**Minutes of Walsall Meeting, 14th May 2014**

**Present:**

Jayesh Patel - Chair Steve Hartshorne - Hartshornes

Jas Pannu - Coalpool Malkit Singh - Walkers

Balraj Chohan - Beacon Fazal Rahman - AIMp

Devita Dalvair - Boots Jyoti Vadukal - Lloyds

Daljit Sandhu - Morrisons Jatin Patel - Lazy Hill

Jeff Blankley – Boots Jan Nicholls - Secretary

Also in attendance: Hema Patel, Bharat Patel, Tammy Field

**Welcome and apologies:** Harj Sadhra, Paul Gnosill, Chetan Rai, Mark Olliver

The meeting began with a round of introductions.

**Minutes and Actions**

There were no changes to the minutes.

With the exception of NRT vouchers, all actions had been completed or were covered in the agenda.

Contractors had received an update of services and claims from Alex Ridley the previous week. The secretary had permission to add most of the contents to the LPC website. WHCC has declined to allow all the information to be posted publicly.

This prompted a discussion on validity of vouchers and eligibility of services, especially on the boundaries of the HWB.

The Manor had approached one pharmacy to provide mdi and deliver to hospital within short time-scales – declined. DD explained how the Boots service operates, they are close to the site.

**Presentation from Bharat Patel**

In line with national directives Walsall CCG is developing a 5-year strategy and 2-year operational plan – the “plan of a page” had been made available for comment.

***Action:*** *make strategies and plans available*

The CCGs current priority areas include:

Reducing secondary care activity, e.g. emergency admissions – respiratory, CVD and diabetes related complications are key drivers

In his new role in 10 care, Bharat is exploring ways community pharmacy can assist CCG in achieving their goals.

Target efficiencies:

**MDS Discharge pilot at WHT -** 100 patients are discharged daily, 10% have mds. WHT has undertaken a pilot with pharmacy to reduce LoS and facilitate quicker discharge

Practices are working on *risk stratification enhanced service* and need to identify 2% of patients at risk of admission following changes to QOF

**Collaborative working in primary care** – practice could share services, e.g. clinical staff ,backroom functions

**CCG outcome indicator** – pharmacy may have a role to aididentification of patients at risk of dementia, non-compliance with asthma therapy. COPD team is commissioned to manage patients at risk of exacerbation and possible hospitalisation e.g. vulnerable patients should be encouraged to have a rescue pack of steroids and doxycycline.

Asthma management Pharmacists could assist with ACT score to identify patients with poor control for signposting to GP practice for appropriate step up / step down, MURs could also be targeted for this patient group

The chair summarised with suggestions for pharmacy to support GP capacity around LTCs, reviews, complex medication, MURs, reducing hospital admissions with discharge MUR (S Staffs) and re-ablement programmes (IoW), alcohol interventions.

BP gave an overview of CCG planning structure and it was agreed that pharmacy should be included as part of the planning meetings BP will discuss with Line Manager, Head of Service Transformation and Redesign.

BP suggested LPC develop business cases that align with CCG priorities, eg for ACT scores which had produced positive (though limited) results, Manor discharge pilot currently undertaken by Boots, industry support. Is local help available for business cases?

***Action:*** *source template*

JB welcomed BPs approach and asked him to promote pharmacy and invite LPC to pathway design meetings in addition to 10 Care Provider Group and Meds Management.

BP went on to stress the importance of planning for implementation of **NPSAS** medicines safety directives, by Sept all pharmacies must have a lead responsible for reporting and multiples a board member. Robert Saunders has been nominated as CCG Medicines Safety Officer (MSO)

**Repatriation of Immuno-suppressants**

NHSE commissioning intention that transplant patients to be offered 20 care prescribing (safety, brand continuity) starting with new patients. CCG has been asked to support NHS E initially to identify patients at practice level.

**Local Commissioned Services**

There has been a pleasing response, round figures:

Care homes 20

MAS 6

Palliative Care 8

EHC 50

Needle X 40

***Action:*** *reminder to contractors - return additional information to Alison Simmons by Monday 19th May 2014*

PharmOutcomes is under discussion promoted to the LA (Barbara Watt) though it is not a payment tool but can provide activity-based reports

**Rpt Rxs**

A survey by Don Ferguson had thrown up some issues, arguably the most important that pharmacists were unable to produce patient consent forms – implications for authority to supply. CCG MMC has considered the report and will incorporate recommendations into the good practice guidance previously agreed with LPC, LMC and PCT.

Bharat and Tammy left the meeting at 14.32.

**Healthchecks –** no progress to date.

**Services**

Hema extended her thanks to all contractors for their responses (asked JN to remind those with outstanding issues to contact Alison Simmons by Monday 19th).

She will continue to provide one-to-one training, other events tba.

JN raised the question of the reimbursement of D&B fee after sufficient tests had been returned, Hema replied it had not deterred contractors.

**PH Campaigns**

Infant feeding

Diabetes

Winter Health/Novovirus

NHS Checks

Medicines awareness

**Bank Holidays**

Details of Easter rota had not been available to circulate, DD confirmed Boots, Park Street would be open 10 – 16 an all BHs, supermarket pharmacies also open, maybe reduced hours?

***Action:*** *contact Louise Brierley, WM Ambulance Service, NHS 111*

**Black Country Cluster**

Verbal report pending draft.

**PNA**

The first meeting to review the PNA had taken place the previous afternoon, Chair, Sec and HP present. Chair suggested multiples send a rep. Next meeting May 27th.

***Action:*** *multiple reps required*

**Meetings attended**

**PPA** - no meeting

**HWB** - urgent care review, PNA, locality groups

**Meds Management** – GP AQP contracts providing current spec services due for renewal 30th June, three year contract, three months notice required.

Hema left the meeting.