**North Staffs and Stoke Pharmacy Committee**

Minutes of the meeting held on 20th March 2018 at meeting Tesco Extra Clough Street Hanley

**Present:** Nita Allen (NA) Sue Adams (SA) Clare Stott (CT) Rebecca Norton (RN)

Mike Connolly (MK), Jonathan Bridgett (JB) Peter Walker (PW) Elliot Patrick (EP), Hema Morjaria (HM), Raj Morjaria (RM)

**In Attendance:** Mrs T Cork (TC)

**In Chair:** Nita Allen (NA)

**Chief Officer:** Tania Cork

**Standing Items**

*0318-1* **Chair:** Nita Allen welcomed all members to the meeting

*0318-2* **Apologies:** Sue Pitt (SP)

*0318-3-* **Governance/Declarations of Conflicts of Interest (DOI):**

*0318-4-* **Power to act:** Come to light during meeting agenda.

*0318-5-* **Minutes from previous meeting:** The minutes were signed off as correct and factual after a discussion from RM to change one line (0118)

*0318-6-* **Matters Arising:**

*0318-7-* **Finance:** TC gave figures of bank balances. There is a lot of money in the allocated funds due to carrying LPN money – this will be spent asap.

 **Business Agenda**

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| *0318*-8 | **Action sheet update**RN has continued to work hard with social media and her efforts were greatly appreciated by the committee. Further work is needed to link with MPs and councillors, it was suggested to start a sub-group once the new committee was formed. Flu training has been organised via CHS, TC to advertise.Still no information regarding ONPOS dressing supplies, TC to discuss with Mani asap. Meeting rooms are booked up to and including May LPC meeting. TC to source other free venues for future meetings.There was a discussion around an event for contractors and pharmacists with regard to services – this would be in the form of ‘speed-dating’. Tables would be hosted by pharmacists who had successful experience with a service in order to advise other pharmacists how better to deliver the service effectively. TC mentioned about NHSE wanting to deliver the same type of event and so it was agreed to wit a short while until we know what NHSE was doing |
| *0318*-9 | **e-RD/EPS**Mike Jones and Rachel Raybold came to discuss the roll out plans of e-RD. Mr Jones thanked members for inviting him to the meeting and explained that they are coming to the end of the EPS project but not all practices have signed up and they are likely to be calling a stop to the project in June as Mr Jones will be moving to other projects. Mr Jones stated that the EPS project has been running for some time and about 1 year ago they produced the digital road map, which brings a lot of the National projects to CCGs, such as patients online, electronic documents and it also bought together all the EPS issues. They hadn’t really started the repeat dispensing but this is part of the digital road map. There were 3 stages to this, finish implementation, get the practices up to 80% utilisation and finally, in the GP contract, but none contractual was to get 25% of repeats on EPS by April. They started working on this a year ago and the CCGs have agreed to put some money into this and they are just starting the project to support practices in eRD. EPS utilisation has been very successful, the NHS digital statistic show that of the 6 CCGs in Staffordshire, 5 hold the top 9 positions in the country. On that basis he is confident that when it comes to eRD Staffordshire will do it well. Mr Jones also explained that there was a massive gap between what is expected and what is reality and practices are not where they should be at this point. They are looking to provide detailed eRD training and support to 22 beacon general practices across the county, based around localities, with 22 follow up half day workshops. They are currently waiting for CCGs to confirm the practices they want them to work with. They will be looking to invite the top 3 or 4 pharmacies into one of the training sessions for each of the beacon practices. There was much discussions around what support would be offered to community pharmacies, Mr Jones stated it was not in the CSU’s remit to support pharmacies and it was up to the system suppliers to sort this. However, Mr Jones did offer a training packs, after some discussion of copyright, that could be circulated around to pharmacies.Many other areas where discussed such as, changing items part way though a 12 month cycle, 7-day scripts, split scripts, The committee discussed whether we could afford a pharmacy technician to work one day a week to support pharmacies. There was some discussion around the different systems and the technician be able to understand each one. TC to take back the proposal to the treasurer |
| *0318-10* | **Care navigation**TC gave an update of Mr Amoako’s work around care navigation and the collaboration between surgeries and pharmacies he is helping. More pharmacists have sign up to and are delivering services. in addition, surgeries are starting to understand inclusion and exclusion criteria better and developing links with their community pharmacists. TC informed the committee that no payments have been received yet from the care navigation project that was promised and that the treasurer Mr Cork was looking into this.  |
