



Meeting Minutes - **OPEN**



Thursday 15th March 2017



09.00 to 17.30



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

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	Aa
Udit Patel	UP	P
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P
Kim Khaki	KK	Aa
Jayesh Patel	JP	P
Beneeta Shah (Vice-Chair)	BS	Aa
Hitesh Tailor	HT	Aa
Kalpen Patel	KP	P
Dharmesh Patel	DP	P
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.

YP stated that he had received DOI/COI and confidentiality agreement forms from most members – he would chase those who had not given them in.

2. **MINUTES OF THE LAST MEETING (JANUARY 2017)**

The committee agreed to approve the minutes of the last meeting as accurate.

Outstanding actions

YP & BPC to approach contact to be employed to maintain the LPC website:

YP stated that this contact had wanted £200 per month for this work, therefore YP had decided not to employ his services.

KP stated that he would talk to a contact who currently maintains his community websites.

Action no.	Description	Who to action
1	talk to his contact who currently maintains his community websites with a view to maintaining the LPC website.	KP

An Islington member and YP to scan the MAS voucher to form a PDF. Template to send to Islington contractors:

YP stated that Islington CCG, against YP's advice, have printed another batch of paper vouchers.

To spend 2-3 days researching the following areas: Pharmacy integration fund, CHIN (Care Closer to Home Integrated Networks) strategic documents, Business cases for "Connect 2 Pharma" services and services that would utilise IPs:

SG stated that HEELASE have recently pitched for some funding for leadership training for ACTs from the Pharmacy Integration fund, and they had successfully won their bid. SG stated that this should give CP hope and the LPC should likewise consider putting together business cases to also bid for some money from the integration fund.

YP stated that the LPC should work to link HEE funding, with CHIN and STP priorities to then utilise C&I IPs to bid for services using the Pharmacy Integration fund.

SG noted that putting together bids would cost the LPC time and money and there would be no guarantee of success.

SG stated that proposals take some time to write, but funding can appear at very short notice, so we need to have these proposals on the shelf and ready to go, or we will miss opportunities as they arise. He noted that as we will soon be in the new financial year we need to have LPC agreed proposals ready by the next LPC meeting at the latest. Therefore he proposed that the LPC use some time and resource to pre-prepare proposals for services now. These could then be utilised opportunistically either directly to local commissioners (CCGs & the STP) or to access the Pharmacy Integration Fund. Proposals particularly to the STP could be beneficial for both Camden and Islington contractors

YP reminded that there are currently a dozen IPs across C&I, and these contractors deserve to be involved in a new service which utilises their skills. YP stated that he would struggle to put together a bid on his own.

SG suggested that he, YP and any other interested LPC members should work on these business case / proposals.

JP asked how much this bid writing process would cost.

SG estimated that it would take 4 LPC members 5 days to write up a bid for a full tender, but proposals considerable less time and manpower.

YP stated that the estimated the cost of full bid writing would be £5000 but proposals much less, 1-2 days only.

BPC suggested that the risks involved in this would be too high – costs vs. rewards.

YP stated that every CHIN & QIST will have £1 million worth of funding – some of this may be accessible by CP.

JP and BPC stated that they would want to bid for a service that would benefit all contractors, not just IPs. YP accepted this, but where NHS funds are tight it would be very difficult to get a universal service commissioned, and we agreed at our last meeting to develop proposals utilising the already training IPs in C&I

JP suggested that a Survey monkey survey be sent out to contractors to get their ideas and buy in to this bidding work.

It was agreed YP and SG spend a maximum of 2-3 days developing proposals around the action plan point from the previous meeting (ie to spend 2-3 days researching the following areas: Pharmacy integration fund, CHIN (Care Closer to Home Integrated Networks) strategic documents, Business cases for “Connect 2 Pharma” services and services that would utilise IPs)

Action no.	Description	Who to action
2	YP and SG spend a maximum of 2-3 days developing proposals around the action plan point from the previous meeting (ie to spend 2-3 days researching the following areas: Pharmacy integration fund, CHIN (Care Closer to Home Integrated Networks) strategic documents, Business cases for “Connect 2 Pharma” services and services that would utilise IPs)	YP/SG

MAS:

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

YP stated that the issue here is that Webstar are willing to add the module, however NHS E do not have the funds or capacity to facilitate this.

