



COMMITTEE MEETING MINUTES

Thursday 21st January 2016

10am-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)
Rishi Hindocha (RH)
Kishor Shah (KS)
Raju Malde (RM)
Anil Patel (AP)

OTHERS IN ATTENDANCE:

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

APPOLOGIES

Sue Snelling (SN)
Has Modi (HS)
Reshma Kanani (RK)
Veronica Horne (VH)
Lakhminder Flora (LF)
Anil Patel (AP)

The minutes from Thursday 26th November were confirmed as a true and accurate reflection of the meeting and signed by the Vice Chair.

Completion of the Survey from The Royal Society for Public Health and Public Health England

The survey was completed and returned by AMK

PRESENTATION FROM KEVIN SMITH, SCR PROJECT MANAGER

Kevin presented his report on SCR. He explained how SCR will be rolled out and his role particularly with the independents. All pharmacists will be required to undertake the CPPE package in addition to local training. Smart cards will need to be up to date. Kevin will keep us informed with what is happening locally and with

dates of future training sessions.

PRESENTATION FROM PUBLIC HEALTH MK: DRAFT PROPOSALS FOR THE REINVIGORATION OF HLP IN MK

Moneim Elhassan Public Health Practitioner MK and Beccy White, Public Health Principal, MK presented their draft proposal regarding the re-introduction of HLP in MK. There is £5000 set aside this year to fund training for counter staff to attain level 2 Public Health certificates. This same funding will be set aside annually to ensure that training for new staff members can be held. If we want to progress, we will need to be aware that the first training dates will need to be in March ie before year end.

The committee discussed these proposals after the presentation taking into account the following:

- Knowledge and feedback from the scheme that ran in 2011-12 in Milton Keynes
- The national enthusiasm to engage with HLP
- The lack of funding to cover accreditation costs
- The accreditation process would need to be simple to ensure that reaching HLP status was achievable.

The committee members present, agreed that HLP was a good idea and we should be positive to the fact that Public Health had approached us. AMK will contact key personnel in the multiples and independents to see if there is an enthusiasm to progress, before arranging a further meeting with these contacts and Moneim /Beccy.

PRESENTATION BY PHARMOUTCOMES

Esther Harvey from PharmOutcomes presented a walk-through of how hospital transfer may look using PharmOutcomes.

The committee discussed how PharmOutcomes could be used as part of the hospital transfer project with KGH. The opinion of the committee was that PharmOutcomes was easy to use and can be adapted to the needs of the project. It would provide a good and secure way of sending information from the hospital direct to the preferred community pharmacy

The finance committee presented details of how the service could be financed. (Attached)

SSn and AMK to meet with KGH in February to discuss the project further.

REPORTS

Chief Officer report

(Attached)

AMK asked the committee about providing a training session on endorsing that could link in with the DOH funding cut announcement. The committee agreed that we should not generally organise training but could use this session at the AGM.

It was agreed however, that we should look to support and inform contractors about the funding cuts and the work being done by the PSNC and other pharmacy bodies.

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

- Finance

The treasurer presented his report (attached)

The cost of the new accountant was discussed, because the figure stated on the engagement letter was higher than the original quote. It was agreed that this figure was still very reasonable and decided that the document should be signed.

RS will review the expense policy and bring to the next meeting

- Applications committee

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

- Governance Nothing to report

- Enhanced Services Nothing further to add in addition to the KGH Hospital Transfer project

STAKEHOLDER ENGAGEMENT

PSNC Report

Mike King presented his report which covered the PSNCs response to the recent DOH funding announcement. The PSNC felt that there was not enough clarity in the letter and were unhappy with the way the letter was presented.

A meeting was held with LPCs on 20th January 2016 and ways of campaigning discussed. All LPCs were asked to work together with guidance from the PSNC. The PSNC will issue guidance and material soon to ensure all contractors are properly informed. The PSNC are keen that any campaign focuses on how the patient is affected and not the contractor.

Research is being commissioned to determine the value of community pharmacy. A petition has already been set up. Pharmacy bodies are currently in discussions as to how pharmacy should respond to the letter. The NPA are taking a lead on the MP campaign.

