**Liverpool LPC Agenda – May 2022**

**Present Attendance Statistics 2022/2023**

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| **Name** | **Designation** |  | **Members** | **Apr** | **May** | **Jul** | **Sep** | **Oct** | **Nov** | **Jan** | **Mar** | **Attendance** |
| Gemma Whitehead (GW) | Member / Chair | GW | ✓ | ✓ |  |  |  |  |  |  | 100% |
| Anna Mir (AM) | Member / Vice Chair | AM | ✓ | ✓ |  |  |  |  |  |  | 100% |
| James Forshaw (JF) | Member / Treasurer | JF | ✓ | x |  |  |  |  |  |  | 50% |
| James Moir (JM) | Member | JM | x | ✓ |  |  |  |  |  |  | 50% |
| David Porter (DP) | Member | DP | ✓ | ✓ |  |  |  |  |  |  | 100% |
| John Davey (JD) | Member | JDav | x | x |  |  |  |  |  |  | 0% |
| Leah Davies (LD) | Member | LD | x | ✓ |  |  |  |  |  |  | 50% |
| Peter Beeley (PB) | Member | PB | ✓ | ✓ |  |  |  |  |  |  | 100% |
| Dave Jones (DJ) | Member | DJ | ✓ | ✓ |  |  |  |  |  |  | 100% |
| John Devaney (JDev) | Member | JDev | ✓ | ✓ |  |  |  |  |  |  | 100% |
| Matt Harvey (MH) | Chief Officer | MH | ✓ | ✓ |  |  |  |  |  |  | 100% |
| David Barker (DB) | Engagement Officer | DB | ✓ | ✓ |  |  |  |  |  |  | 100% |
| Thomas Wareing (TW) | Business Support Officer | TW | ✓ | ✓ |  |  |  |  |  |  | 100% |

**Guests**

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| **Name** | **Designation** |
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|  | **Item** | | **Detail** | | **Time** |
| **1** | Welcome, introductions and housekeeping | | Declarations of interest, Nolan Principles, fire safety and turn mobiles off. | | **9:30am** |
| **2** | Apologies for absence | | To receive | | **9:32am** |
| **3** | Minutes of the last LPC meeting | | To confirm as a true and proper record. | | **9:33am** |
| **4** | Actions of minutes | | To discuss | | **9:35am** |
| **5** | LPC business | | 5.1 CPCS / Pharmacy First  5.2 DMS – Review of data and claiming hints & tips  **Break**  5.3 Hypertension Case Finding Service  5.4 National Smoking Cessation Service  5.5 Sexual Health Services  5.6 Workplan Review  5.7 Prescription Direction  5.8 HR and updating LPC policies going forward  **Lunch**  5.9 Representation review next steps  5.10 PSNC Meeting 12th May  5.11 Subgroup working:  Services – DMS  Comms – RSG, Nominations  Governance – Review a policy  **Working Break**  5.12 Health Protection Board Update  5.13 Contracts Update  5.14 Officers Reports  5.15 Regional Joint Working Group Update  5.16 Forthcoming Meeting Attendance  5.17 Forthcoming Holidays | | **10:00am**  **10:30am**  **11:00am**  **11:15am**  **11:30am**  **11:45am**  **12:00pm**  **12:20pm**  **12:30pm**  **1:00pm**  **2:00pm**  **2:15pm**  **2:30pm**  **3:00pm**  **3:25pm**  **3:30pm**  **3:32pm**  **3:35pm**  **3:37pm**  **3:38pm** |
| **6** | Finance | | 6.1 Treasurer’s Report | | **3:40pm** |
| **7** | Any other business | |  | | **3:55pm** |
| **8** | Date and time of next meeting | | Thursday 7th July – 9:30am – Hope Street Hotel | | **Close 4:00pm** |
| **No.** | | **Item** | | **Action** | |
|  | | This meeting took place at the Hope Street Hotel, Liverpool City Centre. | |  | |
| **1** | | **Welcome, Introductions and Housekeeping** | |  | |
| 1.1 | | No members declared a declaration of interest. Members were asked to keep phones off or on silent and to leave the room quietly if it was urgent etc. Members were informed of the Fire safety precautions, along with the requirements for Face mask coverings and hand sanitising when leaving the room. | |  | |
| **2** | | **Apologies** | |  | |
| 2.1 | | There were apologies sent for absence by 2 members – JF & JD. | |  | |
| **3** | | **Minutes from the last meeting** | |  | |
| 3.1 | | The committee went through the minutes of the last meeting and the minutes have been signed off as a true and accurate record.  **TW to add minutes to the website.** | | **Action – TW** | |
| **4** | | **Matters arising / Action from previous minutes** | |  | |
| 4.1 | | Members discussed the actions of the previous meeting.   * Minutes were added to the website. * Data Asset Register was not completed by **all members and will be required to do so as soon as possible.** * The flyer was not created for the communications group as an updated flyer has been produced by the CCG. * Flowcharts are all done. The dermatological flowchart needs to be circulated. **All flowcharts should be circulated to contractors on visits.** * PQS data is to be added to the next meeting agenda. * DMS data is on the agenda and the data will be sent in a few weeks. * No one has reported any patients presenting without referrals. * PSNC was only attended by MH. * MH has not asked about the CCG Training fund but will do so in a meeting with those involved next week. | | **Action – Members**  **Action – Engagement Officers** | |
