Camden & Islington LPC

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

Meeting Minutes - **OPEN**

Thursday 26th January 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	P
Udit Patel	UP	P
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P
Kim Khaki	KK	P from 09.20
Jayesh Patel	JP	P
Beneeta Shah	BS	Aa
Hitesh Tailor	HT	P
Kalpen Patel	KP	Aa
Dharmesh Patel	DP	Aa
Chris Bell	CB	A
In Attendance		
Yogendra Parmar (CEO)	YP	P
Stuart Brown (Minutes)	SB	P
Jennie McKeith (Commissioner for young people's sexual health services in Camden)	JM	P (from 10.00 – 10.30)
Zara (C-Card coordinator for Islington)	Z	P (from 10.00 – 10.30)
Rob Darracott **(Pharmacy Voice Chief Executive)**	RD	P (from 15.30 – 16.45)

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. The meeting members and SB were due to sign new DOI and COI forms in the break out session of this meeting.

2. MINUTES OF THE LAST MEETING (NOVEMBER 2016)

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

Outstanding actions

YP to engage an individual to maintain the LPC website:

YP stated that he had not done this yet, and he would use the contractor who had carried out the update to maintain the website in the interim.

Action no.	Description	Who to action
1	**To approach contact to be employed to maintain the LPC website.**	**YP & BPC**

YP to redistribute the KPI scores to reflect the following weighting - 50% = work on Quality payments and HLP development - 50% = remaining LPC work:

The members agreed that this would be reviewed by all members (except for the finance sub-committee, as they had other duties) in the break out session – to be voted on and agreed today.

YP to write to David Webb, NHS E and Camden CCG, to highlight the LPC's concerns over this MAS guidance and the lack of consultation and the inference of a patient safety issue:

YP stated that he had not had the opportunity to complete this action as he had been concentrating his effort on delivering support events for contractors. After discussing the relative merits of sending the letter the committee agreed that on balance it was better to let sleeping dogs lie especially in light of the development of a NHSE MAS commissioning framework for London CCGs.

SG asked about the future of a London wide MAS.

YP stated that a pilot would be run in Tower Hamlets, then this service, should it be successful may be rolled out across London. YP stated that DTR @ NHS E would be agreeable for Pharmacies in Islington to go paperless and YP added that when the existing batch of vouchers would be exhausted, then the service would become paperless and paper exemption declarations would have to be kept.

SG asked how Islington contractors are currently recording their MAS results.

YP stated that these results are being recorded on a paper template.

UP stated that a spare voucher could be kept and a template be made out of this via scanning/photocopying.

Action no.	Description	Who to action
2	**To scan the MAS voucher to form a PDF. Template to send to Islington contractors.**	**An Islington member and YP**

BPC stated that the GPs currently support this service.

YP stated that it will be important that the answer to the question; "what would patient's do without access to this service" would be captured by contractors to show the value of the MAS.

YP to send out a communication to all contractors informing them of the connect2pharma event in November 2016:
SG asked whether the LPC should advise C&I contractors to sign up to Connect2Pharma services, so that collective marketing could be organised by the LPC.
YP stated that the "Strep A" testing has issues with the test strips expiring (the minimum amount to buy is 50 strips). YP stated that the supplier would not split this pack of 50.
BPC stated that the pricing of this testing would have to reflect the wastage which would be incurred by providing this service.
SG suggested that, should this test be taken up by enough C&I contractors, the money saving figures (as patients wouldn't visit a GP for a sore throat) could be analysed and advertised to the CCG. SG suggested that a service such as this could be funded from money from the Integration fund. SG suggested that the LPC could have a number of service business proposals ready to go which could be used to bid for funding.
SG stated that services which would utilise IPs could be a good bet.
YP stated that he has been speaking with Amalin Dutt (Head of Medicines Management at Islington Clinical Commissioning Group) wrt. creating business plans for services which would tap into the following areas: medicines adherence, domiciliary MURs and wrap around hours for IHubs.
SG stated that he would like the LPC to lead on these business plan ideas.
The members agreed that YP should 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.
  - Services that would utilise IPs.
- Urgent Care services – linking to HEE funding.