AMK will await further guidance from the PSNC to enable the LPC to further advise the contractors.

Any Other Business

None

Date of next meeting confirmed as 17th March 2016

Close of meeting



VICE CHAIR

17/3/16

Finance Committee Proposal of funding for Pharmacy Transfer of Care Service

Tasks for Pharmacy:

1. Ensure patients repeat slip and Rx corresponds to discharge meds list. (Pre discharge to week 1)

- Task can be carried out by Pharmacist/Team

-Clinical check

-Resolve discrepancies with GP

Estimated activity time: 30-45mins?

COST: £9-12

2. Post discharge review (week 2)

-Task carried out by Pharmacist

- Pharmacist would be given an actual diagnosis

-Would carry out an NMS-like service which currently cannot be carried out if meds have been initiated in hospital

-In-depth discussion regarding medication

- discuss hospital medication plan and ensure first prescription from GP is correct

Estimated activity time: 45 mins?

3. Final follow up (week 6)

-Task carried out by pharmacist as a final check

-Ensure no loose ends and no further issues

-Final courtesy call

Estimated activity time: 10 mins

Step 2 + 3

COST: £35-40

OTHER COSTS:

Training and backfill: Half day training or CPPE package?

One off cost depending on training package

PharmOutcomes- Annie advised that KGH would fund this?

Contracts Summary Report for January 21st Committee Meeting

Change of Ownership Application – MPG Healthcare Ltd to acquire Jeyes Chemist at 27 The Square, Earls Barton, Northampton NN6 0NA

Change in ownership in Kettering of Prospect to Rowlands

In 2015 the Contracts subcommittee had sight of 20 applications. Only 50% of these are now closed with the remaining going through the appeal process or still in the initial stage of consideration by NHSE. These included Distance Selling, DAC, change in ownership and relocations. We also saw 8 applications submitted to NHSE offering Unforeseen Benefits. At the present time the 2 Mawsley applications are in appeal having been refused in November. Veronica, being a Mawsley resident, has had sight of a letter from the dispensing GP and one time applicant to the Pharmaceutical list himself, Dr Oliver, advising of a public meeting to address and highlight from the practices point of view the cuts to funding and how the impact of losing the dispensing monopoly would adversely affect revenue and so funding streams. Veronica suggested that it might be useful for a representative to attend this meeting.

2 new applications for Barton Seagrave are currently under consideration.

The determination of locality for Weldon was upheld and was appealed the outcome of which is an oral hearing but there has not been a date on this as yet.

Of the 3 Distance selling application, 2 are now closed having been unsuccessfully appealed (Alcura and Loyal) and the third application by HotPharma in MK was successful. However this has been appealed with responses to be submitted by 18th February.

Loyal have submitted a new application, the documents for which and a draft response were circulated to the sub committee. This is the first application for 2016 other than the Hot Pharma appeal and the changes of ownership.

Chief Office Report January 21st 2016

The funding cuts

We know of the instability in our sector and we know that there is underutilisation of our service. 74 LPC's turned out at the PSNC emergency meeting yesterday showing the extent of the concern with regard to the funding cuts and to hear about plans for a measured campaign.

PV,RPS were not present. The NPA were present but assurances were offered by PSNC that all these bodies were united and would be so in their response and activities.

Sue Sharpe received the DoH letter on 17th December it was titled Community Pharmacy in 2016/17 and beyond. Sue responded on 15th January seeking clarity around the proposals and stated at the end of the letter that 'we will not accept this' Both letters are on the PSNC website and linked from our own website.

The meeting yesterday aimed to bring together our aims in the raft of challenges and to deliver them in a thoughtful, planned and strategic manner. Next steps are for Sue Sharpe and her team to put our thoughts from today together and present the LPC's with a joined up calendar to assist us in positively protecting and defending our sector and also develop it. Our activities will be spread over a much longer time than the ludicrously short 10 week (March 24th) consultation period envisaged by the Government. The strategy for a 5 year period is almost certainly known (although not shared with PSNC) and 1-3 years is settled. There is likely to be a 10 week battle but a 2 year war. But, hard to fight the unknown. Let's try not to offer a gift horse but instead remain ruthlessly positive.

