

COMMITTEE MEETING MINUTES

Thursday 17th November 2016

10am – 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)
Richard Knott (RK)
Rishi Hindocha (RH)
Garry Newman (GN)

OTHERS IN ATTENDANCE:

Sue Snelling – Chair (SSn)
Carolynne Freeman - Vice Chair (CF)
Anne Marie King – Chief Officer (AMK)
Bharat Patel-PSNC Regional Representative

APPOLOGIES

Chirag Patel (CP)
Anil Patel (AP)

Declarations of interest all complete. There were no declarations of interest reported with the agenda.

The committee welcomed Andrew Kerr and Garry Newman.

Minutes of previous meeting

Minutes of the previous meeting (28th September 2016) were reviewed and approved as an accurate reflection of the meeting and action points. SSn signed the minutes as chair.

The chair commented on the success of the AGM which was held after the committee meeting on 28th September 2016. The chair formally thanked Anne-Marie King for her hard work in to making this happen.

PSNC update – Bharat Patel

Bharat invited members to ask questions regarding the recent funding announcement which the PSNC have objected to. Bharat gave details of the legal challenge which is currently underway.

There was a discussion about quality payments. Bharat was able to comment on the following:

- There is at present no proper framework or service spec for the quality payment.
- HLP – More clarity is needed about how this will form part of the quality payments. Presently the NPA own the copyright on the HLP brand.
- It is envisaged that pharmacies will be able to achieve at least 80% of the payment. Self-declaration will be via the FP34.

Further discussions regarding the funding announcement

The committee discussed the funding announcement with respect to how the LPC can support contractors. The following action plan was created as a result of the discussions.

SCR – The LPC can look at contractors who may not be accessing SCR yet. The local face to face training sessions have now finished but we could look at how this training can now be accessed.

NHS 111 - Pharmacies must have their NHS choices details up to date. The LPC can inform contractors of this and also remind contractors to ensure details are updated regularly.

CPPQ – Further details are needed about how this survey is to be published. The LPC can inform and remind contractors about how this should be done. Eg Newsletter

HLP – Further work and more understanding is needed for this point. Consideration needs to be given to training providers for the HLC and Leadership training. We are yet to fully understand the accreditation process. MK have already trained local contractors. Northants are due to set training in the near future.

Patient Safety Records – Further information is required in order that we understand what this entails. (Near miss reports, yellow card reports, error reports). Contractors should already have procedures in place, but can be reminded via the newsletter.

Safeguarding – Contractors will be reminded to review their policies and ensure training is up to date. Details of appropriate training can be made available via the website.

Dementia friends – Training is available already and the LPC can put information onto the website about how it can be accessed. The CPPE have a package, and a link to a short training video is already available on the LPC website.

Use of bronchodilators – More information is required about this point. Pharmacy software may highlight patients who may need a bronchodilator. Targeted MURs could be a tool to ensure action is taken when qualifying patients are identified. MUR records could double up as proof that

action has been taken.

Summary of the action plan:

- Further information from the PSNC is required to establish detail of what is required.
- AMK to put resource onto the website for the contractors to access if required
- AMK can summarise what is needed to qualify for the quality payments via the website
- Committee members can offer help and support to contractors (mainly independents) by direct contact and formation of a 'buddy arrangement'.
- AMK has arranged a meeting on 21st November 2016 for all contractors. The NPA will explain about the quality payments and what is needed for payment to be claimed.

PSNC Conference

SSn summarised content from the recent PSNC conference attended by herself and AMK. The meeting was engaging with a good speech from Sue Sharp.

Some information was given regarding the Urgent Medicines Supply Advanced Service (NUMAS), however no details have been released as yet.

Further information is needed about NHS mail accounts. There remains uncertainty about accounts and whether these will need to be set up again.

Slides from the presentation are available on the PSNC website

Sub-group committees – terms of reference

Each subgroup discussed their terms of reference (TOR) and made amendments where necessary. AMK will send out updated versions and update the website accordingly.

