

COMMITTEE MEETING MINUTES

Thursday 13th May 2021

11.30am – 1.30pm

Venue: Online meeting (Due to Covid 19 restrictions)

LPC MEMBERS PRESENT:

Raju Malde (RM)
Daljit Poone (DP)
Anil Patel (AP)
Lakhminder Flora (LF)
Matthew Armstrong (MA)
Carolynne Freeman - Chair (CF)
Veronica Horne (VH)
Rishi Hindocha (RH)
Has Modi (HS)
Aimee Mulhern (AMu)

OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)

Guest Speaker:-

Fiona Garnett (FG) Bedfordshire/Luton/MK CCG – Head of medicines optimisation
Amy Fitzpatrick (AF) & Patsy Richards (PR)

– Public Health Northamptonshire

APOLOGIES

Amrit Minhas (AM)
Sadaf Ismail (SI)
Amir Ismail (AI)
Kishor Shah (KS)

There were no declarations of interest reported with the agenda.

It was unanimously agreed that the nomination of Aimee Mulhern for vice-chair should be accepted and Aimee was confirmed the new vice-chair for the LPC.

There was a discussion around how and when the LPC return to face to face meetings and it was proposed that a provisional booking of the July meeting be made for face to face but reviewed ongoing as covid restrictions are released in the coming weeks.

It was agreed that the September AGM should potentially be in a virtual format to allow better uptake and engagement with further AGM detailed planning to be discussed at the July LPC meeting

Minutes of previous meeting

Minutes of the previous meeting (Thursday 18th March 2021) 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 for discussion (See attached notes)

AMK led a discussion around Integrating NHS Pharmacy and Medicines Optimisation (IPMO) and asked if any CCA member had been involved in other ICSs where IPMO was being introduced. No CCA members were able to provide details. There is an IPMO meeting for Northamptonshire on 19th of June and CF and MA will be attending to represent the LPC where an overview of IPMO progress will be shared for the ICS.

IPMO work around both NN and MK is in its infancy with the primary focus being on workforce. It was agreed that this should feed into the work of the Strategy sub-committee.

AMK shared that the engagement event for both DMS and GPCPCS were successful with contractors and well attended.

AMK asked the committee for their view on BLMK donation of 4000 BP monitors that can be handed out from pharmacies:

- VH commented that there should be a protocol to support this to stop abuse of the offer and onward selling of the monitors online
- The committee discussed how this would link to BP monitoring services in future.
- AMu offered to source other similar services to inform any local service in future

Finance

DP presented his report to the committee on behalf of AM (attached)

Current budget leaves 7 months contingency in the accounts, it was agreed to leave current levy 'as is' and review regularly with the AGM a sensible point to review again.

Process to add signatories, online banking and bank card is still in progress

Contracts committee

HM presented the report (attached)

Governance committee

LF presented his report to the committee.

Due to acquisitions by AIMp there was a challenge raised as to the current representation on the LPC however it was agreed that the current representation of CCA, AIMp and independents continues to be proportionate and no change is needed

Services (Strategy) committee

MA share that there was no further update to the previous strategy report and all stated workstreams remain on track.

MA shared that the current strategy requires a review in light of emergence of IPMO. AMu took an action to set up a separate meeting with strategy sub-committee, CF and AMK to discuss a revised LPC strategy.

HM shared an update on PSNC matters:

- PSNC continue to try to move forward negotiations with NHS/Govt to waver the £370m covid loan but with no current progress
- The issue of the £370m loan needs to be resolved before further work on yr3 of the CPCF can be progressed
- Different funding models are being discussed at a high level within PSNC
- PQS has the potential to re-commence from July but yet to be conformed

FG gave a presentation and update of BLMK progress on CPCS and the Covid Pfizer vaccine pharmacy pilot (attached)

