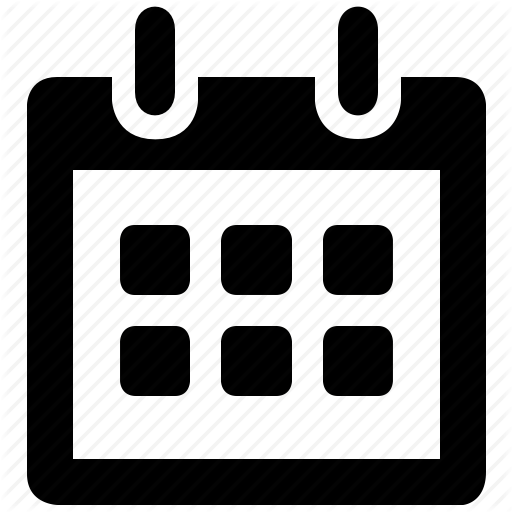
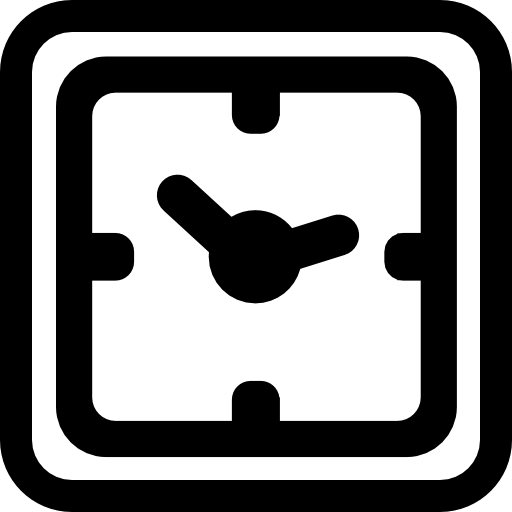
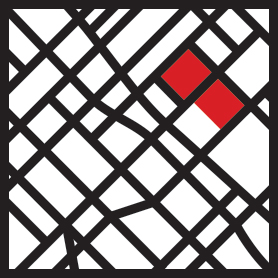
** MINUTES - OPEN Part**

** 11th January** **2018**

 **14.00 – 17.00**

 **Tomlinson Centre - Queensbridge Rd, London E8 3ND**

**Attendance:**

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| **Member Name** | **Initials** | **Attendance**  **P= Present,**  **A= Absent,**  **Aa= Apologies sent.** | **Attendance this financial year** |
| **Raj Radia (chair)** | **RR** | **P** | **5 of 5** |
| **Stewart Evans** | **SE** | **P** | **4 of 5** |
| **Kirit Shah** | **KS** | **P** | **5 of 5** |
| **Peter Muska** | **PM** | **Aa** | **4 of 5** |
| **Anish Patel** | **AP** | **P** | **4 of 5** |
| **Parag Oza** | **PO** | **P** | **3 of 5** |
| **Dee Fasan** | **DF** | **P** | **5 of 5** |
| **Sunil Patel** | **SP** | **P** | **5 of 5** |
| **Kirit Sonigra** | **KSo** | **Aa** | **3 of 5** |
| **Nickil Patel** | **NP** | **P** | **5 of 5** |
| **Kerry Webb** | **KW** | **A** | **2 of 5** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | **P** |  |
| **Stuart Brown (Minute taker)** | **SB** | **P** |  |

**1. LPC membership**

**Declarations and Conflict of Interest**

None were noted.

**2. Approve minutes and follow up Actions from Open section of meeting – 9th NOVEmber 2017 -**

**ACCURACY**

**Vaccination joint statement**

SE asked why the following statement – “HP stated that he is currently working on a joint statement with the LMC” had been highlighted and given a question mark.

HP stated that he should have removed the punctuation and highlighting and went on to say that this joint statement should be worked up through Pharmacy London.

SE stated that there is already a statement of this kind in circulation and warned against the duplication of work.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **To share the existing vaccination statement to the LMC to distribute to GPs** | **HP** |  |

**Shortage of medicines**

SE questioned the statement -

“HP stated that he had come up with some suggestions to help patients buy a difficult to obtain product, including sourcing alternative products and prescribing medicines a month at a time, rather than for three months at a time.”

The members agreed that this should be changed to –

“HP stated that he had come up with some suggestions to help **contractors** buy a difficult to obtain product, including sourcing alternative products and prescribing medicines a month at a time, rather than for three months at a time.”

