

## COMMITTEE MEETING MINUTES

Thursday 17<sup>th</sup> May 2018

1.00pm - 4.30pm

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

### LPC MEMBERS PRESENT:

Veronica Horne (VH)  
Raju Malde (RM)  
Daljit Poone (DP)  
Mohammed Kolia (MK)  
Kishor Shah (KS)  
Rishi Hindocha (RH)  
Has Modi (HM)  
Lakminder Flora (LF)  
Chetan Parmar (CP)  
Anna Ruthven (AR)  
Carolynne Freeman - Vice Chair (CF)

### OTHERS IN ATTENDANCE:

Sue Snelling - Chair (SSn)  
Anne Marie King - Chief Officer (AMK)  
Mike King (MK)

### APPOLOGIES

Raja Srikakulapu (RS)  
Anil Patel (AP)  
Farjana Miah (FM)

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

The committee welcomed our new members (Anna Ruthven, Chetan Parmar and Farjana Miah).

### Minutes of previous meeting

Minutes of the previous meeting (22<sup>nd</sup> March 2018) were reviewed and approved as an accurate reflection of the meeting and action points. SSn signed the minutes as Chair.

### Reports

### **Chief officer report**

AMK presented her report to the committee (attached).

Buddy calls. The committee gave feedback regarding the buddy calls. AMK asked that all the calls were completed by 25<sup>th</sup> May 2018.

Repeat Ordering (Northants). Up to 14 practices are now live. Feedback from the committee members taking part in the project was positive. Pharmacy staff have saved valuable time and EPS nomination means that business has not been lost.

Champix PGD. This is being discussed in the Milton Keynes area. The committee discussed schemes available in the UK, however as the service will be private, it was decided that AMK would ask Pfizer if they had any information to support and help in setting up the service.

AGM. AMK asked the committee about the cost of the event and as we have historically had poor attendance should we spend money on the event. The committee decided that private PGDs would be a suitable topic to draw contractors to the meeting and we would be mindful of costs. AMK will look into this.

### **Finance**

KS gave the report to the committee on behalf of RS who was unable to attend (attached).

There had been an issue regarding AMK pay, however this has now been sorted with the accountant.

### **Contracts committee**

HM gave this report to the committee (attached). HM left the room whilst the committee discussed an application from Jardines to open a new pharmacy in Whitehouses, Milton Keynes. A new application has been submitted that the LPC had not been made aware of. AMK will look into why the information had not reached us.

### **Governance committee**

There was no report from the Governance Committee.

SSn asked whether a review should be carried out for the Treasurer. It was confirmed that reviews will be carried out for the Chief Officer, Chair, Vice Chair and Treasurer,

Sejal Gohil and Tim Harrison. Pharmacy Integration Fund

Sejal and Tim (De Montford University) gave their presentation on the Pharmacy Integration Fund for workforce development. The funds can be used for learning to provide services in GP Surgeries, Urgent care, Care Homes, and for upskilling Pharmacy Technicians. It can also be used for pharmacy post-graduation training. AMK will ensure that contractors are aware of the funds and opportunities to train.

PSNC Report

Mike King (MK) gave his report to the committee.

The new PSNC CEO (Simon Dukes) presented at the most recent meeting. He is aware of the frustrations in dealing with government and keen that pharmacy is not divided. He is aware of the discussions around the new contract and ongoing work with this. A briefing paper has been written and proposals taken to the DOH. Negotiations are still ongoing and responses are awaited.

Judicial Review. This is due in court w/c 21<sup>st</sup> May 2018. Reports on the outcome are expected shortly afterwards.

GDPR. Deadlines are fast approaching and the PSNC has produced supporting documentation. Information is also available regarding appointing a DPO which the LPDC will also need to think about.

Information is also available on the PSNC website on the following:

- Quality Payments
- Pharmoutcomes Self Evaluation Toolkit. MK advised that the LPC look at this when it is available.
- Prescription Submission.
- Health & Safety for LPCs

There is a Treasurers meeting on 14<sup>th</sup> June. Information will be given regarding HMRC and paying contractors for LPC related work.

#### Discussion for GDPR

MoK led the discussion after giving a brief overview of GDPR. He asked the committee members to think about what we need to do for:

- The committee itself
- Contractor support

There is a lot of information from the NPA and PSNC.

LPC. The committee decided that a DPO would be appointed, and the fact that GDPR would fall under the Governance Committee. SSn volunteered to take on the DPO role. The PSNC workbook will be filled in for the LPC. KS and AMK will help SSn with this.

AMK reported that we are already registered with the ICO.