| *0318-11* | **Waste campaign**EA updated the group with regards to the waste charters and the fact that these have been considerable condensed down by the patient groups. The committee was made aware that if this did not help to reduce waste then the CCG may consider the use of POD. TC to send email to pharmacies to launch the Medicine Matters once materials have been sent out by CCG. |
| *3118*-12 | **Skype MURs**TC informed the committee that funding was now in the LPC bank to run this project. The new service will fund a small number of pharmacies who need to carry out MURs via Skype to patients that are house bound and recently discharged from the hospital. Documents such as social media governance and confidentiality are being drawn up.  |
| *0318*-13 | **Pharmacy first Extended Care Pilot and MAS**TC reported that they have been asked to put forward a proposal for extending the Extended Care Service and basically, we are looking at doubling the number of Pharmacy outlets and increasing the number of conditions we are able to treat, so moving towards respiratory and skin. TC explained that this is happening imminently as Rebeca Woods is waiting on the official evaluation. We have decided to do the evaluation now as 400 patients have accessed the service. Keele University will be doing the evaluation and they will also be using the PharmOutcomes data. TC reported that we are hopeful that all the Pharmacy First service will all be recommissioned for a further 2 years. TC explained that Mr Pickard will be sending out the SLAs for the Emergency Supply and the Common Ailments and they are working on the UTI and Impetigo SLAs, so they should follow shortly. The SLAs will run for 2 years with the proviso that they can be reviewed earlier. TC further explained that because the care navigators couldn’t understand why we have a UTI and Impetigo service as they are not really related to each other. It was decided that they would split the services up and have a Pharmacy First PGD service, Mr Pickard is writing an introductory SLA for that and then sitting underneath there will be a UTI service and Impetigo service and if the Extended Care service gets taken up, which NHSE are very interested in then the ENT and Eye service will also sit underneath the Pharmacy First Service. TC further noted that Cystitis will be removed from the Common Ailments Service as the current advise is that woman who have Cystitis should have a course of antibiotics. TC explained that they had reviewed all the clinical knowledge summary and the guidance from NICE and there will be a few changes from that. TC said that Dr Hall will update the information on PharmOutcomes so that pharmacies are downloading the latest guidance sheets. The committee would like to thank Dr Hall for her hard work on the PharmOutcomes modules. |
| *0318-14* | **Digital technology**TC informed the committee the publication in the Prescriber Journal ‘Can pharmacists promote self-care using digital technology?’  |
| *0318-15* | **STP**Sustainability and transformation programme is now starting to move forward and the LPC have a seat on a few workstreams that feed into the main STP boards. For example, the MTAC, digital programme and communications. TC sits on all these boards |
| *0318-16* | **HLP and public health campaigns** TC reported that Mr Pickard will be sending information out to Contractors because the last time they downloaded information from PharmOutcomes, only 20% of pharmacies were completing the PH campaign feedback module. It will be a reminder for Contractors that this is part of community pharmacy NHS contract and they are required to take part in Public Health Campaigns. NHSE are now going to start looking at this and if CPs don’t meet all their essential services and they don’t do the PH campaigns then CPs won’t be able to offer any advance services and may be at risk of having their NMS and MUR payments taken off them. TC informed the committee that Dr Hall has worked on this module to try and make it a little more straight forward, so CPs can now record how they ordered the material and can also record that they haven’t received the campaign material. Also Dr Hall has ensured that you can still record previous campaign material as there is no date restriction.  |
| *0318-17* | **LPF**TC reported that the local professional forum was looking for help on the committee. The LPF helps RPS members engage with the RPS in their local areas. They aim to give members the opportunity to meet others face to face, support the professional development of our members, and offer support to pharmacists regardless of career stage of their career. CS and PW would like their name to be put forward. TC also reported a re-validate event due to take place on May 21st – booking line will be open shortly.  |
| *0318-18* | **JMOG**CS informed the committee co-proxamol was discussed at the JMOG along with dosulepin. Patients will not be initiated on these items and patient will be changed (if appropriate ) to other first line choice drugs. Nortriptyline will not be used within this CCG due to costs neither will lidocaine plasters. SC reported that there was also a discussion around freestyle libre prescribing and that this will be put to the area prescribing committee for review.  |
|  | **Closed meeting** |
