



MINUTES OF THE LPC MEETING HELD ON 9 NOVEMBER 2011 AT THE BRAMPTON PARK GOLF CLUB, HUNTINGDON

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| Present: | Tim Richards, Chair | TR |
| | Peter Schofield, Vice Chair | PS |
| | Rita Bali, Executive Development Officer | RB |
| | Cherie Aronson | CA |
| | Jody Butler | JB |
| | Shabbir Damani | SD |
| | Meb Dato | MD |
| | Balwinder Kandola | BK |
| | Kumar Ladva | KL |
| | Eve McKenzie | EM |
| | Jon Norman | JN |
| | Hina Patel | HP |
| | Anil Sharma (<i>from item 7 onwards</i>) | AS |
| | Ellis Waring (<i>from item 8 onwards</i>) | EW |
| Open Session: | Kelvin Rowland-Jones, NHS Cambridgeshire | KRJ |
| | Ron Smith, NHS Peterborough | RS |
| | A Taylor, Boots | AT |
| | Steve Smith, Deputy Director, CRI | SS |
| | Andrew Kilkerr, Deputy Clinical Director, CRI | AK |
| | Alison Snelling, Implementation Manager, CRI | AS |
| | Sue Mitchell, Associate Director of Public Health, NHS Peterborough | SM |
| | Councillor Wayne Fitzgerald, Peterborough City Council | WF |
| In attendance | Linda McGeever . Secretary | LM |

CLOSED SESSION:

- 1 **WELCOME:** TR welcomed everyone to the meeting. **ACTION**
- 2 **APOLOGIES:** Apologies received from Andrew Jones (AJ). The meeting was quorate.
- 3 **DECLARATION OF INTERESTS:** There were no additional Declarations of Interest.
- 4 **NOMINATION FOR CCA MEMBER TO REPORT TO CCA:** CA will compile the CCA report. **CA**
- 5 **ACCEPTANCE OF MINUTES FROM PREVIOUS MEETING (14 SEPTEMBER 2011):**
The minutes of the LPC Meeting held on 13 July 2011 were accepted by the Committee as a true record and will be signed by the Chairman.
- 6 **MATTERS ARISING:**
Waste Campaign: It was confirmed that all contractors have now received their packs and the campaign is up and running in Cambridgeshire pharmacy stores.

EPS2: SD told the meeting he is expecting a payment cheque in January 2012, and he will then be in a position to update the Committee at the January meeting as to whether the recent problems he has experienced with the system are finally resolved.

LOC MUR Workshop: The LOC would like the LPC to give a presentation at their meeting in April 2012. RB to progress

RB

EPS Smartcards: RB told the Committee that the last meeting had been cancelled and she has heard nothing further. MD has had an additional terminal set up in his pharmacy but it has not been tested yet. SD commented that the system will not go live until pharmacies are compliant, and TR confirmed that the GP's EMIS system is compliant but not yet fully functional.

7 TREASURER'S REPORT: The Committee discussed AJ's written report in his absence: This report is made up of four parts, namely,

1. A summary of the first six months of this financial year,
 2. A summary of the account status at the end of October
 3. A copy of the LPC Expense Policy
 4. A request for change in the method of payment of member expenses.
1. Six month summary report

I have attached two spreadsheets which summarise the financial position of the LPC six months into the current year . Income versus Expenditure (sheet 1) and Expenditure versus Budget (sheet 2). You can see from sheet 1 that we have received income totalling £70739.12 and we have spent £48202.95 giving us a surplus of £22536.17 - a major contributor to this being the decision to increase the levy from 0.9% to 1.6%.

Looking at how we have performed against the budget we set you will note that we have under spent by £19451.28. There are three main areas which account for this, namely:

- Salaries . due to the phasing of payment of our tax and NI payments
- Honoraria . nothing paid out in first half year
- Locum spend . possibly due to an over inflated budget submission, less attendance at meetings than we thought and most definitely as a result of un-cleared cheques by CCA reps (Boots and Tesco).

We are in a significantly healthier financial position now that at the start of the year but we must continue to tightly control our expenditure and prove to our contractors that they are continuing to receive excellent value for their contributions.

2. Account status (at 30.09.11)

| | |
|-------------------------|-----------|
| Current balance | £82024.03 |
| Less un-cleared cheques | £2554.05 |

Working balance £79469.98

(The majority of the cheques yet to be cleared are due to CCA reps locum cheques yet to be cleared!!!)

We are now receiving payment from 145 contractors which is an increase of 4 from last statement and represents those new contractors who have recently commenced trading.

3. Expense Policy

Please find attached a copy of the LPC Expense Policy for 2011-12. If you have any questions please email/phone me and I will be happy to discuss further or answer any questions you may have.