AMK will look at our privacy policy.

AMK and SSn will sort through all old LPC paperwork and shred any information that is no longer needed.

The LPC phone and laptop (to include Treasurers laptop) will be checked to ensure they are secure.

AMK will ensure there is a method of reporting incidents (report book).

**Contractors.** AMK will direct contractors to information that has already been uploaded to the website, and will point out the significance if there is a breach.

#### Sub-committee organisation

There have been a few changes to the LPC committee and members have been assigned to the following:

**Strategy Group**

Veronica Horne

Kishor Shah

Farjana Miah

Chetan Parmar

Anil Patel     **Finance Group**

Raja Srikakulapu

Daljit Poone

Carolynne Freeman

Anna Ruthven

**Governance Committee**

Mohammed Kolia

Raju Malde

Lakminder Flora     **Market Entry Group**

Has Modi

Rishi Hindocha

Sue Snelling

Any Other Business

Anna Ruthven offered support with Travel Clinic proposals

Has Modi suggested there could be scope to engage further with MK HWB following attendance at a recent HWB meeting which had a strong GP focus. Strategic Development committee to look into engagement opportunities.

Dal Poone raised concerns about NUMSAS and difficulty ascertaining the exact request because he does not want to access SCR on every request since this is very time consuming. He also raised concern with managed repeats and incidents of patient on eve or weekend not being able to obtain repeats.

Date of next meeting confirmed as Thursday 19<sup>th</sup> July

The meeting was closed at 4.30

  
Sue Snelling Chair

**Reports**

**Chief Officer Report**

PSNC data by LPC area for QP's

You may have seen the national QP stats from PSNC illustrated on an infographic  
<https://>

[www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/ppq/](https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/ppq/)

This

Summarises the picture from April to November 2017. You can also see it in the April LPC newsletter (page 2). Thankfully, PSNC have been able to take the NHSBSA data and present it to us by LPC area. I have looked at our November 2017 results and thought that you would be interested to know how our contractors performed.

In summary:

One contractor appeared to meet the gateway criteria but unfortunately didn't claim any of

the 8 quality points so will not have received any payment at all.\*

One did not claim Dementia Friend

21 Pharmacies altogether are not HLP's (7 of those including a www are in MK). This is as I estimated from the RSPH register. Therefore in NN 89% and in MK 87% are accredited to HLP level1.

7 pharmacies ( including 2 in MK) did not achieve Safeguarding

2 (both NN) did not claim for CPPQ

3 (Includes 2 in MK) elected not to claim SCR

3 (all NN) did not tick asthma

and finally 1 (in MK) did not achieve the DOS requirement

All achieved Safety Report (except \*)

168 pharmacies appear on the PSNC spreadsheet. It is possible that one or more pharmacies could have been misplaced and assigned incorrectly to a different LPC.

Other

than that they have elected not to engage or perhaps only participated in April.

My thoughts would be to work with those who I know about from extracting our figures from the PSNC spreadsheet. I will support them in the hope that they can claim a full house

in June. I will also catch up with the pharmacy (too discrete to name and shame but don't

worry it wasn't any of you) who slipped up with the claim. I will make a new spreadsheet for our Buddy calls so that you can make calls to the pharmacies in your group and offer help if desired (by them not you)!!! I will get this out to you shortly so you can get started.

Patient led reordering for repeats.

The same rules apply to all. Once the practice goes live if the patient hasn't been placed on the "vulnerable" list www and DAC should not be ordering for patients. Some 14 practices are now either live or intending to go live between now and end July.

PGD possibilities Champix Northants

As of April 1st any provider that would like to prescribe Champix for their patients will be solely

responsible for costs incurred and will not be reimbursed by First for Wellbeing. That is to say if a

GP wishes a patient to have Champix the practice will have to pay for the treatment.

Could there therefore be an opportunity for CP's to supply Champix on PGD?

HLP MK

Frailty - May

Diabetes - July

Mental health - Nov

DMIRS

Digital Minor Illness Referral Scheme or DMIRS (sometimes known as the Community Pharmacy Referral Scheme) started in December 17 in the North East. Work was done on the NHS pathways used by the 111 call handlers with more low acuity conditions being referred to community pharmacy via an ITK message (the same way a NUMSAS referral goes). The patient goes to the

pharmacy to see the pharmacist who will either:

- Provide advice only
- Provide advice and sell over the counter products
- Provide advice and provide products from a Minor Ailment scheme (only in areas where one exists!)
- Refer the patient to a GP or other healthcare professional because their
- condition is more serious

Around 400 referrals are being made to community pharmacy each week. The pharmacist receives a fee (must enter data on Pharm Outcomes for evaluation). The good news is that we are hopefully going to introduce this to the East Midlands (says Jackie Buxton our Pharmacy Integration lead) - all the area covered by DHU as a NHS 111 provider, so including Northamptonshire. This is quite a big geography in total as it also includes Nottinghamshire, Derbyshire, Leicestershire and Lincolnshire so over 900 community pharmacies in total. More news expected soon.