SG wondered whether the LPC could design and promote a one week audit. A simple paper questionnaire could be designed & the LPC collate the data. This audit would provide strong evidence for the benefit of MAS

BPC suggested that three questions be added:

1. What would you have done if this service was not available.
 - a. Would you have gone to A & E.
 - b. Would you have gone to your GP?
 - c. Would you have been willing to purchase these items yourself ?

SG suggested that an analysis be done on these results.

YP wondered whether these answers should be recorded electronically or on paper.

The members agreed to make this a paper form.

NHSE - Service Reviews:

YP to talk to ‘Solutions4Health’ to try and investigate their plans for commissioning the service from pharmacies:

YP stated that he has a meeting with “Solutions4Health” during the next week. YP reminded that this organisation will take over from the 1st April 2017, although there has been no information from them re. a handover procedure.

3. CEO REPORT

CPCF changes 2016/17 & 2017/18

YP stated that NHSE had published new guidance on the QP criteria: [NHSE published new guidance](#) on 27 February 2017. YP stated that detailed information on the changes including quality payments can be found [here](#).

YP stated that he would send a document out to contractors which would just highlight the changes made.

YP stated that this new guidance currently provides more specific details on how to meet the QP criteria and how to submit claims. YP added that PSNC has since updated its [guidance document](#) to reflect the new NHSE guidance.

“Tackling high blood pressure through community pharmacy report”

YP stated that Pharmacy Voice have published this report;

[“Tackling high blood pressure through community pharmacy report”](#)

YP added that the report highlights existing best practice in tackling high blood pressure through community pharmacy that readers could adopt within their organisations or communities to improve the health and wellbeing of the population. YP added that It makes twelve recommendations for maximising the community pharmacy contribution to preventing, detecting and managing hypertension. YP stated that the report builds on the “CPFV - making it happen” document, published earlier in the year - the aim is to provide an evidence base for future commissioning.

YP stated that this information could be used in the bids that the LPC would put together.

LPC HLP Leadership/Business Solutions Event 29 Jan 2017

YP stated that there had been 53 attendees for this training and feedback had been extremely positive, the mean feedback score for the event was 4.6/5 (Feedback summary spreadsheet incl in the meeting papers). YP added that the delegates had stated that they would like more such events, & liked Sunday training sessions.

HEELaSE funded Health Champion training sessions

YP highlighted the following points:

- HEELaSE are kindly funding this training across NCL.
- The LPC (YP) have been project managing the non-NEL LPC boroughs
- 150 places have been allocated across 5 sessions -
 - 1 at Islington Town Hall.
 - 3 at Camden Town Hall.
 - 1 at Middx Grp LPC offices.
- There are 50 delegates currently attending from Camden & Islington pharmacies.

YP stated that he has enough funding to put on another (mop up) session in May 2017.

LPC Quality Payments/HLP application workshop Sunday 19th March 2017

YP stated that, to date, there are currently 39 registrants for this workshop.

HLP

YP highlighted the following:

- RSPH/PSNC have now published accreditation and grandparenting criteria:
 - *Pharmacies that were accredited as an HLP locally between 1st December 2014 and 28th April 2017* and have a copy of the signed and dated documentation that demonstrates this, will not need to go through the profession-led self-assessment process led by PHE to qualify for the quality criterion.
 - *Pharmacies that were accredited prior to 1st December 2014* as an HLP and have a copy of the signed and dated documentation that demonstrates this, will need to complete the profession led self-assessment to show they are meeting the requirements of a HLP Level 1 as defined by [PHE](#) on the day of the review. The contractor will not need to register their pharmacy by completing the assessment of compliance on the RSPH website as this is just for pharmacies who are registering as an HLP for the first time.

