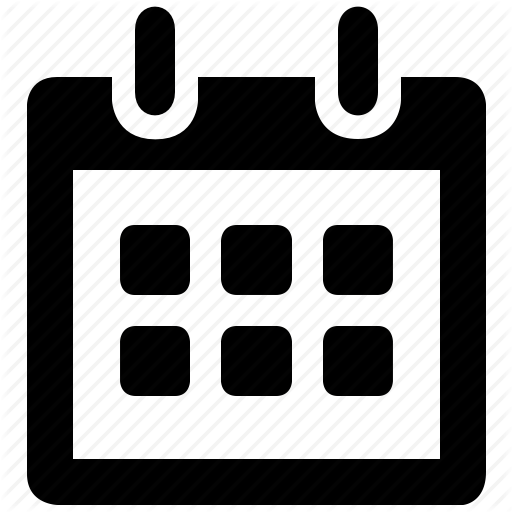
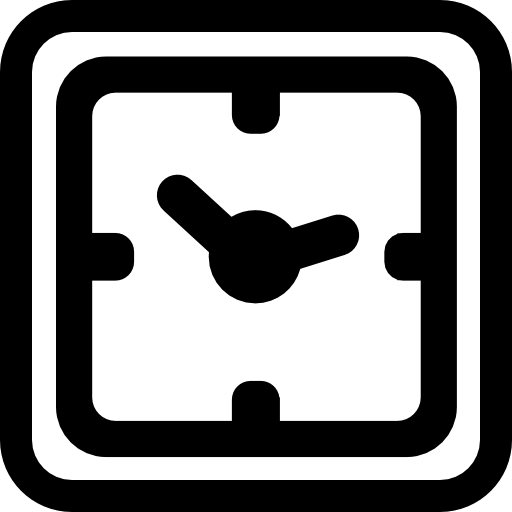
 **MINUTES - open**

** 8th November** **2018**

 **14.00 – 16.00**

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 | **4 of 4** |
| **Stewart Evans** | **SE** | Related image | **4 of 4** |
| **Kirit Shah** | **KS** | Related image | **3 of 4** |
| **Peter Muska (CCA)** | **PM** | Related image | **3 of 4** |
| **Emma Guy (CCA)** | **EG** | Aa | **3 of 4** |
| **Monty Esat** | **ME** | Related image | **4 of 4** |
| **Dee Fasan (CCA)** | **DF** | Related image | **2 of 4** |
| **Sunil Patel** | **SP** | Aa | **3 of 4** |
| **Kirit Sonigra** | **KSo** | Related image | **4 of 4** |
| **Nickil Patel** | **NP** | Related image | **4 of 4** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Aa |  |

**1. Presentation by GSK (sponsors of refreshments) – on the subject of relvar ellipta inhaler.**

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

There were no DOIs or COIs raised.

HP stated that the documents in the file were currently up to date.

**3. Approve minutes and follow up Actions from Open section of meeting – 13th september 2018**

**ACCURACY**

SE picked up on one matter, covered in the “CLOSED” section, otherwise the minutes were deemed an accurate record.

**ACTIONS from last meeting**

**Flu vaccinations**

Previous Action - HP to make sure that this flu vaccination MOU document has been included into the CCG Prescribing Matters newsletter

HP stated that the CCG had not included this MOU document in the CCG prescribing matters newsletter, because they stated that there had been no instances of CPs and GPs fighting over Flu vaccinations.

SE stated that there had been lots of instances of GP surgeries vaccinating with the wrong vaccines– but this had been a National matter which had been addressed.

DF stated that her stores currently have lots of Fluad stocks.

HP stated that patients should be signposted to these Boots branches – HP stated that this information would be passed to the CCG.

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| --- | --- | --- | --- |
| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **For all LPC members to communicate to HP details of their vaccine stock levels – for signposting purposes.** | **All** |  |
| **2** | **To send a survey out to C&H contractors to ask them for details of their vaccine stock levels.** | **HP** |  |

**JSNA**

Previous Action – All members to look at their allocated sections of the 2018 Health and the Environment” portion of the JSNA

NP stated that no members had carried out this work, apart from SE.

NP reiterated that this work was very important. NP asked SE how he had found the work he had done.

SE stated that he had been looking at the “diet” section and he had wondered whether the document should have been split up for individual members to research – his urge had been to read the whole document to link diet with other health matters.

SE suggested that perhaps three LPC members should sit down and go through the whole document to come up with ideas about developing new services. SE cautioned that this work would take a whole day though.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3**  **Previous** | **All members to look at their allocated sections of the “2018 Health and the Environment” portion of the JSNA.** | **All members** |  |

**Pharmacists in GP practices**

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **4**  **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** |
| **5**  **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** |  |

HP stated that there were currently 8 pharmacists working in C&H GP practices under the NHS scheme, however other GPs may be employing pharmacist privately.

**Hackney public health**

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**  **previous** | **To work out exactly how this service operates and to issue a guidance to contractors.** | **HP** |  |

**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 now has the details to complete the above action.

**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** |  |

**nhs e**

Summary Care Records - Update

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

HP stated that he hoped that the above action would not be needed in due course.

