 **MINUTES - open**

** 25th September** **2019**

 **14.00 – 16.45**

 **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 | **3 of 3** |
| **Stewart Evans** | **SE** | Related image**until 17.00** | **3 of 3** |
| **Kirit Shah** | **KS** | Related image | **2 of 3** |
| **Peter Muska (CCA)** | **PM** | Aa | **2 of 3** |
| **Vijay Saran (CCA)** | **VS** | Aa | **2 of 3** |
| **Monty Esat** | **ME** | Related image | **2 of 3** |
| **Dee Fasan (CCA)** | **DF** | Related image | **3 of 3** |
| **Sunil Patel** | **SP** | Related image | **3 of 3** |
| **Kirit Sonigra**  | **KSo** | Related image | **3 of 3** |
| **Nickil Patel (VC)** | **NP** | Related image**from 16.30 – at LPC conference.** | **3 of 3** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Related image |  |

1. **Meeting Part Sponsored by pfizer**

Jai Purewal gave the presentation.

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

There were no DOIs or COIs raised.

1. **Approve minutes and follow up Actions from Open section of JULY 2019 MTNG**

**ACCURACY**

KS stated that he was absent at the last meeting – when he was marked as having attended.

SE stated that he had sent through comments and corrections to HP.

SE stated that the “open” minutes showed the wrong date – May, instead of July 2019.

RR stated that the date of the next meeting

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

**ACTIONS from last meeting**

JSNA

* *Previous Action – NP to finish going through the JSNA document:*

HP stated that NP would update on this – should be able to attend this meeting later.

HP and RR suggested that the JSNA may be a useful document for the PCN Pharmacy leads to look at.

NUMSAS

* *Previous Action – HP to send an email to DTR reminding him of the complaint about ANENTA wrt. the NUMSAS service.*

HP stated that Anenta’s contract would be coming to an end – and NUMSAS would be transforming into CPCS – so this action could be closed.

HP added that the I.T. platform for CPCS would either be Pharmoutcomes or SONAR

SE and RR stated that, if the LPC could influence the selection of this platform, then SONAR would not be preferred – because it is currently a poor platform to work with. SE added that contractors are having lots of problems with adding Flu data on this platform – and Pritpal never picks up when he is phoned.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **To find out which I.T. platform NHS E LR is planning to use with the CPCS.**  | **HP** |  |

##### FLU VACCINES DATA INPUT

HP stated that flu data must be obtained from SONAR – and this data would then be inputted into MYS to claim for payments.

Hackney Public health

Chlamydia treatment

* *Previous Action: HP to**set up training for the chlamydia treatment service- in light of securing a new PGD.*

HP stated that these training sessions may be set up as Webinars – live webinars, which could then be recorded.

HP stated that there was a viscous cycle happening with this service – i.e. pharmacists don’t get referrals, because they are not trained. And then they don’t want to train, because they don’t get any referrals.

KS stated that he is trained and he still doesn’t get any referrals for this service.

**The members agreed for HP to set up the training via webinars.**

strategy update

* *Previous action: All to look at their work areas – and to action any work areas that are currently rate red by the next meeting:*

SE stated that LPCs will have a bigger role to play – according to the new contract – therefore the LPC strategy would have to be revisited to incorporate the new contract.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2** | **When the full details of the contract emerges – to meet before the next LPC meeting and discuss new LPC strategy.**  | **All** |  |

##### AGM

HP suggested that the AGM should be scheduled for the 20th November 2019 – and added that responses to his invite to contractors had been minimal – 19.

SB stated that, while working for C&I LPC, he had phoned contractors to encourage them to attend their AGM.

HP stated that he would talk with SB to perhaps ring round contractors to invite them to the AGM.

SE stated that Independents should be targeted.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3** | **To talk to SB wrt. phoning independent contractors to encourage them to attend the 2019 AGM.**  | **All** |  |

**4. CPCF**

HP highlighted the following points:

* This is a five-year deal.
* There is no growth in it.
* At the PSNC roadshows – it had been inferred that the DOHSC were still looking to make cuts.
	+ The DOHSC don’t value dispensing and they want less pharmacies.
* The establishment payment is disappearing – therefore it will not matter how many pharmacies there will be – in terms of fixed cost.
* The £13 billion amount over the five years could be renegotiated every year:
	+ The £2.6 Billion a year is ringfenced – and any money unused will be distributed among the pharmacies according to a rules table available in November 2019.
* The MURs will disappear, and the money saved will go back into the £500 million pot – which will be used to fund other services.
* According to HP’s estimates – there would be £230 million left over, over the next two years.
	+ Up to April 2020 – there will be £50 million left over – and will be distributed as per the November rules table.
	+ From October 2019 – pharmacy contractors will receive monthly transitional payments – this will come out of the £50 million mentioned above.
	+ Contractors will also receive £900 for setting up the CPCS.
* There will be more money available for services and less money for dispensing.
* FMD will disappear should Brexit happen:
	+ MHRA will establish a new UK based system – that would take several years.
	+ SE stated that pharmacies should be able to demonstrate the use of the FMD system employed – failure to do so will be published on the NHS website.
* Reimbursement arrangements:
	+ The LPC has submitted a response to the consultation on drug tariff reimbursement.
	+ The PSNC had also sent a response.
* PQS:
	+ A maximum of £75 million could be gained by CP – should they meet all the criteria.
* Engagement with PCNs:
	+ This is simple – the LPC already have their leads.
	+ Contractors need to have proof of having sent and received an email to and from their PCN lead to qualify for points – the PCN lead’s name and “f” number needs to be quoted.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **4** | **To send a spreadsheet out to all contractors – with the PCN leads for each area and their contact details.** | **HP** |  |

* Audit details will come through soon:
	+ The diabetes audit information is known – all contractors are paid the same, regardless of size and number of diabetic patients.
* Three key areas that the Gov. currently wants to concentrate on:
	+ Prevention.
	+ Urgent Care.
	+ Safety of patients.
* An aspiration payment can be applied for – 70% of the PQS payment could be applied for in advance – provided that contractors had taken part in the previous year’s QPS.

