

Open/Closed/Strategy Meeting

Wednesday 6 September 2017

Held at The Humber Bridge Country Hotel, Barton

This meeting was conducted in line with the LPC Code of Conduct and Accountability

Present:

Paul Robinson – Chair	Employed Chair	PR
Joanne Lane – Vice Chair	Independent representative	JL
Karen Bednarski	CCA representative	KB
Manish Khanna	Independent representative	MK
John Mackenzie	Independent representative	JEM
Annette Maudar	CCA representative	AM
Lisa McGowan	CCA representative	LMc
David Miller	CCA representative	DM
Karen Murden	CCA representative/Pharmacy Contract Support Lead	KM
Fiona Sitch	AIMp representative	FS
Ian Woolley	Independent representative	IW
Anthony Bryce	Health Integration Lead	AB
Joanne Carter	LPC Office Manager	JDC
Janet M Clark	LPC Chief Officer	JMC
Caroline Hayward	Professional Development Pharmacist	CJH
Steve Mosley	LPC Treasurer / Strategic Implementation Pharmacist	SM

Apologies:

Dana Field	CCA representative	DF
Non attendees:		
Brian Handley	CCA representative	BH

The meeting commenced at 1pm.

		Action
1.	Apologies for absence and introductions: Apologies as above.	
2.	Committee Governance: 2.1 i. Members to note the contents of the LPC Code of Conduct & inform the Chair of any changes to their declarations of interests ii. Competition Law Compliance Guidelines Noted by all members Jon Whitelam informed the meeting of a job role change – he was now an area manager, remaining within Boots.	
3.	Minutes of the last meeting – 3.5.17: Humber LPC minutes: Minutes of the last LPC meeting had been circulated prior to the meeting and were accepted as a true record.	

<p>4.</p>	<p>Matters arising from the last minutes:</p> <p>9.3.2 Flu Training The meeting briefly discussed the flu training provided by CP Humber Ltd. The training had been well received, a request was made for future training to include both NHS PGD and Private PGD.. The meeting discussed the possibility of Humber LPC purchasing a private PGD for those who attended the training.</p>	<p>Steve Mosley to research the cost of a private flu PGD</p>
<p>5.</p>	<p>Finance report:</p> <p>Steve Mosley updated the meeting on the current finance report, the report was accepted with no queries. The annual accounts would be discussed at the AGM.</p>	
<p>6.</p>	<p>Reports</p> <p>6.1 The chief officers’ report would be used throughout the meeting.</p> <p>6.2 PSNC representative Flu vaccination service was up and running.</p> <p>Category M funding announcement was a shock to some contractors. A number of products had being challenged and were being reviewed by the government. Concern was raised regarding some Cat M prices and dispensing at a loss.</p> <p>If any branded generics incentives currently being offered please send information to Gordan Hockey at PSNC. The meeting discussed issues with CDs and multiple brands being used – this had previously been fed back to PSNC.</p> <p>‘Average pharmacy’ phrase would no longer be used when discussing the funding cuts and category M funding losses. All pharmacies will be subject to different cuts and no comparison would be used.</p> <p>Notice of appeal over the judicial review had been submitted as this carried a deadline. No appeal had been submitted and there was no guarantee an appeal would be submitted at the present time.</p> <p>June saw 21 pence back on AIV.</p> <p>The replacement of Chief Executive Officer of PSNC had made some progress.</p> <p>Re-branding is on the agenda for October meeting.</p>	
<p>7.</p>	<p>LPC work plan update</p> <p>Paul Robinson led the meeting through the 2017-18 work plan.</p> <p>Pharmacy Visits The visits would be started following the awards evening, 2 subjects for discussion:</p> <ul style="list-style-type: none"> • HLP • PODIS <p>Media Campaign This would be discussed at point 18.</p>	

