



MINUTES OF THE LPC MEETING HELD ON 11 MAY 2011 AT THE BRAMPTON PARK GOLF CLUB, HUNTINGDON

Present:	Tim Richards, Chair	TR
	Peter Schofield, Vice Chair	PS
	Rita Bali, Executive Development Officer	RB
	Eve McKenzie, Treasurer	EM
	Cherie Aronson	CA
	Jody Butler	JB
	Shabbir Damani	SD
	Andrew Jones	AJ
	Bal Kandola	BK
	Jon Norman	JN
	Ellis Waring	EW
	Hina Patel	HP
	Anil Sharma	AS
Open Session	Maggie Brown, NHS Cambridgeshire	MB
	Ron Smith, NHS Peterborough	RS
In attendance	Linda McGeever . Secretary	LM
	Joanne Palmer, Addenbrooke's NHS Trust	
	Professor D Brown, Addenbrooke's NHS Trust	

CLOSED SESSION:

- 1 WELCOME:** TR welcomed everyone to the meeting. **ACTION**
- 2 APOLOGIES:** Meb Dato (MD), and Kumar Ladva (KL). The meeting was quorate.
- 3 DECLARATION OF INTERESTS:** There were no additional Declarations of Interest.
- 4 NOMINATION FOR CCA MEMBER TO REPORT TO CCA:** HP will compile the CCA report. TR took the opportunity to remind CCA members about their honorarium claims. **HP**
- 5 ACCEPTANCE OF MINUTES FROM PREVIOUS MEETING (9 MARCH 2011):**

Waterbeach GPs directing prescriptions: Minute was amended to read %AS brought up the situation in Waterbeach where GPs have been directing prescriptions. TR confirmed that this is not good governance or good professional practice+.

The minutes of the LPC Meeting held on 9 March 2011 were accepted by the Committee as a true record and will be signed by the Chairman.
- 6 MATTERS ARISING:**

Levy: EM told the meeting that she had checked with the PPD the exact percentage of levy currently charged and was told it was 0.09% statutory and 0.01% voluntary, and she assumed the figure used for the current levy was these two figures added together. However, on the statement there was no voluntary levy showing, all it showed was the statutory levy. EM had also checked with other local LPCs levy rates, and Cambs. &

Peterborough LPC levy rate was by far the lowest.

Specials: TR reported limited success with the audit. This will be discussed with MB in the open session of the meeting.

Wisbech – GP Surgery Issuing Private Prescriptions to be dispensed at pharmacy next door for £6.00: RB will now take this matter forward.

RB

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

Current balance	£35,829.84
Less uncleared cheques	£1882.28
Balance in account	£33947.56

EM reported a quiet couple of months. Main expenditure has been the PSNC levy which has increased to £17814.00 per half year and Pharmabase charge of £5024.00.

The HMRC end of year figures have been completed and the accounts are now with the auditor.

For the first time the balance in the LPC account dropped below £30,000.00, which is less than half the PSNC recommended level.

With regards to the levy, EM telephoned the PPD as there was some disagreement over the percentage of levy we currently charge. After much digging they decided it was 0.09% statutory and 0.01% voluntary although this does not show on the statement. It can only be hoped that they have collected it.

This has altered the forecast slightly as EM based the figures on 0.11% which she was told originally, however on speaking to TR, both EM and TR feel it is better to leave the increase as is and hopefully to have more opportunity of a payment holiday than reduce it and have to go round asking for more money at a later date. EM asked the Committee for comments which would be appreciated. EM has had one query so far regarding the levy increase.

The PPD were given notice of the increase after the letter was sent out to contractors. Due to bank holidays this month their cut off date was changed so it will now be actioned for the next payment date.

TR confirmed that AJ will be taking over the role of Treasurer from EM. There will be an overlap period whilst AJ becomes familiar with the role.

