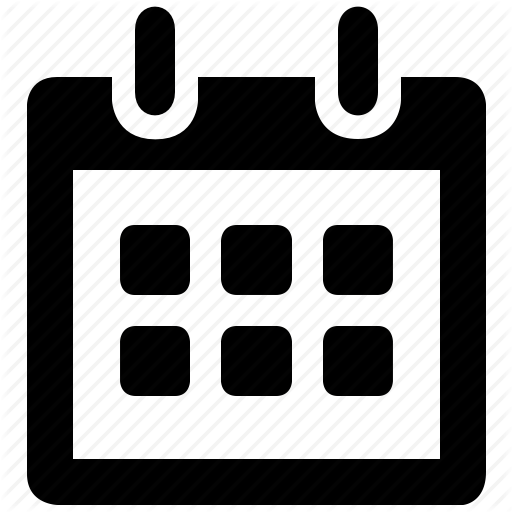
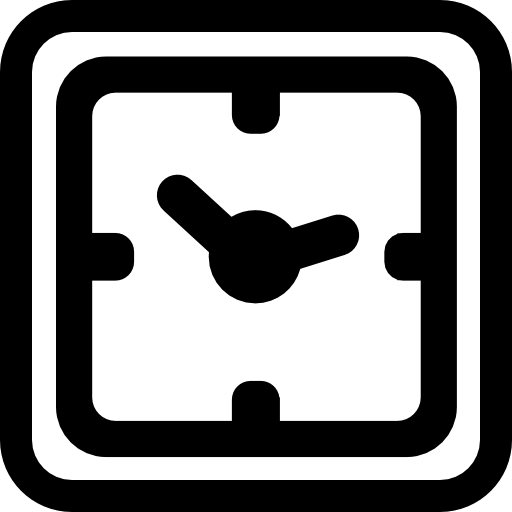
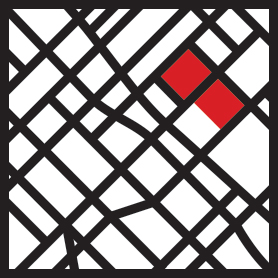
** MINUTES - OPEN Part**

** 9th November** **2017**

 **13.30 – 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** | **4 of 4** |
| **Stewart Evans** | **SE** | **P** | **3 of 4** |
| **Kirit Shah** | **KS** | **P** | **4 of 4** |
| **Peter Muska** | **PM** | **P** | **4 of 4** |
| **Anish Patel** | **AP** | **A** | **3 of 4** |
| **Parag Oza** | **PO** | **P (until 17.00)** | **2 of 4** |
| **Dee Fasan** | **DF** | **P** | **4 of 4** |
| **Sunil Patel** | **SP** | **P** | **4 of 4** |
| **Kirit Sonigra** | **KSo** | **P** | **3 of 4** |
| **Nickil Patel** | **NP** | **P** | **4 of 4** |
| **Kerry Webb** | **KW** | **A** | **2 of 4** |
| **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 – 21st september 2017 -**

**Actions and matters arising -**

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

HP stated that due to the fact that contractors providing this service are currently carrying it out in many different ways, some of them without any record keeping. HP commented that should this service be evaluated then it would probably be highly criticised.

SE stated that this is an essential service to many patients – and the SLA for this service is currently outdated, therefore, strictly it is the responsibility of the commissioner to update the SLA for this service, however the LPC should have a role to play in helping develop an updated SLA.

HP stated that no light had been shed on the future of this service at the NHS meeting he had attended on this day.

HP stated that Rita Patel would be having a separate meeting with himself and others on the subject of the financing of the enhanced services.

HP stated that C&H contractors are currently, probably using up £1.5-2 million of the £7 million budget for the London enhanced services.

HP stated that NHS London are currently worried because a further £2 million is not being claimed from this budget.

**HP asked whether the LPC should put in a bid to manage the MOS service, should it become at risk, because NHS E are low on resource.**

SE asked where the pressure currently is to decommission the MOS service.

