

## COMMITTEE MEETING MINUTES

Thursday 16<sup>th</sup> March 2017

1pm - 4.30pm

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

### LPC MEMBERS PRESENT:

Raja Srikakulapu (RS)  
Has Modi (HS)  
Veronica Horne (VH)  
Raju Malde (RM)  
Andrew Kerr (RK)  
Steve Allan (SA)  
Sue Smith (SSm)  
Rishi Hindocha (RH)  
Garry Newman (GN)  
Anil Patel (AP)

### OTHERS IN ATTENDANCE:

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

### APPOLOGIES

Sue Smith (SSm)  
Sue Snelling (SSn)  
Chirag Patel (CP)  
Kishor Shah (KS)  
Daljit Poone (DP)

CF to complete new declarations of interest because Cox & Robinson is now part of PCT Healthcare LTD.

There were no declarations of interest reported with the agenda.

Richard Knott has now left the committee and we are waiting to hear who will be the new Lloyds CCA rep

### Minutes of previous meeting

Minutes of the previous meeting (19<sup>th</sup> January 2017) were reviewed and approved as an accurate reflection of the meeting and action points. CF signed the minutes as vice chair as SSn was not present.

MK gave his report:

- The Judicial Review is planned for next week so there is little to say on this matter at this moment in time
- The PSNC are starting to discuss a revised contract which is service lead, and how this will look in terms of the financial framework. There should be more to report on this at the Chair and CO meeting on 7<sup>th</sup> June 2017
- Resources now available on the website regarding the Quality Payments:
  - Briefing document
  - Template letter for GP practice
  - HLP - Workbook, checklist.
- There is a plan to encourage local commissioning and to investigate opportunities for pharmacies
- The PSNC are producing new toolkits 'Services in a box' to include Minor Ailments, Smoking Cessation and others. Each toolkit will bundle together a service specification, business case, and implementation guide. It is anticipated that the toolkits will be released on a monthly basis.
- Members should look out for training dates to include a new member's day on 14<sup>th</sup> June 2017, and the LPC conference on 1<sup>st</sup> November 2017, which will be in a similar format to last year.
- The PSNC are monitoring pharmacy closures that could be due to the new funding cuts. LPCs are being encouraged to log closures onto the PSNC site so that the effect of the cuts can be assessed.
- PSNC offices are being moved from Kings Cross to Farringdon. This is a result of a recent review of costs, and move to work in a more efficient way.

#### Quest speakers

Haley Gorman, Senior Clinical Administrator, S2S (Substance to Solution)

Haley updated the committee on progress with signing the new contracts. The team are currently visiting all pharmacies both to sign contracts and train on the new Links system which is being used as an alternative to PharmaOutcomes. Feedback on the new system has been positive as it works on a 'real time' basis. Pharmacies and keyworkers will be able update records instantly and therefore communication will be much improved.

The system will be live from 1<sup>st</sup> April.

Haley will send a copy of the new DAAT contract to the CO in order that it can be uploaded to the website



### **Chief Officer**

AMK gave her report as CO (Attached)

The committee discussed the EHC scheme in Northants and the reason why CCA members have not signed. This is due to liability clauses in the contract. AMK will speak to Peter Barker about this.

AMK has confirmed that her home insurance will cover the laptop she uses for the LPC role. The old laptop has been handed to RS for his treasurer role.

### **Finance**

RS gave his report as treasurer. (Attached)

The committee commented on the fact that the LPC is in a healthy position now, with 50% of running costs in the account. There are no excess funds. The contractors fees will now be set at £12,000 as previously agreed.

RS will attend the PSNC treasurers meeting on 18<sup>th</sup> May 2017

### **Contract Applications**

No applications received

### **Services Committee**

Included with CO report

### **Governance committee**

The governance committee have created a new template for the sub committees TOR. This will be passed to AMK. The new template should tighten up governance and create transparency for each sub-committee.

The committee have conducted AMK annual review. The paperwork will be sent to AMK and SSn. AMK salary review was discussed with the committee. It was agreed that all members were happy with AMK performance who works well with little direction. It was agreed that in the future the review should be made against set targets to be more measurable. AMK will propose her targets / strategy, for the following 2 months at each committee meeting so that these can be discussed and assessed at the following meeting. These targets will also form part of a 6 monthly review. This will need to be added as an agenda item at each meeting.

