new system for NRT Reimbursement claims in place of WEBSTAR and the potential phasing and any associated training needs when we firm up plans for the transfer from Quitmanager to Pharmoutcomes for other elements of the Stop Smoking Service during the period April to September 2016. FFW colleagues to lead on firming up these timescales;
- Clarity sought on any arrangements to provide CO Monitors to newly recruited *Level 2* pharmacies;

- Contracts/Fee structures – we will take on board the feedback from the Services Committee and share our further thoughts with you over the next few months. With a view to introducing any changes from October 2016 – I note particularly the issues around the proposed £10 initial fee for quit date setting etc as being considered as too low for the work involved. and the removal of the £10 *dispensing only* fee for those accepting vouchers from the First For Wellbeing specialist stop smoking team (and potentially elsewhere);
- Potential for greater flexibility around training requirements (and CPPE “declarations of competence”);
- *Healthy Living Pharmacies* - NCC interest in exploring this and I offered to test the market to see if there is an appetite for breathing new life into this – we will keep each other updated. An event to discuss potential new areas of commissioned services and a renewed relationship with pharmacies is being considered;
- Consideration of the possibility of developing a local PGD to allow pharmacies to dispense Champix/Varenicline to support timely access to stop smoking support without the need of the client to visit their GP;

S2S re services to assist with problem drug use. I now have a contact received after applying pressure via Public Health and hope to meet soon. The contract expires this month.

Despite the committee’s reservations, pharmacies do seem to have signed the GF and Palliative contracts so we did not really have a case to present to the CCG. Not only was the payment on the GF minimal but the payment structure not favourable. Since the multiples were already signing and returning before giving us the chance to negotiate with Sue Smith we did not have a valid case.

In MK, I will be meeting with Sonal to review the quite extensive list of products in the formulary for Pharmacy First MK

Although we have no lead for EHC currently the service has no issues and time to run on the contract Compass have been in contact seeking help with communicating their preferred process for contacting their prescribers (which is not always obvious from the prescriptions). This matter was resolved by CF I met with Julia Banham from Smokefree who was very pleased with how the service is running. I am to help engage Superdrug in the Centre and also Lloyds, especially in Water Eaton an area of deprivation. Julia is happy to supply pharmacies with eg bag stuffers and the like to further improve uptake. She made the point that she had a feeling that people didn’t always know that the service was on offer through pharmacies and perhaps this was because of scruffy or hidden advertising. I will address this. She is confident that her Director of PH, although against Champix via pharmacies previously, would not be against it now. Julia is looking at the PGD. Payment to pharmacies would be under the same terms as we currently enjoy.

HLP MK

A meeting has been arranged for 14th April by Public Health. I have sent out the invite out and followed it up with a phone call to the area manager or the pharmacy or sometimes both. The response has been good and communicated to Moneim and Becky so they know who to expect. Provisional HLP Champion training dates to offer (w/c 16th or 23rd May).

Hospital Transfer Kettering and Northampton

Following a successful meeting with Kettering General, Northampton General and the Foundation Trust a follow up was arranged for April 1st. Sue Snelling was working on the next steps of the proposal which involved putting the service into a formal business case which would be used when we are required to present the proposals to the CCG along with our hospital colleagues. Sue’s departure means that I am looking for somebody to pick up the reigns. While Sue was getting on with the business detail I was working on the practicalities around the safe transfer of patient data to satisfy the hospital governance requirements. There was concern around attaching a PDF with patient records and transferring by the IT

platform PharmOutcomes. It seemed to me that an obvious solution would be to utilise SCR. Local leads were unable to help because of the current restricted access to SCR but I am hoping that having made contact with a National lead I may get further. PharmOutcomes have offered to answer any concerns that the hospital may have and I have asked that a member of the hospital governance team be present on April 1st. Alistair Buxton is looking into a question I posed around accessing funds for innovation and I have contacted the EMAHSN to gauge their willingness to be involved with the project. I have contacted other LPC's who offer a hospital transfer service but none of these match the type of patient journey that we envisage. Furthermore, in some cases the LPC were involved to get the service up and running but are no longer involved because it is not a commissioned service in their case. In other words a basic service of filling in data is carried out free of charge; the pharmacies seemingly happy that they will be rewarded financially through patient retention, MUR's and NMS's.