Previous Action – HP 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 stated that he had found out from the PSNC that a locum would have to have their smartcard assigned to a particular pharmacy by the RA.

**4. update on lpc strategy meeting**

HP stated that the workstream document is currently available to all members on the Google Drive – and all members can amend the document.

The members agreed that when changing content – they should change the font colour of this new content to red (this would be changed to black when all members had read the content).

SE stated that he would send the self-evaluation work to HP, for addition to this folder.

**5. NHS E LR**

**Enhanced Services Update MOS & MAS**

RR stated that he and HP had had a meeting with NHS E LR, together with CCG leads and neighbouring LPC members.

RR added that wrt. the MOS – this service (in its present form) would be decommissioned in March 2019.

**MAS**

SE stated that the LPC presentation had read very well.

SE wanted to ask who would be the person who would check whether patients would be deemed “socially vulnerable” – to qualify for the service.

HP stated that that the LA are currently the experts on this definition. HP stated that the age and physical disability exemptions will not automatically apply for this MAS.

HP stated that CPs may need to ask whether patients are currently on Universal Credit.

HP stated that he has had discussions with NHS E LR to make sure that CP only need to ask one question to patients to see if they qualify for the MAS.

KS asked about whether the formulary had been set.

HP stated that NHS E LR had said that there is currently no plans to promote and market this new MAS.

HP stated that limits would be put in place for this new service.

HP stated that the National OTC guidance is currently being used to influence the formation of this new MAS.

HP stated that the DMIRS condition and product list must match up with the condition and product list for the new MAS.

DF asked whether HP could supply her with a list of the pharmacies in C&H that would be providing the new MAS.

HP stated that only patients who are registered with a GP n the C&H area could utilise this new MAS.

HP asked the members what the service should be called.

The members agreed to name the new MAS as “Pharmacy First”.

SE stated that he was worried that the pharmacy staff would get abuse from some patients when they would realise that they wouldn’t be eligible for the new MAS.

HP stated that the old MAS will be decommissioned on 31st March 2019 – however NHS E LR have said that this would not be a hard and fast date.

**SCR - update**

HP stated that the “neighbourhood” IT board will be looking at getting a universal switch on of enhanced SCR for all C&H GPs and CPs.

This “switch on” would involve implied patient consent.

**DMIRS**

HP stated that 44/65 C&H pharmacies have registered for this service.

DF and PM stated that some Boots pharmacies have not registered because they do not currently have computers in their consulting rooms.

HP stated that some Boots pharmacies in London have “hatches” – he wondered whether these pharmacies could register for DMIRS.

SE asked HP to inform him whether all of his pharmacies had signed up for this service.

RR stated that he had attended the training event for this service. RR added that a training webinar would also be available.

HP stated that the original “go live” date had been pushed back from 1 November to 12 November 2018 (due to I.T. issues).

RR stated that no further training will be required to carry out this service.

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

HP stated that he had not been able to attend this meeting, however the main topics of discussion had been DMIRS and the Flu vaccine supply and delivery issues.

HP asked someone to deputize for him for the next upcoming meeting on the 14th November 2018 – the MAS will be discussed at this meeting.

NP stated that he may be able to deputize.

**NUMSAS**

HP stated that there is currently nothing new to update on this – as he is currently doing lots of investigative work to solve the referral issues around this service.

RR stated that he has had real issues trying to reconcile payments for this service.

**Market Entry**

HP stated that a Boots branch had relocated, however this was currently in the Westminster area.

HP also stated that the two applications made by Sanjivani Ltd had been rejected.

**QUALITY PAYMENTS**

HP stated that the new requirements had come out and there seems to be more work to be done here for CP for no more money.

HP stated that his work as CEO would be to make sure that contractors qualify for these payments.

HP asked how the contractors should be contacted about how to qualify.

SE stated that PSNC or NPA had not issued any resources or guidance for this issue, therefore it may be prudent to wait for these to come out before directing contractors to these.

SE stated that the PSNC webinar on FMD had been very useful and had answered a number of his concerns.

**6. CCG updates**

**Neighbourhoods**

HP reminded that there would be eight neighbourhoods in C&H – all the clinical leads have been recruited – mainly GPs.

HP added that there could possibly be a CP clinical lead in each neighbourhood – but these pharmacists would have to paid for their attendance and work.

HP stated that he had proposed that these leads should be paid £450 per month – he is to put in a bid for this money – he had been asked to submit the costings for the appointment of a CP neighbourhood lead.

HP stated that the GP clinical leads would be paid from the transformation funds.

HP stated that the eight neighbourhoods would use a common framework to enable health and social care pathways to be developed – with CP’s input.

The members were happy for Hp to bid for the money to pay the CP clinical leads to represent the eight neighbourhoods.

HP stated that the Neighbourhoods are being called by other names across the UK – Primary Care Homes (PCHs) and Primary Care Networks (PCNs).