8 SERVICES UPDATE: RB gave the following update:

1. **Pharmabase:** RB explained that this is a PSNC web based platform which can be used by pharmacies to collate data for enhanced services and contract monitoring. At the moment the LPC has paid an average of £70 this year for each contractor. Under option 1, the contractor can produce a standard report .pdf format which can be collated and then e-mailed or printed to send to the commissioner. Under option 2 the data can be transferred to the commissioner into other software packages, e.g. Excel, and will cost the commissioner £120 per year per contractor.

RB has shown the system to Kelvin Rowland-Jones (NHS Cambridgeshire), and Ron Smith, Ruth Ken and Katherine Robinson (NHS Peterborough).

All independent contractors are being sent their log-in code by the PSNC and

multiples will receive theirs via their Head Offices.

Both PCTs expressed an interest in its use initially for contract monitoring. RB went on to say that PharmaBase will only be useful if it is used by all contractors and it is hoped that the PCTs will also encourage contractors to use PharmaBase for consistency.

EW told the meeting that multiples have had no information about PharmaBase from their Head Offices and he was doubtful if their IT systems would support it. However, PS commented that PharmaBase must have had the support of the multiples to get it to this stage.

The Committee discussed how contractors could be encouraged to use PharmaBase. RB confirmed that it is a national system, easy to use and is secure as it has been endorsed by the CCA and their member companies. PharmaBase should be allowed through their firewalls. It was decided that a dedicated newsletter will be produced and more information will be sent to contractors via e-mail explaining fully the benefits of using it. RB will also follow up the possibility of PharmaBase familiarisation being incorporated in PCT events.

RB

At the present time PharmaBase only covers two enhanced services and contract monitoring but this will be expanded in the future.

2. **MUR Workshops on Dermatology:** RB reported that both workshops at Peterborough and Cambridge in March were well attended and feedback was good. Dr Christine Clarke has offered to write a paper on examples of good Dermatology MURs, and pharmacists have been asked to send brief notes on how an MUR made a difference to patients. More workshops are planned with subjects such as migraine and urology being discussed. NHS Peterborough have recently issued guidance notes on MURs and are keen to promote their use, and RB confirmed there is an MUR CPPE event in September. EW asked for clarification of the fact that PCTs cannot withdraw enhanced services from pharmacies if MURs are not done, and RB gave this assurance following recent events in Peterborough.
3. **Future of LPCs:** RB invited discussion and told the meeting that as the NHS structure changes and PCTs are disbanded, so the present structure of LPCs may need to change. One possibility is that LPCs cover a wider area, e.g. East of England as it could be that Commissioning Boards may not wish to deal with 100 LPCs nationally. The cost of maintaining the present LPC structure may also factor into any restructuring. The importance of local contact was thought to be invaluable, but the East of England LPC group opted to adopt a wait and see policy in view of the pause for consultation period on the NHS White Paper.
4. RB confirmed that the **new supervised methadone/buprenorphine SLA** from Cambridgeshire DAAT is now on the LPC website. Following a stakeholder exercise by Cambridgeshire DAAT the services offered were thought to be too opiate based and active treatment to patients wean patients off opiates is needed, with planned exits so patients are not kept in the system when they do not need to be. One of the outcomes is that they want less methadone prescribed. Peterborough DAAT wish to match supervised fees to Cambridgeshire, and Peterborough would like to reduce these from £2.00 to £1.50. RB will respond to the SLA this week confirming that we are not happy with the loss of fees.
5. **Green Bag Scheme:** RB explained aims, costs and issues for this scheme where patients are asked to use a green bag for all medicines they use when they are admitted to hospital. However, there is an issue with funding for the purchase of the bags therefore patients who are most likely to be admitted to hospital are being targeted. Sponsorship to cover the cost of the bags is being investigated. All PCTs in the East of England wish to join the scheme, and the pod scheme will go ahead.

RB thought that the scheme is not practical yet.

