

COMMITTEE MEETING MINUTES

Thursday 24th March

12.30pm – 3.30pm

Venue: Holiday Inn Express Loake Close Northampton NN4 5EZ

LPC MEMBERS PRESENT:

Daljit Poone (DP)
Anil Patel (AP)
Matthew Armstrong (MA)
Carolynne Freeman - Chair (CF)
Veronica Horne (VH)
Has Modi (HS)
Amrit Minhas (AM)
Adeola Adekunle (AA)
Karan Pankhania (KP)
Kishor Shah (KS)
Adeola Adekule (AA)

OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)

Guest Speaker:- Mary Evans and Fiona Garnett – BLMK ICS

APOLOGIES

Raju Malde (RM)
Lakhminder Flora (LF)
Aimee Mulhern (AMu)
Rishi Hindocha (RH)

There were no declarations of interest reported with the agenda.

Minutes of previous meeting

Minutes of the previous meeting (Thursday 20th January 2022) were reviewed and approved as an accurate reflection of the meeting and action points. CF signed the minutes as Chair.

Guests

Mary Evans and Fiona Garnett provided an update on work in BLMK (slides attached below)

Covid 19 vaccination – no plan to commission new sites at present as capacity currently adequate, pharmacy LES to continue until Sept 22

GPCPCS – further focused worked is required across and CP and GP teams to improved levels of referrals across the system to fully utilise the service for patients. There is potential to pilot giving all CP teams access to SystemOne from pharmacies. MA flagged that for larger chains this may involve longer timescales to implement to manage security risk that would be an issue.

At this time there was no update on smoking cessation referrals from secondary care

The LPC welcomed the update and offered support to engage in opportunities to shift care and services into CP to support with GP capacity. MA volunteered to support with further engagement to fully understand opportunities and the design of fit for purpose referral pathway

Reports

Chief officer report

AMK presented her report to the committee for discussion (See attached notes).

AMK shared current committee member count, the LPC is currently short of one CCA, one AIMp and one independent representative – all relevant parties are aware and recruitment is ongoing

AMK shared an update that Natalie Ng has started to work on a sessional basis to engage with GP surgeries across Northamptonshire on GPCPCS which should in time start to improve levels of referrals.

The committee discussed the LPC review and upcoming contractor vote. There was concern on the current level of engagement on the review process from contractors and if the LPC should engage with the population to help give an informed decision/vote. It was agreed that further information was required and supporting information may become available from PSNC first, therefore no action should be taken at this stage.

New website is now live

Finance

AM presented his report to the committee (attached)

Contracts committee

Boots Bletchly Brunel retail unit is closing 16th April

Boots Bletchly Becon 100 hour pharmacy contract is being giving back on 9th April but retail space will remain

1st February 2022 the pharmacy at 26 Holmecross Road, Thorplands, Northampton, Northamptonshire, NN3 8AW (Woodview) will be operated by Knights Chemist Ltd

Governance committee - Nothing to report – no changes.

Strategy committee

MA presented the updated strategy report attached – the committee agreed with current strategy report and areas of focus

Any Other Business

HM asked the rest of the committee if there were any current issues to note regarding prescribing of branded generics, the committee fed back that there were no known issues regarding this

HM shared that there is currently variation in period of treatment across the geography with MK tending to prescribe in 56 – 84 days whereas Northampton is 28 days

Date of next meeting confirmed as Thursday 26th May 2022

The meeting was closed at 3.30pm

Signed



26th May 2022

Carolynne Freeman (Chair)

Committee Reports

Chief Officer Report

BLMK CCG Policy Alignment Consultation.

The report on the consultation has been published on the BLMK CCG website. The findings of the report and the policy recommendations will be discussed at the BLMK CCG Governing Body meeting on 29 March 2022. Pharmacy First is under discussion. The service was introduced in 2018 but use has been in decline. Perhaps timely to see the funds allocated elsewhere in CP.

Services Officer for NN

Our allocation of c £48.5k from the Midlands NHSE region underspend enabled (via MOU) recruitment on a sessional basis of a services officer. Natalie started in role in February and has been working closely with Arti Chauhan, Olivia Williams and I to settle into role.

- Remuneration accepted at £23 ph
- Start with dedicating eg 10-15 hr to role then increasing if required.
- LPC arranged phone and sim
- support Natalie with contact details of appropriate leads at surgeries and coach in GP systems and their mechanism of referring chunked by PCN. Start with ParkWood because we all have good connections there including the PCN pharmacist.
- Natalie will focus on supporting and engaging with those surgeries and pharmacies already active. This could help Natalie preempt issues that could crop up with new surgeries as they go live.