4. Method of payment of expenses

As I noted in my last update in September I now have full internet access to the bank account. Therefore I would like to request that I pay as many members as possible by BACS. There are several reasons for this:

- LloydsTSB are about to introduce a new faster payment method for all payments made via BACS and so members will receive their money with two hours of my processing the claim,
- Less cheques will remain waiting to be cleared for long periods of time . one cheque dated 29.11.2010 never cashed,
- Members don't have to visit bank to pay in the cheque,
- Finally, much easier for me.

Therefore can I encourage any of you who do not get paid by BACS to get paid this method? Please discuss with me if you wish to change over to this method of payment.+

TR commented that the financial position has much improved on last year but payment of the PSNC levy and the Pharmabase payment is due in the second half of the year. The increase in insurance payment is probably due to the acquisition of another computer.

The Finance Sub-Committee will meet later in November to agree budgets.

The Committee went on to discuss items in the Expenses Policy, particularly locum cover as HP commented that the period of 8 hours cover would be insufficient in the majority of cases and 9.5 hours would be more realistic. The previous hourly rate has been reduced from £30 to £27.50 but HP thought the overall figure should include travelling costs.

SD suggested it would be easier to discuss changes to such policy documents if the written copy highlighted track changes. This would highlight any changes which have been made and it would be easier to follow and less time consuming to go through the whole document.

PS commented that the overnight accommodation allowance to include bed, breakfast and dinner at £180 was unrealistic. Following discussion it was agreed to keep to this limit, but any costs incurred exceeding this limit must be by prior agreement with the Committee.

It was agreed ratification of this policy will be deferred to the January 2012 meeting when

AJ will be present to clarify points.

8 SERVICES UPDATE:

1. RB told the Committee that the Chairman of NHS P has resigned, and it is probable that a joint management structure between NHS P and C will be developed, with a single Commissioning Group for Cambridgeshire and Peterborough. Health and Wellbeing Boards are beginning to function and the GP Senates presently in place will only function during the transitional phase of the changes. It was agreed that as Health and Wellbeing Boards are now setting up their Terms of Reference, RB will make contact with them early in the New Year and she suggested that some members of the Committee should go along and meet representatives. An update of progress will be given during the open session of the meeting by Sue Mitchell, Associate Director of Director of Public Health, NHS Peterborough.
2. **CRI:** The tender to deliver services to drug misusers in Peterborough has been awarded to Crime Reduction Initiative effective 1 January 2012. An update will be given during the open session of the meeting and CRI will come back to the March meeting to report on progress. RB is in contact with them to ensure that no issues arise for our contractors during the transition period. CRI are already working in Peterborough on the drug intervention programme.
3. All the LPC **NMS presentations** are now complete, and RB reported very good attendance and feedback. RB thanked all members of the Committee for their input which ensured the events were successful.
4. RB told the meeting that the LPC needs to engage with **secondary care**. As a result of letters sent to Chief Pharmacists, TR/RB will meet with Claire McIntyre, Chief Pharmacist at Peterborough City Hospital in early December. HP and Tony Dean from Norfolk LPC are talking to the pharmacist at QE at Kings Lynn. CA is also in dialogue with the Interface Group at Addenbrooke's Hospital. BK suggested involving hospital consultants, but following discussion this was thought to be impractical. TR/RB
5. **Ask Your Pharmacist Week** . MD has organised some press coverage in Peterborough papers and has met with Laura Marshall from Public Relations at the Primary Care Trust. He now intends to build on his publicity contacts, and told the meeting that the details in the press coverage have been put on the Peterborough Primary Care Trust's intranet
6. **Cluster Group Update:** Committee members with Cambridgeshire cluster groups will liaise with KL to arrange to transfer some of their pharmacies to him. When the transfer is complete the cluster group information will be published on the LPC website.
7. **Website:** LM will make some minor adjustments to the LPC website in December to aid navigation.
8. The next **training event** will be held on Wednesday 16 November 2011 at The Marriott Hotel Peterborough the subject of which will be foot pain in diabetic patients, and the speaker will be a Podiatrist. Unfortunately this clashes with a CPPE event, but this was unavoidable and RB will contact Zara (CPPE) to ensure that the LPC receives more details in advance of their scheduled events. RB urged Committee members to encourage contractors to attend this event.
9. RB is planning a future event in February 2012 hosted by NAPP on pain management. She is also thinking about running an event for counter assistants/dispensers on selling techniques, possibly with Reckitt Benkiser. RB

