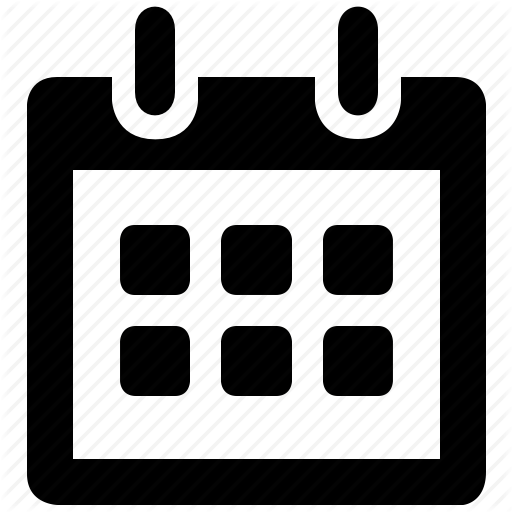
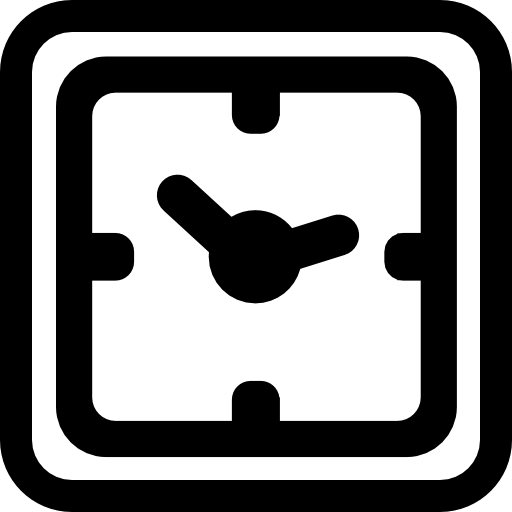
 **MINUTES - open**

** 12th July** **2018**

 **14.00 – 17.00**

http://hallarts.com/wp-content/uploads/2014/04/HAL-122-square-icon-map.jpg **Tomlinson Centre - Queensbridge Rd, London E8 3ND**

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| --- | --- | --- | --- |
| **Member Name** | **Initials** | **Attendance**  **A= Absent,**  **Aa= Apologies sent.** | **Attendance this financial year** |
| **Raj Radia (chair)** | **RR** | Related image | **2 of 2** |
| **Stewart Evans** | **SE** | Related image | **2 of 2** |
| **Kirit Shah** | **KS** | Aa | **1 of 2** |
| **Peter Muska (CCA)** | **PM** | Related image | **1 of 2** |
| **Emma Stevens (CCA)** | **ES** | Related image | **2 of 2** |
| **Monty Esat** | **ME** | Related image | **2 of 2** |
| **Dee Fasan (CCA)** | **DF** | Related image | **1 of 2** |
| **Sunil Patel** | **SP** | Related image | **2 of 2** |
| **Kirit Sonigra** | **KSo** | Related image | **2 of 2** |
| **Nickil Patel** | **NP** | Related image | **2 of 2** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Related image |  |

**1. LPC membership & meetings**

**sponsorship**

HP stated that GSK have stated they would no longer sponsor the room hire for these meetings, however they would continue to sponsor food for these LPC meetings.

HP asked the meetings their opinions on moving the meeting venue to a restaurant in the future.

The members agreed to hold the next meeting in a local restaurant with a function room.

HP stated that he would enquire with the “Shanghai” restaurant.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **To investigate and book a restaurant for the next LPC meeting venue.** | **HP** |  |

**Declarations and Conflict of Interest:**

SE asked whether the new member packs had been signed and returned to RR from ES and ME.

ES and ME stated they had signed and returned these documents.

**2. Approve minutes and follow up Actions from Open section of meeting – 10th MaY 2018**

**ACCURACY**

**NP stated that the following statement:**

“*NP was re-elected as LPC Vice Chair – proposed by RR, seconded by SE”,* **should be changed to read:**

“*NP was elected as LPC Vice Chair – proposed by RR, seconded by SE.”*

**SE stated that section**:

“1 - LPC membership”

**should be deleted from the closed minutes – as it is repeated in the open section.**

**RR stated that the section:**

* + *“The Homerton would then look on Pharmoutcomes to determine which C&H pharmacists are accredited to provide the erythromycin PGD.”*

**Should read:**

* + *“*The Homerton would then look on Pharmoutcomes to determine which C&H pharmacists are accredited to provide the Azithromycin PGD.”

