**North Staffs and Stoke Pharmacy Committee**

Minutes of the meeting held on 31st July 2018 at meeting Thea Pharmaceuticals, IC5 Keele University Keele Staffs

**Present:**

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| Committee member | Present | Apologies  |
| Nita Allen (NA) - Chair | ✓ |  |
| Clare Stott (CT) - Vice Chair | ✓ |  |
| Sue Adams (SA) | ✓ |  |
| Elliot Patrick (EP) | ✓ |  |
| Raj Morjaria (RM) | ✓ |  |
| Hema Morjaria (HM) | ✓ |  |
| Harpal Bhandal (HB) | ✓ |  |
| Becky Norton (BN) | ✓ |  |
| Ellie Lawton (EL) |  | A |
| Liane Hannah (LH) |  | A |
| Peter Walker | ✓ |  |

**In Attendance:** Mrs T Cork (TC), Mr Andrew Pickard (AP), Babatunde Kikiowo (Tunde)

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

**Chief Officer:** Tania Cork

**Standing Items**

*0718-1* **Chair:** NA welcomed all members to the meeting

*0718-2* **Apologies:** Liane Hannah (LH),

*0718-3-* **Governance/Declarations of Conflicts of Interest (DOI):** TC reminded members that these should be updated by themselves and checked at each meeting

*0718-4-* **Power to act:** Come to light during meeting agenda.

*0718-5-* **Minutes from previous meeting:** all correct and signed off

*0718-6-* **Matters Arising:** no matter arising

*0718-7-* **Finance:** TC gave figures of bank balances. TC and SC attended the finance conference in London.

Expenses are to be claimed within 3 months and within the financial year, this was agreed by all committee members and thus, new expense policy to be written.

The LPC printer has been traded in for one that is up to date and more economically on ink, saving the LPC over £200 per year.

The committee agreed that any money within the LPC allocated fund pot should be used after 5 years on items similar to what the original fund was given for. It was agreed that if for any reason the money was called back from the commissioners after a five year period and this money had been spent, then it may be possible to increase the contractor levy in order to refund the money.

