



Meeting Minutes - OPEN

Tuesday 10th May 2016

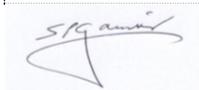
09.00 to 17.30



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	BPC	P
Elena Alexandrou	EA	P
Udit Patel	UP	P
Sanjay Patel Aqua	SPA	P
Hinal Shah	HS	P (till 13.00)
Kim Khaki	KK	Aa
Jayesh Patel	JP	P (from 09.30)
Beneeta Shah	BS	P (between 14.00 – 15.00)
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
Greg Beszant (COO at HubBox)	GB	P (between 12.30 – 13.00)
Catrin Cooper (HubBox)	CC	P (between 12.30 – 13.00)
Sophie Baker (commissioning manager for mental health and substance misuse services in Islington)	SBa	P (between 16.30 – 17.00)



12/7/16

1. WELCOME BY CHAIR & APOLOGIES

SG welcomed everyone to the meeting, apologies were noted (as above). SG stated that KK has suffered a bereavement.

YP stated that he would require paperwork (declarations of interest/confidentiality agreements).

2. MINUTES OF THE LAST MEETING (FEB 2016)

SG signed off the minutes of the last meeting as accurate.

Outstanding actions**Liz Brutus to liaise with Chloe Gay re. improving the leadership around HLPs:**

YP stated that because of the impending PHE self-declaration framework Public Health is proposing potential shift the focus away from creating more HLPs. The existing HLPs and network of health champions will be being used to run campaigns. YP added that the LPC would still promote the creation of more HLPs going forward, as the self-declaration framework will take a while to be implemented.

BPC stated that these mixed messages would cause confusion among contractors.

YP agreed with this statement.

YP stated that 7 C&I Pharmacies have attained HLP status, another 10 pharmacies are in the process of applying.

SG stated that a student from UCL is currently undertaking a Masters project which will research C&I CP's current role in Public Health. SG stated that the LPC has a role in encouraging the C&I contractors to deliver public Health services to a good level, so that these results would be reflected in this Masters project.

Action no.	Description	Who to action
1	To engage with Public Health to help contractors deliver more Public Health services – and to a higher standard (possibly by encouraging them to become HLPs) – to coincide with the work to be done by the UCL Masters student.	All

Liz Brutus to look into supporting the use of E-cigarettes with the smoking cessation service:

SG highlighted the issue that PH seemed to currently support the use of E-cigarettes, whereas NHS E currently have a very different stance, & do not support their use. SG stated that all current smoking cessation services are linked with NRT, however this treatment does not seem one patients generally wish to use, therefore perhaps this service should be linked with E-cigarette use instead. SG added that a report had been produced by the CCA – which had listed three brands of E-cigarette and which had deemed them quality assured products (two currently have no product license – one has a license pending).

SG wondered whether the LPC should obtain a copy of this report to then take it to Liz Brutus, so that Public Health could promote the use of these preferred E-cigarette models as part of the Smoking cessation strategy.

YP reminded SG that a quitter can only be recruited onto the Stop Smoking service if they are smoking at the time of recruitment.

Liz Brutus to look into the practicalities of changing to a fortnightly intervention pattern for Champix PGD:

YP stated that [Healthier Futures](#) have been appointed by Public Health to undertake a comprehensive review of existing stop smoking service provision in the boroughs of Camden and Islington. YP added that 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. YP stated that this comprehensive review work is now well underway and is scheduled to be completed by 30th September 2016.

VARENICLINE PGD –

YP stated that PH have confirmed that quitters supplied with varenicline must attend weekly counselling sessions together with CO monitoring in order to comply with the PGD. YP added that if

quitters do not attend the weekly sessions, they can no longer be supplied varenicline under the PGD.

YP stated that PH will review this position and overall performance after 6 months, however YP did make the LPC's feelings clear re. the negative impact weekly sessions would have on the number of quits and added that the LPC would not want the service to fail because of this stipulation to the PGD.

Liz Brutus to liaise with new LCS group for them to work with C&I LPC on the design of the new invoicing system for the smoking cessation service:

YP stated that this item was on the agenda with a supporting paper in the meeting papers.

YP to contact Jonathan O'Sullivan at PH to take forward work on setting up sexual health services in C&I Pharmacies:

YP stated that this action is ongoing and he is currently taking up this matter with Emma Stubbs (service lead).

Camden Ageing Better Bid:

Action no.	Description	Who to action
2 (from last mtng)	To approach Age UK, under his own company name to bid for a role to manage the training and delivery of the "Camden Ageing Better" service going forward.	YP

SG congratulated YP for his work in trying securing this new income stream for C&I contractors. SG added that the LPC should support this service and make it a success.

Medicines Optimisation Group:

Action no.	Description	Who to action
3 (from last mtng)	To bring the issue of rebate schemes up with PL, to make it a possible agenda item.	YP

YP stated that the London Procurement group have endorsed this rebate scheme.