**Actions and matters arising -**

**Previous Action: HP to look at developing an I.T. solution for the MOS.**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2** | **To work up an updated SLA for the MOS service – and to possibly consider an IT solution for this service – to report back to meeting members.** | **HP/NP/RR** |  |

**JSNA**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3**  **Previous** | **To send a link to the “2016 Health and the Environment” of the JSNA when it becomes available to all LPC members.** | **NP** |  |

NP stated that he would contact the relevant parties to obtain this link at the end of November 2017.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **4**  **Previous** | **To include and divide up sections of the JSNA to the LPC work stream spreadsheet – when the “2016 Health and the Environment” becomes available.** | **HP/NP** |  |

**Training Update -**

**Report from NP**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **5**  **Previous Action** | **To re-send the Survey Monkey Questionnaire to ask contractors what type of training they would like the LPC to organise (replies back by end of November 2017)** | **HP** |  |

**NHS England London** -

**Previous Action: HP** **to meet with Jill Chambers of NHS 111 to investigate whether there had been a system failure wrt. referrals to CPs for the NUMSAS service.**

HP stated that he had emailed Jill Chambers and that she was going to investigate this matter.

SE stated that 20 of his pharmacies (some of these are outside C & H area) are currently set up to deliver this service, however he had received 2 referrals thus far.

AP stated that he had received numerous referrals over the Christmas period.

SE suggested that the low referral rate could simply reflect a low demand for this service.

PO suggested that Jill Chambers be approached for the service statistics.

HP stated that he would ask for some figures from Wayne Ruose (NHS England).

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **6** | **To request the NUMSAS service referral figures from Wayne Ruose (NHS E).** | **HP** |  |

RR suggested that the algorithms that NHS 111 currently use are not fit for purpose.

**Transformation board - Report from RR**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **7**  **Previous** | **To read or scan “Indispensable – A vision for Community Pharmacy in the 21st Century” (**<http://indispensable.nellpc.org.uk/wp-login.php?redirect_to=http%3A%2F%2Findispensable.nellpc.org.uk%2F>**) and comment to HP, RR and NP before their meeting on the 4th October 2017.** | **All** |  |

HP stated that the members could not disagree with any of the ideas contained within this document, although the practical implementation of these ideas seems unlikely in the current climate.

**Training Update -**

**HLP**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **8**  **Previous** | **To produce a one-page document which would inform All C&H Pharmacies of the local commissioners for each of the services which could be provided by HLPs – to then be uploaded onto the LPC website** | **HP** |  |
| **9**  **Previous** | **To upload the list of C&H Pharmacies who currently provide all the different LES’ to the LPC website (pending the publication of the draft PNA).** | **HP** |  |

**Stop Smoking**

**Previous Action: HP to investigate how SONAR could link up with the “stop smoking” helpline – so that a referral email could be sent to CPs.**

HP reported that SONAR could not set this up until Miranda (of the Stop Smoking Service) gets in touch with him.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **10** | **To report back on the progress of how SONAR is currently forming of a link with the “stop smoking” helpline – so that a referral email could be sent to CPs.** | **HP** |  |

**3. SCR update**

HP stated that he had sent the members examples of an enhanced or enriched SCR read out. HP added that for CPs to see the additional elements added to these enriched SCRs (consultation notes can not be viewed) then a patient would need to give consent (by signing a Nationally accepted template letter) to their GPs for them to then turn on this functionality.

SE stated that gaining access to this enriched SCR would be ground breaking and CP would be able to give much more of a contribution to helping improve patient care.

HP commented that this enriched SCR could really help better care for patients with long term conditions.

NP stated that there would be an issue of increased liability to the CP when using this enriched SCR.

The members agreed that this risk would need to be taken if CP is to be taken seriously as part of this new multi-disciplinary team.

SE suggested that Laura Sharpe of the GP Confederation should be approached to promote the turning on of this functionality for CPs to GPs.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **11** | **To ask Laura Sharpe (GP Confederation) to help promote the switching on of the enriched SCR for C&H Pharmacies.** | **HP** |  |

HP mentioned the Health Information Exchange (the mobilization of **health** care **information** electronically across organizations within a region, community or hospital system) is a potential opportunity for CP to gain access to more patient information, however it is currently unlikely that CP would, in fact, be granted access.

HP also stated that a new information sharing initiative, called DISCOVERY, will be being made available across the STP footprint, and CP will gain access to this within the next 12 months.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **12** | **To contact contractors with the information needed to inform patients of the process to giving consent for their GPs to trun on the enriched SCR for CP to access (including providing the Nationally recognised template letter).** | **HP** |  |

**GDPR**

HP reminded that the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) is a [regulation](https://en.wikipedia.org/wiki/Regulation_(European_Union)) by which the [European Parliament](https://en.wikipedia.org/wiki/European_Parliament), the [Council of the European Union](https://en.wikipedia.org/wiki/Council_of_the_European_Union) and the [European Commission](https://en.wikipedia.org/wiki/European_Commission) intend to strengthen and unify [data protection](https://en.wikipedia.org/wiki/Data_protection) for all individuals within the [European Union](https://en.wikipedia.org/wiki/European_Union) (EU). It also addresses the export of personal data outside the EU. The GDPR aims primarily to give control back to citizens and residents over their personal data and to simplify the regulatory environment for [international business](https://en.wikipedia.org/wiki/International_business) by unifying the regulation within the EU.[[1]](https://en.wikipedia.org/wiki/General_Data_Protection_Regulation#cite_note-1)

HP reminded that this regulation must be adhered to (it begins in March 2018) and gave the example of a breech of GDPR ( a delivery driver’s patient address list).