Treasurer Report

INCOME

169.06	INTEREST
8000.02	Levys
8169.08	TOTAL

EXPENDITURE

TOTAL 12573.74 Pounds

TOTAL IN THE ACCOUNT AS OF		17/01/16	
			144695.42
TOTAL INS			8169.08
TOTAL			152864.5
TOTAL OUTS			12573.74
TOTAL			140290.76
Balance on 13/03/16	in the account		140290.76

7.5	Currys computer tech protection	
684.71	Business credit card	
2935.53	HMRC	
6135.9	Annie wages for september, october	
263.95	Carolynne	
259	Chirag Lpc Attendance fee	
143	sue Smith	
0	Sue Snelling	
250	Raja	Honorariah
259	Raja Lpc meeting	
272.5	Rishi	
268	Steve	
312	royal mail	
273.4	Raju Malde	
135.8	kishore	
259	Dalijit	
102.05	Anne travel and other expenses	
12.4	service charge	

0 veronica

12573.74 TOTALS

Contracts and appeals update for March 17th 2016 Meeting

The DAC for **Manfred Sauer** was granted. The LPC did not appeal the decision. At the time of the application the LPC were the only interested party when invited to comment, did so.

At the beginning of February, Unforeseen Benefit application for **Blisworth** was not granted. **The decision was not appealed and so is now closed.**(added 15/3/2016)

'The PSRC considered whether the granting of the application would confer significant benefits and taking into account that there is already reasonable choice with regard to obtaining pharmaceutical services, that there is no evidence of people sharing a protected characteristic having difficulty accessing pharmaceutical services, and that there is no evidence that innovative approaches would be taken with regard to pharmaceutical services it was determined that NHS England is not satisfied that granting the application would secure improvements or better access to pharmaceutical services.'

The Distance application for **HotPharma** was allowed and subsequently appealed. The LPC responded by reiterating their previous observations. The deadline was 18th February. We felt that HotPharma had provided insufficient depth to demonstrate that the regulations would be met. Jardines appealed on this one also.

LOWICK LIMITED T/A LOWICK PHARMACY - APPLICATION FOR A NO SIGNIFICANT CHANGE RELOCATION FROM WASHINGTON HOUSE SURGERY, 77 HALSE ROAD, BRACKLEY, NN13 TO LAND ADJACENT TO TURWESTON ROAD / NORTHAMPTON ROAD, BRACKLEY, NN13 6EQ

and

RUSHPORT ADVISORY LLP - APPLICATION FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS AT NETWORK 401 DEVELOPMENT, JUNCTION OF A43 / NORTHAMPTON ROAD, BRACKLEY (BEST ESTIMATE)

The oral appeals for these 2 applications will be heard separately but on the same day mid- April. The minor re-location of Lowick was approved and the Unforeseen Benefits offered by Rushport's client refused on the same day. The surgery were already progressing arrangements with Lowick and planning permission has been granted by Northamptonshire Council. The surgery made a representation stating that they were not intending to offer accommodation to Rushport's client and that their client would not be allowed to offer Pharmaceutical Services from Sainsbury.

Loyal Distance Application refused in July 2015. LPC commented on the new application at the end of February and await next steps. In 2015 the application was refused because ; ' the PSRC was not satisfied that the provision of all essential services, as proposed by Loyal Healthcare Ltd., were likely to be secured either in a safe and effective manner.

The PSRC also considered that Loyal Healthcare Ltd. had not provided sufficient assurances that essential services would be provided without face to face contact with the patient or the patient's representative and/or carer. '

Following an oral hearing, the Controlled Locality status regarding **Weldon** was removed. **Day Lewis** submitted an application for unforeseen benefits thereafter. The LPC will comment by 26th March. We were not in favour of the non-controlled locality outcome.

