

## COMMITTEE MEETING MINUTES

Thursday 14<sup>th</sup> July 2022

12.00pm – 3.00pm

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

### LPC MEMBERS PRESENT:

Lakhminder Flora (LF)  
Veronica Horne (VH)  
Adeola Adekunle (AA)  
Hansa Bi (HB)

### OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)  
Amrit Minhas – Treasurer (AM)  
Carolynne Freeman - Chair (CF)

### APOLOGIES

Has Modi (HM)  
Aimee Mulhern (AMu)  
Raju Malde (RM)  
Daljit Poone (DP)  
Anil Patel (AP)  
Matthew Armstrong (MA)  
Rishi Hindocha (RH)  
Karan Pankhania (KP)  
Bobby Arora (BA)

There were no declarations of interest reported with the agenda. AMK confirmed that BA had completed his declarations of interest.

Committee members update. (Subgroups). The committee discussed the subgroups and assigned HB to strategy and BA to governance. It was agreed that BA would be an extra on this group in anticipation of the increased workload due to the RSG outcome.

The committee thanked LogixX Pharma who sponsored the meeting. LogixX are promoting Otigo which is now licenced to treat otitis media.

### Minutes of previous meeting

Minutes of the previous meeting (Thursday 27<sup>th</sup> May 2022) 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)

The committee discussed GPCPCS which is working well in Northampton, with the target exceeded for this quarter thanks to the work done by Natalie NG. For the next quarter the aim is to have two thirds of practices on board.

There are issues in MK where there are difficulties progressing mainly due to the lack of IT system and access to NHS mail. MK have chosen not to adopt the same system as Northants. VH discussed the difficulties from her experience and it was decided that AMK would take this feedback to the next meeting with Fiona Garnett BLMK (FG)

The committee discussed the pharmacy Hypertension Service. VH explained how MYS has been updated to allow for entries throughout the month which can be submitted at month end. Further discussions were held about the number of referrals, due to reports that GPs were not getting their feedback. It was agreed that this may not be the case, and low figures coming through to GPs are probably because pharmacies do not have the time to provide a large number of consultations.

### **Finance**

AM presented his report to the committee (attached)

The buffer in the account is now down to the previously agreed level of 3.8 months. AM has now increased the levy back up to 14K, and the finance committee will monitor this closely going forward. The committee discussed the levy increase and it was agreed that the levy was still lower than other comparable LPCs. Members discussed how funds and spending was managed and agreed that this was done well. We will look at future direction when the PSNC RSG toolkit is published in the next few weeks.

The committee discussed the additional funds in the account from MK council, Integration fund and Northants CC. This money is ring fenced to provide support with HLP / Public Health services / GPCPCS support.

It was agreed that the finance template will be updated to the national template provided by PSNC. This may be necessary in the future as a result of the RSG outcome, and changes that will be needed.

It was agreed that Natalie NG would purchase software needed for her GPCPCS work. This would be taken out of project money.

It was agreed (LF / CF) that AMK should purchase an up to date laptop that supports newer apps needed for virtual meetings.

### **Contracts committee**

AMK presented the report to the committee on behalf of HM. (Attached)

The committee discussed the closure in Maudsley. This had not been discussed with local residents.

### **Governance committee**

LF presented his report to the committee.

## Report from Fiona Garnett (FG) Associate Director Medicines Optimisation BLMK / AO in BLMK

FG gave an update on the new ICB and presented slides showing the new board members. Mary Evans has now retired, and the role is being reviewed before being advertised.

FG gave the committee an update on Phase 5 of the Covid Vaccination programme. The committee discussed coverage in BLMK, and FG confirmed that this should be sufficient with the local pharmacies who have committed to the service in September.

FG discussed concerns around a patient who had fraudulently obtained large quantities of Oxycodone mainly in Luton. This had prompted investigations into why the patient had been able to 'self prescribe' this medications, and a review of best practice when non-EPS CD prescriptions are dispensed. The committee discussed the fact that a new SOP issued by FG would need to be signed off by their professional departments, however the information would be welcomed as guidance. AMK will support to ensure all pharmacies are aware of the suggested changes to working practice.

