



North East London Local Pharmaceutical Committee
LPC Meeting 16/05/23
Full day 11:00am – 4:00pm
Unex Tower, Stratford

Present: Shilpa Shah (SS), Dalveer Singh Johal (DJ), Rebecca Dew (RD), Prakash Patel (PkP), Parvesh Patel (PvP), Shazli Hafeez (SH), Imran Jan (IJ), Faruque Gani (FG), Ravi Viatha (RV), Jyoti Bakshi (JB)

Apologies: Ross Fraser (RF), Mina Patel (MP), Abi Sarangan (AS), Pradeep Mayor (PM), Kerry Webb (KW)

Meeting begins at 11:00am.

Welcome

SS welcomes committee and makes introduction.

SS addresses the delay in start, the room was occupied for a meeting prior which overran.

SS give apologies on behalf of non-attendees and clarifies that MP, AS and PM give proxy voting rights to PvP via RD.

Declarations of interest

No new DOI

Minutes and Next Steps from previous meeting

Minutes from March 2023 meeting unanimously agreed.

SS clarifies minutes are public and that contractors are able to attend LPC Committee meetings. SS confirms that agendas are also public and should be available on the LPC website prior to LPC meetings, as contractors may wish to review and join the meeting.

Committee discuss contractors wishing to join LPC Committee meetings.

Next Step: RD to ensure website is up to date with Agenda and Minutes. Agenda to be added to website at least a week prior for future meetings.

SS discusses drugs budget, the role of ICBs and spending. SS clarifies the LPC has been advised to raise Period of Treatment issues with PSNC therefore, contractors should inform the LPC as issues arise. SS raises the issue of branded generics and the current situation regarding formulary group discussion on the 3 branded generics, as discussed at the previous meeting.

JB queries if there a finalized document to advise on the 3 branded generics.

SS clarifies the last document was passed through at the formulary grp meeting.

SS clarifies that a new branded generic email has been sent to her to discuss with committee.

SS outlines local discussions regarding branded generics and POT issues.

Committee discuss ICB being responsible for drug budget.

PkP outlines information from PSNC on margins and drug pricing.



Committee discuss experience in community pharmacy of issues associated with drug pricing and branded generics.

Members discuss drug budget and implications for Community Pharmacy.

Committee discuss the funding going into services, as opposed to single activity fee, etc.

SS raises that NEL are losing pharmacies, we are seeing consolidations across NEL. However, there have been a number of new applications and therefore overall number of pharmacies has remained the same.

Next Step from previous meeting on GP CPCS case studies for referrals. This will be done when the new PSM joins in the LPC in June, on a fixed term basis. New PSM focus will be on services such as GP CPCS, Hypertension, etc, in line with the grant money as they will be paid for from the ICB funding money and not the LPC Levy Money.

SS and RD have done calculations and were able to give a final Money Levy holiday to contractors, giving a total of 6 months levy holiday at 200k+ in total value. Members note this is a lot to give back to contractors. NELLPC are reducing down to 50% reserves plus the expected tax cost from previous investments, in preparation for the merge with City and Hackney (C&H) LPC.

SS informs committee C&H are also aiming to reduce down to 50% to ensure both LPCs come into the merge with 50% each.

JB raises that the weekly newsletter should also be sent to AMs and Owners with multiple pharmacies to keep them informed. JB also suggests summary of what has happened this year is sent to contractors and AMs.

Next step: RD to send newsletters to AM and multiple pharmacy owners to ensure they are kept up to date.

Next Step: RD to send a summary of this year at the LPC.

PkP notes NEL are one of the only LPCs in London to give a Levy holiday of over 3 months.

SH notes the 6 month levy holiday is one of the biggest accomplishments of the LPC, and highlights the LPC must stress the value by putting a number on communications, and raising at the next contractor meeting to communicate the accomplishment clearly to contractors. SH notes the LPC have done well and made large cost savings over the past year.

SS also raises that before the levy holiday, the levy was also reduced, adding to the savings.

SH requests a slot on the agenda at the June contractor meeting is included to raise the amount the LPC have saved and convey the benefits of the change at the LPC.

SS has not yet written a job description for a deputy CEO, move next step to next meeting.

