**LPC Meeting – Wednesday 8th March 2017**

14a High Street, Staple Hill, Bristol, BS16 5HP

9am – 5pm

Present: Lisa Fisher, Richard Brown, Tanzil Ahmed, Chris Howland-Harris, Jerry Long, David Tomlinson, Sadik Al-Hassan, Roger Herbert, Anna White, Jenny Herdman, Matthew Robinson, Chris Howland-Harris, Roger Herbert.

Apologies – Alan Smith, Stuart Moul, Hilary Collyer.

Declarations of Interest – None

CCA nomination for report – Tanzil will complete this.

Amendments to Training Log – None.

Review of February Minutes & Action Points.

Minutes agreed and will be posted on the website.

Contract applications.

None.

Treasurers report

Review of accounts and discussion around the impact of the funding cuts. Comparison of December 2015 V December 2016 - NHS items down by 20,000, AIV down by 34p, NHS income is down by £1.5million, this is an average of around £6000 per contractor. The LPC levy has been changed to “fixed” and the impact of this will show in April 2017.

QPS Manager Update

The LPC has held workshops to help the pharmacies in our area, these have gone very well.

The PSNC have issued guidance which gives clarity on NHS 111, when and how to claim. Review of NHS 111 Directory of Services guidance.

The declaration needs to be made for the 28th April, this includes all the questions that a pharmacy will get “points” for.

Richard has suggested this needs to be clarified for all contractors, to ensure there is no mis-understanding around this.

Jerry will visit or telephone the pharmacies that are struggling with this to see if the LPC can help them. Jerry is also planning a workshop in early April titled “Are you ready to claim £3360” This will be a “How to” event to get pharmacies ready to claim in April.

Chris suggested speaking to the LMC to see if they can help around how they have dealt with the QOF – Quality Outcome Framework.

Discussion around what may happen if becoming a HLP becomes a gateway question instead of a QPS payment.

Strategic Plan Sign Off

Richard has collated the information put together from February’s meeting, the committee reviewed and amended this document.

North Somerset (NS) Training Events – the criteria for running an event in NS is now: We will not run clinical training in NS due to very low numbers in the past but we will run “how to” or contractual training events, as this is very important to these pharmacies.

Discussion around using media outlets and do we use it enough to promote Avon LPC, Twitter to be put on the agenda for next meeting, to allow us to use it effectively.

Committee have agreed this document and this will be reviewed again later in the year.

Conference – 11th October 2017

Review of what went well last year.

Discussion around the theme for this year, brain storming session.

Budget cuts, quality, what has QPS achieved, HLP, what the LPC has achieved, pharmacy visits could be done on different days before the conference - stake holders such as acute trusts and community hospitals could be taken out this year. The Bristol Mayor couldn’t make it last year – it would be good to get him to visit pharmacies at some point during the year, dementia friends training could be involved.

“Quality beyond dispensing” – suggested as a title.

The awards were a great success last year and we would repeat this year.

Chief Officers Update

Richard sent out his update to all committee members previous to the meeting.

Discussion around NUMSAS and what is an actual ”emergency”.

Richard has secured further funding for hospital discharge for £6870 from the AHSN as they are very happy with the results so far.

Richard has met with Joel Hirst about the non-dispensed scheme project, there is £30 for each item they identify as being not required by the patient and informing the GP. The £30 is payable once the item has been removed from the system by a CCG pharmacist. They want 5 large pharmacies in Banes to trial this, they need to express their interest and how they will action this service. Judith and Richard will put together this expression of interest form and send out to pharmacies. Joel will make the decision about which pharmacies will be part of this service.

PNA data collection will start again soon.

The Virgin Care project in Banes, the SLA’s are nearly complete.

Project grant is available from the NHS for up to £75,000 for a new innovation, the committee brain stormed ideas. Richard/Jerry will have a look into this.

Strategic Review of Pharmacy Services – Break Out Groups:

Branded Generics – Dispensing products at a loss - discussion around ideas.

Dossette Boxes – The executive committee previously discussed this to look into the profitability of dossette boxes, this information was shared with the rest of the committee. Looking at the financial differences between 7 day and 28 day dossette boxes. Discussion around how many patients are currently receiving a dossette box actually need one under the equality act.

Deliveries - Costs for delivery per drop £2 - £2.50. Reviews are being done with some multiples whereby deliveries are being looked at and reasons behind doing them. Improved profitability by synchronisation of patient meds (i.e. visiting once per patient cycle, rather than 3 or 4 times a month).

Repeat Prescription Services - New models where patient rings to order meds are in certain areas now (Cov & Warwick, Swindon), replacing the Repeat dispensing services. Non-EPS may lead to rx not being in pharmacy, don’t know what items are missing vs requested. By pharmacy managing repeats increase patient compliance.

If repeat services are removed from pharmacy, how will it be managed when patient turns up & no Rx available or items are missed? Patient will probably end up in GP, OOH or emergency services. Talked about ‘loaning’ of meds; not a legal requirement. With removal of emergency supply service, this is likely to become more commonplace. Comms regarding where patients should be signposted if legal emergency supply criteria is not met – i.e NHS 111 service. Increase in use of EPS create efficiencies - benefits to pharmacy include maintained patient loyalty, and being able to maintain and manage workload; however, prescriber also still has control on what is prescribed & adding/removing items.

AOB

None.