



COMMUNITY PHARMACY Lincolnshire

Minutes of the Meeting held Thursday 21st November 2019 at
Washingborough Hall Hotel, Church Hill, Washingborough, Lincoln, LN4 1BE

Chairman

Paul Jenks LPC Chairman and LPC Member CCA rep

LPC Members present

Alastair Farquhar	LPC Vice-Chair and LPC Member AIMp rep (left at 1.15pm)
Blazej Jasnowski	LPC Member AIMp rep
John Broomhead	LPC Member AIMp Rep
Marc Brooks	LPC Member AIMp rep (left at 1.15pm)
Chris Kenny	LPC Treasurer and Member AIMp rep (left at 10.20am)
Enrico Pignotti	LPC Member CCA rep (left at 4.10pm)
Jon Norman	LPC Member CCA rep
Les Guiblin	LPC Member CCA rep
Wojciech Cwiek	LPC Member CCA rep
Chirag Ahir	LPC Member Independent rep

In attendance

Steve Mosley	LPC Chief Officer
Hazel Sisson	LPC Admin Support Officer

In attendance between 2.15pm – 3.45pm

Garry Myers PSNC Regional Representative

Apologies

Renate Bulvane	LPC Member CCA rep
Sai Koneru	LPC Member CCA rep
Chris Mulimba	LPC Member Independent rep

Committee Governances

- LPC Chair welcomed Wojciech Cwiek (CCA representative) to the committee.
 - Introductions were undertaken by the committee.
 - New member days are showing on the PSNC website.
 - Both John and Sai have been booked onto the Wakefield event on 4th December.

Competition Law Guidelines

- LPC Chair reminded the committee that these have to be read, but committee members can only be shown a copy they cannot keep a copy.

Declarations of Interest

- The committee was informed that Sai had completed the Declarations of Interest document and had signed the Confidentiality Agreement.
- Wojciech still to complete Declarations of Interest document and sign the Confidentiality Agreement.
- No changes to committee members' declarations of interest.

Minutes from LPC Meeting 19th September 2019

The minutes were accepted as a true record and approved by the committee.

Matters Arising

Melatonin

- The committee was informed that AAH need a letter from a doctor before supplying unlicensed Melatonin.
 - LPC Chair commented that they can't push for a reason, but the letter can say that it is required.
 - GP can state 'Child requires this medicine'.
- Enrico queried avoiding Melatonin liquid containing alcohol for children.
 - The committee discussed what age is classed as a child.
 - Children's Act says 18.
 - LPC Chair commented that medically it is classed as 12.
 - Risk based discussion followed.

MYS Registration

- The committee was made aware that LPC Chief Officer has chased the remaining pharmacies to sign up.

CPPE – CPCS Training Skills

- LPC Chair informed the committee that 24 places had filled within a few days and it had been extended to 48 places.
 - Some of those attended were from out of area.
 - A few no shows.
 - Really positive feedback.
- LPC Chief Officer commented that he had attended the Sheffield event.
- The committee considered who would fund the equipment.

Finance update

Treasurer Report

- LPC Treasurer talked the committee through the Treasurer Report.
 - Closing balance as at 17th November 2019 was £63,999.73.

- PSNC levy of £22,255.00 has put us better on track for closing this financial year with a balance of £47,000.
- LPC Treasurer asked the committee whether he would be allowed a new laptop?
 - Current laptop is approaching 3 years old.
 - £1,000 has been put into the budget for a replacement.
 - Committee approved request.
 - LPC Treasurer to liaise with Hazel to order a new laptop.
- The committee was requested to claim promptly for all expenses.
- The committee was informed that LPC Treasurer was working on writing an updated expenses policy.
- LPC Treasurer queried what happens next year with regards to the PharmOutcomes licences?
 - CPCS currently funded the licences for this year.
 - Alastair queried when they were due?
 - July.
 - LPC Chief Officer had requested a move to calendar year renewal.
 - LPC Chief Officer will check to see if this is the reason for the higher than expected licence fee.
 - LPC Chair commented that LPC should continue paying for licences.
 - LPC Chief Officer informed the committee that other companies have expressed concerns of being excluded from CPCS to NHSE.
- The committee was informed that there was the possibility that PSNC would request £200 per LPC.
 - Review of contractor support.
 - The committee was informed that not much is known about this at present.
 - LPC Treasurer commented that he would request a Balance Sheet from PSNC before paying.
- LPC Treasurer commented that he doesn't recommend a payment holiday at this time.

Project Money

- LPC Chair commented that Health Education England Monies could pay for next level training.
 - CPPE and NHSE are developing next level training.
- LPC Chief Officer commented that training has been provided.
- The committee discussed the non-recurrent funding.
 - Acknowledgement was given to the fact that other funding sources have been paying for things as previously discussed.

Essential Services

Audit

- LPC Chief Officer requested feedback from the committee.
 - Querying whether everyone has managed to complete.
 - Response was that all was okay.
- Enrico queried whether these were on MYS?
 - John commented that NSAID is on there now, the others aren't on MYS yet.
- Post payment variation will take place for a percentage.
 - LPC Chief Officer commented that how this is demonstrated is up to the contractor.

