



North East London Local Pharmaceutical Committee
LPC Meeting 19/01/2023
Full day 10:00am – 4:00pm
Prince Regent Hotel, Chigwell

Present: Shilpa Shah (SS), Dalveer Singh Johal (DJ), Rebecca Dew (RD), Abi Sarangan (AS), Parvesh Patel (PvP), Faruque Gani (FG), Prakash Patel (PkP), Shazli Hafeez (SH), Pradeep Mayor (PM), Ross Fraser (RF), Imran Jan (IJ)

Apologies: Ravi Viatha (RV), Kerry Webb (KW), Jyoti Bakeshi (JB), Mina Patel (MP)

Welcome

Meeting starts at 10:32am.

PkP gives introduction

SS gives apologies for RV, KW, JB and MP.

Declarations of interest

No New DOI.

Minutes and Next Steps from previous meeting

No comments on minutes from November 2022 meeting.

Minutes unanimously agreed.

SS goes through next steps.

DJ held a webinar with contractors for the Hypertension service. Rather than separate videos on the WhatsApp group, the LPC will post a link to the website for recordings of webinars and other materials. Next Step Signed off as complete but work ongoing.

DJ action regarding the smoking cessation contact is ongoing with MP, but will close action. Will be raised in the future if required.

SS informs committee the ICB is still in consultations. SS to carry action to next meeting.

Next Step: To send committee Stakeholder Map for ICB once ICB comes out.

SS Clarifies provider group formation and roles. SS and Yogi will also attend as observers.

No additional funding, therefore to use the PCN Leads funding to pay attendees. Suggestion for 1 PCN Lead per borough, 2 committee members, SS, DJ and a member of C&H. 2

members of this group will then be attending GP Provider group. SS clarifies desired characteristics of ideal candidate for role. Next Step to continue to next meeting.

Next Step: To send EOIs for members of the pharmacy provider group. One person from each borough and 2 from LPC committee, SS and DJ.

RF queries the difference between this pharmacy provider group and the previous provider group in NEL, FCC.

SS clarifies the term Pharmacy provider group is not in the same context as we know in LPC land and is likely the wrong term. SS clarifies the provider group is to discuss ideas, challenges on the group, successes etc. it is not a decision making group. The term provider means in this context provider of pharmaceutical services.

PvP queries whether the group is adding a layer as it mirrors the work of the LPC.

SS clarifies the intention of the work done by the provider group and raises that GPs have got one already and pharmacy does not want to be left behind. SS raises that PCN leads could be utilised for the provider group and committee members that are also leads can attend for both positions.

SH queries if SS will be attending.

SS confirms she will be attending as CEO

The committee discuss the provider group and associated funding. That GPs are already moving ahead with the group and pharmacy does not want to be left behind, therefore can use the funding that has already been granted.

PKP queries whether budgets and fees will be discussed.

SS clarifies it is more discussion based and fees for services will not be discussed.

AS queries whether there will be an action plan/action log

SS has raised that an action log is needed.

SS gives experience of GP provider group meetings. SS raises that participation shows willing and be part as part of the new ICB structure.

MP sent information to SS regarding issue with local surgery, action can be closed off.

RD chased Dee before New Year. Dee is chasing HMRC. RD to get an update before next meeting regarding tax bill on investments.

Next Step: RD to chase current situation with the tax bill.

Have sent expense policy which will be discussed later in the meeting.

RD to check how long dormant accounts stay open in outlook. Action moved to next meeting.

Next Step: RD to look up how long dormant outlook accounts remain active.

RD has put Committee Members emails on website, action to be closed off.

PvP has sent letter of support to the TB group. Service has been temporarily suspended and letters have been sent to CPs to not refer patients due to availability and once stock has improved, will be able to refer. No limit to contact, nothing has come of the bid yet.

Committee discuss stock shortages, associated difficulties with pricing and the potential for contracts to be amended.

SS clarifies contracts cannot be amended until they are up for renewal.

PvP gives experience opening accounts and obtaining stock.

SS raises that hawering want to renew the CGL substance misuse service and wanted to go directly to contractors and not go through the LPC. LPC have sent communication advising contractors not to sign anything and to come through the LPC.

