

# CITY AND HACKNEY LPC



MINUTES - open



16<sup>th</sup> Jan 2020



14.00 – 17.30



Tomlinson Centre

Member Name	Initials	Attendance A= Absent, Aa= Apologies sent.	Attendance this financial year
Raj Radia (chair)	RR	✓	5 of 5
Stewart Evans	SE	✓	5 of 5
Kirit Shah	KS	Aa	3 of 5
Peter Muska (CCA)	PM	✓ until 17.00	4 of 5
Vijay Saran (CCA)	VS	✓	4 of 5
Monty Esat	ME	✓	4 of 5
Dee Fasan (CCA)	DF	✓	5 of 5
Sunil Patel	SP	✓	5 of 5
Kirit Sonigra	KSo	✓	5 of 5
Nickil Patel (VC)	NP	✓	5 of 5
<b>In Attendance</b>			
John Makepeace (CEO)	JM	✓	
Stuart Brown (Minute taker)	SB	✓	

## 1. Declarations and Conflict of Interest and Governance:

There were no new DOIs or COIs raised.

SE highlighted the following matters of governance:

- Portfolio of DOIs – these should be openly available for inspection at every LPC meeting.
  - JM stated that he did not currently have this folder – but he said he would bring them to the next meeting.

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- Blank copies of the DOI forms should be sent out with each new agenda for these meetings.
- SE asked JM whether he had signed a confidentiality agreement –
  - JM stated that he had not.

Action no.	Description	Who to action	Completed
1	To fill out and sign an LPC confidentiality agreement.	JM	

- The LPC open minutes have been uploaded on the LPC website – the November 2019 minutes will be uploaded following approval.
- The LPC website still lists Hitesh Patel as the CEO – this must be changed.
- Ensure that LPC members are trained to carry out their role – including being “skilled up”.
  - SE stated that he had compiled a spreadsheet of the PSNC courses available – for the LPC members to attend.
- Ensure the LPC levy is used for administrative purposes only –
  - This called into question whether the LPC meal (scheduled for this evening) should go ahead.
    - *The members suggested that the meal should be postponed – to be rescheduled to include invites to key members of ICNs/CCGs/PCNs – in order to act as a relationship building exercise.*
    - NP wondered how guests would be invited – and warned that those that would be left out would be unhappy.
    - **The members decided to organise a training event – with food available – for March 2020.**

Action no.	Description	Who to action	Completed
2	To remove Hitesh’s name from the PSNC LPC website.	JM	
3	To send out blank DOI sheets with each agenda	JM	
4	To invite the relevant people from CCG’s to a training event with food – for March 2020.	RR/JM	
5	To take the LPC members through the process of looking at their skill sets with a view to looking at training them up.		

### **2. Approve minutes and follow up Actions from Open section of NOV 2019 MTNG**

#### **Accuracy**

There were no points of accuracy.

#### **ACTIONS from last meeting**

##### **Local Flu service - Fluenz**

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

SE stated that there was currently an NHS PGD for Fluenz available – expiry 31 March 2020.

SE reminded that a subgroup of ME, NP, SE and JM had been agreed at the last meeting to work up a business case for a Fluenz service.

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JM wondered whether the PCN leads could take this work forward.

SE and NP wondered why NHS E had access to a PGD and yet this service was not funded.

NP stated that the subgroup would need to ask NHS E to create an SLA for the next Flu season for the delivery of Fluenz.

RR stated that stock procurement should also be considered.

NP stated that PSP Ltd. should be involved.

<b>Action no.</b>	<b>Description</b>	<b>Who to action</b>	<b>Completed</b>
<b>6</b>	<b>To ask Rekha Shah whether the PPV service could be delivered all year round.</b>	<b>LM</b>	
<b>7</b>	<b>To ask Rekha Shah about the NHS E Fluenz PGD – and the recommendations wrt. bidding for a service.</b>		

### Discharge to pharmacy - TCAMs

- Previous Action - to add comments to AHSN improve the TCAM service provision before roll out in Jan 2020.

<b>Action no.</b>	<b>Description</b>	<b>Who to action</b>	<b>Completed</b>
<b>8</b>	<b>To speak to Hitesh and Rekha Shah to understand what the TCAM offer currently is for City and Hackney – and possibly to add comments to its potential roll out.</b>	<b>JM</b>	

### Stop Smoking

- Previous Action – HP to tell Hackney PH – that Stop Smoking refresher training sessions should only be in the evenings.

JM stated that he would be having a meeting with Penny wrt. conducting a full review of the service.

The members agreed that the current service is a complicated one to carry out and claim for.

RR stated that contractors are currently swamped by other work.

SP stated that the training requirements are not convenient – i.e. day meetings.

JM wondered whether the refresher training should be online.

The open part was then signed off as an accurate record.