Action no.	Description	Who to action

3	**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.**
	    ○ **Services that would utilise IPs.**
	• **Urgent Care services – linking to HEE funding.**
		YP

Action no.	Description	Who to action

4 previous action	**To obtain the Camden patient value data from Webstar for the MAS.**	**YP**

Action no.	**Description**	**Who to action**
5 previous action	**To determine the progress on adding the added value questions to the Webstar MAS consultation module in Islington.**	**YP**

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

Some members stated that they currently had outstanding Pre-Reg payments.
YP stated that NHS E are unhappy with Capita's performance, and YP added that NHS E have been warned that some C&I contractors are considering legal action to try and get this money, which has been delayed, paid to them.
The members recognised the hypocrisy of NHS E's behaviour towards overdue payments.
YP stated that a rescue team has been put together by NHS E tom try and sort these issues out.
YP stated that he would compile the results of the survey of outstanding payments in the next few weeks.
To obtain more details on the vacant posts at ICCG (with a view to offering these posts to Islington contractors):
SG stated that he would like to see a CP contractor in this role.
YP stated that ICCG had not involved the LPC in the process of advertising for the vacant post.

YP 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:

Action no.	**Description**	**Who to action**
7	**To circulate a list of the Healthcheck figures in C&I to all LPC members.**	**YP**

3. <u>C-CARD CONDOM PILOT</u>

YP welcomed JM and Z to the meeting.
JM highlighted the following points:

- C&I Pharmacies do not provide the C-Card scheme.
- The LPC has been sent a draft spec. of the pilot service, which would last for 1 year.
- C&I Pharmacies already providing the EHC service would be eligible to engage in this pilot.
- The pilot would involve the distribution of C-Card only – not it's registration.

- Chlamydia testing would be available for under 18s only (the C-Card scheme's upper age limit is 25) – this would be to minimise the wastage wrt. the giving out of the Chlamydia kits.
- Training (and refresher training) would be required for this service – transactions would be recorded on the C-Card website and training would be also be required for this.

BPC queried the decision to limit the Chlamydia testing to under 18s, and asked where women over 18 would secure a kit.
JM stated that these patients would be able to order kits online via various sites (e.g. https://www.your-life.com/)
SG stated that the different sexual health services currently have different age criteria and he added that this is very confusing for the patients. SG asked for some harmonisation re. these services across London.
SG asked for a simple flowchart (detailing the age limitations for each service) to be produced and included in the training for this service.
BPC warned that lots of patients would not access the Chlamydia kits online and it would be better to attend to these needs when they are face to face with a pharmacist.
SG suggested more joined up commissioning & design would be desirable. He reported:that the former Chlamydia freepost kits would not easily fit through letterboxes: the commissioner had produced "pick up your-self" kits which were in big buckets in pharmacies & other sites which undermined the sexual health training that Pharmacists had received & the every contact counts message.

JM stated that:

- After five C-Card transactions a highlight on the website would prompt a Pharmacist to have a more in depth conversation with a patient.

YP stated that the advanced DBS check requirement may be a barrier (not all counter staff have DBS checks), and this would mean that only the Pharmacist would be able to deliver this service.
JM stated that she would be having a conversation about this criterion later, on this day.
SG stated that should the counter staff be prevented from being able to carry out this service (due to the adv. DBS criteria), then it would not be financially viable and contractors would not participate.
SG stated that the number of HLPs would increase in London, and this C-Card scheme could be plugged into this model.
YP asked what the training would consist of. YP advised "day time" training for Pharmacy staff and "evening sessions" for Pharmacists.
JM stated that this would be taken into consideration and training would be tailored to the different professionals' knowledge bases.
SG stated that the NPA have produced Sexual Health scratch cards, and these could be added in to this C-Card scheme (joining up resources).
YP stated that wrt. the pilot specs - the fee will have to be discussed and negotiated.
JM stated that this pilot would be due to start in April 2017, however this date may be put back to accommodate changes in the service specs.
YP stated that shelf space is limited in most pharmacies, and consideration would have to be made wrt. how much room the boxes of condoms would take up.

JM stated that the pharmacist would be in charge of ordering the condom supply.
SG suggested that a joined up publicity drive would be a good idea, and a package to form a display would be preferable.
JM stated that oyster card style wallets will be available for this scheme.
JM added that a C-Card window sticker would also be available.
JM stated that she would be in touch with an update on this pilot, having taken into account all this feedback.
YP thanked JM and Z for their attendance.