Next Step: SS to outline Deputy Chief Officer Job description



SS clarifies NELLPC have decided to keep the City and Hackney LPC provider company running (PSP). SS raises that she has put in for a Minor Ailments Scheme, a business case has been put together and the ICB is looking for funding to fund the service. SS outlines this Minor ailments scheme will support with GP CPCS locally.

Members discuss upcoming POMs and PGDs.

SS highlights that Calpol is the most stolen item in TH and raises the recent issues being seen with stolen baby milk in the news.

Committee members discuss the need for a Minor Ailments service in NEL.

FG queries whether this will be a walk in service.

SS clarifies this will be both, one route in combination with GP CPCS and funded accordingly, and then a separate price for a walk-in service.

The Pharmacy Provider Group meeting was held in April, with another in June. The LPC has been inviting PCN Leads and renumeration is coming from the associated grant money. SS stresses the work going into phoning leads and members and getting them to join the meeting. SS informs the committee the last meeting was quite positive, particularly the discussion regarding out of stock medication.

SS briefly outlined the Provider group and that GPs similarly have this group.

IJ queries whether GPs are paid to attend.

SS confirms they are not as it is in the day and therefore, in working hours.

SS clarifies that she and Yogi decided to utilize the funding already been given to support PCN Leads attending the Pharmacy Provider Group.

SS asks IJ if he is happy to take the position of Chair for the pharmacy provider group, as he had expressed interest at the previous meeting.

Committee discuss.

IJ agrees to take on the Chair position on the Pharmacy Provider Group.

Committee discuss the Pharmacy Provider group meetings so far, participants and outcomes.

JB suggests that when service specs come to the LPC, they could be mapped out to assess how much time is associated, and then if it is going to take a significant amount of time, it may not be viable.

SS raises that she will be the member of staff to negotiate services to ensure consistency.

SS raises the expected free work, and delivery charge issues seen in CP across NEL.

CEO Update

CPAF – SS raises that 2 pharmacies have full visits. A DSP in NEL requested LPC support and SS attended. SS updates committee on the supporting visit.

SS reinforces the need to pharmacies to complete their initial CPAF questionnaire, otherwise there is an automatic visit.

Committee discuss' process for CD reporting and destruction. Members discuss the process for having an appropriate witness to destroy CDs.



PvP highlights that for private CD prescription, there is different fcode. No one has been told about it, the pharmacist has to phone NHSBSA to get the code.

JB informs committee of the announcement that GPHC want to increase see by 7.5%
Committee members discuss

SS raises CQC and GPHC checks seen recently have been by phone call or virtual meetings.
PvP gives experience of inspections and visits at the pharmacy.

SS has attended a meeting regarding the NHS App. There is a want for Pharmacies to promote the app, SS has raised the need for funding as patients will need support to set up, some significantly more than others. SS also suggests seeking support from Voluntary Sector organisations to support vulnerable patient to set up the app appropriately. Members discuss the app and process for signing up with bricks and mortar pharmacies, and internet pharmacies.

FG raises the recent announcement of reducing 100hr pharmacies to 72hrs. SS clarifies must open between 5pm and 9pm, Monday to Saturday as part of their hours and 6 hours on Sunday. The committee discuss.

JB opens the NHS app and goes through the process. Committee discuss the process, and the potential to stop repeat management at the pharmacy, moving the responsibility of ordering to the patient.

Members discuss the movement of repeat ordering to apps and the 5 year plan showing a movement away from bricks and mortar pharmacy.

SS happy to respond.

Members agree.

SH gives experience on patients being in control of their own medications, and instances where patient forget and end up without medication for a time, or needing an emergency supply regularly due to forgetting often.

SS raises inconsistencies in areas, and the need to ensure that with the movement to apps, the NHS app should be utilised and promoted over alternatives.

Members discuss the implications on patients of pharmacies being unable to repeat order, and the issues it will cause in community pharmacy. It is clarified that if surgery is open, it should not be community pharmacies responsibility, as this is not classed as an emergency.

FG raises that it is not as easy when patient facing, having compassion for the patient and the difficulty in turning them away or not supporting them for free when they need help to order their medication, especially when they have been without for a length of time and are struggling.

