



Notes from North Devon Locality Pharmacy Forum Meeting

Tuesday 15th June 2010

The meeting opened with a presentation from Rose Bristow of PHS Waste Management, contracted by NHS Devon for specialist waste disposal of pharmaceuticals. She gave an update on the relevant regulations (Duty of Care Regs 1991 and Haz Waste Regs 1995 among others) requiring the discriminate separation of certain types of waste according to strict categorisations. A dedicated driver covers Devon from the local depot in Exeter. Any queries about the service can be directed by e-mail to devon@phs.co.uk or by phone to the Bolton Head Office on 01204 704633. A schedule of collection dates will be sent to pharmacies shortly. In future bins can be obtained directly from PHS instead of the PCT. Documents on collection should be kept for 3 years (purple lidded hazchem bins) or 2 years (green bins). PCT contract visits will require these to be available for inspection. The PCT contract covers BOTH patient returns AND any expired dispensary stock. Whereas private contracts established with many pharmacy chains are for the collection of expired OTC medicines (green bins with black lids). Under the pharmacy contract, there is no obligation upon pharmacies to accept non-medicinal patient returns such as supplemental feeds, stoma products and certain non-medicated dressings. From October 2010 a 'pre-acceptance' is required to confirm pharmacies will correctly segregate waste into the right containers.

Kate Maynard, Locality Director for the North division of NHS Devon, with input from her financial director colleague Clive Coleman, then described what localities are and how commissioning is developing locally. The composition of the Locality Commissioning Board was shown and included representation from GPs, practice managers and experts in public health and patient safety. The bias towards GPs is intentional as they are in the driving seat for commissioning nationally. The Board engages with Primary Care on commissioning, service redesign and development of locality plans. The future is spelled out in GP commissioning, QIPP, and a three year service savings plan through redesign with the aim of saving £20m. The savings will be led by the Pharmaceutical Needs Assessment (PNA), national strategy, finance and ongoing current activity. Kate described ten local projects for N Devon. Of note, none were pharmacy led or based. Questions were asked of the under-representation and lack of voice for pharmacy. Kate explained that the GP-led basis of the board and its role purely as a commissioning body meant that pharmacy could still give input but that it would not be through this board's function. Ideas are welcomed as to what Pharmacy can do to help and what the Board could commission in the future. The PNA would identify certain aspects of what pharmacies were willing to participate in. The PCT is currently collating PNA feedback form data. Through discussion it was thought pharmacies could easily help with alcohol dependency (synonymous with experience in harm reduction), chlamydia screening and preventing hospital readmissions. Kate asked who would be best placed to identify the skill mix and interests of pharmacies and pharmacists. It was felt the LPC and PCT (Sue and Solveig) could log interest as they have existing communications on such matters. It was suggested that a specific pharmacy event be organised to get ideas on the table and that the LPC could brainstorm possible topics.

Nerys Cadvan-Jones then gave a summary of the hospital discharge audit conducted by some N Devon pharmacies recently. Results are being scrutinised to see where this takes us. The NDDH SOP is being established regards the need for DDS (MDS) on discharge as well as social care needs. A



group is to meet to decide how to improve things for the future of hospital discharge. It was found useful to consolidate information from the audit rather than have just anecdotal reports. There is a Plymouth (Derriford) model on discharge which has taken 5 years to develop. N Devon aims to pilot a similar thing in the future.

Finally, Solveig Sansom briefly described current activity in Primary Care including the self assessments, PNA, safeguarding children checklists and the LES for EHC and Smoking Cessation. The latter achieved the best quit rates within pharmacy (70%); higher than other healthcare provider rates. It was suggested that the next multidisciplinary audit might cover warfarin issues as discussion had revealed a number of curious behaviours by patients and doctors alike. The IG toolkit had been an example of successful recent activity aided by the recent LPC-PCT joint training evening.