SE suggested that that a webinar or YouTube video could be produced to promote enriched SCR access and GDPR adherence to the contractors.

RR stated that Pro Script users are currently blocked from watching YouTube videos, and Pro Script have refused to unblock this media type.

The members suggested that a Pharmacy Forum event be organised for February 2018, and this event would inform contractors about the Enriched SCR benefits, GDPR adherence and GPHC validation processes.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **13** | **To organise a Pharmacy Forum event in February 2018, and this event would inform contractors about the Enriched SCR benefits, GDPR adherence and GPHC validation processes.** | **HP** |  |

**4.** **mos & MAS**

HP reminded the meeting that DOP London regional lead at NHS E London is now Rita Patel and he had attended the London Region Community Pharmacy Steering group meeting on the 9th November 2017. HP stated that attending this meeting had not been a good use of his time.

HP stated that Rita Patel and Wayne Ruose had attended the PL meeting in November 2017 and this had been a more useful meeting and Rita had stated that the MAS and MOS were not going to be decommissioned.

**MOS invoices**

HP stated that the claim date for this service had been announced to now be before the end of the quarter and not the 5th day of a new quarter. HP added that this would be the new way of claiming going forward.

HP stated that he would need to send out new guidance to all the contractors re. this change.

RR stated that the SLA for the MOS currently states that claims for payment for this service have always been the 5th day of a new quarter and this could not be changed overnight.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **14** | **To check MOS SLA to determine what the claim date for payments currently is – and then remind contractors of this information.** | **HP** |  |

**5.** **market entry and the Pna**

HP stated that the current draft PNA for C & H does not show any gaps, however this should be doublechecked.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **15** | **To remind contractors to check the draft PNA for gaps.** | **HP** |  |

**6.** **pharmacists in GP practices**

HP stated that no GPs in the C&H area had applied to employ a pharmacist in wave two of this program.

SE raised a concern wrt. this matter and added that he knew of a GP Pharmacist currently working in a very busy health centre three days a week and he had asked them what their remit currently is.

SE stated that this pharmacist would have to prove their worth by saving the GP surgery money wrt. prescribing budgets and increase the lengths of repeat dispensing.

KS spoke of a very different example and stated that his current Pre-Reg had been shadowing a GP Pharmacist who is currently working in a local GP Practice. KS added that this Pharmacist had reduced their three-monthly scripts to monthly repeat dispensing scripts.

NP suggested that these GP Pharmacists would need to make the GP surgeries money by helping them meet QOF targets.

SP spoke of an example of a GP Pharmacy helping to direct scripts towards a particular pharmacy, without the patients knowing.

HP stated that NHS E had made sure (as part of this program) that LPC’s would be involved in the selection of these GP Pharmacists.

SE suggested that a document be produced which would inform GP Pharmacists how their work in the surgery can help both the local Pharmacies and the GPs.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **16** | **To produce a document be produced which would inform GP Pharmacists how their work in a surgery could help both the local Pharmacies and the GPs.** | **HP** |  |

**7.** **QUALITY payments**

HP stated that no ones currently knows whether quality payments would continue after April 2018.

HP stated that PSNC could not reveal what they were currently discussing wrt. this matter.

HP stated that HLP is a big factor of the Quality Payments criteria.

HP brought the members attention to a company called “Virtual Outcomes” (connected to AVON LPC) who could produce monthly Webinars which would help pharmacies to be more HLP active. HP stated that this service would cost C&H LPC £1210.

HP showed a short example of a webinar.

HP asked the members that, if Quality Payments are reinstated, then should the LPC invest in using this company’s service.

RR stated that the PSNC website already has excellent free resources which can help HCs promote healthy living.

PO and SE stated that the CCA companies would not want LPC resources spent on a tool like this, when they have their own training in place.

SE stated that the PSNC could be asked to develop a similar webinar tool to what “Virtual Outcomes” is offering.

The members decided to revisit this topic when they would be certain that the quality payments were being continued post April 2017.

**8. Prescribing Program Board**

HP stated that at the last two meetings he had raised the topics of problems obtaining medicines and concession prices.

RR stated that he had raised the same issues and had asked this matter to be put on the risk register.