- LPC Vice-Chair commented that NHSE will be looking for outliers.
- LPC Chair suggested putting a note on PMR.
 - Marc commented that Lincs Co-op have put on PMR.
- John commented that it looks like NSAID's will potentially be ongoing.
- A committee discussion followed.

CPAF questionnaire

- The committee was informed that 13-15 contractors are having to complete the CPAF Long Form based on:
 - Random sample.
 - Something has been done wrong.
 - Soft evidence.
- The committee was reminded that this needs to be returned otherwise this will lead to a visit.
- LPC Chief Officer informed the committee that only one Long Form has been returned as of yesterday.

Cannabis based medicines update

- LPC Chief Officer highlighted that a guidance document had been provided to the committee as part of the meeting notes.
- The committee was advised not to sell CPD vapes.
 - CPD vape is dissolved in a synthetic oil co-solvent.
 - There are concerns other whether this causes irritation in the lungs as in cases in America.
- A committee discussion followed.

PHE Prescribed medicines review

- The committee discussed the document included with the meeting notes.

MYS Registration

- The committee considered the data for MYS sign-up included with the meeting notes.

Pain Management Guidelines

- The committee was informed that the LPC had been asked to circulate the Pain Management Guidance document to contractors.
 - Document details what the pain guidelines are and advice available.

Palliative Care / CD1 Gold Form

- The committee discussed issues with prescribers not prescribing and labelling correctly.
 - The label needs to not just be the initial does but covers the escalation throughout.
 - Must state unit and frequency.
 - Alastair has had a conversation with GP around the legal dose.
- Example of correctly completed Gold Form to be put on website and newsletter.

Health Promotion

- LPC Chief Officer asked for feedback.
 - Helping us help you
 - Jon queried the requirements for feedback.
 - LPC Chair commented on the scrutiny of compliance of campaign evidence is important, a tally chart would be suitable.

Adrenaline autojectors

- MHRA has a Tier system for medicines shortages, from Tier 1 to Tier 4.
 - Cascade system on NHSmail.
- The committee was informed that EpiPen and Jext are back on extended use beyond labelled expiry date.
 - EpiPen's are available on a case by case basis from Alliance.
- LPC Chief Officer informed the committee that local availability issues do not hit the cascade system and asked the committee what should we be saying?
 - What do we communicate to the system?
 - A committee discussion followed. Points discussed included:
 - Branded prescriptions.
 - Patient expectations.
 - Comms message needs to improve to GP and Patient.
 - This is what I've done....
 - What have you got? (question from GP's).
 - Cascade of shift to other products can cause additional problems.
 - Optum are looking at picking off ghost generics e.g. brands on generics.
 - Option is to sort alphabetically rather than by tariff first.
 - Enrico mentioned that in Melton Mowbray they have a template which includes tick boxes of what was tried e.g. other pharmacies, this information then goes back to GP's.
 - It is time consuming but provides evidence and a consistent message to GP's.
 - Enrico was asked to share this template with the committee.

Clozapine / SCR

- Hospital prescribed medication which is not automatically on SCR unless GP adds it.
 - Should appear on Care Portal.
- Clozapine not a problem as have to log on to a specific website to see if the patient is allowed it or not.
- Clozapine is not on an FP10 in Lincolnshire as it is managed by LPFT.
 - It was acknowledged that it could be presented on an out of County script.
- SCR is therefore not a full record.
 - Good Practice is for patients to be asked if they are on any other medication.
- LPC Chief Officer asked for those committee members accessing SCR can they check in repeat medication for a quantity of zero.
 - Prescribed by hospital not GP.
- Marc requested that guidance is included in the next newsletter.

Healthy Living Pharmacy 20/21

- HLP will be a term of service requirement.
- Six contractors had completed the questionnaire saying they required training.

- LPC Chief Officer asked the committee to complete the questionnaire.
- The committee discussed possible training provision.
- LPC Chief Officer to send dates to Marc.

TCAM

- Discharge referral is on 5-year service development grid.
 - Supposed to have finished this year.
 - ULH do not have electronic patient records and TCAM can't be done until they get these.
 - Has been approved but not for this year.
- Marc queried what are pharmacists meant to be doing when they get this information?
 - Access PharmOutcomes routinely
 - When a patient is discharged look at medication to be actioned and noted.
- LPC Chair commented that this is not funded but could link to additional services e.g. MURs.
 - Valuable information can be gained.
- LPC Chief Officer informed the committee that a test case patient would be given to a friendly pharmacy, which will then result in LPFT getting funding.
 - No further expectations given to them.
 - LPFT are playing with system but have been told that pharmacists are not guaranteed to check it.
- The committee acknowledged that it needs to be a fully integrated EPMA to work.
- LPC Chief Officer commented that the most important information is that the patient has been admitted.
 - LPFT were offered admission notification but didn't realise its importance.
 - It is now been looked at, probably in the new year.

