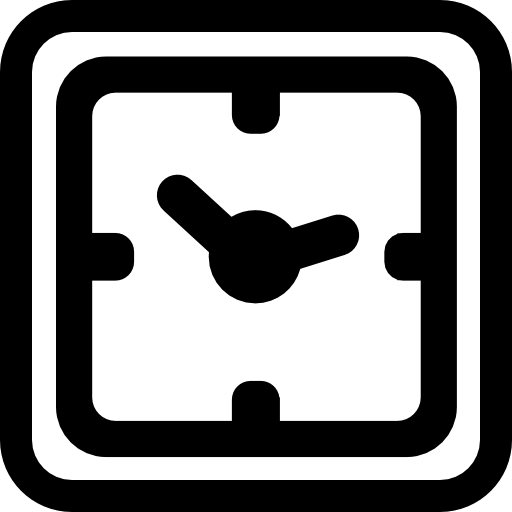
 **MINUTES - open** ** 20th Nov** **2019**

 **14.00 – 18.15** http://hallarts.com/wp-content/uploads/2014/04/HAL-122-square-icon-map.jpg **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 | **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** |
| **Vijay Saran (CCA)** | **VS** | Related image | **3 of 4** |
| **Monty Esat** | **ME** | Related image | **3 of 4** |
| **Dee Fasan (CCA)** | **DF** | Related image | **4 of 4** |
| **Sunil Patel** | **SP** | Related image | **4 of 4** |
| **Kirit Sonigra** | **KSo** | Related image | **4 of 4** |
| **Nickil Patel (VC)** | **NP** | Related image | **4 of 4** |
| **In Attendance** |
| **Hitesh Patel (CEO)** | **HP** | Related image |  |
| **Stuart Brown (Minute taker)** | **SB** | Related image |  |
| **John Makepeace (CEO in waiting)** | **JM** | Related image |  |

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

There were no DOIs or COIs raised.

HP stated that he had received declarations from JM.

JM stated that he doesn’t have any interest in any pharmacies.

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

#### ACCURACY

SE highlighted that the CPCF section and point 5 had been repeated in both sections.

HP stated that this was okay.

**ACTIONS from last meeting**

NUMSAS

* *Previous Action – HP to find out which I.T. platform NHS E LR is planning to use with the CPCS.*

HP stated that NHS E is funding the use of the SONAR platform for CPCS.

HP added that contractors will have to buy their own software provider in 2021 – this may become part of a PMR system – or the LPC may choose to help with this.

HP recommended that the I.T. Enabler board be approached to help pay for a Pharmoutcomes – to be used for all manner of services – including CPCS.

##### FLU VACCINES DATA INPUT

HP stated that flu data obtained from SONAR, does not currently match with the data from GP surgeries.

JM was informed of the history of the relationship with SONAR.

#### New Service Opportunities

SP stated that a GP surgery in Watford is currently 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 £14 per test – the tests are provided by the surgeries.

HP stated that this service may become part of the new CPCF.

NP stated that a private service could be developed from this.

1. **NEW Community Pharmacy Contractual Framework**

#### Community Pharmacy Consultation Service

HP stated that C&H pharmacies, up to the 19th Nov 2019, had had –

* 51 referrals –
  + 32 completed -
  + 17 closed – patient has DNA
  + 2 accepted – referral sent to a pharmacy but not opened by them.

HP stated that there is a big concern over the number of referrals which have not been closed.

HP stated that there could be many other referrals which are still currently open and not closed off – this data is not currently provided by SONAR.

HP stated that Pharmoutcomes currently gives more coherent data.

HP stated that this service and its issues would be discussed at PL – and the problems with SONAR would be brought up.

SE stated that the numbers of referrals which have been accepted but not been closed need to be known by the LPC – so that they can help support the contractors.

HP stated that NHS E LR have stipulated that this data not be shared with CCGs.

NP stated that contractors could be reminded of the Virtual Outcomes training module on the subject of CPCS.

#### National and Local Flu service

HP reported that, this year a report of figures will not be known until the end of the season.

