



MINUTES OF THE LPC MEETING HELD ON 10 NOVEMBER 2010 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 (<i>closed session only</i>)	AJ
	Bal Kandola	BK
	Kumar Ladva	KL
	Jon Norman	JN
	Hina Patel	HP
	Anil Sharma	AS
	Ellis Waring	EW
Open Session	Kevin Rowland- Jones, NHS Cambridgeshire	KRJ
	Maggie Brown, NHS Cambridgeshire	MB
	Ruth Kent, NHS Peterborough	RK
In attendance	Linda McGeever – Secretary	LM

- 1 WELCOME:** TR welcomed and introduced LM as the new Secretary, and confirmed that induction training has been completed. **ACTION**
- 2 APOLOGIES:** Meb Dattoo (MD), and Ron Smith, NHS Peterborough (RS). The meeting was quorate.
- 3 DECLARATION OF INTERESTS:** TR confirmed that LM has completed a declaration of interest statement and confidentiality agreement.
- 4 NOMINATION FOR CCA MEMBER TO REPORT TO CCA:** JB to do the report.
- 5 ACCEPTANCE OF MINUTES FROM PREVIOUS MEETING (15 SEPTEMBER 2010):**
 - JB to be added to list of attendees
 - Date of meeting on page 1 to read 14 July 2010
 - Page 3, item 4 should read “JB, TR and HP confirmed that they had also been invited”
 - Item 10 Newsletter, last sentence should read “TR also commented that it would be good to have a list showing clusters and each member responsible for them on the website.

The minutes of the LPC Meeting held on 15 September 2010 were accepted by the Committee as a true record and were signed by the Chairman.

6 MATTERS ARISING:

The ‘three strike’ rule relating to Committee members not attending meetings. PS to check the Constitution and report back– carry forward action

PS

PNA: RB has been through the Peterborough PNA document with RS on the telephone

to rectify errors. The PCT has sent all contractors the documents and SD commented that going through the document will be remarkably time-consuming for contractors. RB told the meeting that the Peterborough and Cambridgeshire documents are not too bad in comparison to other areas.

SD asked if the LPC could send additional responses prior to the final documents and RB confirmed that once the information is collated, even if it is 3 weeks before final draft, they should be included.

EW was of the opinion that as comments concerning customer services are due back by the end of the month, Cambridgeshire PCT should give a further 90 day consultation period. RB expressed concerns about the consultation process for Lincolnshire where only one patient representative was on the Steering Committee.

Cambridgeshire PCT has received 1800 responses to date.

RB to arrange a meeting for her and TR, with the LMC

RB

Website Changes: LM confirmed there is now an automatic redirect from the old webpage to the new.

7 TREASURER'S REPORT:

HALF YEAR: to 30.09.10

Total income	£52713.82
Total expenditure	£56875.00
Leaving LPC running a deficit	£4161.18

Position at 06.11.10

Current balance at 06.11.10	£46420.19
Less unpaid cheques	£1525.56
Leaving	£44894.63

Wages bill will now reduce from £3209/month to £2077/month excluding overtime

PSNC levy of £16965 has been paid

Forecast for remainder of year

Based on expenses for first half of year expenditure

Meetings	£8811 including room hire
Strategy meetings	£1050
Wages	£20532
Honorariums	£8000
Bills	£600 (PO Box phones bank charges etc)
Total	£31068

Income

Average of last 6 months £7674/month £30696

Not included cost of PSNC conference, overtime, stationery

While we are still spending more than we receive the deficit each month is reducing, however we must be aware the PSNC levy will be due again in April and works out at approximately £2830 per month.

Insurances are up to date.

EM was of the opinion that the Committee needs to discuss increase of contractor levy with regard to the increasing workload of the LPC

EM reminded everyone that all expenses for the first half of the year should have been in by end of September and to asked them to submit expenses by the end of each month.

The Committee discussed increasing the contractor's levy, and following discussion the Committee unanimously voted to do so. EM will speak to the PSNC to ascertain the average figure for the East of England. Following this EM suggested a short meeting should be held to finalise the figure. TR confirmed that this action fully complies with the Constitution.

TR/EM

8 SERVICES UPDATE: RB gave the following update:

- Andrew Lansley, MP for South Cambridgeshire and Secretary of State for Health will be visiting a new surgery in Bassingbourn on Friday and will be spending half an hour in AS's pharmacy. The Committee discussed ways of promoting the work of pharmacies through this visit. RB will attend and take photographs which can be put on the webpage. Several ideas were put forward, i.e. go through the enhanced services AS is offering now and also what could be offered in the future (consultation room, blood pressure checks etc), and stressing that pharmacies are value for money for the NHS. JN suggested using the theme of what pharmacies could do for the 'big society', promoting public health and acting as a hub in the community etc. A joint press release with the GP surgery after the visit was suggested by AS.

Post meeting note: Unfortunately the visit to Bassingbourn was cancelled due to the death of Andrew Lansley's father.