- after initial meetings suggest engaging with attendees of the meeting on 23rd Feb to get as many of those practices live and referring

2 follow up drop in sessions to the Feb 23rd meeting (attended by in excess of 200 people) are diarised to answer questions arising.

PharmRefer will be available to Systm1 practices from 31st March and Emis practices (20) are already using integrated tool for their referrals. 69 practices altogether.

Smoking Cessation Service (SCS)

10th March was a soft launch, small in scale and that it is anticipated that it will take time for NHS trusts to start their own stop smoking services and then to refer to pharmacies. NHS trusts currently have their focus on recovery following COVID-19 and consequently they will not all immediately start to make referrals to the service; NHSE&I expect most to be making referrals within two years from the commencement date.

PSNC and LPC therefore advise contractors to think carefully about whether the referral volume is likely to be sufficient to make signing up to provide the service worthwhile.

If our local NHS trusts are looking to start the service soon, then I would be expecting to link with our new regional integration lead.

CGL

- NHSE paper going through Gateway – positions a number of services set out in previous PSNC briefing and improvements in comms. Contains a lot of input from Steering Group and Mohammed Fessal on that group.
- PLOT. Ask for PSNC David to share some of his comments / observations with LPCs so we can use in local discussions.
- CGL have around half the public health substance misuse contracts across the country
- CGL specs – still very varied competition and pricing. Some LPCs have reviewed and got comments – how do we collaborate??? James to pick up with Gordon, especially around anti-competitive behaviour
- Group of LPCs to work on ??? – could task and finish group be reinstated? Perhaps – but need to check what the membership is as some people have changed job
- Much concern across LPCs, especially that CGL will pick us off one by one – and challenge that PSNC is hiding behind the anti-competitive bit
- Revisit in two weeks at next PLOT

Make Website

- Websites – only about 10 more to do
- PSNC site goes live this week
- Janet Morrison Chief Exec – blogs will start soon
- PSNC Committee – very keen to keep briefing MPs re pressure and funding issues. George working with LPCs on regional MP briefings.

Structure of Committee

AIMp 3	Currently 2
CCA 6	5
Ind 5	4

Pharmacy Advice Audit

- Just over 4000 responses.
- Some criticism of CCA companies not responding – PSNC said overall CCA companies outperformed the rest, despite relatively poor response. This wasn't my experience – the only CCA company to

undertake anything more than an odd branch was Lloyds. I was also hit by most of my larger AIMp companies not engaging

- Expecting to take about a month to six weeks to write up and publish.

PSNC advice and guidance of LPC name changes

- Section 19 of the constitution covers – further guidance from PSNC if required, although PSNC suggests waiting until RSG proposals work through and wrap up all constitution changes in one contractor vote.

Flu Vaccination letter

- Contractor concerns having ordered for 50-64 yr olds – many have tried to amend orders and they can't. Alastair has spoken to Seqiris and they are saying contractors can amend their orders and will be writing to pharmacies with details of how they can.
- Previously mentioned that many 50-64 yr olds are covered in other target group so ask from LPC that evidence be shared – Richard says came up from looking at the at-risk category data because was under performing and found 75% at risk 50-64 yr olds would be eligible in an at risk group as well
- Ask for some national comms – say joint statement from PSNC and BMA

RSG

Next steps. Comms and engagement

March...2 events to finalise proposals to the sector

Publish proposals w/c April 25th

Pre notices sent to contractors

Engagement and reflection

May 23rd contractor voting commences

67% of the sector need to vote

RSG would appreciate LPC support to support contractor engagement

PLOT feed in on March 31st.

Considerations for LPC with less than 250 contractors

GP CPCS

Natalie

PharmRefer

PharmAlert

PCC

CPWM

If East Mids joined West Midlands...Collectively this puts us in quite a strong influencing position as Midlands LPCs we will represent over a quarter of contractors. For instance a comment came up that we could influence PSNC to change its regional boundary to Midlands – we may or may not want to do that, but certainly seems to make better sense than the current EMSY. Furthering that influence point though – we would be in a strong position to get key people to come and present to us or listen to us, and benefit from economies of scale where it makes sense to do things once.

Clearly it comes at a cost – running costs are a small amount of admin, IT and venue costs for meetings. Other costs are where West Midlands LPCs have say run joint contractor training as they did with their NMS

series of workshops or backfill for any task and finish group work they do. It tends to be the same people doing the doing so historically a fairer way of managing time contribution.

