



Meeting Minutes - **OPEN**



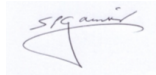
Tuesday 8th November 2016



09.00 to 17.30



Ibis Hotel, 3 Cardington Street, Euston, London NW1 2LW



26.1.17

ATTENDANCE		
Member Name	Initials	Attendance P= Present, A= Absent, Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	P
Bipin Patel Clockwork (Treasurer)	BPC	P
Elena Alexandrou	EA	P
Udit Patel	UP	P
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P
Kim Khaki	KK	P
Jayesh Patel	JP	P
Beneeta Shah	BS	P
Hitesh Tailor	HT	P
Kalpen Patel	KP	P
Dharmesh Patel	DP	P
Chris Bell	CB	A
In Attendance		
Yogendra Parmar (CEO)	YP	P
Stuart Brown (Minutes)	SB	P

1. WELCOME BY CHAIR & APOLOGIES

SG welcomed everyone to the meeting, apologies were noted (as above).

Declarations of interest/Conflicts of interest

YP asked members to declare any declarations/conflict of interest - there were none.

2. MINUTES OF THE LAST MEETING (SEPTEMBER 2016)

The committee then signed off the minutes of the last meeting as accurate.

Outstanding actions

YP referred the members to the action points spreadsheet and stated that re. action 2, dated the 20 September 2016, that he would be meeting the accountant during the next week.

3. CEO REPORT

YP went through his report and highlighted the following points:

Pharmacy cuts

- The revised settlement was announced by DoH on 20 October 2016 -
 - Details [here](#) and PSNC summaries enclosed in the meeting papers.
 - No C&I pharmacies will qualify for the Pharmacy Access scheme.
 - Airport pharmacies are among the few that will qualify for this payment in London.
 - A data clean up exercise is currently taking place to remove distance selling pharmacies from the list of pharmacies that could be eligible for the access scheme.
- SPA, SG, Rekha Shah and YP had met with Tulip Sidiq on 24 October 2016, along with some contractors from Hampstead and Brent to discuss the impact of the Pharmacy cuts local.
 - Local press was present who wrote this [piece](#).
 - Thanks to Sanjay Aqua for facilitating this meeting.
 - SG stated that the meeting had been very positive and Tulip had left the meeting with some specific action points:
 - Input on National agenda.
 - Can she influence Sadiq Khan, so that Pharmacy would be able to get services commissioned on a London basis.
 - Can she influence borough wide commissioning?
 - SG accepted that the cuts will be implemented, however the LPC must now try to influence commissioning from the two CCGs via the local MPs.
 - YP agreed that MPs heavily influence the CCGs.
 - BPC suggested that CP should make a stand and refuse to continue to provide certain services for free.
The members stated that CP was not united enough to follow through on a course of action such as this.

LPC AGM

- Went well and was well received.
- The feedback report was included in the papers.

- The contractors voted in favour of approving the LPC accounts.
- The contractors voted in favour of the LPC using £20000 to pay for contractor support events.

PSNC LPC Chairs & Chief Officers meeting (1 Nov 16) and LPC Conference (2 Nov 16)

- See enclosed slide deck from the Chairs & Chief Officers meeting.
- At the LPC conference David Mowat MP stated:
 - that there would be no National commissioning of a Minor Ailments Service - commissioning will stay local through the CCGs.
 - The Government's intention is to change the emphasis of CPs mandate to favour service delivery.
 - He was committed to working with the sector.
 - He is currently attracted to the Scottish model.
 - That Primary Care was set to grow significantly with the shift of services from Secondary to Primary Care.
 - There would be no Amazonisation.
 - He would act as a strong advocate for the sector.
 - There is a need to redouble efforts with CCGs and NHSE -
 - NHSE in the South West are redesigning all their pathways, with associated investment, so that activity can be shifted from GP to CP in light of -
 - GP Forward view.
 - Workforce crisis.
 - Lack of appropriate estate -
 - The estate they have is too expensive!
 - They are working to remove contractual silos particularly between GP & CP!
- YP's take home messages from both meetings are:
 - LPCs need to deploy resources from reserves to urgently support contractors to maximise their quality payments in the short/medium term and work locally to have services commissioned from CCGs and other stakeholders -
 - This Includes providing resources to help contractors to meet the gateway criteria
 - Perhaps engage a Quality payment manager? Jointly with a neighbouring LPC?

KK stated that the employment of a quality payment officer should be seriously considered by the LPC.

The other members proposed the alternative of providing regular quality payment criteria workshops.

YP stated that workshops would provide better value for money.

The members decided to leave this decision to YP, as it would be part of his CEO work to achieve his KPIs.