**Actions and matters arising –**

**Vaccination joint statement**

Previous Action – HP to share the existing vaccination statement to the LMC to distribute to GPs

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2**  **Previous** | **To ask Rekha Shah (vaccination lead for London) to produce a Flu vaccination MOU (to foster better working relationship between CP and GPs)** | **HP** |  |
| **3 prev.** | **To ask PL who their LMC contact currently is.** | **HP** |  |

HP stated that he was currently waiting for this contact name from Anish Patel (CEO PL) – Anish had not yet met with the LMC contact.

**JSNA**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **4**  **Previous** | **To send a link to the “2018 Health and the Environment” of the JSNA when it becomes available to all LPC members.** | **NP** |  |
| **5**  **Previous** | **To resend the divided-up sections of the JSNA to the LPC work stream spreadsheet to the other LPC members.** | **HP/NP** |  |

NP stated that he regularly calls up the HWB, and they said that this section would be ready in the next couple of months – HP added that he currently believes in this timescale as visible progress is being made on this.

**Weight management**

Previous Action: ES to investigate why LPC emails are not being cascaded to individual Boots branches in C&H.

ES stated that Beneeta Shah and Parag Oza currently disseminate information to Boots branches via email.

HP suggested that important information could be shared going forward by the LPC to contractors using their NHS shared mailboxes.

DF suggested that the filtering action (performed by Beneeta and Parag) should be maintained so that work is not duplicated.

HP stated that the CCG have commented that training events have not currently been attended by Boots staff and have asked the LPC whether Boots staff are being supplied with the information wrt. these training events.

ES stated that she, DF and PM would come up with a solution to this issue and report back at the next LPC meeting (updating in between the meeting dates).

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **6** | **To investigate and formulate a solution to the email information cascading problems to Boots branches – to report back at next LPC meeting.** | **ES** |  |

**Training Update -**

HP & NP to re-send the Survey Monkey Questionnaire to ask contractors what type of training topics they would like the LPC to organise for the next two quarters.

NP reported that he had resent the survey and he showed the members the results of this survey:

* 75% of contractors replying to the survey wanted training in GPHC revalidation – HP stated that this had been done.
* Diabetes/MUR/NMs training.
* 50% of contractors replying to the survey wanted training in Asthma and COPD – diagnostic techniques.

HP stated that HEE currently offers an “advanced skills” training workshop (over three days).

HP stated that it would be beneficial to have C&H Pharmacists trained up in these advanced skills, as they could then be plugged into the DMIRS service via NHS 111.

RR suggested that these survey results could be used to determine the subject of the next Pharmacy Forum meeting.

HP and SE stated that such a forum would need to be sponsored – and the sponsor would want a slot to talk about their subject.

HP suggested that the next Forum meeting should be in October 2018.

RR suggested that there should be a Forum meeting organised three times a year.

SE stated that the Pharmacy forums have been getting less and less popular and a clinical subject would be the only thing to draw attendees – he suggested that the LPC should give the pharmacists what they want (subject wise).

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| Action no. | **Description** | **Who to action** | **Completed** |
| 7 | **To begin organising the October 2018 Pharmacy Forum meeting.** | **NP & HP** |  |

**Pharmacists in GP practices**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **8**  **Previous** | **To forward his list of priorities that he had sent to his Pre-Reg. Pharmacist who had been working in a local GP surgery to HP.** | **KS** |  |
| **9**  **Previous Action** | **To produce a document, which would inform GP Pharmacists how their work in a surgery could help both the local Pharmacies and the GPs.** | **HP** |  |

**Hackney public health**

HLP – Update:

Previous Action: HP to send out emails to contractors reminding them that the LPC has paid for them to have access to the Virtual Outcomes HLP webinar service.