Operational support

- The committee considered systems and procedures.
 - Why waste time clinically checking if systems and procedures are in place?
- LPC Chief Officer mentioned details of what various companies are offering following his visit to the Pharmacy Show:
 - Draw down cash management – do pharmacies know these are available.
 - Pharmacy in the South are investing in a robot.
- Exploring mix of what others are doing, learn from and share with other contractors.

Advanced Services

MUR / NMS update

- The committee was informed that two outside companies have approached LPC to provide events e.g. respiratory.
 - The committee discussed and agreed that can't do anything until after February.
 - LPC Chief Officer suggests that this would be a good thing to proceed with.

NUMSAS / DMIRS / CPCS

- The committee acknowledged that NUMSAS and DMIRS has ceased.
- The committee acknowledged that CPCS has commenced and has had better than expected numbers.

- Lloyds received 3 referrals for NUMSAS in September which they did in good faith, but they had not signed up.
 - BSA refused to pay as not registered.
 - Referral came through PharmOutcomes.
 - A discretionary payment will be made following investigation.
- LPC Chief Officer showed the committee pie chart data of CPCS information.
 - LPC Chair reminded the committee that this was confidential information.
 - A committee discussion followed.

Public Health Services

Substance misuse services

- The committee was made aware that Addaction have not replaced Dimple.
- During a discussion the committee considered how the direction seems to be a move to twice weekly pick-ups rather than supervised consumption.

LCC employee flu vaccination service

- The committee was informed that Lloyds has signed up but couldn't find the service on PharmOutcomes.
 - There had been no contact from LCC about providing a platform.
 - LPC Chief Officer queried with the committee how are claims been made?
 - Lincs Co-op are claiming on a paper-based system.
 - LPC Chief Officer to chase up comms.

PSNC Update

Update from the PSNC Regional representative – Garry Myers

- Garry Myers provided the committee with updates from PSNC.

Pharmacy Quality Scheme

Gateway Criteria

- The committee was asked to sense check the data showing on the spreadsheet which was included in the meeting notes.
 - Gateway criteria has been met if the cell is coloured green or is showing a tick.
 - The committee discussed the information showing on the spreadsheet.
- If there is an exclamation symbol in 'Advanced Services' column, this means that the NHSBSA data does not match the NHS Choices page.
 - This would mean a failure.
- The committee was reminded that this had to be completed in 9 days.

Aspiration payment

- The committee considered how some contractors didn't want the advance due to cash flow.
 - CPCS £900 transition payment.

Medicines Safety

- Nothing to feed back to the committee.

Prevention

- Nothing to feed back to the committee.

Primary Care Networks

- The committee was informed that these have all changed and been confirmed.
- All meetings will be re-booked and all PCN's will have a facilitated meeting.
- LPC Chief Officer asked the committee to send an email if interested in becoming a PCN lead.
 - This will be put in the next newsletter.
- The committee considered the skill set requirements for this role.

Asthma

- Nothing to feed back to the committee.

Digital enablers

- The committee was informed that SCR digital data is now available.

NHS England Update

Controlled Drugs update

- The committee considered the consolidation of errors document which formed part of the meeting notes.
- The committee was reminded that this was confidential data even though it is anonymised.
- Errors had been reported to the Accountable Officer.

Market Entry

Closure: Warwick Healthcare Ltd – Pharmacy Wise Wragby, Market Place, Wragby, LM8 5QU

- Now closed.

Closure: Averroes, Ingham, LN1

- The committee was informed that Averroes was under investigation for failure to give notice.
- Bradford NHSE team is investigating the Director for both as they resigned 3 days before Averroes closed.
- LPC Chief Officer commented that they did use and submit correct forms to transfer controlled drugs.

Change of Ownership: Bardney Pharmacy

- Change of ownership due to share sale.

- Approved fitness to practice.

DSP Application: D&B Healthcare, Lincoln, LN6

- The committee was informed that a decision is still awaited.

DSP Application: Lincoln Co-operative Chemists Ltd, 5 Proctors Road, Lincoln, LN2 4LA

- The committee was informed that a service commencement notice must be submitted 14 days before opening.

Rurality determination – Gosberton

- The committee was informed that a determination has been made.
 - Spilt definition of Controlled and Non-controlled area of Donington.
 - Gosberton defined as a controlled locality.
 - Quadring defined as a controlled locality.
- The committee noted that the 5-year rule applies.

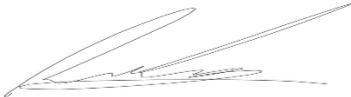
AOB

Committee Meeting Dates

- The committee was made aware that Garry will not be able to attend on a Tuesday as he will be in London at PSNC meetings.

Meeting documents

- Les queried whether it would be possible to receive the meeting notes earlier?
 - LPC Chief Officer commented that Executive committee meetings are to be better organised to enable points of discussion for the committee meeting to be agreed upon.

Signed  Date.....21/01/2020.....