Sustainability Transformation Plan

- [Islington CCGs STP summary](#) page is very good -
 - This include the two STP NCEL documents enclosed:
 - **Pharmacy is only mentioned once** in the progress update - suggesting that they are considering outsourcing Hospital Pharmacy in Secondary care.

BPC reminded that these STPs would go live in April 2017, and no one currently knows how they fully operate and who does what on them.

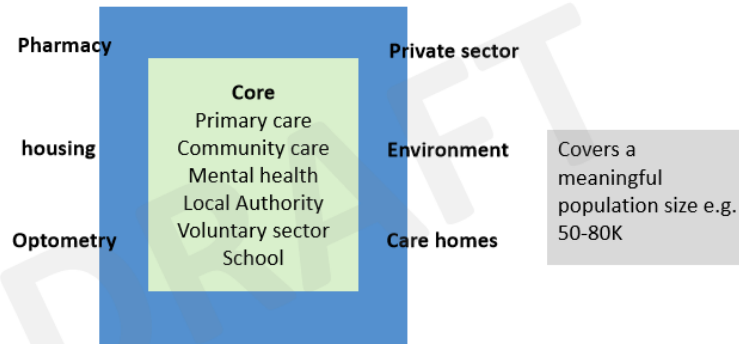
- The enclosed extracted paper from the recent Islington Primary Care strategy group meeting sets out the STP vision/ambition to create primary care hubs in the form of “care and health in networks” (CHINS) for commissioning and delivering services for population cohorts across a range of 50-80,000 people.
- The CHINs effectively take on the responsibility of commissioning, co-ordinating and delivering health and care for that population.
- Within these CHINs, “hubs” will emerge as centres of delivery. The concept of a “hub” is already used in relation to our extended access offer – I-hub operates across 3 “hubs”. How and where hubs emerge partly depends upon the availability of estate in which to co-locate services but, for example, we could see the development of hubs where secondary care consultants come to deliver clinics. This could be along the lines of the paediatric hub idea already discussed at the Primary Care Strategy Group.
 - Patients from across the CHIN (or from more than one CHIN) could access the services from the hubs, much as they do already for extended access.
- *There are major governance concerns here as these CHINS are supposed to be both commissioners and providers. To illustrate this could mean that commissioning plans are agreed with the CHINs with the budget delegated to that CHIN for delivery. A lead provider, or an alliance of providers could then work together to deliver the services required.*

Care closer to home integrated networks (CHIN)

Principle

Network/hub does commissioning and providing

- Network has a multidisciplinary teams – pulled from core group supplemented by locally determined key players



Commissioning

- Needs analysis (public health and outcomes)
- Agree care pathways that are in scope
- Delegated budget
- Set an agreed commissioner plan
- Review aim to reduce variation – to achieve upper 25% across key players

Providing

- Acute reactive – clinician agnostic
- LTC chronic – clinician specific
- Rehabilitation
- Admission prevention
- Discharge facilitation

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Pharmacy London

SG and YP stated that they feel if PL became an organisation more like the London wide LMC it could better support contractors throughout London.

- Current CEO, Rekha Shah, to step down at the end of the calendar year.
- Need the right package to attract the right calibre of candidate to replace Rekha.
- PL have amended its constitution to allow it to appoint a non-PL/LPC member as CEO.
- Proposing a levy increase to fund the revised CEO package options are:
 - staggered rise £42/ contractor / year this year (bill due in November 2016), & £52 next year 2017.
 - or one off rise £52 now (& no rise next year)
- Current levy is £35/contractor.

YP stated that the increased levy amount for C&I contractors could be paid for from the LPC reserves – therefore contractors would not have to pay.

YP stated that all PL members would have to agree unanimously to this levy increase for it to be taken forward.

The members were presented with the following levy increase options to endorse:

1. Staggered rise - £42 this year (bill due in November 2016), & £52 next year 2017.
2. Rise to £52 in November 2016, then no further rise.
3. No rise.
4. Abstain.

