

DEVON LOCAL PHARMACEUTICAL COMMITTEE

Minutes of the meeting held on Monday 5th October 2009 7.30 pm at Deer Park Business Centre, Kennford Exeter.

Members in Attendance:

Mr David Bearman (Chair)
Mr David Chapman
Mr Phil Dawes
Mr Simon Gardner
Mr Andy Lawson

Mr Michael Lennox
Mrs Sian Retallick
Mr Paul Stevens
Mr George Wickham

In Attendance

Mrs Sue Taylor – Chief Officer
Mr Mark Stone – Project Pharmacist
Kathryn Jones – Secretary

Mr Les Yeates, Gloucester LPC
Adrian Tebby – Day Lewis PLC

1/417 Apologies

Miss Nerys Cadvan-Jones, Mrs Brenda Taylor, Mr Mike Barbour, Mr Martin Frankland, Mrs Ali Hayes, Mrs Sian Retallick

1/418 Welcome and introductions

David Bearman welcomed everyone to the meeting. He introduced Les Yeates and Adrian Tebby who were attending as observers.

1/419 Register of Interests

There were no changes to the Register of Interests.

1/420 Minutes of the meeting held on 14th September 2009

It was noted that Mr Mike Barbour had been omitted from the list of attendees, once this correction had been made the minutes of the meetings held on the 14th September 2009 were signed as a correct record.

1/421 Actions arising from the minutes

1/392 Compliance Aids

Mike Barbour informed the meeting that one of his pharmacies had been informed by a local practice that no seven day scripts would be issued following receipt of a letter from Devon PCT.

Action: Mike Barbour to obtain a copy of the letter and forward to the Secretariat

1/412 Change of hours – Pinhoe Pharmacy, Station Road, Exeter

It was agreed that in future the LPC would only wish to be scrutinizing changes to core hours and not supplementary hours, but would want to be informed of proposed closures on Saturdays. The PCTs need to differentiate between core and supplementary hours. There appears to be no consistency in process between the three PCTs in Devon.

Action: Sue to follow up with the three PCTs

1/413 – NPA Flu Pandemic Event

The event on the 10th September had been rearranged to 10th October, however, due to lack of numbers the event had been cancelled

1/413 – Meeting with Devon LMC.

Currently no LPC member was due to attend this meeting. David Bearman agreed to attend (if possible) or Simon Gardner.

1/414 Performance Measures - MURs

David Bearman reported that this was on the Plymouth PCT agenda.

1/416 AOB - Dispensing and Responsible Pharmacist

The article is due to go in the November 2009 Purple Pages.

Action: Mark Stone to write and submit article for Purple Pages

1/416 AOB – MHRA Alert Codene

The article to go in November 2009 Purple Pages

Action: Mark Stone to write and submit an article for Purple Pages

1/416 AOB Controlled Drugs – Palliative Care LES

A response had been sent to Devon PCT. Sue had asked for an update, but to date had not received a response from the PCT.

Action: Chase Devon PCT for response.

1/422 Finance Report**Income****Month of September**

There was a net positive variance to the budget this month of £2188.44. This is as a result of a higher than anticipated levy income (961.62) and significant income through sponsorship, £1350 above anticipated.

Summary Year To Date Income

We are now half way through our financial year and the LPC can be reassured that the finance subcommittee is happy with the current finances.

If all the income comes in on budget for the remainder of the year, the LPC is forecast to make a significant surplus of £19,916.82. This is due to higher than expected income (£2188.44) in addition to lower than anticipated expenditure (2123.22).

The PPA levy has been higher than anticipated and for the month of September we received an income £961.92 above the budget and year to date after 6 months we are £5774.11 above our budget.

The LPC has achieved great results from sponsorship and achieved £1350.00 above budget for the month of September and £3375.00 above the plan after 6 months.

In total the Income for the LPC stands at £145633.17 against a predicted income of £134,100.00. We therefore have an income of £11,563.17 greater than expected.

Expenditure**Month of September**

The expenditure for the month of September was just £65 over the plan. We have had a significant expense this month on venues for events and payments to pharmacists undertaking project work for the LPC. Over £2500.00 was for venue hire for the Responsible Pharmacist events and £426.00 for pharmacist payments for professional support.

Summary Year to Date Expenditure

The LPC has spent a total of £124,934.35 against a planned budget of £133,112.00. We are therefore £8177.65 better than planned.

The principle budget lines that are under spent include the salaries line, the under spend is offset against the expense for Professional Support pharmacist costs. Secretariat and LPC expenses are also under budget.

Summary

The total income less the total expenditure for the LPC year to date is a positive amount of £20,728.82. Our plan after 6 months was to be just £988.00 up to this point in the year. We are therefore predicting a £20,000 surplus for the end of the year (assuming all budget lines came in on budget for the remaining 6 months).

Devon LPC Annual Report 2008-09

The members viewed the Annual Report in draft format. Comment was made that the reproduction of the accounts was not particularly clear and the committee asked that the copy for the final report be readable. It was proposed by Simon Gardner and seconded by Andy Lawson that the report and annual accounts be accepted.

