

Minutes of Meeting of East Sussex Local Pharmaceutical Committee

Date: Thursday 4th October 2018 starting at 09:30
Location: Barnsgate Manor, Herons Ghyll, Uckfield, East Sussex, TN22 4DB
Present: Craig McEwan, Julia Powell, Marie Hockley, Ramiz Bahram, Sarah Davis,
In attendance: James Wood, Chief Executive Officer, Penny Woodgate, Communications & Engagement Senior Officer, Hinal Patel, Service Development Senior Officer, Micky Cassar, Business Administrator (minute taker)

1: Welcome & Introductions

The Chair welcomed the members and guests to the meeting.

Next Stepper appointed: Craig McEwan

CCA Reporter appointed: Marie Hockley

2: Apologies for Absence

Stacie McLeod

Sandy Jack

Paul Antenen

Alex Lloyd

3: Governance Matters

The Chair asked if there were any changes to the Declarations of Interest, none raised.

Alex Lloyd has been appointed Governance lead for East Sussex and had completed a governance audit working alongside the CEO. The CEO reported that in most areas we could demonstrate robust and strong governance arrangements. Two areas need to be reviewed, General Committee Procedures and ensuring members have relevant training to carry out their role. The members were asked to complete a training register which will assist in identifying any gaps. Finance governance was discussed, demonstrating that the levy should be used for administrative purposes. A discussion was had about what support PSNC could provide to support.

One of the main actions that came out of the Governance review was that the agenda is now colour coded to show members what needs a decision which helps transparency, the introduction of a training register and log. Accounts and agreed budgets go to the NHS area team.

Action: Approach PSNC with the issue of new members getting improved training, and more long-standing members may need refresher as things change.

4: Minutes of the last meeting

The Chair asked the members if they had read the minutes from the 12th July LPC Meeting and if there were any issues with the accuracy. The Chair signed the July LPC minutes as a true account of the last LPC meeting.

5: Matters arising

The action log was reviewed.

Branded Generics – across CPSS there is a piece of work to put together a campaign with PSNC to move away from the use of Branded Generics. The draft should be finished and ready for review soon. There needs to be visibility of arrangements regarding funds paid to pharmacies who use Branded Generics. BMA guidance needs to be addressed in relation to this and this will be raised at the next LMC meeting.

Action: Discuss the BMA guidance regarding Branded Generics with the LMC.

Action: Circulate the campaign with PSNC slide deck.

The new NHS App was discussed in relation to pilot area in Hastings.

Action: It was agreed to approach NHS Digital to ascertain further information.

6: Quality Payments

The next review point is February 15th, 2019. It was reported that we have reviewed how we supported contractors last time how to further improve on this. The new Quality Payment criterion were discussed including oral health.

It was agreed that feedback needs to be given to PSNC regarding issues with CPPE training including access issues for non-regulated staff, ambiguous assessment answers and also target audiences. The assessments are long, some companies are unable to view due to inhouse computer restrictions. CPPE training is also not always completely relevant in Community Pharmacy, who may never encounter their scenarios which are part of the assessment. Risk management CPPE assessment is not due out until the 6th October 2018. There is a meeting with CPPE 05/10/18 and these issues can be raised then. It was agreed to feed back to PSNC through JW with issues to allow us to formulate a plan of how we will present the Quality Payment review to contractors. It was agreed to send out a comm highlighting to contractors that a review point is coming up and that we are looking into how we can support them. Immediate action: feedback to PSNC, later action, local aspects of the Quality Payment scheme, mentoring one 2 one, maybe even an event. Consider co-host training with CPPE.

Action: Discuss with CPPE the issues raised with their training.

Action: feedback to PSNC through JW with issues to formulate a plan of how we will present Quality Payment review to contractors.

Action: send out a comm highlighting to contractors that a review point is coming up and that we are looking into how we can support them.