HP stated that over the last three months the state of pharmacy funding has meant that Pharmacies are making losses, and this is not sustainable.

SE stated that Safedale Ltd. are selling six pharmacies in reaction to the current financial climate.

HP stated that he had replied to the consultation re. medicines of low therapeutic value.

HP added that they would now have to respond to a bigger consultation re. the prescribing of OTC medicines.

HP stated that due to this consultation the PSNC estimates that there would be a 10-15% decrease in the total number of scripts prescribed by GPs. HP added that this would not affect C&H contractors because the MAS is currently running.

KS stated that C&H may not always have a MAS running.

HP asked the members how C&H LPC should respond to this consultation.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **17** | **To respond negatively to the OTC medicines consultation – the draft response should be shared with all LPC members.** | **HP** |  |

**Dressings Scheme**

HP stated that he had challenged the board re. this by asking how much NHS supplies are charging them for the dressings and whether they are paying VAT. On these items.

HP have asked for a list of these items with their cost. HP added that should they not provide this list, then a FOI request will be made. HP also asked about the personnel budget and the Board replied by saying that the money to pay the staff now comes out of the Planned care budget.

**Discharge to Pharmacy**

RR stated that there had been an expression of interest survey sent out to all C&H Pharmacies, and 44 Pharmacies had replied positively.

HP stated that either Sagedem or Pharmoutcomes would be the provider of the software platform.

RR stated that three areas would be looked at – Cardiovascular disease, Diabetes and Respiratory diseases and three projects will be set up to find out how Pharmacy MURs and NMS’ effectively use Hospital discharge data.

RR stated that this would mean a little more work would now be involved in carrying out the MURs and NMS’.

NP stated that this is CP’s first opportunity to contribute to proper integrated clinical care.

HP stated that he would try to get a business case in to the CCG in order to get a small fee for carrying out this service.

HP stated that this initiative has been brought about by the STP.

HP added that this form of discharge summary would be more secure compared with the existing faxes.

**EOLC**

HP stated that this service was currently running smoothly. HP stated that there is an opportunity to spread this service into Tower Hamlets and Newham.

AP reported back to the meeting about his experiences of the service.

HP asked whether AP would write up a report about these experiences.

AP said that he would do this.

**A/F service**

HP stated that he is still working on developing this service.

**Anticoagulation service**

HP stated that this service is currently running.

**9. TRANSFORMATION BOARD**

RR reminded the meeting that he attends these meetings and the four workstream areas being concentrated on are Urgent Care, Planned Care, Preventative Care, Children and Young People.

RR stated that he may put other LPC members forward to attend some of these meetings.

SE and NP stated that they would attend meetings if required by RR.

**10. I.T. enabler board**

RR reminded the meeting members about the “Discovery” project.

RR stated that funding has been given to the Lawson Practice and RR to develop the EMIS web linking project. RR stated that he has been currently having capacity issues and also stated that communication has been poor from the Lawson practice to himself.

SE asked whether this EMIS Web project would be independent of Pharmacy’s particular PMR system.

RR stated that he wasn’t sure of the answer to this.

RR stated that he would like to better inform the Lawson practice about MOS issues and patients.

**11. hackney public health**

**HLP**

HP stated that there was not much to report on this.

**Stop Smoking**

HP stated that this has gone out to tender. HP added that no bidder besides Whittington health had approached the LPC to partner up to deliver the Stop Smoking service.

HP stated that he would communicate to C&H contractors the importance of not signing up with a provider without the LPC’s approval.

**SEXUAL HEALTH**

HP stated that there was nothing to report on this.

**Substance Misuse**

HP stated that WDP are looking for the GPs to take over the prescribing of Acamprosate, and the GPs had said no to this.

RR stated that he had suggested that CP may be able to help with this, using IPs.

**Healthy Start Vitamins**

RR stated that there are currently a number of contractors who are not entering the details of the patients into the Pharmoutcomes platform when handing out these vitamins, and this is unacceptable.

**CITY OF LONDON \_ STOP SMOKING**

PO and DF stated that there is nothing to report on this.

**12. ELHCP update**

**Collaborative work with NEL LPC**

HP reminded the meeting that C&H LPC (NP and HP) and NEL LPC had produced and delivered a document to give to the ELHCP which highlighted the workstreams which are currently important to the ELHCP and how CP can help tap into these streams.

HP stated that he had had a meeting with the leads of the ELHCP recently and this been useful to get to know the personnel.

**13. Hackney Health Scrutiny Commission**

KS stated that there had been a meeting this week, however due to unforeseen circumstances he had been unable to attend, therefore there had been nothing to report.

**14. Dates of next meeting**

**22nd March**

**10th May**

**12th July**

**13th September**

**8th November**