HP reminded the meeting that the members had decided that the LPC would invest in this service (£100 per month) until the end of 2018. HP added that only 20 pharmacies in C&H are currently using the service – but these 20 are finding it immensely useful.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **10** | **To use cell structure to promote the Virtual Outcomes service.** | **LPC members** |  |

DF and PM stated that Boots have their own mechanisms for promoting and supporting Healthy living advice giving.

HP stated that if an independent pharmacy doesn’t want to use the service going forward then they can be deleted from the service and save the LPC money.

**NUMSAS update**

HP stated that he will have to get more contractors signed up to this service, and he will also have to get those already registered to activate their registrations.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **11** | **To find out the exact procedure for contractors wanting to provide the NUMSAS service to register and activate their accounts.** | **HP** |  |
| **12** | **To encourage more contractors in C&H to sign up for the NUMSAS service.** | **HP** |  |

**Hackney Public Health**

Sexual Health -Pharmoutcomes update

Previous Action: HP to check whether ulipristal acetate would require PGD training – as it is a “P” product.

HP stated that Hackney council have confirmed that ulipristal acetate (Ella One) is the recommended product that should be given out for the locally commissioned service.

HP stated that this will only be available as a P product (the POM product is restricted by the NHS – the P product can go up in price with inflation).

HP stated that the licensing age for Ella One will be over 16.

HP added that the current service will allow Pharmacists to provide girls of below 16 with a “morning after pill” therefore there is an issue with using Ella One in these circumstances.

HP stated that a PGD would cover Pharmacists for giving out a product to a patient under 16.

HP suggested that this service should still be recommended to require a PGD by the committee.

**3. NHS England London**

**Enhanced Services Update MOS & MAS**

HP stated that the CCG were to meet with NHS E on the 3rd August 2018 to discuss the fate of both of these services – following the receipt of the letter by the Health and Scrutiny committee from NHS E.

HP stated that there are however doubts about funding for continuing these services.

HP stated that he would like for the LPC to attend this meeting in August 2018.

HP stated that local councillors and MPS should be approached to help fight this case.

HP suggested that a petition should be created to send to MPs, for them to lobby NHS London – following the outcome of this meeting in August 2018.

HP asked for a steer from the members – as he was concerned that this may upset NHS E.

SP stated that a petition should be put into action now.

SE stated that the MPs break up for the summer in a couple of weeks.

NP stated that the MP surgeries would still be open.

RR and HP stated that a template letter should be created for pharmacists to give out to patients for them to sign and give back to the pharmacist.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **13** | **To determine when the local MPs break up for the summer and if their surgeries will still be open.** | **HP** |  |
| **14** | **To use cell structure to promote the signing of a MAS/MOS service funding petition letter – template to be provided by HP.** | **LPC members** |  |

HP suggested that the LPC could collect all the petition letters from pharmacies and send them off together with a covering letter from the LPC.

**Report from MOS Steering Group**

HP stated that he had pitched the new MOS idea (formulated by the C&H steering group) to the local CCG, and they had come back with the offer of rolling out a similar service called the LIMOS service (currently operating in Lewisham).

HP added that the CCG are keen to promote this new service, but they currently need to identify sufficient funding.

HP stated that the LPC and CCG had had a meeting with Adult Social Care department of the LA in order to communicate the message that 3700 patients in C&H would be at risk should this service be stopped.

HP stated that he was hopeful for a positive outcome on this.

SE wondered whether patient groups could not be mobilised to help this cause.

HP stated that he would ask Healthwatch to allow their logos to be printed on the petitions.

HP stated that this service is a regional one and not a local one – therefore a regional body would have to be pressured.

SE suggested that a Healthwatch rep. be invited to a LPC meeting.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **15** | **To ask Healthwatch for ideas wrt. how to put pressure on the LA to stop the decommissioning of the MOS.** | **HP** |  |
| **16** | **To invite a Healthwatch rep. to an LPC meeting.** | **HP** |  |

**Biodose**

RR stated that a company called “BIODOSE” have been approaching C&H pharmacies to ask them to trial the use of their new technology which is a monitored dosage system, which accommodates liquid and solid medication.