4. CEO REPORT

CPCF changes 2016/17 & 2017/18

- YP stated that detailed information on the changes including quality payments can be found here.
- YP added that the following resources have now become available since we disseminated our quality payments workbook -
  - Pharmoutcomes modules have been released to support contractors through the Quality payments framework and asthma referrals.
  - CPPE have also produced this to guide contractors to the appropriate CPPE resources.
  - NPA resources.

CPFV – 'Making it Happen'

YP stated that Pharmacy Voice and PSNC have published this document on 19 Jan 2017. YP added that in this document, they have:

- started to map out pathways toward the three future scenarios for community pharmacy that are described in the Forward View;
- called on Government and NHS leaders to commit to working collaboratively with the sector to design and create this future together; and
- invited colleagues from across the health and care system to share their own stories of taking steps along the pathways described, and the lessons learned on how progress can be accelerated and barriers removed.

LPC Quality Payments & HLP Idiots guide event 8 Dec 16

YP stated that this event had gone very well, with 42 attendees. YP added that the mean feedback score for the event for organisation and 4.6/5 (Feedback summary spreadsheet included in the meeting papers). YP stated that the slide deck and LPC Quality payments workbook were emailed to contractors shortly after this event.
SG asked whether any of the members had used the quality payment documents.
SG added that he and YP would be working on updating these in the break out session.
SG reminded that the evidence for the quality payment criteria would be confirmed via self-declaration.
YP stated that there is a quality payment module on Pharmoutcomes for HLP and asthma.
YP added that he would scrutinise these modules and add any useful information to the LPC resources. YP reminded that the HLP module is not free, and LPC's currently have the opportunity to buy a subscription for their areas (which is unfair because the fee is currently the same regardless of the number of contractors in an LPC area).

LPC HLP Leadership/Business Solutions Event 29 Jan 2017
YP stated that 53 Pharmacists have signed up for this training.
Health Champion funding
SG stated that funding has been secured from HEE to fund 300 health champion places across the HENCL area.
YP stated that he would be sending details out to contractors about this shortly.
PSNC Special levy for legal challenge to the Department of Health's Imposition
YP stated that, as reported before Christmas, PSNC are seeking a special supplementary levy (£11,000 from C&I LPC reserves) to support the legal action against the imposition. YP added that the LPC had calculated this on the same basis as the annual levy.
YP stated that PSNC will account for this separately, and credit any surplus to LPCs in proportion to the contribution. YP stated that PSNC would like the invoice paid as soon as possible.
YP stated that the text below has been pasted from the letter from Mark Burdon, chair of the PSNC Resource, Development and Finance subcommittee:
"As you know we have commenced legal action against the Department of Health, to challenge the imposition. PSNC voted unanimously to take proceedings. It is the first judicial review we have sought this century, and the Committee took time to balance the pros and cons before making the decision to proceed. Leading counsel has advised us that we have a strong case, and we believe it is essential, for now and in the future, that we seek to ensure that consultation processes are conducted properly and ensure that decisions are well informed and considered.
PSNC has spent considerable sums from its reserves this year on the campaign, and we do not have sufficient reserve funds to cover the costs of the litigation, ensuring that we present the best possible argument in such a pivotal case for the future of our sector. In addition to the costs of lawyers, including very senior and experienced leading counsel, we are obtaining expert evidence that challenges some of the assertions made by the Department of Health and the Minister.
The Committee has considered our financial position and how to fund the litigation. It has concluded that we should seek a one off supplementary levy from LPCs, equating to an average cost of £100 per pharmacy. This would be used specifically to fund the costs of the legal action. It will be accounted for separately and any surplus credited to the contributing LPCs in proportion to their contribution, against future levies. The sum we are seeking to raise is large: over £1 million, and this reflects both the inevitable uncertainties of the costs of litigation such as this, but is also seeking to provide for the risk of losing the case and paying the other side's costs.
LPCs will understand the financial situation our contractors are facing at present. Many have reserves, that are to provide for contingencies and unexpected demands. We believe there has never been a greater need to act to support our contractors, and we would encourage LPCs to fund the supplementary levy from their reserves, if at all possible."

