

Action Minutes

Date of Meeting: 18/05/17		Time: 2pm		
Location: York Sports Club, Clifton Park, Shipton Road, York		Subject: CPNY Committee Meeting (Open)		
Present: Liz Colling (LC), Tamzin Burn (TB), Steve Collins (SC), Warren Cunningham (WC), Shaun Davies (SD), Ian Dean (ID), Tom Hajdas (TH), Richard Harrison (RH), Tracey Chambers (TC), Chris Kendall (CK), Samina Khan (SK), David Broome (DB)		Apologies: None		
Other Attendees: Jack Davies (JD) – CPNY CEO, Laura Smart (LS) – CPNY EO, NYCC Public Health – Greg Hayward, Georgina Wilkinson and Claire Lawrence				
Open Section				
Issue	Details		Who	When
Apologies	None		INFO	
Declarations of Interest	LC formally announced that she had been elected as County Councillor for North Yorkshire County Council and was Vice Chair for the Scrutiny of Health board. As such, she felt it was prudent to stand down as Chair of CPNY but would remain as a Committee Member for the time being.		INFO	
Minutes of the Last Meeting	The minutes of the last meeting were declared as an accurate record.		INFO	
Matters Arising	<p>JD reported as follows:</p> <ul style="list-style-type: none"> NUMSAS – only 11 pharmacies had expressed an interest so far. NHS England would now like at least 10% of each CCG area signed up before that area can go live. Issue of buying PharmOutcomes licences (costing around £3,000). RH mentioned that his Haxby pharmacy had registered so he believed the 10% had now been met for VoY CCG. TB had nominated two Boots store to trial the service. Adcal D3 proposal amendments had been fed back to Kyowa Kirin and another meeting is scheduled for 30th May to finalise the details. Results of the Judicial Review had been announced this morning – the case was not upheld by the High Court – the judge was critical of the process but stated it had not been unlawful. A discussion was held by the Committee around paying an additional levy should an appeal be lodged against the decision. 		INFO	
	Action	DB to feed back to PSNC that the LPC cannot afford to pay an additional levy to support an appeal, thereby meaning we may need to ask contractors directly for support.	DB	ASAP
Contractor Matters and Buddy Visit Feedback	SD commented that he had a visit from Georgina Wilkinson at Public Health, NYCC asking about the lack of activity around certain commissioned services and the reasons behind this. SD explained that these type of ‘intervention’ services are more difficult to engage with unlike the needle exchange/supervised consumption services which are customer driven. TB mentioned that there is often an issue around turnover of staff at Boots and new pharmacists not being able to easily access training where required.		INFO	
	Action	Activity from the new Falls Prevention Service was particularly low so the Committee decided to put out a ‘Use it or lose it’ message out to contractors in the weekly update email.	LS	ASAP
	Action	A discussion was also held around potentially publishing a LPC-wide league table. It needs to be decided whether this data would be anonymised or not – or perhaps be via geography areas i.e. CCG area. JD to consider this further.	JD	ASAP
NYCC Pharmacy Services Review and Contractors’ Feedback	Greg Hayward, Georgina Wilkinson and Claire Lawrence (NYCC public health team) joined the meeting for this agenda item.		INFO	
	Action	GH commented that there were still a handful of contractors that had not signed up to be an approved provider. LS to contact these to encourage sign up.	LS	ASAP
	Alcohol IBA - CL reported that there were only four active providers of this service and there had been a massive decrease in activity in Q4. She was arranging for some leaflets to be printed and would liaise with LS over how best to distribute these.			

