

COMMITTEE MEETING MINUTES

Thursday 27th May

12.30pm – 3.30pm

Venue : Virtual meeting

LPC MEMBERS PRESENT:

Daljit Poone (DP)

Anil Patel (AP)

Matthew Armstrong (MA)

Veronica Horne (VH)

Karan Pankhania (KP)

Adeola Adekule (AA)

Raju Malde (RM)

Lakhminder Flora (LF)

Aimee Mulhern (AMu)

Rishi Hindocha (RH)

Bobby Arora (BA)

Hansa Bi (HB)

OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)

Amrit Minhas (AM)

Carolynne Freeman - Chair (CF)

Natalie NG (NN) – CPCS implementation lead

APOLOGIES

Has Modi (HS)

There were no declarations of interest reported with the agenda.

CF welcomed BA as new AIMp member to the LPC

Minutes of previous meeting

Minutes of the previous meeting (Thursday 24th March 2022) were reviewed and approved as an accurate reflection of the meeting and action points. CF signed the minutes as Chair.

Chief officer report

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

Re DMS, CCA representatives shared that Pharmalarm devices will likely not be used in CCA sties as IT configurations will not allow their installation

Re hypertension screening and DMS the committee shared and discussed current constraints of IT systems adding to the workload burden through lack of IT systems to capture hypertension results and duplication of workload for DMS from inputting information into bots Pharmoutcomes and MYS. MA shared that these issues were known nationally and on the IT agenda to fix at some point in the future, but timescales were unknown.

Finance

AM presented his report to the committee (attached)

The buffer in the accounts had been deliberately reduced over the previous months by lowering the contractor levy and the current buffer now sits at 3 months. It was agreed by the committee that the buffer in the accounts should aim to be 5 months running costs. There AM took an action to increase contractor levy to project towards a buffer of 5 months running costs to then hold that 5 month going forward.

Market entry committee

RH shared the contracts update

- Orange Tree Pharmacy will cease to provide pharmaceutical services on 31st May 2022 and will be removed from the pharmaceutical list for the area of Northamptonshire Health and Wellbeing Board with effect from that date.
- Application offering to meet an identified current need at Unit 10, The Ridings, Northampton, NN1 2AQ by EXL PHARMACY reps by 9th June
- For info only: Change of ownership application for Mr Pickford's Express Pharmacy at 8 Spencer Court, Corby, Northamptonshire, NN17 1NU by Pickfords Pharmacy Ltd
- For info only: Change of ownership application for Mr Pickford's Pharmacy at 75 St.Johns Road, Kettering, Northamptonshire, NN15 5AZ by Pickfords Pharmacy Ltd
- For info only: Change of ownership for Hilltops Pharmacy, Great Holm, Milton Keynes by Fampharm Ltd.

Governance committee

LF shared an update for discussion on the Chief Officer pay review for AMK

The committee agreed that AMK had performed well for the previous year and this should be recognized with 2% pay increase, this felt in line with other organisations. This will be back dated to April.

Strategy committee

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

Any Other Business

Discussion on the Review Steering Group for future pharmacy representation

MA gave an overview on the outputs from the RSG ahead of the contractor vote opening on 27th May. The committee agreed that communication to contractors to read the documentation and exercise their right to vote was important to enable the appropriate number of votes to be cast to give a mandate to move the agenda forward.

AMK took an action to communication to pharmacies to inform them of the requirement to vote and signpost to relevant documents.

CF asked AM to review the proposals of the RSG regarding finance and proposed changes to fee structures and feedback to the committee at the next meeting.

NN gave an update on implementation activity in Northamptonshire to implement GPCPCS

By April 22 GPs were live with GPCPCS, and increase from 7 in Feb 22

- Ambition to have 1/3 of GP practices live on GPCPCS by June 22 which the project is tracking towards
- CF thanked NN for her work to date on GPCPCS implementation

The committee answered the CCA 1/4ly questions in the meeting

The committee is still short of one independent representative, AMK is due to catch up with a potential member shortly and will feedback in due course.

AA and BA require assigning to working groups which will be considered ahead of the meeting meeting in July.

Date of next meeting confirmed as Thursday 14th July2022 face to face at Grange Park

The meeting was closed at 2.30pm

Signed

Carolynne Freeman (Chair)

Committee Reports

Chief Officer Report May 2022

DMS

Ahead of an intention to roll out more widely (ie to include insulin and anticoagulants) I have met with leads for KGH and NGH. I have also produced a crib sheet/ top tips and circulated to pharmacies. It has also been posted on the Connected Pharmacy portal. The crib sheet highlights real life scenarios and possible tricky areas in the pathway and suggests work arounds. On screening the figures, it can be seen that the number of patients referred by the hospital and number of claims made via MYS by pharmacies is disproportionate . One answer to this disparity is that contractors are not claiming correctly and perhaps believing that the claim is automatic. This is not the case and has been highlighted. For example in Dec 147 referrals were sent by NGH but only 95 claims made and in January the picture was better by only around 10%.

MKUH still not in a position to move forward due to IT barriers.

GPCPCS

PCC are now supporting which is a Midlands- wide project. Our implementation group have asked PCC to concentrate their efforts on 3 PCNs (MMWF, GU and East Northants) and Natalie will focus on another 3 particular PCN areas -Parkwood, Northamptonshire Rural and MWEB. Our aim is to have a third of practices at level 3 by end of this quarter. I produced a kickstart document full of hints and tips has been circulated.