SG stated that he was worried that because there are two routes to accreditation this information may be misplaced as the accredited HLPs would not be recoded on the same register.

- C&I PH are proposing to use the money which would have paid for the HLP project manager to fund small remunerated health promotion campaigns.

SG suggested that CP should try and influence the nature of these campaigns & could suggest to C&I PH to develop template “planograms” for HLP Health Promotion Zones. This would utilise locally and nationally available PH posters and leaflets This would support the Health Champions in designing their Health Promotion Zones

HS stated that she could share a Morrison’s planogram template.

Action no.	Description	Who to action
3	To propose to C&I PH produce planogram templates for Health Promotion Zones around a selection of PH Campaigns utilising locally and nationally available PH posters and leaflets.	YP

Pharmacy London

YP highlighted the following:

- Amit Patel from South London was appointed as the new PL CEO.
 - He is a non-Pharmacist and has a background working with PCTs, CCGs, HEE & CEPNs - managing large scale transformational change.
 - He has already co-ordinated meetings with London leads on Health Education.
- PL levies:
 - Current levy is £35/contractor.

- Levy to increase to fund the revised CEO package options were:
 - Option 1 staggered rise £42 this year, & £52 next year
 - Option 2 one off rise £52 now (& no rise next year)
- C&I LPC agreed to fund option 2 at our November 2016 meeting.
- At the last PL meeting on 9 March 2017, K&R LPC agreed to pay £42/contractor for 16/17, but refused to pay £52/contractor for 17/18.
 - They proposed to pay £49/contractor for 17/18 instead and will provide additional funds if a viable business case is presented.
- All PL members will now pay £49/contractor for 17/18 (£5537 an increase of £791).

Action no.	Description	Who to action
4	To ask IGP Fed. To consider changing the CHINs/QISTs Pharmacy vacancies to two part time positions.	YP

- **CHINs/QISTs and the opportunity for pharmacy -**
 - Following the ICCG CHIN visioning workshop, that YP attended last week, the LPC have been asked to meet with the Chair of the CCG to discuss potential opportunities for CP.
- **Islington procurement of Anti-coagulation services -**
 - This is still stalled as it seems the CCG and GP federation cannot agree a way forward - Whittington Health will continue to provide the service in the interim.
- **Medicines Optimisation Group**
 - The next meeting now clashes with the C&I LPC meeting.
 - Currently projecting breakeven prescribing spend, by meeting their QIPP target of £600k mainly through Cat M cuts.

SG stated that YP should communicate at the MO Group meetings the message that this group is currently making these savings because CP is very efficient in its buying strategies.

Outstanding Payments

YP highlighted the following:

- **NHSE payments -**
 - This is a huge national problem particularly affecting pre-reg grant payments, although service payments are also severely affected - GPs and other primary care providers are also being affected.
 - This has become such an issue that NHSE have put a resolution team in place to expedite payments highlighted - Capita, it appears are no longer responding to NHSE-L's emails.
 - It's only since threatening NHSE & Capita with legal action that the LPC has started to get some traction.
 - Capita state that they are aiming to resolve all the payment issues by the end of March 2017.

- Capita have recently awarded GPs £250 compensation for the inconvenience of resolving issues with Capita.

BPC stated that he still has payment issues – YP asked him to send him an email to escalate.

NHSE

YP highlighted the following:

- **MAS – Islington -**
 - Everyone is keen to move to a paperless system.
 - NHSE/CCG seem unable to progress this – the LPC have offered to facilitate.
- **MRD**
 - All services are under NHSE review - no reports on the findings as yet.

Service Reviews

YP highlighted the following:

- **Smoking Cessation -**
 - Solutions4Health have won the tender for the provision of stop smoking services across both boroughs for the next 3 years from 1 April 2017.
 - YP has a meeting in the diary with “Solutions4Health” on 23 March 2017 to discuss joint working.

YP stated that some C&I pharmacies are currently delivering good SS numbers, whereas others are struggling.