SG stated that this issue should be brought up and argued against at the Islington IMOG meetings. BPC asked whether PSNC had taken legal advice on this matter.

YP stated that PSNC had investigated and had so far concluded that this was currently a grey area. YP confirmed that Islington CCG are intending to pursue rebate schemes as an additional income stream and to cover the current £700k overspend.

YP to chat to Claire Henderson and Jo re. the possibility of the LPC putting in a bid for an "out of hours" clinic, staffed by IPs.

YP stated that Islington CCG and both C&I GP federations are currently very interested in this bid. YP stated that PSP could potentially run and manage this clinic service.

YP to get authority from Donal Markey wrt. the LPC designing and supplying a "word" template for MAS vouchers for Camden contractors:

YP stated that Islington CCG had issued a new print run of these vouchers for Islington contractors. YP added that these vouchers would be delivered to a collection point Pharmacy. YP stated that he would be working with David Tamby Rajah to make the service paperless as a long term fix to this problem. YP stated that no contractor had been complaining to him re. the lack of MA vouchers or passports in Camden. YP stated that the supply of the local MA vouchers are currently out of scope for the new company CAPITA – hence the shortage.

YP stated that he would monitor the outcomes for the MAS, following the instigation of this new system of voucher supply.

YP stated that the MAS should go paperless before the passports run out in Camden.

3. CEO REPORT

Pharmacy cuts

YP stated that DH have extended the consultation period on the cuts to 24th May 2016.

- All national bodies are working together to campaign against the cuts.

- The National Paper petition now has over 1.2 million signatures and will be taken to Downing St. before 24th May 2016.
- C&I LPC have written to Camden & Islington -
 - CCGs.
 - Public Health.
 - HealthWatch.
 - HWBs.
 - Charities.
- Public Health and the CCGs have formed a task & finish group to draft a response to the consultation.
- Councillors and all 4 C&I MPs have written to Alistair Burt, and will be writing follow up letters raising the concerns with the standard Ministerial response.
- YP has -
 - Liaised with Local MPs, Councillors and HWBs to provide further detail.
 - Attended the last Islington Health and Care Oversight committee to brief them on the impact of the proposed cuts.
 - Disseminated regular updates and material for contractors to use locally with their patients, NPA MP post cards, Paper and online petition.
 - Arranged a contractor event with Alistair Burt and Leyla Hannbeck on 5 May 2016.
- Cuts at a glance -
 - £170m (6%, non-negotiable) cut for 2016/17 from 1 October 2016...so it will actually feel like a 12% cut in the second half of the year.
 - DoH's ambition is to -
 - lose 1-3000 CPs.
 - SG stated that the LPC should use the workforce survey to highlight how many jobs would be at risk from these cuts.
 - remove over provision/clustering of CPs.
 - remove establishment payment in coming years.
 - Increase prescribing interval.
 - Shift emphasis to more clinical services???
 - Move to Hub and Spoke/Centralised dispensing?
 - Click and collect and online offer
 - This will have disproportionately devastating effects on our contractors because the average Rx volume is 3-3.5k and 4-4.5k in Camden and Islington respectively.
 - Take home messages from PSNC Chairs and CEOs meeting and NPA webinar are that we and our contractors must leverage local contacts, councillors, MPs, Healthwatch and patients to fight these and future cuts.

- Patient and contractor future of Pharmacy event – 15th May 2016 -

YP stated that the NPA, PSNC and the local and National press would be attending to talk about the impact of the cuts. YP added that the LPC must promote this event and contractors must take advocate patients with them if attending this event – this occasion will be centred around how patients will be affected by the cuts.

SG asked the members present whether they would be attending this event.

No member stated that they would be attending.

SG encouraged the members to attend and asked them to take along a strong advocate patient who would be able to speak about the merits of CP.

- National PSNC led MP Speed briefing event – 24th May 2016 –

YP stated that he would be sending out invites to the local MPs shortly.

BPC wondered whether a more pro-active approach to the cuts should be taken and he suggested the suspension of some NHS/PH services could send a more powerful message to the government. SG stated that all Pharmacies would have to carry out this action together for it to be successful.

LPC Contractor Events

- Pharmacy cuts and General Contractor Meeting – 5th May 2016 -
 - Presented and voted on the LPC provider company options.
 - The proposal to form a provider company was not carried at the meeting, because of a misunderstanding that led the Boots rep to block vote to do nothing
 - Boots has since written confirm that they should have abstained in this vote. PSNC has confirmed that this is acceptable...As such the motion to join PSP Ltd was carried
 - Alistair Buxton and Leyla Hannbeck gave a Pharmacy Cuts campaign update.
 - >50 delegates had signed up to attend – 25 actually attended .

