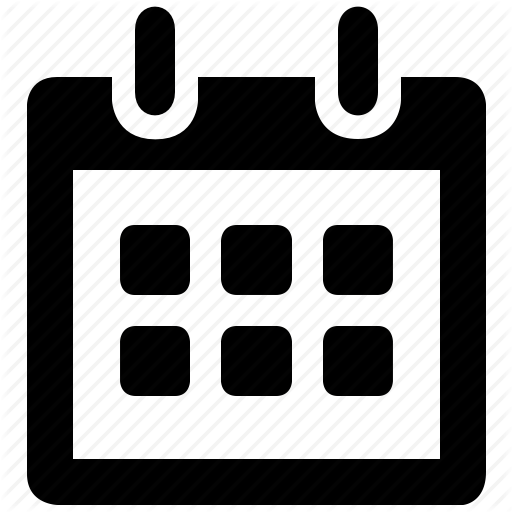
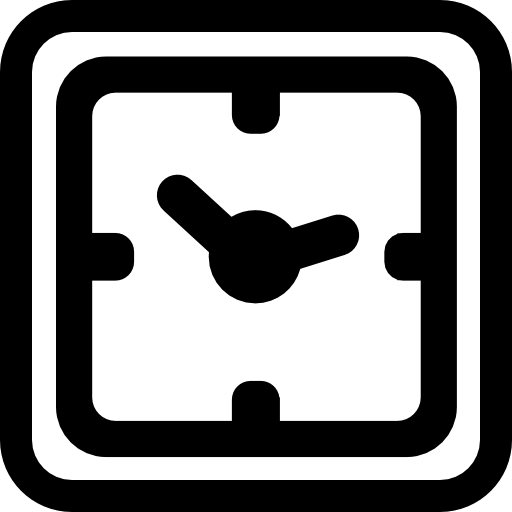
 **MINUTES - open**

** 13th September** **2018**

 **10.00 – 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 | **3 of 3** |
| **Stewart Evans** | **SE** | Related image | **3 of 3** |
| **Kirit Shah** | **KS** | Related image | **2 of 3** |
| **Peter Muska (CCA)** | **PM** | Related image | **2 of 3** |
| **Emma Stevens (CCA)** | **ES** | Related image | **3 of 3** |
| **Monty Esat** | **ME** | Related image | **3 of 3** |
| **Dee Fasan (CCA)** | **DF** | Aa | **1 of 3** |
| **Sunil Patel** | **SP** | Related image | **3 of 3** |
| **Kirit Sonigra** | **KSo** | Related image | **3 of 3** |
| **Nickil Patel** | **NP** | Related image | **3 of 3** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Aa |  |

**1. LPC Strategy Workshop**

HP stated that the morning session would be spent revisiting the LPC business strategy & workstream documents. HP added that this work had been started two years ago.

SE asked whether the business strategy would be part of the workstream.

HP stated that it may well be.

HP added that a self-evaluation would also have to take place and also the influence grid would have to be evaluated.

SE suggested that the strategy should be worked on first – as this would feed all the other elements to be looked at.

HP reminded the meeting that the following members had been designated as activity leads:

* For LPC Business planning, structure, governance and finance – SE, ES & KSh.
* For communication and stakeholder engagement - NP, PM, ME
* For contract development - RR, SP, DF
* For current initiatives - HP, KSO

SE stated that the LPC business planning, structure, governance and finance tasks are currently set by PSNC and therefore would need little changing.

SE and RR added that work on contract development & developing current initiatives would need to be prioritised going forward.

HP stated that this strategy document should be set out in such a way that a new committee could come in, pick it up and understand the current strategy of the LPC.

HP reminded the meeting of the activities which would come under the different workstream headings:

* COMMUNICATION/ STAKEHOLDER ENGAGEMENT
  + Contractor Awareness- Contractors informed on commissioning.
  + Press relations.
  + Contractor Engagement. Take on board views of the contractors.
  + LA, PNA, JSNA, LDP, CCG priorities.
  + Keep pharmacy at the forefront of the minds of commissioners.
  + Patients- Health watch, Patient Forums.
  + Work Closely with other professionals and professional bodies -
    - GPs, Nurses, Dietitians etc
    - NPA, CCA, RPS, GPhC
    - CPEN – and other training providers.
    - STP – and other LPCs which come under the STP’s umbrella.
    - Homerton Hospital.
    - Neighbourhood.
    - PSP.
    - Other commissioners – WDP.
    - Health and Scrutiny board.
    - Transformation board.
    - Health and Wellbeing board.
    - I.T. Enabler Board.
    - GP Confederation.
  + NHSE.
  + Pharmacy London.

RR stated that PWC have been employed by the transformation board to assess the effectiveness of this board – and RR’s comments had been logged by PWC – therefore giving CP’s viewpoint.