The members voted in the following way:

- **Option 1 – 5 votes**
- **Option 2 – 8 votes**
- **Option 3 – 0 votes**
- **Option 4 – 0 votes**

Therefore it was decided that the committee would endorse a rise of the levies to £52 / contractor / year in November 2016, then no further rise. This would mean for C&I the PL levy would now be £5,876 / year (£1921 pa more than current)

HLP

- The HLP project manager, Chike Nwangwu, will be leaving at the end of November 2016. It's unlikely, given historic uptake, that he will be replaced. We've asked him to -
 - Map the discrepancies between the Public Health England (PHE) HLP self-declaration framework and HLP framework developed locally so that existing HLPs know what, if anything, they need to do to comply with the PHE framework (PSNC are seeking clarification as to whether existing HLPs can be grand parented – i.e. existing criteria will be carried forward).
 - Draft an action plan for CPs to be able to meet the PHE HLP framework.
 - To ensure that the local Public Health team recognise the PHE self-declaration framework.
- Ideally, we should give this action plan to contractors asap so that we can then support them to become HLP.
- There is likely to be a Pharmoutcomes or similar web module to allow contractors to upload their evidence and track their progress.
 - Should we fund more Health Champion training from reserves?
 - *This question will be answered later in the agenda.*

Healthchecks

YP stated that ToHealth are seeing an increase in Healthchecks being carried out by Pharmacy, however they are still forecast to miss their targets. SG suggested that ToHealth could be approached to ask them whether they would pay a bonus to Pharmacies who further increase the number of checks delivered.

Action no.	Description	Who to action
1	To approach ToHealth to ask them if they would pay a bonus to Pharmacies who further increase the number of Healthchecks delivered. Further training sessions could also be asked for.	YP

Funding for Pharmacist Independent Prescribing (No new developments)

- Islington –

- Clare Henderson, ICCG Director of Primary Care, has agreed to fund DMPs to support 3 Pharmacists to become IPs per year over the next 3 years. She's also agreed to fund course fees if required. This has already been presented at the ICCG Primary Care Strategy meeting.
- London Wide funding -
 - HEE have automatically included those Pharmacists that were unable to use this funding in the recently announced funding IP courses for Practice based Pharmacists.
 - Of the 68 successful applicants only about half have been able to progress onto an IP course (due to either not getting on a HEI course (as they were full) or not securing a DMP).

Action no.	Description	Who to action
2	To send out new document on IP training and funding, and to ask contractors to contact YP should they wish to apply.	YP

- SG suggested that the LPC should find out exactly how many Pharmacists are currently trained IPs in the C&I area.
 - IG prevents the commissioners from telling the LPC which IPs are in which LPC area.
 - YP stated that the survey that he already circulated to the C&I contractors revealed we had 12 IPs across the patch, with the most being in Camden.

Islington developments

- Team Changes -
 - Brian MacKenna – is leaving ICCG on a secondment to the Chief Pharmaceutical Officers team.
 - Liam Beadman – is moving to the Director of Primary Care's team.
 - Interim replacements have not been appointed until permanent replacements can be recruited.

SG suggested that an Islington contractor (not an employee, who would leave their job) could apply for one of these posts particularly if part time or portfolio working was offered, which would be left vacant.

Action no.	Description	Who to action
3	To find out more details on the vacant posts at ICCG (with a view to offering these posts to Islington contractors).	YP

- CCG rebate schemes (see extract from the 15 September 16 IMOG papers incl. in the meeting papers) -
 - ICCG continue to pursue these schemes, despite grave misgivings from GPs, PNs and other AHPs -
 - Their main reservation is not sympathy for CPs but how signing up to such rebate schemes effectively would

condone/allow the 'artificial' inflation of global drug pricing
- this is because prices in the UK market are used to benchmark prices globally.

- The fact that other CCGs have signed up to such schemes is being used to mitigate the above reservations.
- Islington I:Hubs -
 - NHSE funding now confirmed for the next 3 years (£1.3 million pa) from now until April 2019 as part of the 5YFV -
 - The ICCG Primary Care Access group is to be reconvened
 - ICCG are proposing to fund Pharmacy wrap around hours for Pharmacies close to the three I:Hubs.
 - The funding of IPs may be linked to this.
 - The LPC have persuaded ICCG to duplicate the Tower Hamlets model that uses IPs to run ooh clinics in Pharmacies.
 - This is taking for ever to sort out.

SG wondered whether the LPC should put in a business case to ICCG, in order to utilise some of the IPs to work in these I-Hubs.

YP stated that there are currently 15 IPs operating in the C&I area.

Action no.	Description	Who to action
4	To research the possibility of putting together a business case to ICCG, in order to utilise some of the IPs to work in the Islington I-Hubs.	YP

- Domicillary MURs (No new developments) -
 - This has now gone to ICCG Primary Care Strategy Group.
 - The LPC now needs to support Amalin Dutt's team to draft the supporting papers -
 - The LPC are chasing this, but the changes in personnel along with STP draft commitments have currently caused delays.
- Dressings Central Procurement Pilot -
 - This should be coming to an end soon.
 - There's likely to be an evaluation report that goes to the next Islington Meds Optimisation group that will inform whether it will be continued or not.