BPC and KK objected to paying this amount, and BPC stated that the PSNC should currently be using their own reserves to mount this JR.
KK stated that he currently had no confidence in the PSNC as a negotiating body.

JP stated that this "no confidence" issue should be brought up with the PSNC reps.
SPA stated that he felt that the PSNC had been slow to react wrt. the DoH's action.
YP stated that the paying of this special levy was not mandatory and the PSNC had stated that they would not ask for any more money during this case. YP stated that most of the other LPCs have already paid this special levy. YP added that at the very least this legal action would delay the cuts being enforced and this would save contractors considerable sums of money for the initial sum of £100 per contractor.
SG stated that there could be a chance that the PSNC/NPA could win their cases and for £100 / contractor, this would be a risk worth taking.
BPC wondered whether the accounting (from PSNC) for the spending of this special levy would be transparent.
SG reminded the meeting that The NPA have also requested a JR – and this has been based on how the cuts will affect vulnerable people. SG added that the PSNC and NPA had co-ordinated to request JRs to challenge different aspects of the pharmacy contract.
YP stated that Prakash Patel is C&I's PSNC rep. and he currently has a standing invite to the LPC meetings. YP reminded that Prakash has not attended an LPC meeting.
BPC wondered whether the individual C&I contractors should be asked to vote on this subject.
SG reminded that the LPC members have been elected to make these decisions on behalf of the contractors.
YP and SG stated that this special levy would come out of the LPC reserve funds, and contractors wouldn't be asked to supply more money.
This issue was put to the vote:
7 members voted to pay the special PSNC levy.
2 members abstained from the vote.
Therefore, the decision was made to pay the special levy and this amount would be paid this afternoon.

Sustainability Transformation Plan

YP stated that Islington CCGs STP summary page is very good.
YP added that the STP vision/ambition is to create primary care hubs in the form of "care closer to home integrated networks" (CHINS) for commissioning and delivering services for population cohorts across a range of 50-80,000 people. YP stated that the enclosed is the STP draft for discussion CHIN design template
YP stated that the CHINs effectively take on the responsibility of commissioning, co-ordinating and delivering health and care for that population.
YP added that within these CHINs "hubs", centres of delivery would emerge.
YP reminded that the concept of a "hub" is already used in relation to our extended access offer – I-hub operates across 3 "hubs".
YP stated that how and where hubs would emerge would partly depend upon the availability of estates in which to co-locate services, but, for example, we could see the development of hubs where secondary care consultants come to deliver clinics. YP added that this could be along the lines of the paediatric hub idea already discussed at the Primary Care Strategy Group. YP stated that 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.

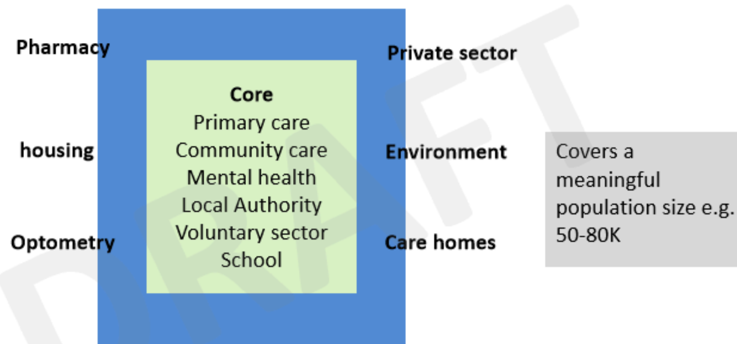
YP stated that there are currently major governance concerns as the CHINS are supposed to be both commissioners and providers.

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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YP stated that each CHIN would cost £1million to set up - below is an excerpt from the ICCG primary care directors program report.