Committee discuss what can be done nationally, with suggestion to include a clause regarding drug tariff and price concessions for that month.

Committee further discuss services being provided at a loss or reduced profits due to shortages and drug tariff issues.

SS informs committee the LPC are slowly obtaining all current contracts and saving on the one-drive, most organizations are now making contact with the LPC.

Correction to Friday letter regarding the 'Not doing work for free' email was added following November meeting. Action complete and closed.

CEO/PSM update questions from committee (based on presentations sent out)

No comments or queries from committee members on presentations.

SS raises a planned Pilot for dosset boxes and discharge. Highlights the issues with dosset boxes and capacity in pharmacy therefore, clarifies this will not be putting new patients on them, only for patients that have already been on them when they went into hospital.

SS outlines the pilot.

SS Clarifies the pharmacy will also get a DMS.

AS gives experience on providing the service in other areas.

Committee further discuss.

Committee discuss viability of service. Particularly with availability of stock.

Members further discuss commercial viability.

SS raises that many pharmacies have already said yes, and had no initial pay. Suggests pilot for for 3 months and do KPIs and review. March until May and then LPC can follow up for feedback and review.

Ss will be a small number of pharmacies initially, we will have meetings with them to discuss issues.

SS will make revisions discussed and revert to Royal London. SS will send back final document to committee but committee are happy for SS to make a decision on the final draft.

DJ Updates committee on CPCS, training and vaccine hesitancy.

Vaccine hesitancy has been extended until the end of March 2023 instead of December.

DJ gives examples of performance for the service.

SS highlights Service has also been included in C&D awards, and has been in various pharmacy media as a success story.

GP CPCS - DJ going into surgeries and training as many are still unaware of the service. DJ notes it is close to end of financial year and surgeries likely want to meet targets so will therefore see spike in referrals for IIF deadline. DJ has trained 4 trainers to go out to pharmacies and surgeries to support. DJ highlights the LPC has done all they can to support GP CPCS and will continue to do so.

SS highlights the one pager and figures for 2nd Quarter for GP CPCS referrals in the LPC area. NEL is 2nd highest.

Committee members discuss figures.

Hypertension referrals are also being received.

NELICB to pay for hypertension EMIS model up until end of February. Paid for contraception referrals up until 2025, from when it starts. For GPs its easy to refer and pharmacies can get used to using the same system.

SS highlights that the LPC funding to support with GP CPCS and without funding as an LPC would not be able to have put in as much support.

DJ held an hours evening webinar on the Hypertension case finding service. Had a 40 contractors turn out. Good engagement and questions. A lot of contractors reached out for information following the webinar as they could not attend.

DJ confirms a recording will go out next week, instead of creating an extra video and the LPC will be sharing comms with contractors next week.

DJ asks the committee for any suggestions or feedback.

IJ queries whether the LPC can do videos or support materials on the physical side of the service and how to use PharmOutcomes.

DJ clarifies PharmOutcomes guidance will come direct. Regarding physical support, there are differences in machines and also must consider the liability in case the service is performed incorrectly in a physical demonstration.

Suggestion to do a generic video for demonstration only.

Committee discuss,

SS suggests utilizing funding and asking CPPE for training, also highlights equipment suppliers should have videos on their website which we can link to.

Committee members discuss hypertension service and experiences.

SS suggests having a demonstration at the have SGM on 15th February.

IJ raises suppliers that previously supplied discounts. DJ to get in touch with companies that give discounts on machines for the SGM.

Next Step: DJ to get in touch with companies that give discounts on machines

SS goes through document to pharmacies regarding GP CPCS. This is for the pharmacies that are not actioning referrals. Want to do same document modified for surgeries, for PCN leads to take to surgeries. Done one for hypertension for PCN leads which will be sent to them this month. Clarifies PCN leads will be paid.

Committee Discuss GP CPCS experiences with surgeries and pharmacies locally, and the variation in surgeries referring in NEL.

IJ queries data analysis reports on GP CPCS, SS clarifies they are on a website based on NHS BSA data and LPC need to look through them.

