

COMMITTEE MEETING MINUTES

Thursday 19th January 2017

11am - 4.30pm

Venue: Holiday Inn, Grange Park, Northampton. NN4 5EZ

LPC MEMBERS PRESENT:

Raja Srikakulapu (RS)
Has Modi (HS)
Veronica Horne (VH)
Kishor Shah (KS)
Raju Malde (RM)
Andrew Kerr (RK)
Steve Allan (SA)
Sue Smith (SSm)
Daljit Poone (DP) - PM session
Richard Knott (RK)
Rishi Hindocha (RH)
Garry Newman (GN)
Chirag Patel (CP)
Anil Patel (AP)

OTHERS IN ATTENDANCE:

Sue Snelling - Chair (SSn)
Carolynne Freeman - Vice Chair (CF)
Anne Marie King - Chief Officer (AMK)
Mike King (MK)

APPOLOGIES

Sue Smith (SSm)

SSn signed a new declaration of interest to reflect her recent position with Mid-Counties COOP. There were no declarations of interest reported with the agenda.

Minutes of previous meeting

Minutes of the previous meeting (17th November 2016) were reviewed and approved as an accurate reflection of the meeting and action points. SSn signed the minutes as chair.

MK gave his report

The Judicial Review was discussed, and MK explained the process of the review that is due in March. He explained that depending on the outcome there may be a review of the quality payments.

MK explained that after the review the PSNC will be looking at a new pharmacy contract and how it could be funded. It will reflect a drive to local commissioning.

Mike King provided an update on the PSNC judicial review (JR) challenging the Secretary of State's decision on pharmacy cuts. The PSNC had reluctantly taken a JR, it was a last resort, PSNC had tried hard to work with the DH to reach an agreement but this had not been possible. PSNC had built up a good working relationship with DH and the inevitable damage to this relationship following a JR was a major factor in PSNC's considerations as was the cost. However PSNC had received advice from a leading QC that PSNC had a strong case to challenge the decision; PSNC felt that in the light of such advice there was a duty to contractors to apply for a JR. PSNC also felt allowing the failure to properly consult on this occasion would set a precedent for the future that would significantly prejudice contractors.

PSNC's challenge was on the basis that the Secretary of State failed to carry out a lawful consultation on the proposals for community pharmacy. Mike outlined the JR process, being a challenge to process, and the likely outcomes. THE JR is due to be heard in March. Discussions with DH are suspended because of the JR. PSNC is keen to resume discussions as soon as possible to discuss opportunities from the Murray review, new contractual framework and the CPFV.

Turning to the funding of the JR, Mike said the high cost of the action necessitated a special levy but was in the best interests of contractors and something that contractors would want to see challenged. The additional funding would be accounted for separately and the transparency would allow LPCs, for their own governance needs, to monitor the spend and any surplus. Mike added that there had been no increase in the PSNC levy for 2 years, there had been a considerable drain on resources to fund the campaign to oppose the cuts and the PWC report all of which had depleted PSNC funds. Also the DH December 2015 letter announcing the funding cuts is just part of the attack, other elements of the letter pose considerable threats - possibly greater than the cuts - including hub and spoke and PSNC needs to be in a position to work on behalf of contractors to challenge the remaining threats to contractors and the patients they serve.

Turning to other PSNC business, the committee has agreed its annual work plans and Mike outlined the plan pointing out a strong theme on supporting local commissioning, working on a new contractual framework, implementing the CPFV and re-building relationships with DH/NHSE were a priority. PSNC's Leadership Academy is inviting application for the 12 places available on the Academy's second year intake. Other PSNC events and training were reported. PSNC's resources and other support for the changes to the community pharmacy framework, such as quality payments were summarised with a reminder of the webinars available. The new PSNC/PV document on implementing the CPFV and the work of Healthcare Together were highlighted.

Chief Officer

AMK gave her report as CO (Attached)

Buddy allocation:

AMK has produced a list of pharmacies and allocated buddies for help with the quality payments. The committee decided that they would like a written guide that can be used during a telephone conversation to help with any questions that may be asked. AMK explained that common queries were related to NHS choices, and NHS mail accounts.

HLP - The committee discussed how the funds should be used in order to deliver this training. It was appreciated that there would be some cost to the LPC as the grant money will not fully cover all the costs, however this should be minimal. It was decided that on-line training would not be funded - contractors may wish to pay for this independently however.

NUMAS - Pharmacies should register their interest now even if NHS mail accounts are not fully established.

