



North East London Local Pharmaceutical Committee
LPC Meeting 21/10/2021
Full day 9:00am – 5:00pm

Present:

Richard Brown (RB), Amir Adam (AA), Arun Sikka (AS), Farhan Moulana (FM), Parvesh Patel (PvP), Jyoti Bakshi (JB), Pradeep Mayor (PM), Imran Jan (IJ), Ross Fraser (RF), Faruque Gani (FG), Prakash Patel (PkP), Rebecca Dew (RD).

Jerry Long (JL) for Treasurers Update only.

Apologies:

Mina Patel (MP)

Declaration of interest

None

Minutes and Action Points from September meeting

RB reminds committee that the agreed September minutes will be published, as will minutes for all committee meetings moving forward, and outlines the process for redacting personal information. Committee discuss circumstances where the need to redact personal information may arise from September minutes.

Committee agree that the minutes will be shared with the operations team prior to publishing to give them the opportunity to raise any issues with potentially personal information included in the minutes.

RB Clarifies that discussion with operations team will be with regards to redacting sections that may reveal personal information but will not change the minutes overall. Executives will be sent the final version to sign off, where changes are made.

Action Point: RD to share minutes with Faisal, Janaka and Vikesh for any comments by close of business the following Thursday.

Comments will be managed, and information redacted where necessary before publication.

The committee discuss the Governance checklist completed in the September meeting and the actions that have been/will be taken to move sections to Green/Purple as necessary. RB clarifies the committee will review the checklist twice more before publishing.



Committee discuss the new policies and procedures agreed at the September meeting and record keeping for historical agreements. Committee are reminded to sign and return the new agreements if not already done so.

It is agreed that old agreements will be archived at the LPC office, and new agreements will be signed and returned during a designated break.

Action Point: RD to file archive agreements and new agreements for each committee member

September minutes unanimously agreed.

Committee Structure update

RB informs the committee Tushar Purohit is no longer representing Watermans Pharmacy on the LPC Committee and that Ketan has stepped down. Therefore, there is a vacancy for an independent representative on the committee.

The committee discuss the process for filling the vacancy as there is already at least one independent member from each borough on the committee. As the vacancy was for an independent from Waltham Forest, the position will initially be advertised to independent colleagues in this borough. If there is no interest from Waltham Forest, the vacancy will then be advertised more widely. If there is more than one applicant, committee will vote on member.

Committee members raise queries regarding the voting process for representatives, RB clarifies that only on the four-year review do all committee members need to be voted in.

It is agreed RD and RB will manage process of advertising vacancy and dealing with applications. Applications will then go to IJ for review.

RB raises the AIMs vacancy and informs the committee he plans to write to AIM by November meeting. Should AIM still not be able to provide a representative, the LPC would go through different route, potentially reallocating the position to CCA to ensure balance within the committee as already independent dominated.

Action Point: RD to send vacancy to Waltham Forest independent contractors.

Action Point: RB to contact AIM prior to November meeting.

Treasurers Report

JL joins at 9:45 for treasurer's update and goes through the excel file for draft 2019/20 and 2020/21 accounts, which were shared with the accountant for their report.

RB clarifies process for signing off accounts. 2019/20 and 2020/21 (two financial years) are in one document to sign off at an LPC committee level and will then be circulated to independent contractors and CCA and AIM representatives for AGM. Minutes are to be signed off as an accurate representation of accounts.

JL presents 2019/20 and 2020/21 draft accounts from the accountant (DR Hicks) to committee.

RB clarifies situation with Cancer grant and informs committee there are outstanding colleagues that need to be paid.

IJ updates committee on the Private Healthcare situation. RD informs committee that a partial refund has been received to LPC account.

RB gives clarification on confidentiality with regards to salaries.

The process for signing of the accounts is that committee will vote and approve, and then IJ and PM as Chair and Treasurer will be required to sign the document on behalf of the committee.

Unanimous approval of 2019/20 and 2020/21 accounts.

RB confirms he will pick up further discussion on the AGM during CEO update.

Jerry gives committee update on accounts to date for current financial year. Committee discuss areas of monthly expenditure and contractor levy fees.

JL leaves meeting at 10:30

Committee discuss potential need for depositing surplus as bank account only gives protection on 75k. It is agreed that once all due tax on investments and any outstanding expenditure is deducted, this will be further discussed.

Policies and procedures

Time given to the committee members to sign and return new policies and procedures.