SE stated that LPC members don’t get paid to carry out background reading to contribute to all the meetings they currently attend.

* FINANCIAL MANAGEMENT
  + Budget – have an annual budget.
  + Expenditure.
  + Demonstrate effective use of funding.
  + Optimise Efficiency – keeping within budget.
  + Having an Expenses Policy.
  + Maintain LPC viability.
  + Role, responsibility and activity of FAC.

SE and NP suggested that the role of the FAC should now include robust questioning of paid activities of LPC members.

SE stated that financial management will be key going forward as the LPC is currently doing more work for less resources.

* CONTRACT DEVELOPMENT
  + Support Essential and Advanced services – safeguarding these services.
  + National and Local Services –
    - To Identify new opportunities, then -
      * propose and then develop new services.
      * negotiate, commission and support delivery of these services.
  + Review current SLAs.
  + Develop HLPs.
  + Provide Educational and training opportunities to all the staff in the pharmacy.
  + Protect Contractor Interests.
  + Support Individual Contractors who need help.
  + I.T. infrastructure support – support with EPS development and rollout.
  + Workforce development.

HP stated that the members present would now be asked to update the LPC Workstream excel sheet wrt. activity headings and the RAG rating for progress made in these activities.

**2.** **Declarations and Conflict of Interest:**

There were no DOIs or COIs raised.

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

**ACCURACY**

There were no corrections made.

**ACTIONS from last meeting**

HP added that he had obtained a National MOU document (which the PSNC, NPA and LMCs had signed up to) from Lincolnshire and he would ask the local CCGs to use this document.

RR suggested that information on this should be put into the CCG Prescribing Matters Newsletter.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **to make sure that this flu vaccination MOU document has been included into the CCG Prescribing Matters newsletter.** | **HP** |  |

**LMC**

Previous Action - HP to ask PL who their LMC contact currently is

HP stated that Anish Patel (CEO of PL) had not had any contact with the LMC for the last six months.

**JSNA**

Previous Action – NP to send a link to the “2018 Health and the Environment” of the JSNA when it becomes available to all LPC members.

NP stated that this section of the JSNA had been updated and that he would send links to it to all the members. NP added that this section contained a great deal of information and that the information had been broken down in terms of wards – and encouraged members to look at their ward.

SE encouraged the members to scrutinise this section of the JSNA.

SE asked what the members should be looking for in this document.

NP stated that inequalities in C&H are laid out in this document and the LPC members should cater new services to these inequalities.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2** | **To look at their allocated sections of the 2018 Health and the Environment” portion of the JSNA -** | **All members** |  |

**Weight management**

Previous Action: ES to investigate and formulate a solution to the email information cascading problems to Boots branches – to report back at next LPC meeting.

ES stated that after some investigation she had concluded that the existing information cascading system was working successfully.

ES and PM asked that the LPC emails be only sent to themselves, DF and Parag Oza, so as to not inundate Boots branches with duplicate information.

SE reminded the meeting that PM and ES are currently representing all the CCA members, not just Boots branches.

HP stated that he would then be communicating with the CCA to tell them that the LPC would be sending emails to the shared mailboxes of individual pharmacies and that these pharmacies would have an opportunity to opt out of this cascade structure (as the Boots branches would do).

**Training Update -**

HP & NP To begin organising the October 2018 Pharmacy Forum meeting

HP stated that they had secured sponsorship for this meeting on the 18th October 2018.

HP added that at this forum, contractors would be informed about the Flu service, DMIRS and the local MOS.

SE asked what would attract contractors to this forum.

HP stated that a clinical training session would take place at this forum on IBS and Crohn’s disease.

**Pharmacists in GP practices**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3**  **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** | **To be completed on the 14 September 2018** |
| **4**  **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:

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **5** | **To use cell structure to promote the Virtual Outcomes service.** | **LPC members** |  |

**NUMSAS update**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **6**  **previous** | **To find out the exact procedure for contractors wanting to provide the NUMSAS service to register and activate their accounts.** | **HP** |  |
| **7**  **previous** | **To encourage more contractors in C&H to sign up for the NUMSAS service.** | **HP** |  |
| **8** | **To work out exactly how this service operates and to issue a guidance to contractors.** | **HP** |  |

RR wondered whether the contractors would know exactly what to do, should they receive a referral email for the NUMSAS going forward.

SE stated that there is currently a great deal of confusion around this service – as far as registering and carrying out the service.

RR stated that, following a NUMSAS referral, a portal on the web-based program ANENTA must be used to print out a token for the NUMSAS.

HP stated that the current PSNC guidance for this service does not mention ANENTA.

SE stated that some Pharmacists are using Pharmoutcomes for this service.

RR stated that this is a fiddly service and the number of referrals are low.

HP suggested that NHS 111 could be a sticking point wrt. improving the referrals to CP for the NUMSAS.

