

DEVON LOCAL PHARMACEUTICAL COMMITTEE

Minutes of the meeting held on Tuesday 17th May 2011 at Larkbeare House, Exeter

Members in attendance:

David Bearman	Kevin Muckian
Steve Budden	Karen O'Brien
Nerys Cadvan-Jones	Stephen O'Reilly
David Chapman	Tony Perkins
Simon Gardner	Paul Stevens
Nigel Gray	Brenda Taylor
Andy Lawson	Adrian Tebby
Michael Lennox	

In Attendance:

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

1/650 Apologies for absence:

Peter Hope, Chris Naidu.

1/651 Welcome and Introductions

David Bearman welcomed everyone to the meeting.

1/652 Register of Interests:

Members were reminded that new register of interests and confidentiality agreements need to be completed and returned to the Secretariat. Those outstanding following the meeting were; **David Bearman, Chris Naidu, Karen O'Brien and Paul Stevens.**

1/653 Minutes of the meeting held on 18th April 2011

An amendment was made to Minute 1/634 – Outcome Measures and Performance Management. Nerys Cadvan-Jones sent in revised wording which was attached to the minutes. The minutes of the meeting held on 18th April 2011 were then signed as a correct record.

1/654 Matters arising from the minutes

1/647 Plymouth Doctors' Chemist

The new pharmacy is now open and there appears to be limited activity.

1/649 Just in case bags – Devon

No communication or update has been received following the raising of the matter with the Senior Managers Board of NHS Devon.

Action: Contact NHS Devon for latest position.

1/649 – Torbay Care Trust – Request for details of residential and nursing home information
This was raised at the Torbay Pharmacy Development Group, Christine Branson was to follow up with Medicines Management. Members were very concerned that the correct protocol had not been followed.

Action: Contact Christine Branson for copy of results of questionnaire and the report.

Nerys-Cadvan-Jones informed the meeting that practice pharmacists in North Devon are undertaking Care Home visits. Will Cockburn expressed a declaration of interest in this matter.

Action: Obtain service specification.

1/655 Finance Report

A verbal report given by Brenda Taylor.

1/656 Secretariat Report

Members received the Secretariat Report. In future dispensing volume data to be included in the report along with the MUR data.

It was reported that Tony Perkins is leaving Asda and moving to Lloyds Pharmacy.

Simon Gardner had resigned from the LPC due to work commitments; he was thanked for all the work he had undertaken over the past ten years, and particularly latterly in the role of Vice Chair. Members expressed their thanks to Simon and gave him a leaving gift.

Adrian Tebby who had been acting as a speaking observer whilst working for Day Lewis PLC was moving to Rowlands Pharmacy and had been appointed as a CCA representative on the LPC to replace Simon Gardner.

1/657 How Health is changing; where pharmacy can add value; update on commissioning organisations.

David Bearman gave a brief presentation to members. A copy is attached to the minutes.

The Future of the NHS

David Bearman also gave a brief presentation on the future of the NHS. A general discussion followed. It appears from information received that it is likely there will be a single operating model, and local commissioning relationships will be maintained. The experience for patients will be the key driver and there will be three central NHS Commissioning board hubs and field staff co-located with CPCC or commissioning support agency. The NHS Commissioning Board Executive Level report should have been published on 9th May, but did not appear to have been. The detail of the structure and operating model is expected to be published on 20th May.

1/658 Pharmabase

Neil Slater gave a presentation to representatives of the PCTS in Devon. LPC members included in the presentation were Nerys Cadvan-Jones; Kevin Muckian; David Bearman; Simon Gardner and Sue Taylor. Following the presentation and discussion with the commissioners, he then repeated the presentation to the full LPC. Appendix A contains responses to questions asked at the LPC meeting.

Members expressed their concerns to him that although Pharmabase was a good idea, PSNC needed to learn lessons from the way the introduction of Pharmabase had been dealt with. A particular concern was the lack of effort to get contractors engaged at an early stage, and some of the governance arrangements at the outset of the tendering process.

David Bearman asked to what extent the hard work undertaken by the LPC to encourage the PCTs to buy in would impact on the hypothecated levy. Neil agreed to go back to the board for an answer. He also asked what would happen to the hypothecated levy payments if PCTs didn't purchase the system. A product in development is difficult to sell; each PCT would

need adjustments made to the software to meet their reporting and LES requirements which would cost them more money.