- RB has been contacted by the NPA asking for details of the four pharmacies, she has sent the enquiry report, but no information is known yet. Stewart Jackson is usually available on Fridays.
- Peterborough SHS - RB has met with the Public Health Specialist for the PCT regarding sexual health services, and a paper has been prepared to go to the PCT Directors. Nineteen pharmacies were involved with sexual health services, all 40 pharmacies could potentially provide the services and a compromise has been reached on 30 pharmacies. If the paper is approved by their finance team, it will go to the Scrutiny Committee for agreement. A joint management structure is being developed by Cambridgeshire and Peterborough PCTs for SHS. RB has made a request that Peterborough comes into line with Cambridgeshire. Directors may ask for a few changes to the paper which may delay it as funding could be a big issue.
- SD commented that the PCT is in consultation to close Dr Outer's old surgery in Peterborough. When the previous doctor retired the contract was changed from a full contract to a temporary contract which the PCT do not want to renew. There are two

surgeries in the Orton area one of which has sufficient capacity for the number of patients in the area.

- Needle Exchange – RB reported no progress in moving forward to a new up-to-date SLA.
- Methadone – RB reported no progress in the negotiations regarding changes in payments.
- RB reported that the PCT are getting pressurised by their financial people to do something about specials possibly considering central procurement. RB expressed concern that if specials are to be controlled, then prescribing needs to be controlled also. A copy of an MUR specials flowchart from the PNC website was circulated for discussion. RB went on to say that if we do not co-operate the PCT could impose a system. The matter will be discussed further in the Cambridgeshire PCT update in the open session.
- EPS2 Peterborough – RB reported that this looks as though it will go ahead, more details will be given in the Peterborough PCT update in the open session. RB suggested that a visit should be arranged to a site which has EPS2 up and running to see how it works and ensure good practice.
- Repeat Dispensing – KRJ will draft a joint statement from the LMC/LPC/PCT on how to deal with repeats in relation to both prescribers and dispensers and RB recommended support for this.
- Post payment verification PLC – details have gone out to all contractors.
- Cluster Groups – work ongoing.
- PNA – it was felt the main risk is the amount of work. The standards of PNA are variable as is the information presented. RB will meet with KRJ this week to pass on initial thoughts, and it was felt that the LPC's whole response should be an appendix of the PCT response. The Peterborough response is now on the website. RB has seen PNAs from Suffolk and Essex but going through PNAs is extremely time-consuming. She also thought the Lincolnshire PNA was poor.
- Building a Healthy Partnership with GPs Workshop – 11 November – RB reported a poor response initially, although she had been careful in choosing a date so it did not clash with anything else. Following e-mails and telephone calls the numbers increased, but not all 40 places will be filled.
- RB is in the process of arranging an event on 3 February with GSK on asthma and COPD and two events relating to the dermatology MURs and information on dermatology pathway redesign are being organised by Peterborough PCT on 20/21 March.
- SD made the suggestion that events should be added to the website calendar and regular users of the site could subscribe to the RSS feed and thereby receive notification. Events could also be publicised in the Pharmacy Matters newsletter.
- RB told the group that the March 2011 meeting will be a visit to NAPP Laboratories, the meeting will be held in the morning and a production tour will follow after lunch. NAPP have also expressed a willingness to support a training evening on pain management.
- RB suggested that we create a database for details of all contractors, i.e. contact

details etc. This will be subject to investigation into the position relating to the Data Protection Act and the Information Governance Policy.

- RB concluded her update by informing the Committee that she has been involved in dispute resolution with three contractors.

9 COMMITTEE MATTERS:

PSNC Resolutions: EM and JB will attend the LPC Conference and present two resolutions:

1. Cambridgeshire and Peterborough LPC calls upon the PSNC to insist that the DoH ensures that the PCTs local prescribing policies do not affect the nationally agreed funding for pharmacy contractors, for example the prescribing of branded generics. Thus allowing all contractors to receive fair share remuneration.

2. Cambridgeshire and Peterborough LPC calls upon the PSNC and DoH to set clear standards of governance and scrutinises direction of prescriptions when the prescriber has a financial interest in where the prescription is dispensed, such as GP owned pharmacies.

Business Cards and Telephone Stickers: LM will produce business cards and telephone stickers containing the logo and all contact information plus the web site address.

LM

Meeting Rooms: EM will arrange venues for the Strategy Group meetings in 2011, and all Committee meetings for 2011 will be the second Wednesday bi-monthly, with the exception of January and this meeting will be held on Wednesday 26th. All meeting dates for 2011 are on the website calendar.

EM

Durham and Darlington LPC: TR confirmed that all contractors should be aware of what enhanced services are. The LPC website should aim to include introduction packs and also include a list of questions.

Meeting Attendance: TR told the Committee that a 'three strikes rule' was agreed at the April meeting in relation to poor attendance at meetings by Committee members. This should ensure full engagement and participation; however, matters such as confidential health issues would not be discussed to the full Committee.