Funding for Pharmacist Independent Prescribing

YP highlighted the following points:

- **Islington:**
 - YP has challenged the process that Islington CEPN used to advertise/allocate this local funding for IPs.
 - Jo Sauvage, new Chair of ICCG has responded to our concerns.
 - YP has a meeting scheduled with Clare Henderson, ICCG Director of Primary Care to discuss a way forward next week.
- **London Wide funding:**

YP highlighted that -

 - Of the 68 successful applicants only about half have been able to progress onto an IP course.

SG stated that Gail Fleming had asked all applicants who hadn't secured a place at a University or a DMP to contact her, so that she could support them get on a course , however hardly any of these failed applicants had contacted her, this is limiting her ability to support.
 - This funding is just for 2015/16 academic year - It cannot be used for intake in Sept 2016!
 - Funding for those that hadn't secured a place by 31 March 2016 has been redeployed to other projects by HELaSE.
 - ICCG are considering funding GPs to be DMPs for Pharmacists or at least agreeing the number of free sessions the Pharmacist would give back to their DMP.
 - ICCG is concerned that providing DMP funding will set an unwelcome precedent.

SG stated that for 16-17 HENCEL are facing significant funding cuts, the previous indirect funding for CPPD courses (including Independent Prescribing) would now form part of the Locality Funding available to each CEPN. It would be up to each CEPN to decide if it would use the Locality funding for CPPD courses or other projects. If a CEPN did allocate to funding CPPD courses he would firmly put the case that Pharmacy should access some of this funding, particularly for IP training.

- **Camden**

YP stated that 6 Pharmacists have received CEPN funding for places at Hertfordshire University.

Islington developments

YP highlighted the following points:

- **Islington I:Hubs**
 - Now funded by NHSE until April 2017 as part of the 5YFV.
 - This has muddied the water as the recommendations of the Primary Care Access (see paper included in doc bundle) now have to be revisited.
- **ICCG Primary Care Access steering group**

- This group was tasked with considering options for maintaining enhanced patient access after the PM challenge funding finishes. The group has now finished and a detailed options paper is being drafted. Key points are -
 - Islington Walk-in Centre to be decommissioned from April 2017.
 - YP has pushed hard for Community Pharmacy to be part of the final solution.
 - - The final model is likely to be delivered through the GP federation.
- The attendance data shows that approx. 20% of OOH appointments are being used by the surgeries own patients -
 - Ritchie street iHub and associated Walk-in Centre are both funded, it would appear, to do the same job...double funding?
 - LMC have rightly queried the equity of access for other surgeries patients to these sites.
 - In light of the above, the CCG are to review the appointment data for each of the I:Hubs.

YP stated that ICCG are proposing to fund Pharmacy wrap around hours for Pharmacies close to the I:Hubs. YP added that this process is currently taking a long time...although YP has been reassured that it will be in place before the I:Hub funding finishes.

- **Domiciliary MURs**

- On the back of the noise we've generated re. the Pharmacy Cuts ICCG are now indicating that they want to seriously look at commissioning Domiciliary MURs:
 - The LPC can ensure input through the Primary Care strategy meetings.

KP stated that re. his pharmacy wanting to carry out this service - he had been advised by Camden Medicines management that a chaperone policy should be put in place.

YP stated that this is currently an NHS service and the CCG should have no say whatsoever in how the service should be delivered. YP added that this service is currently running in Croydon and Richmond and the remuneration is good (£80 + MUR fee).

SG stated that this service is currently well funded and the outcomes data (which has shown the savings to the NHS) from it will be very useful for CP. SG added that this service should be taken up by C&I contractors.

- **Dressings Central Procurement Pilot -**

- Liam Beadman, ICCG Prescribing advisor, called a meeting (LMC, Practice Nurse Lead & LPC) to discuss options for progressing this initiative. An options paper had been tabled (included in the meeting papers). The options paper suggested that although the item cost in the pilot had increased by 4%, the number of items had reduced by 25% and reduced the no of GP/Practice nurse appointments by 30%.
- YP stated that he had challenged this data, as the search criteria used would seem to be crude. Based on this data 4 options were tabled:
 1. Extend the WH pilot to all DN patients in Islington.
 2. Develop an online ordering portal and provider to deliver direct to patients.
 3. Commission [Accelerate CIC](#) to provide all dressings.
 4. Return all dressings to prescription ordering.
- The LMC insisted that they could not support option 3 or 4, due GP workload, but still wanting to support local Pharmacies.
- The same pilot in Haringey has been stopped after 6 months.
- Background summary of this pilot below -
 - "This pilot in North and Central Islington that started in December 2014 was to continue until April 2016. Whittington Health have offered to

extend this pilot until October 2016 at the extra cost of £15k for the whole of Islington.

