**CLOSED MINUTES OF THE DERBYSHIRE LPC MEETING**

**held on**

**Tuesday 21st September 2021**

**Morley Hayes**

|  |  |  |  |  |
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| **MEMBER** | **CATEGORY** | **18.5.21** | **20.07.21** | **21.09.21** |
| Andrea Smith, Chair | AIMp |  |  |  |
| David Evans, Vice Chair | AIMp |  |  |  |
| Darryl Dethick  Treasurer | AIMp |  |  |  |
| Peter Cattee | AIMp | \* |  | A |
| Ben Eaton | AIMp | A |  |  |
| Garry Myers | Independent | R | R | R |
| Nitin Lakhani | Independent |  |  |  |
| Matthew Hind | Independent |  | A | A |
| Lindsey Fairbrother | Independent |  | A | A |
| Baldev Bange | Independent |  |  |  |
| Kevin Kiang | CCA |  |  |  |
| Jackie Eeles | CCA |  |  |  |
| Inderpreet Chohan | CCA |  |  |  |
| David Holmes | CCA |  |  |  |
| Neelam Sohal | CCA |  |  |  |
| Tom Watson | CCA |  | A | R |
| Jackie Buxton Chief Officer | Officer |  |  |  |
| Katherine Newman (Support Officer) | Officer |  |  |  |

 Present / A Apologies for absence / Absent X / R Resigned/ S sick/ N/A Not applicable \* Member unable to attend all or part of meeting due to attendance at a meeting elsewhere on behalf of the LPC on the same day