6: Ceri McEwan Compliance MUR Referral Opportunities

Ceri gave a talk as to her current work with Falls prevention etc. The aim of her role is to investigate medication that patients are on. The Frailty team have put together a tool kit to asses a patient's risk of incident from medication factors as well as compliance. Within frailty, compliance is really the only issue, this is noticeable with some patients who are not housebound, and Community Pharmacy could assist with MURs which would benefit Pharmacy and the patient.

Ceri explained how a patient is assessed and where this could link into a referral to Community Pharmacy for a MUR. Ceri explained how she would operate the referral and shared drafts of the paperwork that would be used.

The referral documentation would include medication review on the form and recommendations highlighted. The reasons that the person has been deemed appropriate for an MUR would also be included in this document. The pharmacy would claim as per normal but subject to consent, would be asked to email the completed form back to Ceri with the outcome of their MUR. If this process works, there is potential for this to be used for NMS. The only extra work therefore for Community Pharmacy would be filling in the form and sending this back. There is a preferable request for the form to be returned within 2 weeks in case the patient is deemed high-risk.

Members were asked for feedback. It was asked if the information collected initially which may highlight that the patient could not attend Pharmacy would then be shared with Pharmacy as this information may be vital to the Pharmacy. The Pharmacy may otherwise never know that an MUR had been done in the home, also that the patient may be in regular contact with the Pharmacy asking for meds which the MUR may have highlighted they shouldn't have. It appears useful and raises awareness that Pharmacies are available for this service. GDPR was raised, the patient is asked for consent under this period of care. It was discussed they could print the document to post or send an electronic copy of the MUR.

Action: It was agreed that the LPC support this initiative and would communicate with contractors.

7: Communications & Engagement Report

Refer to Pharmacy – It was reported that it had taken over a year to get IT at the hospitals to work with PharmOutcomes. With the integrated system, the hospital will see the patient and then will decide who is and who isn't appropriate to discharge to Pharmacy. They will also identify which Pharmacy is most appropriate for the patient. The referral then comes through to Community Pharmacy. The pharmacy then can either accept the referral, using the information given or declines the referral. The draft Referral to Pharmacy document has been reviewed and feedback has been given. If the Pharmacy rejects the discharge referral it will be sent back and reviewed. The document is currently being amended on these recommendations. They would like to see a good target from a Pharmacy of accepting referrals. The Academic Health Science Network (AHSN) across Kent Surrey & Sussex have given support to this and want to evaluate. Initially the hospital will prioritise frailty, stroke patients, cardiovascular and respiratory wards. The LPC agreed that this should be made as simple as possible, to make it scalable across other areas. This therefore could run alongside what Ceri is doing as it's a different patient cohort. A suggest roll out plan was discussed including testing sites.

It was intended to hold a launch event on the 15th of January joint with AHSN. We also need a post event communication for those who were not able to get to the event and then after this will go live across the area. It is anticipated 100 referrals will be received every day across the patch, when fully rolled out. It was highlighted that discharge information needs to be clear to stop phone calls to the GP practice about dosage etc. Therefore, there needs to be a clear template. It was highlighted that this is a good piece of work and one of the main points with this has been to keep it as simple as possible. Where liability lies was discussed and the need for logistic clarification. The need to highlight to GPs that this will assist in decreasing their workload was recognised it was suggested that this could be done with CCG assistance.

The pilot sites will be chosen through a mix of volunteering and selection. Care home hubs would be key to this. The pilot sites will be given further information prior to the launch event. Ideally there will be a spread across the areas and AIMp/CCA/Independent mix. It will be vital that when

this is rolled out that managers are engaged to get behind this. The next meeting of the project board is on the 24th October.

The members were given an update of the current workstreams including the 8-point flu guide, self-care toolkit, deadline tracker, waste and NHS Mail. HEE pre reg survey feedback was given, which had brought additional income into CPSS. There was still funds to run one more Health Champion training event and this should be considered before the Quality Payment review point. It was agreed January would be an ideal time this will be taken to the other LPCs. The members were given an update as to all the events that have taken place including the self-care event at Cooden Beach.

