**North Staffs and Stoke Pharmacy Committee**

Minutes of the meeting held on 22nd May 2018 at meeting Thea Pharmaceuticals, IC5 Keele University Keele Staffs

**Present:** Sue Adams (SA), Clare Stott (CT), Elliot Patrick (EP), Raj Morjaria (RM), Harpal Bhandal (HB), Ellie Lawton (EL)

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

**In Chair:** Clare Stott (CT)

**Chief Officer:** Tania Cork

**Standing Items**

*0518-1* **Chair:** CS welcomed all members to the meeting

*0518-2* **Apologies:** Nita Allen (NA), Liane Hannah (LH), Hema Morjaria (HM)

*0518-3-* **Governance/Declarations of Conflicts of Interest (DOI):**

*0518-4-* **Power to act:** Come to light during meeting agenda.

*0518-5-* **Minutes from previous meeting:** all correct and signed off

*0518-6-* **Matters Arising:** no matter arising

*0518-7-* **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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| *0518-8* | CS took the Chair temporarily pending the election of Chair and Vice-Chair. She welcomed to the LPC Meeting members for 2018-2022. A meet and greet, team building session was held in the morning. Chair: Mrs Nita Allen was nominated as Chair - proposed by Ellie Lawton and seconded by Claire Stott. There being no further nominations, Mrs Nita Allen was duly elected as Chair, in NA absence CS remained the temporary Chair.Vice-Chair: Mrs Clare Stott was nominated as Vice-Chair – proposed by Sue Adams, seconded by Ellie Lawton. A further nomination of Hema Morjaria was proposed by Mr Raj Morjaria and seconded by Clare Stott. After a confidential vote from members Mrs Clare Stott was duly elected. Note: Employed Officers are no longer subject to re-appointment, Chief Officer Services/quality/HLP Officer Treasurer**Mrs Clare Stott continued to Chair the meeting as Vice Chair**TC confirmed that Venues for meeting were still outstanding however, Thea Pharmaceuticals was looking promising in providing a future venue, Meeting dates etc – members agreed to continue with the current meeting schedule of a full day bi-monthly except for August and December. TC discussed the future arrangements of subgroups - Approval of Proposed Sub-Committees and memberships;Finance TC/NA/SAGDPR & Governance TC/ELMP and councillors RM/BN/CSNew declarations of interest form were completed and circulated to members. TC also made new members aware, and reminded existing members, that the treasurer for the LPC was her husband – Steven Cork. She explained how this came about and all members were happy to continue with the arrangement.  |
| *0518-9* | **Action sheet update**Flu – TC reported that PSNC have just announced the results of this years Flu Vaccination Service. Nationally pharmacies delivered 1.19 million vaccines which is a 20% improvement on previous years. Locally we have delivered 35,500 vaccines compared to 25,000 last year.TC also commented on the action of the flu training and some issue that had arisen but had now been dealt with. Overall the training session had been well attended and ECG had been very good. Concerns had been raised at the cost advertise from another area being as low as £30, TC and RM seem to think this must have been other funds to support this. TC reported that the adjuvanted trivalent influenza vaccine supply issues have been resolved nationally. There will be some imported vaccines from Europe to make up the numbers and they’ve committed to supplying pharmacists and GPs in a phased way. One issue for Contractors is that some vaccines will come without needlesDressing – the proposal for dressing supply, from the CCG, was discussed. TC reported that in South staffs it appears to be the direction of travel to roll out the project further. They haven’t seen any savings in terms of money but it’s about breaking even, and they reckon the nurses save about 6½ clinic hours a week. Therefore, they’ve got an extra clinic day per district nurse, so they’ve seen an increase in patient throughput and outcomes. The nurses love it as they don’t have to chase surgeries for prescriptions and the GPs love it because they are not being asked to write scripts for the district nurses. HB discussed his experiences with ONPOS and it was decided that HB should attend further meeting with TC at the CCGEmployment of Technician for e-RD – TC reported that after speaking to the treasurer it was not recommended to use allocated funds for wages. The treasurer has sought advise from the PSNC and other LPC treasurers and the view was to ensure that the funds would not be called back and thus a good time lag before using. When the LPC do decide to use then use for a similar purpose.   |
