

## COMMITTEE MEETING MINUTES

Thursday 19<sup>th</sup> July 2018

1.00pm - 4.30pm

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

### LPC MEMBERS PRESENT:

Veronica Horne (VH)  
Raju Malde (RM)  
Mohammed Kolia (MK)  
Kishor Shah (KS)  
Rishi Hindocha (RH)  
Has Modi (HM)  
Lakminder Flora (LF)  
Chetan Parmar (CP)  
Anna Ruthven (AR)  
Anil Patel (AP)  
Raja Srikakulapu (RS)  
Carolynne Freeman - Vice Chair (CF)

### OTHERS IN ATTENDANCE:

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

### APPOLOGIES

Daljit Poone (DP)

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

### Minutes of previous meeting

Minutes of the previous meeting (18<sup>th</sup> May 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).

AGM - AMK has planned to cover the new DMIR service and has organised a workshop which will be supported by NHSE. The committee agreed that this would be a sensible topic to cover and would encourage contractors / pharmacists to attend the AGM.

NENE prescription repeat service - is now up and running in 26% of Northants GP practices. There has been little negative feedback and the service seems to be running well.

CPAF - only one contractor failed to submit their CPAF form. This was discussed by the committee who felt that we had offered support as an LPC but it is the decision of the contractor not to take the support.

Flu - We are still waiting for details of 2 liaison meetings with the GPs and pharmacy to cover poorly performing MK practices. (Stony Stratford and Watling Vale). CF and HM are both willing to attend the meetings if the dates are offered.

**Finance**

RS gave the report to the committee. (attached).

It was agreed that for money held by the committee for Public Health projects such as HLP, the finance report would separate this money in order that we can see the true LPC funds more clearly.

**Contracts committee**

HM gave this report to the committee (attached).

**Governance committee**

MoK gave his report to the committee.

Reviews have been carried out for the Chair (SSn) and Vice Chair (CF)

GDPR work is now complete, and as a result, we should be compliant as an LPC

Pallavi Dawda - DMIRS Project Lead

**Chief officer report**

AMK presented her report to the committee (attached).

AGM - AMK has planned to cover the new DMIR service and has organised a workshop which will be supported by NHSE. The committee agreed that this would be a sensible topic to cover and would encourage contractors / pharmacists to attend the AGM.

NENE prescription repeat service - is now up and running in 26% of Northants GP practices. There has been little negative feedback and the service seems to be running well.

CPAF - only one contractor failed to submit their CPAF form. This was discussed by the committee who felt that we had offered support as an LPC but it is the decision of the contractor not to take the support.

Flu - We are still waiting for details of 2 liaison meetings with the GPs and pharmacy to cover poorly performing MK practices. (Stony Stratford and Watling Vale). CF and HM are both willing to attend the meetings if the dates are offered.

**Finance**

RS gave the report to the committee. (attached).

It was agreed that for money held by the committee for Public Health projects such as HLP, the finance report would separate this money in order that we can see the true LPC funds more clearly.

**Contracts committee**

HM gave this report to the committee (attached).

**Governance committee**

MoK gave his report to the committee.

Reviews have been carried out for the Chair (SSn) and Vice Chair (CF)

GDPR work is now complete, and as a result, we should be compliant as an LPC

Pallavi Dawda - DMIRS Project Lead

Pallavi gave an update on this new service which should be up and running by September. Various workshops are being held for pharmacists to train to deliver the service.

There is no need for a pharmacist to be providing NUMSAS to be signed up to this service.

The committee agreed that the recording and reporting processes should be simple (unlike NUMSAS) and Pallavi confirmed that this should be the case. PharmaOutcomes will be the method for referral and claims.

The committee agreed that they would be supportive of the service and would inform contractors about future workshops.

#### Richard Chapman - GPhC Pharmacy Inspector

Richard explained the new inspection process with the main changes as follows:

- Standards changed to 'Standards met' or 'Standards not met'
- The inspections will be unannounced
- Inspections will be published and available to the public from February 2019
- Inspections may also be themed or intelligence led

The GPhC are asking for feedback regarding the new inspection process

#### Stacey Scott - Global Advertising (Heart)

Global were used for the LPC flu radio advert in 2017. Stacey explained how Global could be used for further advertising including social media, targeted advertising for different age groups, radio campaigns. Reports can be given regarding who is viewing the content of the adverts to ensure they are useful. An LPC 'Facebook' page could be created to improve the profile of pharmacy.

The committee will discuss the use of Global for future advertising - AMK will contact Global if we want to use their services.

#### Tom May - BLMK Diabetes Quality Improvement Manager

Tom gave his presentation about Diabetes management in the area / GP surgery and the opportunities for pharmacy to identify undiagnosed diabetics.

The committee agreed that there is scope to be involved in diabetes diagnosis and management and would welcome a commissioned service going forward.

#### Any Other Business

QP Feedback - NHSE is gathering feedback on the QP process and SSn has offered to collect this on behalf of the LPC and will report back.

RS - Reported on the LPC treasurers meeting he attended, and explained how LPCs had been offered HR support at a reduced annual price of £150. The committee discussed this and decided that the basics being offered for this fee were already in place and therefore would not be required.

LPC meetings - Committee members expense claims. I was agreed that committee members would claim for one day for attending the committee meetings in order that a locum could be booked. Subgroups would meet in the morning, and it was acknowledged that members spent time outside of the meetings for dealing with LPC matters that were not generally claimed for.