Paper for decision: Pharma events – GSK, they are offering training on inhaler technique across Surrey & Sussex. The members were asked if they supported this, if GSK do all the booking etc and we only deal with advertising. This decision will also need to go across to the other LPCs. The members were asked if they would you want events or maybe a webinar. It was discussed how much we should be involved if it is their event, do we agree to promote for them or let them do this and then as an LPC attend the event to offer support. It is important as an LPC that we deliver the message not someone else's. It was suggested that as an LPC moving forward, involving the CCG is important. We want to know what the GPs are doing to work better together. It was suggested we should move forward distance ourselves from Pharma and involve ourselves more with GPs.

Decision: It was agreed to work with Pharma by promoting to the pharmacy teams.

Action: Take the suggestion of a Health Champion training event in January to the other LPCs.

8: Contractor feedback session

The members were given an update of the most recent Contractor feedback.

WhatsApp group was discussed – the members were asked what their opinions of having a WhatsApp group for communications. The members decided against the idea.

The members were given a brief outline of the South East Annual Conference plan. Simon Dukes from PSNC will amongst others be giving a talk. Aps or gaps, the NHS Digital Revolution – Gary Mortier will be coming to do a talk. The members were happy with the agenda and were asked if there would be any further person, they would like to be invited to assist in highlighting anything from the East Sussex area. There will be a PSNC Q&A also NPA Q&A. It may be a good idea to invite someone from the CCG to attend. It was suggested that Malcolm Harrison (CE of the CCA) could be invited. It was discussed that as there are now smaller committees, should we invite contractors and if so who. It was suggested contractors who support the LPC by attending locality meetings may be keen. It was agreed that this would be done by invitation only and once we know who is attending from LPCs etc we will know how much we would be able to fund with backfill. Area managers, people who have helped with the HLP steering group etc should also be considered. It was agreed that people identified would be invited but no backfill offered.

Action: Invite Malcom Harrison to the SE Forum Annual conference if there is a time slot.

9: Matters to report from other meetings

The members have had visibility of all the documents and feedback for NHS England and the 90-day issue for pharmacies has been resolved but there is still an issue as pharmacies don't know which GP surgeries will be open, so don't know how many staff pharmacies will need.

Action: Take back to NHS England that we need to know when GPs are open.

Prescribing meeting at Brighton & Hove CCGs – Julia Powell offered her resignation. The next meeting is due on the 23rd October. It is usually on a Tuesday 14:00 – 17:00 at Hove Town Hall, once a month. All reports are given around a week before the meeting and usually take around an hour to read. Ramiz Bahnam agreed to go to a joint meeting with Julia and attend in future

RMOC – Julia Powell offered her resignation and has suggest nominees to fill the vacancy.

Action: Ramiz Bahnam appointed to attend Brighton & Hove CCG prescribing group.

Blister packs – as an LPC we are happy for the recent CCG guidance to be distributed.

The LPC had been invited to attend the Brighton & Hove CCG Coroner Regulation 28 Review Group –it was acknowledged that this had been GP focussed but the CEO had been involved and provided input on medicines and pharmacy elements. JW will include the notes with the next minutes.

POD update: It was discussed regarding the potential for prescription direction. Blister pack patients and vulnerable patients are a concern but also there is an issue with patients who are vulnerable due to language barriers. It was questioned what the provisions to keep things simple for these people are. Phase one of the POD at the end of last year they committed to staying in touch with us. It was fed back that communication needs to be improved and pharmacy nomination by the patient may be difficult as the patient may not know exactly the name of the pharmacy. A system needs to be in place so the people answering the phones have a map in front of them and take the time to establish what pharmacy the patient means. Also, if they have access to The GP surgery, they may already have a nominated pharmacy. It was suggested that some wording was included in the script where the patient does not nominate a pharmacy. The members were asked if there were any exceptions locally which are in everyone's interest. It was discussed there should be a list of vulnerabilities. Peacehaven are already using the POD. The general feedback from pharmacies in this area is good however one concern is directed prescriptions.