Funding for CHINs and QISTs:

To be effective in making an impact on these challenging areas ***we have assumed each (50,000 population) CHIN includes the following complement of staff working with local general practices and aligned with the community and social care teams:***

- *1wte community matron*
- *4wte specialist nurses*
- *2wte therapists*
- *1wte pharmacist*
- *1wte qualified social worker*
- *1wte coordinator*

We have estimated a cost of ***£500,000pa per CHIN*** *for this complement of staff.* ***We have assumed local commissioners will assess how much of this they have and how much more they need to deliver the outcomes and then work with the developing CHINs to understand this more fully through their planning work.***

We have assumed the Quality Improvement Support Teams (QIST) (based on a 50,000 population) include the following complement of staff working with and in local general practices:

- *2.5wte GPs*

- *2.5wte nurses*
- *1wte pharmacist*
- *1wte analyst*
- *1wte coordinator*

We have estimated a cost of ***£500,000 per QIST*** *for this complement of staff and we have assumed that no CCG has any element of a QIST in place although there will be an alignment with current quality improvement work, for example UCLP initiatives.*

SG wondered who choses who these staff would be, and any perceived conflict of interest should be challenged. SG stated that CP is not currently at the table to help make these decisions as to staffing choices.
SG proposed that the LPC lobby to get the CHIN and QIST Pharmacy posts changed to 2 half time or 3 1/3 time equivalent Pharmacists, so that CPs could apply for these posts.
SG also proposed that the LPC should actively go out and find an ideal candidates for these Pharmacy posts from the Islington contractors and then support them.
YP stated that there would be 3 CHINs set up in Islington and 4-6 CHINs set up in Camden.
SG asked whether the equivalent information for Camden could be requested from the CCG, following this YP could make a FOI request for it.

Action no.	Description	Who to action
8	**To request STP and CHIN information from Camden CCG – failing results put in an FOI request for it.**	**YP**

YP stated that the CHINs would be set up in April 2017.
SG suggested the LPC should ensure that YP sits on the strategic planning board for the CHIN setup & use this to suggest the CHIN & QIST should utilise actual practicing CPs.
SG wondered whether an IP contractor would be better suited to the QIST vacancy.

Action no.	Description	Who to action
9	**To talk to Dr Josephine Sauvage (Chair of Islington Clinical Commissioning Group) re. STP engagement and the specs of the CHIN and QIST pharmacists.**	**YP**

YP stated that after the results of this conversation he would look into drafting an expression of interest document for these two Islington vacancies.

<u>Pharmacy London</u>

YP highlighted the following points:

- Current CEO has stepped down and interviews for the new CEO were held on 12 Jan 2017. A replacement has been chosen and an offer is being prepared.
- All LPC's other than Kingston & Richmond had approved the PL levy increase:
  - Current levy is £35/contractor.
  - The agreed proposals for the Levy 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 last meeting.
- After much deliberation at the PL meeting K&R LPC agreed to fund option 1.

SG highlighted that the PL constitution clause which states that levy decisions must be unanimous perhaps needed to be changed so that this issue does not arise in the future. SG stated that YP had asked to be on the interview panel for the new PL CEO role – he had not been invited to do so, when the panel was formed, due to perceived conflict of interest issues.

HLP

YP highlighted the following points:

- Jenni Millmore is now the Public Health HLP lead under Baljinder Heer-Matiana.
- RSPH/PSNC have now published accreditation and grandparenting criteria -
    - HLP's accredited in the last 2 years will be eligible for grandparenting.
- Planning to host >100 Health Champion day time training courses (with the help of the NPA) from LPC reserves or another funding source:
    - NPA have stated that they now cannot carry out day time training events
    - However, HEE have said that they would fund training events for 150 HC places across Barnett, Enfield, Haringey, City & hackney and C&I.
    - Buttercups could be used for this training.
    - This training would be planned for March 2017.

Islington developments

Dressings procurement pilot:

YP stated that Dressings procurement pilot to be terminated and highlighted the following points:

- See enclosed ICCG options paper (discussed at the last IMOG meeting on 18 Jan 2017).
- Whittington health were charging £72k to run the service plus £75k for the dressing costs.
- The pilot only accounts for 10% of the dressings supply. (CCG annual dressings spend £750k)
- Termination notice to be served to Whittington Health - Pilot to end on 31 April 2017.
- CCG still to explore an 'invest to save' project for dressings in order to fully evaluate the future options.

SG suggested that an IP in Islington should be employed to write the scripts for this service.
YP reminded that approx. £150,000 had been spent on this pilot.
The members agreed that this had been a waste of money.
The members voted unanimously to give authority YP to meet with Mandeep Butt (interim deputy head of ICCG medicines management) in order to write a business case for using an Islington IP to write dressings scripts.