- The numbers from the pilot do not stack up at all...In fact its looking like a very expensive pilot!...
- I have restated categorically that the LPC is vehemently opposed to this and will happily work with GPs/CCG to develop an alternative (palliative care-like) service.

KP stated that he had had experience of District Nurses not adhering to the Formulary. KP added that upon visiting patient's houses, there had been stacks of unused dressings which the patients would like to get picked up.

SG suggested that Pharmacists should ask permission to take pictures of unused dressings, when they would visit patient's houses, so that these pictures could be shown to Medicines management to add to their assessment of the service. If possible they should assess the cost of these unused dressings

- **Islington Anticoagulation Services**

YP highlighted the following:

- Islington GP federation has tendered for this service -
 - GP federation are currently concerned that Whittington Health will overcharge for their services (50% on cost + recruitment costs).
 - The bid includes a provision for the GP federation to subcontract delivery to a third party.
- The preferred bidder will be announced w/c 30th May 2016.

- **Medicines Optimisation Group**

- Prescribing budget projected to overspend by around £490k -
 - Overspend is attributed mainly to Cat M fluctuations.
- Looking to mitigate this overspend in the future from rebate schemes.
 - They state that these will be non-volume based rebates -
 - But what they don't state is which brands are offering the rebates, I suspect all the branded generics.
 - GPs are reluctant to conduct wholesale switching.
 - I have stated categorically that the LPC is vehemently against these rebate schemes as they subvert the nationally agreed drug tariff and the CCG generally benefits from Cat M savings.
- NCL CCGs are forming a joint working group to look at rebate schemes, however, ICCG want to proceed unilaterally.

Outstanding Payments

YP highlighted the following points:

- **Public Health (PH) payments-**

- E-Invoicing -
 - Further to the PH paper tabled at the March 2016 LPC meeting - PH are proposing the following procedure for Camden contractors to follow for e-invoicing:
 1. C&I PH Admin Officer raises a Purchase Order in "e5 Purchasing."
 2. Pharmacist records activity and generates invoice via Webstar.
 3. Pharmacist re-keys the Invoice information via the RBS e-invoicing Portal, quoting the Camden Purchase Order no. (without a PO number, they cannot submit an invoice).
 4. C&I PH Admin Officer that raised the PO, receives an email notification to say that an invoice has been received.

5. C&I PH Admin Officer places a goods receipt in 'e5 Purchasing'. Payment is released according to the agreed terms (no. of days, calculated from the invoice date).

- It appears that Webstar integration to automate this procedure is apparently proving problematic.

SG advised that the members read the paper which details this e-invoicing procedure.

- YP stated that whilst this is far from ideal, at least it will ensure payments are received in a timely manner with appropriate remittance.

- Kelly Chapman has taken over responsibility for payments from Jasmin Suraya.

- **NHSE payments -**

- No update and no reports of problems.

NHSE

YP stated that due to successful lobbying of other key stakeholders, by the LPC and Pharmacy London it currently looks like -

- the PURM service will continue for a further 6 months whilst mainstream funding is finalised.

SG stated that Donal Markey had stated that the PURM service would not be needed should the other CP services be working properly going forward.

- MAS will be continued...but may be devolved back to CCGs!?

YP stated that the current NHSE MAS budget across London is overspent. YP added that he had communicated that this could only be a good thing i.e diverting GP appointments

SG stated that NHSE would not be looking at this overspend as a good thing and was worried about the future commissioning of the MAS and the MDS service.

- **CPAF Questionnaire**

YP highlighted the following points:

- 2016-17

- Details of the process for 2016-17 have now been published. The LPC has circulated these to contractors.
- The period of assessment will be a four-week window in June 2016.

- 2015-16

- YP stated that he had been supporting contractors that have been asked to complete the full CPAF.
- The C&I area now has one Pharmacy listed as a non-completer (they have accessed the portal but not submitted) – this has been escalated to NHS E and PSNC.

- **Market Entry**

YP highlighted the following points:

- **Islington**

- GB Healthcare Ltd - 'No significant change relocation':
 - NHSLA rejected the appeal following an oral hearing.

- **Westminster**

- C&I LPC have received notice of a number of applications, mainly for relocations, to consider.

Service Reviews

YP highlighted the following points:

- **Smoking Cessation -**

- Lea Siba – the PH Stop Smoking lead has taken voluntary redundancy and has now left. YP stated that he is not currently sure who will be taking her place yet.

- **ToHealth NHS Healthchecks -**

- 36 Pharmacies expressed interest to provide Healthchecks.
- ToHealth initially intended to commission 12-15 pharmacies - 17 pharmacies had been selected in the end.

- 8 out of the existing 10 pharmacies currently providing Healthchecks had expressed an interest - 6 of those have been selected.
- The First tranche of training delivered on 28th April 2016.
- Second tranche to be delivered w/c 9th May 2016.