6. **Pharmacy First:** The Committee discussed the changes to this scheme. RB is drafting a letter to the PCT expressing the LPC's disappointment. It was generally thought that any cost savings would not be achieved as GP consultations would increase and drug costs would shift back to the prescribing budget. PS suggested that the letter should be copied to the local press and the Scrutiny Group if patient reaction was hostile. RB went on to stress that Pharmacy First did have the result of OTC sales decreasing in participating pharmacies and she thought it has not been managed well by the PCT. The Committee thought there should be a comprehensive communication strategy for GPs and members of the public and RS will be questioned about this in the open session. SD commented that the withdrawal of Pharmacy First would target the most vulnerable people in Peterborough.
7. **Stop Smoking Scheme:** Peterborough's scheme is to be updated to reduce the amount of paperwork. RB asked the Committee to let her know if they have any suggestions for improving the scheme.
8. **'Flu Vaccinations:** RB is still trying to persuade Peterborough PCT to allow pharmacists to give seasonal flu vaccinations.
9. **EHC Cambridge:** RB gave details of a service specification from NHS Wandsworth where to ensure the service is continuous a P medicine protocol has been introduced. Pharmacy only (P) Levonelle can be supplied to anyone over 16 if the accredited pharmacist trained on the PGD is not in the pharmacy. The lower professional fee was discussed and the Committee concluded this would not be worth pursuing. RB
10. **LPC Newsletter:** A draft newsletter was circulated and RB asked Committee members for their ideas for articles. As it had been agreed previously that there would be a dedicated newsletter on PharmaBase, it was agreed that the one A4 page newsletter would be issued with minor amendments. CA asked that LPF and Interface details and updates could be included.
11. **CPPE:** RB informed the Committee that a Peterborough has a new CPPE tutor, Zara Mehra, and a meeting has been arranged before the next workshop, CPPE MUR revalidation is held on 21 September. NHS Peterborough has a planned MUR event on 19 September also.
12. **Community Pharmacy Event:** NHS Peterborough has planned an event for 1 June from 12.00 noon until 3.00 pm. The subjects to be covered are audit contract monitoring, Pharmacy First, and alcohol interventions.
13. **QIPP (Quality, Intervention, Productivity and Prevention):** RB/TR attended an East of England SHA meeting last week which was a showcase for pharmacies, LPCs, and commissioners promoting Healthy Living Pharmacies.

9 COMMITTEE MATTERS:

1. **AGM:** The AGM will be held after the next LPC meeting on 13 July. It is likely that it will be held at the same venue, and as soon as arrangements are finalised contractors will be advised and invited to attend.
2. **Contracts:** TR told the Committee that RB and LM have been issued new employment contracts which have been re-written by the PSNC in the light of new legal requirements.
3. **Competency Framework:** The PSNC have issued a new competency framework which JN will complete with the assistance of Committee members. JN
4. **St Neots Expansion Plan:** TR attended a recent meeting regarding this expansion

plan which will increase the population by 10,000 with 4,000 new residents in the next five years depending on finance and building progress. There will be 2 new primary schools and 40% affordable housing. The plan also includes a one stop shop including a medical centre, optician, pharmacy and dentist. He went on to say that he is very keen for pharmacies to be represented on the new site.

5. TR led a discussion on a **contractor engagement event**, and it was thought a PharmaBase event would be ideal. AS meets up with local pharmacists in Cambridge on a regular basis. It was suggested that such events could be held with the cluster groups.
6. TR confirmed that AJ would take over the role of **Treasurer** from EM following a period of familiarisation of the role.
7. **Sub-Group Formation:** PS led a discussion on the LPC sub-groups. Following his suggestions it was agreed to give Committee members time to consider all the options and this matter would be tabled at the July meeting.
8. It was agreed that as part of contractor engagement the minutes from the LPC meetings, once signed by the Chair, would be sent out to all contractors via e-mail as well as being put on the web page.