**NHS England London**

Enhanced Services Update MOS & MAS

HP stated that the LPC had agreed with the CCG and NHS E to suspend the collation of the petition letter results for patients.

HP added that NHS E and the local CCGs are currently talking to the LPC in a positive way.

**Report from MOS Steering Group**

Previous Action - To ask Healthwatch for ideas wrt. how to put pressure on the LA to stop the decommissioning of the MOS.

HP stated that he had spoken to John Williams of Healthwatch wrt. how to best use the petition for the MOS, and Mr Williams had said that Healthwatch are not allowed to get involved in political issues (involving the local MP).

**Market Entry – Update on New applications**

Previous Action – HP to ask PSNC whether an LPC has a responsibility to support a pharmacy that doesn’t process any prescriptions.

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

HP stated that the PSNC had told him that the LPC does have an obligation to represent distance selling pharmacies, even though they don’t process any prescriptions.

HP stated that the LPC cannot send out any materials which would oppose the basic actions of any online/internet pharmacies based in the C&H area.

**CCG Updates**

Neighbourhoods

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **9**  **previous** | **To work out which C&H pharmacy sits in each neighbourhood area.** | **HP** |  |

HP stated that he was still waiting on an excel spreadsheet containing the information needed to complete action 18 above.

**Out of Hours Extended access from pharmacies**

Previous Action – HP 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 stated that he now has this information – there are eight people trained up in these advanced skills. HP wondered how this information could be utilised.

RR stated that this information could be used to develop a service – this information must be used when talking to commissioners.

**GP Confederation**

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

Previous Action - HP to send out survey to ask which travel vacc. Services C&H pharmacies currently provide – for signposting.

HP stated that this had been done and the results are currently on the C&H website. HP added that Deborah James had given good feedback on this action, and Deborah had asked whether these Pharmacists provide travel vaccinations for children. RR stated that he had provided Deborah with this information.

**Hackney Public Health**

HLP – Update

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **10**  **previous** | **To send out a communication to the contractors reminding them to record their community engagement events – as part of their HLP work.** | **HP** |  |

**4. nhs e**

**Summary Care Records - Update**

HP stated that access to the Enhanced SCR was currently being delayed for CP.

SE and RR thought that patients could currently sign a consent form which would authorise a GP to turn on the E SCR function for CP.

HP stated that he had emailed out this form to C&H pharmacies – but he did not currently know how many pharmacies had used it.

The members agreed for HP to ask C&H Pharmacies to ask their patients to sign this consent form to then authorise their local GPs to turn on E SCR for these individual patients.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **11**  **previous** | **To send out enhanced SCR access consent form to all C&H pharmacies.** | **HP** |  |

KS stated that when his locums had been using the SCRs, then these views were not contributing to his total number of views for his pharmacy.

SE suggested that this was due to the different roles on their smart cards.

HP asked KS to email him the details on this instance.

SE stated that the “FFF” role should be used by a locum’s smart cards for the SCR views to contribute to the Pharmacy’s overall views.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **12**  **previous** | **To investigate and take up KS’s example of a locum’s SCR views not contributing to the pharmacy’s total views with PSNC.** | **HP** |  |

**FLU UPDATE**

RR stated that contractors would not have to register for the National flu service.

HP stated that the SONAR online platform will be used for the London flu service.

**RR reminded that contractors would need their own private PGD to carry out the London service.**

**DMIRS & PALIATIVE CARE SERVICE**

HP stated that the progress on these services is running behind schedule.

**Market Entry**

HP stated that a Boots pharmacy has applied for a minor relocated – but this branch is outside the C&H area.

KS stated that his pharmacy had moved. KS added that the Market Entry team are aware of this.

**QUALITY PAYMENTS – UPDATE**

HP stated that all contractors should have got paid for this, and the amount was approx. £3600. HP added that the data for the latest set of quality payments will not be readily available for three months.

**5. ccg – updates**

**neighbourhoods**

HP stated that the more patient facing work that CP can do and develop the better.

SE suggested that the existing four quadrant leads could attend the eight neighbourhood meetings.

RR and HP suggested that non LPC pharmacists should be approached to attend these meetings – and they should be upskilled to appropriately represent the LPC at these meetings.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **13**  **previous** | **To send out invitations to pharmacists who work in the eight neighbourhood areas to volunteer to attend neighbourhood meetings on behalf of the LPC.** | **HP** |  |

**CANCER AWARENESS PILOT**

HP highlighted the following points:

* The data for this pilot has been collated.
* Jenny from Cancer Research is leaving and will pass her work on to Sue Maughn – who will produce a report on this.
* All participating pharmacies have been paid by cheques.

RR asked that BACS should be used to pay contractors next time.