	<p>ERCCG PODIS Service secured and service due launch 1st October 2017.</p> <p>NELCCG PODIS A positive meeting had been held discussing PODIS.</p> <p>NUMSAS This had now launched in 2 areas, East Riding and Hull. A number of teething issues had been reported over the communication of NUMSAS between NHS111/Pharmacy/GPs.</p> <p>PURMS service to investigate all pharmacies being sign up including the extended service.</p> <p>The meeting felt clarity over the NUMSAS and PURMS service should be included in the digest.</p> <p>Hypertension/AF Services A business case had been written and heading towards a possible service. Paul Robinson had been asked to collate some financials focusing on the STP patch, this would potentially be added on to an MUR. Paul Robinson would be attended a meeting later in September.</p>	<p>Steve Mosley contact Keith Kendall to discuss communications with GPs</p> <p>Janet Clark - PURMS sign-ups.</p> <p>Kate Stark to include in digest.</p>
8.	<p>Essential Services</p> <p>8.1 Healthy Living Pharmacy Currently 58 champions had been trained and positive feedback received over the training. Leadership training had also received positive feedback. The meeting was asked to encourage sign up to the Facebook group and also use the twitter feed to share best practice and promotion. CPPE to advertise the social media groups during the next leadership training. The meeting felt a section should be added to the digest to assist on how to become a HLP and how to sustain the criteria.</p> <p>The meeting briefly discussed the frustration over the commitment of HLP from PSNC.</p> <p>Anthony Bryce recommended an HLP engagement event should be held for health champions.</p>	<p>Anthony Bryce to produce slides to publicise social media and share with Joanne Lane.</p> <p>Kate Stark to add HLP info to digest</p> <p>Anthony Bryce to look into an engagement event.</p>
9.	<p>Advanced Services</p> <p>9.1 MUR MUR statistics for April 2016 to March 2017 had been included in the Chief Officer's report for information. An average of 286 MURs had been carried out, which equated to 300 if non participants were removed.</p> <p>9.2 NMS NMS statistics for April 2016 to March 2017 had been included in the Chief Officer's report for information. An average of 75 NMS had been conducted per contractor.</p> <p>9.3 Flu Vaccination Humber LPC had sourced promotional material for the Flu vaccination service - these packs were in the process of being distributed to participating contractors. Public Health England also had a number of resources available to order. The service had been advertised on social media and also through</p>	

	<p>ER council digital advertising within the leisure centers. The meeting discussed inviting David Burns from Humberside radio for a flu vaccination.</p> <p>Karen Bednarski informed the meeting she could advertise in the local Driffield paper.</p> <p>9.4 NHS Urgent Medication Supply Advanced Service (NUMSAS) 9.4.1 Local implementation update</p> <ul style="list-style-type: none"> • Hull – Live 2.8.17 with 8 pharmacies. • East Riding of Yorkshire – Live 22.8.17 with 4 pharmacies plus 3 soon • North East Lincolnshire – Go-live soon with 5 pharmacies <p>All participating pharmacies have log-in details to ‘MyDos’ which lists all the NUMSAS pharmacy providers.</p> <p>9.5 Contractor Events 9.5.1 MUR, NMS & Pharmacy Losses Event: Wednesday 6.9.17 2017 <i>Cancelled due to lack of interest</i></p> <p>9.5.2 HLP Leadership Training,</p> <ul style="list-style-type: none"> • Event 2: Thursday 21st September 2017 Cottingham Parks Golf Club, Woodhill Way, Cottingham, HU16 5SW; 9am - 5pm • Event 3: Monday 16th October 2017 Cottingham Parks Golf Club, Woodhill Way, Cottingham, HU16 5SW; 9am - 5pm. Registrants only. <p>9.5.3 HLP Champion Training events</p> <ul style="list-style-type: none"> • Event 2: 21.9.17 • Event 3: 07.9.17 • Event 4: 09.10.17 • Event 5: 10.8.17 • Event 6: 26.10.17 	<p>David Miller to progress.</p> <p>Karen Bednarski to liaise with Driffield paper.</p>
<p>10.</p>	<p>Enhanced Services</p> <p>10.1 PODIS – ERY The launch event had been held on 30 August. Poor attendance (14 attendees) webinar now available online. Service launches 1 October 2017.</p> <p>Boots now signed for Hull service.</p>	<p>Joanne Carter to share pdf of launch event with LPC members.</p> <p>Boots Hull pharmacies to be accredited following an email from Annette Maudar</p> <p>Steve Mosley to send link to website.</p>
<p>11.</p>	<p>PSNC</p> <p>11.1 LPC Chairs/Chief Officer This would be held 31 October 2017</p> <p>11.2 LPC Conference 1.11.17 This would be attended by Janet Clark, Paul Robinson and Karen Bednarski.</p>	<p>Joanne Carter to register attendance.</p> <p>Joanne Carter to register attendance.</p>
<p>12.</p>	<p>CCGs</p>	

