

Meeting Minutes

For the meeting held on Wednesday 8 January 2020, 9.30am at The Forest Hills, Frodsham

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Present**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Members** |  |  |  | **In Attendance** |  |  |
| Mujahid Al-Amin | CCA | MA |  | Suzanne Austin | PSM/LPN | SA |
| Gordon Couper | Independent | GC |  | Adam Irvine | CEO | AI |
| David Crosbie | CCA | DC |  | Nick Thayer | PSM | NT |
| Ian Cubbin | Independent | IC |  | Alison Williams | BM | AW |
| Stuart Dudley | Independent | SD |  | Anoop Seera (Item 6) | NWAS | AS |
| David Eaves | CCA | DE |  |  |  |  |
| Andrew Hodgson | Independent | AH |  | **Apologies** |  |  |
| Sally Lloyd | CCA | SL |  | Jaspal Mann | CCA | JM |
| Kathy McCarthy | CCA | KM |  | Mark Mosey | AIMp | MM |
| Amanda Reeve | CCA | AR |  | Stephen Thomas | CCA | ST |
| Dane Stratton-Powell | CCA | DSP |  |  |  |  |
| Lee Williams | Independent | LW |  |  |  |  |

 |
| **2** | **Welcome and Apologies**DSP welcomed members to the meeting and wished them a Happy New Year. Apologies were received from JM and ST. Mark Mosey (AIMp) has resigned from the committee and AW will seek a replacement. |
| **3** | **Expressions of Interest** No expressions of interest were received. |
| **4** | **Competition Law Guidance**This was pre-circulated to all members for reference. |
| **5** | **LPN Report - Suzanne Austin, Chair of the Cheshire LPN**SA updated members on the following LPN/NHSE business:* CPCS is regarded as working well nationally and SA gave an update on local activity including the number of deactivated pharmacies.

Members discussed some issues and AH will contact Bruce Prentice to highlight these on behalf of the committee. SA shared a tremendous example of a pharmacist’s intervention with a patient who clearly had mental health issues; this has been escalated to the national team who are keen to hear of good stories. * SA regularly attends the Mersey Internal Audit Agency (MIAA) led medicines optimisation steering group which has received national recognition and an award for the work they have done across the system. By proving that they are able to get a good return on investment it is likely they will receive additional money next year. SA is working with Lucy Reed (Halton CCG) on an MDS project to see how pressures can be relieved across the system; amongst other things they are looking at some work that has previously been done in Dorset.
* The LPN Pharmacy Chairs meeting took place in December. The future of LPNs nationally is limited but locally there are plans to continue.
* PCNs and the role of pharmacy has a lot of national focus. Locally the team are working with the LPCs to arrange several training events.
* All of the NHSE(C&M) agency staff contracts will finish on 31 January; there is one permanent post available.
* The STP are doing some work on AMR led by Lucia Scally.
 |
| **6** | **PSNC Report – Ian Cubbin**IC updated members on the following PSNC business:* PSNC hasn’t met since November; the next meeting is scheduled for February.
* Two members of PSNC staff has now left - Luvjit Kandula (Head of LPC Engagement and Collaboration) and William Goh (Regulations Officer). Mike King has been brought back temporarily until Luvjit’s position is filled.
* The Brexit meetings will now re-start with SSPs likely to be increasingly on the agenda.
* Locally, there were minimal changes following the General Election. Answering a question from AH, IC confirmed that the result does not change the 5-year deal. The only way that more money will come into the deal is if services are provided that are valued and at a level that has not been predicted.
* Nationally the flu vaccination service has been a success for community pharmacies and AH asked how this was viewed. IC stated that we are in a changed world which is increasingly seeing the pharmacist as a service provider; the success of the vaccination service has encouraged the Government to move us to more of a service provision but how far this will go and where this will be picked up ie nationally or at a local (PCN) level is unknown.
* How the discount scale is split is being reviewed and IC outlined what currently happens.
 |
| **7** | **Feedback**1. Staff and Resource (S&R)