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| **1.** |  | **Welcome/Apologies/Introductions/Announcements** |
|  | 1.1  1.2  1.3  1.4 | Apologies received from Lindsey, Matt and Peter. Tom Watson has resigned from the Committee.  Andrea welcomed Bal to his first meeting.  No additional declarations of interest received.  As it has been some time since the committee met face to face a brief ice breaker activity considering some of the opportunities currently available for Community Pharmacy was held. Key outcomes included:   * Commissioners now aware of what CP can deliver * More Collaborative working * Delivery of more clinical services. * New models of commissioning (e.g., ICS) |
| **2.** |  | **Minutes of the last meeting** |
|  |  | Accepted as an accurate record. |
| **3.** |  | **Review of action points (By exception)** |
|  |  | Outstanding actions  • Jackie has developed a job description for GP CPCS Project Manager role and share with the Committee. Still awaiting approval of CCG contribution.  • Jackie E to develop a template to capture ‘good news’ stories from Contractors to support our Social Media  • Jackie to check if historical BP service is still running and whether the monitors require calibration   * Jackie to re-circulate paracetamol in care homes paper. |
| **4.** |  | **Matters arising from the minutes** |
|  |  | None raised |
| **5.** |  | **Meetings attended by Officers and Members** |
|  | 5.1  5.2  5.3 | Most are already covered elsewhere in the agenda, however there were two in particular Jackie wanted to talk about.  Andrea and Jackie have held productive meetings with Kath Markus, Chair of the LMC who will shortly be retiring, it was agreed that Jackie would send a good luck card on behalf of the committee.  Shani, a Manager from Astra Zeneca with a responsibility for research and new products has asked whether it would be beneficial to have a ‘clinical’ page on the website. It was decided that a link to the medicines management page would be most sensible to ensure people were accessing up to date information. |
| **6.** |  | **National and Regional Updates.**  **PSNC. CDAO, LPN, NHSE&I** |
|  | 6.1  6.2  6.3  6.4  6.6  6.7 | PSNC (report received from Peter Cattee)  There is still no replacement for Garry yet.  Vast majority of Contractors have submitted covid cost claims, totalling £240m. There are a very small number of outliers who may be subject to a PPV.  External consultants have been appointed to take forward the RSG and details on a proposed voting system should be available soon. Notes of the last PSNC meeting are on their website.  Simon Dukes leaves the PSNC next week and interviews for his replacement should be held mid-October.  NHSE&I  CPCS. The use of PharmOutcomes has been extended to March 2022, from that date Contractors will need source and fund their own. A buyers guide and webinar are expected in October. Jackie to inform Contractors of the change and the options open to them. Exec will review the buying guide when available to see if the LPC has a role in supporting Contractors. Jackie informed the meeting that pilots are starting in other parts of the country to expand CPCS from other providers.  Pharmacy Early Payment Scheme (PEPS). Approximately 2200 Contractors were part of this scheme. There will be a 12-month transition to the new scheme, Jackie to make Contractors aware of the changes and the face that if they opt out, they could be without payments for two months. |
| **7.** |  | **LPC Conference** |
|  |  | Report shared with the Committee. |
| **8.** |  | **ICS Implications and Glossop Pharmacies** |
|  |  | The ICS is due to start from April 2022, one of the issues they face is to ‘tidy’ up boundaries, this will mean seven pharmacies in Glossop will move to become part of Derbyshire LPC. Work needs to be done to understand the differences in commissioned services and understanding any financial implications. |
| **9.** |  | **Review of CPCF Year three announcement and PQS** |
|  | 9.1  9.2 | Jackie shared the presentation which she has used with LMC and the medicines management team to raise awareness and to take the opportunity to celebrate the success of Community Pharmacy over the past year.  It was noted that NMS offers a real opportunity to Community Pharmacy especially as a wet signature is no longer required. |
| **10.** |  | **NHS Community Pharmacy Hypertension Case-finding advanced service.** |
|  |  | Registration for this service should be open from Monday 27th September. It was acknowledged that it is frustrating that the service spec is not yet available and that the list of recommended monitors contains out of date information. There is also a lack of ABPM’s available to buy however PSNC have negotiated that a later start date won’t penalise Contractors financially. It is expected GP’s will receive this service well as it should help with their DES. Jackie pointed out that the scheme has been funded for Pharmacists to take the readings, but it should be a team approach to identify people suitable to take part. |
| **11.** |  | **Covid Boosters and flu vaccination** |
|  | 11.1  11.2  11.3 | In Derbyshire there are 29 Community Pharmacy sites (14 existing and 15 new). The 26-week gap before a booster can be given is very important. Frustrations remain about Queue Flow bookings and communication in general. There is a big push in Derbyshire to vaccinate pregnant women and care home workers. Advice is to co-administer where possible but not to delay either vaccination in order to co-administer.  Jackie continuing to work with the Councils to agree the details of their private flu schemes. |
| **12.** |  | **Discharge Medicine Service** |
|  |  | It is pleasing to see that Derbyshire are performing well amongst other ICS’s with the vast majority of referrals coming from CRH. Both Andrea and David E feel that activity from Derby hospitals is dropping off. Darryl still has issues with one of his pharmacies which Jackie will explore further. Jackie to ask all providers, including Queens Medical Centre for an activity report. |
| **13.** |  | **Service delivery review** |