KS suggested that the important dates and deadlines should be communicated to contractors.

* 20 million patients are expected to be referred from the GP CPCS in a couple of years’ time.
* The Pharmacy Integration Fund money (£200 million) will pay for I.T. functionality:
	+ RR stated that Practice Pharmacists are being funded from this same pot.
* MURs will be disappearing.
* Medicine Reconciliation service:
	+ There is no date for this service’s roll out.
* NMS – RR stated that more risk groups will be added to this service.
* Hub and Spoke – at the moment you can only do Hub and Spoke within a legal entity – they want to change that Hub and Spoke can take place between two legal entities.
* Consolidation – this can only happen between two pharmacies until the next PNA – that would be the expiry date.

#### Flu vaccination service

The members discussed the issues associated with this season’s flu service.

**5. NHS England London**

Summary Care Records – Update

HP stated that this would be covered when the subject of HIE would be discussed.

# Enhanced Services Update MOS & MAS

##### The committee then discussed the progression and state of these services.

##### Report from last NHSE/LPC meeting

HP stated that he had not attended this meeting – however other colleagues had said that this meeting had been a waste of time.

##### Market Entry – Update on New applications

HP stated that a Boots branch in the city – was applying for a minor relocation.

HP added that the Distance Selling pharmacy in “Containerville” (In Tower Hamlets) has been approved.

**6.** **CCG updates**

#### PCNs

HP stated that the funding has been paid to PSP Ltd.

#### New Service Opportunities

HP stated that it has been announced that structured medicine reviews are a service that could be provided by any qualified health professional.

HP stated that these could be carried out by a suitably trained pharmacist – and they would have access to the relevant patient records via HIE.

SE stated that the PCN leads should be asked how the PCNs are getting on recruiting their clinical leads.

SP stated that some GP surgeries are paying CPs to carry out Strep A testing – and wondered if this funding was currently coming from the PCNs. SP added that the CPs were being paid £17 per test.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **5** | **To send details of Strep A testing by CP – paying £17 to HP** | **SP** |  |

HP stated that he would be attending a PCN leads meeting on this evening.

**7.** **medicine optimisation prescribing committee**

HP stated that he had been reporting back to them about the new contract.

HP stated that MOPC are keen to know about patient benefits.

SE wondered whether this committee would not want to know about branded generic issues.

HP stated that there are not that many branded generics in C&H.

#### TCAMS

HP stated that this service has become more important due to the introduction of the medicines reconciliation service – which would be launched in 6 months’ time.

HP stated that this service had been held up by the Homerton changing their I.T. system – and this issue is currently dragging on – as their new software is not compatible with Pharmoutcomes.

HP stated that discharge MURs could now not be carried out as a biproduct of this service.

HP stated that Homerton is now updating their software to be able to talk to Pharmoutcomes.

#### EOLC

HP stated that locally, this service was ticking along – and the National service would come in and replace this one.

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

RR stated that there had not been a meeting for quite a while – and a new Chair had been appointed - Feryal **Clark.**

RR added that a development session had taken place last week to refocus the work of the HWBs.

**9.** **i.t. enabler board**

HP stated that he had made the decision that it was not important enough for RR to attend the last meeting.

**H.I.E. (Health Information Exchange)**

HP stated that CP should have access to this in December 2019.

**eSCR**

HP stated that the GPs have suggested that enhanced SCR would have to be individually switched on for each patient.

RR stated that he had been giving his patients leaflets to encourage them to ask their GPs to turn on eSCR for them.

RR stated that he had attended his GP and he had asked that they switch on his eSCR.

RR added that his GP had asked him why he would want to do this.

RR added that there would need to be a National desire to make this happen.

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

**Stop Smoking – updatE**

#### RR stated that “Stoptober” was coming up – and pharmacies should have received their promotional materials.

#### SEXUAL HEALTH SERVICES

RR stated that he had received promotional materials for emergency contraception.

Other members stated that they had not received these.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **6** | **To contact Jules Smith to check whether emergency contraception promotional materials had been delivered to all pharmacies.** | **HP** |  |

#### SUBSTANCE MISUSE

HP stated that WDP had been providing this service up until now – and now the whole service will be put out to tender – the new provider would take over in approx. six months.

###### HEP C testing

HP stated that this would be part of the new contract and all patients on the needle exchange service would be offered the HEP C testing – and this service would come into force in the next six months.

#### Healthy Start Vitamins

The members stated that it was currently easy to get hold of these medicines using Pharmoutcomes.

#### City of London Stop Smoking

DF stated that training was being organised.

HP stated that this service may move over to Whittington Health.

**11.** **CEPN**

HP stated that NP had not sent an update.

**12.** **Hackney Health Scrutiny Commission**

KS was not able to attend the last meeting.

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

**13.** **Dates of next meetings 2019**

* + 20th November