Finance

RS gave his report as treasurer. (Attached)

RS showed that the balance of the account was healthy despite reducing levies for contractors. The balance is now appropriate for an LPC of this size. It was agreed that the PSNC special levy would be paid from the account.

The committee agreed that AMK should have a new laptop and phone to replace equipment that is out of date. AMK had obtained quotes that were appropriate and the committee voted that she would go ahead and purchase the new equipment against these quotes. The old laptop will be used by RS as treasurer.

The committee agreed that AMK will have her GPhC fees reimbursed by the LPC.

Contract Applications

No applications received

Services Committee

Included with CO report

Governance committee

The governance committee plan to update their TOR. They will report back to the committee in February regarding AMK review including salary review.

Guest speakers

Bhavisha Pattani- Controlled Drugs Accountable Officer/Head of Pharmacy NHSE Midlands and East. - Bhavisha sent her representative (Amit).

Amit explained that the Welwyn Garden City office are recruiting which will give more support to contractors in Northants and Milton Keynes.

Amit discussed the Discharge Medication Service for Northants and the proposals currently put forward. The committee discussed how this service differs from other schemes in the country. Ways of funding the service were discussed.

John Wardell / Charlotte Fry. Accountable Officer Nene CCG and lead for STP

John gave his presentation (available on website if required)

This described and gave an overview of STP which stretches over health and social care. It looks at commissioning with priorities in this area being urgent care and complex care.

It is expected that providers will work together to provide a joined up service. This is an exciting opportunity for pharmacy who are often low on the agenda to be offered services.

The agenda item 'Plans for integration' was deferred in light of this presentation. SSn will report back to the committee.

Gill Williams NGH and CPPE regional lead

Gill explained the new programmes being delivered by CPPE locally and nationally.

AOB

RS - A reminder to ensure that all account details are up to date before expenses are next paid

AMK - Asked about a workplace pension. SA had originally prepared the contract and explained this was due to be put in place in 2017. RS will look into this.

Date of next meeting confirmed as 16th March 2017

The meeting was closed at 4.30pm



e Snelling

CAROLYNNE FREEMAN

Date of signing 16/03/2017

Chief Officer's report

As much anticipated [Clinical Services Review](#) has been published this week. The independent review was commissioned by the Chief Pharmaceutical Officer Dr Keith Ridge in April 2016 and is significant in that it clearly sets out proposals for the future development of the community

armacy sector. The specific recommendations recognise the opportunity of what could be possible, and how community pharmacy could be better integrated with the wider NHS.

The report states; "With other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well action at local level. Looking into the medium-term, there is a need to ensure that community pharmacy is integrated into the evolving new models of care alongside other primary care professionals. This will include enhancing the support they provide to people with long term conditions and public health, but should not be limited to these. Progress here will necessarily be more local in nature, built around the needs of patients and localities, however, NHS England and Public Health England will support and encourage this progress, not least to overcome some of the barriers that have to date prevented full use of community pharmacy".

Commenting on the publication of the Clinical Services Review, Margaret MacRury, Chair of the Community Chemist Association said; "We welcome this positive, independent report from Richard Gray, which identifies some clear and practical recommendations for the future deployment of community pharmacy. We believe that, if they are adopted, the sector will be enabled to reach its potential and be empowered to support patients and the NHS more effectively. We are pleased to see the recognition of pharmacists and their teams being able to take a key role in supporting long term conditions and case finding within new models of care for example, as we have previously demonstrated and advocated this approach through the Community Pharmacy Futures projects.

It is evident that this review can align with the vision set out in the Community Pharmacy Forward View and we hope that NHS England, the Department of Health and the wider health and care community will work with the sector to deliver it. This report could be a watershed moment for pharmacy after the challenging year we've had, and we hope to start 2017 on a more positive footing. The central message from this review is that community pharmacy has the potential to do much more and we look forward to hearing NHS England's response".

[Link to report on shared NHS Mailbox](#)

I sent a dummy request so that I could see what was happening and after 10 days received an automated response...

Thank you for your email requesting an NHSmail account. Please note that due to the high demand requests are taking longer than anticipated to process.

Requests for an NHSmail account received prior to 1 February 2017 will meet the NHSmail away requirement for the Quality Payment Scheme. NHSmail accounts will be established for registered pharmacies, following further setup checks, with accounts expected to be available by 31st March 2017. NHSmail setup for these pharmacies will be phased by area in line with the NUMSAS rollout plan.

Your application will be processed as quickly as possible. Please bear with us whilst we work through the applications and setup checks.