- FG shared that NHSmail is being used as the referral mechanism for GPCPCS and a collaborative approach is needed for the success of the service and will work to support CP and GP to move forward and gain insights
- FG shared that all pharmacies NHSmail address have been added to the referral system apart from 11 pharmacies who do not take part on NHS111 CPCS but other pharmacies can be turned off if required
- CF commented that supply for the Pfizer pilot will be key, FG is pushing for a Mon/Tues/Wed delivery to decrease wastage

AF and PR gave a presentation on the Health Start Scheme (attached)

- The committee asked how payment for pharmacy involvement in the scheme would work and it was explained that these discussions would happen in due course via AMK if pharmacy want to be involved

Any Other Business

AMu asked the committee if there was any further work that should be done via the LPC to support with the national Hepatitis C service. AMK shared that she had looked to work with CGL and CNWL but with little success. It was agreed that this not a priority for the LPC at this time.

HM queried a lack of standardisation of period of treatment guidance in MK where some surgeries were not prescribing at 28 day intervals and subsequently pharmacies were loosing out on items fees. It was agreed that this should be raised with FG and BLMK CCG to standardise the period of treatment approach across the geography.

Date of next meeting confirmed as Thursday 15th July 2021

The meeting was closed at 1.30pm

Signed



Carolynne Freeman (Chair)

Market Entry Report

1. The Distance Selling Pharmacy contract granted to Barakah Healthcare LTD at Priory South Industrial Estate earlier this year has commenced trading w.e.f. 15/04/2021
2. No significant change relocation application (same HWB) by Oakfield Pharma Ltd T/A Blackthorn Pharmacy from Unit 2/3 Blackthorn Local Centre, Blackthorn Bridge Court, NN3 8QH to behind Blackthorn Community Centre, Blackthorn Bridge Centre, Northampton, NN3 8QH – 45-day Representations made by Boots and LPC which were circulated. Invited to comment of the reps within 14 days (i.e. by 03/05/21).
3. No significant change relocation application (same HWB) by Jardines (UK) Ltd From: Portacabin in Car Park, Opp. Purbeck Health Centre, Stantonbury Campus, Milton Keynes, MK14 6BN to To: The Pharmacy Unit, Next to Purbeck Health Centre, Stantonbury Campus, Milton Keynes, MK14 6BL - Granted 06/05/21 – Not subject to appeal, as no substantive reps against received.

Chief Officer's Report 28th January 2021

Events held

30 attended NCC Champix PGD event
Successful meeting for contractors re DMSr
100 participants on Liam's GP-CPCS webinar on May 10th.

BP BLMK

4000 BP monitors to be made available in ICS FOC to patients via CP. No need to return them, patient to keep.
Surveys from CP collated. Meeting BLMK to discuss outcomes later in May.

GPCPCS

Engagement event well attended.
NN 2 practices ready and EOI from a few more PCNs
Awaiting outcome of pilot first before CCG/LMC liaise about wider roll out

DMS

Live in NGH

CNWL

Meeting with CF, AMK and CNWL. CNWL to address issues about prescriptions not arriving on time by looking into courier service and getting SOP in place. CNWL trial for electronic prescribing but only for green Rx
Assurances that all issues were investigated with many attributed to a power cut
CF requested an OOH number
Soyar finding it hard to determine whether issues operational or down to the pandemic
Re supervised...patients being risk assessed regularly and care plans adjusted accordingly

eRD

Grand Union aims to roll out. Plan to start with easy patients, stable on 1-2 meds. No date for go live just interested in working with CCG to identify suitable patients.

Treasurer Report for March April 2021						
INCOMINGS						
	Mar	6999.99				
	Apr	6999.99				
	Levys Total	13999.98				
TOTAL IN THE ACCOUNT AS OF	01/03/2021		£ 138,114.37			
TOTAL INS			£ 13,999.98			
TOTAL			£ 152,114.35			
TOTAL OUTS			£ 40,489.14			
			£ 111,625.21			
TOTAL AS OF	11/05/2021		£ 117,031.38			
			£ 6,785.43	Pharmacy Integration fund		
			£ 6,000.00	MK council		
			£ 18,994.00	Northamptonshire council		
		TOTAL	£ 85,251.95			
					Monthly running costs £11436	
					Therefore currently 7 months running costs	