	<p>Needle Exchange/Supervised Consumption – GH still concerned that there was no recording of advice being given on PharmOutcomes. There had only been three referrals to Horizons in 16/17 and they would expect this to be higher. So far 187 out of 680 service users had completed the new consent notice (even if consent withheld). GH to send out hard copies of the consent forms to all accredited pharmacies to encourage their use. There were a much higher number of ‘out of area’ claims coming through than expected and NYCC might have to look into cross charging other local authorities.</p> <p>Falls Prevention – GH reported that there were 66 providers but very little activity – the aim should be for at least two per week from each pharmacy. TB commented that Boots had been slow to get started due to the necessary head office paperwork that had to be completed before delivery could commence.</p> <p>Sexual Health Service – GW informed the Committee that there were 71 providers and this was an increase on 56 last year (although only 36 of these had been active).</p> <p>Smoking Cessation – GW advised that of the 21 providers only 14 were currently active. Five of these were operating the Varenicline PGD.</p> <p>A general discussion took place around what could be done to improve activity with all services. TB suggested that NYCC produce an ‘idiots’ guide to becoming accredited for each service – detailing the training requirements etc. JD commented that the development of Healthy Living Pharmacy status for contractors would help with champions promoting/engaging services, and the PH team agreed they needed to be involved by attending any forums/meetings set up.</p> <p>The Committee asked PH to allow a period of at least six months to allow time for improvement/growth before any decisions were made on terminating services. PH agreed to this request.</p>	INFO			
	<table border="1"> <tr> <td data-bbox="336 1106 459 1106">Action</td> <td data-bbox="459 1106 1273 1106">JD to set up meeting with PH to devise action plan.</td> </tr> </table>	Action	JD to set up meeting with PH to devise action plan.	JD	ASAP
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Regional Rep’s Report	DB reported that 11,000 Quality Payments claims had been submitted and this was a good result. Errors with PHAS payments had been identified and were being rectified. A new NUMSAS calculator was being created that would be more accurate for contractors to use. PSNC Chief Executive, Sue Sharpe had resigned from her post and will leave in December 2017.	INFO			
STP Update	<p>JD presented an overview of progress made so far with the various STPs:</p> <ul style="list-style-type: none"> • Secured a seat on Humber Coast and Vale STP’s primary working group • Joint (with Humber LPC) Health Foundation Scheme Scaling Up £500K bid presented to primary working group • Secured a seat on S & R CCG STP’s locality steering groups – Ambition for Health (JD to meet with Rachel Potts, STP lead, also on 14th June) • HRW have not organised their locality delivery groups yet • York and Scarborough Hospital Trust ‘perfect discharge’ meeting had been held with the aim of easing bed blocking and in best interest of the patient. The Refer to Pharmacy scheme deemed to be very effective method of communication – and as a result the Trust wishes CPNY to purchase PharmOutcomes and administer it (but send them the invoice). They would like to see Refer to Pharmacy rolled out to the Scarborough site. 	INFO			
North Yorkshire CCGs/Public Health Pharmacy Development Plan	<p>JD provided an update of the Development Plan so far. The main things being considered by the group are:</p> <ul style="list-style-type: none"> • Co-ordinated health promotion campaigns • Introduction of a North Yorkshire wide Sharps Disposal Service • Prevention/Treatment of Cholesterol, Hypertension and Atrial Fibrillation • Healthy Start Vitamins • Maximise effectiveness of prescribing changes • Services performance management of community pharmacies • Appropriate referrals to GPs 	INFO			
Treasurer’s	CPNY account balance: £91,742 (as at end of April 17)				

