 **MINUTES - open**

** 21st March** **2019**

 **14.00 – 16.00**

 **Yum Yum Restaurant, 187 Stoke Newington High St, Stoke Newington, London N16 0LH**

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| --- | --- | --- | --- |
| **Member Name** | **Initials** | **Attendance****A= Absent,****Aa= Apologies sent.** | **Attendance this financial year** |
| **Raj Radia (chair)** | **RR** | Related image | **5 of 5** |
| **Stewart Evans** | **SE** | Related image | **5 of 5** |
| **Kirit Shah** | **KS** | Related image | **5 of 5** |
| **Peter Muska (CCA)** | **PM** | Related image | **4 of 5** |
| **Emma Guy (CCA)** | **EG** | Related image | **4 of 5** |
| **Monty Esat** | **ME** | Related image | **5 of 5** |
| **Dee Fasan (CCA)** | **DF** | Related image | **3 of 5** |
| **Sunil Patel** | **SP** | Related image | **4 of 5** |
| **Kirit Sonigra**  | **KSo** | Related image | **5 of 5** |
| **Nickil Patel** | **NP** | Related image | **5 of 5** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Related image |  |

**1. 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.

**2. Approve minutes and follow up Actions from Open section of meeting – January 2019**

**ACCURACY**

RR signed off the “OPEN” January 2019 meeting minutes as an accurate record.

**ACTIONS from last meeting**

**JSNA**

Previous Action – HP 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.

SE stated that this action was first discussed in May 2018 and that this action must be taken forward.

HP reminded the meeting that one reason for going through this document was to try to find evidence to support the development of the new local MAS.

NP stated that this is the only document which highlights the health issues for the C&H area – with data included. NP added that there are unmet patient needs highlighted in the document for undiagnosed patients who may have diabetes, hypertension and/or COPD.

SE suggested that the commissioning climate is currently changing and the LPC’s work on developing new services would be dictated by the work of the PCNs (Primary Care Networks). SE suggested that this work may be carried out by PCNs and that maybe the LPC should wait to carry out this work.

NP suggested that CPENs should be approached to ask for funding for services.

HP stated that the members should read the JSNA.

NP suggested that he go through the whole the document and produce a list of unmet needs to be acted upon by the LPC.

EG suggested that the Executive Summary be looked at to find these “unmet needs”.

HP stated that it is rumoured that there may be only five CCGs operating in London by next year 2020 – therefore the commissioning landscape may well be changing in a significant way.

SE suggested that the PCNs will not be forthcoming to CP wrt. asking CP to deliver paid services – SE suggested that these Networks are insular and will not readily release funds.

HP hoped that as part of the new pharmacy contract – PCNs would have to be amenable to CP asking them for funding to deliver services.

KS suggested that NP should be reimbursed for his time going through the JSNA.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **To go through the JSNA and produce a list of unmet needs that the LPC can use to get new services commissioned.** | **NP** |  |

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

HP stated that there had been no further updates on this. HP suggested that members look at their sections and comment on this document – even if the comment is “no update”.

 **4.** **NHS England London**

**Summary Care Records – Update**

HP stated that there was nothing to update wrt. this topic.

RR stated that patient’s vaccination data can be viewed via ESCR – which can be useful.

**Enhanced Services Update MOS & MAS - Report from 7th March 2019 meeting with NHSE & CCG**

The members discussed the current state of the MAS and MOS.

**DMIRS**

HP stated that the steering group has suggested that a list of open cases should and has been being sent to LPC’s every Monday to ensure that contractors are contacted to close their open cases.

HP added that if the patients are “no shows” for this service – then these should also be closed.

HP stated that he had received a list of 20 “open cases” as of last Monday.

HP stated that CPs in London must make sure that DMIRS is a success – because the next step will be GP referral DMIRS – which will be well paid, and the number of patient referrals will be very high.

**Report from RR from last NHSE/LPC meeting 14th Feb 2019**

RR stated that William Cunningham Davis (Director of Primary Care – NHS E) had been present at this meeting.

**EOLC**

RR stated that the rolling out of this service has been delayed – the new date is June 2019. RR added that the existing version of this service will run alongside the new version until the end of September 2019.

**NUMSAS**

HP stated that the pilot should come to an end in September 2019.

RR stated that he currently finds it very difficult to reconcile the payment s of this service.

HP stated that the Anenta portal is used to log entries for this service – and this is not as user friendly as Pharmoutcomes – which other areas of the country are using.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2** | **To compare an ANENTA NUMSAS claim with a Pharmoutcomes claim.** | **HP** |  |

HP stated that it will be essential that CP continues to be involved in the urgent care pathway – via NUMSAS.

**Market Entry – Update on New applications**

HP stated that –

* + a minor relocation for Sonigra Chemists – which has been approved.
	+ A minor relocation for Finstead Pharmacy – for redevelopment – nothing opposed here.
	+ A direct distance selling pharmacy application – on border of C&H – in “containerville” – this cannot be opposed unless there is a technical issue – HP stated that the LPC has made a response that this would not be a suitable site for a pharmacy.