New committee members were assigned to a subgroup.

REPORTS

Chief officer report

AMK presented her report to the committee (attached)

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

Services

- The committee agreed that the LES should be looked at in the January meeting. There are gaps in certain services which need to be addressed. It was suggested the LES sub-group will need more support and possibly separate teams looking at MK and Northants LES respectively.
- CF gave a report on a meeting she attended with AMK and the sexual health team in MK. (Attached) A draft Service Spec has been written for HIV testing in MK. Following the report, the committee expressed concerns regarding the funding offered to deliver the service. It was felt that £8 was not sufficient to cover the costs of a 'negative' test. It was agreed that AMK would make contact with the team to discuss this further. GN and AK know of other schemes in the UK that are better funded and offered to find out details of these schemes.

Finance

- RS gave his report to the committee (attached)
- GN suggested that the funds in the accounts are split in order to give better protection. It was agreed following this suggestion that different banking groups would be used. The finance committee will look into this and report back at the next meeting.

Contracts committee

HM gave his report to the committee. There are 3 minor relocations.

Governance committee

The committee are currently looking into how reviews of the CO, and Chair should be undertaken.

Any Other Business

None

Date of next meeting confirmed as 19th January 2016

The meeting was closed at 4.30pm

X 
Sue Snelling
Chair

Date of signing 19/01/2017

Chief Officer's Report

Engagement with Healthwatch Northampton

On Tuesday 18th October I attended Healthwatch Northampton's Board meeting in Corby at the request of Kate Holt. Healthwatch have agreed to put in place a questionnaire with 3 very simple questions about services via community pharmacy. The survey links to their 'make your voice count' strap line and will appear in pop up shops.

We would like to ask you about your use of additional services at local pharmacies.

1. Besides the dispensing and disposal of medication and advice on treatment of minor conditions, which local pharmacy services do you currently use?

- Smoking cessation
- Sexual health services (including emergency hormonal contraception, chlamydia testing and advice)
- Services to help problem drug use and needle exchange

- Gluten free products
 - Palliative care medicines held in some pharmacies
 - Home delivery
 - Medicine Use Review
 - New Medicine Service
 - Flu vaccination
 - Medicines Administration Record (MAR) charts and monitored dosage systems
 - Emergency supply of prescription medication
 - Other (please specify)
 - None of the above
2. What other services would you like to access at your local pharmacy (such as minor ailment service, weight management services, NHS Health Checks, hospital discharge service, COPD support and identification)?
3. How would you prefer to receive prescription medication. Please tick one only:
- Over the counter at a pharmacy (face to face)
 - Home delivery from a pharmacy
 - Via a distance selling pharmacy*
 - Other (please specify)

* A distance selling pharmacy receives a prescription via post and dispenses it the next day, sending it via courier. The pharmacist telephones the patient to counsel the patient on the medicine's correct use. There is no face to face contact.

We will put this into the survey and can get it out at our pop up shops very soon. This will result in a trickle of surveys coming in in Nov/Dec. We will also launch the survey as a larger campaign to get more responses but are still working out if that will be before Christmas or in the new year

Further to this I have met with Rob Mason and Dora Shergold who are also going to distribute the survey outwith their Healthwatch remit and Dora has kindly offered to collate the results for us.

Public Health MK and HLP

BEDS LPC and PH representatives met with Beccy from PH MK early November and discussed applying the 'MK local approach to HLP' systematically across the STP footprint and going forward I will be invited to future meetings.

In brief, to support CP and align with the new Quality payments we are hoping to achieve all interested CP to HLP level 1 status by April 17.

This would be achieved by continuing with our 'localised' approach in the short term and aligning to the external quality route in the long term (RSPH awarded the HLP Audit tender). When I spoke to Gul from PHE she agreed for those Authorities who have started their local HLP that they could continue.

I have explained the new system of Quality Indicators to Keith Sumner and Janet Doran at Northants CC and First for Wellbeing. Their team are meeting November 23rd to decide on HLP in the county.

