

## Action Minutes

<b>Date of Meeting:</b> 06/09/18		<b>Time:</b> 12pm		
<b>Location:</b> New Earswick Folk Hall, York		<b>Subject:</b> CPNY Committee Meeting		
<b>Present:</b> Tamzin Burn (TB), Shaun Davies (SD), Ian Dean (ID), Tom Hajdas (TH), Tracey Chambers (TC), Chris Kendall (CK), Tommy Ling (TL), Charles Christian (CC), David Broome (DB)		<b>Apologies:</b> Jay Badenhorst (JB), Richard Harrison (RH)		
<b>Other Attendees:</b> Jack Davies (JD) – CPNY CEO, Laura Smart (LS) – CPNY EO, Kevin Cheung (KC) – CPNY Services Lead, Simon Dukes – PSNC CEO				
Issue	Details		Who	When
<b>Introductions of New Committee Members</b>	ID welcomed new Committee Member – Charles Christian (CC) representing Boots - to the meeting and introductions were made. JD explained that Jane Simpson had resigned from the Committee due to leaving Well’s employment.		INFO	
<b>Apologies</b>	Jay Badenhorst and Richard Harrison		INFO	
<b>Declarations of Interest</b>	None		INFO	
<b>Minutes of the Last Meeting</b>	The minutes of the last meeting were declared as an accurate record.		INFO	
<b>Matters Arising</b>	JD reported as follows: <ul style="list-style-type: none"><li>Katy Newsome - Funding Resources Lead - had resigned from her post (no plans to replace her at the current time)</li><li>VoY CCG considering whether or not to pay £135 as opposed to £50 per year for palliative care scheme</li></ul>		INFO	
<b>Regional Rep’s Report</b>	DB reported: <ul style="list-style-type: none"><li>£15 million added back to Category M as a temporary measure to ease pharmacy cash flow issues.</li><li>PSNC has undergone a massive increase in workload around Cat M work and Drug Tariff prices over the past two years</li><li>New funding models being worked up to move away from reliance on Category M</li><li>Judicial review (on the imposed funding cuts appeal) ruled as not unlawful. Constructive talks can now commence re. funding.</li></ul>		INFO	
	<b>Action</b>	In conjunction with the national ‘Check Before You Tick’ campaign, the BSA is increasing their checks on pharmacy returns for electronic prescriptions and exemptions. LS to mention in Weekly Update email.	LS	ASAP
<b>PSNC Regional Meeting</b>	JD reported: <ul style="list-style-type: none"><li>Margin Survey – PSNC are still locked in negotiations re. buying margins 2015/16, 2016/17 and 2017/18 and the clawback that DH require. PSNC negotiators are standing firm that the 2016 figures are incorrect</li><li>Judicial Review – original decision upheld</li><li>Falsified Medicines Directive – a debate took place over the implementation of this legislation and what support contractors would require. All agreed that communications and awareness needed to be increased</li><li>Smart Card RA Inspections- Embed would like to check that smart cards are being used correctly by pharmacies. CPNY and Humber LPC working together to form an acceptable framework for visits that are supportive not punitive in nature</li><li>LPC Incorporation – Humber LPC raised the issue of LPCs possibly incorporating due to the move towards an employee-led function as opposed to committee-led function, which may expose them to higher risks financially and increase staff related issues which existing LPC indemnity insurance may not cover. PSNC to issue guidance on this.</li></ul>		INFO	
	<b>Action</b>	LS to see if she can find suitable guidance on smart card use (appropriate to this area) to issue to contractors.	LS	ASAP

