

COMMITTEE MEETING MINUTES

Thursday 16th November 2017

1.00pm - 4.30pm

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

LPC MEMBERS PRESENT:

Raja Srikakulapu (RS)
Has Modi (HS)
Veronica Horne (VH)
Sue Smith (SSm)
Daljit Poone (DP)
Mohammed Kolia (MK)
Jason Hoddle (JH)
Chirag Patel (CP)
Kishor Shah (KS)
Rishi Hindocha (RH)

OTHERS IN ATTENDANCE:

Carolynne Freeman - Vice Chair (CF)
Anne Marie King - Chief Officer (AMK)
Mike King (MK)
GP Miten Ruperalia, NHS Corby Clinical Commissioning Group's Clinical Vice Chair,
Bie Grobet, Assistant Director of Commissioning Development.

APPOLOGIES

Andrew Kerr (AK)
Garry Newman (GN)
Raju Malde (RM)
Anil Patel (AP)
Sue Snelling (SSn)

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

Minutes of previous meeting

Minutes of the previous meeting (Tuesday 26th Sept 2017) were reviewed and approved as an accurate reflection of the meeting and action points. CF signed the minutes as chair.

REPORTS

Chief officer report

AMK presented her report to the committee (attached)

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

Services

VH gave an update on strategic aims and final strategy. Key aims included working quality payments deadlines and helping and supporting contractors on HLP: Stakeholder relationships: Delivery of core NHS services and Operational system training.

See attached for additional information

Finance

RS gave his update reported financials to the committee (attached)

Contracts committee

HM gave his report to the committee.

Update on Four applications, one of which was "conflict of interest" to HM, HM and committee members decided he should be absent during discussions of this particular application (point 4).

See attached

Governance committee

It was concluded that the Governance committee would look at the number of LPC members in Northants/MK in relation to the makeup profile of contractors in the area (CCA/AIM/Other Multiples/Independents). Committee to report back in next meeting in January 2018.

Committee to also set a date for AMK review.

PSNC Report

Mike King PSNC gave his report

Current supply issues - On going discussions with DoH.

Planning Meeting held - Points discussed included;

1. Levies to remain the same for LPCs nationally.
2. Budgets £-500k deficient due to move to new premises.
3. No formal pharmacy contract in place as yet - only contractor arrangement - next few months we should expect a new pharmacy contract.

Result of judicial review - monies left over from JR will be used to fund the appeal. Interim accounts have shown over £1million collected from levies to fund JR with a total of £960k spent on JR. Remaining £150k to fund re-appeal.

PSNC met with pharmacy minister Steve Brice explain the current difficulties faced amongst contractors. The 15p increase goodwill gesture should help contractors meanwhile.

PSNC new CEO. The present CEO will resign at the end of the year. Process is underway to find a successor. Interviews are currently in process.

Any Other Business

HS questioned MK regarding the use of branded generics and how CCGs nationally maybe influenced by manufactures. PSNC are looking into this at a national level and will report findings in due course.

Date of next meeting confirmed as Thursday 18th January 2018

The meeting was closed at 4.45pm



Carolynne Freeman, Vice Chair

Reports

Chief Officer

Chief Officer's Report November

PSNC has already started preparations for our 2018 calendar of events and will let LPC members know as and when further information becomes available. For now, here are some key dates for your diary.

National meeting of LPCs (21st March 2018, London)

The meeting previously advertised as only for LPC Chairs and Chief Officers is being adapted for 2018, giving greater flexibility for LPCs to send other members or officers if they wish. Each LPC will be able to send up to two representatives.

LPC Conference (26th September 2018, Birmingham)

Interested in being a mentor?

To provide additional support to LPC members, officers and staff, PSNC is setting up a mentoring network as part of the PSNC Leadership Academy.

The first step is to create a database of LPC mentors with the qualities to support those seeking a mentor.

Market Entry

West Chemist (Kingsley Park Terrace Northampton) change of ownership to Kalki Health Ltd. Notified 6/10/17

Superdrug distance proposed at Grosvenor in NN has been refused.

Application offering unforeseen benefits at In the area bounded by North of Whittlebury Road West of the A5 - NN12 7LD by Paksh Ltd

confirmation that it has been refused.

Application offering unforeseen benefits (Jardines) at within 200m of the proposed Local Centre, Barrosa Way, near Whitehouse primary school, Whitehouse, Milton Keynes, MK8 1AG ** Has Modi to declare interest on this one.