|  | 13.1  13.2  13.3  13.4 | CPCS 111. There have been 546 urgent medicine referrals (National average 1047) and 341 Minor Illness referral (National average 331). Jackie to review PharmOutcomes data to see if our local Urgent Medicines scheme activity accounts for the difference to the National Average.  GPCPCS. There has been little activity over the past months, but Jackie has had a good meeting with GP’s in Brimington this morning who are keen to engage. Pilots on referrals to the service from Emergency departments and UCS’s are taking place in Coventry and Warwick.  Extended Care. UTI 406, infected insect bites 322, impetigo 32, infected eczema 18. 50% of Contractors have signed up to deliver. The extended scheme may be available after Christmas (capacity issues within the Regional Team). Chloramphenicol is not yet back but should be reinstated imminently.  Short videos to help contractors. This was thought to be a good idea so Jackie B to chat with Midlands LPC group and PSNC about whether short videos to help contractors already exist and Jackie E to chat with ARCH about the possibility of producing some locally to be uploaded to the website or to be uploaded to an App. |
| **14.** |  | **JUCD IPMO** |
|  | 14.1  14.2  14.3  14.3 | The overall plan has now received positive feedback from Richard Seal, the Midlands Regional Chief Pharmacist. All four quadrants are progressing now:  Safety and Quality. Kevin and Andrea reported that it had taken a while to agree the terms of reference for this group but there are now regular fortnightly meetings. Jackie confirmed that patient safety is regularly discussed at the DPG meeting and we agreed to include as a regular LPC agenda item.  Effective Interventions. This group’s focus is now is to operationalise the high level plan.  Workforce. David E felt that this group currently lacks clarity around their exact remit. Jackie felt that it can only be positive to expose employees to wider workforce opportunities and Ben felt we should focus on how we can make Community Pharmacy an attractive option for employment.  Medicines Value. Darryl reported that this group now meets weekly and are beginning to add detail to the strands of the plan, as all hospitals are represented there does tend to be more of an acute setting bias and David H agreed to join the group. |
| **15** |  | **Updates** |
|  | 15.1  15.2  15.3  15.4  15.5  15.6  15.7  15.8 | Connected Pharmacy Programme. LPN Chairs have secured funding to get all pharmacists locally to get to know each other. Project support has been secured from Collaborate and they will present their plans at this evening’s AGM. Plans include an initial virtual launch event, followed by a couple of workshops and finishing with a final celebration event.  MOL. Darryl has been in touch with Kate, all seems to be working far better but it is still worthwhile keeping the meetings going. Kevin reported that the EMIS practice roll out has recently started. Jackie E reported that the Sheffield MOL is closing in October. As always, any issues encountered feedback to Darryl, Ben or Jackie. The option of using the call back facility on their website was highlighted and Katherine to promote via social media.  Hypertension Case finding pilot. Already covered.  Sexual health bid. Little to report.  Wellbeing bid for primary care. This is a joint project with the LMC, LOC and LDC and the first meeting was last week, Jackie to provide updates when available.  Lower limb chronic oedema group. A question had been raised about the measurement and supply of hosiery, and this group which is looking at the pathway felt a Community Pharmacy representative would be useful. Dependent on time commitment Ben volunteered.  Senior Pharmacy Technician leadership in Derbyshire. If anybody has a technician who may be interested, please let Jackie know.  Paracetamol supply to care homes. This is currently being piloted in Erewash, David reiterated that the costings and assumptions in the original paper were incorrect and out of date. |
| **16.** |  | **AGM.** |
|  |  | Andrea confirmed that the AGM will start at 7pm and includes the SGM to vote for a change in constitution. Jackie will provide a Hypertension Update and there will be a virtual presentation on the Connected for Pharmacy project. |
| **17.** |  | **Review and agree which future meetings will be face to face and virtual.** |
|  | 17.1  17.2 | It was agreed that all full committee meetings were better held face to face. Katherine to book venues for the coming meetings which will start at 9 and finish with lunch at 1pm which will allow time for subgroups to meet in the afternoon.  Exec meetings will continue with their fortnightly virtual meeting and face to face (at Andrea’s Sinfin pharmacy) the one before each full LPC meeting. |
| **18.** |  | **Treasurer’s report** |
|  | 18.1  18.2  18.3  18.4 | Darryl reported that there had been a brief audit meeting earlier today and as out bank balance is higher than anticipated, mainly due to not funding face to face meetings he was able to announce a four-month levy holiday to start in October if there is enough time to organise, if not to start in November.  Please can members submit any outstanding expense claims to Katherine.  PSNC invoice has been received plus an additional £1600 towards the Wright review.  There will be a formal ratification of the accounts at the AGM and then these will be posted on the website and submitted to PSNC and the Area Team. |
| **19.** |  | **Reports.** |
|  | 19.1  19.2  19.3  19.4  19.5 | Chairs. Nothing further to add.  Governance Sub Committee. Need to inform CCA and AIMp of the outcome of the SGM vote.  Communications Subgroup. Jackie reported that the regular meetings with ARCH are very helpful. If anybody has any good news stories or photo’s they can share that would be much appreciated.  Chief Officer. Nothing further to add.  Support Officer. Paper shared for information. |
| **20.** |  | **Application Update.** |
|  |  | Not a lot of activity to report, Jackie thanked Nitin for his comprehensive feedback. David E queried whether the Vision Pharmacy relocation to Park Surgery had been through the application process. Nobody can recall seeing it so Jackie to chase. |
| **21.** |  | **AOB** |
|  | 21.1  21.2 | Andrea will be asking committee members for feedback on employed officers’ performance to inform the forthcoming six-monthly performance reviews.  Andrea was pleased to see Maggie Throup; MP for Erewash has been made Pharmacy Minister and had already sent her congratulations. It would be a positive move to invite her to a future LPC or Exec meeting. |
| **22.** |  | **Summary of Actions** |
|  |  | Katherine provided a summary of all actions agreed. |
|  |  | **Date of Next Meeting**  LPC Committee Tuesday 16th November face-to-face. 9am – 1pm (followed by lunch and any subcommittee meetings)  LPC Exec continue to meet fortnightly |

Signed…………………………………………………… Dated……………