Action no.	Description	Who to action
5	To research the possibility of adding a dressings solution - provided by IPs to the business case to ICCG, in order to utilise some of the IPs to work in the Islington I-Hubs.	YP

- Medicines Optimisation Group -
 - Currently projecting breakeven prescribing spend, however, NHS England has also indicated that there was an over delivery on the medicines margin in 2015/16. If this continues at the current rate, some of this will be clawed back in 2016/17.

- The impact on the forecast outturn will be estimated when National estimates become available.

SG stated that NHS E should be reminded that the clawback has been created due to really efficient purchasing by CP on behalf of the NHS.

- Islington Anticoagulation Services -
 - Islington GP federation are the preferred bidder for this service, but may withdraw as they cannot deliver the service with the funds allotted by the CCG.
 - CCG and GP federation are in negotiations to resolve the problems.
 - Whittington Health continue to provide the service in the interim

Outstanding Payments

- Public Health (PH) payments (No new developments) -
 - Camden E-Invoicing -
 - As previously agreed by the committee, all Camden Pharmacies have now enrolled on to the RBS system.
 - PH have published a guide for contractors to use when uploading invoices.
 - Whilst this is far from ideal, at least it should ensure payments are received in a timely manner with appropriate remittance.
- NHSE payments -
 - There has been a huge national problem with payments managed by PCSE (Capita) for NHSE - affecting virtually all primary care providers including GPs.
 - Pharmacy Pre-reg payments have been particularly affected – the LPC have been supporting several contractors to resolve these issues.
 - PCSE are working to resolve matters...in the meantime NHSE have asked us compile a list of outstanding payments from contractors.

Action no.	Description	Who to action
6	To compile a list of outstanding payments (to be paid by PCSE) from contractors.	YP

NHSE

- MAS -
 - Islington -
 - Voucher pads are currently being hosted at Savemain Pharmacy with the CCG authorising each pad issued - This is causing lots of frustration in the system.
 - We are currently working with NHSE and ICCG to make this service paperless.

BPC stated that there had been a significant uptake in this service in Islington recently (through patient word of mouth). BPC added that this service may be overspent as a result and wondered what the LPC response would be to this. YP stated that the LPC and the LMC will be asking ICCG to look at the value of this service to patients, instead of the cost. YP stated that this value would be recorded by Patients answering a question on the new Webstar module.

Action no.	Description	Who to action
7	To determine the progress of the added Webstar module in Islington which would record the MA service's value to patients.	YP

SG wondered whether the LPC should send out their own audit questionnaire wrt. the MAS in Islington and how it benefits patients.

Action no.	Description	Who to action
8	To obtain the Camden patient value data from Webstar for the MAS.	YP

- MRD -
 - Venalink -
 - NHSE's migration to using PO numbers at the beginning of October 2016 has caused some considerable consternation with MRD providers.
 - Venalink, understandably, stated that they could no longer fulfil orders for this scheme until they had a valid NHSE PO number.
 - Venalink and the LPC both contacted NHSE in September 2016 to highlight the problem
 - The NHSE Pharmacy team issued the PO numbers in a timely manner but it took the NHSE finance team until late October 2016 to issue them!
 - This is now resolved.
- Market Entry -
 - Change of ownership for information -
 - Sainsbury's Pharmacy, Finchley road to Lloyds Pharmacy effective from 1 September 2016.
 - Consultation period extended -
 - Hasconn Ltd DSP (Camden) Distance selling pharmacy.
 - YP to draft an LPC response.

Service Reviews

- Smoking Cessation -
 - [Healthier Futures](#) have undertaken a comprehensive review of existing stop smoking service provision in the boroughs of Camden and Islington.
 - The outputs from this review will inform the development of our future smoking cessation service offer, and ensure that they are effectively targeting those people who can benefit the most from

support to stop smoking – the LPC is currently awaiting the final report.

- Other areas in London have decommissioned their stop smoking service.

YP stated that some Pharmacies in Leicester are currently funding unlicensed E-cigarettes under the banner of harm reduction.

Camden Ageing Better Bid

You will have seen the email below on this -

“Just wanted to update you on the ABC pharmacy project.

The new materials that were developed have now been distributed to all the pharmacies. I visited each pharmacy with the Community Connector for the area so they got to know each other and to give the pharmacies an induction into the new process.

A lot of work went into the new materials and with branded ballot boxes, a streamlined referral and invoicing system most of the barriers should have been dealt with.

We now have the Community Connectors picking up referrals from pharmacies on a regular basis so they can develop a relationship with pharmacy staff and ensure all materials are up to date.