Corby Urgent Care

An agreement to extend the contract to run Corby's Urgent Care Centre has been reached according to a press release on 20th September

Corby CCG and the site's operators, Lakeside+, had been in a stalemate after a disagreement over funding levels to run the service in March this year.

Lakeside's contract was due to end at the end of September with no bidders coming forward to take over, meaning the site faced potential closure. But today (Wednesday) an agreement to extend the contract has been reached. A spokesman for NHS Corby CCG said: "An agreement has been reached between NHS Corby CCG and Lakeside+ Limited to extend the contract to run.

"The contract will be subject to an extension from October 1, 2017, that will allow it to continue up to but not beyond March 31, 2019.

Either party may give four months notice to terminate the contract before that point.

"The agreement has been signed by Lakeside + and it will be signed by the CCG this week.

NHS Mail

Following a bug which has now been fixed, PSNC have sent all LPC's a list of NHS Mail accounts. I can see 176 NHS mail addresses which corresponds directly to the number of accounts we would expect according to NHSBSA statistical analysis reports.

Respiratory workshops

Whereas previously the LPC were reluctant to get involved with CPPE particularly organising events, it has been noted in our new strategy that education for our contractors is very important . they now face more and more demands to upskill.

I have secured full funding for initially 2 events ...one in MK and one in NN.

Funded by GSK these respiratory workshops are presented by Jon Bell with a focus on electronic lungs, carbon footprint and designs...how things have changed.

I have approached meds management at both MK and Nene hoping to get their support and willingness to make the sessions relevant locally. MK are currently updating their respiratory guidelines.

As you know Giles is watchful of our MUR and NMS and I see this an ideal opportunity similar to our neighbours.o demonstrate our willingness to help pharmacies drive their services up as per our previous conversations when he has been in this room.

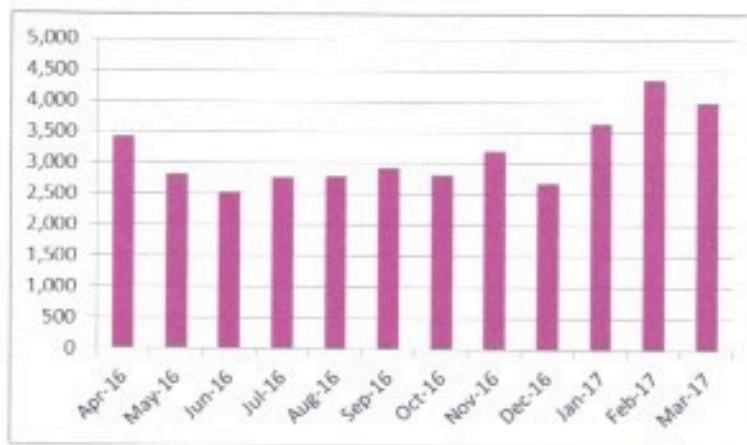
According to the dashboard we are comparable to our neighbours with the exception of Leics who are 1% higher. NMS figures are lower than MUR figures but still similar to our neighbours.

In 2016/17 a total of 37,982 eligible MURs were provided by 129 of the pharmacies¹ with 58 pharmacies claiming for the maximum number of MURs². The graph below shows the pattern of claiming throughout the year for all pharmacies.

Figure [XX] - number of MURs claimed by Northamptonshire pharmacies in 2016/17

¹ [NHS Business Services Authority Information Service](#)

² Some pharmacies claimed for more than the permitted annual total of 400. These 126 ineligible MURs have been discounted for the purposes of this PNA.



Up to 400 MURs can be provided at each pharmacy per year, giving a potential maximum number of 52,000 per annum. However one of the pharmacies that provided the service last year has now closed so with two pharmacies not providing the service the actual number of MURs that could have been undertaken is 51,200.

At the time of drafting this PNA data for four months of 2017/18 was available. It shows that 130 pharmacies provided a total of 13,208 MURs between April and July 2017⁸⁰. The graph below shows the pattern of claiming so far in 2017/18 for these pharmacies.

Giles was also keen to improve the green credentials in Nene and the workshop does include a segment on carbon footprint. This demonstrates the LPC's willingness to work with him on local priorities.

Falls and bone health

Northamptonshire County Council's Falls prevention team received a small sum of money this year from ROSPA. I have been attending the Falls Prevention meetings and it was decided that £1500 should be allocated to community pharmacy to better engage pharmacists in the importance of Falls prevention. I will organise a falls and Bone Health workshop which is a bespoke session and will be delivered by Caroline Barraclough our CPPE Area tutor. We hope to be ready to announce date shortly and are looking at February 2018. the aim is 'Understanding the falls and bone health strategic framework and the pharmacist role in prevention.

