**Avon LPC Meeting – Wednesday 11/10/2017**

14a High Street, Staple Hill, Bristol, BS16 5HP

Present: Richard Brown, Chris Howland-Harris, Rebecca Barratt, Matt Robinson, Hilary Collyer, Lisa Fisher, David Tomlinson, Jerry Long, Emily Stone, Stuart Moul, Tanzil Ahmed, Roger Herbert, Alan Smith

Apologies: Sadik Al-Hassan

Declarations of interest : None

CCA report: Emily and Becky to do CCA report under Tanzil’s guidance

Review of last month’s minutes and action points: Read through last month’s minutes – amended and agreed

Action points reviewed – lots of conference work and publication has gone on. Jerry commented that NHS mail needs to be accessed regularly, he has sent out a reminder. The help desk is really good, and the portal also.

Obtaining generics: A discussion occurred regarding price concessions and the different approaches being taken by multiples and independents. Price concessions are ongoing, RB said PSNC are doing their best to try and negotiate fair remuneration. Discussed the Proscript cascade to obtain the more cost-effective generics. RB commented that Cambrian Alliance are starting to have conversations with the LPC. RB said that the LPC are here to support the contractors, we have no influence on drug tariff prices but we need to think of what we can do to support our contractors e.g. referring contractors to PSNC, and discussing with independents about buying groups. CHH noted that whilst the PSNC are sympathetic, they could send out more comms to contractors to let them know what they are doing.

Treasurer’s report: Tanzil and Jerry to arrange a date to open Santander account. We still have enough money in reserve and we need to safeguard our money. Each account insured by FSA up to 85k, any extra money should be moved into a separate savings account to protect it and may get some interest.

We were down in items in April (most likely due to Easter), but it has picked up for May, June and July; but now we are a positive 47k items. Year on year growth is okay. Avon is growing at approximately 0.7%, HC questioned national average but JL was not sure. Average item value was also up – this could be to do with less 7-day script (switched to 28) or price concessions. LF asked if the AIV is important, JL said probably for the contractors P&L. Update on HEE grant, we are running another leadership and HLP course.

Had area manager meeting; absence of area manager from Boots (need to find out details), Cohens, Day Lewis and Well is a concern and the worry is that they are not seeing the value of the area manager’s meetings. Lloyds Pharmacy generally has good attendance. LPC can provide additional training but this relies on people asking for support. Turnover of staff will require champion training – but they need people to be interested. LF suggested JL to do one to one visits, he said always gets ‘we are too busy’. LF commented the value added the JL visits have done. JL’s help could be advertised suggested by CHH, following this JH suggested putting testimonials on the website in case communications get lost in email, contractors may see these reviews and might engage with HLP. JL said some pharmacies asked for additional support, which he is happy to help with, but has built up some good working relationships. He commented that these resources are open to the multiples too – concern that may not be HLP in November QPS declaration due to staff turnover. JL said we need to use it or potentially loose it – LF said we need to put a plan together to spend this HEE grant. JL and JP are continuing offered support, and this proactive offering of support can be demonstrated to the HEE.

RB commented on how personalising invites to meetings/training/offering events to market our services to AMs (area managers), this might help get better responses. Matt has sent Boots details – for leaders and support roles, which is not always the area managers. AMs have been swamped. RB said if messages are not being received in store, WE need to look how to communicate better.

QPS update: 229 made submission, only 1 fail as they did not do MURs (no consultation room) but could have done an NMS. Average points in Avon are 48.2, but across the country it was 45.6 - so we have done better than the national average. 26 pharmacies hit maximum 72.5 points which is really good – mixed between multiples and independents. CCA are lower than AIMP and CCA. What we did as an LPC, supporting independents, we have definitely had a positive effect with these results. LF has commended JL with the support he has given, but also JP for getting several pharmacies to HLP level 2.

SCR has now changed to include criteria where if you have achieved over 100 in the past two time points you will achieve this criteria. Breakdown of points: good on annual patient safety reports, safeguarding and SCR, 111 and HLP. It is definitely the effect of HLP which is making Avon ahead of the other South West LPCs. Average contractors received £3,087 compared to average £2,795 – it is not always just about money, but improved experiences for our patients.

The LPC still does not know what will happen next year regarding QPS, we are likely to know around December.

NHS have started doing random visits to check paper work for MURs, NMS, NUMAS and in April – NHS flu. They want to see files are kept in order, need to prove what we have claimed for are correct. Details of MURs to still be kept confidential. Reminded that fraudulently claiming MURs etc. is NHS fraud and considered a criminal offence. JL to put process in place (guidance sheets) for independents etc. for MUR and NMS processes.

JL suggesting using NHS mail for Avon LPC correspondence, and maybe for professional services such as hospital discharge notifications. This will help to keep accounts live, and get contractors used to using them. Some multiples have difficulty getting access to it.

From a due diligence prospective, we have invested ~£10,000 in recruiting a QPS coach role in Jerry, but it showed that approximately Avon achieved £83K more than national average. We are 4th ranked in LPC, top performing large size LPC, every measure above the national average and already working on increasing points. RB thanked and recognised JL for his work, and it was a good return for contractors.

Training suggestions: appliances (catheters/stomas), diabetes, GI, dermatology, minor injuries, hepatic disorders already lined up, sepsis, mental health/drug misuse, children’s health, clinical medication reviews, CVD, cancers, travel medications, nutrition

We voted on topics and talked about likely speakers and reps: Voted and decided on – Liver, Mental health first aid, travel medication, Drug misuse/legal highs, antimicrobial resistance, Nutrition/obesity.

Cambrian Alliance also expressed interest in training topics maybe regarding pharmacy business.

Flu Update: Raised concerns regarding GP practices unethical flu notices. LPC working with the LMC to work together and tackle poor notices against other providers. RB said we have still done really well and figures are up across Avon. Commented on national press which state high percentage of people having positive experience and would recommend pharmacy to others.

Conference: Update regarding tonight’s conference plans, delegation of roles etc.

Judith Poulton update (HLP and project implementation): Only 3 weeks into the flu jab season, over 83% of pharmacies are delivering. Change in culture – part of the usual job. Have been much better this year, the high-risk categories have been targeted and numbers better year on year.

Some pharmacies have pulled out of the HLP level 2 project in South Glos. Judith expressed that if commissioners will look to give a service, more likely to give to a level 2 pharmacy who have proven track records.

Talked about self-accreditation, HLP level 1 could be seen as a tick box exercise, but a level 2 is more of a valid assessment and there tends to be an ethos change in these pharmacies. Pharmacy teams have had positive outcomes – improved confidence talking to patients.

Bristol weight management service may stop in April – 12 week gap so may need to enforce a January deadline for sign up. 1470 patients signed up, over 406 patients have lost more than 5%.

Bristol brief alcohol service – nearly 2,500 scratch cards and nearly 500 had brief interventions. South Glos have made over 147 exercise referrals. Good evidence that 5-minute intervention can have a positive reduction in alcohol consumption. Pharmacy teams are having good ‘unrecorded’ conversations, and they have themselves reduced alcohol consumptions, attending weight loss classes, and this spirals out into family and friends.

AHS update: Somerset MAS – 62% of pharmacies live. ~80 consultations for chloramphenicol, retapamulin and nitrofurantoin. Trained over 200 people for HLP, 64 pharmacist went through flu training and 9 people on the pre-reg course. AHS also looking to tender for other services.