| *0518-10* | **Provider company**Appointment of Scrutiny & Oversight Committee Member and Deputy - RM reminded the members that each LPC that contributed to setting up CHSL, has a member on the Scrutiny & Oversight Committee (SOC) and for this LPC, RM is the primary member and Mr Ernie Amoako had been the secondary member. RM noted he is happy to continue in the primary role, and that we need to appointment someone as a deputy. TC said she was happy to take the deputy roleNomination of LPC Directors - RM explained that CHSL is a self-limited company by guarantee. The company is run and manged by 5 directors and in the first year the S&OC had a process for recruiting and appointing the 5 directors. Moving forward from year 2 onwards, the LPCs through the S&OC will appoint 2 directors and the CHSL members, those who have paid the membership fee, will appoint the other 3 directors. The S&OC decided on a process and as part of this they invited the 5 existing board directors to apply as LPC directors or members directors. We have timed the process for the LPC directors, so it’s in advance of the Annual meeting for CHSL, which will be in September. Therefore, there will be clarity on the LPC directors prior to that time. The current directors have been asked to provide nomination details. RM then explained that the S&OC asks that each LPC makes up to 2 nominations and nominations can be from the existing pool of directors or it could be someone from within an LPC or someone from outside of an LPC, that members feel would be suitable to represent the LPCs. TC ensured each member had a copy of the director nomination form for information. He noted that the person nominated has to be able to represent the LPCs’ interests as there are 11 LPCs across the West Midlands. There also must be at least 1 LPC director present at every directors’ board meeting for it to be quorate.RM noted that CHSL currently have 103-member business representing 300 contractors. They have had some success with small services such as the Wolverhampton CCG flu service, Community Health Service in Staffordshire, Quit Smoking in Coventry and writing the Sandwell PNA.All five existing Directors have decided to put themselves forward for the LPC Director roles, plus we also have one additional candidate Simon Hay who has been working with the LPC supporting quality payments and HLP. The committee decided to vote for Mr Simon Hay only for the Director role. TC would complete the paper work |
| *0518-11* | **OTC medicines and self-care**TC let the committee members know about the NHS advice on OTCs on FP10 had been published and Dr Mani Hussain had prepared a paper, which has been approved by the APC in the North and gone to the APG in the South for consideration. TC explained that at the LPN meeting they discussed the implications of the NHSE guidance for the Common Ailments Service. A link to the draft Staffordshire-wide CCG response to the NHSE OTC prescribing policy was shared with group <https://www.england.nhs.uk/wp-content/uploads/2018/03/otcguidance-for-ccgs.pdf>  |
| *0318*-12 | **Pharmacy first Extended Care Pilot and MAS**TC reported that she and south Staffs LPC had 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 she is waiting to hear if finding had been granted TC explained an evaluation of 400 patients who have accessed the service is being undertaken by Keele University by Dr Simon White in the view to being published. TC reported that the initial analysis done by Keele University is positive, with massive patient satisfaction and a huge number of patients diverted away from GPs. |
| *0318-13* | **Skype/MURs**TC explained that the services was moving steady along, all paperwork was now wrote and IT equipment ordered. The pharmacies signed up for the service will soon receive information about IT training and SLAs |
| *0318-14* | **e-RD**TC explained that the purpose of the eRD project is to increase the number of practices using eRD. The project group are facilitating 23 beacon practices to intensively manage them into eRD and for them to provide support going forward to other practices. TC further explained that there have been some comments about the information that used to be on the repeat copies, not being passed onto patients and noted that there are some good examples to explain what we should be passing on to the patient. TC explained about the EPS and eRD FAQs and pharmacy resource pack. TC also explain that Simon Hay is leading on this piece of work.  |
| *0318-15* | **Medicine Matters** TC remined the members the reason for this campaign was to reduce waste and that pharmacist, GP and patients needed to sign up to the charter. She mentioned that the implementation had not gone well. Many members voiced their concern about not receiving the posters in their pharmacies. TC would report this back to Dr Mani Hussain. TC discussed the idea of POD if the campaign did not work. Member mentioned about how to measure or evaluate the success of Medicines Matters. TC to check and report back. |