SE stated that he did not approve of the way he had been approached to use this company’s products and SP shared information and his opinion that this company should not be dealt with, because the Pharmacist would end up making a huge loss by using this technology.

RR stated that the LA is currently looking to use new technology to help with patient care.

RR added that he would be having a meeting with BIODOSE wrt. their offers. RR added that before this meeting the LA have organised an open meeting on the 18th July 2018 – where technology companies (including BIODOSE and a company called Pivotell) would be invited.

SE stated that the LPC should support the investment in technology to help improve patient care. SE added that (in his experience) the funding for initiatives such as these never take into account the payment for the Pharmacist’s time. SE asked that RR and HP make this point at these upcoming meetings.

**Report from HP from last NHSE/LPC meeting**

HP stated that the last NHS/LPC meeting had been cancelled with very little notice because there was no one to facilitate the meeting, due to resource problems.

**Market Entry – Update on New applications**

HP stated that Greenlight Pharmacy has now officially taken over the ownership of Pyramid Pharmacy.

HP stated that “Aposave” Pharmacy has indeed relocated, and they are still processing zero prescriptions.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **17** | **To ask PSNC whether an LPC has a responsibility to support a pharmacy that doesn’t process any prescriptions.** | **HP** |  |

**Quality Payments - Update**

HP reminded that 29th June 2018 had been the review point and the claim date had been the 13th July 2018. HP added that lots of Pharmacies had asked for HP in this matter in the three days leading up to 29th June2018. HP stated that several contractors had struggled with submitting material to help meet the criteria.

HP reported that 25 C&H Pharmacies who had not claimed for their MOS before the deadline.

**4. CCG Updates**

**Neighbourhoods**

RR highlighted the following points:

* This is a workstream that has been identified as part of the local transformation program.
* The former Quadrants will be halved to form 8 neighbourhood areas.
* This will allow closer working between health and social care.
* Each neighbourhood comprises of 25-35,000 people.

SE asked where CP could fit in with this new model, as CP reps had been attending the previous Quadrant meetings. SE added that the subject of CP has come up only a couple of times at these Quadrant meetings, and only one service has been created as a result of attending these meetings. SE asked whether 8 pharmacy reps would have to attend these neighbourhood meetings – and added that this would be untenable. SE added that there is, however a real need for CP to be involved in the work of these neighbourhoods and he added that lots of the sectors present at the quadrant meetings hold CP in a high regard.

RR stated that this neighbourhood model was still developing.

HP stated that the GP Confederation is currently putting lots of funding and time to promoting and developing this model. H agreed that CP could not release pharmacists to attend all these neighbourhood meetings.

SE stated that currently the care pathways do not include CP.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **18** | **To work out which C&H pharmacy sits in each neighbourhood area.** | **HP** |  |

HP suggested that there could be a clinical lead for each neighbourhood (this person would not necessarily attend the meetings - rather be more of a point of contact). HP wondered whether Pharmacists could conference call into neighbourhood meetings for a set amount of time – to coincide with relevant agenda items.

HP stated that he is currently attending the steering group meetings for this process.

SE stated that the LPC would have to be prepared to fund Pharmacists time wrt. attending neighbourhood meetings.

**Out of Hours Extended access from pharmacies**

RR stated that he and HP had met with Nina Griffiths and Anna Hanbury to discuss whether some Pharmacies in C&H should open later to match neighbouring GP opening hours.

RR and SE stated that their experience of opening their pharmacies until 8pm was fruitless as hardly any patients came into the pharmacy from 6 till 8pm.

RR stated that he had communicated this to Nina and Anna.

SE stated that he would be happy to open his pharmacies to 8pm, provided there is appropriate funding attached.

RR stated that more discussions will take place on this subject.

HP stated that the state of the C&H Pharmacy’s DOS templates could be affecting their referral rates for the NUMSAS.

HP stated that he would look into opting out of this system.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **19** | **To work out how many C&H pharmacies who employ staff who have trained in advanced skills are currently ready to take referrals, utilising these skills.** | **HP** |  |

HP stated that a service could be developed around the advanced skills trained.