LM

- 10 CONTRACT APPLICATIONS:** There are 3 outstanding 100 hour applications for Cambridge; Lloyds at the Beehive Centre and Newmarket Road and Sainsbury's at Brooks Road. Following discussion it was agreed that the standard 100 hour letter should be sent, and in each of these cases the response would be that the applications are not necessary or desirable as there is adequate pharmaceutical services provision in the area. It was also agreed that a paragraph to the effect that the LPC insists that the PCT ensures that applications meet all the requirements stipulated for a 100 hour license, and continues to stringently monitor all 100 hour pharmacies to ensure that they are complying with their contractual obligations be added.

The application from Comberton Healthcare Ltd was also discussed as PS raised concerns that the Superintendent Pharmacist specified on the application also holds this post at Overton which is against Regulations (Medicines Act 1968 (as amended)). It was agreed that the response would point this out, and state that the LPC would further consider its reply when a legally valid application is forthcoming as it considers the current one to be null and void.

All other application updates are detailed on Appendix B of the agenda.

OPEN SESSION

- 11 Hypertension Study:** Professor Brown and Joanne Palmer of Addenbrooke's NHS Trust gave a presentation on a programme of research studies running at Addenbrooke's Hospital to investigate the best treatments for hypertension and how pharmacists could be involved in identifying patients to take part in the programme. An electronic copy of the details will be sent to the LPC and it was agreed this will be disseminated to all our contractors.
- 12 NHS Cambridgeshire:** MB gave the following update:
1. **Medicine Management Team Changes:** The Medicines Management Team has reached crisis point in capacity within NHS Cambridge and therefore its ability to deliver change in prescribing costs at the required rate and to retain staff of appropriate skills and experience that are critical to the delivery of the QIPP agenda is

compromised.

Pivotal to highly specialised prescribing systems developments are business intelligence and performance management systems that have recently been introduced to GP Clusters. This work is being led by the Principal Pharmacist for Prescribing Performance Systems and Informatics, Kelvin Rowland-Jones. Kelvin will also have overall responsibility for NHS Pharmaceutical Services (community pharmacy and dispensing doctors) whilst MB has, with effect from 1 April 2011, taken over the day to day management of NHS Pharmaceutical Services.

2. **Contract Monitoring:** MB circulated details of a contract monitoring process which is proposed for adoption by NHS Cambridgeshire and Peterborough, and a copy of the self assessment form used by NHS Cambridgeshire for 2010/11. MB went on to explain that she will be writing to contractors with this information. Once the exercise is complete a letter will be sent out confirming compliance or action required. RB suggested giving contractors the option of completing this information on PharmaBase, however RS commented that it will be some time before NHS Peterborough are in a position to make a decision regarding funding Pharmabase. MB also commented that NHS Cambridge were not in a position to proceed with the Pharmabase option. The LPC thought from a commissioner's point of view it would be cheaper for them to use PharmaBase than the system currently used. NHS Cambridgeshire and Peterborough will produce definitive forms and circulate. Meetings will be arranged to meet with area managers of multiples and independent colleagues to provide support.
3. **Information Governance (IG) Toolkit:** MB confirmed 100% compliance was attained by pharmacy contractors at 4.5.2011. At 1.4.11 95% of pharmacies had submitted their toolkits. The IG Team led by Amanda Holloway will be conducting a visit to a multiple and independent pharmacies to establish how easy/hard the toolkit was to complete, feedback on the support provided and this will provide an opportunity to feedback to the national team. IG will be covered during contract monitoring in 2011/12.
4. **Specials:** MB asked for feedback as to whether anything required further clarity on the spreadsheet circulated on the management of the prescribing and use of unlicensed pharmaceutical specials. She went on to confirm this will be sent to GPs and all Committee members with the caveat that it is a ~~draft~~ specials list. RB asked RS if something similar will be produced for Peterborough and he agreed to look at it.
5. **EPS Release 1:** NHS Cambridgeshire is an outlier with only 18% of pharmacy contractors dispensing any prescriptions via EPS R1. The East of England average is 36% and the national average 35%. RB confirmed this will be featured in the LPC newsletter which will be issued shortly.
6. **Alerts:** NHS Cambridgeshire is now in the process of convening a working group with the PCT, ASP and LPC colleagues in order to develop a robust system to deal with alerts. TR agreed to represent the LPC on the working group.
7. **Community Pharmacy Clinical Governance Events:** MB confirmed that events have been scheduled for 21, 28 and 30 June in Wisbech, Huntingdon and Cambridge. The events will focus on sexual health. NHS Cambridgeshire will be contacting pharmacies who provide the Chlamydia screening service asking them to speak for 5 minutes on how easy and good the service is. NHS Cambridgeshire would also like to give a joint presentation/explanation with the LPC on QIPP at these events. This will be discussed with RB outside of the meeting.

