



MINUTES OF THE LPC MEETING HELD ON 13 JULY 2011 AT THE BRAMPTON PARK GOLF CLUB, HUNTINGDON

Present:	Tim Richards, Chair	TR
	Peter Schofield, Vice Chair	PS
	Rita Bali, Executive Development Officer	RB
	Andrew Jones, Treasurer	AJ
	Cherie Aronson	CA
	Jody Butler	JB
	Meb Dato	MD
	Andrew Jones	AJ
	Balwinder Kandola	BK
	Eve McKenzie	EM
Jon Norman	JN	
Anil Sharma	AS	
Open Session:	Kelvin Rowland-Jones, NHS Cambridgeshire	KRJ
	Ruth Kent, NHS Peterborough	RK
	Ching Peng, Locum	CP
	Piotr Wojciechowski, Pharmacy Manager, Boots	PW
	Kathryn Faulkner and Darcy Weaver, Cambridgeshire Contraception and Sexual Health Services	KF/DW
In attendance	Linda McGeever . Secretary	LM

CLOSED SESSION:

- WELCOME:** TR welcomed everyone to the meeting. **ACTION**
- APOLOGIES:** Shabbir Damani (SD), Kumar Ladva (KL), Ellis Waring (EW) and Hina Patel (HP). The meeting was quorate.
- DECLARATION OF INTERESTS:** There were no additional Declarations of Interest. Confidentiality agreements were signed by CP and PW.
- NOMINATION FOR CCA MEMBER TO REPORT TO CCA:** TR will compile the CCA report. **TR**
- ACCEPTANCE OF MINUTES FROM PREVIOUS MEETING (11 MAY 2011):**
The minutes of the LPC Meeting held on 11 May 2011 were accepted by the Committee as a true record and will be signed by the Chairman.
- MATTERS ARISING:**

Wisbech GPs directing prescriptions: RB reported that HP is following up this matter herself.

MUR Workshops: RB reported she would put this on hold until further information is available.

Future of LPCs: TR reported that he did not foresee any immediate change of

structure, and he is awaiting some clarity on the whole NHS restructuring.

Green Bag / Patient's Own Drugs Scheme: TR has received electronic version of the poster. CA will take this matter up at the Interface Meeting.

CA

NHS Cambridgeshire: TR reported that Maggie Brown has now left her position and will be taking up a new role as a Practice Manager at Swavsey.

7 TREASURER'S REPORT: TA gave the following report:

Current balance	£47036.76
Less uncleared cheques	£4393.86
Less BACS payments	£1796.75
Working balance	£40846.15

Thank you to everyone for your patience over the last couple of months as I have endeavoured to understand the requirements of being your Treasurer. Many lessons have been learnt, perhaps the biggest one being the realisation of exactly how fantastic a job EM did for the LPC in her time as Treasurer. The demands of this role are considerable.

The last couple of months have been quiet with no major expenditure this period.

As you can see from our current balance we are in a much healthier position than recently. This is due to the fact that we have now had payment from the PPD based on our new levy of 0.16%. This means that for May we received payment of £13952.03 against what we had been receiving of around £7500 per month (June payment just arrived of £13511.16). This will certainly enable us to return to the sort of running balance we need going forward and as recommended by the PSNC.

The accounts have now been returned by the auditor and so we need to pay our Corporation Tax bill of £75.38. We also need to pay Q1 employers tax and NI contribution of £2516.34.

All the paperwork for the change to signatures etc on the bank account have been completed and submitted. However, we are still waiting for clearance from them so that the new signatories can become active. This has caused some issues, mainly around BACS payments as internet banking access cannot be used and so there are four such payments waiting to be made.

The meeting approved the purchase of a typing chair for the secretary's workstation, estimated cost £50 to £60. Proposed by JN seconded by JB.

8 UPDATE FROM LPF AND INTERFACE GROUP: CA gave the following update:

Interface Group: CA attended the last meeting on 18 May; unfortunately the group meets again today (13 July) which clashed with the LPC meeting.