**5. Prescribing Program Board**

**OTC C&H Health equality impact assessment**

HP drew the meetings attention to the report document (compiled by the LAs) on the effect “not prescribing OTC medicines for certain conditions” would have on the C&H population.

HP stated that the recommendations could have been more “hard hitting”.

HP stated that Pharmacies prescription item numbers will drop should this become widespread.

SE stated that the guidance to implement this initiative had already been sent to C&H GPs.

SE stated that this initiative may overload C&H’s MAS.

HP stated that CCGs have asked for this report to be carried out; so that they can properly guide the C&H GPs regarding carrying out this initiative is a common-sense manner.

HP stated that this makes losing the MAS even more serious in terms of C&H pharmacies losing income.

HP suggested that the members scrutinise this report – to give HP points to take back to the prescribing board re. altering this initiative to prevent the loss of income for CP.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **20** | **To scrutinise the health impact assessment report – to give HP points to take back to the prescribing board re. altering this initiative to prevent the loss of income for CP.** | **HP** |  |

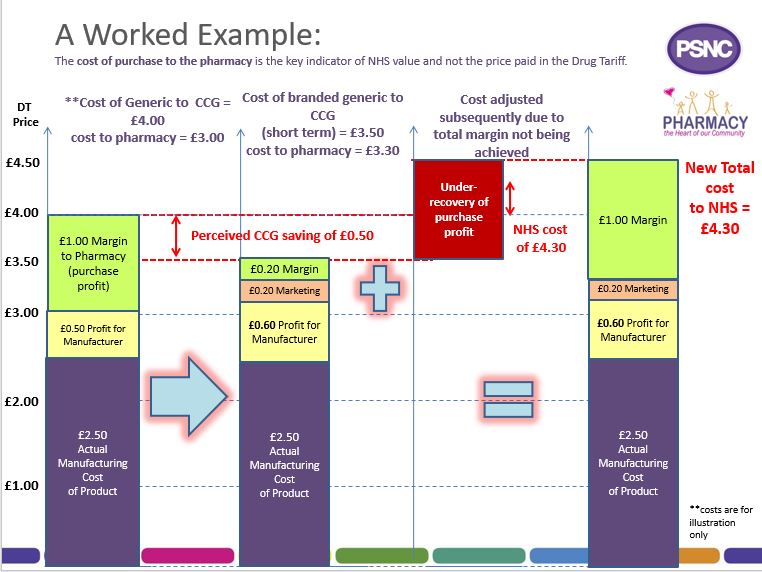
HP stated that it would be very useful for a similar assessment to be carried out for the MAS.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **21** | **To approach the CCG’s to get them to commission an impact assessment on the subject of the decommissioning of the MAS and MOS in C&H.** | **HP** |  |

**BRANDED GENERIC prescribing**

HP spoke to a PP presentation and highlighted the following:

* How does branded generic prescribing affect Community Pharmacy Funding?
  + Community pharmacies reduce costs to the NHS by CPs seeking to obtain the best available prices which encourages a competitive market and in turn drives down the prices being chargedby suppliers. This is extremely effective as the UK has amongst the cheapest generics in Europe.
  + The margin survey monitors profit earned by pharmacies and DH can adjust national reimbursement prices for genericmedicines through Category M price changes.
  + Branded generic prescribing may offer CCGs the potential to make short term savings but these products do not contribute, or are contributing only at a minimal level, to the £800 million agreed level of purchase profit.
  + Instead CCGs are effectively funding the branded generic company’s marketing costs/profits  
    (costs not incurred by true generic manufacturers).
  + This practice fundamentally affects the core purchase profit funding for pharmacy; if the agreed level of margin is not achieved, this is reflected in an adjustment to **all Category M lines**, affecting all CCGs and the wider NHS.
  + It also removes the competition that drives down prices in the generics market. In the long term, this drives up the cost of drugs to the NHS as the price is driven by a smaller number of dominant suppliers.
* HP showed the following slide (particularly what is written and shown in red) to show a working example of how the margins are affected by branded generics:



HP stated that he had presented this slide set to the prescribing board and he stated that the board had been convinced.

