





-  Meeting Minutes - **OPEN**
-  Tuesday 20 September 2016
-  09.00 to 17.30
-  Ibis Hotel, 3 Cardington Street, Euston, London NW1 2LW



8 Nov 16

<u>ATTENDANCE</u>		
Member Name	Initials	Attendance P= Present, A= Absent, Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	P (from 09.15)
Bipin Patel Clockwork (Treasurer)	BPC	P
Elena Alexandrou	EA	Aa
Udit Patel	UP	P
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P
Kim Khaki	KK	P
Jayesh Patel	JP	Aa
Beneeta Shah	BS	Aa
Hitesh Tailor	HT	P
Kalpen Patel	KP	P
Dharmesh Patel	DP	P
Chris Bell	CB	P
In Attendance		
Yogendra Parmar (CEO)	YP	P
Stuart Brown (Minutes)	SB	P

1. WELCOME BY CHAIR & APOLOGIES

YP welcomed everyone to the meeting, apologies were noted (as above).
YP asked the members to check the attendance spreadsheet for errors.

Declarations of interest/Conflicts of interest

YP asked members to:

- declare any declarations/conflict of interest - there were none,
- complete new code of conduct and declarations of interest forms, which would be published on the LPC website

2. MINUTES OF THE LAST MEETING (JULY 2016)

Accuracy

HS stated that on page 12 of the minutes the sentence -

"HS stated that receptionists at GP surgeries do not know how EPS works."

Should be changed to -

*"HS stated that receptionists at GP surgeries do not know how **eRDs work**."*

Minutes separation

SG suggested that as some minutes contain sensitive information we consider that the meeting agendas should be separated out clearly into "open" and "closed" sections.

YP stated that the minutes are already compiled in an open and closed form, and confirmed that he checks both draft copies to monitor content.

The members were happy for the open minutes and agendas of meetings to be posted on the LPC website, whereas the closed minutes should be kept in camera.

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

Outstanding actions

1. BPC to contact bank to set up a savings account for LPC reserves:

BPC stated that the interest rates for a savings account would be very low, therefore he felt putting the reserves in one would not benefit the LPC.

BPC proposed that £30-40,000 worth of the reserves could be invested in a company such as "St. James' wealth management".

YP stated that this proposal would be discussed later as part of the treasurer's section.

2. YP to contact the PSNC to see whether they already have access to training webinars on subjects such as EPS and SCR issues:

YP stated that PSNC currently has no such resource and YP has requested that the PSNC fund the creation of such a tool.

3. SG/BS to pitch the Flu training video and training event to PL, and if they do not develop it in time then C&I LPC will produce it and will sell it to other London LPCs:

YP stated that he had decided to host an event (an agreed action from the last meeting), rather than investing in the making of this video (PSNC were also producing a webinar on the Flu service).

4. Finance Committee/YP to approach Jayesh to try and retrieve LPC accounting information from Bipin (former LPC treasurer) to comply with governance:

YP stated that Jayesh has made contact with Bipin, however he has not yet had the opportunity to retrieve the papers.

5. To ask Public Health about the promotion of the Healthchecks service – i.e. posters for pharmacies:

HS asked YP about the status of the Healthchecks service in C&I.

YP stated that the numbers of Healthchecks being carried out are currently low.

YP added that he would obtain a more detailed update from Tohealth.

3. LPC PROVIDER COMPANY FORMATION

YP stated that C&I LPC is ready to proceed, however, PSP Ltd are yet to furnish the formal invitation to the C&I contractors (PSP Ltd existing shareholders have to vote to approve this expansion). YP added that C&I contractors will have the opportunity to appoint two directors to sit on the PSP Ltd. board.

4. MARKET ENTRY

YP stated that Lloyds pharmacy is taking over a Sainsbury's branch.

KP stated that he had received a notification of an application for a distance selling pharmacy (Hascon Ltd.) in Camden.

YP stated that he had not had sight of this notification and added that CAPITA now deals with communication of Market Entry information. Capita's performance on this and other matters has been erratic at best of late.