The suggestion is that current CPWM funds equate to £3.00 per contractor so if East Mids LPCs put in a similar sum that would give CPM circa £7k as a working balance. They are working on a budget but think based on previous years that would last a year or two depending on work plan and further NHSE funding. Meetings are being planned roughly every 2-month with a couple of f2f meetings annually

Strategy Committee

NNMK LPC Strategy sub-committee high level plan

Work stream	High level plan actions	Accountable	Measure of success	RAG
Pharmacy Quality Scheme	<ul style="list-style-type: none"> Communicate to contractors on timetable of key dates as per PSNC and existing guidance/webinars 	AMK	<ul style="list-style-type: none"> Claiming of points for LPC Numbers of queries into LPC Sense check performance against other LPC geographies 	Green
Stakeholder relationships	<ul style="list-style-type: none"> Development of relationships with key stakeholders Regular contact with ICS, PCN, CCG's leads and public health. Completion of key stakeholder map – pending ICS formation in June/July 22 	AMK Strategy committee	<ul style="list-style-type: none"> Subjective quarterly appraisal of stakeholder relationships Collaborative working across NHS agenda LPC engagement with PCN leads and review of CP-PCN relationship and effectiveness Representation on all relevant groups at ICS 	Yellow
Primary Care Networks	<ul style="list-style-type: none"> Continual engagement with PCN directors and pharmacists Support PCN leads with local and national initiatives Support collaboration at PCN level between CP contractors 	AMK LPC PCN Leads	<ul style="list-style-type: none"> LPC engaged with PCN leads and all in place LPC aware and engaged on local PCN plan for NN/MK Plan in place to engage with PCNs Pharmacies clear on expectations to engage with PCN and how to support Number of CPs claiming PCN lead PQS points 	Yellow
Delivery core and new services as part of CPCF and local services	<ul style="list-style-type: none"> Support contractors to deliver core NHS services and any changes as part of the 5 year CPCF Watching brief on developments and pilots with appropriate discussion in sub-committee and LPC Action in plan in place at appropriate time to support rollout when needed 	AMK Strategy committee	<ul style="list-style-type: none"> Committee is aware of developments in CPCF LPC actively involved to support contractor in any pilots/rollout of new CPCF services Successful intervention and support for core service delivery. Successful implementation of CPCS Mentor support provide in 100% of cases 	Green
PSNC/LPC review	<ul style="list-style-type: none"> Understand implications of review for LPC and lead thinking planning for committee on the impact 	Strategy committee AMK + Chair	<ul style="list-style-type: none"> Issues, recommendations and communications from PSNC/working groups discussed with agreed outcomes/decisions from committee 	Green

NNMK LPC Strategy sub-committee PINS report (Progress Issues Next Steps) – March 22

Work stream	Progress	Issues	Next Steps	Timescale	RAG
Pharmacy Quality Scheme	<ul style="list-style-type: none"> PQS window now closed 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Awaiting detail of Yr 4 PQS Review of any issues from contractors from 21/22 PQS? 	Oct 21	Green
Stakeholder relationships	<ul style="list-style-type: none"> Ongoing engagement: <ul style="list-style-type: none"> GPCPCS DMS Smoking 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Watching brief on contracts and roles as ICS formalises 	Ongoing	Green
Integrated care systems (ICS)	<ul style="list-style-type: none"> IPMO submitted in NN 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> How does LPC best engage in ICS? Understand digital maturity of ICS and CP access to LHRC (where appropriate) Clarity as CCGs move into ICS from June/July 22 and associated stakeholders and local agenda 	Ongoing	Green
Primary Care Networks	<ul style="list-style-type: none"> LPC needs to understand how CP can work within a PCN and optimal engagement with stakeholders 	<ul style="list-style-type: none"> Future role and funding model for PCN leads unclear 	<ul style="list-style-type: none"> Ongoing engagement to understand current local integration/engagement with PCNs Understand future plan for PCN leads and associated recruitment where there are vacancies – hold until clarity of Y4 of CPCF Communicate PCN role as part of PQS 	Ongoing	Yellow
Delivery of new services as part of CPCF and local services	<ul style="list-style-type: none"> GP CPCS rollout continues – progress on implementation using recent funding to facilitate progress? DMS live in NGH (NHSE funding announced to support electronic referrals in hospitals) Progress on CPCF services <ul style="list-style-type: none"> Hypertension Smoking 	<ul style="list-style-type: none"> Need to be at the forefront of ICS integration 	<ul style="list-style-type: none"> Continue to monitor GPCPCS roll out as re-emerge from C19 Understand insights from recent GPCPCS implementation activity Communications to contractors re new services Engage with secondary care on referral processes into pharmacy: <ul style="list-style-type: none"> DMS Smoking View on CPCF pilots (CPCS from UECs? And oral contraception?) 	Ongoing	Yellow
LPC review	<ul style="list-style-type: none"> No further current updates to inform LPC activity 	<ul style="list-style-type: none"> Slow progress centrally 	<ul style="list-style-type: none"> Appropriate conversation/discussion to be conducted at LPC when more information is available 	TBC	Yellow
Winter pressures 2021/22	<ul style="list-style-type: none"> Winter pressures workstream now complete for 21/22 		<ul style="list-style-type: none"> Next steps for continuing Covid vaccination programme in CP? 	Ongoing	Green