<b>Falsified Medicines Directive</b>	<p>(Simon Dukes (PSNC CEO) joined the meeting). JD reported the main points:</p> <ul style="list-style-type: none"> <li>• FMD to come into force on 9<sup>th</sup> February 2019</li> <li>• PSNC/RPS and other stakeholders have been lobbying hard for changes to specific features of FMD – the main ones being that the originally proposed two-day window for scanned products not collected by a patient to be returned to stock, has been increased to ten days. And the original requirement to have two workstations has been altered to one so all tasks can be performed on the PMR computer.</li> <li>• Informal information evenings have been arranged by CPNY and will be led by DB – dispensing GP practices will be invited to attend also. Three venues and dates arranged in October (Scarborough, Northallerton and York)</li> </ul>	INFO	
<b>Simon Dukes – PSNC CEO – Forward View</b>	<p>Simon Dukes outlined his first impressions of community pharmacy teams: hard working, always put patients first, have positive impact on people every day – but frustrated with funding and slow progress in developing pharmacy's role.</p> <p>He is busy rebuilding working relationships with DHSC and NHSE which involves understanding their priorities and working collaboratively for the benefit of patients, the NHS and pharmacies: a 'fresh start' approach now the Judicial Review is behind PSNC.</p> <p>He summarised the main challenges – financial pressures/technology/new models of primary care/drive to reduce costs across health services/reputation AND the main opportunities which come out of these – value in supporting communities and the NHS/role in prevention and reducing GP pressure/recognition from Secretary of State and Prime Minister/technology.</p> <p>Simon's overriding message: PSNC is working hard for LPCs and contractors – community pharmacy must adapt to the changing needs of the NHS and respond to changes the government wants by working closely in a joined-up approach.</p> <p>Questions for Simon Dukes from contractors/committee members:</p> <ol style="list-style-type: none"> <li>1. Q) What can you/PSNC do to sort out the immediate supply chain manipulation? A) No easy answer and with Brexit on the horizon, I am concerned about the impact on future pricing as we're entering unknown territory. PSNC is working closely with manufacturers/distributors to keep abreast of developments.</li> <li>2. Q) With the very late announcement of the new 3 year training rule for flu, I have paid out unnecessarily for pharmacists' time and training. Can negotiations between PSNC and NHSE be carried out sooner next year? A) The management chain for sign off within NHSE is long and this always makes these processes lengthy but I will consider what can be done.</li> <li>3. Q) How can we get GPs using EPS? A) Matt Hancock (health secretary) says they must and it will form part of the GP contract from March 2019.</li> <li>4. Q) Can price concessions be worked out faster? A) PSNC are working hard to make the NHS understand that community pharmacy take all the risk with the purchasing of drugs.</li> <li>5. Q) Is there a way of advising the public about JIT supply issues? A) Must be careful with communications so as to manage expectations but not cause concern/panic.</li> <li>6. Q) How do we get to a funding system where pharmacies want to invest? A) With encouragement and confidence this can be achieved. If upskilling required, then a transformation fund will be required and frameworks put in place.</li> <li>7. Q) The biggest commissioner of services is CCGs. How can community pharmacy do more when CCGs are dominated by GPs? A) The government wants to have a local focus on commissioning with a definite move away from national commissioning but there is a distinct lack of consistency/postcode lottery at present.</li> </ol>	INFO	