RR and SE stated that no LPC member had attended any recent quadrant meetings – they were unsure whether these would continue.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **12**  **previous** | **To share the Primary Care Network document to all members.** | **HP** |  |

**prescribing board – now called MOPC (medicines optimiastion and prescribing committee)**

HP stated that the links with the CCG were strengthened at the meetings of this board/committee.

HP stated that the work on decommissioning the MOS has been side-lined for the moment – HP stated that the MAS should be prioritised.

**Discharge to pharmacy**

HP stated that this service had also been side-lined for the moment due to delays at the Homerton.

**EOLC service**

HP stated that the existing service was currently running well – NHS E LR is currently commissioning a London wide service (to start in April 2019), which would supersede this one. HP stated that the London wide service would probably only be available to two pharmacies per CCG area – dependent on longest opening hours – i.e. pharmacies with the best access.

HP stated that there had been seven callouts during the last quarter for the existing, local service.

SE reminded that this service had been developed via the quadrant meetings.

**7. transformation and I.T. enabler boards**

RR stated that he had been attending meetings for these boards.

RR added that he wondered whether attending these meetings was currently good value for money. RR added that there is a great deal of reading involved when preparing to attend these meetings.

**8. hackney public health**

**HLP update**

HP stated that at the recent CCG meeting, Michelle ??? is keen for CP to engage with her wrt. improving HLP work.

**STOP SMOKING**

KS stated that the “quit manager” software platform is very user unfriendly and full of errors (patient names are wrong for letters of recommendation).

RR agreed that there are currently lots of problem with this platform. RR stated that he had communicated these problems to PH. RR asked for members and contractors to send him examples of their issues, so that he could feed back the details of the problems.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **13**  **previous** | **To send out comms. to contractors asking for their examples of problems to do with the quit manager platform.** | **HP** |  |

RR advised that contractors/members should follow up any phone conversations with the Stop Smoking team with an email – detailing what was talked about/agreed.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **14**  **previous** | **To arrange a meeting with Hackney PH to talk about solving the problems wrt. the quit manager platform** | **RR** |  |

HP stated that the GP confed. are also complaining about this software platform.

**Tender Update**

HP stated that after many negotiations had taken place with Whittington Health NHS Trust, and finally there has been agreement over the terms and conditions of the four tiers.

HP stated that wrt. the Platinum tier -

* HP has agreed to 50% of 4-week quitters followed up at 12 and 24-weeks with quit status established – provided there is an I.T. reminder system built in to the software.

RR asked HP to feedback to Whittington health to add the facility for the software to remind patients of their appointment via SMS.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **15**  **previous** | **To feedback to Whittington health to add the facility for the software “Quit Manager” to remind patients of their appointment via SMS.** | **HP** |  |

HP also stated that the definition of “priority groups” mentioned in the four tiers have changed to now only include patients from certain parts of the world (as requested by Hackney Council). HP stated that this is discriminatory, and as a result these patient groups are only something CPs should work towards.

HP stated that “one to one” Skype supervision sessions will also be provided by CPs.

HP stated that those Pharmacies hitting the “Silver” tier – will receive less money than before.

HP stated that he had agreed for staff providing the service to attend a one-day motivational training session.

*SE thanked HP for his hard work in negotiating the best deal for this service for C&H contractors.*

**City of London – Stop Smoking Service**

PM and DF stated that the service is going well in the City.

HP stated that WDP have not engaged with the LPC at all.

**Sexual Health -Pharmoutcomes update**

HP stated that the new Ulipristal module is currently up and running and is in its test phase.

HP stated that he would need to give contractors an updated PGD, as it currently states that Levonorgestrel can be given up to 96 hours after intercourse, when it is only licenced for use up to 72 hours.

HP stated that this module would go live during the next two weeks, and he added that he would remind contractors of this event.

**Substance misuse**

KS stated that he had attended a training evening a month ago. KS added that not many people had attended. KS stated that an SLA for both services had had to be signed and sent back to the commissioner – details of the SLAs had not differed from before.

KS stated that the needle exchange collection company had changed and there have been issues last month with waste not being collected.

HP stated that he had raised this as a public health issue with the council and the company had assured a monthly collection.

HP stated that he is currently working on a Nyloxin supply service complete with a PGD.

**Healthy Start Vitamins**

RR stated that payment details need to be inputted via Pharmoutcomes in order for contractors supplying this service to be paid (by a company called Hendry).

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **16**  **previous** | **To email contractors with the reminder to input payment details onto Pharmoutcomes so that they could get paid for the “Healthy Start Vitamins” service.** | **HP** |  |

**9. CEPN**

NP stated that the board had not met, therefor there was no update.

**10. hackney health scrutiny**

KS stated that he had not attended the last meeting.

HP stated that this board had been kept abreast of the events wrt. the progress of the MAS and MOS developments. HP suggested that an LPC member should attend the next meeting as the CCG would be attending.

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

**11.** **Dates of next meetings 2019**

* + 10th Jan – formerly 17th
  + 21st March
  + 16th May
  + 25th July
  + 26th September
  + 21st November