DMS update

- Digital transformation funding has been given to both MKUHT and Bedfordshire Hospitals to support roll out (circa £40K)
 - Enhanced Pharma-outcomes package easier to make referrals
 - Project support
 - IT support
- Proposed CQUIN in the hospital contacts - CCG 7 – Timely communication of change of medicines to community pharmacists via the discharge medicines service. Aim to achieve 1.5% (with sliding scale for achievement between 0.5 – 1.5% of in patients having changes communicated within 48 hrs.
- Ongoing IT issues with MKUHT delaying go live.

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GP-CPCS update

- PCN engagement meetings across all Bedfordshire PCNs were completed during November and December
- Ongoing engagement with individual practices / PCNs continues to promote the roll out through Medicines Optimisation and Practice Development leads
- Three reception staff training / engagement sessions, run by BLMK CCG, have been offered to all BLMK practices
- Virtual outcomes online training has been promoted to all practices
- Low engagement with MK Pharmacies

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BLMK ICS – Pharmacy and Medicines
OUR VISION
 To work together with the users of our services to design and deliver a system wide pharmacy and medicines optimisation service which meets the needs of our colleagues and patients, in a way which is accessible to , and which maximises the health and well being of all our population

OUR AIM
 To deliver a values based, responsive pharmacy service to patients and other healthcare and social care colleagues within the ICS, getting the most value from the safe use of medicines for both patients and the NHS



Interdependent Programmes and Projects



SystemOne in Community pharmacy

- East of England initiative to pilot the integration of GP systems into community pharmacy
 - Efficient referral to GP-CPCS
 - Hypertension monitoring referral
 - Communication via task messaging direct to practice team (complete audit trail)
 - Full access to medical records
- 2 approved Pilot sites
 - Lea Vale PCN – Acorn, Dallow Road, Farley, SE Morgan, Superdrug, Ashcroft Pharmacy, The Mall Pharmacy,
 - Hillton PCN – Cheesemans, C&H Barton, Wilstead Pharmacy, Tesco Flitwick
- Two additional applications being considered – Bedford, Milton Keynes

Interpreting and Translation services - East of England Region

- New provider from 1st November 2021
- DA Languages for spoken languages - Award Winning Translation Agency | DA Languages [Award Winning Translation Agency | DA Languages](#)
- Language Empire for non-spoken languages – <https://www.language-empire.net/>

Service	Provider	DA Languages - Spoken Languages	Non-Spoken Languages - Language Empire
Interpreting		<ul style="list-style-type: none"> • Multi-lingual • Telephone • Spoken Video • Spoken Face to Face (Simultaneous, Consecutive and Whispering) 	<ul style="list-style-type: none"> • British Sign Language (BSL) • Irish Sign Language (ISL) • Foreign Sign Language • Deafblind Interpreters • Video Relay Interpreting Services • Cued Speech/Makaton • Deaf Relay (Intralingual language modification) • Lip speakers
Transcription		<ul style="list-style-type: none"> • Medical records 	<ul style="list-style-type: none"> • Speech-to-text reporting (Palantypist) • Electronic and manual note takers
Translation		<ul style="list-style-type: none"> • Written • Audio/Video recordings to written text • EasyRead • Pictorial English 	<ul style="list-style-type: none"> • Audio/Video recordings to written text • BSL (Written Text into Video) • BSL In-Vision Translations • Braille • Subtitles • EasyRead • Pictorial English

	Spoken	Non-spoken
Face to face	Between 08:00hrs and 18:00hrs Monday to Friday of each week and on Bank Holidays and weekends. (An additional out of hours' facility shall be made available between 18:00hrs and 08:00hrs which will include access to GP Improved Access services and Extended Hours services, and other NHS commissioned primary care services outside of core services.	Between 08:00hrs and 18:00hrs Monday to Friday of each week and on Bank Holidays and weekends. An additional out of hours' facility shall be made available between 18:00hrs and 08:00hrs which will include access to GP Improved Access services and Extended Hours services, and other NHS commissioned primary care services outside of core services.
Telephone and video interpretation	24 hours a day, 365 days a year	24 hours a day, 365 days a year