Position

- We accept that there is room to increase the online offering
- We accept the idea of Hub and spoke but would require an enforceable ban on CCG direction which would limit patient choice. Would not want large centralised providers
- PSNC has already proposed amendments to the regulations so removing disincentives to mergers between neighbouring pharmacies
- Carefully examine the impacts especially on meds waste if repeat period increased.
- We are sceptical about pharmacy access scheme because of the bad experience re ESPLPS. We will try to protect low volume dispensing in areas with no alternative access

Proposal

- Building a care service for Bricks and Mortar pharmacies

- HLP
- Access to SCR
- NMS and MUR
- Support for self-care
- Do GP's know and can evidence that some of their patients could not do without CP
- Political lobbying
- Impact on demand for urgent care
- Promote our role aggressively

We will endeavour to demonstrate the consequences of limited access

To this end Luther Pendragon is offering PA advice as LPC's build allies, mobilise support and guide contractors to promote the campaign

Individual pharmacies can gather evidence of our ability to deliver an accessible clinical service eg short video clips to demonstrate value of their local CP. Eg examples of what people did when they couldn't access GP or any other service and aim to stop the heartless disregard for the professionalism of pharmacy and stop the perception that we are not skilful enough to deliver accessible clinical services.

NPA website has template letter to MP's but take the time to personalise perhaps even hand write. Game plan in summary...many local campaigns, nationally coordinated. A ground swell of people pestering and bothering local decision makers and reminding them of the CP value.

Join the NPA webinar to find out more.

Growing value in the dispensing service.

The cut in funding for community pharmacy in England during 2016 will see a reduction in income for the average community pharmacy of approximately £14500. I have been investigating ways to help contractors fill that gap by helping them use the rules of the Drug Tariff to maximise their income from the dispensing service.

The *Growing Value in the Dispensing Service* workshop uses nine important lessons to help everyone involved in the dispensing process maximise the return they get from it. It is suitable for pharmacists, technicians, dispensers, prereg and pharmacy students but works best when the whole team attends together.

This workshop has been delivered to more than 1500 participants over the last five years at events organised by LPCs and companies and received excellent feedback. More than 95% of participants said they would action the learning the following day and more than 95% would recommend it to a colleague. Anecdotally contractors report an immediate growth in average item value following their teams attending the workshop.

A company called Metaphor founded by Liam Stapleton 8 years ago can deliver such a workshop. Liam himself has an impressive resume (In his 25 year career ... ex training for Superdrug and Boots and also the NPA and ex teacher practitioner at Leeds Bradford university) can offer a flexible service that can include delivery of the workshop, arranging a venue, response handling and printing of workbooks. Devon and Notts are amongst the LPC's who have used Metaphor.

Cost...we would source and pay for a venue and Liam would charge £600 plus his travel expenses from Melton Mowbray. He would try to avoid an overnight stay to keep costs down. The fee could include, should we wish, the cost of marketing and management of bookings and also gathering feedback.

I may have a lead for a sponsor...Rosemont Specials.

Also with regard to keeping contractors informed of developments in this area I had the following communication from Mike King on Tuesday:

'As you may know the Royal Pharmaceutical Society's English Pharmacy Board has written to the steering groups for Local Practice Forums encouraging them to organise local meetings to support community pharmacists, this is in response to the DH open letter announcing a reduction in funding and the intention to better integrate community pharmacy into primary care.

The RPS letter adds "An event would provide the opportunity for local community pharmacists to express their ideas in a facilitated environment that would allow for their contributions to be submitted to the RPS formally". A copy of the letter can be found [here](#).

It is very important that the views of community pharmacy contractors are heard at the meetings and we strongly urge LPCs to find out if a meeting is being planned locally and if so offer to co-host the event with the LPF. This will mean that LPCs can help their LPF colleagues agree an agenda and also offer a speaker – PSNC is happy to provide a speaker if possible, please contact me in that case to make the arrangements. PSNC will also provide written resources for LPCs to use at the meetings setting out key points to raise.'