YP added that there is a marked improvement in SS delivery in Camden under “ToHealth” as compared to when PH were commissioning the service.

Camden Ageing Better Bid

YP stated that Kate Fahy and himself had visited most commissioned Pharmacies on 20 Feb 2017. YP added that there had been patchy awareness of the service in the pharmacies, as well as some sites that had good staff engagement but low footfall or the wrong customer age profile. YP stated that Age UK are proposing to terminate some sites and look to recruit new ones, whilst providing extra training and support to the remaining sites.

SG suggested that these new sites should be encouraged to perform well in this service.

4. NUMSAS

YP stated that ANENTA are contacting all contractors to get them to sign up to the NUMSAS service. YP added that there is a discrepancy between the NHS E held list of contractors who were supposed to have signed up for the NHS mailbox (the deadline had been 1st February 2017), and the list held and amended by the LPC. YP stated that he would know more on this in the coming week.

YP added that the problems have resulted because of some contractors getting confirmation emails back whereas others did not.

5. C-CARD CONDOM PILOT

YP reminded that following the visit at the last LPC meeting, the following changes had been made:

1. The requirement for DBS checks for staff have been removed.

2. Chlamydia testing age has been extended to 24.

YP stated that he has not studied the new service specs. in detail, as of yet.

YP stated that the training would consist of pharmacists attending either 1 half day or 2 consecutive evening sessions. YP added that there would be no backfill funding for the daytime training sessions.

6. NEEDLE EXCHANGE

YP stated that PH would like to engage mystery shopper exercises in Camden and Islington pharmacies to:

- Understand customer experience and satisfaction.
- Sample the quality of advice around minimising harm caused by drugs.
- Check signposting to –
 - Access drug treatment services.
- Inform training needs and service development.

YP stated that all contractors will be notified of this. YP added that this would take place over a 3-4-week period.

7. SERVICE UPDATES

Vaccination Services

YP highlighted the following:

- 650,000 vaccinations have been delivered Nationally, excluding London.
- 182,500 vaccinations have been delivered in London.
 - 1780 of these have been PPV vaccines – low numbers could be attributed to supply issues.
 - 10,000 carers have been vaccinated – this has attracted much deserved positive attention.

SG praised this initiative and added that PL vaccination service are up for a vaccination award for this carer service.

- Gaining permission for CP to administer the Shingles vaccine is still being worked on.
 - Fluenz and other childhood vaccinations may follow if CP are allowed to administer Shingles vacs.
- GPs are supposedly planning to vaccinate all their patients with Quadrivalent Flu vaccines during next year's season.
 - For next year's CP London service – commissioner will fund 5% tetravalent vaccinations purchased.
- There is currently a Hep A outbreak in London – especially amongst male substance misusers.
- There are plans to source a Tamiflu supply for 2017/18 for use in a possible pandemic situation.

MAS/MRD

YP stated that there was no report on this.

8. MARKET ENTRY

YP summarised the market entry notifications for information.

9. SUB GROUP BREAKOUTS

BPC suggested that the members work on preparing the C&I contractors for the upcoming Flu season.

YP stated that the LPC had set up and run a Flu Champion training event last year – which had been successful.

SG suggested whether the LPC should develop a Flu promotion/Marketing resource for contractors to use in the Summer of 2017. This could be linked to the HLP Health Promotion Zones

Of the members present –

- Group 1: KP, HS and BPC processed LPC claims/payments.
- Group 2: SG and YP looked at LPC Governance policy – in line with YP's KPIs.
- Group 3: Everyone else worked on developing materials to prepare the C&I contractors for the upcoming Flu season.

10. A.O.B.

There were no A.O.B.s.

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

11. NEXT MEETING DATES:

11 July 2017	09.00-17.30	Ibis Hotel Euston
5 October 2017 & AGM from 7pm	11.00-17.30	Ibis Hotel Euston
14 November 2017	09.00-17.30	Ibis Hotel Euston