1/423 Contractual Issues

Kingsteignton Appeal

The following members declared an interest and left the meeting; David Chapman, Andy Lawson and Simon Gardner.

Mark Stone had discussed the appeal with Paul Stevens and Ali Hayes had sent in her views. It was felt that the table in the decision letter from the PCT showing enhance services being provided in current pharmacists in the area was useful.

It was agreed to reiterate the LPCs response to the original application.

The members returned to the meeting.

Action: Response to be sent

1/424 Secretariat Report

It was reported that the appeal against Devon PCT decision to refuse an application by John Ware Ltd for preliminary consent prior to inclusion on the pharmaceutical list in the vicinity of School Lane, Broadclyst had been allowed by the NHS Litigation Authority

Flu

Sue reported that Plymouth PCT had informed the LPC that daily reports were not being submitted by some contractors. PCT staff were having to phone pharmacies and in some cases were not getting a polite response from the pharmacist. Phil Dawes asked if it was known when payments would start. In Torbay there were no problems reported with payments

Action: David Bearman to take the matter of payments up with James Glanville

1/425 Devon LPC Constitution and EGM – Review

Members were asked reflect on their actions at the EGM and also read the LPC Accountability Framework section on corporate responsibility which was viewed at the meeting. All members of the LPC had previously signed a copy of the document. Copy attached at the end of the minutes.

David Bearman informed the meeting that the LPC would now be forced to adopt the PSNC model constitution.

There was a short discussion about why the vote had opposed the LPC proposed constitution.

It was proposed by David Bearman that a vote be taken of those members present to adopt the model constitution (which includes the appointment of non-pharmacists) Six members voted for; One member against.

David Chapman felt that it had been correct to highlight the Corporate Responsibility document to members and commended David Bearman on his behaviour at the EGM and since.

It was agreed to hold the EGM on the 2nd November prior to the Exeter Locality Forum at The Devon Hotel Exeter. The venue is already booked.

1/426 Report on Exercise Coldplay (Flu Pandemic)

David Chapman gave feedback to the meeting; a written report is attached with these minutes. A final report will be included with the November Secretariat Report.

Torbay Care Trust was intending to write to contractors asking for copies of their own contingency plans to be sent in and had asked Sue for her comments. Members were concerned about the additional work load

this would impose on contractors, and also about the possibility of disclosing personal information about pharmacy staff members. Contractors are not required under the terms of service to submit plan. It was felt that it would be more reasonable to ask contractors to write to the Care Trust to confirm that they did have a plan in place.

Solveig Sansom had confirmed that pharmacists and their staff will be vaccinated although there are no plans for pharmacists to be providing vaccinations to the public.

Devon DAAT is only asking contractors to confirm that plans are in place.

Mark Stone is due to discuss the situation around supervised methadone with Plymouth and Torbay hoping for a consistent approach.

Torbay Obesity LIG – Report by Simon Gardner

Simon reported that he had attended the meeting which had highlighted the disparity of services available between Devon and Torbay. Pharmacy is historically bad around capture of data for services. It had been agreed that there would be alignment of accreditation in the future.

The actions arising from the meeting were;

- Set up a group to draw up a specification of current services
- A pharmacist place on the LIG (Simon Gardner will take the place initially)

The next meeting is due to held mid November.

1/427 Responsible Pharmacist

It was reported that around 270 people had attended the six evenings which had taken place. The resources had been uploaded to the Devon LPC website, as more become available they will also go on the website.

Feedback had been excellent and a congratulatory note from a delegate at the Barnstaple event was read out to the meeting.

The meeting expressed their thanks to all who had worked so hard on these events especially Mark and Simon Gardner.

1/428 Working Groups

The meeting split into small working groups to review priorities agreed at the awayday and identify three actions to go forward with.

Care pathways & Service Redesign

There is a need to find out what is happening across the whole of Devon. Information so far indicates that there are pathway group meetings in Plymouth, but pharmacy is not involved. Devon is concentrating on the redesign of the complex care pathway, and intelligence is needed as to what is happening in Torbay.

Proposed actions to take forward included:

- Ascertain how to integrate with the Plymouth Health Programme Groups
- Support John Finn regarding complex care pathways in Devon
- Lobby Patient Groups

It as mentioned that a gluten free patient group were active in Exmouth and a pharmacist had been in contact following a meeting with them

MURs

Up to date information shows that fifteen contractors are on track to deliver 400 MURs, thirty had not undertaken a single one, although the trend is drifting towards all pharmacies doing some MURs. Multiples are at the top and bottom of the data. It was felt events should be organised – not using a consultant, but a nurse for example around hypertension. The format of the Responsible Pharmacist evenings had been good and should be used for future evenings. Andy Lawson and David Chapman to meet with Ali Hayes with a view to rolling out a programme of events early in the new year

Communication

Mark Stone had attended an NPA media training event. It was agreed that a communications survey would be sent out to all contractors and organisations that the LPC related to, based on the recent LMC questionnaire. Sue asked if book vouchers could be offered as an incentive to return the questionnaire.