**Quality Payments - Update**

HP stated that, Nationally, there had been 10000 QP submissions.

SE stated that 564 claims nationally were non validated – the lack of NHS mail had been an issue. SE added that there would be no QP scheme in the first part of 2019.

HP stated that this would be less work for CP, however this would also mean a lack of the £3000 payment.

**5.** **CCG updates**

 **Neighbourhoods and PCNs**

 The members discussed the development work of these bodies and systems.

**Medicines Optimisation Prescribing Committee (MOPC)**

Discharge to pharmacy service

HP stated that the only thing holding this service back is the Homerton’s IT system – which is currently being upgraded.

HP added that this service would not be remunerated – however patients would be referred to CP, who could then be given an NMS or MUR (discharge). HP stated that it would be a big advantage for CP to receive the discharge summaries directly – this would improve the clinical care for these patients.

HP stated that CPs would only need to accept the referral and tick a box to say that the patient had been given the MUR.

EG stated that in other areas, this service is running, and the response work is lengthy and onerous.

HP and RR stated that the work for CP in C&H wrt. this service would be minimal.

SE stated that any other work involved with this service should be appropriately funded to pay CPs for their time.

HP reminded the meeting that the 200 MUR cap limit could be used to secure payment for this service over the coming months.

HP stated that this service would be sent via Pharmoutcomes.

EOLC service

HP stated that the local service is not doing massive numbers – however this may be due to the success of the “in-hours” formulary that Pharmacists are currently holding.

HP stated that this service would be extended past March 31st, 2019 for at least three months – HP stated that he would send out a new rota to all the pharmacies soon.

**6.** **transformation board**

RR stated that he had attended a long workshop meeting recently (which had been in response to the survey report done by PWC).

**7.** **i.t. enabler board**

HP stated that he would be attending this board in place of RR.

**H.I.E. (Health Information exchange) update**

HP stated that Pharmoutcomes would be the portal for this service – and a Pharmacist only would be able to input a patient’s NHS no. and then gain access to the GP, Social Care, Mental Health & Secondary Care records for that patient.

HP stated that this would be rolled out towards the end of 2019.

HP stated that patient consent would be gained the same way as for SCR.

CP will only begin with read access.

**DISCOVERY**

RR stated that this might take another couple of years to implement and would be a web-based program which would show live data.

**8.** **Hackney Public Health**

**HLP – Update**

HP stated that there is no update on this – however the local councils are still adamant that CP continue their LPC development.

**Stop Smoking – update**

RR stated that the service is finally running relatively smoothly.

HP stated that RR has done a great deal of work with getting “Quit Manager” to a state where it is fit for purpose.

**Sexual Health -Pharmoutcomes update**

HP stated that many consultations have been made where Ella One had been dispensed.

HP stated that the contract for this service is still held by Hackney Council, however the governance of the service is being made by the Homerton sexual health clinic. HP stated that problems with this service need to be directed to the right place for resolution.

HP stated that he had managed to change the funding template – so that the consultation fees would now have been paid by Hackney Council.

Chlamydia treatment

HP stated that the recommended first line drug for this service has changed from Azithromycin to doxycycline. HP added that he had managed to secure a new PGD for doxycycline– but he would have to set up some online training for this over the coming weeks.

HP stated that more pharmacists should get accredited for this service.

**Substance Misuse. Report from HP of procurement meeting held on 27th Feb 2019**

KS stated that he has had serious issues with the collection of bins – they had not been collected – however this issue has now been solved.

KS stated that re. ordering needles – a spreadsheet would need to be submitted for the provider (WDP) to work out the number of bins a pharmacy would need.

HP stated that this service would now be going out to tender – and will be rebranded as a drug and alcohol service. HP stated that the LPC would have an input on how this service would be developed.

HP stated that HP is currently working on a service which would give out **Acamprosate –** however he is experiencing barriers because of the current view that CPs do not have the **psychological training to treat patients with this drug.**

The members agreed that CPs are not currently adequately trained to hand out this drug.

HP stated that he would continue to work on this service.

**Healthy Start Vitamins**

RR stated that this service pays quarterly, and the payments had not been forthcoming – KSo echoed this. RR added that he had found out that the payments were approx. 4-6 weeks late.

KS stated that this service was a lot of work for very little pay (97p).

**City of London**

Stop smoking Service

HP stated that there are no issues to do with this service.

**9.** **CEPN**

NP stated that he could not attend the last meeting – due to a car breakdown - however he would obtain the minutes from this meeting.

**10.** **Hackney Health Scrutiny Commission**

KS stated that he had attended the last meeting of this group last week and only the MAS had been discussed there which pertains to CP. KS added that Healthwatch always have a strong presence there.

**Health and wellbeing board**

HP stated that this board is a powerful one and NHS E cannot decommission an enhanced service without the agreement of this board.

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

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

* + 30th May
	+ 25th July
	+ 26th September
	+ 21st November