10. **Control of Entry:** RB told the meeting that the consultation document has now been issued. Part of the changes include removing the Disciplinary Committee which will be replaced with practice lists like GPs/Dentists, so disciplinary action could be taken against pharmacists such as issuing breach notices, fines and withholding payments. She thought the PSNC would be holding training events, and suggested that a significant number of the Contracts Group attend this training. RB also thought we should engage our contractors in this consultation which finishes in January 2012 and encourage them to give their point of view.
11. RB has been in discussion with NHS C regarding a **contractor in Ely potentially breaching the 100 hour contract**. However, there is no precedent for what is classed as an open pharmacy. The contractor has suggested he may wish to alter his hours, but he would have to prove that the pharmaceutical needs of the population had changed. The Committee discussed what view they should take on this matter as the contractor has not approached the LPC for support. It was decided to send the contractor the standard LPC welcome letter and the view the LPC would take was that opening hours are a matter between the contractor and NHS C.
12. The **100 hour pharmacy in Whittlesey** wishes to change its hours so it can close on Sundays, and open until midnight Fridays and early Saturday mornings. The contractor says that Whittlesey people use Peterborough Walk-in Centre on Sundays and the Peterborough pharmacies. The contractor suggested to NHS C that the need to open on Friday night is greater, and has requested the support of the LPC. This is the second application from the contractor to change his opening hours, the first being to reduce them. Following a discussion it was agreed that the LPC would not take a view on this, but recommend that the contractor takes legal advice on the matter.
13. **Contract Monitoring:** RB told the Committee that contract monitoring will take place in January/February/March 2012. However, 30 contractors have not yet returned their self-assessment forms, and some contractors have expressed a view that they prefer a visit.
14. The National Commissioning Board is setting up **Local Professional Networks**. NHS C would like to know if the LPC would like to be involved at this early stage or wait to see what other areas are doing. She thought the LPC was in an excellent position to become pathfinders, but stressed this may need some time resources. The LPC consensus was we should be involved at this early stage.
15. RB told the meeting it costs the PCT £2.50 to send each pharmacy a hard copy of the **Drug Tariff** when it is available on the web. The Committee concluded unanimously that a hard copy is essential to pharmacies.
16. **Christmas Arrangements:** NHS C wants three pharmacies to open on Christmas Day, and intends to approach the same pharmacies that opened last year as they were willing to do it. However, the view of the Committee was that it should be offered to all pharmacies.
17. **Not Dispensed Scheme:** In other PCTs this scheme involves the pharmacist discussing the issues directly with the GP to encourage change. The payment structure is a fee for not dispensing and 10 - 15% of the cost of the drug. It was agreed that RB should discuss this further with NHS C as following a PSNC update stating that with the intervention of the pharmacist there is a direct link to NHS waste, and in one area the contractor is paid 15% of the annual drug cost saving. The current view is that GPs would be receptive to a re-launch of the scheme.
18. **MUR Laminated Notice to Contractors:** The Committee reviewed the initial

RB

RB

draft produced by RB, and KL agreed to investigate similar notices produced by other LPCs.

RB/KL

9 COMMITTEE MATTERS:

1. **LPC Conference:** TR told the meeting that the resolution with regard to rural dispensing will be presented in conjunction with North of Tyne LPC by PS and JB.
2. **Training:** Nothing new on PSNC training events has been published since the last meeting; however, there should be some details shortly on Control of Entry Regulations training.
3. TR/RB/PS attended the regional **PSNC meeting** on 1 November, and TR commented it was an interesting afternoon.
4. Feedback from the **NSC meeting** was that the CCA representative was concerned that companies are not getting value for money from their representatives.
5. The SHA has joined with the East Midland area and has now become the NHS Midlands and East SHA.
6. The meeting discussed the fact that NMS did not have a sufficient level of patients that fit into the criteria, and this will be reviewed to increase the number of categories.
7. **COSI Contract:** Reviewing the cost per item per pharmacy versus cost per item from dispensing GPs. Only accounts from 20 dispensing GPs across the whole country were considered and this will not substantiate any argument against dispensing GPs. A resolution will be presented at the conference that the PSNC review their position on dispensing GPs is likely to result in the status quo position being maintained. The PSNC view is that GPs are losing out to pharmacists. They have previously looked at co-location of dispensing GPs and pharmacies but details have not been forthcoming.
8. **DD Conference:** The theme will be co-operation with Pharmacists, and the Chair of North of Tyne LPC will be the guest speaker.
9. **Supply Issues:** The PSNC have asked for good examples to be sent to Andrew Lansley. An e-mail has been sent to our contractors and copied to local MPs. The meeting discussed examples and the out-of-pocket expenses incurred in trying to source drugs.
10. **Visit to the NHS Prescribing Service Open Days:** So far TR/SD/EM have expressed an interest in attending an open day in 2012. TR asked Committee members to let LM know if they would like to attend.