Bedfordshire, Luton & Milton Keynes Community Pharmacy Pilot – Pfizer

NHS England and NHS Improvement



Background

- Regional team very keen to be able to increase the participation of community pharmacy within the Covid-19 vaccination programme
- National team approached East of England to pilot smaller volume sites to support future planning
- Regional team approached BLMK to host the pilot
- Pilot will seek to understand the challenges and opportunities of multiple small community pharmacy sites joining the programme
- Large amount of flexibility about how we run the pilot and would like to work with pharmacies to understand what our options are on a larger rollout – Local Enhanced Service
- We hope to be able to roll this out across the region once we can show it is successful and learn what works, what doesn't work, and what additional system support is needed to make it work and minimise wastage
- Minimum requirement is the ability to deliver 90 doses of Pfizer vaccine within three days of the delivery
- Space and staff to ensure a supervised 15 minute wait post vaccination
- Space and staff to ensure aseptic preparation, which must be supervised or completed by responsible pharmacist

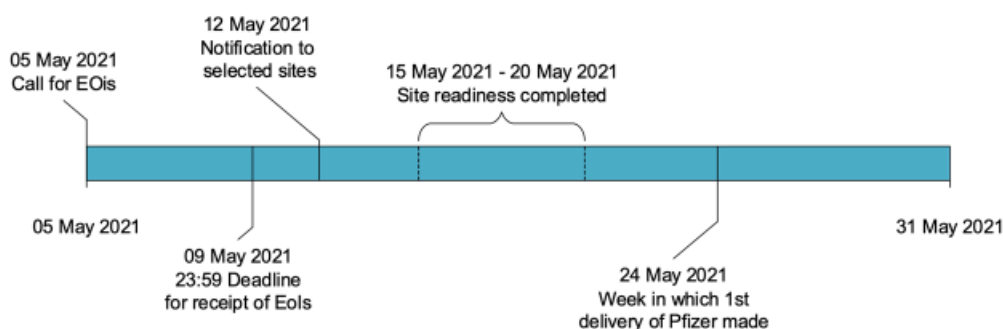
Local Context

- Cohorts 11-12 consist of approx. 250K people in the area and they are to receive the Pfizer or Moderna vaccine
- The majority of PCNs are withdrawing after completion of cohorts 1-9, all but 3 are continuing with cohorts 10-12.
- There are 6 vaccination centres in the area
- Currently there are 6 CP sites delivering vaccine in BLMK.
- BLMK has delivered the vaccination programme through a mixed model of primary care and pharmacy

Name of site	Site address	City	Postcode	Weekly Site Capacity
The Rufus Centre (Retrolink Ltd)	Steppingley Road	Flitwick	MK45 1AH	5,000
Jardines Pharmacy	The Weatherley Centre	Biggleswade	SG18 8JH	3,000
Boots	82-86 Luton Arndale Centre	Luton	LU1 2BG	1,000
Medigreen Pharmacy	31 Manor Road,	Luton	LU1 4EE	400
Acorn Pharmacy	213-217 Dunstable Road	Luton	LU4 8BN	1,000
The Open University (Rainbow Pharmacy)	Michael Young Building	Milton Keynes	MK7 6BB	5,000

3

Timescales



It is anticipated, subject to timescales and viability that sites will receive their first vaccine delivery during the week commencing Monday 24 May.