The committee also discussed AMK pay review. Although members are aware of the pharmacy economic climate, it was agreed that a rise would be appropriate considering the quality of work AMK produced and this would be set at 1%.

### **Chorus Law**

The LPC has been contacted by this Probate Law Company who state that they have a figure exceeding £2000 sitting in a client account which was paid by ourselves in 2012. The LPC do not have records of this and have asked Chorus to investigate further and to re-pay the funds in order that we can investigate too. The money may have been transferred in error possibly in connection with HealthTest payments.

Questions and discussion

Quality payments - Buddies

The committee discussed the 'Buddy Scheme' and the telephone calls made to contractors. The overall opinion was that the calls were worthwhile even if only to direct contractors to the website and provide re-assurance.

AMK will email contractors to advise how the Survey can be uploaded onto NHS choices. This was a common question posed by contractors.


AOB

SA has decided to step down as a committee member from immediate effect. This will create a vacancy for an AIM member. AMK will address this. The committee would like to thank SA for his contribution and help, especially as part of the Governance Sub Committee, and for his valued knowledge via his role on PV and AIM.

HM expressed his concerns regarding a possible CCG decision to prevent prescriptions being ordering via pharmacies, and direction of GPs to prescribe branded generics. The committee discussed these issues but agreed they should be added as an agenda item for the next committee meeting when there would be more time for discussion.

RH expressed his concerns that it is difficult to find part day locum cover for committee meetings. It was agreed that committee members should book a locum for the full day and allocate the morning session for Sub Group meetings

The meeting was closed at 4.30pm

X <sup>pp</sup> 

Sue Snelling

CFREEMAN  
VICE CHAIR

Date of signing 18/05/2017



## Chief Officer's Report for March 16th 2017

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- **'Transforming Long Term Conditions through innovation.'**

*Delegates representing the NHS, social care, public health, industry and 3rd sector, and also to hear the interesting discussions and possible solutions for transforming the health of patients with Long Term Conditions (LTCs).*

Over 150 proposed solutions were generated during the workshops, with multiple parties confirming their interest in further developing the ideas. EAHSN will now consider all of these solutions.

A good contact was made in Bethan George - Urgent Care Support Officer and DoS Lead Northamptonshire. The solutions have been grouped into 12 themes which are now being worked up - the aim is to develop and spread a series of innovation projects within the East Midlands' five Sustainability and Transformation Plan (STP) areas.

The innovations will focus on reducing unnecessary acute-based outpatient appointments, increasing the efficiency of care in primary care (particularly related to GP activity) and reducing emergency acute admissions.

### Milton Keynes PNA March 2018.

- Muriel Scott chaired the initial meeting of the MK, Beds and Central Beds PNA Steering group. The implementation plan gives time lines and responsibilities. LPC will be responsible for distributing the pharmacy questionnaire to pharmacies across MK in May. The first draft will be ready July with a final sign off in March 2018 after the 60 day consultation end 2017. Publication date 1/4/18
- Cecelia Pyper was the person responsible for the Northants version in 2015 but I don't know if she is responsible this time round. I have emailed but no response. I have now emailed Peter Barker at PH to try and find out what is happening and to get involved in the planning. I don't even know if it is underway. I met Rajwinder and Keith commissioning managers from smoking cessation and they didn't know if it was underway.
- **Kelly Morris, the lead for our sexual health contracts in NN** has left on maternity leave as of beginning March. The sexual health contract troubles me because I feel we are not reaching the full potential. I have emailed Lindsay Cox to find out who will be looking after EHC for pharmacies now and if we could meet to tighten up our working especially in areas of need e.g. teenage pregnancies in Corby. Gill Williams was the signatory for our PGD last year but has expressed concerns about it when she has compared our PGD to the offerings elsewhere. We would like to find out the activity and engagement which has always been a bit of a mystery and Kelly claimed that she did not have this information which I find very hard to believe because a major part of her early work was to conduct a post code cleansing task. I need to find out, hopefully from Lindsay, where we are at and how we can pull things together moving forward.