Action: Speak to Ringmer surgery to see the number of items before and after POD.

Action: To get clarification on exceptions and establish how they deal with nomination.

10: Matters to raise at future meetings

Teleconference will replace the CPSS Exec meeting tomorrow.

11: Seasonal Flu Update

It was reported that our guidance had been issued and are continuing to work with the LMC. Practices with no aTIV will be able to order now, depending on stock levels and our advice is to order asap (this is intended for those who had no stock at all).

12: LPC Management & Admin, Inc CEO Report

A recruitment update was given to the members about the Communications & Engagement Lead Vacancy and Sandra Lamont was confirmed as starting early November.

Meeting report form template – there is now a draft standard document which had been distributed and was agreed by members.

Strategy & Workplan – The members were shown where we are at with the strategy and at the next CPSS exec this will be finalised to inform the business planning process for 2019-20.

Training register – the members were briefed and will complete, members not here will get the document emailed to them.

Expense policy – updates had been made from the discussion at the last meeting. Members were briefed on the new claim for and a version will be circulated by email. The GDPR wording has been updated and now features a review date.

13: Finance

The members were given an update on the East Sussex Accounts and CPSS Accounts, both forecasting a small surplus

An update from the PSNC Treasurer day was provided. As the Treasurer has sent apologies it was agreed to agenda the item about financial risks at the next meeting.

14: Service Development Report

Public Health meetings across East Sussex were discussed. The dates are B&H 18/10/18 & ES 08/11/18. Sexual Health PGD has changed as of 25/09/18. A webinar was done on this which was successful, and the feedback has been positive. Pavilions will be at the next October Public Health meeting. The members were updated regarding blister pack in care homes, inhalers, Ordering Hub and PNA supplementary statements.

Brighton & Hove Overarching Public Health Contract – Due for renewal April 2019. The members were asked to feedback to HP by the 5th October for anything they want raised. The enhanced DBS checks issue will be feedback.

Pavillions – SLA changes were highlighted to the members, were concessions had been sought on most areas where contractors had highlighted concerns A final pdf version of the SLA will be requested to review before this is finalised and distributed.

Substance misuse service in East Sussex – update event 17/10/18. Venue has been paid by CGL, and the LPC are helping to co-ordinate bookings through Eventbrite. The agenda for this event was highlighted.

Paper for decision – CGL proposed Pharmacy based Outreach service intervention proposal. The members have had visibility of the document and were asked for a decision. It was discussed this is a 3-month Pilot, they will not be paying for use of the consultation room. It was questioned if there may be in future an issue with directed prescription if pharmacies that would allow them to use the consultation room would be favoured. It was agreed to respond on the basis that we understand as a pilot, pharmacies won't be paid but there needs to be a guarantee that if it does work it will become a funded service.

Decision: Go back to the CGL and communicate the agreed position.

Take home Naloxone – Discussion on fees paid per pharmacy. The members have had visibility of the document and were asked for a decision.

It was agreed to examine the figures as to the initial training cost etc and then negotiate the price based on the costs of the service

Aggregated East Sussex provider activity data was shown to the members. As so many pharmacies are not claiming for the HLP payment, it was agreed that an automated process had been agreed with Janet Rittman Two Health Check webinars have been provided.

Aggregated Brighton & Hove provider activity was shown to the members. It was reported that an EHC webinar had been done.

Pharmdata across East Sussex and Brighton and Hove was reviewed showing a reduction in items dispensed and the reasons of Self-care, de prescribing agenda for the CCG were discussed.

NUMSAS update – it will carry on as a pilot until March 2019 and then continue. Surrey & Sussex Governance team will be meeting in two weeks' time to make sure we have the same governance across the patch. It was raised that Locums are still struggling to get their email addresses as they are not linked to a specific pharmacy. The same issue around SCR access.

Action: To feedback to Rob Proctor that there are still issues getting locum NHS Email addresses.