| **5** | |  | |  | |
| 5.1 | | GP CPCS  DB gave a presentation which was circulated to member before the meeting as this is also his Officers Report for the month.  The GP CPCS numbers are now into the 1000’s and Liverpool are far ahead of other LPC areas. DB has warned that as we see a further increase in referrals, the number for dropped referrals will also increase, as will un-actioned referrals. DB will check this data to identify patterns with contractors in an attempt to resolve any issues.  With regard to GPs, they have been increasing their referrals month on month and as of late they have been incentivised to do so, due to the inclusion of GP CPCS referrals being included with their IIF Targets. Again, this will add more pressure onto the pharmacy teams in the coming months as the service continues to grow.  Pharmacy First  Pharmacy First provisions are increasing month on month and are now well into 500+. The vast majority of the provisions are either UTIs or Sore Throats, but the other PGDs are seeing a slow, steady increase as time goes on and awareness for patients and confidence with contractors builds. As ever, the difficulties are still the plethora of locum pharmacists citing a lack of training to provide the service, or patients not being contacted within the specified time frame.  The PCC has been in contact with DB, and he has been aiding them with their aim of increasing the uptake in the low/no referral GPs.  MH concluded at the end of DBs presentation that there is no update as of yet on the Doxycycline PGD and we may not expect to hear one for a while, however, there has been good progress made in terms of expanding the selection of PGDs available, specifically into allergies. MH will provide more information as negotiations progress. | |  | |
| 5.2 | | DMS – Review of data and claiming hints and tips  TW presented the DMS Spreadsheet to members once again. The current iteration has identified missed referrals and claims more accurately than the previous version, however, it has highlighted another improvement that needs to be made. There are contractors who have claimed for more on MYS than they have completed on PharmOutcomes, therefore, it has been suggested to add in another cell to consider the full number of referrals that contractors have received, in an attempt to equalise the number of MYS claims and PharmOutcomes referrals. | |  | |
| **BREAK** | | | | | |
| 5.3 | | Hypertension Case Finding Service  MH informed members the referrals have now started coming through in a higher volume than previous months. The CCG are very keen to highlight to GPs, the number of eligible patients that can be referred into this service. This will have a knock-on effect with pharmacies becoming inundated with referrals and therefore will require a slow and steady approach.  There are contractors that have thus far not engaged with any referrals and the engagement officers are working through that list. In doing so, they will provide all contractors with a CCG supplied, standard Blood Pressure Machine.  **Check that the model number is certified for use**.  DB asked members what type of reports would be useful so he can provide useful updates in the future. Members would like to see the levels of engagement by contractors first to ensure this service is manageable, then more data can be added should it be required. | | **Action – TW** | |
| 5.4 | | National Smoking Cessation Service  MH spoke about his ongoing discussions regarding the new National Smoking Cessation service. The service is looking to be going live soon, with the Royal Liverpool University Hospital hoping to be one of the first in the country to go live.  The only setback at the moment is a delay on PharmOutcomes integration, of which MH has a meeting with those involved next week and will provide an update to members once a “go live” date has been set. From there, there will be a need to give contractors time to sign up and complete the training which is extensive in comparison to previous iterations of similar services. | |  | |