The group discussed the report on FP10s which is revealed errors particularly in relation to quantities ordered on prescriptions. Common errors were no quantities duration or route given. Val Shaw of Addenbrooke's was impressed with the list and work is ongoing to improve the situation. It was noted that during 7 years medical training and medical students are given only 1 week's training on writing prescriptions. The Pharmacy Department at Addenbrooke's will review the process of junior doctors' training and investigate the possibility of organising a training session for junior doctors in their Pharmacy to make them more aware of what happens in the community. CA confirmed

that the telephone number on the bottom of these prescriptions goes through to the Pharmacy and they will then put the caller through to the secretary of the relevant clinic. However, it was noted that if prescriptions were filled out correctly in the first place, this would not be necessary.

Work is ongoing with community matrons and nurses to ensure the patient goes home with the correct quantity of drugs from the hospital. Over the next 6 weeks an audit of green bags will be undertaken. RB suggested a flyer could be included advising patients to contact their local pharmacist; this would help with directed MURs. CA will take this forward at meetings with other hospital pharmacists.

CA

The Interface Group also discussed their effectiveness and identified their achievements in order that others can be informed of what the group actually does. CA told the Committee that the group receives no funding, apart from employers paying members when they attend meetings.

CA told the Committee those vulnerable patients (i.e. alcoholics, homeless people) coming into hospital are now specially flagged on their charts so they do not receive more than 3 days supply of drugs. This identification promotes a close liaison with the GP surgery and keeps communication links open and has been very successful.

Another area of work is to ensure that the information recorded on discharge summaries is correct.

It was agreed to ask contractors for anonymised copies of any hospital prescription which has either incorrect or incomplete information so CA can use these as evidence. LM to e-mail contractors.

LPF: A decision has been made to re-launch the LPF with a Conference on 16 October 2011 at UEA Norwich. There will be a presentation by the PDA on dispensing errors and 2 workshops: support through training and support in practice and the second workshop to determine what people want from the LPF in the future. All sessions will be recorded and will be available on the LPF website.

In reply to a comment that the location of the conference is not central, CA explained that it is intended to hold events around the region on rotation.

There will also be an open event on 26 July and Webinar at 19.00 hours on challenges and opportunities pharmacists face.

9 **SERVICES UPDATE:** RB gave the following update:

1. The new **Supervised Consumption Methadone/Buprenorphine SLA** for Peterborough is now on our website.
2. The new **Pharmacy First for Children SLA** for Peterborough is also on the website and RB reported that there have not been too many problems from the public as yet. JN reported the biggest issue was the time required to registering patients which usually involved a telephone call to the surgery for proof of registration. The Committee discussed the registration process and it was agreed to take up the matter with NHS Peterborough.
3. **EPS Update Peterborough** . RB reported that smartcard sessions are booked but the process is not straight forward and pharmacists have to be very determined to get what they want. She also thought the system was not flexible enough for changes to be made, following her experience when a member of staff changed location. RB does not know what percentage of Peterborough pharmacists have taken up this offer but the sessions have been communicated well both by the NHS Peterborough and the LPC. SD has experienced problems with EPS. ASP will review the future hours for their help desk, but this may not happen this year. MD told the meeting that a second card reader may be

installed at some satellite pharmacies which enable cards to be unlocked. He also made a comment that not all pharmacies have total access to the internet for registration access. BK told the meeting that in Hertfordshire pharmacists use premises cards.

RB to contact SB to offer assistance with the difficulties he is presently experiencing and she will work with NHS Peterborough to ensure that no contactor loses payments due to problems they may experience with smartcards.