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## Palliative and GF

Giles Own and Jane Bray are aware that the Palliative and GF contracts are due for renewal end March. Giles has suggested a couple of minor changes to the drugs held under the palliative service which I took up with Steven Nelmes, pharmacist at Boots Sixfields. Steven was very helpful and could not see any issues with Giles' two suggestions.

## BSA

For the last quarter of MUR and NMS reporting the method will change. Contractors will no longer report to Area Team but will instead complete online via BSA website. Contractors should be aware of the impending changes and will know not to report to both AT and BSA but full instructions will follow before the end of March. Some areas have already been reporting in this way for the last 3 quarters and the feedback has been favourable. It seems easy and prompts guide you through the pages. It should take no more than 5 minutes.

We are hoping to obtain the same information from BSA as they will send to AT. We have asked if this is possible and have been told that we should be able to receive this information.

## NUMSAS

I believe that AT has made contact with pharmacies last week and requested a survey monkey re NUMSAS. I believe that this is to ascertain who has the intention to supply and will therefore enable Jane to prioritise getting out the shared mail details to those pharmacies first.

We are entirely reliant upon these mail accounts being set up before we can move forward to a definite start date for our NUMSAS roll out. We are keen to keep MK and NN together for the purposes of roll out even though each area comes with its own problems.

NHS111 refer to pharmacy has started in NN and will pilot for the next 10 weeks.

## **Carolynne to pilot HIV POCT in Fishermead with a funding cap on £2000**

## HLP

I am receiving weekly statements from NPA and am managing the bookings for 23rd March Leadership myself. So far over 40 booked for 23rd March and 54 Champion packs have been posted. None completed as yet. Date for this was put as 30th April to satisfy HEE.

On 30th January we trained 27 in Leadership. I am continuing to chase the stragglers.

I had to be clear on the NN uptake because PH Northamptonshire keen to work with us on this and are investing money in the service. Keith Sumner is drawing up the final details which will include a sum of money to train the remaining candidates. This could be just above 80 of each. Difficult to be precise...comms issues with multiples.(17 Lloyds branches in NN all untrained).

The money from PH Northants will be paid to the LPC for organisation and delivery of HLP training. Rajwinder is keen that the training is not paper based or remote despite my protestations that paper based for Champions works very well according to the NPA. I stressed that my priority was to get maximum engagement but Raj's priority is focused on quality not quantity.

I have specified that a sum of the money paid to us will be set aside for admin costs. This will in part cover my time and will also fund promotion of the new service.

I will have assistance from Nikita and Raj in setting up the service in NN.



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For HLP in MK, Beccy and I between us, have now visited all the pharmacies regardless of whether they have engaged or not. This was time consuming but we both agreed that it was a valuable use of our time. We have left an HLP rescue pack in every shop in the hope that it will encourage them to get things moving, if not in time for April QP then definitely for November entry point. Our visits were well received and I managed to also have many useful conversations about QP and NUMAS too.

In MK, Beccy is happy to work with Sonal (CCG) to incorporate Shared care messages in HLP.

I have stressed to MK and to a greater extent NN the importance of realising that we are at present only aiming to get people up to level 1. It is a service of longevity and our Leaders must be given time to grow into their new roles and in so doing will progress the ethos beyond the basic level. It would be appropriate at this juncture to incorporate more complexity. Sonal and Beccy fully understand.

I found out that most pharmacies had completely missed the importance of local signposting. To address this need, I created a local signposting section in the website as well as building more detail in the National signposting section. This is something that will be hugely important to PH Northants who are investing in us to improve local health outcomes and messages.

## Refer to Pharmacy

Regular contact with Amit and Bhav in the effort to try and move this on. Also regular teleconference calls with the area re Refer to Pharmacy.

I believe that Giles Owen is still pondering and Amit will contact him to see if we can rely on CCG for financial commitment. If this conversation does not go well alternative funding streams e.g. Pharmacy Integration Fund or pockets of money across primary and secondary care could be bid for potentially...it's finding them.

Training and education would be supported by AHSN.

There is a complete mental block though which makes things for our innovation incredibly difficult. For example I have been asked the question, "if Chesterfield can do a refer to pharmacy for £0, why can't you?"

I have explained that with the current policy to encourage local commissioning there will be no standardisation of services and instead we are likely to see pockets of random activity.