Camden Ageing Better Bid

YP highlighted the following points:

- Some community Navigators are now delivering onsite training in commissioned Pharmacies, although referral numbers are still low.
- 13 Pharmacies have now been recruited -
 - 10 of which have returned their signed SLAs.
- Age UK have engaged a consultant to visit each of the sites to unpick the blocks that Pharmacies are currently experiencing – the LPC is now waiting to have sight of the findings.

4. PHARMACY CUTS

Pharmacy cuts and General Contractor Meeting – 5th May 2016

Provider Company:

YP stated that members of the LPC had presented and voted on the LPC provider company options. YP added that there had been a complication where, on the one hand, the vast majority of the room had approved the action for contractors to join the PSP provider company (two contractors had voted for the LPC to set up its own company), however, the Boots rep. had voted for the option that the contractors should do nothing (i.e. not pursue the setting up/joining of a provider company). As Boots has 22 contracts in C&I, this means it has 22 votes. Thus as the motion needed a two thirds majority the motion was not passed at the meeting.

YP stated that without the 2/3 majority, no action could be taken. YP stated that the Boots rep had mistakenly voted for “do nothing” instead of Abstaining. YP stated that as a result of this error there were many phone calls between PSNC and Boots and the LPC over the question of whether another vote would be needed to ensure due process was followed. YP stated that the PSNC had ruled that a letter from Boots stating that a mistake had been made would suffice & thus another meeting and vote would not be needed. YP stated that BS had sent an email to all the members communicating Boots position on this matter. YP stated that because of the majority vote, the LPC now has the mandate to advise C&I contractors to join PSP provider company.

SG stated that at the end of this meeting some of the independent contractors present were genuinely upset as they had thought that “Boots had deliberately blocked the joining of PSP for their own ends” At the meeting SG assured these contractors this was not the case, and he believed it was a genuine mistake. He subsequently advised BS of this situation. SG added that Community Pharmacy needs to stand together at this time of impending government cuts. SG added that he and BS had discussed that it might be advisable for Boots to send out an email to all C&I contractors to assure them that this vote had been a genuine a mistake, and although Boots could not join the provider company it was not its intention to block its formation.

YP stated that she would be coming in for an hour this afternoon (she is currently on A/L) to apologise to the LPC.

Action no.	Description	Who to action
4	To send out a secondary email detailing Boots' continued support for the LPC and for CP, and communicating the details of the mistake made at the contractor meeting, where the Boots vote had been made in the direction against joining PSP – by mistake.	YP

YP stated that the GP Federations in the area are very keen to work with PSP going forward.

SG stated that he had witnessed the GP federations having strong disagreements with LMCs. He noted the tension between a provider company and a representative organisation but hoped this would not be replicated in the pharmacy profession.

5. CAMDEN E-INVOICING PROPOSAL

YP referred the members to the following email message from Kinga Kuczkowska (Public Health Projects Manager - Camden and Islington Public Health):

Just to follow up on the e-Invoicing. I have been liaising with the "Purchase to Pay" (service run by RBS) to see what can be done about integrating Webstar with the RBS system. They are exploring the options, but it's looking rather bleak. At this stage it appears that the payment pathway would look as follows:

1. *C&I PH Admin Officer raises a Purchase Order in 'e5 Purchasing' (The 'line description' is critical, as it is the sole description displayed in the e-invoicing system – see image below, in red)*
2. *Pharmacist records activity and generates invoice via Webstar*
3. *Pharmacist re-keys the Invoice information via the RBS e-invoicing Portal, quoting the Camden Purchase Order no. (without a PO number, they cannot submit an invoice)*
4. *C&I PH Admin Officer that raised the PO, receives an email notification to say that an invoice has been received*
5. *C&I PH Admin Officer places a goods receipt in 'e5 Purchasing'. Payment is released according to the agreed terms (no. of days, calculated from the invoice date)*

Can you please confirm you are happy with the proposed and given the overall benefits of the electronic system to both sides are keen to work with us on agreeing a transition plan, including timetable and support required. There is a delegated team at RBS helping with on boarding and our Purchase to Pay team are keen to help too.

KP and SG stated that the C&I PH admin officer could be the rate limiting step in this reaction. SG made the point that the C&I PH admin officer would at least be a person to contact in case of problems.

YP commented that with this pathway, the contractor (using the **RBS e-invoicing Portal**) would have a higher assurance that they would get paid for a service.

A vote was taken on whether this pathway would be endorsed – all members present voted in favour.

YP and SG stated that YP would send an email back to Kinga, with the message that C&I LPC reluctantly endorse this new payment pathway.

6. TREASURERS REPORT

Treasurers Election

YP stated that the LPC does not currently have a treasurer, since BPT had left the LPC, and proposed that elections be held for this post at the next LPC meeting. The members present agreed with this proposal.