| 5.5 | | Sexual Health Service  The funding for Axess has not been sorted as of yet. This has been an ongoing issue and is delaying the remaining rollout of the service. MH will be meeting with Axess in the coming week, to continue with the remainder of the rollout before they negotiate the “Advanced” offer.  Additionally, Liverpool has been chosen to be a pilot site for contraceptive implants. This will be an additional part to the Core and Advanced service specifications.  Looking at the current level of provisions, QuickStart has not gotten off to a quick start and requires insight into what improvements can be made to boost numbers. **Those not yet accredited will be contacted by the Engagement Officers.** | | **Action – Engagement Officers** | |
| 5.6 | | Workplan Review  Members spent some time reviewing the workplan to ensure it is correct and that the Officers are focusing on the correct areas. | |  | |
| 5.7 | | Prescription direction  AM spoke to members about TruPill. They are a Manchester based DSP, that have been canvasing multiple areas in Liverpool and elsewhere in the region to capture new patients. This has happened before and should a patient feel the need to complain, contractors need to be aware of the correct complaint’s method. **Send out the NHS Complaints Procedure to contractors.**  AM added that MARS, who is a Cheshire & Mersey Stoma supplier commissioned through its parent company Bullens, appear to be switching patient nominations to another part of their business which then provide patients with non-stoma prescriptions. **MH will produce a complaint to take forward.** | | **Action – TW**  **Action – MH** | |
| 5.8 | | HR and updating LPC policies going forward  GW informed members that the most recent round of performance reviews have highlighted an error when considering the rate of increase for Officers. This has stemmed from a lack of clarity as to which Index should be used, either the Consumer Price Index or the Retail Price Index.  A decision was made in a previous meeting to use the Retail Price Index; however, this was not written down in a manner that was easy to refer to or into a policy. As such, members held a discussion over the outcome of how to rectify this for future decisions.  Officers left the room at this point to allow members to discuss the topic openly. During the discussion, the members voted on whether to uphold the use of the Retail Price Index. GW stated a Declaration of Interest in this vote and therefore abstained:  VOTE: To uphold the use of the Retail Price Index:  OUTCOME: YES - 7 / NO - 0 / ABSTAIN - 1  The Governance sub-group is set to review the policies surrounding this later in the meeting. | |  | |
| **LUNCH** | | | | | |
| 5.9 | | Representation review next steps  PSNC have held multiple meetings to give contractors an insight on the details of the upcoming vote for merging LPCs.  Members watched the PSNC produced videos on the benefits of the merger. Members felt the information given by PSNC was not a fair representation of the hard work done by some LPCs.  The Officers will continue to support contractors by circulated the PSNC materials to ensure as many contact holders place their votes. | |  | |
| 5.10 | | PSNC Meeting 12th May  This meeting contained of a lot of the information used for the RSG Vote. There was an introduction to the new PSNC CEO, as well as other longstanding members that thanked Community Pharmacy for taking part in the recent PSNC surveys, which helped to inform the PSNC of the working issues at the moment which they can take to NHSE.  David Webb, Chief Pharmaceutical Officer, gave thanks to pharmacy for our performance across the board and how well-informed pharmacies are when dealing with patient needs and how important that is.  The main takeaway from the meeting was from Health Education England, who is taking over all of the responsibility for year 5 pharmacy students. Additionally, DHSC have produced a “clinical tariff” funding structure that has been approved for 2800 pharmacists in community pharmacy over the next 2 years to upskill and become a prescriber. | |  | |