8. **MUR Guidance:** MB told the meeting that the Prescribing Quality Programme (PQP) is currently being updated for 2011/12 and will soon be available on their website. A summary document could be produced to provide brief information as to the prescribing indicators practices are being asked to work on this year. Although it would not be expected that a pharmacist would know the contents of the PQP in depth a working knowledge of the areas being reviewed would be helpful to support patient care. It is likely that they may be asked questions by patients who have been affected by changes in prescribing and will be looking to their pharmacist for reassurance. The Committee agreed that a summary document would be very useful with a link to the full document, and MB will speak to RB outside of the meeting to discuss other ways of targeting MURs. TR commented that GPs are aware that pharmacists are trying to work with them. SD highlighted the difficult discussions with patients which may result and MB agreed that all patients should receive a letter and suggested that following an explanation by the pharmacist they should be told that they can contact a member of the Medicines Management Team or PALS.

9. **EHC Wandsworth:** The Committee discussed an EHC Service Specification from NHS Wandsworth in particular paragraph 3.1 to ensure the service is continuous a P medicine protocol has been introduced. Pharmacy only (P) Levonelle to be supplied if the accredited pharmacist trained on the PGD is not at the pharmacy+. It was agreed although the LPC liked the concept, it would not be worth taking it up unless the funding for drugs costs and consultation was similar to Wandsworth.

10. **Pharmacy Matters:** MB told the meeting that Pharmacy Matters and the 2011/12 PCT Directed Audit was distributed by e-mail in April. Although they are not aware of any problems with delivery MB asked if the LPC could canvas its contractors via e-mail to establish receipt. RB explained that the LPC is currently working on verifying e-mail addresses of all its contractors, and as work is not yet complete we would be unable to assist with this.

11. **PharmaBase:** NHS Cambridgeshire is keen to have an electronic system that is both convenient and easy for contractors and the PCT to manage enhanced services. Initially it appeared ideal but there have been concerns raised by other PCTs. MB told the meeting that PharmaBase is being looked at by the working group across the East of England, and as soon as any results are forthcoming she will advise the LPC.

12. **Dossett Boxes/MDS:** NHS Cambridgeshire has had several queries recently on the inappropriate use of 7 day prescriptions. Enquirers are being referred to the Pharmacy Matters Extra joint statement made in April 2010 by NHS Cambridgeshire, the LPC and LMC. MB circulated a draft of an article looking to help pharmacies with appropriate MDS requests which is being prepared for the May edition of Pharmacy Matters.

13 **NHS Peterborough:** RS gave the following update:

1. **NHS Peterborough Organisational Changes:** RS informed the meeting of the changes within NHS Peterborough leading on from the NHS White Paper on transferring commissioning to GP clusters. So far there are only 3 GP practices which are not part of GP cluster groups. The PCT Board has delegated responsibility to the newly formed GP Sub-Committee for acute referrals, hospital contracts, prescribing and medicines management and they will take on other areas in due course. Within the GP Sub-Committee there is a mixture of lead GPs from each cluster, Non-Executive Directors from the PCT Board and patient and public representatives.