| *0318-19* | **Provider company**RM explained that Central Health Solutions Ltd is the provider company formed to represent the 12 LPCs across the West Midlands. The company is a limited company by guarantee, the LPCs have been active in forming the company and have loaned the company money to get the company established. The company has now recruited members from across the West Midlands region and there are currently 95-member companies representing 280 contractors. The biggest group that has joined so far is Murrays, the only CCA company that has joined is Morrison’s. Their job is to find opportunities for Pharmacies to commission services. The successes so far are that they quickly got a service in Wolverhampton, on behalf of the CCG, to vaccinate all their staff against flu. They won the contract to write the Sandwell PNA and they are partner of the tender winner for the Staffordshire Healthy Lifestyle contract. We already had expression of interest go out for Pharmacies to help deliver quit smoking service and NHS health checks in the target areas within Staffordshire They are also launching a training day on Sunday 25th March with training on private PGDs. RM explained that they are trying to get as many members as they can, because the more pharmacies they have, the bigger pool of pharmacies they have initially to help drive services. They can also sub contract with other pharmacies outside of the membership and members can choose whether they want to deliver the services and would have a share in any surplus funds. As part of governance there is a representative from each LPC that is part of the Scrutiny and Oversight Committee (SOC) and therefore we have a say in how the company is run. For this LPC, RM is the main member and Mr Amoako has been the deputy, to ensure that we always have a LPC representative attending the SOC meetings. RM described membership fee as on an annual basis and explained that the initial joining fee was set at £400. You could join as many pharmacies in your group for that £400, but this is a single membership, you will effectively only have one share and one vote or each pharmacy can join separately. It was noted that initially before 31st December you could join for £150. This was to try and encourage as many members as they could to join. From year 2 onwards the directors will propose an annual membership contract fee per member. RM explained that the 2 key issues to come from the SOC meeting was firstly the process for recruiting the LPC nominated directors for 2018-19. RM explained that when the company was setup there was a recruitment process to get the 5 directors in place, so the company could form. Their financial year started in July and the constitution states, that they must have an annual meeting within 2 months of the corporation date. So, by September they have to appoint 3 members directors and 2 LPC directors. The SOC will appoint 2 LPC directors and as part of this process we will have the opportunity to nominate 2 potential candidates. This could be from the existing pool of directors or it could be people within an LPC or people from outside of an LPC that we feel will do a good job.The other item discussed was regarding the loan repayments, RM explained that initially it was setup so that the loan repayment would be made within 2 years of the company forming. But this was restricting the activities of the directors and the SOC felt that the repayment terms of a loan taken out for any business you are establishing should be a lot longer. This has now been extended so there is a new loan agreement, which states that the loan will be repaid by 2026. It was agreed that the loan would not be paid in the first 3 years. There was a debate between the SOC and all LPCs about the repayment schedule and the 4 potential options RM noted that he required agreement from members that the loan will be repaid this way and noted that it doesn’t state a particular schedule but that the loan will be repaid according to an agreed schedule by 2026.Finally, RM mentioned that it was hoped to move to bi-monthly meetings for SOC soon, however for LPC primary & secondary delegates to put the regular meeting dates into their calendars through 2018-19 (2nd Tuesday each month, 3.45pm at Holiday Inn Great barr). |
| *0318*-20 | **Regulation**The following pharmacies were discussed;1. Safedale ltd t/a well street pharmacy - relocation **Oral hearing outcome - granted**
2. Application for Unit 89 Shelton Enterprise Centre, Bedford Street, Stoke on Trent, ST1 4PZ in respect of distance selling premises by Ramin Healthcare Limited. **Granted**
3. Application at Unit 31 Shelton Enterprise Centre, Bedford Street, Stoke-on-Trent, ST1 4PZ in respect of distance selling premises by Navid-Ul-Khurram Kaleem. **14 day consultation (19th march)**
4. relocation to 13 Howard Place, Shelton, Stoke-on-Trent, ST1 4NN by Norfolk Street Pharmacy Limited – **Granted**
5. relocation to 1-5 Norfolk Street, Shelton, Stoke, ST1 4PB by Mueid Kaleem(winton house) **Granted**
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| *0318-21* | NA thanked all members for their contributions and help during the last 4 year term and reminded the committee that the next meeting would be the start of the new elected committee. |
|  | **Next Meeting**22nd May |

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, is recorded in the following meeting’s minutes.

Signed: ………………………………………………Position:......CHAIR............. Date:............................

Signed: .................................................................Position:......CEO.................Date:............................