Members discuss the reality of repeat ordering for patients and using the NHS App.

SS clarifies the position of the LPC - Pharmacies do not have capacity to promote the NHS App but are in support. The LPC will socialize the App with contractors, but we know that our patients will need support with the apps and would rather this was done at a GP level in the surgery.



Members agree.

SS raises that the NELLPC are meeting with C&H in July however, SS has been spending time working on behalf of City and Hackney and will claim for the time spent back where there is sufficient work being done. 1.5 Hours was done in April but negligible amount so will not claim back.
Committee unanimously agree.

SS raises that AS is currently unavailable and MP is currently on Holiday, therefore they have not had capacity to review SS responses to applications, as members of the Contract Monitoring sub-committee. In the meantime, SS has sent two responses on behalf of LPC. SS raises she has a conversation with contractor that is opening a pharmacy in September, but this is an old application that SS was not aware of.

SS notes once we get the new committee established, NELLPC will establish new sub-committees.
JB agrees to support by going through application responses alongside MP until June.

SS and DJ went to a Pharmacy Conference where the current process of buying Pharmacies was discussed, they were informed that there is severe delays in the process at the moment due to the volume of applications.

SS has been added to local area WhatsApp Groups. Whilst SS will write up a social media policy, in the meantime some things she has been seeing on local groups are inappropriate for SS to be made aware of and she does not want to hinder the open communication of members within the groups. SS wants members of the groups to retain their ability to talk freely and therefore, will remove herself from the groups.

SS and DJ should not be allowed on area groups for the same reason, this will be on the social media policy.

GP CPCS, Hypertension and Services

SS raises the lack of understanding on GP CPCS and the changes with regards to receiving referrals to the pharmacy IT system. Therefore, once the new PSM is in position, they will revisit surgeries and contractors to support GP CPCS. SS highlights that contractors are still struggling to understand how the GP CPCS referral changes have affected them and which provider they are with. SS outlines experience with pharmacies not being aware of the implications of the recent change. The lack of understanding of which provider the pharmacy has chosen is causing a delay in responding to referrals, and a large number of missed referrals.

RV queries the ability of Practice based pharmacists to be included in GP CPCS conversations to support referrals to CP.

SS clarifies that for GP CPCS, it is practice managers and surgery receptionists that need to be trained to refer patients.

IJ Highlights the number has gone down with the funding side of things, how is this being addressed by ICB?

SS highlights that now, under the new GP contract, the surgery must either signpost or see the patient. They must give a resolution for the same day, they are unable to refer to the next day



anymore. Therefore, suggests to use as part of the access plan. SS noted that verbal referrals to the pharmacy are not encouraged, they must go through the proper process.

PvP suggests highlighting this to contractors, and asking them to inform the LPC if they are receiving verbal referrals.

FG suggests the new PSM works with surgeries to advise them of the proper referral pathway.

SH suggests at the June contractor meeting, taking time on the agenda to highlight the success of GP CPCS in NEL and highlight the supporting work of the LPC to contractors.

JB suggests including in the 'One year on' update, starting with a positive.

Next Steps: To include GP CPCS in the 'One year on' LPC Update.

Next Steps: Ask contractors to inform LPC if they receive ongoing verbal referrals.

Members discuss IT platforms what services each of them do

JB queries whether Sonar will be doing flu, and highlights that multiple pharmacies need to know in advance for access and planning.

Short break at 12:26 to order lunch.

Meeting reconvenes at 12:50.

SS raises PSNC advice to review the LPC's promotion of services. SS highlights that the services comes out of the same sum, if every pharmacy does well on services the money will not be enough.

The committee discuss representing their contractors in NEL.

SS raises the issue of dropped referrals, and referrals not being acted on within 24hrs.

SS raises the option for a funded text message service. SS notes that she has gone back to ask if the wording can be changed, as she is not happy with how it is stated, however there are only two set options and members can choose one or another.

Committee discuss GP CPCS and the potential future of the service i.e. having Patient list similar to dentists, surgeries, etc.

Break for lunch at 13:15. Members continue funding discussion throughout lunch.