15-16 LPC Accounts

YP stated that he had completed the management accounts (doc. 11.0 - enclosed in the papers for this meeting).

SG suggested that the Finance Committee would double check the management accounts in the break out session in the afternoon – for voting upon for approval.

16-17 Draft budget

YP stated that the committee was currently underspending on member's attendance, because of members not turning up to LPC meetings.

SG congratulated YP for his work on the draft budget.

SG suggested that the Finance Committee would double check the draft budget in the break out session in the afternoon – for voting upon for approval.

LPC Reserves

YP stated that there is currently approximately £168,000 in the reserves.

SG and BPC reminded the meeting that the C&I contractors have stated at consecutive AGMs that they would want the LPC reserves money to be spent on setting up workshops and training. SG proposed that YP should put some proposals together for training events/workshops, to be discussed at the next LPC meeting.

All the members present agreed with this proposal.

Action no.	Description	Who to action
5	To make a list of potential workshops/training events/projects which could be funded over 2016/17 with LPC reserve monies, which would benefit C&I contractors – to be presented at the July 2016 LPC meeting.	YP

Change of Signatories

YP stated that these changes have now been made.

Internet Banking

YP stated that he could now access the LPC bank account, and he would only sign cheques/approve payments as a last resort. YP added that he had been given card readers to distribute to the other signatories.

7. VACCINATION SERVICES

London vaccination service 2016/17

YP stated that the London service has been formally confirmed. This service will allow contractors to administer flu and PPV vaccines. YP stated that progress on CP gaining access to the live vaccines (fluenz, shingles etc.) for the 2017/18 season is still very slow.

National vaccination service 2016/17

YP stated that this service had been formally confirmed on this day.

BPC wondered how NHS E were going to collect outcome data for this year's National service, as the process had been confusing during the season before.

YP assured the members that Rekha Shah currently knew the concerns about the crosstalk between the two services and improvements are being talked about for this seasons data collection.

8. EDUCATION AND TRAINING

CPEN Merge?

SG reminded the meeting that there was currently a CPEN in each borough. SG added that the CPENs in Islington and Haringey will begin to work very close together and may even merge. SG added that Whittington Health (because they occupy both boroughs) are currently driving this. SG stated that the two LPCs who currently represent these boroughs will have to work closely together going forward, This might arise to some tension, as there is not complete alignment on priorities, and this will have to be well managed.

Strategic planning groups

SG stated that the government was currently setting these up and they would mean that Arm's Length Bodies (eg CCGs, LAs, Acute Trusts etc) in a particular geography (known as a "footprint") would be encouraged to work together. SG added that the commissioners in the C&I, Barnet, Enfield and Haringey areas would be forming a strategic planning group (SPG) covering the NCL footprint. The function of this SPG is to develop the Sustainability & Transformation Plan (STP). SG stated that this group would pool considerable resources and would produce work at scale, to deliver the 5YFV (5 Year Forward View) . SG stated that he wasn't currently sure what the governance of these planning groups would look like. SG added that at the moment CP has no representation at this group. SG stated that the STP will be a key group with large funding & a significant ability to commission services. The LPC needs to engage with this group and ensure CP is considered. HENCEL has produced a document addressing the workforce implication for the key areas within the remit of the STP (known as the "10 big questions") Pharmacy is mentioned several times (including the role of practice pharmacists and participation in urgent care pathways). SG stated that the LPC should start looking at any opportunities associated with these potential roles for CP.

9. COMMUNITY PHARMACY WORKFORCE REPORT

SG stated that strategically the LPC should highlight how many people are currently working in CPs and also that here is a workforce that CCGs and LAs should be utilising to deliver services. SG added that the Pharmacy cuts would see a great deal of this work force be made unemployed.

10. PHARMACY LONDON HUB BOX PROPOSAL

Greg and Catrin highlighted the following points re. their company Hubbox:

What is HubBox:

- HubBox is an online service that allow shoppers to collect all their deliveries from their local pharmacy.

HubBox is a solution for people who are fed up of:

- Missing deliveries.
- Waiting at home all day for the courier.
- Queuing up at the post office depot on a Saturday morning.

Working with HubBox – The Benefits:

- HubBox pay you for every parcel that comes to your shop. In two ways:
 - HubBox pay £2 for every monthly subscriber to your shop
 - OR, for HubBox Pay as you go customers, they pay you 50p for each parcel.
- Working with HubBox will drive new customers into your shop. These new customers will pay for your other services.
- As an incentive to get your customers using HubBox, HubBox will pay you for every new customer that signs up in your shop.
- HubBox will advertise your services on marketing emails and on their website. With a core user demographic of 18-40 year olds this will help you reach this critical local audience. You can advertise whatever you want, from special offers to announcements around winter flu jabs or home visits.
- To be clear – HubBox does not cost anything, they provide all the materials and support to get started and run the system.
- This will be a long term business – when a user signs up to HubBox – they will continue to use the service (only one user of thousands had cancelled the service and that was because they moved house).
- HubBox provides training – they will come to a Pharmacy and leave a practice parcel to test the system.
- There is no obligation – Pharmacies can opt out at any time.
- 20,000 users are signed on to the service.
- It can take a couple of months for this service to get going in a pharmacy.