Performance Measures

It was agreed that the list drawn up following the away day needed revision. Up to date data was presented and would be reviewed quarterly.

- It was agreed to delete "Access of support – contractor queries handled by the Secretariat" this would be time consuming to collect and was therefore not required in the future.
- Quality of Core Contract Delivery, feedback had not been received from either Torbay or Plymouth.
- Numbers of contractors signed up for LES and claiming money – it was hoped that information would be available on the monies budgeted and the numbers of actual numbers delivered by pharmacies.
- Skills delivery – leave until new committee in place.

1/429 Any Other Business

Health Promotion Champion

Les Yeates outlined the Health Promotion Champion scheme which is running in Warwickshire. Three promotions are undertaken in a year rather than six, and last much longer than one week. A member of staff in a pharmacy becomes the lead for health promotions (not the pharmacist) and would undergo training. The training would be for half a day and would be the only cost incurred by the pharmacy. It was felt a scheme like this could help with health promotions across Devon. Members supported the scheme, the next promotions to be around, smoking, sexual health and alcohol

Action: Sue to send out to members the report prepared by Les Yeates.

Dates for LPC meetings in 2010

A list of proposed dates was circulated.

The meeting closed at 10.00 pm

Date of the next meeting – Monday 9th November 2009 at the Deer Park.

Signed

Date.....

Devon LPC Constitution 2006

16.2 To ensure that the Committee conducts its affairs in accordance with accepted principles of good governance

DEVON LOCAL PHARMACEUTICAL COMMITTEE - CODE OF CONDUCT AND ACCOUNTABILITY

Extract

Corporate Responsibility

During a debate on an issue at an LPC meeting, members are able to express their views freely and firmly, however, once a decision has been taken by the LPC then that decision is binding on all members, irrespective of any counter views which may have been expressed during the debate.

Corporate responsibility means that individual members will publicly state that only the LPC's collective view on an issue and, as an LPC member, will not say or do anything to undermine the LPC's position.

Individually LPC members have little if any power. The personal or individual views of an LPC member have little relevance outside of the LPC. The only view that is relevant is that of the LPC collectively.

It is important that LPC members make sure they are aware of the views and concerns of the contractors they represent - where a decision is to be made that will significantly affect contractors or a major financial expenditure is planned a more formal consultation may be needed or a meeting of contractors may need to be called.

Report by David Chapman - Devon Exercise Coldplay

The exercise is a major part of the contingency planning on H1N1 swine flu for Devon PCT now known as NHS Devon. There were 68 delegates from various organisations across the PCT area and we were arranged by function or employer around 9 tables. The scenario was led by a chairman. A DVD clip was played lasting about 5 minutes and then there were a series of questions given to the tables. The time to answer the questions was limited and therefore involved delegation of responsibility, a quick discussion, refined to a response, and noted on different coloured post it notes and then summarised back to the whole audience. There were 3 colours of post it

Green requires escalation to the Dept of Health

Pink requires some action within our own organisation

Yellow are observations or comments or already derived solutions

There were 3 DVD clips, a review of phase 1, what worked well, what did we learn? Phase 2, the peak of the second wave of swine flu, and thirdly the recovery phase and defining when normality reappears.

The audience were senior decision makers in the key organisations, it was taken very seriously and there was intense interest in the post it notes and feedback given. There is a wider version this week for the organisers to take to the SHA.

The outcomes

There was significant frustration with the DH, it was felt, that there was a high flow of info coming down and not enough autonomy given on the ground. The time required to implement actions was too tight, and it was difficult to manage the day job with this extra workload.

There is no extra money for dealing with swine flu, it is to be covered by standard budgets.

The knock on effects of social disruption will probably be large, eg schools closing therefore workers remain at home to look after children

The peak will occur around week 6, but weeks 1,2 and possibly 3 may not be very visible due to the rapid escalation of new cases. The mortality level (mainly from underlying conditions) will probably be lower than previously thought.

The recovery phase is the least understood part of the picture as the previous 3 pandemics all had similar peaks but different recovery phases.

The importance of the media will be important and the impact on daily lives most significant as news gathering and sharing is much more rapid than previous outbreaks.

The summary for the room on phase 1 was that Devon NHS had coped well with the initial outbreak, though may not have felt like it.

That plans are in place for the next phase and that the organisations were reasonably well placed for the second peak. There was a need for all organisations to engage with front line delivery workers to ensure their own contingency plan was in place, eg what would we do if our children were sent home as the school closed.

Specific Comments about Local Pharmacy Contractors

The process to supply anti-virals through community hospitals worked well

That pharmacy contractors did not wish to engage with the supply of Tamiflu, I challenged this and it was accepted.

Confusion from the DH about scripts/tokens and flu buddy requirements for id. More clarity and simplicity requested, and once decided do not change processes.

There is a huge amount of Tamiflu (90% still remains available)

In parts of the area, patients were too remote from the distribution centres, Ivybridge and parts of Dartmoor noted. The Red Cross are operating a flu buddy scheme and have delivered over 100 doses to patients without their own flu buddy.

The second peak will probably have similar processes as the first peak.