Using some of the CCG money to purchase PharmAlert dongles. Arti, Olivia, Natalie and I will take a proportion of NN pharmacies each and distribute.

Potential to use some more money to enable participation in Walk in my Shoes.

Next MK meeting is beginning June. NHS mail access is still a barrier and lack of regular pharmacists in post.

Extended Care

PGDs amended in line with AMR policy and extension to service granted. New LES distributed and available to new sign ups also following a lift on the closed nature of the service previously.

Pertussis

Potential for a MK project. (also Herts and Beds). No service spec yet but the pilot is to trial community pharmacy administering pertussis vaccination to pregnant women. The aim of the programme was to boost pertussis antibodies in the vaccinated woman in late pregnancy, so that pertussis specific antibodies would be passed from the mother to her baby to provide the infant with protection until they attended for their own routine vaccines at 8 weeks old.

The programme commenced on 1 October 2012 and was revised in 2016 with the recommendation that pregnant women were to be vaccinated after week 16 of pregnancy and ideally before week 32.

LPC vacancy

Independent vacancy was advertised and one contractor has indicated interest but would like to discuss further.

GF Service BLMK

The documents will be finalised and distributed to community pharmacists by the end of May, with letters going out to patients from GPs within the same timeframe. Coeliac UK also aware and have fed into the deliberations.

1. BLMK ICS will pay the contractor £10 per month for each eligible patient registered with the pharmacy/dispensary for the service and the ordering of gluten-free food in that month.
2. The cost of the products supplied will be reimbursed at C&D trade price. Gluten-free products have a 'Zero' rating for VAT.
3. The contractor must only supply items listed in the Drug Tariff which can be obtained from wholesalers or directly from the manufacturer without incurring additional 'out of pocket' expenses.
4. Payment claims should be submitted by the 15th of each month. Payment will be made by BLMKCCG within 4 weeks provided claim forms are received by the deadline given.

HEE

Across England, each region has its own, individual challenges around both shortages in staff and upskilling their local NHS workforce – the nurses, pharmacists, doctors, healthcare scientists, and the many other healthcare professionals that provide care and support to those who access our services.

No healthcare system is exactly the same, and these challenges often require tailored solutions. With so many competing priorities, and the ever-present need to deliver value for money within public services, finding these solutions can be incredibly complex.

This is where the HEE Star can help.

Health Education England has developed a simple but effective model to support workforce transformation, enabling those responsible for delivering healthcare services to explore workforce challenges in more detail, and develop bespoke action plans to address them.

Our New Models of Care meetings will be facilitated by HEE, by the end of a HEE Star workshop we should be able to identify a broad range of potential projects that can help to deliver improvement. (such as sharing tech trainees between secondary and primary care).

CCA

(email Matt 19/4 for questions).

Quarter 2 questions focus on ICSs and their development, your answers will help the CCA understand more about LPCs progress locally in engaging with ICSs

MOU

MOU submitted to Transformation lead for NHS England & Improvement – Midlands Region to demonstrate LPC intention for appropriate stewardship of the Transformation GPCPCS funding.

LPC also holding 2 pots from Northamptonshire CCG. The intended use for this money has not been clarified as yet.

New Models of Care

Could we think about what pharmacy contractors really want? This is a question I have been asked by both BLMK and Northamptonshire IPMO and New Models of Care.

Could we discuss shared placements for hospital and cp for pharmacy techs. How is our recruitment for pharmacy techs?

Treasurer Report for March April 2022			
INCOMINGS			
	March	6999.94	
	April	7000.01	
	Levys Total	13999.95	
TOTAL IN THE ACCOUNT AS OF		44621	£ 140,395.70
TOTAL INS			£ 13,999.95
TOTAL			£ 154,395.65
TOTAL OUTS			£ 11,678.57
			£ 142,717.08
TOTAL AS OF		44706	£ 300,149.15
			£ 6,785.43 Pharmacy Integration fund
			£ 6,000.00 MK council
			£ 18,994.00 Northamptonshire council
			£ 48,551.99 Nottinghamshire LPC
			£ 154,574.82 NHS Northamptonshire
		TOTAL	£ 65,242.91
			Monthly running cost £11600
			Therefore currently 5 months running costs
			£ 27,662.00 PSNC Payment comes out next month
			£ 37,580.91 Left in account = 3 month buffer

NNMK LPC Strategy sub-committee PINS report (Progress Issues Next Steps) – May 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? 	TBC	
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 Follow up meetings with BLMK re GPCPCS barriers? 	Ongoing	
Integrated care systems (ICS)	<ul style="list-style-type: none"> IPMO submitted in NN ICS formation from July 2022 – further local plans to be shared in coming months on priorities 	<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	
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 - tbc 	Ongoing	
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 and progress from recent GPCPCS implementation activity Progress with BLMK pilot with SystemOne access? Communications to contractors re new services Engage with secondary care on referral processes into pharmacy (DMS/Smoking) View on CPCF pilots (CPCS from UECs? And oral contraception?) 	Ongoing	
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"> Discussion required from publishing of RSG outputs and upcoming contractor vote How do we get good level of contractor engagement? 	May/June	
Winter pressures	<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? Starting planning for 22/23? 	Ongoing	