Increased awareness of falls reduction measures in regard to medicine management and compliance

Educational advice on promoting good bone health and if prescribed medication for osteoporosis how to take it.'

I would also like to see a link to MECC so that attendance at the workshop can be included in the HLP portfolio.

BLMK AF/Hypertension pilot

I continue to work with Gerald (Beds LPC) and Beccy White following a successful bid to secure funds for an AF/Hypertension pilot for community pharmacy in MK.

The NHS England RightCare programme identified significant opportunities for spend and health outcomes across BLMK from improving the detection and treatment of cardiovascular disease. Across BLMK an estimated 89,900 people have undiagnosed

hypertension (high blood pressure) and 7,200 have undiagnosed atrial fibrillation (AF), and up to 430 strokes and 160 heart attacks could be averted over 3 years if detection and treatment for hypertension and AF were optimised across BLMK.

Primary care partners report that the general practice workload is at a historic high and the sustainability of general practice in its current form is at risk. Hypertension management accounts for approximately 1 in 10 GP visits and new pathways for the detection and treatment of uncomplicated long term conditions are required.

Improving early detection and optimal treatment of hypertension and AF was identified by the P1 Prevention Champions Group as a priority for 2017/18, and the potential role of community pharmacy was highlighted as an opportunity by the Champions Group at a recent workshop (5th September 2017).

The funding will be for 5 pharmacies in MK in areas determined by Beccy to be of greatest need for a service of this type and will run in the current financial year. If good outcomes we would hope to extend into 2018 with additional funding.

We are keen to get this rolled out in January because that will give us 3 months of data to present at the end of the pilot. it's an ambitious plan.

Beccy is currently working on the SLA.

As part of the transformation bid 3 options were presented. The third option was to do nothing. Option 1 involved ambulatory blood pressure monitoring and the successful option was option 2 which it is proposed will involve multiple bp measurements at home.

It is proposed that £15 would be paid for the initial bp reading if there is no further action. £45 is paid for those patients who have had an initial reading indicating further monitoring could be beneficial.

The details are as yet unknown.

NUMSAS

20 pharmacies live now in Northants and 2 pending. MK ? All a bit too quiet so I have asked for an update from Guarav at NHSE.

Care Navigation

Giles Owen has asked me to bring CN up in our discussions.

Previously, it was decided that i would not be presenting to the CN workshops because no remuneration would be offered.

Giles has asked that we reconsider because he feels that GP's have a poor view of the involvement of pharmacists in CN. He felt that their perception of pharmacists may be improved if I was present at the final meeting.

In my opinion, CCG went ahead with CN without full and proper commitment from community pharmacy. That is to say they made the assumption that CP would be onboard An assumption which I believe is now

to the detriment of CN being a success because according to models used elsewhere e.g. Wakefield, CP did receive the most referrals.

In a nutshell do we want to reconsider.

I have already pointed out that a minor ailments service would be more beneficial to patients and why. Giles is very much against MA because he believes that it is open to abuse.

STP Northants

A meeting will be arranged in which I am participating. It has been organised by Director of Public Health, Lucy Wightman. this meeting arises because of the following correspondence..

Our Healthy Living Pharmacies needed some guidance on local health promotion campaigns to fit the HLP ethos and aid their accreditation. To help them out I directed the local campaigns for them. I can only make suggestions, I cannot force them but they seemed to welcome the ideas and the fact that I provided them with pointers to help get them off the ground. We started with 3 ideas and these will run on until March. I included Know your numbers, Flu vaccination and hypertension/AF awareness.

Going forward after March, I am working with Frank Earley to ensure the promotions are relevant and identify issues of local priority. Falls Prevention and Bone health will be a key focus in 2018.

I have been trying to engage with the STP leads for quite some time and have been unsuccessful in attracting their attention. Community Pharmacy is an underused secret weapon in the prevention work streams and I would certainly like the opportunity to meet and discuss how community pharmacy sits within achieving the STP goals.

Peterborough PNA

Do we wish to consider the above?

Healthwatch- Make Your Voice Count. Northamptonshire

Although the survey was completed some time ago due to staff issues at HW the results have only just been compiled into a report. The report has been shared with CCG but they are under no obligation to comment. it has also been shared with Charlotte Goodson who is compiling the NN PNA.