	<p>12.1 ERY CCG 12.1.1 Health & Social Care System Leaders Workshops – Out of hospital/out of inpatient facility to home Across 6 days commencing 29.9.17 then 4.10.17; 5.10.17; 9.10.17; 11.10.17 & 13.10.17. Janet Clark will be attending the first and last event, anyone else wishing to attend to inform Janet Clark. The meeting felt that pharmacy should have been invited to this event and have a 15 minute time slot to present.</p> <p>12.2 Hull CCG 12.2.1 Palliative Care Scheme – new service launched 1.8.17 Seven pharmacies in Hull will deliver the newly revised service. All seven will stock Part A drugs with 3 pharmacies also stocking Part B.</p> <ol style="list-style-type: none"> 1. Lloyds Pharmacy in Sainsburys - Hessle 2. Boots UK Ltd at Kingswood 3. Lloyds Pharmacy, 253 Anlaby Road (B drugs) 4. Sutton Manor Pharmacy, St Ives Close, Bransholme (B drugs) 5. Boots UK Ltd, Prospect Centre` 6. Lloyds Pharmacy, Diadem (B drugs) 7. Mackenzies Pharmacies, Chanterlands Avenue <p>The old Palliative Care Scheme pharmacies were given 3-months' notice and this scheme will end on 10.9.17.</p> <p>Participants of the old service would be given one opportunity to claim for remaining stock, this would be a paper claim.</p> <p>The new service would pay £165 annual retainer, paid quarterly plus payment for initial stock and replacements.</p> <p>12.3 North Lincs CCG 12.3.1 Enhanced service – Minor Ailments & Palliative Care Scheme NHS England gave dead-line for transfer to PharmOutcomes platform by end of September 2017.</p> <p>12.4 North East Lincs CCG Prescription Intervention Service – Business case submitted and initial discussion held regarding submission to Council of Members.</p>	<p>LPC members inform Janet Clark of intended attendance.</p>
<p>13.</p>	<p>Commissioning Support No information available.</p>	
<p>14.</p>	<p>Local Authorities</p> <p>14.1 PNA 2018 - 2020 East Riding 60 day consultation will start shortly and run between October – November 2017.</p> <p>Hull, North East Lincs and North Lincs PNA questionnaire had been extended by one week.</p>	<p>Steve Mosley to inform Annette Maudar which Hull Boots branches are yet to complete</p>
<p>15.</p>	<p>NHS England/STP 15.1 Community Pharmacy Assurance Framework – contract monitoring survey The 2017/18 Community Pharmacy Assurance Framework (CPAF) screening questionnaire was available for four week from Monday 12th June 2017 until Sunday 9th July 2017.</p>	

	<p>208 out of 209 pharmacies completed the questionnaire giving us 99.5% completion rate.</p> <p>NHS England has to request completion of a certain % of the full CPAF questionnaires within the North Yorkshire & Humber region. They will then visit a selected number of pharmacies in September/October to see supporting evidence to validate the levels stated by pharmacies in their returns.</p> <p>15.2 Public health Campaigns – 2018 NHS England expected all community pharmacies to participate in a Stay Well Campaign in early 2018. Further details are expected to be available January 2018.</p> <p>15.3 Consultation – Items which should not be routinely prescribed in primary care – consultation on guidance for CCGs Following the survey recently circulated, Humber LPC discussed and agreed on a response to the consultation: ‘Items which should not be routinely prescribed in primary care: A Consultation on guidance for CCGs’.</p> <p>The meeting agreed that care should be taken surrounding the over 65 demographic, those suffering from chronic pain, over the counter products and gluten free food.</p> <p>The meeting questioned if licence changes will happen?</p>	
<p>16.</p>	<p>Control of Entry/Exit & PCSE</p> <p>16.1.1 Relocations - No significant change Lincolnshire Co-op trading as WestCliffe Pharmacy, 13 Dryden Road, Scunthorpe DN17 1PS to 4-6 Lichfield Avenue, Scunthorpe, DN17 1QL. Approved 7.8.17</p> <p>Lincolnshire Co-op, Northpoint Shopping Centre 15 Goodhart Road, Bransholme, Hull to 19 Goodhart Road. Relocation effective 7.8.17.</p> <p>Ivanov & Smales Pharm Ltd, Atropa Pharmacy, 722-724 Hessle Road, Hull to Unit 299 National Avenue, The ideal business park, Hull, HU5 4JB. Distance Selling Pharmacy. 45-day consultation to 25.9.17 – supported by LPC</p> <p>16.1.2 Change of ownership Keith’s Chemist, 404 Cottingham Road, Hull by Keith’s Pharmacy Ltd – approved 23rd May 2017 and commenced 1st July 2017.</p> <p>Garners, Frodingham Road, Scunthorpe to Weldricks – approved 13th June 2017 and commenced 8th August 2017.</p> <p>Morrill Pharmacy at 312 Holderness Road, Hull to Morrill Investments Ltd – approved 3.8.17.</p> <p>16.1.3 Combined change of ownership and relocation with no significant change Georgemead Ltd T/A Cohens Chemist from 19-21 The Square, Hessle, North Humberside, HU13 0AE to Hessle Grange Primary Care Centre, 11 Hull Road, Hessle, North Humberside, HU13 9LZ. 45-day consultation by 9.10.17 – interest declared by Karen Murden, Jon Whitelam and Annette Maudar – Could not progress due to missing information in Q6 – Applications in relation to premises that are in close proximity to other chemist premises i.s relocating to site of existing 100 hours.</p>	