Action no.	Description	Who to action
10	To talk to Mandeep Butt (interim deputy head of ICCG medicines management) and then to pitch for and write a tender for using an Islington IP to write dressings scripts.	YP

CCG rebate schemes:

ICCG are proposing to enter into a "Seretide" rebate scheme based on guidance from the London Procurement Partnership (LPP)

Islington procurement of extended access in primary care:
YP stated that as part of the GP Forward View an announcement has been made that funding would be available to support extended access.
YP added that this funding became clear at the end of September 2016 and in London this equates to £26m to the end of 2018/19.
YP stated that North Central London has been allocated £6.1m, of which Islington has a share of £1.3m.

YP added that the five NCL boroughs are now working together to develop a common specification that can be rolled out from April 2017.
YP stated that the closed procurement process for this will run from Jan to March 2017.
Medicines Optimisation Group:
YP stated that this is currently projecting breakeven prescribing spend, however, NHS England has also indicated that there was an over delivery on the medicines margin in 2015/16. YP added that should this continue at current rate; some of this will be clawed back in 2016/17.
Outstanding Payments:
NHSE payments – YP highlighted the following:

- 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 affected.

<u>NHSE</u>
MRD:
YP stated that all services are under NHSE review. YP added that no reports on the findings as yet.
Service Reviews:
YP highlighted the following wrt. Smoking Cessation:

- Healthier Futures final report was published before Christmas 2016 - It mentions Pharmacy as a key player in delivering a quality stop smoking service.
- The whole smoking service is out for tender at the moment.
- ‘Solutions for Health’ is a company that has been approached.

BPC stated that ‘Solutions for Health’ are operating in Haringey and they have decommissioned the service from Pharmacies.
SG suggested that YP contact ‘Solutions for Health’ to try and investigate their plans for commissioning the service from pharmacies.

Action no.	Description	Who to action
11	**To talk to ‘Solutions for Health’ to try and investigate their plans for commissioning the service from pharmacies**	**YP**

<u>Camden Ageing Better Bid</u>
YP stated that Age UK will decide the future of this service in April 2017, after reviewing the referral activity. YP stated that he is currently waiting on an interim update. YP stated that they had sent him activity data – only 6 of the 12 sites are active – and very few positive outcomes (57 referrals for the last quarter – only 2 were positive).

5. LPC PROVIDER COMPANY FORMATION

YP referred the members to document 8.0 in the meeting papers (an email from Hitesh Patel wrt. PSP Ltd.).
BPC stated that PSP Ltd. are desperate to know when C&I contractors could engage with the provider company.
YP stated that PSP Ltd. have two directors who are currently LPC members and two directors who are not LPC members.
YP added that PSP Ltd. have suggested that C&I LPC appoint another member to become a PSP Ltd. director (BPC is already a PSP Ltd. member).
BPC stated that PSP Ltd. directors currently attend bi-monthly meetings at Safedale House.
SG asked how much contractors would have to pay to join PSP Ltd.
BPC stated that the fee would be £600.
YP and SG wondered whether any C&I contractor would pay £600 in this current financial climate.
YP wondered whether it would be shrewd for C&I LPC to appoint a PSP Ltd. director, when potentially no C&I contractors would join.
BPC stated that in April 2017, in Hackney, a smoking cessation and sexual health testing contract would be bid for by PSP Ltd.
YP asked whether he could be a director of PSP Ltd. (not being a current LPC member).
SG wondered whether BPC and YP should be remunerated by the LPC for their attendance at PSP Ltd. Meetings as they are representing C&I LPC.
BPC stated that PSP Ltd. currently pay the directors for writing bids for services.
YP stated that should attendance to these meetings become onerous, then he would bring the matter back to the LPC for discussion.
YP stated that he would voice his concerns about potential low numbers of C&I contractors joining PSP Ltd at the first PSP Ltd. meeting he would attend.
The members voted to approve YP and BPC as C&I directors on the board of PSP Ltd.
Two members abstained, and six members voted in favour of approving YP and BPC as C&I directors on the board of PSP Ltd.