SE suggested that the likely reason for this service being decommissioned would be based on funding issues, therefore C&H LPC taking over the management of this service would be immaterial if there would be no funding in the future. SE added that the LPC should help the contractors get their houses in order wrt. this service – i.e. work up a suitable SLA and provide a useful IT platform which would evidence the value of this service.

HP stated that only 11 out of the 42 providers of this service had replied to the MOS questionnaire.

SP suggested that GPs are currently appreciative of CP providing a service such as this.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **To meet with Rita Patel to discover the funding fate of the MOS service.** | **HP** |  |

**HP suggested that the LPC could pay £2000 to obtain a full licence for Pharmoutcomes – this could then be used to house the MOS service.**

HP stated that Pharmoutcomes could also be used to enable that the patient safety annual report could be shared with the CCG (this is currently part of the Quality criteria).

HP stated that the introduction of the GDPR (General Data Protection Regulation) <http://www.eugdpr.org/> now means that the LPC could not piggy back on the Hackney Public Health Pharmoutcomes licence.

SE stated that he currently has reservations about spending £2000 on the Pharmoutcomes license.

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

**Previous Action: RR to bring an anonymized example of a patient’s medical history obtained from “GP Record Viewer”.**

RR stated that he had circulated an example of this viewer readout.

SE asked what the benefits of circulating the screenshot currently were.

RR stated that that this viewer is only available to those contractors who have access to EMIS health, and who also have permission from the GP to gain sight of the viewer.

SE asked what the relevance of this re-occurring action point currently is, because lots of contractors don’t currently have access to EMIS.

HP stated that the enhanced SCR should be sought after by all contractors. HP added that the LPC could work with the STP to talk to the GPs, so that they could open up access to contractors. HP stated that the Health information Exchange could be linked into pharmacies and this could aid CP in how they view patient data.

**Previous action – HP to ask Hillingdon LPC to provide the SLA and the details on why the COPD screening service had not been embraced by the contractors.**

HP stated that Michael had said to him that Hillingdon LPC cannot find an SLA for this service.

HP added that, in 2 years, only 153 patients had been seen for this service - the target had been 1000 screens.

*The committee decided to take this action off future agendas.*

**Previous action – HP to send out the new MAPPS link out to contractors with information about its benefits**

HP reminded the meeting that the CCG had funded the use of this service, however they had recently turned off the service.

Only a few of the LPC members stated that they had looked at this tool, and only two stated that they use it regularly.

**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** |  |

**SCR**

**Previous action – HP to check whether APOSAVE pharmacy is part of the C&H contingent of pharmacies**

HP stated that this pharmacy is an online pharmacy which had been signed up in Feb/March 2017.

HP added that this pharmacy had not dispensed a single item since its opening. HP stated that the levies that are taken from a Pharmacy by the LPC is taken as a proportion of the dispensing volume.

The members decided that this Pharmacy would be represented by the LPC.

HP stated that this pharmacy had applied to relocate outside C&H area.

HP stated that this pharmacy had flown under his radar and the MUR / PNA data had picked up its presence.

**Training Update -**

**Report from NP**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **5**  **Previous Action** | **To send out 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**

**Summary Care Records – Update**

**Previous Action: HP to clarify whether a patient needs to give consent each and every time an SCR is viewed**

HP stated that this matter would depend on the situation and the individual patient. HP added that he had sent out a guidance document on this matter.

**Previous Action: HP** **to investigate whether there had been a system failure wrt. referrals to CPs for the NUMSAS service.**

HP stated that since the start of the service there had only been 17 referrals for this service in C&H.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **6**  **Previous Action** | **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** |  |

**Payment Reconciliation – Clawback for Local Services**

HP stated that these amounts had been deducted from the contractor’s PPA statement throughout 2017 and they had been informed of this via their NHS.net email addresses, which are infrequently checked or un-accessible.

SE stated that the access of NHS.net email addresses is part of the new Quality Criteria.

**CCG CP Newsletter**

HP stated that these have been sent out to contractors.