### RSG Discussion

AMK updated the committee with background, and the results which were announced on 22<sup>nd</sup> June 2022. We are now waiting for guidance which will be issued by PSNC shortly.

The committee discussed the results and recommendations and it was agreed that we will need to wait for this guidance before making any changes. The LPC is not aligned to one ICS and this has been highlighted in the RSG document, and it will be for contractors to make any future decisions if we are to make changes because of this.

AMK presented information taken from the document which compares other similar LPCs in terms of number of contractors, levies, and expenditure. The committee discussed these figures and agreed that we were operating very efficiently.

We will discuss the RSG and changes that are required, when further information / toolkit becomes available.

Date of next meeting was confirmed as Wednesday 21<sup>st</sup> September. This will be a virtual meeting to incorporate the AGM

The meeting was closed at 3.00pm

Signed



Carolynne Freeman (Chair)

### Market Entry Report

- Granted: No significant change relocation from Thursfield Chemist 1, School Lane Kettering NN16 0DH to 7a Dalkeith Place, Kettering, NN16 0BS by Thursfield & Co Ltd
- The pharmacy in Mawsley (known as The Orange Tree) has been removed from the Pharmaceutical List as of 31/5/22
- Hilltops, Great Holm, MK new owners 10.6.22. Now Fampharm Limited ( t/a Hilltops Pharmacy)
- Jhoots, Kettering change of ownership Health Corner Ltd

- From 1st July, Pickfords Pharmacy Ltd t/a Pickfords Pharmacy (Kettering).
- From 1st July, Pickfords Pharmacy Ltd t/a Pickfords Pharmacy (Corby).

## Chief Officer's Report

### • GPCPCS

Northamptonshire. Targets for Q1 exceeded and new target set for end Q2. Practices currently live greater than one third by end Q2 will be 2/3 ie 36 practices. Engagement divided between Natalie and PCC.

PharmAlarms will be ordered and distributed by myself, Natalie, Olivia and Arti. 121 pharmacies but only 80 alarms required. (17 have devices already but we will offer to renew their licences if due to expire). Boots and Tesco do not require because USB sockets disabled in branch.

Milton Keynes remains a challenge. Authority being sought from Transformation Board to support BLMK to the tune of £5000. A small sum and for whole BLMK in theory.

• Smoking Cessation Service. NGH have had initial conversations with our commissioning support unit. I am meeting with them 15 July to understand NGH capacity to progress and to understand how CSU can support us.

### • Northamptonshire ICS video to support CP

Offer of 3-4 hours with a videographer which I would like to use to undertake some filming at a local pharmacy to promote pharmacy and self-care messaging. (pulled from avoidable A&E admissions)

- Hay fever
- Fever (possibly if this is appropriate)
- Role of a pharmacist
- First aid/medicine cabinet
- Repeat prescriptions and managing medicines
- Bites, burns and skin lacerations
- Common children's illnesses.
- Heat wave messaging
- Abdominal pain

I'm also aware there may be a respect campaign coming up for pharmacy and patient aggression is on the increase so it may be useful (time permitting) to cover off the impact of patient aggression on pharmacy staff at the same time.

The final videos will added to websites and used on social media supporting our aim of promoting pharmacy and self-care during the wider system pressures campaign, which starts in the autumn. Requirements extensive! Ideally it would be great to have two pharmacists we could film with in the same pharmacy to provide different voices and it would be great to have diversity represented as well, so a male and a female, as well as different ages and ethnic backgrounds.

### BLMK Strategic ambition

The BLMK ICS Pharmacy Leaders fully support the need to harness the potential Community Pharmacy can bring to significantly benefit patients, to reduce the pressure on GP surgeries, and support the wider aims of the ICS system. The opportunity will be taken to deliver targeted cross sector / whole sector clinical pharmacy educational resources and events to ensure aligned pharmaceutical expertise across all sectors.

Recent developments such as the NHS Community Pharmacist Consultation Service (CPCS) which enables general practices to refer patients to community pharmacy for a minor illness consultation and the Hypertension case finding service, have supported a fuller integration of community pharmacy into the ICS bringing additional capacity to the system, improving access to primary care healthcare, benefiting patients and the wider primary care system.