Tea break 12:08

Resume at 12:25

Services update

SS opens for feedback or discussion on services.

Committee discuss DMS referrals.

DJ informs committee Barts should be live on PharmOutcomes by the end of March. DJ DJ outlines work done so far, and discussions at DMS meetings where he is pushing for referrals to begin. Awaiting IT platform detail to be finalized.

IJ queries as services increasing at national level, what role will LPC and PCN leads play.

SS clarifies with national services, PCN Leads will support. Raises difficulties as not all areas have a lead, and highlights the LPC funding that will continue to be utilised.

DJ has provided paperwork for PCN Leads.

For local services, it will be more difficult for PCN leads as not all pharmacies provide.

Therefore, that is where the LPC will be more involved.

IJ queries how we ensure a certain level of standard is met across NEL.

SS LPC has a plan and will continue, hoping to achieve consistency to deliver to the standard required.

SS requests whether she can utilize the budget set aside to employ a second pharmacist, whether full time or on a fixed term contract.

SS raises that as we train trainers, have to ensure consistency. Also C&H do not have one, which we need to consider if we merge. But if we are taking on another pharmacist, they can also support.

The committee discuss whether to employ a second pharmacist before or after the potential merge. LPC agree the need to be proactive, and highlights there is already room in the budget for a second pharmacist. Discuss options for a permanent or fixed term contract. The potential for locum support is discussed. SS highlights the difficulties in continuity and consistency if there is not enough work from the LPC for the locum.

SS asks members if they are happy for SS to recruit a second pharmacist.

Members discuss current workload, workload from merger, increase in meetings and need for second pharmacist. LPC needs to be ready to prepare for meetings and engagement.

Unanimously agreed by committee for SS to employ a second pharmacist on a contract SS feels appropriate.

Members discuss Dossett boxes, profitability and stock shortages.

Members give experience from both independent pharmacies and multiple pharmacies.

Lunch 13:00 - 14:08

14:08 meeting resumes

Finance update

SH gives Finance update

JB has logged in and set up online banking access. Therefore, PM can now be removed from the bank.

Next Step: To complete the mandate to remove Pradeep Mayor from bank

Lloyds service charges on both accounts, levy and grant account. RD following up to get resolved.

Next Step: RD to raise service charge issue with Lloyds for resolution.

SH raises expense procedures and recommends an increase to a standard £35 an hour, and £350 a day without an invoice. With an invoice for anything above.

Members discuss experience and rates for locums in NEL.

SS highlights the LPC day rates are already high at the moment with £300 without an invoice and £350 with one.

Committee discuss options for locums in NEL.

Committee agree the matter will be further discussed in the expense policy discussion.

SS raises that the meeting dates for next financial year will be confirmed in April, giving notice for locums to be booked in advance.

SH continues Finance updates, confirming amounts in both account 1 (Levy) and account 2 (Grant).

PkP queries whether there are any large bills expected imminently.

SS confirms the next is expected to be the PSNC bill in April.

SS reminds members of the levy holiday for January, February and March.

SGM/Merger

SS updates committee on conversations with City and Hackney, and that current workload and planned leave within the LPC contributed to the decision on the date for the SGM. SS confirms the SGM will be held on the 15th February at City Gates, and had to get documentation out the day before in order to give adequate notice, hence the constitution decision via email prior to the LPC meeting.

SS outlines the voting and merge process. C&H will be holding an SGM later in February, and should both contractors vote yes, we will discuss in early March to begin the transition.

SS clarifies the merger will not affect LPC staffing, but we will need to consider committee members and CCA/AIMs/Independent split.

SS Suggests to run the account separately, particularly giving consideration to City and Hackey's provider company.

Members ask SS for clarity on what a provider company is.

SS outlines the reason for provider companies in community pharmacy, and how they are utilised for tendering for services. Explains how multiples, AIMs and independent may/may not utilize provider companies.

Members discuss provider companies.

SS will discuss with PSNC and Yogi to learn more about the provider company. Highlights the need to understand the contracts that are already held by C&H's provider company.

PvP suggests that keeping it will be unlikely to effect the other boroughs in NEL.