I have made it crystal clear that our LPC will not be supporting a service similar to Chesterfield. Our service proposal was never intended to copy what others had tried but instead was an innovative approach seeking to close a gap in provision for good post discharge care over a prolonged period of time.

Amit and Bhav will keep in touch with me regularly. Graham Phillips is also aware of the conversations. The next teleconference is Friday 17th March.

## Equipment

Insurance for Mac and iPhone, iPad

I elected not to purchase the expensive insurance for my new equipment at the time of purchase. I have phoned the company I have my buildings and contents with and I am adequately covered for accidental damage both inside and outside the home. I would not be



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covered should I say for example drop my phone in water etc. the company I insure with do not provide individual cover for mobile phones being damaged by water. Thoughts?

I believe the previous iPhone is worth only £50 resale on e.g. Ebay. O2 recycle and would pay £35. I didn't want to go ahead before consulting committee.

I have reset the laptop and passed to Raja. I did not erase the hard drive I only deleted the files and reset to factory settings.

### CD Incident reporting

Together with Leics, Beds and Herts we were asked by Bhav's team to comment on the possibility of producing guidance for fraudulent Rx's along the lines of a template based on SW idea...

### Advice for Community Pharmacies on dealing with fraudulent prescriptions



There has been an increase in the number of reported fraudulent prescriptions presented at pharmacies in the South West over the last year. These prescription forms had been stolen from a number of GP Practices in our area. Community pharmacists are asked to treat any handwritten or amended prescriptions with extreme caution and follow up with the prescriber if you have any concerns.

You may have concerns, but are not able to speak to the prescriber straight away – fraudulent prescriptions are often presented out of hours. If you feel that in your professional opinion a supply could be justified, please consider providing the patient with the minimal amount of medicines to see them through. This would give you time to validate the legitimacy of the prescription, before making any further supply.

It is very helpful if you get a chance to take a copy of the suspicious prescription, before discussing further with the person presenting it. Another suggestion is to write on top of the FP10 'presented at xxxxx pharmacy on x/x/xx', to warn other pharmacies, if it gets snatched back. However your personal safety is paramount, so don't take any risks in trying to copy or retain fraudulent prescriptions – just report any information that you have.

If you believe that a prescription is fraudulent, please **contact the police on 101 or 999 as appropriate, and the NHS England Controlled Drugs Accountable Officer** (Sue Mulvenna) at [ENGLAND.southwestcontrolledrugs@nhs.net](mailto:ENGLAND.southwestcontrolledrugs@nhs.net).

Any pharmacy or dispensing practice detecting and retaining a fraudulent prescription and informing the correct authorities may be eligible for a **reward payment of up to £70.00**. For further information regarding the reward scheme please contact NHS Counter Fraud Service on 0800 068 6161.

### How to spot a fraudulent prescription

- Spelling mistakes, awkward phrasing, ( such as 'nightly') and odd names
- GP signature - unusual, suspiciously legible?
- General manner of the person presenting the prescription
- Often fraudulent prescriptions are presented out of surgery hours – late, or at weekends
- Odd quantities or drug combinations e.g. nitrazepam and diazepam



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- Think about who would be hand writing this script, and why e.g. a month's supply of tramadol, pregabalin, diazepam, nitrazepam – unlikely from a home visit?
- Handwritten prescriptions would not normally be written on an FP10SS form (designed for printing) – if this form has been used with a stamp, or handwritten surgery address, it is likely to be fraudulent

We have also seen some examples of over-typed fraudulent FP10 prescriptions – these are usually strangely aligned on the form, with spelling and phrasing mistakes as above. However, there may well be better forgeries that do not get detected. If you are presented with a suspicious prescription with large quantities and/or combinations of medicines liable to misuse and diversion, please do check with the prescriber.

Sue Mulvenna CD Accountable Officer NHS England South, South West 7.3.17

We all agreed that this would be a great idea as long as it tied in with the guidance in the DT re claiming for fraudulent Rx intervention. Part XIVA - Reward Scheme - Fraudulent Prescription forms

Adding a telephone number for the CD team would be helpful and maybe produce the document as a memorable infographic rather than completely text.

AGM and bimonthly in September

NB Previously advised that these would be in Collingtree but have been able to change them to Holiday Inn Express , Grange park.