

Torbay LPC Sub Committee Meeting Monday 17th May 2010, Torbay Care Trust

Present: Chris Babbs, Christine Branson, Annemarie Ellard, Simon Gardner, Mark Healey, David Lord, Karen O'Brien, Mike Parker
(Boots, Wren Park), Iain Roberts, Sue Taylor,

Apologies Nigel Gray

Agenda item	Notes:	Action
<p>Actions from meeting held on 8th February 2010</p>	<p>Information Governance: all contractors had completed the baseline assessment on time Health Promotion Champions: Sue reported that there had been an excellent take up of this initiative; 35 pharmacies were participating and the first training session was scheduled for the 18th May. The three campaigns were alcohol, sexual health and stop smoking. Branded Generic Prescribing: Iain Roberts confirmed that the main change being promoted by the medicines management team was Venlafaxine. Karen expressed concern as she considered there would be supply issues with this particular product and also questioned the level of uplift in the 2010-11 prescribing budget. Christine agreed to find out who the key people were from the Care Trust involved in the QIPP workstreams and feed back to Sue. Mark pointed out that the morale within the pharmacy network locally was extremely low and reiterated that sweeping changes for example, through branded generic prescribing had the potential to destroy local working relationships.</p>	<p>Christine Branson to feed back on QIPP workstream leads</p>
<p>CHUMs report on Care Homes</p>	<p>Karen reported on a meeting that had been held earlier in the day with Viv Thorn, Medical Director, Christine, Karen and Catherine Henley who is leading the review of medicines management in care homes for Torbay Care Trust. Mark Stone (LPC) had presented the idea of a pharmacy MUR scheme based on ideas gathered from other PCTs in the south west. This would make a MUR more like a clinical review that would include monitoring and check. The pharmacists should be provided from the GP a summary of the patient care. The scheme would need to be targeted at those patients most at risk for example on high risk drugs (require monitoring), or complex long term conditions. Pharmacists who wanted to provide this service would be funded for backfill cover to enable them to attend the homes, and claim the national MUR fee. It had been thought that a pharmacist would be able to provide 8 MURs during a session at the home. The members were concerned at the loss of funding for the pharmacy care home scheme and felt that the new proposal should be considered as a separate scheme. Feedback would be given to Mark to incorporate within the proposal. Other areas of concern discussed included training of care home staff; it was clear that requirements for trained staff should be included in the contractual agreements with the care home providers.</p>	<p>Action: Mark Stone to write a proposal for discussion by the Torbay Sub Committee. Christine to write to contractors to confirm arrangements for existing care homes LES.</p>
<p>Medicines Compliance and Assessment Support</p>	<p>Contractors had been given notice that the existing LES for medicines assessment and compliance support would be evaluated. The LPC had carried out an audit earlier in the year about where requests for MDS were coming from. Initial evaluation indicated that the majority were from carers and general practice. The perennial problem of whether GPs would issue seven day scripts was discussed and their appropriateness. The possibility of doing the annual multi disciplinary audit on this topic was mooted.</p>	<p>Christine Branson/ Sue Taylor to discuss and agree process for evaluation</p>
<p>Smoking</p>	<p>The Stop Smoking LES was due to be sent out to contractors. There was some confusion about whether clients could</p>	<p>Sue to check on</p>

Cessation and Sexual Health services	be provided with six or 12 weeks of NRT free of charge. The new EHC LES had just been circulated; training arranged for the end of June; there was some confusion about whether the training was for all pharmacists or for new ones signing up to the EHC service. Sue reported that the Care Trust would be commissioning Chlamydia screening and treatment and it was hoped this would be up and running by September. Karen reported that she had had some discussion with the Director of Public Health regarding contraceptive services and how pharmacists could pick out patients who were not picking up their prescriptions etc. It was felt that this could also form the basis of a multi disciplinary audit. As sexual health and in particular teenage pregnancy was such a high priority for the Care Trust to address the group felt this could be a more valuable audit to carry out.	NRT supply/Karen to liaise re multi disciplinary audit
Targeted MURs	The PBC Board had developed a proposal for community pharmacies to offer targeted MURs on respiratory conditions because of the high admission rates for asthma and COPD. Sue was working with the pharma industry to get support in terms of training and resources (AIMs machine; InCheck devices; placebo inhalers etc). The proposal was that GPs would refer patients who were not turning up for their clinic appointments or they considered needed more support with compliance. Pharmacists would be asked to complete a simple checklist for smoking status and use of inhaled steroids. Training was being planned for the end of June/beginning of July.	Sue/Karen to develop initiative
Supervised consumption	Sam Smith had requested a response concerning prescription management within the drugs misuse service at Walnut Lodge. The SOP is currently under review and there is one issue under discussion which impacts on community pharmacies operating within the Supervised Consumption Local Enhanced Scheme. Currently FP10MDA prescriptions are posted from the PCDS to community pharmacies in Torbay (unless exceptional circumstances). Nominal feedback from community pharmacies indicates that this is the preferred method of receiving prescriptions from the service where possible as opposed to clients presenting with their prescription. The LPC had been asked whether contractors wanted the continuation of posted prescriptions. The members endorsed this approach although wanted to highlight that this was in breach of Information Governance.	Sue to feed back to Sam Smith
Pharmaceutical Needs Assessment	Christine confirmed that the Care Trust was working with the other PCTs in Devon and the LPC to develop a framework for the PNA. Jon Andrewes remains the NED with responsibility for pharmacy.	
Supply of dressings	Iain asked if the LPC was happy for dressings to be prescribed individually rather than as packs. This was part of the Care Trusts drive to reduce waste in the system. He asked for clarification prior to a letter being sent out to all contractors (GPs, Pharmacies, Appliance Contractors etc). The members confirmed that provided the dressings were included in the local formulary this was acceptable. If dressings were prescribed off formulary contractors were more likely to be dispensing at a loss which was unacceptable.	Iain Roberts
Future meeting dates	Monday 6 th September 2010; Monday 6 th December 2010.	LPC