Northampton HLP

Still sounding like HLP on the radar but the meeting to decide has now been cancelled twice and re-scheduled for 12th December. Raj has promised to make contact after the meeting. Raj wrote, 'I just wanted to inform you that the discussion for health living pharmacy have again been postponed to the 12th December. I can only apologise for the delay. As soon as we have approval I will be in contact to discuss how we can embed this locally.'

Raj at CC sent me details of 2 MECC training events. I have contacted her to ask if these would be suitable for Champion training purposes and also asked Gul Root the same Q.

I have contacted 2 possible venues for Jan 30th Leadership training...Holiday Inn MK £30 pp and Jury's £35 PP or £250 room hire fee.

I have also contacted HEE and HEEM to ask if funding is available to LPC's wishing to support contractors on the HLP journey.

Mr John Wardell. (Accountable Officer Nene CCG)

John will be attending as STP Lead and can give a general presentation/discussion at the committee meeting in January.

Meeting venue from now

Are we happy to use Grange Park as our venue going forward? I have yet to book for Jan 19th committee meeting

Self-Care week

Sue Smith and I met with Northants CC and our hospital transfer colleagues to see if there was a possibility of using a Falls cohort in our hospital discharge proposals. The LPC did not have any action points from this initial meeting. The 3 hospital sites will conduct an exercise mid to late November of data collection eg fall as reason for admission or fall as a result of being in hospital, age, total number of medicines and number of medicines which inc falls risk. The group will aim to meet again in December.

A week after this meeting I attended the Falls Implementation Group.

There was a great deal of passion and enthusiasm round the table which was great to be a part of. I was looking at the Falls portal and was particularly interested to have a look at the 'Guidance on preventing Falls-for you or someone you know,' because I wanted to see the leaflets which would be available to pharmacies to download and offer to patients especially to promote in Self Care week. Unfortunately, the NHS Choices link makes no mention of consulting a Pharmacist to review medication-only a GP. Similarly the Age UK leaflet suggests that patients list their medication and then speak to their GP. No mention of a pharmacy visit anywhere. Obviously asking pharmacies to offer such leaflets would be inappropriate since we have been completely overlooked. I just wanted to mention this because I know that you had the intention of putting together something for pharmacists to utilise during Self Care Week ; I recommended not distributing the leaflets to community pharmacies. Nicky Sellers reworked the literature and the new poster which does mention how your pharmacist can help was published in the newsletter.

Business Solutions Workshop

Monday 21st November from 6.30 pm. 30 attendees booked so far.

To be presented by Leyla Hannbeck, Chief Pharmacist NPA. The workshop will cover various elements within the new framework and hopefully untangle them.

Illy Links Care Pathway

Illy contacted me last week telling me about a new IT system which will be commissioned by Northants CC for S2S. It will replace Pharmoutcomes for this service only. It enables 2 way communication between key worker and pharmacy. Unfortunately ILLY had already visited Regent Pharmacy to introduce the new software before I knew about it. I have politely asked that no further pharmacies are approached until I have seen the demo. Martin at CGL was most apologetic and had not been aware that Illy were going to visit pharmacies because they had not liaised with himself or Hayley but rather with the IT side of CGL. Hence the breakdown in communication.

I have also spoken to Peter Barker about this and he assures me that despite what Illy tell me, the roll out will not be immediate. I am liaising with Martin at CGL with regard to training. It would seem logical to tie the training for the new Links CarePath in with the annual face to face training required under the terms of the LES.

Meeting Tom for a walk through on Nov 21st at 11 ish...anyone interested in participating?

EHC Training event 6th November

Trudi and I thought it would be useful to provide some feedback on the Sexual Health full day event we ran last Sunday.

The event went really well. Delegates were focused and keen to learn, although some did struggle with the concept of the role play sessions. Trudi and I worked hard to facilitate this section of the event and asked them to consider

them as practice based scenarios. We asked them to think about the words and phrases they would use if they had that patient in front of them. This did seem to help.

