 **MINUTES - open**

** 10th January** **2018**

 **14.00 – 16.00**

 **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 Pfizer (sponsors of refreshments) – on the subject of smoking cessation**

**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 – 8th NOVember 2018**

**ACCURACY**

SE picked up a spelling error on p8.

The sentence:

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

*Should read:*

***“HP stated that he is currently working on a Naloxone supply service complete with a PGD.”***

RR then signed off the “OPEN” November 2018 meeting minutes as an accurate record.

**ACTIONS from last meeting**

**Flu vaccinations**

Previous Action - For all LPC members to communicate to HP details of their vaccine stock levels – for signposting purposes.

HP stated that stock supply numbers were required to be entered onto the SONAR platform. HP added that he did not know what the commissioners had done with this information.

HP stated that late FLUAD supplies had been made in November 2018.

RR stated that he currently has excess stocks.

SE commented that supply chain issues had hampered CP’s Flu vaccine activity in 2018 – CP had done everything it could have done to make this service a success.

SE stated that vaccine companies had been asking his pharmacies to buy flu vaccines for the 2019/2020 season.

HP stated that the earlier contractors order vaccines – the earlier they would be delivered.

SE stated that, until he would receive clear guidance on what vaccines to use (i.e. whether the new FLUAD vaccines are to be licensed), he would not order his vaccines. SE stated that this would mean that he would not be receiving his orders in September 2019.

SE asked why it was presently so difficult for NHS imms. team to clearly advise contractors over what vaccines to order.

RR stated that there had been complicated issues over the best methods to effectively vaccine over 65s.

HP stated that he had put local surgeries in touch with local CPs to share vaccine stocks.

**JSNA**

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

SE stated that it may be better for all members to read over the whole “2018 Health and the Environment” portion of the JSNA – instead of having the sections divided up for individual members to look at – one member may pick up something that another member would miss.

SE proposed that a sub committee be set up t look over this document.

RR proposed that three members be asked to report back on their sections at the next meeting.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1****Previous** | **To select three members to report back on their allocated sections of the “2018 Health and the Environment” portion of the JSNA at the next LPC meeting.** | **HP** |  |

**Pharmacists in GP practices**

Previous Action – KS 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 stated that he had sent these priorities to HP – which detailed a list of duties which CP could carry out to save GPs time.

KS added that his Pre-Reg had alerted the local GPs to the waste created by 84-day scripts using photos and KS added that this had resulted on the decreasing of some scripts for some patients.

HP stated that he would forward these learns to the other members.

**84 – Day prescriptions**

HP referred to the NHS E guidance on “how to prepare for medicine shortages” - and reminded that pharmacies should only keep 6 -weeks’ worth of stock (i.e. to not stockpile).

SP stated that some of his local surgeries had been issuing 112-day scripts, therefore when this NHS guidance had come out – he saw an opportunity to inform these GPs to recommend the GPs reverting to giving out 56-day scripts.

HP stated that he would be using this document to get C&H CCGs to reduce the period of treatments for scripts.

SP stated that patient representatives had been shocked at the amount of medicine wastage associated with 84 – 112-day scripts.

**nhs e**

Summary Care Records - Update

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2****previous** | **To re-send out enhanced SCR access consent form to all C&H pharmacies.** | **HP** |  |

 **Stop Smoking – Quit Manager**

RR stated that “Quit Manager” now has the facility to send patients SMS messages to remind them of their appointments.

**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).

RR stated that he had not been paid yet for this service.

KSo stated that this provider doesn’t currently send a remittance advice for this service.

**4. NHS E London**

**Minor Ailment scheme – pharmacy first**

The members discussed the latest developments wrt. the MAS. The following actions resulted from this discussion:

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3****previous** | **To invite LPC members to join the MAS development subcommittee – to meet within ten days.**  | **HP** |  |
| **4** | **To meet to discuss the set up and management of the new MAS.** | **MAS sub committee** |  |

**MOS**

 The members discussed the latest developments wrt. this service.

**Digital Minor Illness Referral Service (DMIRS)**

KS stated that he had had a referral and the form filling had been long and onerous – the patient also became impatient because he had had to ask him the same questions that NHS 111 had asked him.

 HP stated that there had been 885 referrals up to the 6th January 2019 across London.

 HP added that 1259 pharmacies are currently commissioned to deliver this service.

HP stated that lots of these pharmacies have not validated themselves by completing the test patients.

 HP stated that he would be chasing the pharmacies who had not validated.

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

PM stated that he had sent a report on attending this meeting.

 HP stated that the ten-year plan had been released and was discussed.

HP asked whether PM could attend the next one of these meetings on the 14th February 2019 – as he would be on A/L.

**NUMSAS**

HP stated that he had tried in vain many times to obtain activity data on this service from NHS E LR.

HP stated that this week he had received activity data from Anenta – and he now has a log in for the NUMSAS dashboard.

HP stated that the activity is currently in single figures every month.

HP stated that some pharmacies have not activated the email from Anenta – to become active.

HP added that NHS 111 needs to make the correct referrals to these pharmacies – the algorithm must not refer to GP OOH services for patients who don’t have any medicines.