RB

4. RB reported the reduced capacity in the team at NHS Cambridgeshire following Maggie Brown's departure. NHS Peterborough is going through a consultation period on voluntary redundancies.
5. **EHC Service:** NHS Cambridgeshire would like more contractors to offer EHC and other sexual health services and to this end a presentation has been arranged in the open session of the meeting.
6. A meeting was held with Dr Simon Brown from Ramsay Health Centre, the lead for Hunts Health. The meeting went well and Dr Brown was positive about the role of the community pharmacy.
7. **Communication:** MD will lead on communication, in particular submitting a regular column about general health/minor ailments that could be managed by community pharmacies to a local paper. He is looking at 3 or 4 articles per year and these may be linked with public health campaigns. MD will initially start with Peterborough approaching the Peterborough Evening Telegraph. PS will approach the Cambridge News to assess interest.
8. **MUR Support Workshops:** RB will wait until more information is available about target areas.
9. **Communication with Contractors:** Packs were handed out to each cluster group leader containing a draft agenda, a list of pharmacies within their cluster group, and a copy of a PSNC presentation on service developments 2011/12 so they can arrange cluster group meetings as soon as possible in their various areas. JB has kindly assisted in completing all contacts with pharmacies, and all correct contact information has been obtained and introductions made. The agenda for the cluster group meetings includes PharmaBase information, (if possible a demonstration), NMS and targeted MURs. RB can arrange sponsorship for these meetings if necessary. She also suggested that each member reviews their cluster group list and swaps can be made before the final list is issued. LM will e-mail final lists out as soon as possible.
10. **LPC Chairs, Executives, and Secretaries Meeting 2011:** TR/RB attended this event in May. The topics discussed included PharmaBase, and the COSI report which has been published this week. RB invited discussion on patient and public involvement within our LPC. The new NHS structure was also discussed at the meeting, and TR told the meeting that the new commissioning clusters should adhere to boundaries.
11. RB reported on a recently held meeting with Norfolk, Suffolk and Cambridgeshire LPC to discuss the new cost of services enquiry. The COSI report will be published on 11 July.
12. RB has made contact with the LOC and a meeting has been arranged with the Chair for 3 August 2011, and asked if any the Committee would like to accompany her.
13. **Healthy Living Pharmacies:** RK and HP were going to prepare a bid as HP is

MD/PS

already carrying out all the services required to become a Healthy Living Pharmacy. However, unfortunately NHS Cambridgeshire did not have the capacity to support Board level sponsorship as the product management time was not available. She went on to report that the Health & Wellbeing Board has been formed but she had no further information as yet.

14. The PSNC are organising meetings for contractors in July, August and September about the new medicines service. The closest meeting will be held in Nottingham on Sunday 25 September.

15. RB reported that NHS Peterborough may not close the Alma Road Walk-In Centre after public consultation. However, some other surgeries may close and she suggested that when these are identified the LPC should respond to request the PCT to undertake an impact assessment in relation to access to local pharmacies.

16. JN led a discussion on the recently completed LPC framework for self evaluation. From this discussion RB will develop action plan for next year and up-date the LPC Strategy document. Various points arose from this discussion:

- Maximum term for the Treasurer's role will be 3 . 5 terms.
- Review of level of administration . the Committee had previously discussed the need for more involvement with contractors which would impact on this, but PS pointed out additional services may require additional resources.
- Member competence . all new members are encouraged to attend new member training. It was agreed that this matter should be debated further at the September meeting; in the meantime the PSNC website will be reviewed for training events. EM also suggested that training should become a regular agenda item. PS commented that the LPC always encourages and pays for any necessary training for members.
- Resources are marked currently as red, but this month due to the increased levy payment this can go to green and a process is now in place to ensure this is maintained.
- The expenses policy review will be discussed at the September meeting. LM
- Photographs of LPC cluster leads to be put on the website. LM
- The LPC meeting's agenda to be put on the website 7 days before the scheduled meeting.

RK thanked JN for his assistance in completing the assessment.

10 COMMITTEE MATTERS:

1. TR displayed the letter of reply from NHS Peterborough regarding the conduct of the Chief Pharmacist. Following discussion it was agreed that TR/RB would reply that providing this conduct is not repeated, the LPC would be prepared to leave the matter where it was. TR/RB

2. FP34 payments . there is evidence to show these payments may be inaccurate and TR will e-mail contractors to say that if there are any discrepancies the LPC will take the matter to the PSNC.