Action no.	Description	Who to action
1	To follow up the emergence of a distance selling pharmacy (Hascon Ltd.) in the Camden area.	YP

5. LPC AGM

YP stated that all aspects of this event had been organised and that all the members had had sight of the annual report and accounts.

YP drew the member's attention to a "LPC Reserves" slide in the AGM PP presentation and highlighted the different suggestions for what to do with LPC reserve funds, which included:

- Doing Nothing
- A Levy Holiday
- Delivering Business development seminars on -
 - Maximizing delivery of MUR and NMS
 - Capitalising on existing Footfall by becoming clinical retailers - (e.g. using private parcels of care from "Connect2Pharma" <http://www.connect2pharma.co.uk/>)
 - Strep A testing (finger prick test) – allied PGD available for antibiotic.
 - Diabetic Foot care...etc.
 - Context (change, funding challenges, NHS needs).
 - Business review and analysis including SWOT.
 - Strategies for growth.
 - Promoting your pharmacy and services.

- How understanding the DT and EPS endorsements can help maximize income from NHS dispensing.
- Understand how tools such as Check34 and CheckRx can help improve your pharmacy business.
 - PharmData (<https://www.pharmdata.co.uk/>) is another tool which can be used.

KP suggested that YP consider removing the slide advertising the Enhanced Pharmacy Apprenticeship Scheme run by “Cite4jobs” from the AGM slide set. YP stated that he would remove this slide.

YP proposed that the eight main options mentioned above could be put to contractors attending the AGM – so that they could give a steer as to which option to fund (the top six initiatives will be looked at more closely).

KP suggested that attendees to the AGM should be presented with the options above and then they would be asked to send in their top three choices via a Survey Monkey.

The members agreed that this would be a good idea and is an option to take forward. It was agreed to see how this item was received by the contractors at the AGM and decide on a way forward from that.

SG noted that the LPC financially had the funds to develop these initiatives. He noted the LPC was accruing £20,000 per year. and that PSNC guidance suggests we should hold approximately £60,000 in reserve, and we currently have a reserve fund of £180,000).

SG asked the members for any other ideas to add to the list of initiatives.

SG stated that the Camden CEPN and CCG are going to set up a working group called the Camden Local Care Strategy group. SG stated that this would be a key group. He will update the LPC as this group develops

6. CEO REPORT

Pharmacy cuts

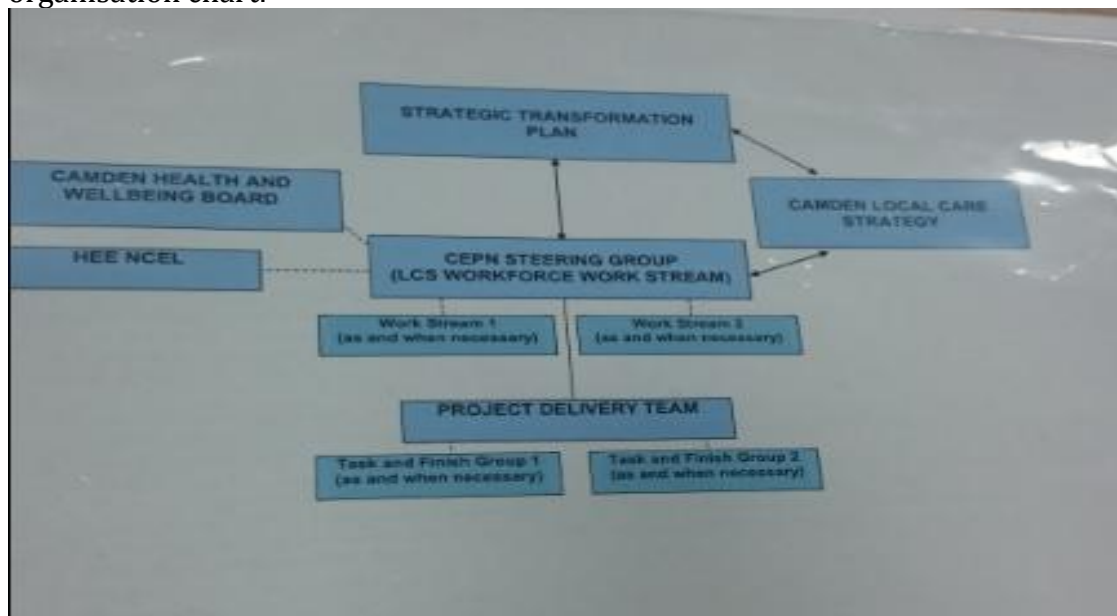
YP highlighted the following:

- On 5 September 2016 the new Minister with responsibility for Pharmacy, David Mowat MP, had announced that the proposed cuts would not be implemented in October 2016 and as the new incoming Minister he would take some time to make sure the DoH would be making the correct decision.
 - The announcement of the plan re. the cuts would now take place during December 2016.
 - On 14 September 2016 the DoH have invited the PSNC to re-enter negotiations for Community Pharmacy in 2016/17 and beyond.
- Sanjay Aqua has facilitated a meeting (10 minutes) with Tulip Siddiq MP on 24 October 2016 in Westminster -
 - PSNC will be providing a briefing pack for this.
 - Rekha Shah (CEO Pharmacy London) will also be attending, as well as SG and YP.
 - SG, YP and SPA will meet outside of this meeting to talk tactics before attending this meeting.
 - **The committee agreed to fund Locum backfill for this meeting**

- PV/PSNC/NPA have published the Community Pharmacy Forward View (CPFV) document -
 - Which has been well received by all including David Mowat MP.
 - A second document will follow on from this and its current working title is “Making it happen”.
- The PSNC have commissioned the PwC report on the social value of Pharmacy, and it has been published on 7 September 2016. It shows that Community Pharmacies have contributed a net value of £3 billion to the NHS, public sector, patients and the wider society in England in 2015 through just 12 pharmaceutical services.

Sustainability Transformation Plan

- The only draft YP can currently get his hands on is on p47 of the July ICCG board papers:
(<http://www.islingtonccg.nhs.uk/Downloads/CCG/BoardPapers/20160713/160713%20GB%20Agenda%20and%20papers%20website.pdf>)
 - Pharmacy only gets one mention on p68 under improved productivity
 - There is talk of having one Senior Management Team across the NCL CCGs.
- SG stated that the Local Workforce Action Boards (LWABs)will be key to influence the workforce strategy. SG outlined the link to the STP and Camden Local Care Strategy group.. SG shared the following rough draft of an organisation chart:



BPC asked when the STP would actually come into operation. SG stated that the STP members currently meet, and they are producing finalised versions of their draft proposals for the Dept of health for final approval. They will be given funding in due course and will become a critical commissioner. YP stated that the STP could be fully implemented for April 2017.

Flu Champion training 6 September 16

YP commented:

- In accordance with the committee's wishes the LPC has commissioned "Pharmacy Complete" to deliver the above training -
 - 26 delegates registered, 23 attended (6 were from other LPC areas).
 - The training was very well received, and admin tips and methods of improving workflow were discussed (see the glowing feedback report included in the meeting papers).

SG asked whether there was material from this workshop that could be put up on the LPC website.

YP stated that he would ask permission for this.

BPC stated that he felt that the new policy of getting patients (being vaccinated on the London service) to fill in patient satisfaction questionnaires online and reminding them with text messages/emails had been ill conceived and will irritate patients.

SG stated that this policy has probably designed to save the pharmacist time, and that this could not be changed for this year.

LPC Website

YP stated:

- The new LPC website went live at the end of July 2016.
- The new C&I LPC logo has been incorporated.

He added that the old website (via the PSNC portal) is still active.

YP asked the members to review the website and provide feedback.

SG suggested that some members look at the website in the breakout session.

HLP

YP commented that -

- Public Health England has now published the self-declaration framework to allow Pharmacies to self-declare to gain accreditation for level 1 (Health promotion only) HLP.