| *0318-16* | **CRP-RTI**TC reported to the committee that we had been successful in publishing this pilot project in the Clinical Pharmacist and making front page!<https://www.pharmaceutical-journal.com/research/research-article/point-of-care-c-reactive-protein-testing-in-community-pharmacy-to-deliver-appropriate-interventions-in-respiratory-tract-infections/20204635.article?firstPass=false> Tc explained that Phase 2 was now being worked upon. |
| *0318-17* | **Infant feeding**TC explained about the Cow’s Milk Protein Allergy service and shared with members the initial draft of the Service. The idea is that parents will have to pay £10 towards the cost of the special formula milk, so it’s not going to be free on prescription anymore. Parents will receive a voucher, so they will only have to pay the price of standard infant formula and parents will get a series of vouchers towards the price of the milk over a period of time. Patients will be referred to a dietician for assessment and if diagnosed they will be issued with vouchers to cover up to six months. The voucher can be used to purchase the milk from the pharmacy, but because the parent will have to contribute £10 for each tin of milk, we can’t see parents using all the vouchers at once. There will be a fee for providing the milk and the remaining cost of the product will be paid for by the CCG. The details will need to be entered on to PharmOutcomes. TC clarified that patients will be issued with a voucher to cover an initial trial period up to four weeks, but once tolerated the GP can then issue a voucher to cover patients to the age of 6 months, and then again for another 6 months. TC explained that Similac Alimentum is their first-line choice to be prescribed and the alternative first-line choice is Althera, which contains lactose and should be prescribed if Similac Alimentum is not tolerated because of taste. All patients should ideally be reviewed by a dietician between 4-6 months of age. Once reviewed, GPs can issue the third voucher to cover patients to the age of 13 months. TC confirmed that the calculations can be done on PharmOutcomes, Pharmacies will be paid for each supply and it is not anticipated that patients will purchase multiple tins at a time. TC confirmed that her understanding was that participating pharmacies will be paid a fee of £1 per transaction irrespective of quantity supplied, up to a maximum of 13 transactions per patient per month.  |
| *0318-18* | **MillBrook Health care proposal for pharmacies**TC explained that a recent meeting had taken place with Millbrook Health Care who wanted to offer the follow to pharmacies: The referral incentive will be based on a successful referral payable if the clients continue with the service after the 8 weeks free trial so we would like to propose a finder’s fee of £10.00 per referral. They will offer training on the Assistive Technology available to help the pharmacist make these recommendations to their customers, although I appreciate everyone is so busy so as Lee suggested we can arrange to set up information through the use of videos published on You Tube (protected) so they become available to link to  your website and perhaps can include all 3 of you introducing the relationship with Millbrook and why service could be beneficial. They can look at giving access to our portal systems for ease of raising the referral and can provide notifications after 8 weeks if the service user continues with the equipment. They would also like to consider perhaps creating a joint leaflet available for the customers to take away and think about the service and perhaps directed back to the pharmacy as opposed to contacting Millbrook directly. Information sheets/Leaflets/posters can also be designed specially to promote the services in the stores and we can arrange to supply demo kits if this would be beneficial.Members were concerned that this offer could be seen as bribery and thus was happy to just refer patients into the service without any payment  |
|  | **Happy Health App**TC gave a report to show that uploads for the Happy Health app for children had increased whilst pharmacist gave out the information during the short campaign. TC thanked those pharmacists who had help with this initiative.  |
|  | **Closed meeting** |
| *0318*-20 | **Regulation**The following pharmacies were discussed;1. Well Distance selling pharmacy - **Granted**
2. relocation to 13 Howard Place, Shelton, Stoke-on-Trent, ST1 4NN by Norfolk Street Pharmacy Limited – **Granted**
3. relocation to 1-5 Norfolk Street, Shelton, Stoke, ST1 4PB by Mueid Kaleem(winton house) **Granted**
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|  | **Next Meeting**31st July 2018 |

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:............................