

Monday 8 August 2022

20.30- 22.00

Zoom Platform

ATTENDANCE TABLE			
Member Name	Initials	Attendance A= Absent, Aa= Apologies sent.	Attendance this financial year
Yogin Patel (Chair)	YP	✓	4 of 4
Anar Tejani	AT	✓	3 of 4
Priti Chohan	PC	✓	3 of 4
Shiraz Mohamed	SM	✓	3 of 4
Beneeta Shah	BS	✓	3 of 4
Amish Patel	AP	✓	4 of 4
Ronak Patel	RP	✓	4 of 4
Anisa Mulla	AM	✓	4 of 4
In Attendance			
Hitesh Patel (CEO)	HP	✓	
Stuart Brown (Minutes)	SB	✓	

1. WELCOME AND DECLARATIONS - DOIS

YP welcomed the members.
There were no DOIs for this agenda.
PC would be scribe for today

2. MINUTES OF MEETING ON 27 JUN 2022**ACCURACY**

There were no issues.

ACTION POINTS AND MATTERS ARISING**RS & SB To give HP access to Pharmoutcomes to enable DMS referral monitoring.**

HP stated that he now has access to Pharmoutcomes – he commented that DMS referrals are very low – and the members agreed that the referrals for this service are currently low.

HP to create a draft survey to send out to contractors – to gauge what they would want from the LPC - post RSG results – to bring back to the next LPC for discussion and comment.

HP stated that he has identified a portal to collate comments – HP asked the members what the best way of getting the contractors frustrations communicated to the PSNC would be.

HP stated that losing time and money sourcing medicines is currently a major concern for contractors.

YP recommended that all members and contractors report price concession issues to the PSNC every week (every day).

PC to add to the dissemination points – the info. that contractors must remember to claim for Flu and CPCS activities on MYS.

YP stated that the provider pays model currently means that contractors would have to pay for the use of the IT platforms associated with service provision – from April 2023.

AT stated that she had had a conversation with Pritpal (SONAR) – and he had said that he had extended the period of using SONAR for free until October 2023.

AT added that anyone exclusively using the SONAR PGDs would not have to pay for the use of SONAR past October 2023.

YP asked whether Boots currently uses SONAR.

BS stated that Boots only uses SONAR for a few services – they use Pharmoutcomes for the majority of services.

3. TRANSFORMING PHARMACY REPRESENTATION (TAPR) PROGRAMME

HP stated that he had expressed an interest in sitting on this working group – and he had been accepted to sit on it. HP stated that he would feedback to the members when the group would have a meeting – when there would be information to disseminate.

4. LPC STRATEGY, SELF EVALUATION, BUDGET AND BUSINESS PLANS

HP recommended that the LPC self evaluation process be undertaken – as it informed whether the LPC would be performing efficiently and effectively.

BS and AP stated that they would assist HP with creating the LPC strategy and delegating workstream responsibilities to other LPC members.

HP stated that he would wait until the publication of the RSG recommendations toolkit before starting this LPC strategy work.

5. GP CPCS

HP spoke to the following presentations (slides):

What's not working – GP CPCS

Referrals by NHS mail don't work - CP teams are not picking up NHS via the shared mailbox for several reasons

- Lot of pharmacies use locums who do NOT have access to the shared NHS mail box
- Getting to the shared mailbox requires access rights and not all staff on the day have access
- Far too many emails – cannot sort out the urgent referrals from non-urgent
- CP teams have to manually populate the Email referral into Sonar which is time consuming and tedious
- GPs have no way of knowing if the NHS shared mailbox is verified – patient data concerns

HP stated that the GP Federation is currently trying to improve engagement with this service as each GP would currently get £5000, if they refer 0.5 % of their patient list into the GP CPCS.

HP stated that he had sent out an email to shared NHS mailboxes recently and only 35 (plus 26 of the Boots branches) had emailed back to verify their accounts – and this is an issue.

Action no.	Description	Who to action
1	To add to the dissemination points – the info. that contractors must regularly check their NHS Shared Mailboxes every hour.	PC

GP CPCS – What will work

- Need to replicate Camden & Islington model where referrals go directly from GP EMIS to CP Pharmoutcomes. The ICS contributes to the Pharmoutcomes cost.
- We have a lot of SystemONE GP practices so we need the GP system to send referrals directly into Sonar. This is technically possible and will need funding from the ICS. This can be done in the medium term
- In the short term, we already have a solution. It's not ideal but it will work. We need all GP surgeries to have a Sonar login. Most do already for the Flu service. Sonar would be running in the background and GP receptionist do the referral directly from there.
- Patient details are available via the PDS which pre-populate all the patient data. Referrals then come directly into the CP sonar system which is running in the background at pharmacies.
- Key members of the CP team can get text message & email that there is a referral is on Sonar.
- This is working well in some Brent pharmacies.

HP stated that there is a meeting being held on this coming Wednesday – which AP would be attending, where the ICS would be discussing GP CPCS engagement.