Members discuss services in NEL, experience in the practically of providing certain services and current meeting discussions and negotiations regarding local services.

Members discuss contractor meeting in June 2023, Janets attendance and the possibility of ICB attending a future contractor meeting,

JB queries the NHS London to ICB change, SS clarifies.

SS outlines the two text messaging options to choose from for GP CPCS:



- 1) The pharmacy will contact you to make an appointment.
- 2) Contact the pharmacy to make the appointment.

SS raises concerns that all staff in the pharmacy, including locums, must be aware of the service and how to support when the patient calls the pharmacy, if that option is chosen. Contractors must ensure locums are aware and provide the service while they are the responsible pharmacist.

SS clarifies clarifies liability as the responsible pharmacist, particularly if a CPCS is refused.

SS highlights locums and responsible pharmacist should have a login to PharmOutcomes to access referrals.

SH suggests giving examples of worst-case scenarios to reinforce the liability of responsible pharmacists.

FG queries whether message can include the patient coming in to the pharmacy.

SS clarifies the message cannot be changed, the only option is to phone or pharmacist to contact patient.

SS raises risk of pharmacist not answering the phone, and the patient returning the surgery.

Members discuss potential benefits and risks of each option.

SS clarifies that the third option is to continue with the service as is and not take up the text messaging option.

Members further discuss the potential implications of the message, and clarify the wording of each options.

Members agree that where the wording cannot be changed, for the patient to contact the pharmacy is the best option.

SS clarifies she will ask for this to be implemented after the new PSM starts, so they can support in preparing contractors.

SS informs members that Tower Hamlets have matched the fee for supervised consumption to the same as they have in Havering. Needle exchange will remain with the Local Authority. This is a raise from the previous agreement.

New Smoking Cessation service in Redbridge. RD rung around contractors and increased EOIs, they have now sent the contracts and are chasing returns. SS notes there have been several bank holidays which may have caused delay.

DJ is chasing TB, as contract is up for renewal. DJ will chase again. SS notes associated shortage issues.

Mental health in pregnancy is not working out well, many have signed up and many pharmacies have dropped out. SS outlines the service and members discuss.

SH suggests for the June meeting, the increases in renumeration should be highlighted to inform contractors of the work the LPC has been doing to get the uplift, noting that increases are not done automatically and LPC is working on contractors behalf.



Treasurers Report

SH gives treasurers report.

SH confirms the amount currently in the bank accounts.

SH goes through the large savings the LPC has done this year, and highlights that next years budget will be tighter because we are running efficiently.

C&H merger update

SS raises merging with C&H, and the potential for an increase in the staffing budget to renumerate staff for addition work. SS clarifies this will not be until July 2023, once the merge has happened.

Once the merger has happened, salaries will be reviewed annually in April, as usual.

SS clarifies the new PSMs salary will come out of the GP CPCS funding at the moment, and therefore will not be subject to pay reviews until next April.

IJ queries the levy fees in C&H after the merger. SS outlines how the finance is expected to work with the merger and that all contractors would be paying the same once merged.

SS outlines plans to have both old committees together at the June contractor meeting, to thank the old committees and introduce the new committee.

NELLPC Team leave the room for members to discuss salaries in a closed session.

RD, SS and DJ rejoin at 15:14

SS outlines the current method for accounting, and what end of year accounts for next year will look like to include both LPC accounts before the merge.

LPC will send out a process for committee nominations as 8 applications have been received therefore, there will be elections. LPC will go to elections with around 2 weeks return time, RD to be returning officer.

PSNC Update

PkP gives updates on PSNC Committee

PkP gives PSNC update

IJ leaves the meeting at 15:35.

AOB

PvP raises NELLPC joining Pharmacy London, PvP gives perspective.

SS gives outlines of how other areas work in relation to regional collaboration.

JB raises the delegation to the ICB.

Members discuss perspectives on joining Pharmacy London and discuss.

Members unanimously agree that it is not the right time to join Pharmacy London.

Members update on situation regarding closed conversation on staff salaries. They have been unable to reach a decision and have formed remuneration committee to deal with such matters. JB, PvP, Pkp and SH are members of the remuneration committee.

Meeting closes at 15:45.