Update on NEL LPC CEO Role

RB updates the committee on progress with handover to Shilpa Shah. RB confirms announcement that Shilpa will be taking over the CEO role has been shared with contractors and that Kent LPC has also confirmed. RB suggests initial meetings with subset of the committee to bring Shilpa up to date with LPC working.

The committee discuss Clyde and Co HR support packages which would include contract of employment, ongoing updates, and a 30% reduction on hourly rates.

Committee unanimously agree to sign up to the annual Clyde & Co basic package

Action Point: RD to Contact Clyde & Co to set up package.

Committee further discuss handover between Richard and Shilpa in preparation for her to take over 1st January 2022.

Action Point: RB to invite Shilpa to next committee meeting

RB informs the committee that the CCG have been invited the November meeting.

JB and PkP clarify details of the offer to Shilpa as an employee.

Suggestion for all employees to be appraised on a more regular basis. The committee agree this is a matter to discuss when Shilpa takes position in January 2022.

Operations Team update (Written)

Written reports were provided by Janaka Perera (JP) and Faisal Chowdhury (FC) from the LPC operations team. RB gives written update on behalf of Janaka Perera and Faisal Chowdhury, as an Interim discussion following on from the Operations Team presentations at the September meeting.

RB gives update from JP regarding PCN Leads, planned engagement and KPIs/ Project plan over 6 months with continuous development.

The committee discuss PCN leads, the changes within PCNs in NEL and any current gaps for leads.

RB gives further update on PharmOutcomes license and Digital Integration and interoperability.

RB gives update from Faisal; the committee discuss Faisal's summary. 35 Surgeries currently trained and there has been an increase in requests due to Winter Access Fund for GPs, as one requirement is to participate with GP CPCS.

20 surgeries are now live and referring with 12 trained but not participating.

Data from NHSE differs, however note challenges with data reporting and acknowledgement that there is a lag.

Committee discuss FC's written report update.

The matter of staff positions within the LPC is raised, the committee discuss the transition of Operational Support and Implementation manager to an employed role and restructuring of the LPC operations team.

The committee discuss upcoming GP CPCS, PCN engagement and the current workforce challenges with locums and pharmacist employment. The committee discuss experiences implementing GP CPCS locally, IT issues and barriers at both an independent and multiple level.

Committee unanimously agree to terminate FC contract as of 30th November and start process of recruiting an employed individual for a Pharmacy Implementation Manager. It is agreed this will be a full time, 4 – 5 day a week role with salary banding and benefits to be discussed and agreed. Package will be finalised at the November meeting depending on applicants for the role.

CEO Update

RB gives suggestions for dates for the AGM, clarifying the need for 30 days' notice of accounts. to contractors. Committee agrees on Tuesday 30th November 2021 for the AGM and discuss details for upcoming meeting.

RSG update

RB gives committee an update recent LPC RSG forums. Information will be provided to pharmacy contractors directly from the RSG later in the year.

RB will keep abreast of RSG updates and give an RSG update to contractors at the AGM if possible.

Committee discuss the current workforce challenges and growth within sector.

SMI Checks

Project to support mental health checks by referral for mental health intervention. EOI has gone out and LPC has received interest, however, has been on hold due to requirement for GP referrals. There has now been interest from Surgeries in Redbridge and service will be picked up in the new year. RB has requested a contract between CCG and CP directly using NHS contract/ SLA.

RB updates the committee on the current position with SMI projects, however in the big scheme of workload, larger projects take precedence.

Committee discuss SMI check service detail. It is agreed that primary focus needs to be on national contractual obligations.

Diabetes POCT

A diabetes case finding pilot, a surgery has been identified in Redbridge. RB outlines the service and offer, gives an update on current position with pilot. Start-up cost recommendations are now on the PSNC website.

Committee discuss pilot services above national contract and the need to focus on the services outlined in national contract.

Digital Boards

RB updates committee on Digital CCG boards business case going through.

Committee discuss funding related to pharmacy services.

LPC discuss First Care Connection, potential conflicts of interest and the need and value of having a provider company. The LPC will discuss with FCC how they are moving forward.

Hypertension Case-Finding Service

Hypertension case finding service went live in November. The committee discuss supply issues for blood pressure monitors and holding back to reduce risk of under-delivering due to sign ups and supply issues. Service specification is still draft and not yet finalised. Wide criteria and one patient a day is not unrealistic, clarification that the service must be provided by pharmacist due to VAT issue.

PkP raises that the CCGs are keen on the service and according to draft document, should run for at least 3 years.