| 5.11 | | Subgroup working:  Communications:   * As discussed, a new flyer is no longer needed to highlight Pharmacy First or Care at the Chemist, but this will be reviewed for future instances should there be a need identified. This may be through the winter months once the impact of the new leaflets has dissipated. * **Circulate the complaints procedure regarding EPS Nominations being changed without patient consent.** * Continue with contractor engagement by engaging with contract holders. * **Contractor survey to be held after the RSG is over with. Inform contractors in August, distribute through September.** * **Check dates for resumption of CPPQ** * **Data Security and Protection Toolkit - IG deadline due by the end of June – remind contractors.**   Services:   * Put together DMS “Hints and Tips” guide and forward to TW for formatting and circulation. **Engagement Officers to print and circulate on visits.**   Governance:   * Identifying a process to organise issues raised, how they’re dealt with and then stored. * Create a process to set time aside to ensure there is clear auditing for governance, process for issues etc. * All members will be issued with a new version of policies with their changes for checks to be made. From this, they will slowly form an orderly selection of policies fit for purpose.   This will require additional time as well as a switch in personnel for the group to ensure fresh eyes and ideas. | | **Action – TW**  **Action – TW**  **Action – TW**  **Action – TW**  **Action – Engagement Officers** | |
| **BREAK** | | | | | |
| 5.12 | | Health Protection Board Update  JD was unable to attend this meeting, therefore there is no update.  Members requested that JD provide an HPB update 7 days before every LPC meeting and this will be an ongoing requirement.  As such, the next LPC meeting is being held on the 7th July 2022, and an update is to be sent by JD to MH before or on Thursday 30th June 2022. The only reason to not provide an update, is if the HPB meeting falls within 7 days of the LPC meeting, at which point the update can be given on the day of the next LPC meeting. Failure to provide an update or suitable reason will be discussed by the committee at the earliest convenience. | |  | |
| 5.13 | | Contracts Update  There are no updates at this time. | |  | |
| 5.14 | | Officer Reports  Reports were circulated prior to the meeting. Members had no further comments or questions. | |  | |
| 5.15 | | Regional Joint Working Group Update  Reports were circulated prior to the meeting. Members had no further comments or questions. | |  | |
| 5.16 | | Forthcoming Meeting Attendance  MH can attend all upcoming meetings. | |  | |
| 5.17 | | Forthcoming Holidays  GW – 8th & 9th June  AM – 13th May to 6th June  PB – 28th May to 5th June  JDEv – 21st May to 8th June | |  | |
| **6** | | **Finance** | |  | |
|  | | Treasurer’s Report  JF was not present to talk through the Treasurer’s Report, however the report was circulated prior to the meeting and everything appears to be in order. The report now adheres to the new format that has been provided by the PSNC. | |  | |
| **7** | | **Any Other Business** | |  | |
|  | | The committee has been reminded that all services must be paid for before leaving the premises.  MH has a meeting with Liverpool City Council regarding the review of “out of date” services which will include an introduction to the newest member of their team.  **TW to email Governance Group regarding the “working from home” payment.**  **A new PCN Lead is needed for Central Liverpool.**  **MH to add new Staff Review Dates to Asana.** | | **Action – TW**  **Action – MH**  **Action – MH** | |
| **8** | | **Date and Time of Next Meeting** | |  | |
|  | | Thursday 19th May @ 9:30am – Hope Street Hotel. | |  | |

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|  | **Action** | **Person** | **Update** |
| 3.1 | Add minutes to LPC website | TW | Completed |
| 4.1 | Return Data Asset Register to TW | Members | Ongoing |
| 4.1 | All flowcharts to be circulated to contractors and dropped off on visits | Engagement Officers | Ongoing |
| 5.3 | Check the CCG BP Monitors are certified for use | TW | Completed |
| 5.5 | Engage the remaining non-accredited pharmacies for Axess | Engagement Officers | Ongoing |
| 5.7 | Circulate “NHS Complaints Procedure” to contractors | TW | Completed |
| 5.7 | Produce a complaint for the Bullen’s patient nominations issue | MH | Ongoing |
| 5.11 | Prepare a contractor survey. Prompt in August, start in September | TW | Completed |
| 5.11 | Check dates for the resumption of CPPQ | TW | Completed |
| 5.11 | Circulate deadline for Data Security and Protection Toolkit | TW | Completed |
| 5.11 | DMS hints & tips to be circulated to contractors and dropped off on visits | Engagement Officers | Ongoing |
| 7 | Email Governance Group over “Working from home” payment | TW | Completed |
| 7 | Appoint a new PCN Lead for Central Liverpool | MH | Ongoing |
| 7 | Add new Staff Review Dates to Asana | MH | Completed |