Yours:

1. Community Pharmacies joining the NUMSAS pilot should consult the support pages (<https://portal.nhs.net/Help/joiningnhsmail>) to confirm when their area is eligible for setup:
 - a. Phase 1 and 2: Contact their NHS England area team to initiate setup.
 - b. Phase 3 and 4: Await further instruction - which will be published on the support pages by the end of January 2017
2. Pharmacies with existing NHSmail accounts (setup prior to December 1st 2016) can use this existing email account to demonstrate compliance.

[S Choices](#)

manage your profile you must have editing rights. Request your editing rights by emailing the S Choices Service Desk on servicedesk@nhschoices.nhs.uk
<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/documents/2014/how-to-manage-pharmacy-profiles.pdf>

[Updates and conversations](#)

have produced 2 Excel documents-one for MK and the other for Northants and assigned a committee member against all our Independents. I have included all the contact details and would like the committee to commence their phone calls as discussed in November. These calls offer support with the Quality Payments framework. I would suggest not opening with a loaded question such as 'do you require help with....' Maybe have December's LPC News to have at least access to PSNC website when you are having the conversation.

have spoken about NHS Choices and NHS.net accounts. SCR training event organised with CPI Way. This will hopefully encourage those scared to use SCR currently to increase appropriate use and be able to demonstrate this for November QP entry point.

firm outcomes have been commissioned by PSNC to enable Contractors to record their progress towards the achievement of the "Gateway Criteria" and each "Quality Criterion". Embedded clickable links allow easy access to PSNC information to support completion, PSNC has commissioned a tool to record and report to GP re excessive bronchodilator and no inhaled corticosteroid inh.

HLP tab is also available and can be inserted upon request. NN PH already have a license and may use this as a method of tracking HLP. MK PH do not have a license at the moment but it may be considered.

[Joining forces with other LPC's to see Sue Sharpe](#)

have previously discussed the possibility of joining with neighbouring LPC's to speak to, for example, Sue Sharpe about how we feel the PSNC are supporting us. Both Helen and I have certainly had negative experiences recently over different matters and wondered if a combined unified voice might be helpful. Are there issues which we would like to raise should we have such a meeting?

[Missing bundles](#)

Raja explained to us that he had sought an explanation from BSA with regard to the fluctuation in number of accounts on our BDA statements. Sometimes it remains at 174 for a few months and then rise or fall by one. Raja was told that the fluctuation could be due to a lost bundle. I am not entirely satisfied with this explanation feeling that it is incongruous for either one or two bundles to be lost regularly. If bundles went missing, wouldn't this number be random? I spoke to Helen who does have the same issue and has been fed the same explanation. Should we pursue this?

[Lloyds account](#)

Has the finance committee decided on how the funds in the Lloyds bank a/c should be distributed to satisfy insurance protection? Also for Finance... technology? I was unable to produce a January Newsletter because I did not have access to the account and my phone contract expired 15/12/16. Financial Levy...I wrote to Yulia at PSNC to explain that we would be considering this request at the January meeting. £19,382 levy to support the legal action against the imposition of half yearly £27,662

[Midlands Frontline Pharmacy Strategy \(email 9/1/2017\)](#)

discussion and comments

[Next meeting...how does it look](#)

Is there anything in particular the committee would like to see on the agenda in March and should there be any guests specifically you would like me to try and invite? STP MK? The venue could be Holiday Inn Express. I have booked future meeting for Holiday Inn Express with the exception of September's AGM/Committee meeting. Collingtree tbc as in 2016.

MSAS

pharmacies registered their interest and so will appear on the DOS. Gaurav hoping to roll out in January. NHS111 Pharmacy pilot. David Anderson deputy head of Urgent care, Giles Owen and Jane Mclean. Dial in Rachel Westwood and Gaurav Mehti. 12 week pilot very similar to NUMSAS using Pharmacist prescribers. It is not thought that there will be a conflict of interest because of the 12 week nature of the NHS 111 Pharmacy pilot. Should this be identified as an issue going forward potentially areas could be screened eg North of county going to NHS111 Pharmacy pilot and south to pharmacy NUMSAS. Training event tbc. PharmOutcomes will be available as a reporting method from Feb 1st.

engagement

Donica hosted Corby MP, Tom Pursglove at Boots Lakeside and subsequently the MP offered support during Health questions in Westminster in December.

1,400 requested from HEE for delivery of HLP training. 70 Leadership and 50 Champions. Boots, Tesco and Lloyds have confirmed to me that they would be using external training and could enable their colleagues to train with us. Asda are not engaging at all in HLP at the moment.

Midlands Frontline Pharmacy Strategy document.

Sham Phillips has asked that we consider this document and report on it by end January. I circulated it yesterday.