He went on to explain that this is the emerging structure in Peterborough providing there are no changes following the consultation pause and this is likely to be the

future framework. Practices in Lincolnshire may also wish to be part of this and that is a possibility for the future. He went on to say that there is a degree of fluidity within the Peterborough model and this is working at the moment in tandem with a senior leadership team from the PCT. RB asked if RS could provide electronically the list of GPs within each cluster group as it presently stands, and RS agreed to send the list.

RS

RS commented that the agenda is very much on how QIPP targets are delivered; these savings are on top of the £13m delivered last year. All activities are being reviewed presently to ensure they are aligned to QIPP. He stressed that savings will give significant staff changes and reductions across the board.

2. **MUR Guidance:** It has been identified that two-thirds of potential MURs are not being carried out. NHS Peterborough is therefore looking to provide more support and guidance and a document has been circulated in draft form, and RS would welcome feedback from the LPC.
3. **Community Pharmacy Education Event:** The event has been organised for 1 June for 3 hours and will provide pharmacy teams with an opportunity to update on a number of issues such as audits, contract issues, health promotion, alcohol misuse, smoking cessation and the proposals to revamp the Pharmacy First service. Details will be put on the LPC website and a reminder sent out to our contractors nearer the time.
4. RS told the meeting that Katherine Robinson is now back at work following her maternity leave, but in future she will be working part-time.

5. **Pharmacy First:** RS explained that there is significant government pressure to reduce costs. The Pharmacy First scheme which has been running in Peterborough for approximately ten years, is widely used and operated by 41 pharmacies, costs have increased dramatically over the past 12/18 months. Therefore a number of options on how to treat minor illnesses were looked at and the new scheme to provide a minor illness services to under 16s was recommended by the Prescribing Group and the GP Sub-Committee supported this recommendation. Pharmacy First will cease from 1 July and be replaced by the new scheme for children. RB asked if a copy of the communication strategy could be sent to the LPC, and RS agreed. Information will go out to all GP practices and pharmacies shortly, and pharmacies are being asked whether they wish to sign up to the new scheme for children. The LPC commented on their concern that a successful scheme is being cancelled, without the ramifications being fully evaluated. RS replied that a study done in the Newcastle and Durham area showed that a significant number of patients would not return to GP Practices to get items prescribed (58%) and the number from that study attending A&E or out of hours services was very low (2%).

RS

SD commented that in deprived areas of Peterborough, patients could not afford to buy items which would have been supplied under the Pharmacy First scheme. RS replied that the NHS is promoting self care rather than using NHS services.

RB felt the impact of the decision to close Pharmacy First would be felt by GP practices and this would also impact on people who wanted to access treatments quickly and easily.

6. **QOF Medicines Management Audits 2011/12:** RS told the meeting there is still a requirement for three areas to be selected. GPs are being asked to work on this and make changes. The approach taken was to identify 3 audits; GPs are taking a similar approach this year. Some changes may be made to audit dates. Likely subjects will be ace inhibitors/beta blockers, lithium audit and repeat prescriptions.

Receptionist/prescribing clerks training would be useful but RS confirmed there were no plans for any such training.

14 **ANY OTHER BUSINESS:**

- CPPE Events are now on the LPC website calendar. CA asked for feedback from the Committee before she attends the Interface Meeting next week. CA will give regular updates on LPF and Interface meetings at future LPC meetings and a time slot will be allotted on the agenda.
- PS asked for confirmation that the standard mileage rate of 45p per mile is to be adopted. It was agreed that AJ will review the expenses policy
- TR asked the Committee to consider a branding exercise for the LPC. A press release or newspaper column was suggested. RB commented that she had previously thought about a regular seasonally themed newspaper column, i.e. hay fever remedies, sun screen, cold and flu etc. However in her view this would involve a lot of extra work. This matter will be discussed further at the next Strategy Group meeting in June.

AJ

15 The meeting closed at 16.30 hours. The next meeting will be held on Wednesday 13 July at the Brampton Park Golf Club, Huntingdon, and will be followed by the annual general meeting (start time to be confirmed).