 **MINUTES - open**

** 30th May** **2019**

 **14.00 – 17.30**

 **Tomlinson Centre**

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| --- | --- | --- | --- |
| **Member Name** | **Initials** | **Attendance****A= Absent,****Aa= Apologies sent.** | **Attendance this financial year** |
| **Raj Radia (chair)** | **RR** | Related image | **1 of 1** |
| **Stewart Evans** | **SE** | Related image | **1 of 1** |
| **Kirit Shah** | **KS** | Related image | **1 of 1** |
| **Peter Muska (CCA)** | **PM** | Related image | **1 of 1** |
| **Vijay Saran (CCA)** | **VS** | Related image | **1 of 1** |
| **Monty Esat** | **ME** | Related image | **1 of 1** |
| **Dee Fasan (CCA)** | **DF** | Related image | **1 of 1** |
| **Sunil Patel** | **SP** | Related image | **1 of 1** |
| **Kirit Sonigra**  | **KSo** | Related image | **1 of 1** |
| **Nickil Patel** | **NP** | Related image | **1 of 1** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Related image |  |
| **Laura Sharpe****CEO of GP Confederation** | **LS** | Related imagefrom 15.00 till 15.30 |  |

**1. Meeting Part Sponsored by Tillotts Pharma Uk**

Sanjay Kalia gave the presentation.

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

There were no DOIs or COIs raised.

SE presented VS with an LPC new members guide – which covers the corporate governance and includes the principles of the LPC for note.

SE asked VS to fill in and sign a confidentiality agreement and a DOI document.

HP asked the members to remind themselves of the NOLAN principles of public life and to sign to this effect.

**3. introductions**

VS stated that she works for Boots as a professional standards manager – her background is as a pharmacist

**4. Approve minutes and follow up Actions from Open section of MAR 2019 MTNG**

**ACCURACY**

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

**ACTIONS from last meeting**

JSNA

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

NP stated that he would complete the above action by the next LPC meeting.

NHS England London

Previous Action – HP to compare an ANENTA NUMSAS claim with a Pharmoutcomes claim.

HP stated that he currently uses Pharmoutcomes and it is a very useful platform. RR stated that using Anenta for the NUMSAS was currently a chore – and payments could not easily be reconciled.

HP stated that the plan would be to put pressure on NHS E LR, through PL, to change platforms for NUMSAS to Pharmoutcomes.

SE stated that the choice of platform is ultimately with the commissioner.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2** | **To raise this issue at PL and then collectively log a complaint with NHS E LR – stating that Anenta is not fit for purpose – Pharmoutcomes should be used to replace it.** | **HP** |  |

RR stated that carrying out the NUMSAS is not difficult – but the paperwork and reconciling the payment is very difficult.

HP reminded that the CCG would be paying for a Pharmoutcomes licence for HIE and TCAMs.

HP stated that he is currently trying to persuade the CCG to buy a full Pharmoutcomes licence.

Hackney Public health

Chlamydia treatment

HP reminded 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.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3** | **To set up training for the chlamydia treatment service- in light of securing a new PGD.** | **HP** |  |

**5. strategy update**

SE asked whether the CCA members could access the LPC strategy document – the CCA

members present stated that they could access this document via private computers, tablets and phones.

HP brought up the workstream document on a projector and highlighted the following points:

* EG’s responsibilities had been taken over by VS.
	+ SE spoke to VS about the responsibilities and actions of the groups VS was now a part of.
* The actions labelled as Amber or Red should be looked at in between this meeting and the next – any issues should be made agenda items at the next meeting.

SE stated that the LPC strategy would have to change to reflect the changes in the CP landscape – i.e. the amount of work needed to engage with PCNs.

SE and NP suggested that another strategy meeting should be organised for the members to redirect the LPC strategy towards engaging with PCNs.

HP and RR suggested that a strategy meeting be set up after the announcement of the new CP contract.

**6. NHS E**

**SCR**

HP stated that there was no update on this.

**NUMSAS**

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

**Market entry**

HP stated that he had sent out the log the day before – and nothing contentious had come up.

SE asked about the state case of the Pharmacy application at the “Containerville”.

HP stated that there had been no decision made about this case.

HP stated that he had referred a contractor, who wished to fill out a GPHC minor relocation application, to KS for help in filling out the forms.

SE and SP wondered whether this was currently the responsibility of the LPC – and in future – such requests from contractors should be met with the reply that it is beyond the LPC’s remit.