The EHC speaker was fabulous. She was very good at saying things like "you don't need to worry about that as pharmacists, just signpost" which was useful. It really felt as though we were all part of the sexual health team.

We had two chlamydia speakers come along in the end. Although they weren't from a clinical background, their session was very practical, which brought the service to life, particularly for the visual learners. Their support during feedback after the activities was useful.

The Safeguarding nurse that Trudi found was excellent. As expected, it became evident that this is the area pharmacy teams are most naive about. The speaker shared a real example of a vulnerable 17 year old girl with learning difficulties, which really got the message across. The Safeguarding speaker commented that it was difficult to find local Safeguarding contacts in Northampton.

A few queries / comments came up during the day which I would be grateful for your guidance on so that I can feedback to the delegates:

- The EHC PGD mentions an upper age limit of 25 years. Is this correct? Are there plans to remove this upper age limit when the PGD is next updated?
- Where can pharmacists order the resources referred to in the EHC PGD? For example condoms and pregnancy testing kits? Who funds these resources?
- Is there a lower age limit on the sale of Ella One OTC?
- Once delegate was from Tamworth and commented that it was difficult to find contact information for Safeguarding adults in her area.
- Generally delegates weren't sure where to find information about Safeguarding - please can you advise on this?
- There did seem to be some disparity in the service provision across the Midlands.

Trudi and I are aware that this was a CPPE core event, although the presence of a commissioner of the services would have been an added bonus.

The delegates found the event really useful and we had some very good feedback. It was a great event to run. I have answered Sarah's questions from the day as follows;

- The EHC PGD mentions an upper age limit of 25 years. Is this correct? Are there plans to remove this upper age limit when the PGD is next updated? Kelly might be better able to explain this but I would suggest that there are no plans because the service is worked around a need identified in the current PNA. This cohort of the public are the most at risk of unwanted pregnancy as a result of unprotected intercourse and the cohort most likely not to purchase medication OTC.
- Where can pharmacists order the resources referred to in the EHC PGD? For example condoms and pregnancy testing kits? Who funds these resources? I am not aware that pharmacies have these items to give out with no charge. Patients could be advised to use and could buy from pharmacies of course. Alternatively could be directed to the Integrated Sexual Health Service as part of the sign posting criteria

Is there a lower age limit on the sale of Ella One OTC? In theory no age restriction unlike the 16 on OTC Levonelle. BUT consider contacting the local safeguarding team if necessary for a person under the age of 16 and sexually active. The age on the PGD is 13

- Once delegate was from Tamworth and commented that it was difficult to find contact information for Safeguarding adults in her area. I cannot comment on this but would think that South Staffs LPC could help. I have obtained the information that I would require should I worked in a pharmacy in that locality by one very easy google search...it took me a millisecond

Generally delegates weren't sure where to find information about Safeguarding - please can you advise on this? See above and for Northants... <http://www.northampton.gov.uk/info/100004/your-council/1012/safeguarding-children-and-vulnerable-adults/2>

I think this is the best page because the contact varies depending on whether it is adult or child and whether the danger is immediate or not. This link covers all bases.

The following link is for children only

<http://www.northamptonshirescb.org.uk/health-professionals/taking-action/designated-officer/>

In the event of having to report concerns the following email can be used and is secure so names could be used in the content

doreferral@northamptonshire.gcsx.gov.uk

If phoning use 01604 364031 which is for the admin team (Nikki Mitchell). There are 2 officers which you will see listed in my link , but only Andy is permanent, Jackie is interim so will not be on the team indefinitely.

For MK go to www.milton-keynes.gov.uk

- There did seem to be some disparity in the service provision across the Midlands. I think this was what Kelly and her colleagues had identified and were trying to address in organising a training course. It was identified that there were gaps in provision and that sometimes despite a pharmacy being trained they were not engaging or if a locum was on duty they may not be trained. Were there other differences identified that we need to look into?