17.	<p>CPPE</p> <p>17.1 Update</p> <p>Joanne Lane gave an update of the courses currently available or available shortly.</p> <p>New dual leader development programme, which will be NHS leadership accredited.</p> <p>Cancer awareness event which includes an expert speaker 3 October in Hull Depression 7 November in Beverley Launch mental health campaign during October.</p>	Joanne Lane to circulate information.
18.	<p>Miscellaneous</p> <p>18.1 Proposal for Community Pharmacy promotion</p> <p>Steve Mosley led the meeting through the proposal, phase one had been completed, phase 2 was potential future advertising. Promotion should be linked to a campaign and training for eg. links with CPPE.</p>	
19.	<p>Any other Business</p> <p>Volunteers were required to participate in the short listing and winner's selection for the Community Pharmacy Awards 2017. Paul Robinson, Joanne Lane and Lisa McGowan agreed.</p>	Joanne Carter to share a doodle poll for availability.

The section ended 15:30

The strategy session commenced 15:46

	<p>Delegated Authority</p> <p>Jon Whitelam explained the reasoning around the delegated authority task. The meeting was split into 3 groups to discuss and plan some guidance to enable a paper to be written and a process to follow, for the employees to make decisions without having to wait take to the next LPC meeting.</p> <p>New Services/opportunities</p> <p>A feasibility/scoping process to be produced to assist in the decision of offering a new service/opportunity. The governance subgroup will agree on a time frame for the process. The following points should be considered</p> <ul style="list-style-type: none"> • Can pharmacy provide a quality service • What value the service will bring • Will pharmacy suffer loss of face if no participation • Should we provide the service • Flexible work plan • Time relevant as changes happen • Time taken from core work <p>Events</p> <p>Booking/attending events can be authorised providing the following criteria is considered, events which fall outside the criteria must gain prior approval from the LPC.</p> <ul style="list-style-type: none"> • Maximum expenditure £500 • Reasonable success measurement • Nature of event • Sponsorship availability • Does it affect anything else? I.e. core work • Is it on the work plan • Is it in budget • What area is it relevant to <p>Other</p> <p>This category referred to other instances when the LPC need authority move forward with a project before gaining authority from LPC members.</p>	<p>Caroline Hayward to produce current scoping process.</p> <p>Governance subgroup to set a time frame for scoping process.</p> <p>LPC governance subgroup to progress</p>
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	<p>The following points should be considered in each instance:</p> <ul style="list-style-type: none"> • Is it business critical • What does it mean for the average contractor? • What are the benefits • Is there a reputation issue • Should we be doing this • Value against levy – lead providers • Maintain/maximize existing business • Is it a core constitutional thing we would do • Time critical • Is it area specific • What does it mean for the contractors within this area? 	
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This section ended 17:04

The closed session started 17:10

<p>20</p>	<p>LPC Members only issues</p> <p>20.1 Finance Annual Report 2016/17 No further questions on the finances.</p> <p>20.2 LPC meeting evaluation Paul Robinson reminded the meeting of the importance of the evaluation.</p> <p>20.3 Executive Committee minutes – June 2017 Minutes of the last LPC meeting had been circulated prior to the meeting and were accepted as a true record.</p> <p>20.4 LPC sub-groups</p> <p>20.4.1 Joint Performance and governance report A paper had been circulated prior to the meeting which gave an update of the performance of the Chair and Chief Officer.</p> <p>20.4.2 HR Recommendations Karen Bednarski explained the 5 year contract had now been signed with Ellis Whittam, insurances had also been purchased which was an additional small cost.</p> <p>20.5 CPH Ltd</p> <p>20.5.1 Briefing (see below) Paul Robinson led the meeting through an overview and future report for CP Humber Ltd. The following questions were asked/answered:</p> <ol style="list-style-type: none"> 1. Do you still believe that CPH is a potential asset for contractors? – Agreed by LPC 2. Is the committee content with current director membership representing LPC? – Agreed by LPC 3. Are you still happy to support the activity of the company with LPC resource cross charged until CPH Ltd is viable enough to support its own resource? – Agreed by LPC but a contract or SLA to be put in place. <p>20.5.2 Provider Company networking Healthcare Together, the national provider company formed with NPA and PSNC members with the support of CCA and AIMp, is holding a provider company networking event on sharing best practice next month. The event will provide a forum to network with existing provider companies and those LPCs wishing to support one to share best practice and learnings, including what went well and what didn't.</p> <p>Event details When: 13th September, 10am-3.30pm</p>	<p>Paul Robinson to book place</p>
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	<p>Where: Boardroom at the NPA (Mallinson House, 38-42 St Peters Street, St. Albans, Hertfordshire, AL1 3NP) Cost: £40 admin fee to cover refreshments. Places are limited so if you would like to attend, please contact Louise Baglole on enquiries@healthcaretogether.co.uk to secure your place.</p> <p>20.5.3RSPH accreditation process proposal The meeting discussed the accreditation process for Royal Society of Public Health and agreed this should be completed under the remit of Humber LPC as this was an established entity and could be progressed in a more timely fashion.</p>	
21	<p>AOB Nothing brought to the meeting.</p>	