SPA stated that contractors are reluctant to invest in becoming HLPs, because there are currently no guaranteed services which would follow gaining this status.

YP added that the pharmacy cuts are also looming and so contractors are also reluctant to invest for this reason.

- In light of this, Public Health are now proposing to shift their focus away from recruiting HLPs to supporting Health Champions to deliver health promotion campaigns.
 - "Make Every Contact Count" training event 23rd September 2016
 - This is a council run and funded event and the uptake is currently very low.
 - Communication re. this event has not been joined up.

Funding for Pharmacist Independent Prescribing

YP commented that -

- **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 has also agreed to fund course fees if required. This has already been presented at the ICCG Primary Care Strategy meeting.
 - There are now 10 IPs trained in the C&I area.
 - Commissioners can now be approached to fund services which would utilise these IPs (to relieve the pressure currently on GPs and A&E)
 - Issues currently exist wrt. increasing indemnity insurance rates. The NPA currently provide reasonably priced indemnity insurance for CP IPs.

SG thanked YP for his work in getting Clare to agree to this further funding.

SG updated the LPC re an outline proposal from HELaSE / HENCEL SG stated that HENCL are currently developing a proposal for Pharmacists to work in UEC in the Whittington Hospital. The would involve 3 FTE pharmacists working in UEC. HENCEL are making £250,000 available to cover wages & training. Some combination of these 3 FTEs could involve “portfolio working “ ie they work half their time in a CP setting and the other half in A&E (Whittington). He asked if the LPC thought this model might be appealing to CPs, especially IP CPs. It could potentially provide added income to the CP & would certainly involve high level training experience Members were concerned over who would hold the contract for this post, the contractor or the IP themselves.

SG stated that the employment model has not been decided and could be changed and modified to suit CP.

IP LPC members suggested this would be of interest and SG should pursue this as an option with HENCEL

The committee members agreed for SG to promote the proposal for C&I CP IPs to be included in this project.

- **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.

Islington developments

YP commented that -

- **CCG 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 been appointed until permanent replacements can be recruited.

YP is currently offering to help ICCG work up draft projects etc. because they currently have capacity issues.

- **CCG rebate schemes (see extract from the 15 September 2016 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 their sympathy for CPs but how signing up to such rebate schemes effectively condones/allows 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.
 - A working group will be set up to monitor these schemes, who will also have to report to the Medicines Management Group before sign off.
 - The CCG hopes to save £100,000 via these rebate schemes.
 - The drugs to be used in these scheme cannot be Cat. M drugs.

SG suggested that these schemes should be scrutinised heavily (each drug should be looked at carefully).

- **Islington I: Hubs -**
 - Now potentially funded by NHSE until April 2017 as part of the 5YFV -
 - NHSE has still to confirm this funding. In any case, the ICCG Primary Care Access is being reconvened.
 - ICCG are proposing to fund Pharmacy wrap-around hours for Pharmacies close to the I:Hubs. The funding of IPs may be linked to this. The LPC has persuaded ICCG to duplicate the Tower Hamlets model that uses IPs to run out of hours' clinics in Pharmacies.
 - This is taking a long time to sort out.
- **Domiciliary MURs -**
 - 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 is currently chasing this, but the changes in personnel along with STP draft commitments have caused delays
- **Dressings Central Procurement Pilot**
 - YP stated that he had just learnt that this pilot has been extended for a further three months.
 - SG suggested that an IP could fit in to a solution for this.
- **Medicines Optimisation Group**
 - Currently projecting breakeven prescribing spend, however, NHS England has also indicated that there had been 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 16/17. Impact on forecast outturn will be estimated when national estimates are available.

- **Islington Anticoagulation Services**

- Islington GP federation were the preferred bidder for this service but may yet withdraw as they cannot deliver the service with the funds allotted by ICCG. Whittington Health continue to provide the service in the interim.

Outstanding Payments

YP commented that -

- Public Health (PH) payments -
 - 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 -
 - We have been supporting several contractors that have not been receiving EPS allowances and other payments following change of ownership.