Date of next meeting confirmed as ~~Thursday~~ 18<sup>th</sup> September (AGM in the evening)  
Tuesday.

The meeting was closed at 4.45pm



Sue Snelling Chair

## Reports

### Chief Officer Report

#### Falls Prevention

From ROSPA...Coincidentally we are providing support to the clinical pharmacists in general practice programme with PCC, I'm wondering if you would be happy for me to share your summary through NHS Networks to support your own communications? It such a good example of integrated working.

#### CQC interview

From a community pharmacy point of view we discussed hospital discharge, engagement with STP, communication between primary and secondary care, falls prevention and domiciliary MUR/NMS.

It was useful to make the assessors aware of the challenges faced in attempting to improve the hospital discharge pathway. You never know how the information will be interpreted but the report will go to the Secretary of State and obviously I would be delighted if there was a case

demonstrated for a nationally commissioned service. I described our attempts to launch a discharge service and the barriers encountered when it came to funding it.

There seemed to be substantial pressures around ensuring the safety of care home residents due to the number of care homes in our locality versus the number of CCG care home pharmacists. It seems that even with additional funding this will still be challenge. We then discussed the limitations or even prohibitions placed on community pharmacists with regard to conducting off site MUR's. Similarly NMS consultations had limited use for house bound patients despite the provision for these to be conducted by telephone. I suggested that the cohort of patients in care homes and those who are house bound are being discriminated against because they are being denied the opportunity for face to face contact with a community pharmacist.

Finally we discussed points learned from the incident highlighted in November 2017 re error with prescribing when a patient was discharged with Ramipril for heart failure. (26/9/17). You will recall that NGH discharged the patient with boxed Ramipril when in fact this particular patient used a compliance aid.

#### Digital Minor Illness Referral Service

This is the scheme that started in North East England in December. It is now being extended to 3 other locations including the geography covered by DHU Healthcare as the NHS 111 provider (Nottinghamshire, Derbyshire, Leicestershire, Lincolnshire, Northamptonshire (and MK? tbc)

Initial meeting held 6th June. Roll out expected September and supported by PIF for 6 months till March 2019. Thereafter would be down to CCG to commission. Areas already using a MAS of any form did not seem (in previous pilot site) to be getting more or less referrals. Same whether MAS available or not .

(only 36/177 registered for NUMSAS as of 16/7/18 i.e. 1/5th)

The launch will be Monday 24th September and our launch event will the AGM.

#### AGM

The following was received after I enquired about the possibility of a GPhC representative speaking at our AGM...

We are going to be producing further resources for organisations to use, focusing on reflection across all the revalidation records, and specifically on the peer discussion and reflective account. We will be encouraging other organisations to share and use these resources rather than continuing our own programme of speaking engagements. These resources should be available by September. In September we will also be letting pharmacy professionals know which of the standards they should be reflecting on for their reflective account.

I will let you know when these new resources become available.

#### Repeats Project

Currently 26% of practices are live, and this will rise to 30% at the end of the month.

We expect 85-90% to take part in the project

#### Hypertension and AF detection in MK

A very disappointing 10 tests in 8 weeks. MK no worse than Beds.

Next steps to be discussed.

#### CPAF

One pharmacy did not complete...Park Square

#### Flu

I have floated the idea of constructing a joint communication to all practices from LPC,CCG and LMC for Nene.

I will see how this idea goes down before contacting MK CCG. No progress with the joint meeting which was being arranged for 2 pharmacy representatives from MK and 2 surgeries (Stoney Stratford and Watling).

28 day/7 day scripts

Issue raised as a result of one surgery requesting 28 day script split and delivered at 7 day intervals.

Is it time to look at issuing guidance from LPC?

### Market Entry for July 2018

No significant change relocation to Land Adjacent to Tureweston Road & Northampton Road, Brackley NN13 6EQ by Lowick Ltd Representations by 3/8/18

Application in respect of a relocation within a HWB area that does not result in significant change to pharmaceutical service provision - Jardines Pharmacy at Highland Drive, Broughton, MK10 7EF to Unit A (Ground Floor) Brooklands Medical Centre, Montague Crescent, off Countess Way, Brooklands, Milton Keynes, MK10 7LN Decision: **Committee satisfied that regulations met.**

Application offering unforeseen benefits (best estimate) within 200m of the proposed Local Centre, Barrosa Way, Nr Whitehouse Primary School, Whitehouse, Milton Keynes MK8 1AG by Jardines.

It was determined that NHS England - Midlands & East (Central Midlands) Pharmaceutical Services Regulations Committee is not satisfied that granting the application would secure improvements or better access to pharmaceutical services.

NHS England - Midlands & East (Central Midlands) Pharmaceutical Services Regulations Committee therefore determined that this unforeseen benefits application should be refused.

### Treasurers Report for July 2018

Treasurer Report for JULY 19th meeting	
<b>INCOME</b>	
185	gsk ihc limited
19.4	INTEREST
24000.04	Levys
<b>24204.44</b>	<b>TOTAL</b>

## EXPENDITURE

TOTAL

Pounds

TOTAL IN THE ACCOUNT AS OF		11/05/2018		110928.46
TOTAL INS				24204.44
TOTAL				135132.9
TOTAL OUTS				12871.23
				122261.67
TOTAL				122261.67
Total in the	account as of			122261.67
	11/05/18			