Action no.	Description	Who to action
12	To talk to PSP Ltd. about YP joining the provider company as a director.	BPC

6. TREASURERS REPORT

YP stated that the management accounts had been included in the papers and provided an overview of the LPC finances.

7. CPFV – 'MAKING IT HAPPEN'

The meeting welcomed Rob Darracott (Pharmacy Voice Chief Executive)
RD spoke to the meeting and made the following points about what PV has been doing over the last year:

- PV has been involved heavily in parliamentary activity.
- The second debate in parliament re. the Pharmacy cuts took place on the 24 May 2016 (approx. 45 MPs had attended) and this had come about due to PV's contact with Barnsley East's Member of parliament - Michael Dugher.

- PV had also reached out to MPs at the party conferences.
- PV has made 220 parliamentary contacts.
- PV has also led on the creation of the CPFV:
    - PV had created this document collaboratively in 4 weeks (a piece such as this would normally take at least 6 months to draw up).
    - PV and PSNC submitted the document on May 24 2016 to the DoH and NHS E as the consultation response, however PV and PSNC submitted different versions of this document (PV included the second "making it happen" part also).
    - The "making it happen" section is the practical part of the vision and it is the most important part as it details how investment would be pulled in and how the work would actually be carried out.
    - The NHS currently has no money and this fact must be worked with going forward – integration will be the name of the game.
    - The integration fund is coming out of NHS E's budget, the global sum is managed by the DoH.
- The "Making it Happen" section of the CPFV currently looks at the following areas:
    - CP supporting urgent care -
        - By April 2018 all funding for urgent care will be local.
        - STPs will be important.
    - CP will have to have a Nationally agreed strategy wrt. HLP and skills gaps would have to be addressed within the CP workforce, and CPs will have to be supported with their networking to bodies like HEE and PH E.
    - CP will have to look at developing services which will improve the care for elderly population.
- CP might have to favor talking to NHS E, going forward, to get traction on the development of new CP services – NHS E currently like the CPFV and they currently hold the levers to the STPs.
- CP should have conversations with NHS E at a high level, and CP should tap in to Urgent care and long term condition priorities that the NHS currently have.
- CP has some gaps in its structures – people need to be networked together and these networks could be funded by NHS E.
- Optometrists have 8 National clinical leaders – who bridge the gap between National strategy and local commissioning.
- There are currently roles for all the National Pharmacy organisations laid out in the CPFV – these organisations need to support and communicate with the front-line staff.
- The team of civil servants at the DoH have just undergone a 30% head count reduction.
- The Murray review currently states that CP is always gated out of important discussions wrt. building healthcare pathways.
- LPCs can use their links with HEE to influence decisions going forward.

SG asked how LPCs could make bids to access the pharmacy integration fund.

RD stated that CP needs to imbed its local reps. on boards and in the networks, such as STPs. RD added that NHS E can be pointed towards Optometry for an example of how a care industry can solve the problems that CP currently face.
RD suggested that the integration fund should be used to pay for the work done by CP to better engage with their commissioners.
RD stated that clinical fellows should be networked with and they should be invited to LPC meetings. RD stated that existing relationships should be capitalized upon.
RD suggested that the LPC should carry out an exercise where the members work out which potentially influential people they currently know.
RD stated that STPs are currently building trust around their board tables and CP are not at these table currently.
RD suggested that the LPCs should demand that the Pharmacy bodies should genuinely talk to one another and agree on a strategic approach that everyone will buy into.
RD reminded the room that the NHS works best when people dedicate their time to genuinely talk to other people (patients, commissioners, Pharmacy bodies etc.).
RD stated that he would be happy to help in any way.
SG and YP thanked RD for his words.

8. <u>SUB GROUP BREAKOUTS</u>

Of the members present –

- Group 1: KP, HS, EA and BPC processed LPC claims/payments.
- Group 2: SG and YP looked at consolidating quality payment criteria information.
- Group 3: Everyone else worked up a new set of draft CEO KPIs – moving points from the MUR section to the quality payment criteria work section.

9. <u>A.O.B.</u>

There were no A.O.B.s.
SG brought the open part of the meeting to a close.

10. NEXT <u>MEETING DATES:</u>

16 March 2017	09.00-17.30	Ibis Hotel Euston
18 May 2017	09.00-17.30	Ibis Hotel Euston
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