AP stated that for his referrals – his local GPs send him standardised forms, via email, with patient details on them - and he then has to upload this same data onto SONAR – which is a duplication of work.

HP stated that the ICS does have funding to ensure GP surgery staff in KCW are trained up to refer correctly and efficiently using this service.

YP suggested that GP CPCS should be a substantial topic at this year's LPC AGM.

YP added that GP CPCS is the means by which contractors could clawback the monies lost from the MUR service being taken away.

HP stated that in Camden and Islington – pharmacies there are processing 1100 referrals per month.

GP CPCS – What the LPC is asking from the ICS

Short Term – quick fix

- Resources to train all GP surgery staff on how to use Sonar. The referrals then go directly into CP Sonar system bypassing the need for NHS mail referrals
- All CPs in NWL have Sonar access. ICS to fund Sonar use by CPs . LPC will facilitate the CP training for Sonar use
- Set up a task and finish group to implement the changes needed

Medium to Long Term

- Funding for GP system integration for GP CPCS referrals to CP Sonar
- Funding a Minor Ailment scheme for patients on benefits otherwise this cohort will not use the CPCS service for a second time

HP stated that a Minor Ailments scheme had been set up in City and Hackney for patients on any sort of benefits.

Sonar GP CPCS

- Had a virtual meeting with Pritpal last week - very useful
- Went through the options that Sonar has for CPCS
- He can possibly convert NHS mail pdf into a referral on Sonar but doesn't sound ideal
- SystemOne to Sonar direct integration is technically possible but would need Systemone to co-operate and would need development funding for both parties
- Best solution is for GP receptions to be logged into SONAR and do a direct referral into SONAR. Sonar has the PDS system so the patient details would pre-populate very quickly with NHS number. We need to push this with the ICS
- The e-hub operated by Westminster (and KC?) should use Sonar login.
- Sonar has all the training video modules for GP receptionists and CPs

Pharmoutcomes GP CPCS

- Been communicating with Kevin Noble (Director of Pharmacy Development) at EMIS Pharmoutcomes
- EMIS / Pharmoutcomes integration working very well eg C&I
- ICS paying 5p per patient per year . 2.2m patients = £110,000 per year
- PO don't have an integration for SystemOne atm but are working on it
- They have PharmRefer which is a GP login portal similar to Sonar
- PharmRefer is 3p per pt per year = £66,000
- Can probably get Sonar to do it for cheaper

NHS 111 referrals to CPCS

- What is the state of play?
- Waiting for Sonar reports -asked to send me a report monthly
- Need to get the ICS involved to get NHS111 operators trained adequately
- PL are arranging a meeting with Pritpal to discuss

YP stated that NHS 111 call handlers are sometimes sending inappropriate referrals (i.e. for CDs).
HP stated that he would want to check on the quality of the training of the NHS 111 call handlers.

The members agreed that HP should work towards getting GP surgeries to use their SONAR log ins – in order to transfer GP CPCS referrals directly into the CP SONAR platforms.

HP stated that he would concentrate on making the GP CPCS referral process as easy as possible for GPs and their reception staff.

BS stated that she would like to know the GP and contractor points of view wrt. ease of use for both SONAR and Pharmoutcomes. BS stated that Boots stores in London currently use both platforms and the feedback from both CPs and GPs is that Pharmoutcomes is definitely the easier platform to use.

BS stated that if SONAR is to be the platform of choice – then it's interface must be made to be simplified.

6. LPC COMMUNICATION

FRAUDULENT PRESCRIPTIONS, NHS LONDON & MHRA ALERTS

HP stated that he would not block up contractor's mailboxes by forwarding on these communications.

The members stated that they already receive these comms. from their various original sources.

WEEKLY BULLETINS

HP stated that at the end of every week he sends out a bulletin of info. and updates to contractors. The members stated that they were happy for these to continue.

7. PHARMACY LONDON UPDATE

AP stated that he had attended the last PL meeting in person at the Bombay Palace and highlighted the following issues:

- The future role of PL had been discussed, along with what sort of body it should become.
- The Cross- sector pharmacist placement programme had been discussed –
 - A slide deck had been shown as part of a presentation on this.
 - HP stated that this programme does not work for CPs in his opinion – as the pre-reg's disappear to be placed in another setting – and they are often replaced with someone who is not useful.