Members raise concerns about initial outlay for cost of service and are reassured that investment is worth it. The committee further discuss accessing supply of BP monitors and the potential for sharing monitors between pharmacies to encourage pharmacies to provide the service.

PvP shares experience of participating in the pilot and the transition to the national service. Committee discuss the potential for pharmacists to consider how to optimistically recruit patients for the service and insurance if patients do not bring machines back, as not covered under NPA insurance.

PCNs CP development

RB opens for discussion ideas for PCN engagement. Pharmacy PCN leads in each PCN should be approached to discuss engagement events.

The committee discuss whether the LPC should hold PCN meeting for PQS. Part of JPs plan is to get up to date with how many flu PCN meetings have happened, attend their engagement events where necessary and learn what support LPC can give. Potential to call a

PCN lead meeting. When JP returns from leave, will begin process of engaging with PCN leads and arranging meetings.

PQS – LPC Support will be in updates and communications, requirements are more business as usual. LPC office should ensure they prompt pharmacies for deadlines and mention at AGM. Committee discuss PQS domains and available PSNC support.

Pharmacy Flu – vaccination programme has been a success so far, pharmacies have done more vaccines already than seen in previous years. National stockpile is expected to be accessible. LPC to ensure pharmacies are supported with decisions on ordering the correct number of vaccines to not be left with surplus stock.

Review of strategic plan

LPC has held virtual training events for hypertension and GP CPCS via Zoom. RB open for comments whether LPC are on track or suggestions for doing things differently. Committee give feedback on LPC events which have taken place.

RB raises the debate within operations team whether to have an event or provide individual support with more bespoke training. Open to committee views.

LPC to prepare for more interest in GP CPCS given incentives. Use intelligence from other projects and utilise a variety of different media, including Virtual Outcomes. CPCS service is progressing, and targets have changed in light of winter access.

RB Updates committee on current situation with DMS. All pharmacies are live however, not necessarily on PharmOutcomes. The LPC is to supporting contractors with use of the IT template.

Members suggest a message goes to contractors to communicate with hospitals regarding use of the IT platforms or NHS.net as opposed to phone calls. The committee further discuss the use of NHS mail and PharmOutcomes as means of digital referrals in line with DMS.

The committee discuss Pharmacy support for services at implementation and maintaining primary care working relationships, reflecting on the discussion within Janaka's report. Committee agree it is important to carry on. Committee discuss funding and negotiations nationally and locally and highlight importance of such relationships.

The committee discuss 7-day prescriptions and Dossett boxes locally, and supporting contractors with changes. Members discuss Dossett boxes in relation to access, equality act and reasonable adjustments pharmacies are obliged to make for patients. Links to 7 days scripts are inappropriate in this scenario. RB has information relating to that can be utilised and will highlight these conversations with the contractors at the AGM.

Action Points: queries regarding Dossett boxes to be referred to RB.

Action Point: RD to prepare a doodle pole for dates this year/next year meetings

RB opens discussion on communications, highlighting the gaps within communication plans for discussions with MPs and Councillors.

RB updates the committee on progress with thinning down emails and putting more information on the website. Website access has now been changed to be more open and will be moving onto the new PSNC template. RB informs the committee that website access has been given to the PSNC website team to assess the requirements for moving to new template.

The LPC will continue to attempt to get LA contracts for the website.

The committee discuss the website update and query historical access to social media accounts. It is agreed all associated accounts will be identified and secured.

Action Point: RD to log into the LPC twitter to change the password and ensure we have access to historical social media accounts.

The committee discuss the public health piece within the LPC strategy and confirm this will be a relationship Shilpa will own in new year.

RB gives update on discussions with local authorities regarding supervised consumption and providing better levels of service focused on patient welfare.

AOB

IJ raises the issue of rising locum rates locally and reimbursement for committee members meeting. Opens discussion for a review the daily rate for the interim due to rise in locum fees and difficulties locally.

Agreement that committee should not be out of pocket.

Suggestion for next 3 months, £250 day rate with no invoice and for a supplementary invoice to be provided for claims of an amount higher, to be reviewed on a quarterly basis. Further proposal of a rate of £35 an hour for 10 hours.

Committee discuss an appropriate day rate with no invoice, to balance the fluctuation between locum fees.

Proposed £300 without an invoice, and up to £350 with an invoice. Unanimously agreed and to be reviewed in February meeting.

Action Point – To review temporary arrangement in February 2022.



Prakash gives PSNC update to the committee.

RB recaps the action points for Shilpa and CCG members to be invited to the November meeting.

IJ closes meeting