Being a HubBox Collect Point is very easy:

- Customers join HubBox and receive their 6-digit Code and find their local Collect Point address i.e. your Pharmacy.
- When they're online shopping and at the checkout, they will choose your shop as their delivery address.
- On the address label they write their HubBox number.
- The parcel arrives at your shop.

- You log it into the system (this takes a little as three clicks – 15 seconds) – this can be run on any smart phone device.
 - The HubBox app. can be on multiple devices.
- HubBox sends the customer an email with a Reference Number.
- The customer arrives to collect at the Pharmacy and you confirm their identity using the number they gave you via the system.
- Note, you never take any cash - It's all done online, HubBox then pay you at the end of every month for all transactions at your Collect Point.

Typical Questions from a Collect Point:

- We don't have enough space:
 - HubBox limit the size of the parcels for customers so they won't clog up your shop.
 - If a shop does get too busy HubBox stop the flow of new customers so that no more people can use the service. This way you can keep making money from their existing users without worrying about growing even more!
 - Customers, on average, pick up their parcels within 36 hours.
 - Customers are encouraged to pick their parcels up within 14 days –
 - HubBox pick up overdue parcels if you get too busy, or if the package has been in the Pharmacy for more than 14 days.
 - HubBox remind customers every other day to pick them up quickly.
 - HubBox can limit the number that can be sent to the Pharmacy - a flag on the Hub-Box system will note the size of a Pharmacy's storage capacity for parcels.
- Parcel sizes? Answers include:
 - Rule of thumb: If one person can carry the parcel it will be okay - Officially 70cm x 70cm x 70cm and under 20kg.
 - Important to note: Each shop has the right to reject any parcel that is too big. Hub-Box consult with each shop around the space that's available to ensure customers understand what is acceptable.
 - The HubBox click and collect service will not be available to items over the specified dimension and weight limits.

How can people pick up parcels?

- With their auto-generated Parcel Reference Number, sent by email when you log their parcel in.
- With their ID (actual passport, driver's licence or bank card) – as a back-up method of verifying ID.
- If picking up for someone else, they will need either the Parcel Reference number for that persons parcel or the parcel owner's ID.
 - If picking up more than one parcel, one method of identification/collection code will suffice.

Damages:

- Pharmacies would be liable if a parcel is stolen from the site.
- Damaged parcels are the responsibility of the retailer.
- HubBox insures each parcel up to £200 -
 - HubBox will deal with the customer directly should identity theft occur.
 - Pharmacies/customers can call HubBox's 24-hour helpline at any time to resolve customer issues.

- There hasn't been a single compensation issue so far.

Payment:

- HubBox will pay Pharmacies on a monthly basis.

SG stated that in the spirit of transparency, PL will be receiving a few pennies from each and every HubBox transaction from a London Pharmacy.

Questions:

SPA stated that he currently uses the DPD service to allow parcels to be collected from his pharmacy. He wondered whether he could also employ the HubBox service.

GB stated that the DPD service would merge with the HubBox service – HubBox use DPD, among other couriers as part of their service.

SPA asked whether HubBox would provide a tablet or smartphone with the HubBox app pre-loaded on – for pharmacies to use.

GB stated that HubBox would not provide Pharmacies with a smartphone or tablet, however HubBox could be accessed via the WWW on a PC or Mac.

SPA asked whether the number of outlets would be restricted within a radial distance.

GB stated that the number of outlets within a distance would be restricted, except for cases when collect points would be either side of tube station.

SG asked whether a FAQ document be emailed to him, so that this could be circulated to C&I contractors.

GB stated that he would do this.

SG and YP thanked GB and CC for their presentation.

11. SUB GROUP MEMBERSHIP

YP recruited the following new members to be part of the following sub groups:

Communications	sub group –	DP, UP (lead)
Stakeholder	sub group -	CB, KK (lead)
Finance	sub group -	KP, BPC (lead)

12. SUB GROUP BREAKOUTS

Of the members present –

- Comms/Contractor Support/Stakeholder –
 - to brain storm for Pharmacy cuts consultation response.

YP stated that these groups would send him their draft consultation response, and he would add to it before sending it off on the 24th May 2016. YP stated that the members would receive a copy of this final response.

- Governance –
 - To collate member/ CEO feedback, set a date for CEO Appraisal & work with other groups to finish tasks.