- HP stated that the LPC should not actively promote this programme.
- London Flu Service –
 - Such a service will be commissioned for 2022/23
 - The specs are not available yet.
 - There will be a flu vaccine stock crisis this year – as the 50-64 year old cohort is not back in the programme – however the vaccine stock orders have already been placed to not include this cohort.
- PL Governance and CEO package Docs. –
 - Votes on approving these documents took place and AP abstained wrt. the approval of the offer of an 8-week sick pay arrangement for the PL CEO.
 - The first 2-3 hours of the meeting had been spent in a circular argument over trying to agree these documents.
 - HP stated that the meeting had been poorly chaired.
 - 11 candidates have applied for the PL CEO role.
 - A vote approved that 2 PL members from North London and two members from South London + the PL Chair would sit on the interview panel for the new PL CEO role.
 - The current PL CEO would create a shortlist of candidates for interview.
 - AP stated that he had questioned the fact that LPCs had had to pay for the standing up of this last PL meeting – AP added that this meeting had been urgently stood up, with no time to secure a sponsor.
 - AP had pointed out the fact that PL currently has lots of reserve monies in its account.
- PL Levy –
 - AP stated that there was talk of the levy being raised in Sep 2022.
 - HP and YP stated that they would oppose the raising of the levies – because of the large amount of reserves PL currently has.
- RSG Toolkit –
 - HP stated that he and PL Chair Raj Matharu would be attending the group which would discuss the content of the RSG recommendations toolkit.
- PSNC rep Prakash Patel had attended the meeting –
 - A case has been made to ask for help for combat the enormous rise in rates and bills and workforce costs for CPs.

8. **NWL MEDICINES OPTIMISATION GROUP & SHORT LIFE WORKING GROUP (SLWG) UPDATES**

HP stated that this group is currently considering many workstreams – and the SLWG is considering 7 different workstreams.

HP stated that there are lots of meetings taking place – scheduled by this group.

HP stated that the future of a minor ailments service or comments around the formulary could be discussed at this meeting – therefore there should be CP representation there.

HP stated that he and Michael Levitan would share the workload wrt. attending these meetings.

9. **NEW PNAs**

HP stated that there was nothing to report on this.

HP stated that the K&C PNA consultation would end on 13 Sep 2022.

HP stated that the Westminster PNA consultation would end on 5 Sep 2022.

10. **CEO UPDATES**

FLU, COVID & PPV

HP stated that there is currently a weekly meeting to discuss the Flu service and other vaccine services.

HP stated that the Flu plan has not yet been finalised.

HP stated that wrt. COVID vaccinations – 63% of all the vaccinations carried out so far this year have been done by CPs.

HP stated that wrt. the autumn COVID booster programme – the eligible population is estimated at about 840,000 for the whole of the ICS – but the capacity is currently estimated at 1.67 million – therefore he suggested that very few new CP sites would be approved to deliver these boosters.

HYPERTENSION SERVICE

HP stated that 63 pharmacies in KCW have registered for this service.

SMOKING CESSATION ADV SERV

HP stated that 14 pharmacies have registered for this service.

The members stated that only vouchers for this service are coming through.

HP stated that he did not know whether any of the acute trusts were currently referring in to CPs for this service.

YP stated that the acute trusts that serve the area are St. Marys, Chelsea and Westminster and St. Charles.

BUSINESS CONTINUITY PLANS

HP asked whether he should produce a one page info sheet – detailing what to do if a contractor cannot enter their pharmacy for whatever reason – fire, flood etc.

BS stated that such a business continuity update had been produced by PSNC – so she suggested that this could be sent out to contractors.

Action no.	Description	Who to action
2	To recirculate the PSNC guidance re. business continuity wrt. contractors not being able to access their premises.	HP

11. FINANCE

AT stated that Rekha Shah had dropped off the accounts at the accountants – and they are currently working their way through them.

12. MARKET ENTRY

HP stated that the log had been shared with the members and he commented that there had been quite a few relocations.

HP stated that a Boots branch on Edware Road had closed down.

13. AOB CPCF paperwork

Action no.	Description	Who to action
3	To add to the dissemination points – the info. that contractors must fill in the relevant paperwork for the CPCF – deadline is the 30 Aug 2022.	PC

14. NEXT MEETING

Monday 5th September - F2F LPC meeting

Monday 10th October -

Virtual LPC meeting

Monday 14 November -

F2F LPC / AGM meeting

YP brought the meeting to a close.

Glossary of Acronyms

ABPMs –	Ambulatory Blood Pressure Monitors
AIMp –	Association of Independent Multiple pharmacists
CCA –	Company Chemists Association
CCG –	Clinical Commissioning Group
CP –	Community Pharmacy
CPCF -	Community Pharmacy Contractual Framework
CPCS –	Community Pharmacy Consultation service
DMS –	Discharge Medicines Service
DSP –	Distance Selling Pharmacy
ELPR –	East London Patient Record
EOLC –	End of Life Care Service
ERD –	Electronic Repeat Dispensing
F2F -	Face to Face
FAC –	Financial Audit Committee
HEE -	Health Education England
ICS –	Integrated care system
IPMO –	Integrated NHS pharmacy and Medicines optimisation work program.
LA –	Local Authority
LPC –	Local Pharmaceutical Committee
LCS –	Locally Commissioned Service
PCN –	Primary Care Network
PL –	Pharmacy London
PLOT -	PSNC AND LPC OPERATIONS TEAMS
PNA –	Pharmaceutical needs assessment
PQS –	Pharmacy Quality Scheme
PSNC –	Pharmaceutical Services Negotiation Committee
RSG –	Review Steering Group
STP –	Sustainability transformation plan