### **3. JM 1st impressions and priorities discussion**

JM highlighted the following points:

- JM wished to thank Hitesh (former CEO) for the quality of his handover.
- JM wished to pay tribute to the strong contacts Hitesh had made with the CCG – which allows himself to jump in with a positive atmosphere.
- JM labelled the following **priorities for his work**:
  - Preserving current NHS services – MAS and MOS are under threat – the CCG are supportive of these services – particularly to protect the socially vulnerable.
  - Developing future NHS services.
  - Contractor support – to carry out private, charity work.

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- There is much positive talk around the potential role of CP – however there is not much talk about remuneration.
- LPC/PSNC review – the findings of this review will have significant implications to the future workings of the LPC.

The members agreed that JM's priorities were spot on.

SE reminded him that, during negotiations for new services, it should be acknowledged that contractors are under a great deal of time pressure.

RR stated that any new service must be remunerated sufficiently – and this message must be communicated to the PCN leads.

SE stated that it would be crucial that these PCN leads should be upskilled to represent CP fairly and sensibly.

JM asked the members to feedback on his performance at any time – he is currently employed to serve the LPC.

NP stated that the education and training of pharmacists should be another one of his priorities.

SP stated that there is currently a danger that, if managers train up their pharmacy staff, then these staff will leave to work in GP surgeries.

NP informed the meeting that ACT's can now be trained for free by using the Pharmacy integration fund.

## 4. NHS E

### Market Entry

JM listed the following changes:

1. Clockwork pharmacy – consolidation.
2. Two Boots relocations -
3. A distance pharmacy – ownership change – to PHL technologies.

***SE stated that JM would need to look at future Market Entry changes and comment where necessary.***

### CPCS update and discussion

RR asked the members for any updates.

ME stated that there had been 100,000 CPCS referrals to London.

JM stated that in Hackney, since October 2019 –

- The urgent care part of the service - 266 referrals – 69% had been closed (vs. National figure of 78%)
- The minor ailments part of the service – 289 referrals – 42% had been closed (vs. National figure of 61%)

NP stated that the process is quick – once the pharmacists get used to it.

NP stated that contractors in Hackney must not get a bad reputation with NHS 111 – which will happen if they continue to not close their referrals.

NP stated that contractors need to be educated.

JM stated that a new group UEC (urgent emergency care) has been set up (STP wide) to push CPCS issues forward – there are currently looking at I.T. issues and how the GP CPCS will develop.

JM stated that he will attend the meetings of this group.

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NP asked how C&H contractors could be encouraged to close their CPCs referrals.

**SE stated that he had discovered that there had been 60 CPCS referrals that hadn't been claimed for on the MYS portal – SE added that his staff had not known that CPCS claims are currently made through the MYS portal – even though the referrals are completed on the SONAR platform.**

NP suggested that contractors should be invited to a workshop – at which they would be educated on the mechanics (using SONAR) and importance of this service.

DF stated that SONAR is not user friendly on the outset – and wondered if contractors are experiencing the same problems.

RR wondered how a counter assistant or pharmacist would know whether a patient would be a CPCS referral.

JM stated that a text message service – where SONAR would send the patient a message to inform the pharmacist that they are being referred via CPCS would help.

SE stated that this would not help with pharmacists not closing referrals.

SE therefore stated that there is a big training issue to be discussed.

SB stated that other contractors in London had not been able to close referrals on the SONAR system due to drugs not being available on their drop-down menus.

SP stated that that he had been asked to give a signature – when inputting the details of a CPCS referral onto SONAR – the members stated that this request is optional – verbal consent is adequate.

NP stated that GP CPCS could become one of the biggest services as far as CP is concerned.

DF was worried about the prospect of preferential referrals by GP reception staff to certain pharmacies.

SE was concerned about the time commitment needed for this service.

***It was undecided whether a training meeting for contractors on the subject of CPCS would be organised by the LPC.***

## **LPC governance and contents of minutes**

SE stated that the content of the minutes must only be placed in the closed section if it would be deemed commercially sensitive.

## **NHS E LR quarterly meetings**

RR stated that these meetings had been postponed for the moment.

## **5. CCG updates**

### **Neighbourhoods/PCNs**

JM reminded that the priorities of the PCN leads would be CPCS and the Flu vaccination service.

RR suggested that NMS should also be a priority. SE commented that GPs like the NMS.

JM stated that the access to patient care records would help contractors deliver the NMS'.

JM agreed to add NMS to the priority list – and the Stop Smoking service should replace the Flu service.

SE gave some feedback from his PCN lead – he said that that this lead had been invited to monthly meetings with the PCN GPs. SE added that letting his employee attend these monthly meetings will leave him short staffed. SE wondered whether his company should be paying for these opportunities to be developed.

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NP suggested that that PCN lead in SE's example should pay for a locum to work while he would attend these meetings – as the leads are being paid personally to attend meetings like this.

## MOPC meeting

### Faxes

JM stated that there is currently a campaign to stop using faxes – the preferred route is now NHS mail.