SS and Pvp update members on the discussions held with City and Hackney LPC.

IJ queries if FCC have retuned cheques to contractors following their email regarding closure.

SS clarifies that has been left with FCC.

Members discuss the necessary changes in committee members following the merge.

SS confirms that Jan 31st is the cut off for CCA/AIM/Independent membership for numbers.

The LPC will count how many pharmacies we have and then go our for elections in April, ready for June. However, if we are ready earlier, we can begin earlier. Deadline date is 1st July, we should be a new committee for just under 4 years.

Pkp updates the committee on other merges seen across London. Members discuss.

Committee discuss what the NELLPC committee may look like after the merge.

SH queries whether SGM meeting would be face to face

SS clarifies while you cannot join virtually, you can vote by email/post.

Policy updates – Expense policy and scheme of delegation

New expense policy and scheme of delegation has been sent to members prior to the committee meeting for review. SS clarifies this is the expense policy from PSNC with the wording completed to be relevant to North East London.

SS raises that the template has a suggestion for virtual meetings to be paid at 25%. SS suggests to remove the clause as locum rates still need to be paid. Committee discuss and agree.

SS raises the clause that the policy does not apply to staff and should refer to the handbook, recommending to change to does apply, as staff adhere to the same rules anyway.

SS reminder members they can only be paid to the business otherwise has to go through PAYE.

SS highlights that expense forms should be received within a month of the expenditure, but for March please send by the end of the month to make sure it is clear by the end of the financial year. SS clarifies out of hours meetings should be claimed for at £30p/h.

SH reminds committee members of sending receipts, etc.

SS goes through spend via scheme of delegation.

RF suggests to change CEO amount £200 to make sure there is enough to cover unexpected expenses.

Committee unanimously agree

Next Step: SS to change scheme of delegation amount for £200.

Committee unanimously agree to adopt new expense policy and scheme of delegation.

SH outlines process for approving payments.

Next steps: RD to check if emails are backed up with IT company

Tea break at 15:00

Resumes at 15:11

PSNC update

PkP gives PSNC update.

PvP suggests for hints and tips to be included in the Friday Bulletin with PSNC information in linking to the PSNC website

Next Steps: RD to add hints and tips to Friday letters for newsletters until the next meeting, and will revert with feedback on changes in views/clicks.

Request for Shilpa to put on next PLOT meeting for individual committee members to be indemnified.

Committee unanimously agree.

Next Step: SS to raise indemnity for committee members at next PLOT meeting

Complaint from LPC members regarding all wholesalers charging a fuel charge of around £120-£130, committee request SS to take to PLOT meeting.

Next Step: SS to raise concerns regarding wholesalers fuel charge to PLOT meeting

RF comments PSNC Newsletters announcements are considerably late. For Pkp to take back.

Pkp asks members to put information on LPC Committee group for Prakash to raise with PSNC.

AoB

SS raises an email she received RE previous employee Faisal signing PDGs, SS clarifies LPC members should not sign PGDs and NELLPC would have been liable. SS clarifies this is an example of where indemnity is important

SS outlines a Cholesterol service with a pharmaceutical company that is currently being provided by one multiple, parts who are supporting have gone to NPA but should have gone through LPC to ensure all pharmacies are included. Dalveer does attend the meetings so we are involved. We need to understand why they bypassed the LPC.

Regarding branded generics, SS and Yogi have given a position statement and responded to explain the change in situation with branded generics. S

SS raises IP pathfinding meeting in the evening, explaining the purpose of the meeting is to discuss potential for Pilot NHS IP services in NEL.

SS is going through first draft of PNA for Newham and Tower Hamlets. Notes a recent application that was awarded despite the current PNA having no needs identified.

Committee discuss PSNC members and negotiators.

SS to raise with PLOT that the committee have requested the recommendation to have professional negotiators.

Next Step: SS to raise with PLOT the committee recommendation to have professional negotiators.

Pkp asks the committee if they support his EOI as regional rep for North East London. Committee unanimously agree to support his application.

SS raises the recent PSNC focus on MP engagement and messages sent from the LPC.

Meeting closes at 16:30