Record of meeting attendance: Following discussion it was agreed that LM should keep a record of meetings attended by Committee members on behalf of the LPC. This will ensure that knowledge and skill sets within the LPC are known and can be accessed. This information will be recorded from today (10 November) and LM will send out an e-mail at the end of each month to request information.

LM

- 10 **CONTRACT APPLICATIONS:** The update is as appendix B of the agenda. It was agreed in future updates sent out with the agenda, the date quoted should be the actual date that the application was granted.

CA gave an update on development of LPF. She will be attending a meeting on the evening of 10 November and reported that the Steering Group is meeting regularly.

At present the LPF covers Great Yarmouth, Waveney, Norwich, Cambridgeshire although Suffolk is not on board, and they are looking to host events around the region.

CA attended a meeting in October – Medicines at the Interface Working Group. The group interfaces with the community and hospital pharmacies and discharges. It is hoped to update the palliative care drugs list and the number of pharmacies which this

list.

OPEN SESSION

- 11 EPS2:** David Smith of ASP and Chris Roberts of Peterborough PCT gave a presentation (Presentation given at the meeting now on website). Following the Q&A session, RB asked DS for a simple flowchart which can be put on the website.
- 12 NHS Peterborough:** Ruth Kent gave the following update:
- PNA – RK thanked everyone for returning the forms.
 - Waste medicines – NHS Peterborough will be looking to consult with the LPC further in the New Year.
 - Public Health Campaigns 2011 – RB explained her concerns over the time line for campaigns this year in that there were too many too close together which lessened the impact.
 - EHC Supply Peterborough – this is being reviewed and Cheryl McGuire is leading this.
 - Information Governance Peterborough – following a recent incident of loss of patient data, RK stressed the need to be aware of the dangers of loss of information. TR asked if the PCT would offer support by way of training, but RK confirmed no resources were available for such training. TR pointed out that by not offering training, Peterborough PCT Board would carry the risk. KRJ thought this was something we could work together on. RB agreed we could send out an e-mail to contractors to raise awareness. RK will take these comments back.
 - PCT Dermatology Event end of March.
 - Standard Operating Procedure Ordering Specials - review and update. KRJ told the meeting Cambridgeshire PCT has been spending £600K and is now projected spend is £800K and the issue must be addressed. He went on to say that he would like to work with the LPC on the use of central wholesalers to reduce these costs. He gave advance warning of what questions are likely to be asked the answers to which may well lead to changes being made.
- 13 NHS Cambridgeshire:** KRJ gave the following update:
- PNA – 1800 responses received to date. One of its aims is to ensure uniformity of services throughout the county, but there are pockets throughout the county which are patchy, i.e. Wisbech. RB pointed out there is an opportunity for pharmacies to ensure that staff are fully trained to deliver services, and perhaps this is something the LPC could think about next year.
 - AS asked if Chlamydia screening was part of the services for 100 hour pharmacies, KRJ confirmed there were no changes to Regulations at the moment and we will continue to see 100 hour applications based on existing Regulations. He went on to say that one of the things that came to light from the Regulations Group was that all PCTs must have a map of controlled localities and effective 1983 a map must be available. A large number of PCTs do not have these maps and guidance is now being issued by the DoH. When the work is completed on PNA, work will commence on getting the maps up and running.
 - Christmas hours – KRJ told the Committee all changes to supplementary hours sent to the PCT in time have been accepted, but no applications for suspension of core hours have been approved.
 - Out of Hours Strategy – KRJ to forward to RB.

- Chlamydia screening is to be reviewed as Cambridgeshire is the only provider who does not provide Chlamydia testing for over 25s. There has been a strongly worded suggestion that the SLA should be changed.
- Cambridgeshire has achieved its health check target last year. The SLA has been sent to the LPC to look at, and a number of pharmacies are on board to provide this service. KRJ told the Committee that they are looking to target practices indicated by deprivation, i.e. areas in Cambridge, Huntingdon and North Cambridgeshire.
- KRJ is to issue a draft of timelines in February, starting in April 2011, for review and comment. The campaigns will be similar to last year, but he would welcome any ideas or suggestions.
- Managing Repeats – working on joint statement from the LMC/LPC/PCT on managing repeat services to explore things that can go wrong, and what needs to be checked. At the moment the process contains many holes and this is an opportunity to put in right. This could have a major impact on waste. It was suggested this could be a practice audit.
- Business Continuity Plan Summary Cards – KRJ has joined the BCP team meeting once a month and he will report back their requirements for pharmacies.
- Cambridgeshire PCT Insulin Audit – comments will be out by next week and will go out in Pharmacy Matters.
- Specials – list of preparations gone to the Specials Team, spellings etc. to be checked and will be sent to the LPC for feedback.
- Consortia – Four clusters are up and running and the PCT has been asked to drop 50% of projects currently being undertaking to free up capacity to support consortia. Names of contacts for each cluster, if available externally will be sent to RB.

The meeting closed at 17.00 hours. The next meeting will be held on Wednesday 26 January 2011 at Brampton Park Golf Club, Brampton, Huntingdon.