NHSE -

YP commented that -

- Capita performance remedial action -
 - PSNC have written to NHS England's National Director of Operations & Information in July 2016 to request remedial action regarding Capita's operation of PCS England services following a range of issues raised by LPCs and contractors.
 - NHS England has responded to PSNC's concerns about Primary Care Support (PCS) England services, setting out plans for an operational assurance review of the services provided by Capita and apologizing that some services have not met expectations.
 - Quarterly meetings with LPCs have been reinstated (these had previously been scrapped by Donal Markey (Head of the DOP Dental, Optometry & Pharmacy Team), following Pharmacy London's proposal to no longer give NHSE a regular slot at its meetings.
- **MAS -**
 - Islington -
 - Voucher pads are currently being hosted at Savemain Pharmacy with the CCG authorising each pad issue.
 - This is causing lots of frustration in the system.

- The LPC are currently working with NHSE and ICCG to make this service paperless.
- **Market Entry -**
 - Change of ownership for information -
 - Sainsbury's Pharmacy, Finchley road to Lloyds Pharmacy effective from 1st September 2016.

Service Reviews

YP commented that -

- **Islington Needle Exchange & SSA service review -**
 - This expression of interest exercise has now been completed.
 - **All** Contractors that applied for SSA and met the criteria have been commissioned.
- **Smoking Cessation -**
 - [Healthier Futures](#) are currently undertaking 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. Work is now well underway and is scheduled to be completed by 30 September 2016.
 - E-cigarettes may be incorporated into a new service.
 - Other areas have decommissioned their stop smoking service.

Camden Ageing Better Bid

YP commented that -

- The LPC has approached Age UK Camden to offer support.
- Age UK's consultant has now visited each of the sites to unpick the blocks that Pharmacies are experiencing. These include:
 - The Community Connectors producing a box that contains all the necessary materials and is clearly identified as "Ageing Better in Camden" to ensure all materials are kept in one place.
 - Each pharmacy will have a "Link Community Connector" to visit regularly to ensure all materials are there and discuss any issues arising.
 - A better payment system.
 - Changing the referral form to a self-assessment form and asking all patients over 60 to complete the form.
 - Running events in pharmacies with Community Connectors and other "Ageing Better" partners to promote Ageing Better and create interest.
- They're also looking at producing a self-declaration type scratch card.

7. TREASURERS REPORT **15-16 LPC Accounts**

BPC questioned the audit and prep. fee (£3000) for the LPC accounts.
YP stated that the accountants had made several errors whilst preparing them this year, including sending them to the old LPC treasurer.
YP stated that price had increased to reflect the increased correspondence/work to resolve the anomalies.

Action no.	Description	Who to action
2	To meet the accountants and discuss the management accounts.	YP

KK stated that the fee of £3000 is a reasonable and comparable one.
The members decided to use this existing accountants for one more year and then conduct a full review of their services and the value for money.

LPC Reserves

BPC again proposed that £30-40,000 worth of the reserves could be invested through an advisor like “St. James’ wealth management”. There was a discussion around the risks inherent in this.

YP stated the LPC are accruing £20,000 per annum. The committee discussed how to utilise this. The LPC considered ideas around utilising funds on contractor development and training:

SG wondered whether the LPC could pay for C&I contractors to undergo IP training.

YP stated that any opportunity must be equitable to all contractors.

BPC proposed that the LPC could offer to pay contributions towards back fill costs for all pharmacies to encourage Pharmacists to send their staff on training events.

The members stated that this would be a good idea, provided that limits and parameters would be set.

KK wondered whether charitable contributions could be made by the LPC.

YP stated that to do this, a formal vote would have to be called, and the LPC constitution may prevent this donation from occurring.

SG suggested that the LPC could set aside £10,000 as a training bursary.

BPC stated that CCA companies would be excluded from a scheme like this.

KP suggested that the LPC simply organise, put on and pay for training events to strategically upskill Pharmacists and their staff

YP stated that he would be reluctant to endorse putting LPC resources behind a scheme where money would be made available for Pharmacists to become IPs, because there is currently no clear service that IPs could currently deliver.