4

Next Steps

35 pharmacies expressed an interest in the pilot

- 3 were declined as the proposal for the 15 minute wait wasn't acceptable – all smaller premises
- 3 were placed on reserve as very close to existing sites or other applicants

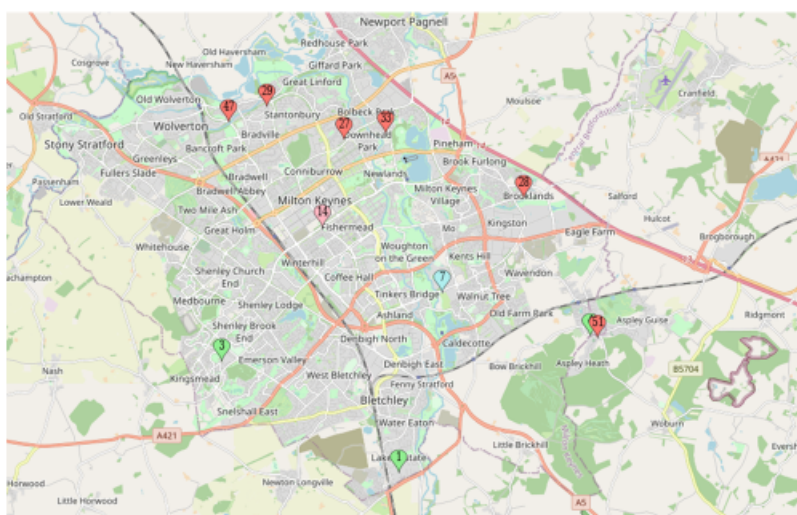
The sites are as follows:-

- Luton and Dunstable area – 12
- Bedford area – 7
- Milton Keynes area – 6
- Leighton Buzzard – 2
- Ivel Valley – 2

The aim is for the first half to go live w/c 24th May and the second half w/c 31st May

5

Map of MK sites.



Milton Keynes
Green – PCN site
Blue – Community
Pharmacy Site
Pink – LVS
Red - Pharmacy EOI

6

CPCS Update - BLMK

Referral information **MUST** be sent via a secure digital route – verbal/telephone referrals are not in scope for this service

Referral information consists of patient demographic information, patient contact details and the reason for the referral – the GP/PCN toolkit & implementation checklist provide an **example template** which can be used

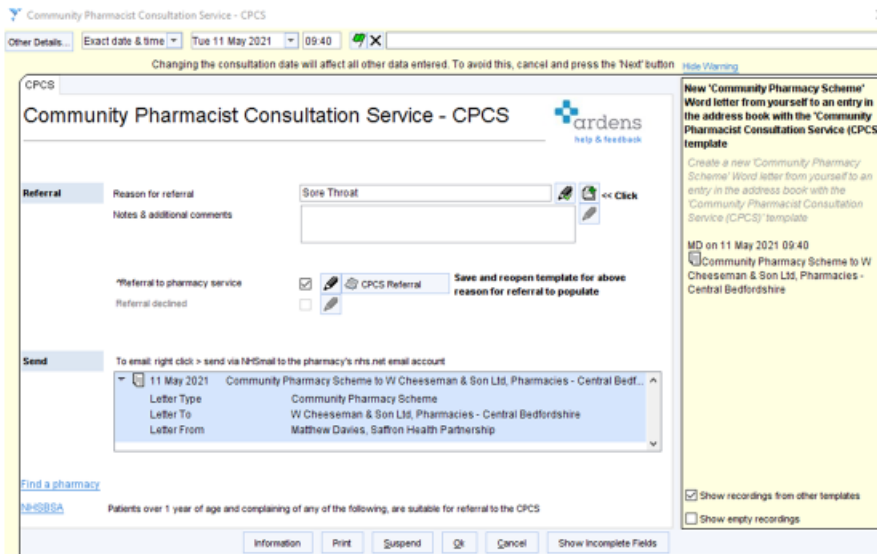
Local solutions can be used to send the referral information to pharmacy with **NHS Mail being the minimum viable product (MVP)** required to send referral information to pharmacy

Once a patient has been triaged for an NHS CPCS consultation the referral may be sent in **one of three ways**:



Agreed to use NHS Mail referral in BLMK

Ardens template on SystemOne





- Referrals will come via NHS mail
- Address book for all pharmacies is now loaded onto SystmOne for BLMK
- Test site goes live this week
- If the IT functionality works then any practice in BLMK can use the service
- Need to collaborative approach across the PCN and reception staff training
- Aim is to work with interested practices / PCNs and roll out across BLMK

Dear Pharmacist

Please review the below patient under the NHS Community Pharmacist Consultation Service.