Finally to Mawsley and the 2 applications which were initially refused then appealed. They are from **Jhoots** and **Patel**. The LPC supported the applications.

On 10th March both these applications were granted. The LA was unable to find a reason why one application was stronger than the other, hence the outcome.

And this concludes the applications work stream at the present time.

Sue Smith – Services sub-committee

MEETING LPC meeting with Marianne Price		LOCATION Francis	DATE 6 th November	ATTENDEES Anne-Marie King , Giles, Marianne Price , Sue
No.	SUBJECT	ACTION		ACTION BY
1	NHS Mail – enquired if all contractors have account and can use	Confirm CCA policy and advise <i>(SSm update provided “CCA have no longer a joint approach it stands with individual companies”)</i>		SSm
2	New Chief Pharmacist at Northampton General Hospital – Jill Williams			INFO
3	Use of CDS / MDS trays as a default offering to people Impact of proposed cuts on pharmacy providing these FOC (Giles contested as part of contract but MP concurred that this is only for DDA requirements not carer driven) Bromley Tailored Dispensing Service discussed as a staged and more appropriate option	Obtain details of the Bromley Tailored Dispensing Scheme and provide to Marianne <i>(SSm information provided)</i>		SSm
4	Advice being provided to care homes that all prn products (with exception of eye drops) should be used until date expired no replaced each month. Replicates what would happen inhome and cuts waste			INFO
5	Tablet Press – communication needs to be sent to all pharmacy	MP to arrange		
6	Waste audits would be helpful to identify ‘hot spots/products’	LPC to consider		AMK Services S-C
7	Covert Administration – currently a requirement being handled by CCG team that could require community pharmacy support	LPC to consider		AMK Services S-C

8	Electronic MARs discussed as a potential improvement in ordering activity – generates when needed for each patient	Further details to Marianne (<i>SSm information provided</i>)	SSm
9	Enteral Feeds discussed as Giles would like to transfer all to home delivery (tender to be issued) unless a patient requests direct from Pharmacy Nutricia contract ends 2017	Giles to confirm numbers involved (<i>Giles Confirmed that approx. 15 patients out of 400 currently receive their feeds from the pharmacies</i>) To be reviewed by LPC based on levels (not a significant issue to challenge and major cost savings CCG)	AMK
10	Discharge to care homes to be considered within the wider Discharge discussions ongoing – KGH /CCG/NGH	LPC to develop and inform	AMK/ SSn Services S-C

Brief Report from Mike King - PSNC

- Extension of the consultation on the cuts etc to May 24th
- Attached is a PowerPoint we used at the recent London meeting that sets out the current situation and our response
- We can remind members of the LPC News updates on the campaign and the petition
- Other matters - National meeting of LPC treasurers is on 17th May in London- booking on the PSNC website in the next few days (some details attached); LPC members days now booking on the website(12th May Manchester + 25th May London); Regulations Masterclass 27th April; LPC Chairs and Chief Officers meeting 8th June
- Amendments to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 have been laid before parliament, and will come into force in two stages: Summary Care Record - From 1 April 2016, the terms of service will require NHS pharmacists who have access to the summary care record (SCR) to access this if they consider, in their clinical judgment that it is in the best interests of the patient to do so. If an NHS pharmacist does access the SCR then this must be in accordance with The NHS Care Record Guarantee guidance.
- Exemption from prescription charges – anti fraud measures : From 1 July 2016, NHS pharmacists (including pharmacy staff) must inform persons presenting a prescription on which an exemption declaration has been made without producing evidence of entitlement to exemption (where evidence is required) that NHS checks are routinely undertaken to verify that persons are exempt from payment of NHS prescription charges as part of the relevant arrangements for preventing or detecting fraud or error.

And this concludes the applications work stream at the present time.

Sue Smith – Services sub-committee

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