Unfortunately the first reports back from two Community Connectors have not been encouraging when they visited after two weeks.

John Walker pharmacy had not displayed any of the materials and asked the Community Connector to find a space for the ballot box. No referrals

Pharmacy Republic staff were not aware of Ageing Better and what they had to do despite the fact that the ballot box was on the counter. They could not find the back-up materials which are in a big branded plastic box and when they finally found it that there was a note on it saying they should wait until they got different materials. One referral

I feel Ageing Better has done as much as possible to help pharmacies make this work but if there is no impetus from the pharmacies themselves no change in the materials will help.

If you can think of anything that could motivate people I would be keen to hear about it. (I have already offered chocolate to the pharmacy with the highest number of referrals by the beginning of December.)

We need them to let us project manage this service. I have approached them..I’m waiting to hear back.”

YP stated that he would be looking into the contents of this email and taking the necessary action with the contractors who are currently signed up to this service and those who are mentioned in this email.

Vaccination Service

YP stated that C&I had beaten their figures as of this time last year.

YP stated that in -

- Camden – 4000 vaccines had been administered.
- Islington - 3800 vaccines had been administered.

SG stated that the health champions in South London are currently driving the great vaccination results seen in this area.

Camden Healthwatch

SG stated that he had been invited to be a trustee for this body, and because of this, he currently has access to interesting papers.

SG added that Healthwatch sit on every board in Camden, including Medicines management.

4. TREASURERS REPORT

YP stated that the LPC reserves currently stand at £190,000 (£100,000 more than the amount recommended by the PSNC).

YP added that he was currently in the process of putting the management accounts together – they will be finished by January 2016.

Accountants

YP stated that this arrangement would be reviewed in 2017, following a few issues wrt. high costs and questions over mistakes made by the accountant.

5. CONTRACTOR SUPPORT

SG reminded the meeting that there had been a clear steer from the contractors present at the AGM, that the LPC should organise contractor support events.

SG suggested that the LPC could help support contractors to meet the quality payment criteria. SG added that obtaining all the gateway (100) points for the quality criteria would provide contractors with £6500.

SG suggested that the LPC could provide a guide (complete with calendar) for contractors to obtain the maximum number of points by April 2017.

YP stated that there is likely to be a Pharmoutcomes quality payments tracker module, which will be released soon.

YP stated that some LPCs are thinking about employing a CCG liaison officer, others about employing a quality payment officer, who would work a couple of days a week.

SG stated that the quality payment criteria wrt. achieving HLP status, must be met by C&I contractors and the LPC must have a role in helping them do this.

YP stated that he has business support seminars lined up but they would now take a back seat to quality payment criteria workshops.

SG stated that the NPA and Deborah Evans could provide quality payment criteria workshops (the NPA would not charge).

YP stated that Deborah Evans has also offered Health Champion training.

SG stated that an overview workshop should be organised for before December 2016.

YP stated that he would not have capacity to do this.

BS asked whether the LPC members could help with these capacity issues.

YP stated that quality payment gateway criteria would be put up on the LPC website.

7. LPC PROVIDER COMPANY

YP stated that he had spoken to Hitesh Patel (C&H LPC), and he had said that PSP Ltd. are yet to come back to him with the message of approving the addition of C&H contractors to the membership of PSP Ltd.

BPC stated that he would report back on any news wrt. this matter.

9. SERVICE UPDATES

Connect2Pharma

BPC stated that this company are currently hosting an event in November 2016 and contractors should be told about it and encouraged to attend.

<http://www.connect2pharma.co.uk/>

Action no.	Description	Who to action
9	To send out a communication to all contractors informing them of the connect2pharma event in November 2016.	YP

10. SUB GROUP BREAKOUTS

Of the members present –

- Group 1: KP, HS, EA and BPC processed LPC claims/payments. - Completed
- Group 2: SG and YP looked at working up a quality payment criteria achievement strategy document – Progress made more work needed
- Group 2: Everyone else worked up a new set of draft CEO KPIs for the committee to discuss and agree – complete (see closed minutes)

Members fed back

11. A.O.B.

There were no A.O.B.s.

SG brought the open section of the meeting to a close.

13. NEXT MEETING DATES:

17 January 2017	09.00-17.30	Ibis Hotel Euston
14 March 2017	09.00-17.30	Ibis Hotel Euston
16 May 2017	09.00-17.30	Ibis Hotel Euston
11 July 2017	09.00-17.30	Ibis Hotel Euston
19 September 2017	09.00-17.30	Ibis Hotel Euston
14 November 2017	09.00-17.30	Ibis Hotel Euston