I had to clarify with Mike who would be the best person to contact at RPS and have emailed Leanne Denton to ask what is happening in our LNR area.

LPN CHAIR

I had not heard anything from Graham and so dropped him an email to ask what was happening...his reply below

'Great to hear from you, and thanks for getting in touch. NHS wheels grind exceeding slow and the formalities of my post are still being finalised!

All of that said we are starting to progress. I've cc'd Bhavisha Pattani my NHS "boss" to this as I know she's also very keen to engage with all areas. To this end we had a telecomm with Herts LPC (CEO and Chair) this week and would be keen to do similar with you guys. I'd be very pleased to meet with you..but please bear in mind that the post is only 1-2 sessions per week so I'm having to be very selective in what I get involved with

We are planning to engage with all the LPN areas, identify the local priorities and see what synergies there are across the patch'

PharmOutcomes figures

With the LPC having identified that a key focus going forward would be to drive services already on offer and encourage their uptake I have been looking at the MUR and NMS figures on the PharmOutcomes dashboard. Unfortunately I have discovered that the figures are not regularly updated and to add another complication do not follow the financial year. Gary has been able to update the figures but they will never run in real time because PharmOutcomes rely on PSNA and PSNA on BSA for the figures which are not available

until several months have elapsed. For example the figures currently displayed on the dashboard are for the period July 14-August 15. Several pharmacies in our area show as having exceeded the 400 limit, worst case by more than 25% but this does not mean that they will be getting a letter at the end of the financial year from NHSE. The way I see it is like this....Pharmacy A does NO MURs from April 2014 to July 2014. Then, in August 2014, Pharmacy A employs me as their pharmacist, and I do 50 MURs every month from then until the end of the financial year, in March 2015. This means I have done 400 MURs for the financial year, but completed this in just 8 months. Then in April, with my total for the financial year back at zero, I start aiming for 33 MURs per month, in order to spread my workload out a little better over the year. In this scenario, my figures for the PharmOutcomes report would be these:

August 2014 – 50

September 2014 – 50

October 2014 – 50

November 2014 – 50

December 2014 – 50

January 2015 – 50

February 2015 – 50

March 2015 – 50

April 2015 – 33

May 2015 – 33

June 2015 – 33

July 2015 – 33

It's an overlap situation because PharmOutcomes does not follow the financial year.

NPA Webinar

Just before Christmas, the Department of Health and NHS England announced a reduction in funding for community pharmacies. It also gave a heads up to consultations on 'new models of ordering prescriptions and collecting dispensed medicines' and hub & spoke dispensing. Furthermore, the Department will consult on how best to introduce a 'Pharmacy Integration Fund' and a 'Pharmacy Access Fund'.

To help ALL understand what this means, members and non-members can join a webinar.

The NPA is leading the response of the independent sector to the Government's announcement.

- To challenge the current direction of DH/NHS policy – which appears to imply that pharmacy is just a distribution mechanism for product, rather than a valuable health and social care asset at the heart of communities. Details are currently limited, but the NPA is certain that the proposals taken together constitute a significant risk to the integrity of the community pharmacy network
- To help independents adapt to meet the genuine challenges that exist in terms of changed patient/public expectations and new technologies
- To provide services to NPA members that focus on the financial bottom line as well as pharmacy practice.

At our Cuts & 'Efficiencies' in Community Pharmacy webinar, NPA members will:

1. Learn more about the Government's plans
2. Get the NPA's perspective on how independents could be affected

Find out how you can get involved in the NPA's co-ordinated response .

Kishor made me aware of a petition which is being organised by NPA.

Meeting with Nene CCG Care Home Pharmacist

Sue Smith and I met with Sue Smith of Nene CCG last year and discussed how community pharmacy could impact in a positive way through medicines management. Sue was particularly concerned that there was a significant and unnecessary amount of waste generated by care homes.

Marianne Price is keen to set up a meeting with Sue and I in February to talk through a role for community pharmacy.