 **Business Agenda**

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| *0718-8* | **Action sheet update**Meeting venue are sorted for the next two LPC meeting, Nov venue still needs to be arranged.Services evening is still on hold as the LPC is waiting to hear about Pharmacy First services  |
|  | Babatunde Kikiowo (Tunde) gave a CCG medicine Optimisation report – he reported that As part of the Medicines Value Programme, NHS England in conjunction with NHS Clinical Commissioners has issued CCG guidance on conditions for which over the counter items should not be routinely be prescribed in primary care. These prescriptions include items for a condition: That is considered to be self-limiting and so does not need treatment as it will heal or cure of its own accord; Which lends itself to self-care.All community pharmacies have been sent the document and an explanation letter. In addition, The Staffordshire Health Economy policy on medicines and other items that should not routinely be prescribed in primary care recommends the discontinuation of 18 medicines. This policy is based on the NHS England (NHSE) CCG Guidance on Items which should not be routinely be prescribed in primary care (Dec 2017). The CCG are asking prescribers not initiate any new prescribing of these medicines.To review all existing patients currently receiving these medicines In accordance with the CCG policy. Again, All community pharmacies have been sent the document and an explanation letter.  |
| *0718-9* | Mr Andrew Pickard gave a report on behalf of NHSECPAF – Visits have been concluded for 2017/18. On-line submission had now ended and only two contractors from this LPC had failed to submit. They will be asked to now submit a longer report during sometime in November. Visits will be during Jan/Feb 2019.Last year compliance with the clinical aspects of CPAF is now generally very good, but most contractors visited had a list of actions around the non-clinical areas such as practice leaflet omissions (reminder about changes from 31st July), recording of signposting and healthy lifestyle interventions, display of information regarding return of unwanted medication and complaints procedures, and some staff HR (training/appraisals). Health promotion and clinical audit – Mr Pickard had not clear details through from NHSE central regarding the clinical audit for 2018/19 although it was mostly to be for diabetes and flu. There was also talk about a sodium valproate audit however, this was not not a mandate to deliver. Locally they have sent out information regarding their programme for health promotion campaigns with the first campaign starting mid-June (diabetes). Recording of data on PharmOutcomes for the campaigns has been particularly poor (approx. 25% of contractors have completed), The next campaign was going to be mental health however, there was no available resources and so this quickly changed to ‘blood in your pee’. This information will be put onto social media by BN. AP reminded the members that public health campaigns and recording activity is a contractual requirement, and contractors have been notified that breach notices may be issued for future non-compliance.NMS/MUR = contractors should remember to submit figures to BSA portal each quarter, nil returns need also to be reported as NHSE received a report. Some contractors have not done this. NUMSAS – more referrals are now coming through the service which is encouraging, although we still have a large percentage of pharmacies that initially signed up to provide NUMSAS, but then have not gone on to activate their accounts (i.e. respond to the test email from NHS111). They have had a couple of incidents where referrals have been made to pharmacies registered to provide NUMSAS, but the pharmacist on duty was either unable to access the shared mailbox or did not know about the service. These incidents are being picked up directly with those branches, but it is not indicative of a wider problem.Enhanced services – Excellent sign up to all enhanced services, but those that haven’t signed no longer have access to the relevant PharmOutcomes modules. AP did give one month’s grace. Due to the guidance published by NHSE regarding prescribing of OTC medication, a review of the Common Ailments Service will have to be undertaken and is likely to be decommissioned by NHSE in March 2019. There was a conversation around reducing GP pressures by continuing the pharmacy first service and to re-morph the service rather that decommission it all together. Impetigo service has been re-vamped with the addition of Fucidin cream. AP voiced concerns regarding the increase in emergency supplies and the reason behind this. NHSE are meeting with some surgeries and pharmacies to understand why figure are high in certain areas.E-RD – all 20 beacon practice are now live and ready to start training other surgeries on the process of eRD. |
| *0718-10* | Report from Simon Hay – TC gave a report on behalf of SH. Care Navigation – wages are being funded for the next 3 months. SH has Attended surgery meetings along with meeting Charlotte Harper to progress the project. Both are working on the ‘walk in my shoes’ project and will have to localities live very soon. SH has ensured that contractors have returned their CPAF online questionnaire. He also working with contractors to ensure the smooth roll out of eRD.SH is also working with GPs surgeries to get their NHS.net emails onto PharmOutcomes.   |
| *0718-11* | **Provider company**TC and RM reported that Len Dalton and Michelle Dyoss have been appointed as CHSL LPC directors. Len Dalton was chair of Birmingham LPC and Michelle Dyoss was the Pharmacy Public Health Lead for Dudley Metropolitan Council she has now left there, but her post was part funded by Dudley LPC, so she had a lot of involvement with the LPC. They were the most nominated candidates by the LPCs across the region and they will now be the link between the SOC and CHSL and we will have the opportunity to build a positive relationship. CHSL will be publishing details of ongoing membership costs and will be sending information to members regarding their performance in relation to service activity and finance. Flu Training - TC reported that they have now run 3 events across the West Midlands one in North Staffs one in Dudley and one in Birmingham.  |
| *0718-12* | **Substance misuse**TC let the committee members know that both Stoke and Staffordshire had been in contact about the service and how they could reduce the pharmacy funding. There was a conversation around fees, drug costs etc.Basically, the fees and drug costs are set by the global sum for pharmacy and can not be changed.  Fee costsThe only way it reduce fees and thus, costs to is to prescribe less daily pick-ups (whether supervised or not). To reduce the fee cost down the dispensing would be all in one bottle and not in separate bottles. So, for example, a patient on 75ml a day at the moment may take out a weeks worth of methadone in 7 x 75ml individual bottles. The prescriber would need to remove the request on the prescription to pack in separate bottles and the patient would leave the pharmacy with the methadone in one big bottle. Obviously, this would be the responsibility of the prescribe should anything happen to such a large quality. Drug costsThe drugs costs are reduced by prescribing generic drugs Supervision of consumption costspharmacy is remunerated for the service they offer in supervising patients taking methadone or subutex. Again, this cost could be reduced by having less patients supervised and thus, patient would just take their medicine out the pharmacy to consume. The committee voted;Reduce the consumption fee - 6 voted yesLeave the service as it was for the time being 2 voted yes  |
| *0718*-13 | **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  |
| *0718-14* | **Skype/MURs**TC explained that the services was moving steady along, all paperwork was now written. The pharmacies signed up for the service have now received the IT equipment. TC is working with the Home First team to ensure they understand the service and receive their equipment.  |
| *0718-15* | **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. All pharmacies will be hand delivered a second poster and these will be signed for. The CCG will explain what the campaign is about – this will help to improve the take up of the campaign. TC discussed, again, the idea of POD if the campaign did not work. Member mentioned about how to measure or evaluate the success of Medicines Matters.  |
| *0718-16* | **CRP-RTI**TC reported to the committee there will be a wave two pilot. The first phase will be that one pharmacy in Cheadle will work with the implementation team to involve the community of Cheadle such as schools, church, scots etc. The second phase will be incorporated within the pharmacy first extended care pilot, if we receive money to further roll out this service.  |
| *0718-17* | **ACT course**TC informed the committee that the next cohort for ACT training at Stoke college was set for 24th Sept 2018. This training was free for Staffordshire learners.  |
| *0718/18* | **Radio**TC informed the committee that the LPC now has a regular monthly slot on Moorlands Radio. The next few months topics was agreed by the committee asAug – Blood in peeSept – FluOct – resp – cough and coldNov – PainDec – Falls prevention |
|  | **Closed meeting** |
| *0718*-19 | **Regulation**The following pharmacies were discussed;Sneyd, Longton, Kidsgrove pharmacies – **change of ownership** from Lloyds -Unit 31 Shelton  Enterprise Centre, Bedford Street, N Kaleen - **granted** |
|  | **Next Meeting**25th Sept 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:............................