SPA suggested that the LPC could wait another year to decide how to spend its reserves – in a year’s time the NHS landscape will be better defined.

The meeting members decided to discuss how to spend the £20,000 accruing LPC reserves.

YP suggested that this discussion be continued in the breakout session.

8. SERVICE UPDATES

Vaccination Services

YP stated that in C&I, 10 contractors in each borough had not signed up for the London service.

HS stated that contractors are perhaps avoiding administering the PPV vaccinations because of the need to “draw up” the vaccine.

GP/CP Complaints

SG reminded the meeting members that antagonistic behaviour between GPs and CPs re. completion over the vaccination service must be investigated. Potentially formal NHS complaints could be made against where necessary.

MAS

SG asked about the progress of the London wide MAS.

YP stated that it is still being talked about, although funding is currently an issue, because across London different bodies (CCGs/NHS E) currently fund the different local services.

9. Prescription Ordering System(requested by CCA)

SG stated that he had brought up the subject of three clinical commissioning groups (CCGs) in the north west of England and East Anglia implementing schemes to stop pharmacies from reordering prescriptions, in theory to save money wrt. wasted medicines at the last Pharmacy London meeting.

SG stated that he had asked the PSNC to investigate this matter and to also gain sight of the evidence for the “so called” efficiencies this system provides, as he had doubts about the robustness of these reports.

SG ~~reported stated~~ that GPs ~~in~~ those areas have been accusing multiple pharmacies in particular for the wastage of medicines when the repeat order.

BPC stated that the patients would suffer should these schemes catch on.

SG stated that members should report examples where patients are adversely affected by this scheme as clinical incidents. SG added that if this policy spreads to C&I these such incidents should be recorded by the LPC.

YP stated that GPs are currently reluctant to use electronic repeat prescribing, because they think that some CPs are not processing them appropriately.

BPC suggested that Electronic Repeat Dispensing would make a great training workshop for the LPC to fund for Pharmacy staff.

SPA suggested that Healthwatch should be approached wrt. this matter.

Action no.	Description	Who to action
3	To make contact with Healthwatch to discuss the issues around the Prescription Ordering System.	YP

10. CEO 15-16 KPI review and performance bonus award

The members reviewed YP’s performance and awarded the appropriate performance bonus as per the agreed formula. After discussion they also agreed an inflationary uplift to his core package.

11. SUB GROUP BREAKOUTS

Of the members present –

- Group 1: KP, HS and BPC process LPC claims/payments.
- Group 2: Everyone else to discuss and then present ideas re. possible proposals on how to spend £20,000 worth of LPC reserve funds.

Group 2 reported back to Group 1 and YP wrt. the following suggestions for spending:

1. Supplying every contractor with a tablet, which would have useful apps and documents pre-loaded. COST: £17,000.
2. Provide backfill costs - (£10 per hour - £75 per day MAX) for Pharmacy staff to attend daytime events.
3. Provide contractors with a “credit amount” which could be used in conjunction with a certain group of training companies. Pharmacies/or individual would receive a cash bonus on completion of certain training courses.
4. C&I LPC would give out awards (one for Pharmacy/Pharmacist and staff member), in the form of cash prizes.
5. Provide a package of support for IPs.
6. Incentive payment for attending and/or sending staff to evening meetings
7. Money back to contractors

SG asked for feedback on these suggestions.

KP suggested that a further option could be that the LPC levies could be decreased in 2017.

Action no.	Description	Who to action
4	To put suggestions 2 - 5 above to those present at the AGM and work up detailed proposals for the next LPC meeting for discussion/review/approval.	YP

12. A.O.B.

There were no A.O.B.s.

SG brought the meeting to a close.

13. NEXT MEETING DATES:

8th November 2016	09.00-17.30	Ibis Hotel Euston
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



**Camden & Islington
Local Pharmaceutical Committee**
...the voice of pharmacy in Camden & Islington