**Prescribing Program Board**

HP reported that the name of this board had changed to ***“Medicines optimisation and prescribing committee” (MOPC).***

HP added that at the last few meetings the following topics had been discussed:

* + The decommissioning of the MAS.
  + Flu vaccine issues.
  + DMIRS progress.
  + Branded Generics – HP stated that the LPC would only accept these on a case by case basis.
  + Repeat prescription audit – HP stated that the LPC had approved this audit, therefore it may take place – although CP would not be involved in it.

SE asked how the LPC would know whether this would be taking place.

HP stated that it would be part of the audit’s mechanism that CPs would not be told about when it would be happening. HP stated that he didn’t know when this would be taking place and the PSPs would be carrying out these audits.

**Discharge to pharmacy**

HP highlighted the following points:

* The Homerton are not ready to progress this service at the moment.
* Pharmoutcomes has been secured as the IT provider for this service.
* The PSNC has been contacted to find out why this service is currently operating around the rest of the country as a separate advanced service in addition to MURs. HP added that the PSNC had stated that they would be discussing this as part of the new negotiations.
* RR reminded that CP would not be paid for this service – but it would grant CP greater access to discharged patients, which would feed into carrying out MURs.

ES stated that this service could create an extra unpaid workload.

HP stated that there would be minimum extra work involved in this service (two ticks would be needed on a e-form).

ES asked how CPs would be alerted wrt. this service.

HP stated that Pharmoutcomes would create an alert for CP.

ES asked what the training requirements would be.

HP stated that clinical and systems training would be provided – as with other services – there would be no backfill funding for the training.

**EOLC – Service Update**

HP reminded that a regional London service would likely replace the local service from April 2019. HP added that the ten pharmacies currently providing the local service will continue to be referred to – as they will continue to stock the EOLC medicines – out of date medicines will be reimbursed.

**6. transformation board**

RR stated that NP had been approved to sit on the CPEN board.

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

RR stated that he and HP have a longstanding set of meetings scheduled with Laura Sharpe (CEO GP Confed).

HP stated that Laura is a useful connection to have and she is pro-CP.

**8**. **IT enabler board**

RR stated that he had not attended the last meeting.

RR stated that he is struggling with understanding a proposal for a three-month pilot which would see a CP working with a GP surgery – sharing the EMIS web system.

RR asked for thoughts on this from the members.

NP stated that he currently had a possible CP candidate in mind and he would put this person in touch with RR.

**9.** **Hackney Public Health**

**HLP**

RR stated that there had been no update on this.

The meeting agreed that this item should be moved to NHS E for future agendas.

**Stop Smoking Service**

RR reminded the members that from the 1st July 2018 – Whittington Health had taken over as the providers of this service. RR added that the I.T. platform would change from SONAR to Quit Manager from October 2018.

KS stated that there are two training dates organised – one currently clashes with an existing sexual health training session.

HP stated that one of the training sessions would involve training on the Quit Manager platform.

**Sexual Health -Pharmoutcomes update**

HP stated that two training meetings are scheduled for this service.

HP stated that there would be a change to the way the Chlamydia treatment would be carried out – people in CPs who are trained to deliver this service will be listed on Pharmoutcomes – and referrals will be made to them.

HP added that EllaOne will now be available as a first line of treatment (with exceptions). HP warned that PGD training for this service will have to take place outside of the training sessions.

HP stated that he will arrange to get a fee, directly from the Homerton – to pay for his work for a year to manage the PGDs for them – HP thought that this work shouldn’t be done on LPC time.

**SUBSTANCE MISUSE**

KS stated that the only thing to report was that a new lead has been employed to replace Ann Davison – and KS had not heard from him wrt. attending a refresher meeting.

**Needle exchange**

KS stated that the needles now need to be ordered a month in advance.

HP stated that he had spoken to the new substance misuse lead about Naloxone dispensing on a PGD.

**Healthy start vitamins**

No issues mentioned.

**City of London**

**Stop Smoking Service.**

No issues mentioned.

**10.** **CEPN**

**Update from the New CEPN Board Member – Nickil Patel**

NP stated that thanks to RR – he has secured a place on this board.

NP stated that the board has access to £1.4 million to spend on training healthcare professionals.

NP stated that the LPC can begin to put in proposals for this money – they will pay for backfill for him attending the meetings but not for him scoring the meetings.

**11.** **ELHCP update**

**ELHCP Informatics Board – New funding for London**

HP stated that CP would be involved in the “discovery” project at some stage.

HP stated that he had been approached by Hemant Petal (NEL LPC) to work together on a I.T. proposal - providing that C&H LPC pay towards the proposal cost. HP added that he had refused to this joint working.

**12.** **Hackney Health Scrutiny Commission**

KS stated that he did not attend the last meeting – he had been on A/L.

KS stated that he would definitely attend the next meeting.

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

**13. Dates of next LPC meetings**

**8th November 2018 – AGM?**

**13th December 2018**