Report	ID explained that the cash balance was a lot higher than usual due to HLP cash of £29K being received from various funding pots and this was yet to be spent. And PSNC were now being paid monthly instead of quarterly in advance. LC wished to offer her thanks to JD and LS for securing HLP monies.		INFO	
Quality Payments Update	<p>Healthy Living Pharmacy - JD reported that the HLP training events were all full but there was still demand for places so it was proposed that another event be held in the York/Malton area. It was also proposed that five 'Champions' support network evenings be organised for September time to help contractors further with the campaigns promotion side of HLP. The Committee agreed to these proposals. (17 Pharma Rep companies had been organised for the five HLP events so far generating an estimated income of around £3,100 for CPNY). LS mentioned that she was looking into setting up a private group on Facebook for Champions to use to help with ideas for promotions.</p> <p>BSA Declarations - LS explained that most contractors had submitted their online declaration for the first review point with the exception of three independents who had decided not to engage with the scheme. Discussions/advice also given to distance seller who might claim at the second review point if possible.</p> <p>NHS Choices - All independents' profiles had been checked by CPNY and help given to ensure that these were updated correctly to meet the criterion. This exercise revealed some inaccuracies with pharmacy opening hours held by NHS England but LS said that the area team were grateful for assistance in detecting these.</p> <p>Safeguarding Level 2 – the CPPE workshop held in York on 25th April had been attended by 13 contractors.</p> <p>Summary Care Records – at the second review point, usage of SCR needs to have increased so CPNY had commissioned CPPE to put on their new 'SCR: How to get the most from them' workshop in September.</p> <p>Other Training – CPNY to put out a survey w/c 22 May asking for contractors' training preferences around Quality Payments (some pharmacy development monies left to spend).</p> <p>Patient Safety Report – NHS England had issued a template to be used by contractors – CPNY to issue advice shortly on this. LS asked if we should consider setting something up to encourage pharmacies with 'sharing learning with other local pharmacies' but the Committee felt that this already happened in most cases. Multiples shared a lot and independents fed back to NPA etc and received reports on issues.</p> <p>Patient Questionnaire on NHS Choices – some pharmacies had uploaded this already in time for the first review point but instructions would be issued shortly for those who are yet to fulfil this criterion.</p>		INFO	
Subgroups	This agenda item postponed due to overrunning on time except for a quick discussion on Flu Vaccination promotions for 17/18.		INFO	
	Action	JD explained that a decision needed to be made on the flu leaflets. The Committee agreed that they should be printed exactly the same as last year with the 'no appointments required' wording.	JD	ASAP
	VoY CCG	JD explained that the SMT had taken the decision not to proceed with the joint £500K Health Foundation Bid (for the proposed Hypertension and Atrial Fibrillation service). This was very disappointing.	INFO	
	Action	JD mentioned that the CCG wanted more transparency around how much pharmacies were paying for specials and had asked if information detailing how much each pharmacy was paying for certain drugs could be shared. JD to discuss this further with VoY CCG.	JD	ASAP

Service and CCG Feedback	Harrogate CCG	Working on repeat prescribing guidance – a new draft will be issued shortly. Pharmacies now come under the West Yorkshire area team instead of Yorkshire and Humber. The reason for the change is to support delivery of GP Forward View plans locally and to help with the implementation of the West Yorkshire STP.	INFO	
	Airedale Wharfedale & Craven CCG	Managed Repeats - taking a different approach to other CCGs - they are not currently going to take a 'blanket approach' to ending pharmacies ordering on behalf of patients but would like each locality to make its own decision on this with great transparency between the CCG, GPs and pharmacies. They are keen to encourage online ordering for patients too.	INFO	
	S&R CCG	LC reported: NYCC and the CCG are to 'soft pool' their budgets and work more closely together across social services etc. There is a joint working STP group 'Ambition for Health' which LC currently sits on but will not be able to continue due to conflict of interests with NYCC. TB will now attend instead. The CCG held a marketing event on Multi Care Providers – they are looking for one provider for all the services they commission. Work continues with the Young Carers and the launch will be in June. Other areas are interested in rolling this out.	INFO	
	CoYC Public Health	Sharps Disposal Service - JD informed the Committee he had opened discussions with their Waste Disposal Department. Substance Misuse Treatment Service – Changing Lives and Spectrum Community Health will be taking over service provision from 1 st June 2017. This means a small change for pharmacies re. the prescription details printed – 'Spectrum' instead of 'Lifeline'.	INFO	
	NYCC Public Health	PNA questionnaire amendments had been agreed and would be issued around 5 th June and run for eight weeks (paper version and electronically). Under performing services will be reviewed in November and if no improvement may be terminated. Developing a Primary Care Plan and CPNY will be involved in its development.	INFO	
Flu Jab Update	JD reported that the total flu vaccinations provided by community pharmacy in North Yorkshire for the 2016/17 season was 11,220.		INFO	
AOB	Action	RH raised the issue of having some difficulty in recruiting newly qualified pharmacists. He suggested CPNY could possibly help with this and trial a new 'Jobs Match' service for pre-reg/locums seeking employment in North Yorkshire. LS to send message out in Weekly Update.	LS	ASAP

Future Meeting Dates

Time	Day	Date	Venue
12pm	Thursday	20 th July 2017	Board Room, Bio Centre, Innovation Way, Heslington, York, YO10 5NY
12pm	Thursday	5 th October 2017	Da Vinci Suite, The Catalyst, York Science Park