HP stated that lots of these referrals take place late at night and on Sundays – therefore the City Boots branches must be worked with to provide this service.

**Market entry**

HP stated that there was nothing to report on this.

**Quality Payments**

HP stated that he had sent out many emails on this subject and he would continue to send them out over the next couple of weeks.

HP stated that only 8 pharmacies were designated as HLPs according to last year’s QP results.

**5. Update on LPC Strategy meeting on 13th September 2018**

HP stated that the google drive links had been sent out to members, however he would resend these links.

**6. CCG updates**

 **neighbourhoods**

HP reminded that he had put in a bid for funding of approx. £50,000, and this would pay for 8 pharmacy clinical leads to attend meetings and carry out work in the neighbourhood areas from April 2019.

HP stated that the LPC would also get paid for managing this work.

SE asked what the members should do about attending the February 2019 split quadrant meetings.

SE asked whether similar topics would be discussed at all eight of these meetings.

SE, HP and SP stated that they would attend some February 2019 quadrant meetings.

RR stated that “Neighbourhoods” had been mentioned in the NHS Long Term plan.

RR stated that the neighbourhoods would be named after parks.

**7. MOPC (Medicines Optimisation Prescribing Committee)**

 **requesting prescriptions**

HP stated that the Lawson practice has declared that local Pharmacists may not request prescriptions on behalf of patients.

 This matter was then discussed by the members.

**Discharge to pharmacy**

HP stated that the progress on this service has stagnated. HP added that the Pharmoutcomes has been procured for this service and there would be a meeting on this service in the coming weeks.

 **EOLC service.**

HP stated that this service would end on the 31st March 2019 – a London wide service would take over on the 31st March 2019. HP stated that expressions of interest will be sent out by NHS E LR in the coming weeks. HP stated that it would be expected for two pharmacies per borough to participate.

HP stated that the current local service has had good press and Newham has asked C&H contractors to provide this service for the next three months for their borough’s patients for an extra cost of £50 per week – prescriptions will still be issued from St. Josephs.

HP stated that a stock holding service will continue – and the CCG will reimburse pharmacies for out of date drugs.

**8. transformation board**

RR stated that he is still attending the transformation board meetings and the four workstreams are being discussed with the neighbourhood model.

 RR stated that PWC had been employed to assess the role of the Transformation Board.

 RR stated that a clinical reference will be set up.

 SE asked what the future of the Transformation Board would be according to the NHS E plan.

 RR stated that he didn’t currently know, however it had given many different providers and commissioners the opportunity to work closely together.

 RR told the meeting about the Montefiore Health System in the Bronx, New York, which had found ways of helping even the most deprived by stepping beyond the bounds of conventional health services.

**9. i.T. enabler board**

HP stated that he would be attending these meetings in place of RR.

HP added that funding has been won to supply Hackney Pharmacies with HIE (Health Information Exchange).

HP stated that records from Primary and Secondary and social care settings will be able to be viewed by CP – all in one place. HP stated that Pharmoutcomes will be the portal around which this could be accessed.

HP stated that the records would be read only – but the option to add notes will be granted to CP.

HP stated that IPs could use this information to take care of patients in the community.

HP stated that this would be rolled out in the next few months.

RR stated that this facility had been granted to Hackney because of RR’s presence on this board.

**10. hackney public health**

 **HLP**

HP stated that he would have to get in touch with Michelle Wiiliams for an update on how many pharmacies are active and are currently registered as HLPs.

 **Stop Smoking**

The members stated that the scheme was running well, apart from a few problems involving the voucher scheme.

RR stated that a training session had been organised in December 2018 – on the subject of motivational interviewing – the next such training would be on 7th February 2019 for a whole day.

**SEXUAL HEALTH**

HP stated that pharmacies will be able to give out both Ella One and Levonorgestrel.

HP stated that more referrals for the treatment of Chlamydia are not in high numbers because only a few pharmacies are on the Homerton’s referral list.

HP stated that he would send out a reminder for pharmacists to sign up for the Azithromycin PGD.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **5****previous** | To send out a reminder for pharmacists to sign up for the Azithromycin PGD. | **HP** |  |

**SUBSTANCE MISUSE**

KS stated that there is nothing new to report.

HP stated that Craig Middleton is the new lead for these services.

**Needle exchange**

KS stated that the collection is meant to happen on a monthly basis.

**Healthy Start**

HP stated that some contractors had not been being paid for this service and this is being monitored.

**11. city of london**

 **STOP smoking**

There was nothing to report on this matter.

**12. cepn**

 NP had no update on this.

**13. Hackney Health Scrutiny Commission**

KS stated that he had attended a meeting on the Tuesday passed and highlighted two things:

* A CCG presentation showed that the GP’s child immunisation numbers were currently low
	+ KS had stated at the meeting that CP could help increase these numbers.
	+ SP stated that vaccination numbers had been low in London according to the JSNA.
* There is currently much concern about Babylon Health – which could transform how GP surgeries work.
	+ There are 40,000 patients registered with them – typically young people.

HP stated that GPs have access to Skype and could easily compete with a company like Babylon Health.

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

**14.** **Dates of next meetings 2019**

* + 21st March
	+ 16th May
	+ 25th July
	+ 26th September
	+ 21st November