DE updated members on a busy month for the sub-group. Main points:1. The LPC currently pay for two HR suppliers – Clyde & Co and Citrus – DE shared the pros and cons of each company and a decision will be made shortly to reduce this to one.
2. DE has done some work on the harmonisation of contracts but is awaiting the new template from Clyde & Co to complete it.
3. S&R will meet in early February to undertake an annual review.
 |
| **8** | **Annual Reflection on CPCW**AI revisited a slide which he had presented at 6 weeks into his appointment and produced a slide at 48 weeks summarising areas including contractor contact, commissioner relationships, regional working, LPC team function and IT & systems.He shared a value for contractor figure based on local services negotiated.He informed members that the employees had recently undertook an exercise to identify how they felt the employee team were working and AI asked the committee to undertake a similar, whole organisation (committee, team and contractor) exercise and answer:*What is working well? What is tricky? What do we need to do differently?*Following feedback, AI grouped and summarised member comments and will ensure that anything not currently in the workplan is incorporated and worked up. He will circulate the summary and, having reflected, if members have anything extra they would like to add these should be fed back to AI.IC commented that some of the tricky issues have been reflected accurately as there is a constant challenge on the LPC to provide the right amount of support for the employees and contractors.  |
| **9** | **Anoop Seera (AS) – North West Ambulance Service, DOS Lead North-West** DSP welcome AS to the meeting; AS gave members an update and overview on the Community Pharmacist Consultation Service (CPCS). Main points:* The North West represents a third of all CPCS activity across the country.
* Numbers:
	+ In the first full month of operation (November) there were just under 8,300 referrals to the 1,500 registered pharmacies across the North West. Whilst the overall volume has increased (from NUMSAS where the average number of referrals was between 6 and 7,000) some pharmacies have experienced a reduction in the referral numbers due to the increased number of pharmacies providing the service.
	+ In December there were 9,500 referrals. This increase was not unexpected as the 3 busiest months of the year, in order, are April (Easter period), May and Christmas.
	+ To date in January there have been 2,000 referrals.
	+ The majority (72%) of referrals going through the system are for repeat prescriptions and AS believes there is room to grow from a minor illness perspective over a period of time. In the month of December telephony triaged 15,000 patients to a minor illness that *could* have been referred to CPCS (ie pharmacy was on the Directory of Service (DoS) as an option); only 1,500 were referred to pharmacy.
	+ There is a high bias towards repeat prescriptions locally as AS and his team have done a lot of work to remove the option to refer to OOH’s altogether. In areas where this has not been implemented there roughly 50:50 minor illness/repeat prescription referrals. Due to the volume of codes involved, it is difficult to remove GP OOHs as an option for minor ailments referral which means that CPCS pharmacies will always be up against OOH service.
	+ When questioned AS stated that he does not necessarily consider the referral numbers as such as he believes his role is to ensure that referrals are both appropriate and accurate.
	+ AI asked if the increase was due to call handler confidence or the patient confidence in what they are being offered. AS believes that pharmacy now being on the ‘menu’ and how it is ‘sold’ are both factors in increased activity.
* The North West is still the only full region which has an online offer and there are currently 500 online referrals a month (only repeat prescriptions and not minor illnesses which have a much broader code set and will likely be online locally from March 2020). AS believes that online is a different cohort as telephony numbers are continuing to increase.
* Online triage can take a little as 2 minutes. AH reviewed the process and believes that the wording might be confusing to patients; AH will raise this with Bruce Prentice.
* 8 out of 10 telephony calls are evenings and weekends and there are peak wait times of up to an hour.
* DC asked if the refer to pharmacy list of minor illnesses will be extended. AS believes that there are more to follow before we hit the Easter period.
* AH stressed the difficulty within branch of onward referrals due to the initial referral from NHS111 only being sent to PharmOutcomes and not through NHSmail. NT believes that Pinnacle are currently working on a solution to this but when this will be available is unknown.
* DSP asked AS if there were any learnings to make the call handling slicker and more effective. AS stated that there is a weekly catch up - learnings so far include the need for better call handler awareness, confidence about what pharmacy can do and making the offer in a succinct, confident way. Some patients are still specifically requesting OOH.
* Telephony algorithms have not changed, it is just that pharmacy is now available as an option.
* AS confirmed that GP referrals will not use the DoS.
* DSP asked if there are any local campaigns planned highlighting NHS111 online to patients? AS confirmed that there was a social media campaign between Christmas and New Year. He believes that if they get minor illnesses before Easter there will be more of an argument for a campaign, but he would rather get the functionality in first and then market later.
* Some examples of inappropriate referrals (eg antibiotics) were discussed and SA/AS have discussed a plan whereby a sample of the calls will be audited to establish whether there is a training need or a different action.
* NT asked if there was anything we can do to increase the minor illness referrals? AS did not believe that there was but acknowledged the LPCs offer to support any training that might be required.