Medicines management in care homes report

The General Pharmaceutical Council (GPhC) has published [Pharmacy and care homes](#), a report highlighting key issues surrounding the use of medicines in care homes in Great Britain.

The report aims to support wider discussions about the roles of community pharmacy in the safety and general health and wellbeing of care home residents receiving medicines.

It also includes the recommendation that inspections by both the GPhC and care home regulators should consider pharmacy services to care homes.

Up- coming meetings

- Northants Health & Wellbeing Board...invite to attend from Dementia commissioner
- Flu task NHSE area team
- OAHSN Hospital discharge
- PoCT kit for pharmacy...ES? Tillotts rep
- KGH Transfer of care
- Nene CCG Care homes pharmacist Marianne
- Lisa Giles NHSE
- Graham Phillips

Treasurer Report for Jan21st Meeting

INCOME

191.87 INTEREST
8000.04 Levys
8191.91 TOTAL

EXPENDITURE

TOTAL 12250.99 Pounds

TOTAL IN THE ACCOUNT AS OF		22/11/2015	148754.5
TOTAL INS			8191.91
TOTAL			156946.41
TOTAL OUTS			12250.99

TOTAL			144695.42
Balance on 17/01/16	in the account		£144695.42

EXPENDITURE

15	Currys computer tech protection		
857.59	Business credit card		
1706.62	HMRC		
4838.13	Annie wages for september, october		
672.16	Carolynn		
259	Chirag Lpc Attendance fee		
335	sue Smith		
277	Reshma		
649.7	Sue Snelling		
125	Raja	Honorariah	october
259	Raja Lpc meeting		
595.25	Rishi		
272.5	Steve		
272.5	Has		
214.44	fastnet		
259	kishore		
258.1	Dalijit		
12.4	service charge		
250	veronica		
12250.99	TOTALS		

Update for Northants and Milton Keynes LPC meeting 21st January 2016

Welcome to LPN Chair

NHS England Midlands and East (Central Midlands) would like to announce the appointment of Graham Phillips as LPN Chair for the former Hertfordshire & South Midlands area. It is envisaged that Grahams role will be focusing upon:

- Rolling out a Common Ailments specification by linking with the emergency and urgent care networks
- Continuing the HLP input linking with the Hypertension and Heart Failure work
- Medicines Optimisation Reviews and Community Pharmacy
- Friendly Dementia'
- Ensuring Community Pharmacists access to Summary Care Records
- Engagement within the patch of themes emerging through error reporting and issues arising elsewhere within NHS England (contracts, commissioning etc)

LPS Contracts

The closing date for acceptance of the LPS contract offer from NHS England was extended by 2 weeks from 19th November 2015 to enable pharmacists to consider their options. The three Northants/MK pharmacies who applied were awarded LPS contracts and will return to the full pharmaceutical list upon expiration of their contracts.

CPAF

The on-line CPAF short questionnaire was completed by all but five community pharmacies in Northants/MK. The pharmacies outstanding will be required to complete the full CPAF

documentation available on-line from early February. The current CPAF questionnaire is under review by NHS England pharmacy contract managers network with the expectation that those who have not attained benchmarked outcomes will be required to complete the full CPAF documentation. NHS England will clarify with contractors via email should any queries arise. A small number of randomly selected pharmacies will be visited as part of the on line CPAF validation exercise.

Any pharmacy selected for a full monitoring visit during the coming months will be required to complete the full CPAF which will be used as the basis for the visit.

2016/17 on-line CPAF short questionnaire is scheduled to be available in June and returned annually each June.

Monitoring Visits

There may be a number of factors that would highlight the requirement of a visit. Visits are regarded as an opportunity to gain support, guidance and compliance than focusing on negative elements. Our criterion is based upon the timeframe from which a previous visit was undertaken, newly opened pharmacies, change of ownership and any issues that may need further clarification. Visits will be completed by autumn 2016.

Pharmacy NHS Flu Advanced Service

The Pharmacy NHS Flu Advanced Service specification was published at the end of September 2015. To date, 131 pharmacies elected to undertake this service within