The members were given an update of the HLP training. There will be a report after the final event 11/10/18 compiled by Kingston University. The members were updated with current workstream progress including specialist referral pathway from OYES to Community Pharmacy for supply of Champix. A short report was provided about the Community Education Provider Networks (CEPN) – it was agreed that there should be an LPC attendance to represent Community Pharmacy.

The members were asked relating to analytics what they would want to see in pharmacies and how to encourage performance. It was suggested creating a draft document of service performance, not identifiable by pharmacy, which may lead to a competitive side and then this document could be reviewed to see if it would be interesting to pharmacies.

Grant template for HLP Audit – there has been no response yet. It was also raised that in some cases, the initial proposal has not been returned and HP agreed to follow up.

15: Policy Matters

Good local examples of the 10-year plan were fed back at the PSNC conference.

Foundation Pharmacist – trying to join up training across CCG and practices. There will be an update at the next SE forum meeting 05/10/18.

16: Market Entry Matters

Consolidation in Dyke Road in Brighton, Ashtons has been approved 27th Sep.

Decision: Reps for the Market Entry Subgroup nominations: Craig McEwan volunteered for IND, Sandy Jack was nominated for CCA, Julia Powell was nominated for AIM.

17: PSNC Update

Sunil gave an update from PSNC. The PSNC meeting is next week and Sunil asked for feedback for this meeting. The issue with locum emailed addresses has been raised but there is no solution at this time. The Falsified Medicines Directive (FMD) funding was discussed and how this might be funded, it was reported that PSNC is in discussion with DHSC about this at the moment. It was reported that NPA are advising if you have a renewal coming to think carefully about FMD requirements. Independent contractor feedback was given after the PSNC conference raised the issue that they did not realise how much money the sector potentially owes the government.

QP – Dental oral health and the requirement to get the numbers trained was raised as an issue. Recognising that we are still waiting on how to document and audit work around Asthma. This is going to be via PharmOutcome but this needs to be done sooner than later as the next review point is coming up.

It was asked if PSNC could assist with a live monthly consultation tracker. Sunil will discuss with Zainab.

Action: Sunil to discuss with Zainab regarding a consultation tracker that can be distributed once a month.

It was discussed that Champix PGD payments are so delayed, up to 3 months. We as an LPC could write to Pfizer as this can lead to cash flow problems within the pharmacy due to the delay of these payments.

Action: Consider writing a letter to Pfizer re delayed payments.

The members were asked if there was anything, they could suggest which could assist PSNC engage with contractors. A discussion was had about having visibility of PSNC reps at the LPC meetings. PSNC have comms and engagement specialist, it was highlighted that this expertise could be passed on to LPCs. A member highlighted that if you go on the PSNC website to email an issue you get no confirmation and no reassurance that someone is looking into your issue. Sunil explained that the learnings were distributed in a newsletter, but it was suggested that this should be responded direct to the pharmacy. Webinar updates on the website or at LPC events was also suggested.

18: Any Other Business

The changes in the waste contract by NHS England at the Area Team was raised. It was discussed if pharmacies do not sign up will they get a cut-off date and if they do not sign up will they not get their waste collected. The new provider should know who was already signed up as they received the information from the previous provider. Further information will be distributed as it is available.

19: Meeting wrap up

The main actions and themes were summarised.

20: Future Meetings Dates & Venue

South East Annual Conference 29/11/18. This is due to finish at 15:30 and after this there will be a short East Sussex LPC meeting due to finish at 17:00.

10th Jan 2019 Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough
All day meeting to commence at 9.00am

14th Mar 2019 Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough
All day meeting to commence at 9.00am

9th May 2019 Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough
All day meeting to commence at 9.00am

11th Jul 2019 Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough
All day meeting to commence at 9.00am

September AGM Evening Event – Date to be confirmed

3rd Oct 2019 Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough
All day meeting to commence at 9.00am

9th Jan 2020 Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough
All day meeting to commence at 9.00am

12th Mar 2020 Venue: The Ashdown Room, Barnsgate Manor, Heron Ghyll, Crowborough
All day meeting to commence at 9.00am

21: Close

16:25