Sexual Health commissioning from 3/18 in Northants

Northamptonshire County Council is exploring future commissioning options for sexual health services from March 2018. Services being considered include those currently commissioned by the County Council such as integrated sexual health services, long acting reversible contraception and emergency contraception. However we appreciate there are other services that could also fit within this brief, representatives from these organisations have informed and invited to contribute to this process too.

The intention is to improve provision of services for the population of Northamptonshire and drive up quality in line with BHIVA, BASSH and FFPRH standards. We are keen for clinical input to inform the specialist clinical processes required to make this work a success. I would like to invite you to three planning meetings to enable you to comment on;

- Proposed options being considered
- Discuss the direction of travel
- Advise of clinical pathways

Suggested dates are;

- Friday 16th December 10am to 12pm
- Thursday 19th January 3.30pm to 5pm (clashes with committee meeting)

Tuesday 21st February 3pm to 5pm

Final push on SCR

Tuf and his project team finish in December and we have 4 pharmacies still to complete and go live.

The following letter was sent from me;

I am desperately seeking your support in getting your pharmacy live with SCR. The project team finishes at the end of December.

In order for your pharmacy to go live with SCR, all you need to do is send the CPPE certificate to Tuf and complete an online acceptable user agreement. The user agreement form only takes 5 minutes to complete click on the link and it will take you to the acceptable user agreement form - <https://www.surveymonkey.com/r/scruseragreement>.

We have simplified the process as much as we can for the pharmacies. Tuf and his team have offered all pharmacies additional support with technical issues, smartcards and anything else they could support you with. On a weekly basis you have contacted by phone and by email offering support to complete the CPPE assessment.

Is there a specific barrier to why you have been unable to engage?

The SCR project team finishes in December, so it would be difficult to get any pharmacies live after December. Ideally it would be great to get pharmacies live by the end of this month as I assume you will be extremely busy in the winter/ holiday period. I would appreciate your support in getting your pharmacy live.

I am sure that you are aware that engagement and increasing use of SCR is an element appearing on the new Quality Payments.

NHSE Teleconference

Conference arranged at short notice by Bhav Pattani and Di Pegg to address LPC concerns over the lack of detail in the new Quality payment element of the funding package.

Going forward LPC's have asked that we diarise a face to face briefing with NHSE to be kept informed of the commissioning intentions. This will be a liaison group similar to those existing already for LMC.

The frequency of meetings tbc.

NHSE Central team managers did meet to discuss pharmacy earlier in Nov and the regional teams will be included in a meeting later. Di will be able to take our concerns to that meeting.

As LPC's we are concerned about the lack of detail in the Quality system particularly around the mechanism for implementation and documentation. We would also like to know how GP's will be engaged eg with the bronchodilators.

How will all of it be audited and what are the expectations of NHSE.

Di Pegg confirmed that such details had not yet been shared with her but she will support us as soon as she can get the information.

PSNC are supposedly negotiating a National template for data capture with PharmOutcomes for Quality Criteria.

Will Urgent Care really be ready for 1st Dec? Is this really an NHS111 referral to buy OTC medicines? What exactly is it? Can NHSE throw any light on exactly what the service is?

Despite the Minister speaking of MAS there is in fact no MAS. He apparently, as a new in post person, used the incorrect terminology and so we have been misinformed.

Sore throat scheme...disappointment again that we were not up to speed before the news broke. Could NHSE help with comms?

The Boots pilot finished some time ago and was a chargeable service. Any such service going forward would not be a national service but rather commissioned locally.

Di will put all this info together and pass around along with a document for us to add additional concerns.

Services

My priority at the moment is to see how we can use HLPs to support STPs – especially the illness prevention & health promotion angle and getting away from thinking that self care is only about medicines. We have a new director at MK CCG – not sure what his views on community pharmacy are yet – but Sonal has a directorate away day soon and intends to get CP on the agenda using the language of STPs!