DSP thanked AS for attending and the LPC look forward to him returning to a future LPC meeting with Bruce Prentice.  |
| **10** | **Minutes of CPCW Meeting – 4 December 2019**1. The minutes were accepted and signed.
2. Outstanding actions:
3. DE will explore opportunities for newer members to undertake a similar exercise to the colour’s questionnaire
4. AI will contact IC and progress the co-ordinated liaison with HEE in the North-West
5. AM’s will ask for any examples of NMS delivery best practice that can be shared more widely
6. NT will visit and interview a few pharmacy teams about NMS delivery and will draft a back-to-back fact sheet, quick reference guide for banding, sharing of best practice/top tips/hints and tips, examples of success, NMS champion
 |
| **11** | **CEO Report**AI spoke to some slides which will be circulated after the meeting. Points to note:* There will be some PCN lead training taking place in February; discussions are currently underway with NHSE (C&M).
* LW will write an independent member blog for March on the impact of the new contract.
* A podcast on good delivery of CPCS will be produced when there is adequate data to make it worthwhile.
* AI pre-circulated the PSNC/LPC review; IC confirmed that PSNC Regional Reps have not had any input into the review. AI will attend the Leicester and GC will attend the Leeds focus groups w/c 13 January. Contractors have been invited to attend separate focus groups; the LPC is not aware if any CPCW contractors applied/were chosen to attend.

The national survey is due out in February and there has been a request that LPCs put some time aside on their February agendas. The draft report will be drawn up at the start of March. It was noted that any recommendations that LPCs might want to implement would need the support of their contractor base.The contractor survey is due to go out at the same time. |
| **12** | **Employee Report**A report was pre-circulated to members; additional points to note:* Andy Wilson has been appointed to the position of Cheshire CCG Chair.
* Members agreed for the LPC to fund a Cheshire location to train contractors in social prescribing, linked to physical activity.
 |
| **13** | **Treasurer’s Report**1. CPCW total money is £134,243

|  |  |  |  |
| --- | --- | --- | --- |
|  | Lloyds Bank Current Account – *balance at 7 January 2020* |  | £76,834 |
|  | Close Brothers (12-month notice account) – *balance as at 2 January 2020* |  | £84,660 |
|  | *Less Holding Money* |  | - £27,251  |
|  | * *Estates*
 | *£11,677* |  |
|  | * *Inhaler Training*
 | *£5,834* |  |
|  | * *Warrington Alcohol Pilot*
 | *£4,500* |  |
|  | * *EPS Round-Off Event*
 | *£240* |  |
|  | * *CWC PH Campaign Resources*
 | *£5,000* |  |

1. The levy increase has now been implemented and communicated to contractors.
 |
| **14** | **Strategy Wrap Up**AI pre-circulated the final draft strategy document. The wording was accepted and AI will publish the strategy once the design has been tweaked. |
| **15** | **Services Dashboard**The information was pre-circulated.There has been a slight increase in local income and providers over the last 12 months.It was acknowledged that the MUR income is currently high but this will disappear.Members discussed the reasons why contractors do or don’t provide services and the ways in which activity in pharmacies who have no or low delivery of a service(s) can be increased. It was agreed that the introduction of PCNs and a provider company might drive activity. |
| **16** | **Services** Members were split into two groups and tasked with identifying and working up service ideas that don’t currently exist that contractors would really go for from our STP proposal.Members fed back their thoughts around several services including vaccinations, quick start/on-going contraception and ENT consultations. Members also considered services which might be delivered on a sessional basis.AI will reflect on the discussion and develop a plan. |
| **17** | **Provider Company Paper - AI**The paper was pre-circulated; it has been discussed at MALPS and has been shared with all the regional LPCs for discussion at their meetings.AI was asked to clarify the timescale and what members would be agreeing to at this time in terms of investment (both financial and work) and whether the decision should be delayed until the PSNC/LPC review recommendations have been published.Comments/observations:* Making the right decision needed to be the priority regardless of the review.
* The provider company paper sets out what needs to be done.
* Preparation required and the timescale needed – the costs come when forming the company
* Model rules and articles
* Nothing about the PSNC review will change the Cheshire and Mersey geography.