3. **Competition Law Briefing for LPCs:** The Committee reviewed the displayed document and TR will circulate the document once he has checked that he is able to do so. TR

4. **Norfolk LPC Contractor Survey:** The Committee reviewed the survey and discussed if such a satisfaction survey would be appropriate for its contractors. RB will contact Norfolk to obtain feedback from the survey. This will be reviewed again once cluster group communication has been established. RB
5. TR told the Committee that at the last Provider Meeting domiciliary care providers are anxious to obtain MAR charts. Following the pilot that the LPC was involved in, NHS Cambridgeshire will be approached for the outcome. Also at this meeting it was agreed that pharmacies should move away from multi-compartment Dosset boxes where carers are involved. TR suggested that perhaps a joint statement with the Carers Network could be issued by the LPC to support this.
6. **Patient Public Involvement with the LPC:** TR asked the Committee whether a patient representative should be invited to the meetings. Following discussion it was agreed that representatives from specific organisations such as Epilepsy UK, The British Heart Foundation etc. could be invited on an ad-hoc basis.
7. **LPC Sub-Groups:** It was agreed that the Chair, Vice-Chair, Executive Development Officer should sit on all sub-groups, i.e. Strategy, Finance and Contracts. Committee members are to be asked to e-mail LM with expressions of interest in joining these groups before the next meeting in September. LM

11 CONTRACT APPLICATIONS:

Classifications: TR displayed the list of areas discussed at the Strategy Group, from that list Linton, Somersham, and Warboys were considered non-rural. The classification for rural is that a large majority of the people in the area are economically dependent on the local economy. Committee members were asked to review the list and PS will co-ordinate and reply.

Fenhealth Ltd – Doddington Medical Centre: TR pointed out that the SIP named on the application currently works for NHSC. It was decided to support the application.

OPEN SESSION

- 12 **Sexual Health Services in the Community:** Kathryn Faulkner and Darcy Weaver from NHS Cambridgeshire gave a presentation on the services and asked the Committee for their opinion on how community pharmacies can be persuaded to provide these services. The Committee discussed the accreditation process which was time consuming and has to be repeated each year. Areas where there are gaps are Soham, Littleport, March, Ramsey, Yaxley, Petty Cury, and Sawtry. KF and DW stressed that they would give all necessary support to community pharmacies in providing these services.

Not all pharmacists are signed up for PGD and this can lead to problems with locums. RB thought lots of local locums are signed up for PGD. *Post meeting note:* Following a discussion in the meeting on PGD accreditation requirements, KRJ confirmed the following:

The requirements for accreditation is to:

- Complete the latest relevant CPPE distance learning pack on Emergency Hormonal Contraception (EHC) or Sexual Health Training.
- Attend a training workshop organised by Cambridgeshire PCT **OR** have completed the two CPPE packages: Safeguarding Children and Patient Group.

To continue providing the PGDs the providing pharmacist must complete an annual audit of service provision and return a competency assessment to the PCT.

13 NHS Cambridgeshire: KRJ gave the following update:

1. **Resource Implications at NHS Cambridgeshire:** KRJ told the meeting that at the end of last year 7 people worked within the Medicines Management and the Pharmaceutical Services Team, this number has now reduced to 3, 1 administrator working for the Pharmaceutical Team, 1 data analyst working half time and KRJ, therefore the teams have been severely depleted. This means looking at all areas of activity within the Medicines Management Team and seeing which projects have to be stopped. KRJ pointed out this action will be reflected on the PCT Risk Register. This is also likely to impact on contract monitoring this year and may mean sample visits only. Public Health Campaigns and enhanced services are to be reviewed. Not Dispensed Service . no solid response being received from pharmacies, this will also be reviewed as the annual cost is £18K and savings likely to be £23-24K. The Minor Ailments service has been reviewed by the Clinical Commissioning groups that are in place presently, and their recommendation is to stop the service.

2. **Specials:** KRJ reported work ongoing across the Region. A software package called Eclipse is available across the SHA that enables quicker and more in depth analysis of exact data. This could be introduced to all practices and clusters. One report highlights the cost per item for each special and who is the provider is. Producing a list of providers is the next stage. This could lead to patients being given a more informed choice of which provider to go to. Currently one provider is offering 20% discount on the market. SHA Specials toolkit is currently in draft form that outlines measures that PCTs should consider to manage costs in this area.

There are a number of letters ready to go to pharmacies querying the amount charged for specials items. The contract of the interim Project Manager overseeing specials has been terminated and a decision will be taken soon as to whether to extend this for a further period, this decision may have a significant impact on this work.

PS made the comment that data on how much pharmacies charge should be anonymised to ensure commercial confidentiality. He went on to say that specials are a not local but national issue.