**The members agreed that it would not be appropriate for the LPC to help a contractor with the filling in of a GPHC application, however it would be appropriate for the LPC to signpost contractors to other local contractors for help in filling out relocation applications.**

**7.** **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 this service is being renamed TCAMS (Transfer of Care around medicines).

HP added that every London area has an AHSN (Academic Science Health Network) and they have been given funding to push this service forward.

HP stated that, following an IT upgrade at the Hommerton, in the next few months – TCAM would be live.

HP stated that this would not be a paid service – but it would enable CPs to carry out NMS’ and MURs for patients who had just been discharged from hospital.

SP stated that some London areas are agreeing to participate in this service, in order to collect meaningful data– but only until next March 2020.

SE stated that this service would demonstrate how CP’s role in this pathway would improve patient care – and CP should welcome this service.

RR stated that the LPC should be careful not to promote a service which is not remunerated.

SP stated that patients will only be directed by Hospitals to pharmacies that would be signed up to this service – therefore it would be in all the CPs interest to sign up to this service.

HP stated that the CCG have bid for funding for training for this service.

HP added that the action for pharmacists would simply be ticking boxes on Pharmoutcomes – saying that you have seen a discharge summary of a patient.

EOLC service

HP stated that NHS E LR want to roll out a National service in Sep 2019 - however expressions of interest have not been sent out yet, therefore this is not going to be likely. The CCG have realised this and have agreed to recommission this service until March 2020 and PSP Ltd. will manage the service.

HP stated that the stocking part of this service has been reducing the amount of call outs for this service. HP stated that data for this service is not currently being collected sufficiently.

**8.** **transformation board**

RR stated that there had been no meeting to attend since the date of the last LPC meeting.

HP stated that the NEL CCGS will merge into one SUPER CCG.

HP added that C&H CCG are trying to plead a special case, which will mean that they would not be merged with the rest.

**9.** **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 C&H pharmacists will soon have access to the HIE via Pharmoutcomes – therefore patients would be ask for consent – and then a pharmacist would log into Pharmoutcomes and then they would input the NHS number to access the patient’s HIE profile – which will show the latest care provided by Primary, Secondary, Social Care and Community nursing.

HP stated that this profile will be more useful than eSCR.

HP stated that C&H will be pioneering this.

**10.** **Hackney Public Health**

**Stop Smoking – updatE**

RR stated that only one evening refresher training session – 11th July 2019 had been organised. RR added that this was not sufficient.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **4** | To ask for more “Stop Smoking” refresher training dates in a month other than July 2019. | **RR** |  |

KS stated that the “Stop smoking” payments are very difficult to reconcile.

SE stated that the facility to not be able to reconcile these payments properly was a ludicrous state of affairs in 2019.

RR stated that he has to spend a whole day reconciling payments.

HP stated that this issue was raised at PL – where it was suggested that one platform should be used to manage payments.

**Sexual Health servcie update**

HP stated that the LPC is currently working with the Homerton to develop marketing materials to advertise sexual health services (Chlamydia testing and treatment, EHC, condom distribution and Freedom).

**11.** **CEPN**

NP stated that there wasn’t much on an update – apart from the fact that CEPN’s scope has been increased by HEE – this had led to a name change – “City and Hackney Primary and community care Hub”. NP added that CP should apply to this body to fund training.

NP stated that C&H pharmacists are not currently taking up training programs such as the Mary Seacole program.

**12.** **neighbourhood update**

HP stated that RR would be presenting a “vision” document at a Neighbourhood steering group meeting – wrt. PCN engagement strategy.

HP reminded that the LPC had held a PCN engagement evening on the 1st May 2019 – the turn out had not been ideal.

HP stated that expression of interests, job descriptions and briefings wrt. clinical lead recruitment had gone out to all C&H contractors – expressions of interest will be open for another week.

SE stated that deputy clinical leads would also need to be recruited/nominated.

**HP stated that there is a webinar on the subjects of PCNs (from the NHS perspective) on the 2nd June 2019.**

HP stated that the LPC would be billing the CCG for admin work done re. PCN engagement.

HP stated that funding is also available to train up the clinical leads.

**13.** **Hackney Health Scrutiny Commission**

KS stated that this group is currently in a recess.

KS added that this group has a new committee.

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

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

* + 17th July
	+ 25th September
	+ 21st November