Sexual Health Services Northants

Cabinet approved the sexual health proposals this week, and so we are informed that NHFT will be managing EHC contracts from July 2018. This is an interim measure with NHFT. They will be going out to tender in July for a new provider who will start on 1st April 2019. The intention is to ask NHFT to make the contracts longer, so that can be novated across to the new provider.

Falls workshop

Following the success of our pioneering Falls and Bone Health workshop, CPPE are to make the workshop available nationally. This means a workshop based on ours will be available from the October semester. I have shared this great news with our partners at NCC and they are delighted. The organisation who made the funding available i.e. ROSPA are also thrilled and intend to include an article about the workshop in their publication 'Standing up for ourselves.' This means that many more pharmacists will benefit from the learning and so help more patients reduce falls risk.

MK STP Prevention Board

I have been invited to attend these meetings after the Board decided to widen its membership to include prevention champions. The Board meets monthly to ensure the delivery of the objectives set out in the BLMK Prevention Plan.

Update on Buddy calls round room.

AF Early detection

The initial findings from the pilot are showing that despite providing all the equipment, face to face training and regular emails asking if any additional help was required, that a number of pharmacies decided then not to offer. Additionally others who had agreed to participate then had staffing issues and therefore decided not to participate due to capacity (but didn't tell me so we couldn't reallocate resource). However we do have some CP's who embraced the Service and have provided outcomes. I've told the Pharmacies who are actively engaging to continue until further notice as none have achieved the 120 'clients' requested therefore there is capacity within budget to extend the duration. Also part of the pilot was to test if the 'missing undiagnosed' accessed CP's and some feedback has mirrored, as you say, that clients approached were then not eligible. Future funding of this pilot has not been finalised and will be reliant on evaluation findings. Beccy White did contact NHSE to see if they would consider including BP testing as a core service requirement but they have not responded to her (or as quality payments if they were to change). The PH registrar who was interested in a PGD for antihypertensive has now left MK and is working in London. Beccy is picking up Apurna's work streams since she is now full time STP prevention

## Finance Report

Treasurer Report for MAY LPC MEETING 17/05/18			
<b>INCOME</b>			
6000	MK council finance		
16.72	INTEREST		
24000.07	Levys		
30016.79	<b>TOTAL</b>		
<b>EXPENDITURE</b>			
<b>TOTAL</b>		Pounds	
<b>TOTAL IN THE ACCOUNT AS OF</b>		<b>18/03/2018</b>	<b>93251.65</b>
<b>TOTAL INS</b>			<b>30016.79</b>
<b>TOTAL</b>			<b>123268.4 4</b>
<b>TOTAL OUTS</b>			<b>12339.98</b>
			<b>110928.46</b>
<b>TOTAL</b>			<b>110928.46</b>

Total in the	account as of 11/05/18			110928.4 6
--------------	---------------------------	--	--	---------------

### Market Entry Report

1. Application for a no significant change relocation by Jardines (UK) Ltd for their pharmacy at Broughton Gate, Milton Keynes, MK10 7EF - Relocation to Unit A (Ground Floor), Brooklands Medical Centre, Montague Crescent, Off Countess Way, Brooklands, Milton Keynes, MK10 7LN.

- Responded 10th May

2. Paksh, Towcester Oral Hearing took place on 11th May in view of fairness because the PNA has been updated since the application outcome was appealed. LPC thanked FHS AU for the invitation to attend but declined feeling that representations and observations had already been adequately expressed.

- Awaiting the Panel's decision.

3. Application by Boots UK Ltd offering unforeseen benefits at Unit B5 Rushden Lakes Shopping Park, Rushden, Northamptonshire NN10 6H

- Responded 15th May

4. It has been brought to the committee's attention that a new application by Jardines (UK) Ltd offering unforeseen benefits at Whitehouse, Milton Keynes had been submitted in March this year following its previous refusal on 22nd January 2018. The LPC has not been formally consulted on this fresh application - which might be an oversight on part of PCSE. The statutory 45-day consultation period has now passed.

- The committee need to decide if it should demand PCSE formally consult LPC on this application so that it can make the representations if it so chooses before NHSE decides.