Patient Name	Mr Mickey Mouse-TestPatient
Date of Birth	01 Jan 1999
Gender	Male
NHS Number	
Contact Number	Preferred telephone: 01234 56789 Home telephone: 01234 56789 Mobile telephone: 07000 000000
Date and Time of Referral	11 May 2021 09:47
GP Practice	xxx Surgery xxxxxxx Health Centre, xxxxxx, Bedfordshire, SG00 00
Community Pharmacy referred to	W Cheeseman & Son Ltd, Pharmacies - Central Bedfordshire 3-5 Church Street Amphill Bedford Bedfordshire MK45 2PJ
Referral Reason	Sore Throat

Yours sincerely

Matthew Davies
Saffron Health Partnership

The Healthy Start Scheme

Introduction for Pharmacies

Thursday 13th May 21
Amy Fitzpatrick & Patsy Richards

What is the Healthy Start Scheme?

- The Healthy Start Scheme is a statutory UK-wide government scheme that provides a 'nutritional safety net' for pregnant women and their families on qualifying benefits and tax credits (means-tested).
- Women who are at **least 10 weeks pregnant** and **families with children under 4** qualify if the families received the relevant benefits. **Pregnant women under 18** are also eligible, regardless of whether they receive benefits.
- The scheme includes **vitamin supplements** and **food vouchers**.

For more information see - <https://www.healthystart.nhs.uk/>

Healthy Start Vitamins

Women's

- The **women's** vitamins contain **vitamin C, D and folic acid** for pregnant and breastfeeding women.
- The vitamins are suitable for vegetarians and free from milk, egg, gluten, soya and peanut residues.
- They have a shelf life of **2 years** from manufacture.
- They come in 10ml bottles, each of which contains just over 56 daily doses. Beneficiaries are entitled to **one bottle every eight weeks**.

Children's

- The **children's** vitamins contains **vitamins A, C and D** from birth to 4 years.
- The product can be **used from birth** – but only for **breastfed babies**. Children who are having **500ml** or more of formula a day **do not need** Healthy Start vitamins as formula is already fortified with vitamins.
- They are suitable for vegetarians and free from wheat, fish, egg, salt. No colours, flavours or preservatives. No gluten containing ingredients.
- The shelf life is **15 months** from manufacture. Beneficiaries are entitled to **one bottle of 56 tablets every eight weeks**.

Why are Healthy Start Vitamins important?

- 8% of children under five in the UK don't have enough vitamin A in their diet¹
- families in lower-income groups tend to have less vitamin C in their diet¹
- all pregnant and breastfeeding women and young children are at risk of vitamin D deficiency² (teenagers, younger women and those from ethnic minorities are particularly at risk).

Healthy Start Vouchers



- Women who are pregnant or have a child under four years old can get Healthy Start vouchers to help buy some **basic foods** including fruits and vegetables, pulses, cows milk, first infant formula.
- This important **means-tested scheme** provides vouchers to spend with local retailers.
- Food voucher value is **£4.25** (April 21)
 - **Pregnant women** and **children over one** and **under four years old can get one £4.25 voucher per week.**
 - Children under one year old can get **two £4.25 vouchers (£8.50) per week.** From birth to first birthday.

For more information see www.healthystart.nhs.net.



How can you help?



1. Upskill workforce and ensure knowledge on the scheme is up to date - <https://www.healthystart.nhs.uk/>
2. Embed Healthy Start promotion within your services to the families that you work with – access point for voucher: vitamin exchange
3. Raise awareness and signpost all families to the scheme (regardless of eligibility)
4. Advertise the scheme using posters and assets from the Healthy Start Website
5. Support individuals to complete the form - 1/3 of forms rejected because the form is not filled in properly. Currently only available in English.
6. Work with community groups, voluntary sectors and non-health organisations that link in with families and educate on the scheme so that they can support families
7. Remind pregnant beneficiaries to confirm birth with issuing unit after baby arrives