YP stated that there had been six responses on Survey Monkey to add to the CEO appraisal criteria. YP stated that these comments would be enough to inform a substantial appraisal.

- To compile a list of potential workshop events for contractors.

This task was not completed.

- To phone cell members to encourage them to attend the PL patient event on the cuts.

CB stated that the results of the ring round were that not many contractors were due to attend the PL patient event on the subject of the cuts.

- Finance –
 - Admin, update Management Accounts, summarise members expense claims.

SG stated that the internet banking had been set up, therefore from the next LPC meeting payments would be made via BACS. SG added that members must bring bank details for their companies to the next meeting, if they did not payment could not be made. YP stated that going forward locum backfill would be paid to the Pharmacy & then once paid by the LPC, it would be the pharmacy company's responsibility to pay the locums.

- Phone the bank to enquire about opening a savings account.
- Action – YP to update the LPC invoice claim form to ensure to has a section for BACS details

This task was not completed.

- To set up a standing order to pay YP's monthly salary.

The Finance sub group decided, with the endorsement of the other members that YP would be paid bi-monthly (at every LPC meeting)– so that multiple members could check the amount being paid to YP – to comply with good governance. YP agreed with this decision.

13. ISLINGTON SUBSTANCE MISUSE SERVICE REVIEW

SBa highlighted the following points:

- She has been in post at the Local Authority since February 2016.
- A six-month review has begun into two services – needle exchange and supervised consumption (SSA).
 - A new service will operate from October 2016.
 - New packs will be issued for these services.
- The SSA service is overspent this year, therefore this review will shine a light on why this is currently the case.
- The funding will stay the same for these services, and SBa suggested that she would try and extend the grant period in the future to 18 months.
- The hope is to try and offer these services out again to Pharmacies in the Islington area.
 - Expressions of interest would go out in July 2016.
 - The numbers of new Pharmacies being asked has not been finalized as yet.
- Refresher training sessions are also being looked at for these services.
- SBa plans to go and meet all the Islington Pharmacies currently providing this service.

YP stated that the standard procedure would see SBa and himself agree an SLA for the new services, this would then be brought before the LPC for comment and approval.

YP stated that the new expressions of interest communications should be sent by the LPC.

SG suggested that the training updates should include input from a service user, to better educate the trainees on the unique lifestyle and language of the users.

SG added that he felt that the prescribers were not currently working in a joined up way with CPs. SG also commented that on every Bank Holiday, medics continue to issue incorrectly written (ie illegal) scripts for controlled drugs (the home office approved wording is continually ignored) and SG asked SBa to take this information back to Medicines Management and to look into better educating the medics on the consequences of their actions (CPs can go to prison for dispensing illegal scripts for controlled drugs).

SBa stated that she would speak to Leigh Sayer (ICCG) to try and resolve this issue.

YP an SBa stated that they would look into the issue of retainers for the needle exchange service.

SG asked the Islington members present whether they had heard of any current cases of needles not being collected.

SG asked SBa to make sure that stipulations around efficient and timely needle bin collection be written into the new SLA for the Needle exchange service.

SG stated that he was disappointed that commissioners don't utilise CP as fully as they should.

SG added that there is a unique opportunity now to join social and health care together – and CP can utilise signposting to merge these services together for the benefit of the patient.

YP stated that the CCG had agreed that in Islington diabetic patients could deposit their returned sharps to Pharmacies currently providing the needle exchange service. YP stated that this activity was not currently being captured.

SG stated that should this service be advertised properly (perhaps via diabetes groups) then the amount of needles being deposited at Islington Pharmacies could double.

EA stated that there is currently no availability for blue bags at the moment.

UP stated that he could not currently obtain bags of any colour.

SBa stated that she would look into this matter.

Action no.	Description	Who to action
6	To resolve the issue of no bags being available for the needle exchange service in Islington	SBa

JP asked whether the bag packs could be available in smaller quantities.

SG wondered whether two sizes could be made available.

SBa stated that Vanessa Lucas is currently her counterpart in Camden.

YP asked SBa to share Vanessa's contact details with him.

SBa stated that she would look into the rationale behind the SSA numbers decreasing and whether this was currently a clinically driven occurrence linked to best practice and/or cost.

SG and YP thanked SBa for her presentation.

14. A.O.B.

CEO Appraisal

SG wondered whether the CEO KPIs should be linked to the CEO appraisal. SG proposed that the KPIs should be set early at the September 2016 meeting, then the appraisal should take place afterwards at the same meeting.

YP stated that he would leave the survey monkey open for further comments.

SG brought the meeting to a close.

15. MEETING DATES FOR 2016:

12 th July 2016	09.00-17.30	Ibis Hotel Euston
20 th September 2016 AGM	11.00-17.30 & 18.30-21.30	Ibis Hotel Euston/Ambassadors
8 th November 2016	09.00-17.30	Ibis Hotel Euston