	8. Q) What one change will you have made in a year's time? A) PSNC will have a clear vision. Change has to happen and there will be a clear path set out to work towards.			
<b>Adcal-D3 Service Update</b>	JD explained that the maximum 36 pharmacies had signed up to the service. Each pharmacy may undertake the service with five patients. Kyowa Kirin is sending a resources pack to each pharmacy signed up and will make visits where required.		INFO	
	<b>Action</b>	JD to chase up pharmacies who were yet to record initial interventions mid-September.	JD	Sep 18
<b>Virtual Outcomes Update</b>	JD reported that the number of active pharmacies using Virtual Outcomes was currently 38. The most popular training modules so far were the 'flu engagement' and 'blood in pee'.		INFO	
<b>Quality Payments Update</b>	LS reported: <ul style="list-style-type: none"> <li>- no further quality payments scheme planned currently (however DB commented that this may no longer be the case and an announcement expected shortly)</li> <li>- not received the data for the June 18 review point yet</li> <li>- nationally, some 220 pharmacies have been asked to repay monies for incorrect declarations (an appeals process is in place)</li> <li>- need to ensure all pharmacies have an NHSmail account – CPNY currently has 7/8 contractors yet to obtain one</li> <li>- pharmacies engaging more with the HLP ethos – more questions being asked around how best to run campaigns etc. 95 members of the Facebook group.</li> <li>- Cancer Champion training soon to be promoted for Scarborough and York pharmacies (organised by Humber Coast &amp; Vale Cancer Alliance)</li> </ul>		INFO	
<b>WIMS Update</b>	LS reported: <ul style="list-style-type: none"> <li>• HEE ERIC (education research and innovation committee) bid successful – awarded £15,750 for backfill costs</li> <li>• All pharmacies and GP practices taking part will receive £150 as a contribution towards locum costs</li> <li>• Monies available for 52 exchange visits so first come first served and dependent upon GP agreement/successful matching</li> <li>• LMC to promote and encourage GPs</li> <li>• Ratio of pharmacies to GPs 3:2 so may be that some pharmacies can exchange with more than one GP practice</li> <li>• If monies allow, payments may be made for technicians/counter staff to exchange with practice managers/receptionists etc.</li> </ul>		INFO	
<b>Treasurer's Report</b>	CPNY account balance: £124,600 (as at end of August 18) SD reported that the bank balance was looking exceptionally healthy due to additional levy funding and the recent Adcal receipt of £7,354. Budget on track (except accountant fees but this was due to the one-off cost of CHL closure).		INFO	
<b>Sub Groups</b>	<b>Regulatory</b>	SD fed back that the group had reviewed the PSNC self-assessment which had not been looked at for a while. Three areas were recommended as 'amber' areas: <ul style="list-style-type: none"> <li>- Commissioning environment for local services</li> <li>- Stakeholder relationships (other professionals)</li> <li>- Stakeholder relationships (strategic health partnerships)</li> </ul>	INFO	
		<b>Action</b> LS and JD to map out/provide more detail on the commissioning environment to contractors.	LS/JD	ASAP
	<b>Service Support</b>	KC fed back that his group had looked at a proposed 'not dispense' service with VoY CCG. Questions arising from looking at the draft SLA were: <ul style="list-style-type: none"> <li>• If a pharmacist does not dispense for three months, would they receive the fee three times?</li> <li>• Can 10% of savings be returned to the pharmacy?</li> <li>• Service needs to be in place for non-managed repeat patients only?</li> </ul>	INFO	
		<b>Action</b> JD/KC to revise SLA and present to CCG.	JD/KC	ASAP