After discussion the members unanimously agreed:* To support the need for a provider company across the Cheshire & Merseyside geography.
* That the paper’s recommendations are sound.
* To defer the absolute approval to the formation of the provider company and the nomination of LPC directors until the outcome of the PSNC/LPC review is clear as that review outcome may well necessitate an AGM or EGM with contractor views sought and a vote needed in a similar way to the provider company would necessitate.
* That AI will continue to do some work (2 days) pre-review preparing the articles and rules.
* That when the review outputs come out (scheduled for the end of March) the LPC will discuss with the review in context and move towards the next step of the journey to approve then.

AI will share the outcome of the discussion with the other regional LPCs. |
| **18** | **Training Plan**AI will share some information outside of the meeting and members should feedback as necessary. |
| **19** | **Topics for Discussion**1. Primary Care Networks

AW made members aware that only 3 of the 30 PCN Pharmacy leads had not been filled; AW will again contact the pharmacies/head offices within the 3 PCNs (GHR, Middlewood and Warrington Innovation) to seek a candidate. AW will circulate an up-to-date list of PCN leads to the committee.1. Post-Election MP Action?

AW pre-circulated the status of MPs post the December elections. It was agreed that pharmacies within constituencies where there has been a change to the party would make contact (Eddisbury (ST?), Warrington South (MA), Crewe & Nantwich (DC) and Birkenhead (AW will contact Dawn Swettenham).Additional lobbying will be considered at the June LPC meeting (AW). 1. Script Direction

AH made members aware of a situation that had been brought to his attention. AH/AI will arrange to meet with the practice manager of the health centre involved to discuss the matter further. |
| **20** | **Date and Time of Next Meeting**Wednesday 26 February 2020 – Forest Hills Hotel, Frodsham, 9.30am.  |

**Action List**

NOTE: Shaded rows indicate an action carried forward from the last meeting(s)

|  |  |  |  |
| --- | --- | --- | --- |
| Min | **Action** | **Person** | ***Update*** |
| 10bi | DE will explore opportunities for newer members to undertake a similar exercise to the colour’s questionnaire | DE | *Carry Forward to February agenda –* ***Needs to be considered by S&R Group*** |
| 10bii | AI will contact IC and progress the co-ordinated liaison with HEE in the North-West | AI | *A date is awaited* |
| 10biii | AM’s will ask for any examples of NMS delivery best practice that can be shared more widely | AMs | *Carried Forward* |
| 10biv | NT will visit and interview a few pharmacy teams about NMS delivery and will then draft a back-to-back fact sheet, quick reference guide for banding, sharing of best practice/top tips/hints and tips, examples of success, NMS champion | NT | *This is currently in draft* |
| 2 | AW will contact AIMp to seek a replacement for MM | AW | *Contacted AIMp. No update received*  |
| 5 | AH will contact Bruce Prentice to highlight some operational CPCS issues | AH |  |
| 8 | AI will review Annual Reflection comments and will ensure that anything not currently in the workplan is incorporated and worked up | AI |  |
| 8 | Members should let AI have any extra comments | Members |  |
| 11 | LW will write an independent member blog for March on the impact of the new contract | LW |  |
| 14 | AI will publish the strategy once the design has been tweaked | AI |  |
| 16 | AI will reflect on the service discussion and develop a plan | AI |  |
| 17 | AI will share the outcome of the Provider Company discussion with the other regional LPCs | AI | *Complete* |
| 18 | AI will share some information about the training plan outside of the meeting and members should feedback as necessary | AIMembers |  |
| 19a | AW will again contact the pharmacies/head offices within the 3 PCNs (GHR, Middlewood and Warrington Innovation) to seek a candidate  | AW | *Complete – All PCNs have a pharmacy lead* |
| 19a | AW will circulate an up-to-date list of PCN leads to the committee | AW | *Complete* |
| 19b | Pharmacies within constituencies where there has been a change to the party would make contact the new MP (Eddisbury (ST), Warrington South (MA), Crewe & Nantwich (DC) and Birkenhead (AW will contact Dawn Swettenham) | ST/MA/DC/AW | *Parked until June 2020* |
| 19b | Additional lobbying will be considered at the June LPC meeting (AW) | AW | *Noted* |
| 19c | AH/AI will arrange to meet with the practice manager of the health centre involved in possible script direction | AH/AI | *Complete* |