3. **Public Health Services:** Investigations have started regarding budgets and accountability for public health services, and what input would be required from the Pharmaceutical Services team.
4. NHS Cambridge is seeking further details about how pharmacies locally are going to introduce **NMS and targeted MURs**.
5. **Release 2 of ETP:** KRJ led a discussion on the introduction of Release 2 of ETP and when NHS Cambridgeshire should apply to the Secretary of State, as there are two opportunities in March and September. At the moment everything is on hold until the analysis of Release 1 is received. ASP who manages the scheme is presently in the process of preparing a tender, and KRJ is concerned about their ability to manage smart cards. TR on behalf of the LPC formally supported the status quo position with regards to smart cards.
6. **Supply problems with Prednisolone 5 mg tablets:** TR urged KRJ to advertise the intention of any switch as early as possible.
7. **MAR Charts:** (Point 10.4 refers) KRJ told the meeting that following the pilot 2 years

ago, this work is not funded by NHS Cambridgeshire and they would not be looking at this again.

8. KRJ gave details of forthcoming **SHA events** which may involve the LPC:

QIPP Follow Up	28 July
Prescribing and Sustainable Care	Autumn 2011
Wound Care Dressings and Appliances	Autumn 2011
EoE Specials Toolkit Launch	October 2011

14 NHS Peterborough: RK gave the following update:

- 1. Pharmacy First for Children – Minor Ailments:** This was re-launched on 1 July. Unfortunately there are no telephone numbers on the tri-fold leaflet. One item was missing from the original invoice template sent out, but this has now been amended. RB commented that following the changes to this service, the most vocal group of patients have been the over 60s. JN pointed out the length of time it takes to register a patient. RK pointed out that if a prescription was held for the patient it would be unnecessary to contact the surgery, and also that Pharmacist can register patients. RK will arrange for the Medicines team to send out a reminder e-mail to GP Surgeries
- 2. Unlicensed Specials Multidisciplinary Clinical Audit:** This ran from 2 . 30 June and returns were due by 8 July, so far there are 25 returns. The LPC will send out a reminder following a request from RK. TR asked if the analysis would be available for the next meeting, and RK agreed to share this as soon as it is available.
- 3. Contract Monitoring Update:** This year's contract monitoring documents and a covering letter have been sent to each Peterborough pharmacy (via e-mail and hard copy). The self-assessment forms should be returned to Katherine Robinson by 29 July 2011.
- 4. Contract Monitoring Visits:** It is intended that compliance with the contract framework will be demonstrated by returning the monitoring form. This should then mean only a sample of pharmacies should need to be visited to provide assurance of compliance. Contract monitoring visits will be conducted with contractors in NHSC and NHSP from September 2011 as follows:
 - 15% of all contractors **plus**
 - Those contractors where there are concerns
 - Those contractors who have not returned the assessment form
 - New community pharmacies (and DACs)

A letter confirming the appointment will list areas which will be highlighted at the visit, and the Medicines Management team may be contacted with any queries.

On the day of the visit, all documentation should be prepared to be reviewed. This ensures that the monitoring visit can be conducted without interrupting the normal activities in the pharmacy. It is very useful if there is a room or area that can be used during the visit.

- 5. Community Pharmacy Event Thursday 15 September:** Subjects covered will be:
 - Targeting MURs . Respiratory
 - The New Medicines Service . Alistair BuxtonVenue to be confirmed and invitations will go out as soon as possible.

6. **EPS:** RK told the Committee that work is going on looking at the unlocking of smart cards.

15 **ANY OTHER BUSINESS:** There being no further business the meeting closed at 17.00 hours.

TR left the meeting, and PS took the Chair:

Specials (Point 13.2 refers): During this discussion KRJ told the Committee it is the intention of NHS Cambridgeshire to list and publish details of where individual pharmacies purchase specials. The Committee unanimously agreed that sharing this information with competitors would breach commercial confidentiality and therefore the LPC should write formally in the first instance to KRJ to express this view, and send a copy of the letter to the PSNC.

RB?

16 The next meeting will be held on Wednesday 14 September 2011 at the Brampton Park Golf Club, Huntingdon.