	<b>Contractor Support</b>	LS fed back that her group had been reviewing the current buddy system in place in respect of frequency of contact etc. amid concerns that not all contractors were aware who their buddy was.		INFO	
		<b>Action</b>	<p>To ensure consistency of approach, it was agreed that committee members:</p> <ul style="list-style-type: none"> <li>• Must ensure that each contractor on their buddy list is contacted at least once per year</li> <li>• Carry out a minimum of three buddy contacts per meeting attended (email/telephone is acceptable but face to face visits must be considered when practical and contractors haven't been visited for a long period of time)</li> <li>• CPNY to monitor interactions via new simple buddy spreadsheet to be completed and submitted to LS bi-annually</li> <li>• Use the buddy form as a guide and feedback at meetings on issues</li> </ul>	ALL	Ongoing
		<b>Action</b>	Buddy list to be posted on CPNY website with contact details and details provided in Weekly Update email.	LS	ASAP
<b>Service and CCG Feedback</b>	<b>VoY CCG</b>	<ul style="list-style-type: none"> <li>• Joint CCG and CPNY AF service funding bid submitted to the Health Foundation (£74K). Decision late Sep/Oct 18.</li> <li>• At the 'services brainstorming' meeting, it was agreed to look into the following areas (which aligned with the CCG's current priorities): <ul style="list-style-type: none"> <li>- Not-Dispensed service</li> <li>- DOM MURs</li> <li>- Diabetes</li> <li>- AF screening</li> <li>- Asthma/COPD</li> <li>- Anti-coagulation</li> <li>- Point of care testing (e.g. UTI)</li> </ul> </li> </ul>		INFO	
	<b>Harrogate CCG</b>	Sharps Disposal service meeting now arranged with the CCG (13 <sup>th</sup> September)		INFO	
	<b>AW &amp; C CCG</b>	DOM MUR pilot underway – feedback and review of findings at meeting on 17 <sup>th</sup> October 2018 (early indications positive in terms of reducing waste and GPs finding clinical assessment feedback valuable)		INFO	
	<b>HR&amp;W CCG</b>	Further Care Navigation workshops (CCG and Heartbeat Alliance) taking place in September 2018 (CPNY attending to discuss pharmacy services/undertake presentations)		INFO	
	<b>S&amp;R CCG</b>	<p>Infant Feeding Complications service will be put forward to the Scarborough Health Visitors' lead as a six month pilot to take place in the three most deprived wards. Funded by Nutricia.</p> <p>'Services brainstorming' meeting arranged for 11<sup>th</sup> October</p> <p>NHS area team indicated that the CCG may be interested in a MAS locally</p>		INFO	
	<b>CoYC Public Health</b>	CPNY alerted to CoYC approaching pharmacies direct to deliver Healthy Start Vitamins scheme (following refusal of CPNY to deliver at 50p dispensing fee). Strongly urged all pharmacies not to sign up. Both York and Selby District Council waste disposal departments keen to have discussions around the Sharps service (meeting arranged for 13 <sup>th</sup> September)		INFO	
	<b>NYCC Public Health</b>	Currently re-procuring the North Yorkshire Stop Smoking service. The new contract will be awarded in October 2018 with the new service commencing in January 2019 (agreed initial £20 for setting quit date and further £75 for four week quit)		INFO	

<b>CHL</b>	JD reported that CHL had now been closed down at a total cost of £840 (£356 of this cost was paid by CPNY due to lack of funds held by CHL).		INFO	
<b>MP Flu Promotion</b>	Seven out of eight North Yorkshire MPs have agreed to promote the national flu vaccination service at their local community pharmacy throughout September/October. (Andrew Jones MP for Harrogate declined).		INFO	
<b>AOB</b>	<b>Action</b>	JD reminded the committee that the six month deadline for expenses claims was 30 <sup>th</sup> September 2018 for those that hadn't yet submitted this financial year.	ALL	30/09/18
	JD mentioned that Harrogate CCG were looking for a community pharmacy to conduct a flu vaccination session for their employees.		INFO	
	<b>Action</b>	TL to contact Ken Latta at Harrogate CCG to discuss arrangements.	TL	ASAP

#### Future Meeting Dates 2018

Time	Day	Date	Venue
12pm	Thurs	15 <sup>th</sup> Nov 2018	York Sports Club, Clifton Park, Shipton Rd, York, YO30 5RE

#### Future Meeting Dates 2019

Time	Day	Date	Venue
12pm	Thurs	17 <sup>th</sup> Jan 2019	York Sports Club, Clifton Park, Shipton Rd, York, YO30 5RE
10am	Thurs	21 <sup>st</sup> Feb 2019	<b>Strategy Day</b> - York Sports Club, Clifton Park, Shipton Rd, York, YO30 5RE
12pm	Thurs	21 <sup>st</sup> Mar 2019	York Sports Club, Clifton Park, Shipton Rd, York, YO30 5RE
1pm	Thurs	6 <sup>th</sup> June 2019	<b>AGM</b> - York Sports Club, Clifton Park, Shipton Rd, York, YO30 5RE
12pm	Thurs	5 <sup>th</sup> Sept 2019	York Sports Club, Clifton Park, Shipton Rd, York, YO30 5RE
12pm	Thurs	21 <sup>st</sup> Nov 2019	York Sports Club, Clifton Park, Shipton Rd, York, YO30 5RE