**Transformation board - Report from RR**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **7**  **Previous** | **To read “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** |  |

**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.** | **HP** |  |
| **9** | **To upload the list of C&H Pharmacies who currently provide all the different LES’** | **HP** |  |

**Sexual Health Services - Pharmoutcomes update**

**Previous Action: HP to produce a fair and robust selection criteria document which will be used when contractors will be considered to deliver a new service**

The meeting members decided that these criteria would be bespoke to each service, and a general criteria could not be drawn up.

**Previous Action: HP to look into opening up this Optometrics service to all C&H pharmacies who are currently providing the MAS**

HP stated that this service had been recently opened up to contractors on the basis of expressions of interest.

**3. NHS England London – HP attending NHSE meeting on the 9th of Nov from 10-12am**

HP stated that there had recently been lots of personnel change at NHS London.

HP stated that –

William Cunningham Davies is now Director of Primary Care Services.

Rita Patel is the Director for DOP.

HP stated that it had been decided that PL should represent all the LPCs at this meeting.

**Vaccination Service**

HP stated that Kenny Gibson had been very pleased with the Flu vaccination figures this year (London is 11% up in activity compared to the same time last year).

HP stated that the Meningitis vaccine uptake has been very low – only 700 vaccines have been administered. HP asked for ideas from the members of how to improve this uptake.

RR suggested that colleges and Universities should be approached.

NP suggested that Pharmacy teams are possibly not confident when it comes to administering these Meningitis vaccines.

SE stated that a lot less marketing had gone into advertising this service.

HP stated that an improved marketing campaign would come out in November 2017.

**Summary Care Records - Update**

HP stated that there had been no update on this.

**QUALITY PAYMENTS**

SE drew the meeting’s attention to the following changes in the quality payment criteria wrt. NHS NHS.net mail use and upkeep:

<http://psnc.org.uk/services-commissioning/essential-services/quality-payments-nhsmail/>

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **10** | **To send out information to contractors re. the new quality payment criteria wrt. NHS.net mail use and upkeep.** | **HP** |  |

**New Care models**

HP stated that a presentation had been given at this meeting re. the integrations of health and social care models.

RR stated that some of the CCGs and LAs had pooled some of their budgets to commission services locally to make efficiencies. RR stated that four workstreams will be looked at by an integrated commissioning board (RR is not a member of this board):

* Planned care
* Unplanned care
* Public health services
* Children and Young People services.

SE asked where the funding will now be held. SE added that his observation is that the GP federation is now very active in following the funding and being influential wrt. how the money is spent. SE stated that CP is on the periphery of these groups and this is frustrating.

HP stated that the GP Federation has the resources to create and fund bids for new services and initiatives. HP stated that CP must be represented on all of these influential boards.

SE stated that the GP Federation is being proactive by putting in bids for services.

SE commented that CP Teams are currently working at full capacity and should they take on and try to deliver lots of new services, then they would probably struggle. SE suggested that a fundamental change would have to take place in order to release CP staff from their current workload, so that they could take on these new services to relieve the pressure on GPs and A&E.

**4. Prescribing Program Board**

**Vaccination Joint Statement**

HP stated that he is currently working on a joint statement with the LMC? Which will stress that NHS E would like a patient to choose where to have their vaccination administered, and neither party should influence the patient against the other provider.

NP suggested that the method of taking contact details from patients and calling them when the vaccines would be delivered is key to success in his branches.

The members decided that PL Flu vaccine buying group should prioritise an early delivery date rather than the price of the vaccines.

**Shortage of medicines**

HP stated that he had brought up this subject and the board had been aware of this. 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.

**MAS**

HP stated that the prescribing board are keen to work with the LPC to help promote the scheme – including helping with the marketing of this service.

SE stated that the prescribing board could get this service promoted in every GP surgery in Hackney.

Several members were worried that the Prescribing board may meddle with the formulary of this service.