HP stated that in July 2019 – the CCG had reported that vaccination targets were currently not being met for children and pregnant women.

HP stated that he had approached the local CCG to ask them to provide a PGD for the Fluenz vaccine for children – however this is not currently represented as part of the London Flu service.

SE wondered whether this action would be better carried out by PL.

HP stated that the local CCG could potentially pay for the PGD for Fluenz and maybe the vaccines.

HP added that the CCG could also be asked for them to indemnify for 25% of left-over stock.

NP wondered whether this would be a job for PSP. Ltd.

HP stated that an LPC co-ordinator could be used to manage vaccine stocks – the funding for this would be part of the bid.

RR stated that the local Google group should be used to help manage stocks between contractors.

JM stated that a flu clinic day could be organised in pharmacies.

HP stated that a bid would have to be made for this in February 2020.

***A subgroup of ME, NP, SE and JM was formed to take this work forward.***

RR stated that HIE would enable pharmacists to see a patient’s vaccination history.

RR stated that PPV vaccinations need to be increased.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **1** | **To ask RS whether the PPV service could be delivered all year round.** | **HP** |  |

SE wondered what other vaccinations could be delivered by CP.

HP stated that Care Homes or an office block could be approached to carry out a Flu Clinic.

#### Pharmacy Quality Service

HP stated that he is currently sending email reminders – for contractors to use to meet the criteria.

HP hoped that everyone had signed up for the Aspiration and CPCS registration payment.

HP stated that the amount of funding available for PQS payments (£6400) per contractor is currently ringfenced – and those that don’t claim – forfeit their amount – which will be added to the payments for those who had claimed.

HP stated that he would focus on PQS over the next few weeks.

#### CPCF

HP stated that the money lost from establishment payments and MURs – will come back to CP as transition payments, or by means of a new service.

1. **NHS England London**

Summary Care Records – Update

HP stated that the GPs now have a contractual duty, since 2017, to switch on “at risk” patient’s enhanced SCR.

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

HP stated that there had not been such a meeting in three-four months.

HP stated that the PL executive had been meeting with NHS London to develop a London CP strategy.

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

HP stated that there had been an application for a Boots branch to consolidate – and HP felt that this would not affect contractors locally.

KS stated that contractor’s levy amount would increase now – as the set levy amount collected would now be divided by less contractors.

*SE suggested that there should be an LPC response to this.*

SP stated that there may be a fear that consolidations may create PNA gaps.

1. **CCG Updates**

##### Neighbourhoods/PCN -Report from Steering Group meeting

HP stated that there were two elements to this –

* Steering group meeting.
* Provider designer group meeting – more of a workshop.

HP stated that the contract is held by PSP Ltd. and the CCG pays PSP Ltd. in arears.

HP stated that the PCN leads would be meeting during the next week.

HP added that their current objectives would be discussed at this meeting.

HP stated that these leads would need a great deal of guidance from the LPC over the next 3-4 months.

HP stated that these leads were currently being paid for two days a month – for their PCN engagement work and all have enrolled on the Mary Seacole program.

HP stated that some of the CP PCN leads have had difficulties contacting the PCN clinical leads.

NP stated that Jessica Veltman (Neighbourhoods program manager) would attend the next PCN leads meeting – and would focus the work of the pharmacist leads.

HP stated that he had been steering the PCN leads in their work – and SE asked what information this steer was currently based on.

HP stated that this was a challenge – because he had been basing this steer on current CCG and LPC priorities.

JM stated that he would be attending this PCN leads meeting.

HP stated that the PCN leads could take over the role that the LPC mentors had carried out – I.e. reinforcing messages – reminding about important info.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **2** | **To copy the members into any comms. wrt. PCN lead work.** | **HP/JM** |  |

HP sated that the PCN lead work has been funded up to the end of June 2020.

Medicines Optimisation Prescribing Committee

HP stated that at the last MOPC meeting he had talked about PQS and the new CPCF.

HP stated that he had shared last year’s QPS data with them.

HP stated that, at the next meeting – he would share the CPCS figures with this committee.

HP stated that “drug shortages” remains a big issue.

