

### 1) Waste

- **PODIS** - Continue to encourage participation from contractors
  - Digest Case Studies
  - KM continue to work with contractors/multiples
  - LPC Committee Members to contact all contractors
- **Managed Repeats**- continue to encourage best practice
- **eRD** - work with NHS Digital/CCGs on training event, continue to work with CCGs, practice pharmacists and contractors to support eRD. Ambition for 2018/2019?
- **DomMAR** - how can we reduce waste with domMAR and Care Homes?
- **Patient Education** - as part of advice given for PODIS, MURs etc.

### 2) Long Term Conditions

- **Flu** - What is our ambition for 2018/2019. How do we promote?
- **MURs**
  - MUR plus service for hypertension
  - MUR plus service for AF
  - MUR plus service for asthma. Ask for Pharma support to pay for in-check device for all pharmacies. CCG funding for over target MURs or follow up after MURs to reduce asthma deaths?
  - Ambition for participation
- **NMS** - continue work on GP engagement
  - Ambition for participation/revenue
- **Painkiller Addictions**
- **Hospital discharge and ongoing pharmaceutical care**

### 3) Urgent Care

- **Minor Ailments reinvention** to include POM's
- **PURM's continuation**
- **NUMSAS** improvement to service issues and improve participation
- **Self Care**. How can we drive retail opportunity that will follow increased expectation of NHS for people to take responsibility for their own care for minor conditions

### 4) Prevention

- **Healthy Living Pharmacy**
  - Agree a campaign plan with interested parties e.g. CCG's and LA's
  - Health Champion conferences
  - Commercial opportunities e.g. retail sales
  - MECC events
  - Support to identification and sourcing of public health resources easier for contractors
- **Hypertension screening. Link to HLP's**
- **AF screening STP wide or local**
- **Social prescribing**
- **Dementia screening**
- **COPD screening**
- **Diabetes screening**

**5) Business as usual/Core activity**

- **Role review**
  - Would give clarity for employees and LPC members as employers
  - Suggested job for new committee to approve
  - Salary brackets for job roles needs to be completed
  - How will this be funded and how much time should be allocated?
  
- **Increase public/stakeholder awareness**
  - HLP campaigns
  - Promotion of services – EHC needs to promote local public health service (free of charge) and OTC service; Stop smoking needs to promote access to Varenicline / free NRT plus OTC NRT
  - Promote urgent care supplies; sports injury; chicken pox etc. treatments from pharmacy. Need quality assurance that everyone is giving same message / advice.
  - Media campaigns
  
- **Relationships with STP/ACO**
  - Merged executive board not happened yet
  
- **Relationships with commissioners / others**
  - Need seat at the table
  - To negotiate local services
- **Practice pharmacists**
  - Get involved in the network; fund community pharmacist to attend meetings to give CP views. Develop links with Practice Pharmacists- promote GP referral for NMS, minor ailments and to work together for eRD
  - **Need to secure funding for services, training and engagement events from third parties** e.g. Pharma Companies, HEE, and NHS England
  
- **Quality Points**
  - Contractor support on work plan
  - Pursue reinstatement of discretionary payments
  
- **Payment verification support**
  - Have you been paid?
  - Who do you contact?
  - BACS notifications
  - Consent forms for advanced services
  - NHSE – can see patient details
  - Audit tool checklist
  - End of month / end of day processes
  
- **Other**
  - H+S – needs a budget e.g. eye checks; fire extinguisher; PAT testing checks; extinguisher checks