HP went on to highlight the following:

* Why it is damaging to the NHS:
  + BG prescribing undercuts the Drug Tariff which in turn reduces the competition between multiple manufacturers to drive prices down. BG prescribing effectively fixes the price of that drug molecule.
  + The bioavailability of one BG may not be the same as other generic or branded/innovator products. This may in some cases cause significant patient risk and needs to be avoided.
  + BG prescribing policies expose the CCG to financial risk should there be a reduction in Drug Tariff price.
  + BG prescribing increases overall NHS costs as the associated reduction in pharmacy margin, which is guaranteed core funding for  
    pharmacies, must be made up elsewhere, often  
    outweighing the local saving in pharmacy  
    reimbursement costs.
  + CCGs would have to regularly review BG prescribed products to ensure that they are below Drug Tariff price and that there are no current stock issues. This could cause a significant drain on resources within the CCG and therefore the saving would not be as significant.
  + If a CCG decided to change from one BG to another, this would cause waste as pharmacies may have residual stock left that they are unable to dispense.
  + Aggressive policies used by CCGs to switch to BGs directly affects the viability of local pharmacies.
* HP stated that he would hope that this would put pressure on the CCG to change their policies wrt. branded generics.

**Discharge to pharmacy**

RR stated that he would be attending a meeting on the 23 July 2018, where the Homerton team and the IT enabler team would discuss the progress of this service.

RR stated that he had heard that Pharmoutcomes could be used in conjunction with the health information exchange.

**EOLC – Service Update**

HP stated that this service was running without any issues.

**Atrial Fibrillation Service**

HP stated that this service was not currently being prioritised for development.

**Anticoagulation Service**

HP stated that the GP confed. is actively working with only one pharmacy and this would not develop any further.

**6. transformation board**

RR stated that he felt his regular attendance at these meetings was a benefit – particularly when making links with CEPN reps. and raising the profile of CP with them.

**7.** **GP Confederation**

**Request from Deborah James (practice nurse facilitator and trainer – gp confed.) to provide a list of pharmacies providing Travel Vaccine services**

HP asked whether the members would object to him providing Deborah with a list of C&H pharmacies who currently provide private travel vaccinations with a view to signposting patients to CP (GPs cannot provide private services on NHS property).

The members agreed that this is a genuine request and authorised HP to send out a survey to C&H Pharmacies.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **22** | **To send out survey to ask which travel vacc. Services C&H pharmacies currently provide – for signposting.** | **HP** |  |

**8. Hackney Public Health**

**HLP – Update**

HP stated that one of the stipulations of being HLP accredited is for a pharmacy to show evidence of the participation in a community engagement event.

HP asked the meeting how pharmacies were currently doing this and how it could be improved.

RR stated that he had placed a HC at a stand at a women’s event in Hackney.

SE stated that these events could be recorded in a pharmacy store.

ME stated that a local school sends pupils to pharmacies to chat with pharmacists – the teachers take photos for the school newspaper.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **23** | **To send out a communication to the contractors reminding them to record their community engagement events – as part of their HLP work.** | **HP** |  |

**Sexual Health -Pharmoutcomes update**

HP stated that he is currently developing online PGD training via Pharmoutcomes.

**Healthy Start Vitamins**

RR stated that H.E.N.R.Y. has now taken over this service.

**9. ELHCP update**

**Cancer Awareness Pilot**

HP stated that the LPC had managed this project – and had been given £15,000 to manage this project. HP stated that this pilot had ended at the end of June 2018 and 24 pharmacists had signed up. HP added that these pharmacists would get paid for delivering this service – 7-8 pharmacies had done fantastically well in terms of numbers of interventions– whereas the rest had done hardly any. HP stated that he would be sending out an evaluation survey for this pilot and Cancer Research UK will be conducting a report on this pilot.

**ELHCP Informatics Board**

HP stated that he has been continuing to chase this board to include CP in the developing of the “discovery project”. Hp added that C&H LPC may be able to join with NEL LPC, as they have already put in a bid.

**RR brought the open section to a close.**

**10. Dates of next LPC meetings**

**13th September 2018**

**8th November 2018**