*The members were happy for the LPC to support the Prescribing Board for promotion of the MAS only.*

**EOLC – New Service Update**

HP stated that this service is operating smoothly, and four “out of hours” deliveries have taken place.

**Atrial Fibrillation Service**

HP stated that the LPC will receive the twenty machines from UCL partners (purchased from NHS E) and a pilot service would have to be carried out for three months and then the results of this pilot would then be taken to the CCG for buy in for a paid service.

**Anticoagulation Service**

HP reminded that two C&H pharmacies are currently signed up to this service.

HP stated that the GP Federation are currently managing this service.

**BOARD meetings**

RR reminded the meeting that he currently attends the “Transformation” and “IT Enabler” boards, and he often has to digest and comment on dense background material to help promote CP’s needs.

**“Discharge to Pharmacy” Service Meeting – NP**

NP stated that the aim of this meeting is to get CP more involved clinically in the discharge of patients from hospital. NP stated that the extra work for CP would not be currently funded at present.

NP stated that he would feedback on any further developments.

RR stated that a Terms of Reference for this service is currently being discussed for this service, although C&H and NEL LPC are currently being considered as one entity – this is being challenged. RR added that the areas being concentrated on are:

* Cardiovascular.
* Respiratory
* Long Term conditions.

SE asked what extra work would be asked of CP and commented that this work would again not be remunerated.

RR stated that he did not currently know the exact nature of the workload for this service as yet.

**5. Hackney Public Health**

**HLP Update**

HP stated that the RSPH currently keeps a register of how many Pharmacies had registered, however this resource cannot be relied upon. HP urged legacy HLPs to register on this website to update the information. HP stated that he did not currently know exactly how many C&H pharmacies were currently HLP accredited.

HP wondered how further HLP registration could be encouraged. HP stated that the previous thought had been that further services would only be commissioned through HLPs.

**STOP SMOKING**

RR stated that he had sent out a questionnaire wrt. STOPTOBER campaign. RR urged the members to feedback using this survey.

KS stated that the “outreach” strategies had been a complete failure (particular targeting “Children’s Centres”. KS stated that he had fed this back to the Stop Smoking Commissioner.

RR suggested that the referral system should change.

Members stated that they could not spare staff to invest in the “Stoptober” campaign.

Most of the members stated that this campaign comes at a very busy time of the year (vaccination is taking place, and HLP status applications and upkeep is also being prioritised).

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **11** | **To investigate how SONAR could link up with the “stop smoking” helpline – so that a referral email could be sent to CPs.** | **HP** |  |

**Sexual health services**

**Chlamydia screening**

KS stated that there has been a few problems with patients having to give their full names to receive the kits (this has changed – previously providing initials had been acceptable).

**Substance Misuse**

KS stated that he had been having trouble with waste collection for this service (the company is WDP).

HP stated that he would follow up on this.

**CITY OF LONDON – STOP SMOKING**

PO and PM stated that there had been no significant change in this service.

**6. ELHCP (East London health Care partnership) update**

HP reminded the meeting that this is the new name for the STP.

NP stated that reps. from this LPC had met with NEL LPC to discuss their approach to the ELHCP.

HP stated that both LPCs had paid a consultant to produce a document which would be presented to the ELHCP (Jane Milligan is the Accountable officer) for her to insert into the STP plan.

NP stated that the money that the LPC is currently spending on developing a strategic document to influence the ELHCP is being well spent and the LPC reps. gave a good account of themselves.

**7.** **QUALITY IMPROVEMENT WORKSHOP – hosted by UCL partners**

HP stated that he had attended this workshop and many stakeholders had attended.

HP added that the science behind “quality improvement” had been taught at this event, and HP stated that he would be incorporate some of these learnings into his CEO work.

**8. Dates of next meeting**

* **AGM 12th December 7pm – no LPC meeting**
  + **HP stated that he would create and present on a detailed Annual Report, which would inform the attendees what the LPC had achieved over the past year.**
* **Proposed LPC dates for 2018**

**11th Jan**

**15th March**

**10th May**

**12th July**

**13th September**

**8th November**