1/659 Pharmacy and Public Health – Torbay

Mark Stone briefed the members on the work that had been undertaken with nine pharmacies in Torbay over the past six weeks. A focus group had been set up and the Health Promotion Champions had engaged in making relevant appointments; not just signposting. The members of the focus group had undertaken the Royal Society of Public Health NVQ2 training and had all passed. It was also reported that the LPC is in discussions with the local authorities focusing on public health and utilising pharmacy, to fit in with the public health agenda. Devon LPC has been offered a place on the shadow Health and Well Being Board in Torbay, to be ratified on 24th May 2011, the first LPC in the country. Plymouth and Devon are not so far advanced, a workshop has been organised in June/July for main stakeholders.

1/660 Review of Community Pharmacy Contribution to Care Pathways

LPC members undertook small group work reviewing some of the key long term condition pathways, and reviewing the contribution that could be offered by pharmacy. It was agreed to take forward each of the chosen pathways one by one and research where pharmacy can add value. The results will be presented at LPC meetings once the work has been undertaken. This is significant work so it will be one pathway at a time.

1/661 Targeted Lung Cancer Campaign

Representatives from IceCreates who are working with the Peninsula Cancer Network gave a short presentation to the LPC about the roll out of a ten week targeted lung cancer campaign in which they wish to include community pharmacy. The campaign is due to start in June 2011.

1/662 NHS Devon – Stop Smoking LES

Lesley Thomas the Tobacco Control lead for NHS Devon spoke to the LPC about the NHS Devon Stop smoking LES, and discussed training issues.

The next LPC meeting will be held on Monday 13th June at Deer Park starting at 7.30pm

Signed.....

Date.....

Appendix 1 PharmaBase – PSNC Response to questions raised at the LPC meeting held on the 17th May 2011

Q. New Medicine Service – Option 2 – Does it fit into the £120 bundle ? If not, what is the fee structure for Option 2?

A. The intention is to include the NMS service within the £120 bundle at no extra cost to the commissioner.

Q. Do we have any idea what next year's development programme looks like?

A. No. Next year's plan has not been discussed. What are Devon LPC's priorities?

Q. Plymouth currently employ a variation to the standard CPAF format. Could the PharmaBase format be amended to fit?

A. It would be useful to understand what the differences are. The main objective is to provide the commissioner with the information required by the National Contract.

Q. EHC module – Is it possible to set an upper limit for the "Age" field so that the system will prohibit further progress if the patient is "over-age" for the service?

A. This is possible as a bespoke amendment, but if there is a widespread need for such an amendment (not evidenced in discussions with PCTs so far) then it could be adopted as an amendment to the standard format.

Q. Could the PCTs have a look at a Commissioner Portal view on a test site?

A. The Commissioner Portal is only active on the live database, and for obvious reasons cannot be accessed by "others". It would be necessary to build a test bed with a raft of data in order to make any such test portal meaningful. This is not in scope for development at the present time.

Q. If a commissioner opts for Option 2 to receive consolidated reports, can they also access the individual pharmacy reports as per Option 1 as well?

A. This has not been requested before, but it is entirely possible and reasonable for this to be afforded.

Q. Could we provide the PCT commissioners with contact details of other PCTs currently running with PharmaBase?

A. We are currently developing case studies based on the experiences of the early adopters. These will be made available when developed.

Q. If a commissioner spots something suspicious in the consolidated reports under Option 2 (eg. A pharmacy claiming for Supervised Consumption fees for every day of the month even though it was closed on certain days), can the commissioner “amend” the report?

A. It would be appropriate for the commissioner to pay what it considers appropriate and to inform the contractor accordingly with reasons (as now). The commissioner could amend their extracted Excel report accordingly, but the commissioner could not amend the record in the database as, under the DPA, the commissioner is not the data owner (the contractor is). If necessary, the original data could be amended by the software developers as a one-off to ensure that the data’s integrity is maintained historically.

Q. If Devon LPC works with Pharmabase to ensure all PCTs engage with Option2 for all services, will there be any “reward/benefit” for the LPC/contractors?

A. All contractors have contributed to the cost of establishing PharmaBase for the benefit of all participants. It would be inappropriate to “reward” a particular cohort of contractors for their engagement.

Q. In the enhanced service modules, where questions are asked of the patient, why are these not ALL captured in the reports at either Option 1 or Option 2 level?

A. Some of the questions asked are for clinical reasons to enable the pharmacist to make an appropriate judgement. Pharmabase is designed to report only those items of information relevant to the commissioner’s needs w.r.t. the contractual requirement for provision of the service.