Summary of services ahead of January meeting

| | | | |
|--|---------|---------------------|---------------|
| | | Northamptonshire | Milton Keynes |
| | Smoking | DPS to be completed | 31.3.17 |

| | | | |
|--|----------------------|---|-------------------------------------|
| | Pharmacy First MA | NA | 18 MTH TO RUN |
| | CGL and Compass | LES to be distributed | Underway |
| | Chlamydia | Chlamydia PGD 5/18 but no service spec | Chlamydia LES 31/3/17 BUT NO PGD |
| | EHC | PGD 30/6/19 LES 31/3/18 ? | Ehc LES 31/3/17 and PGD 31/8/17 |
| | Palliative | EXP | NA |
| | GF | EXP | NA |
| | | | |

MP Engagement

Mark Lancaster MP visited Jardines for his flu jab and the story was reported by MK Citizen. Has also hosted Cllr Marland who launched HLP MK and also had a flu jab from Krishan Modi. Iain Stewart visited Beanhill and his story will be reported in MK Pulse magazine.

MP Tom Pursglove had to cancel with Lakeside but it is rescheduled for December. Chris Heaton- Harris came along to see us at Daventry but politely declined a flu vaccination. He preferred instead to chat to us about our work and even entered into a discussion about the funding too. He offered further assistance to Sam. I have also received a letter from the MP forwarded from Mr Mowat whom he contacted and raised the concerns of the LPC. I have the letter printed if anyone would like to see it.

Report from meeting with Cass Knight – Sexual Health Team. Milton Keynes

Meeting with Cass Knight and Tess Watkins regarding HIV testing service in the pharmacy

In MK there is a higher rate of HIV than in other areas (3 in 1000). Northants slightly lower – 2 in 1000. It is increasing in heterosexual population and those of 40-50 age group and 60-70 age group

Cass pointed out that HIV is not the 'gravestone picture' that it used to be. A person with HIV now has a normal life expectancy when taking antivirals (1 tablet per day), blood counts appear 'normal' and side effects to therapy are minimal. An HIV positive woman can have children and deliver normally. She pointed out that when this message is given to a patient requesting a test, the whole procedure is more relaxed and anyone who has a reactive (positive) test is more likely to attend further appointments with the sexual team.

The test itself is simple and from start to finish including hand washing, preparation and clear up, will take 10 mins. Information about the test and re-assurance about the current meaning of a reactive result is done whilst the test is being carried out. It was easy to use and easy to obtain a blood sample.

Consent to inform the sexual health team in the case of a reactive test is given at the start of the appointment, in case the team cannot be contacted at the time. There is a team present during office hours and Saturday mornings. They take over with treatment, counselling etc etc once contacted

We have been reassured that the Sexual Health team in MK will personally visit pharmacies to train all staff. Past experience has shown that the team are well organised, stable and regularly liaise with pharmacy staff. I think that the support they will give will be good. Pasante are also available to personally visit pharmacies to train staff.

Few tests will be reactive and therefore in most cases the fee will be £8. Although the test can be carried out by any member of the pharmacy team, it is probably best done by the pharmacist who will be better placed to deal with a reactive result.

Confidentiality would be important and staff would need proper training to ensure conversations are not overheard.

Treasurers report

EXPENDITURE

| | | |
|----------|---------------------------------|------------|
| 15 | Currys computer tech protection | |
| 1103.2 | Business credit card | |
| 2815.19 | HMRC | |
| 5532.54 | anne wages for sep,oct | |
| | pct health | |
| 138.95 | care | |
| 173.7 | ann expenses | |
| 0 | sue Smith | |
| 0 | Richard | |
| 250 | Raja | Honorariah |
| 0 | Raja Lpc meeting | |
| 0 | Has | |
| 0 | lak | |
| 0 | chirag | |
| 227 | Sue Snelling | |
| 0 | Anil | |
| 0 | Dalijit | |
| 1554 | accountant | |
| | Service | |
| 0 | charge | |
| 0 | veronica | |
| 0 | Kishore | |
| 11809.58 | TOTALS | |