Northamptonshire STP- John Wardell

Northamptonshire STP is

- The local plan to deliver the ambitions set out in the Five Year Forward View
- A national approach to ensuring Health, Social Care and Voluntary Care Services are built around the needs of local people and deliver better outcomes for patients and the public
- The plan was published in mid December 2016 and will achieve
 - Better lives and the best outcomes for the people of Northamptonshire including a focus on prevention and self care
 - Reduced health inequalities and better quality of life for people living with long term conditions
 - Ensuring parity of esteem between mental and physical health need
 - Ensuring that that the local population can access 'right care, in the right place, at the right time' by building on the good work and practices that are already happening in the county.
 - Sustainable, integrated care that is cost effective and the best value for money.
- Why do we need this plan?
- Population change.
- Health and wellbeing
- Access.
- Mental health.
- Standards
- Staff shortages.
- Integration.
- Money.
- Northamptonshire's Sustainability and Transformation 'plan on a page'
Our vision is to improve the health and wellbeing of all people in Northamptonshire and reduce health inequalities by enabling people to help themselves (Supporting Northamptonshire to Flourish: Health & Wellbeing Strategy 2016-2020)

- Our Integrated model of care will be delivered through 5 key areas outlined below and underpinned by a number of enablers
- What care will look like
- We will achieve
 - A focus on prevention first
 - A “whole person” approach
 - The right care, in the right place and at the right time
- Reduced reliance on hospitals
- Integration
- Voluntary support
- Viable hospitals
- Sustainability in general practice
- Working differently
- Where do we go from here?

need to:

- Secure additional transformation resource to pump-prime change (particularly to support the transformation programmes, IM&T and organisational development)
- Support providers through change to sustain services financially and operationally
- Develop a sustainable and flexible workforce empowered to work across organisational boundaries
- Implement a delivery and governance structure, supported by regulators that enables the system to manage and deliver the change process to a successful conclusion.

Key Steps

- A comprehensive engagement strategy to ensure we take all our stakeholders and the Northamptonshire public with us
- Phasing and sequencing of the delivery programme and highlighting time critical events within our plan
- A refocusing of our leadership and boards to drive the transformational change process and ensure the commitment of all staff to the changes
- Aligned and streamlined commissioner and provider operational plans designed to support and drive the change agenda within a transparent commissioning framework.

Supplier Report

27662	PSNC
15	Currys computer tech protection
104.44	Business credit card
2815.9	HMRC
332.54	Annie wages for sep,oct
395.7	Raju
	health
948.3	PCTHealthcare
	AMK
79.65	expenses
259	Sue Smith
250	Richard

		Honorariah	Nov/ dec
250	Raja		
386.7	Raja LPC meeting		
392.1	Has		
375	Andrew Kerr		
125	Chirag		
711.8	Sue Snelling		
125	Anil		
250	Dalijit		
272.5	rishi		
	Service		
12.4	charge		
375	veronica		
125	Kishor		
2763.0			
3	TOTALS		

Treasurer Report for March LPC Meeting 16/03/2017

INCOME

969 Health Education E
 71.19 INTEREST
 7999.98 Levys
9040.17 TOTAL

EXPENDITURE

TOTAL

Pounds

TOTAL IN THE ACCOUNT AS OF		17/01/2017	97505.94
TOTAL INS			9040.17
TOTAL			106546.11
TOTAL OUTS			36612.6
			69933.51
TOTAL			69933.51
Balance on 12/03/17	in the account		69933.51

EXPENDITURE

12.34 raj expenses for cartridge
19382 psnc
7.5 Currys computer tech protection
1526.47 Business credit card
2815.89 HMRC
5532.55 anne wages for sep,oct
268.9 Raju
513.05 pct health care
177.75 ann expenses
660 npa
250 Richard
250 Raja Honorariah jan feb
281.25 Raja Lpc meeting
268 Has
125 Andrew Kerr
268 chirag
312 royal mail
250 Anil
259 Dalijit
272.5 rishi
12.4 Service charge
250 veronica
250 Garry
450 esitas accountant
250 kishore
250 GPHC fee for anne
1718 anne equipment
36612.6 **TOTALS**

Projections for the end of the year

Total in the Account	97505.94	97505.94
jan feb march levies		12000

Total A **109505.94**

Expenditure for next two months

expected total expenses up until march including wages and meeting cost	15000
Psnc special levy	19382

Total B **34382**

Totals in the account at the end of march Total A- TotalB 75123.94

Total to keep in the account is 50% of running cost which is 121910 60955
Excess 14168.94 in the accot

what levies to be collected from april