BLMK ICS Pharmacy has a vision that sees community pharmacists, who already support their regular patients on an ongoing basis, commissioned to take on more responsibility, working in a collaborative partnership with GPs, for ongoing management of patients with Long Term Conditions, including managing dose adjustments as independent prescribers, with referral rights back to the GP practice if there are significant changes in the patient's condition. The majority of patients with Long Term health conditions always use the same pharmacy and build up significant long-term relationships with their local pharmacist, which supports the development of an ongoing, trusted, therapeutic partnership. Patients with long term conditions will have an annual review with their GP, but their local pharmacist will see the patient multiple times over the year, allowing them to identify early on signs of potential patient health deterioration and

implement appropriate mitigations, either pharmacological or referral to other services such as social services as appropriate.

Community pharmacies are situated in the heart of the community, and as the Fuller review identifies have greater patient / resident accessibility than other community healthcare services. This has long been acknowledged as a benefit in areas of social deprivation where barriers to access other types of healthcare have increased health inequalities and marginalised sections of our community. This was reinforced by the continuing access to community pharmacy and healthcare advice in community pharmacy during the worst of the pandemic, with many residents finding it difficult to access to other healthcare providers.

Looking further into the future, the roll out of genomics brings a further exciting role for pharmacists including community pharmacists. Genomics enables more patient centric, personalisation of medicines to the individual patient.

Digital integration is a key enabler for better patient care and Community Pharmacy will need full access to patient's records. Community pharmacy currently has access to the patient summary care records but they do not have full access to a patient's clinical records and do not have the ability to directly add to the record. The rapid increase in clinical services in community pharmacy means that the current methods of service referral and feedback are deemed inefficient, relying on emails to general practice who then have to upload shared information. BLMK ICS are piloting SystemOne in some community pharmacies, the pilot includes two PCNs and two GP practices with the corresponding pharmacies.

### RSG

Both of the thresholds that the RSG had set for the vote have been met. Contractors representing a total of 7601 ODS Codes voted on the proposals, this is 68.3% of the pharmacies in England. Of those contractors, a total of 6732 or 88.6% of the votes cast were in favour of the proposals. Via this vote, the wider contractor network has now made an unequivocal statement that they support the proposed changes, and the RSG now invites PSNC and the LPCs to respond to that call by starting to make the changes outlined in its proposals. The RSG recognises that not everything will be possible to implement overnight and it will be for contractors to collectively hold LPCs and PSNC to account as they shape the changes, and for contractors to decide on what happens in the future – the RSG has suggested a review of progress in two years, and once again, contractors will need to lead that process.

PSNC plan to prioritise an implementation plan by summer 2022 for the LPC planning cycles 23/24

- James has stressed it was the highest priority to develop a toolkit for LPCs. This will include; technical, practical and pastoral support. More detail will be out next week.
- Currently waiting for PSNC sign-off for resources (James) to start work on the toolkit. Work on a toolkit wasn't started ahead of the vote as they didn't want to pre-empt a vote and dedicate a lot of time to this if there was a no vote.
- James wants to work with LPC COs and Chairs to find out what support is required – will be writing out next week about contribution to this work.
- Also need to publish the levy arrangements.
- Commitment from PSNC to move forward and discussions have begun at PSNC about this.
- LPC constitution will be a big piece of work- will sit work Gordon LPC support team will link it to that
- Question about extension of elections – possible – maybe to October but certainly not a delay of a year – need to get on and move forward.
- Question about what LPCs can continue to do at a local level e.g. are the PSNC going to grade staff and pay across the board. Answer: there will be a central HR support offer to all LPCs and eventually there may be some recommendations about pay grades however this should be business as usual for LPCs following good HR practice

### Treasurers Report

INCOMINGS				
	May	6999.98		
	June	6999.99		
	Levys Total	13999.97		
TOTAL IN THE ACCOUNT AS OF		01/05/2022	£	175,063.75
TOTAL INS			£	13,999.97

TOTAL			£ 189,063.72	
TOTAL OUTS			£ 40,980.15	
			£ 148,083.57	
TOTAL AS OF		13/07/20 22	£ 275,289.24	
			£ 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
		<b>TOTAL</b>	<b>£ 40,383.00</b>	
				Monthly running cost £11600
				Therefore currently <b>3 month</b> buffer