**Minutes of Walsall LPC Monthly Meeting 13th July**

**No meeting in August**

**Present:**

Jay Patel - Chair Daljit Sandhu - Vice-Chair, Morrisons

Chetan Rai - Boots Onkar Singh – Brutons, Moxley

Jas Pannu – Coalpool Jatin Patel - Lazy Hill

Harmeeet Grewal – KV Hartshornes Raj Ram - Treasurer

Gurdev Sehmi – Touchwood Jan Nicholls - CO

**Apologies:**

Jyoti Saini, Mikesh Patel, Harj Sadhra, Balraj Chohan, Hema Patel

The Chair welcomed everyone to the meeting.

There were no matters arising from June meeting not covered on the agenda.

**LPC Planning**

**Service Delivery & Comms**

Reminder - IG toolkit submissions are due at **30th June.**

**PSNC round-up**

**RSG** voting closes Friday 17th June

**Workforce issues are impacting on all activities in both CP and GP practices**

**HLP** - no new info

**Essential Services:**

**DMS** Led by Michelle Haddock ?training opportunities

Integration with PharmOutcomes? Trust previously operated compatible IT, not sure now - no local intelligence or contact Hema offered to help with this. Referrals now covered by CQUIN

Training: recent webinars and meetings cancelled, circulate programme √

**NMS** no data or feedback

**Advanced Services**

**Hypertension Case-Finding**

29 contractors providing data ~ 340 measurements/month

Care: mismatch between GP guidance on ambulatory measurement and CP spec - may lead to inaccurate observations.

* **Research training options across BC/wider footprint.**

**GP CPCS**

As referral numbers grow NHSEI are scrutinising incomplete referrals in the dataset (huge). Contractors who have agreed to participate need to check for referrals several times a day and contact patients if necessary; an opportunity to implement a team approach?

The number of incomplete referrals is a small percentage of the total but each represents a patient whose needs have not been considered, let alone dealt with. A mailing has been sent to contractors by nhs.net email urging them to deal appropriately with *all* the referrals on their clinical system (ie accept and complete or decline giving a reason).

Those who have the greatest numbers have been contacted by phone as well.

Following those calls LPC are aware that referrals from all sources appear in the same area of PharmOutcomes (and are potentially included in NHS figures?)

NHSEI view is that a referral constitutes a change of clinical responsibility from the GP to the pharmacy. The team are taking this very seriously and are exploring imposing a remedial breach notice when referrals appear to be ignored.

As this is an Advanced Service, contractors who have found the service is not for them are advised to close all open referrals and withdraw.

LPC members confirmed there is rarely any notice a practice is planning to commence referrals.

Investigate other BC models to assist with integration, Simon Hay flowchart??

Potentially employ a consultant 1 or 2 days/week.

Amanda Alamnos challenged spending plans submitted – in particular daytime meetings intended to engage practice staff.

**POD** Modality failed to provide data for assessment, declined invitation to visit LPC meeting.

⮚ LPC members would welcome data on KPIs, average and range of waiting times for July meeting.

**Flu Service** meeting cancelled

**LVS** reappraisal of sites pending autumn programme

**PCN MoU refreshed**

**Governance Group**

**Action: Declaration of Interests updated for members**

**Include** Finance Policy

Sign/scan to [**Harj**](mailto:harj.sadhra@icloud.com)

Blank documents/compliance to be circulated.

Expense policy updated with new LPC rate (£28/hour) - to be uploaded to website. Increase in LPC expenses: £28 effective February.

(Expenses Policy refers to work for LPC as distinct for Project work for PCN/GP CPCS)

PSNC finance template & annual report overview from Chair, CO, Governance, Finance

Accounts completed and sent to accountant, expected end of July.

Notice required for feedback prior to AGM minimum 30 days.

Janet Morrison cannot cover AGM, request to James Wood to cover RSG process - James Wood?

**Update on PNA**

LPC provided updated information on CP numbers/type/hours for the PNA. (NHSEI have not confirmed at the time of writing.) LPC local knowledge was verified via contractor colleagues and the SHAPE Atlas. The number of contractors currently stands at 71, a figure NHSBSA have incorrectly calculated and maintained for several years despite LPC efforts to rectify their error.

**Local Enhanced Services**

**Palliative Care**

Whole system review to ensure equitable access/patient care. No immediate changes pending review.

**Sexual Health Service**

Age restrictions removed.

**CPWM**

Next meeting July 12th, agenda items to include:

Proposal for East Midlands LPCs to join CPWM (less than £3 per contractor), decision expected prior to July meeting

Sub-groups already include:

Workforce

IT

**CGL**

Jack Rubery, Project Manager at The Beacon, talked the group through changes in practice:

Walk-ins

Naloxone

Blood-borne virus (BBV) testing for HIV, HepB

Training and BBV testing can be arranged for pharmacy teams via Jack

**Connected Health** continues training networking**.** Check [Basecamp](https://3.basecamp.com/5213615/projects/24425960) for latest posts

**CLOSED SECTION**

**PSNC**

**PLOT** meetings continue, notes are circulated to LPC members. Ali Din is nearing the end of his period, Stephen Noble will take over in August.

**Flu Forum** cancelled.

**IPMO**

BC meeting

**Treasurer’s Report**

**AGM Planning**

**Gather threads from Planning Groups:**

**Next meeting July 13th**

**AGM September 14th**