### Methadone

JM stated that a communication would be sent round wrt. a plan to issue methadone dependent patients with scripts at the weekend by the Homerton hospital – to prevent them keeping these patients in the hospital over a weekend at a cost.

JM stated that only 10% of the meeting's contents is relevant to CP.

### EOL service

JM stated that only 10 pharmacies currently provide this service.

JM added that the proposal currently is to extend this service – but he had been asked whether any changes could be suggested.

JM stated that there was a current low awareness of this service.

RR stated that the awareness of this service should be increased – and this should be fed back.

JM stated that a National service could be rolled out in 2021/22.

## **6. Local services updates**

### **Sexual Health**

Action no.	Description	Who to action	Completed
9	To find out when the PGDs would expire for the sexual health services.	JM	

RR stated that there is an issue wrt. chlamydia screening training – despite Hitesh having set up an online training video (pending approval) – only a few pharmacists are currently trained.

SE stated that the last meeting's minutes had stated that Hitesh Patel would send his training video to the LPC members for comments.

Action no.	Description	Who to action	Completed
10	To forward the link to the YouTube video on the subject of Chlamydia screening training – produced by Hitesh Patel.	JM	

### **Stop Smoking**

RR reminded that JM would be meeting with Penny wrt. conducting a full review of the service.

RR stated that January would be a better month than October – for the Stoptober campaign – as pharmacists generally concentrate on delivering Flu vaccines.

### **Substance Misuse**

SE reminded that, according to the last meeting's minutes – Hitesh had said that this service would be up for renewal in Autumn 2020 – the service providers had been in touch with Hitesh.

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Action no.	Description	Who to action	Completed
11	To contact Penny – to get more information on the renewal of the substance misuse service.	JM	

Action no.	Description	Who to action	Completed
12	To remind the contractors that the substance misuse SLA should be renewed in 2020.	JM	

### **Healthy start Vitamins**

ME stated that the proposal (made at the last LPC meeting) to ask for £2 for each new sign up had been made to the provider.

ME stated that he would hope to attend the next PH meeting – to get an update on this matter.

ME stated that the supplies of the vitamins were currently being delayed – while the supplier waits to accumulate the orders – to save on postage costs.

ME stated that he would report back to PH the fact that patients are going without these vitamins.

### **7. Transformation Board**

RR stated that there was no update – and there would be a meeting to attend at the end of the month.

### **8. I.T. Enabler Board**

RR stated that he had attended a meeting where HIE (health information exchange) had been talked about. RR stated that this had now been renamed ELPR (East London Patient Record).

RR stated that Hackney would be the first site to go live – and this would be accessed via Pharmoutcomes.

RR stated that he had been asked by this board to work out who would be the pilot sites.

RR stated that the number of sites had not been given.

SE suggested that the LPC members could be the ones to make up these sites.

NP suggested that 15 sites be chosen – 5 independents, 5 multiples and 5 small chain pharmacies.

NP added that those pharmacies who make good use of the SCRs could be prioritised.

RR stated that the date of roll out would be the 13<sup>th</sup> Feb 2020.

RR stated that Cps would be able to see the following patient info:

- Medication.
- Diagnosis.
- Allergies.
- Problems
- Procedures.
- Immunisation.
- Haematology
- Biochemistry results.

SE suggested that pharmacists may need extra training to fully understand Biochemistry results.

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## 9. LPC/PSNC review

JM reminded that Simon Dukes (PSNC) has requested a review of local and National pharmacy representation.

The cost for the review (£100) will be split 70% paid by PSNC and 30% paid by LPCs.

JM stated that Prof. David Wright (University of E A) to write the review.

JM stated that the consultations had started – and LPCs would have to answer a questionnaire in Feb 2020.

NP stated that LPCs are the statutory bodies (enshrined in legislation) – and the LPCs made the PSNC – this body works on the LPC's behalf.

The members decided that the following members should meet as a subgroup to meet in Feb 2020 to discuss the answers to the PSNC/LPC review –

- VS
- SE
- SP

## 10. Revisit strategy day notes and actions

The members looked at the minutes of the strategy day.

The members decided to examine the use of the Pharmoutcomes based LPC evaluation tool.

SE queried whether the LPC workstream excel document – stored in Google docs should be used to help the PC work towards their strategy.

SE stated that the workstream document currently needed to be updated.

VS reminded that, at the strategy meeting – Hitesh had recommended that the evaluation tool should be the only way to develop the LPC strategy.

SE wondered whether comments could be left on the online LPC evaluation tool.

NP and ME stated that comments could be left on the evaluation tool – in the evidence boxes.

SE stated that LPC members had not been assigned to the different elements of the strategy document.

Action no.	Description	Who to action	Completed
13	To add the new LPC strategies and priorities to the LPC evaluation tool – to be discussed at next meeting.	JM/RR	
14	To assign the LPC members to the different elements of the workstreams in the LPC evaluation tool.	RR/JM	
15	Following the priority setting – future agendas should have sections which include feedback from members following any changes to their strategy area.		

*The Open part was closed.*