The meeting closed at 18.25

Future meeting dates:		
Wednesday 8 November 2017	9.30-16.30	Cottingham Parks, Golf Club, Cottingham
Wednesday 3 January 2018	9.30-16.30	Cottingham Parks, Golf Club, Cottingham
Wednesday 7 March 2018	9.30-16.30	Cottingham Parks, Golf Club, Cottingham

CP Humber Ltd Overview for LPC meeting

The Past

After many conversations and potential initiatives Humber LPC decided to form a provider company limited by guarantee following a model constitution created by PSNC and a legal firm Pennington's in late 2014/early 2015. The primary purpose for creating the company was to protect contractor's interests by being able to tender for and commission services. This is not an option for the LPC through constitutional barriers

Three directors were appointed, Iain Woolley for the LPC and John Mackenzie and Jay Badenhorst as member directors. The costs of setting up the company were financed by a £10,000 loan from LPC reserves.

There was an immediate opportunity which necessitated the creation of the company namely the smoking cessation service in East Riding. A lot of work was put into this but ultimately the company did not submit a tender due to issues with TUPE and potential redundancy costs.

There was significant reticence from CCA companies to get involved in provider companies and the company had only three members (directors plus one independent) and no membership fees were forthcoming.

In the interim period, the company has been largely dormant. It has no resource to call upon other than its directors. I was asked by the directors to undertake a feasibility study to explore options for the company beyond service tendering as no suitable opportunities were forthcoming after the initial East Riding opportunity. I did this as a self-employed consultant.

I presented the findings to the directors who agreed that there was a viable future for the company if we could make the opportunities reality. To be a viable entity that could tender for services the company needs a trading history and a track record of delivery.

In November 2016 Iain Woolley who was the LPC director decided to stand down and I was asked to take over as the LPC director which I agreed to do. I have continued to support the company as a self-employed contractor (18 hours over 8 months) to keep separation from my LPC employed work as this was perceived to be the best way forward by previous committee members.

The Present

The company had another membership drive at the beginning of 2017. We offered a business review in return for a £200 membership fee. We did not approach CCA companies as feedback from our LPC reps

had again indicated that they would not participate in provider companies. 5 companies took up this offer committing £1600 in membership fees and the reviews were conducted by an external consultant trained by myself. The reviews were well received and there was interest in additional bespoke consultancy services. This has not been pursued as there have been concerns expressed by some of the LPC members about the lines of separation between services provided by the LPC and by the LPC provider company. The company has traded this year ie for the first time it has an income as well as expenditure. The bank balance at the end of July 2017 was £7350 up from £7055 at the end of the last financial year.

The Future

The directors believe that the LPC provider company will be a very important asset to the local contractors in the future. There is a strong possibility that emerging accountable care organisations will need partner community pharmacy organisations to participate in structures which again constitutional barriers associated with the LPC cannot support.

We believe that there are short term opportunities that will be of benefit to contractors and the company in establishing itself as a viable proposition. These include

- Paid for Training opportunities eg Flu training and Health Champion training. Potential discounts for members to drive membership and VAT efficiency for non-members. This could be offered outside of the LPC area
- Management of payment for services for commissioners for a management fee eg NHS England, Local Authorities.
- Buying group discounts for members to drive membership.
- Support services to Locum Pharmacists
- Management of the Pharmoutcomes licenses so commissioners can reclaim VAT which they cannot do under the current arrangements with the LPC

Questions for the LPC committee

- 1) Do you still believe that CPH Ltd is a potential asset for contractors?**
- 2) Is the committee content with current director membership representing the LPC?**
- 3) Are you still happy to support the activity of the company with LPC resource cross charged until CPH Ltd is viable enough to support its own resource?**