Thank you for the opportunity to comment on the findings in the Healthwatch Make your Voice Count survey.

I would like to share the final version, with your permission with Charlotte Goodson of PCC. Charlotte is compiling the 2018 version of the PNA for NCC. I think the survey results may be of interest to her and some of the points might be included in her conclusions. Maybe you could let me know if this is possible please.

As you have identified the survey was very small compared to the number of people using pharmacy services on a daily basis. To put the sample size here in perspective, take just the Medicines use Review service. The survey found 23 people used this service. in reality, annually, pharmacies can deliver 400 of these!

I do think that it would be worthwhile sharing the survey with CCG and STP leads because they are the people that at present do not commission any services from community pharmacy (other than a very small number of Gluten Free and Palliative care contracts with NHSE).

Since the survey was completed Nene CCG has embarked on Care Navigation and i have been told that Minor Ailments is not a possibility. This decision would seem to be against the findings of the survey.

I do agree that work should be done in promoting the services available from community pharmacy further. Arti and her colleagues are already helping with this and will be producing leaflets ahead of implementing the new managed way of accessing repeat prescriptions. There will be information in these leaflets highlighting services available from CP.

NHSE currently have an ad on Heart promoting National Flu and both GP's and pharmacies are mentioned. The LPC had a month long ad on Heart also. This was a first for us and time will tell if it was a worthwhile investment and something which can be repeated or perhaps a different ad to promote our other services.

In conclusion, the survey is interesting but I think in reality, too small to enable any leverage to bring about change.

Treasurer Report 16/11/17

INCOME	
84.38	INTEREST
23999.90	LEVIES
24084.28	TOTAL

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TOTAL IN ACCOUNT 25/09/17	113296.12	
TOTAL INS	24084.28	
TOTAL	137380.40	
TOTAL OUT	41540.03	
FINAL TOTAL IN ACCOUNT AS OF 12/11/17	95840.37	

Contract applications - Northants & MK LPC - Market Entry Report 16/11/17

1. West Chemist (Kingsley Park Terrace - Northampton/) change of ownership to Kalki Heakth Ltd.
2. Application for inclusion in a pharmacuetical list at firtd floor 9-11 Wood st, Grosvenor shopping centre, Northampton, NN1 2ED in respect of distance selling premises by Superdrug Store Plc - **Refused by NHSE**
3. Application offering unforeseen benefits at in the area bounded by North of Whittlebury Road - West of the A5. - NN12 7LD by Paksh Ltd - **Refused by NHSE**
4. Application offering unforeseen benefits at Whitehouse, Milton Keynes by Jardines (UK) Ltd- 19th October 2017. Comments required by 3rd December. (HM did not participate)

Strategic Plan - MK and Northamptonshire LPC

Strategic Plan

	Issues/opportunities identified	Actions agreed	Accountable	Timescale	Measure of success
Quality Payments	NLP - facilitate training for NLP leaders and champions. Communication Ensure comprehensive information on all aspects of Quality Payments.	Training plan developed and agreed. Review of information currently on website and update.	Aaron Marks King	March 2018	Training sessions delivered with 75% attendance. All contractors capable of casting full Quality payments.
Stakeholder Relationships	Development of relationships with key stakeholders to promote pharmacy in the region.	Collaborate working with neighbouring LPOs and CPRE. Regular contact with CCG's, STP leads and public health. Completion of key stakeholder map.	Aaron Marks King Strategy Committee	February 2018 Running on going	Subjective quarterly appraisal of stakeholder relationships. Collaborative working across HSE agents.
Delivery of Core NHS services	Support contractors to deliver core NHS services	Provision and communication of access to written and face to face training. Facilitation of mentor support where requested.	Aaron Marks King	March 2018	Successful intervention and support for core service delivery. Mentor support provided in 100% of cases. 11 Collaborative training sessions delivered by August 2018.
Operational and Systems training	Support contractors with relevant information to ensure operational delivery.	Delivery of quarterly training. Information added to website and/or included in newsletter.	Aaron Marks King Mx Sales	Jan 2018, Apr 2018 and July 2018	Delivery of information to deadline.

Governance	Ensure the LPC operates to all required legal standards. Ensure we represent our contractors professionally and adhere to codes of practice.	Terms of reference updated. Appraisal completed. Financials delivered to agreed strategy.	Governance Sub-Committee	November 2018 Quarterly appraisals	Deadline delivery for terms of reference. Completion of appraisal by schedule. 30 monthly review and verification of financials.
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