Discharge to pharmacy - TCAMs

HP stated that this service would be rolled out in January 2020.

HP stated that benefits of this “nonpaid” service would have included:

* Carrying out discharge MURs and NMS’.
* Joining up with the medicine’s reconciliation service.

HP stated that there is a risk that contractors would not open up these referrals – and this will show CP in a poor light – is there a role for the LPC here?

RR wondered whether the PCN leads could help remind contractors to action these referrals.

SE stated that this service has no payment and the CP workforce is currently at full capacity – and asked where the incentive would be.

HP stated that this service would be a precursor to the medicine’s reconciliation service – coming in 2020 – and likened this to the SCR resource.

SP stated that other LPCs have agree to do this service until April 2020 – after which they would ask for it to become a paid service.

SP added that the TCAM service facilitates a fast electronic link to GP surgeries – to discuss the changes to a patients medication post discharge.

HP stated that the Hospital teams are also struggling for time – and this helps their staff.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **3** | **To add comments to AHSN improve the TCAM service provision before roll out in Jan 2020.** | **RR** |  |

EOLC – Service Update

HP stated that for six months there had been no call outs – to deliver EOLC medicines.

HP stated that, then, in the last two weeks there had been two call outs.

HP stated that the payment for this service is:

* £115 to be on the rota per week.
* £140 for a call out -
  + With a £35 pharmacy delivery fee.

RR stated that EOLC would be part of the new CPCF.

RR added that the CCG had asked whether C&H would want to be pilot site for a new EOLC service.

1. **Transformation board**

RR stated that this board had not met recently, and he didn’t currently know why – he felt that much of the work is currently happening at the integrated commissioning board – which RR is not part of.

1. **I.T. enabler board**

HP stated that this board had funded HIE and the TCAMS.

HP stated that this board could be approached to get hold of a full license for Pharmoutcomes.

HP stated that the “Discovery” project would be funded by this board and will be a live patient record database which would have assumed consent.

1. **Hackney Public Health**

Stop Smoking

RR stated that there had not been any steering group meetings lately.

RR stated that Stoptober comes at the wrong time – pharmacies are too busy with delivering flu vaccinations – it should come in January.

RR stated that this service is still valuable and does provide revenue for pharmacies.

HP stated that he is meeting with Robert Luton with a view to reviewing the SLA.

KSo wondered why the Stop Smoking training couldn’t be in the evening.

RR asked that HP say to PH that the training sessions should only be in the evening.

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| **Action no.** | **Description** | **Who to action** | **Completed** |
| **4** | **To tell Hackney PH – that Stop Smoking refresher training sessions should only be in the evenings.** | **HP** |  |

Sexual Health

HP stated that Julia Smith doesn’t seem to be answering his emails.

HP stated that he had set up an online training video for Doxycycline PGD – and has asked Julia to approve it.

HP stated that he would send a link to this video to the members – and asked for any comments.

Substance Misuse

HP stated that the service is up for renewal in Autumn 2020 – and service providers have been in touch with him.

Healthy Start Vitamins

ME stated that an update wrt. the products are available – and can be sent to contractors.

KS stated that this is a poorly paid initiative, for supply it pays 90p– and other activities take priority over setting up/registering patients on this program.

RR suggested that ME go back to PH and ask them for an additional payment of £2 for registration – this may incentivise pharmacies to increase service activity.

MECC (Making Every Contact Count) programme

NP stated that he is currently having difficulties attending the meetings – and he also thinks there may be a conflict of interest because he sits on the CEPN – which funds the MECC program.

**RR recommended that NP stop attending these meetings – and ME attend in his place.**

City of London - Stop smoking Service

DF and PM stated that evening refresher training had taken place – otherwise no update.

1. **CEPN**

NP stated that this body is transforming into a training hub – and general meetings are taking place.

NP stated that the next funding period would take place in Summer 2020.

NP stated that he is not going to every meeting – he is picking which ones he attends carefully.

1. **Hackney Health Scrutiny Commission**

KS stated that the GP’s sexual health contract with the Homerton had been brought before the committee – KS had stated that CP provide a similar service at this meeting.

The Open part was closed.