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

LPF:

1. Cambridgeshire Joint Prescribing Group has discussed amending the formulary for MR Morphine to be brand specific. Doctors only usually prescribe M.S.T. which is the most expensive but now there are morphine sulphate generic capsules (Zomorph) and tablets (Morphgesic) which are cheaper but can take up more room in CD cupboard, therefore there may be changes to prescribing.
2. A-Rhythms . there is an alert to remind pharmacists that the maximum dose of Citalopram should be 40 mg due to risk of abnormal heart rhythms . good opportunity for MUR on patients taking this drug.

3. Addenbrooke\$ have put out to tender their dispensing outpatients prescriptions.
4. Documents will be sent out to patient's GP to initiate prescribing. If patient has had changes to medicines while in hospital they will be encouraged to speak to their pharmacist for a Medicines Use Review . this is one of the targeted areas for MURs.
5. Addenbrooke\$ and Hinchingsbrooke\$ outpatients discharge letter about dispensing medicines does mention the pharmacy throughout, and feedback will be discussed at the November Group Meeting, and NMS will be incorporated in that. Addenbrooke\$ and Hinchingsbrooke\$ will only supply if urgent.

Interface Meeting:

1. At the last meeting at the end of September CA was asked to supply a list of pharmacies carrying out NMS and MURs so something could be put on their discharge sheet. TR commented that he thought most of them were, but they are directing all new patients down the NMS route. CA thought the discharge card should have information about accessing pharmacy services, and there should be a mention of community pharmacies. The group is keen to work with hospitals to develop this further and will keep working to this end. RB commented that through events/presentations contractors should be made aware that the LPC has this relationship with the hospital services, and if they have any queries about hospital prescriptions, CA can take up the matter.
2. CA has had quite a few incomplete or incorrect prescriptions which have been anonymised and she is taking these up with Addenbrooke\$. She also made the comment that such prescriptions should be faxed back to the in-patients pharmacy for them to clarify.
3. At the meeting at the beginning of December the group will be discussing a work programme to see what can be done to improve discharges.
4. The group will also discuss current health campaign on waste to see what can be done about getting the message through to GPs to update records, and take off medicines no longer required by the patient.
5. CA told the Committee of the very successful LPF conference three weeks ago, at which she did a presentation on Pre-Reg. training. The venues for this conference will be on a rotation and next year\$ event will be held in Cambridge.

11 CONTRACT APPLICATIONS: Appendix B gives a full update:

1. **Ely:** EW asked LM to check if there was an outstanding application for Ely.
2. LPC welcome letters are now being sent to all new contractors.

LM

OPEN SESSION

- 12 Peterborough Drug Treatment and Recovery Service:** Steve Smith, Deputy Director of CRI the new provider of drug treatment and recovery service in Peterborough gave the meeting a presentation on the organisation and the service they will be providing in Peterborough with effect from 1 January 2012, followed by questions from the floor. RB was particularly keen to establish the need for a smooth transition of services from the point of view of contractors, and CRI assured the Committee that everything possible will be done to ensure this happens. To this end the Committee issued an invitation for SS and his team to return to the March 2012 meeting to review the transition.

- 13 Update on the NHS changes locally and how will the voice of pharmacy be heard within the new structure:** Sue Mitchell, Associate Director of Public Health, NHS Peterborough updated the Committee on planned changes and those already implemented in the transition period for the new commissioning system.

Key dates in the transition process are:

- By September . baseline assessment of PH spend.
- By October . each PCT cluster to have completed PH functions map.
- By December . HR concordat and shadow allocations published.
- By January 2012 . transition preparation tool-kit.
- By April 2012 . working in shadow form towards full formal transfer of responsibilities, functions and resources as of midnight 31 March 2013.

RB will meet with SM as soon as possible, in the meantime any questions should be forwarded to RB and she will take these up with SM. Councillor Fitzgerald also asked for any questions to be e-mailed to him.

- 13 NHS Cambridgeshire:** KRJ gave the following update:

1. **100 Hour Pharmacy – Ely:** *Point 8.11 refers* – TR told KRJ that opening hours are a matter between the contractor and the PCT.
2. **100 Hour Pharmacy – Whittlesey:** *Point 8.12 refers* – TR stated that the LPC takes no view on this.
3. **100 Hours Contract Monitoring:** KRJ told the Committee that the contracting monitoring form has been updated asking for information on the responsible pharmacist on duty at the pharmacy during the times of opening.
4. **Contract Monitoring:** The capacity of the Pharmaceutical Services Team (PST) will be increased in November, although still below last year's level. This will enable the team to catch up on contract monitoring functions, e.g. a review of audit and contract monitoring forms. A number of these are still outstanding and contractors and area managers have been reminded about these. Audit is a contractual obligation. Delivery of all essential services is a pre-requisite for payment of advanced services. Contract monitoring visits are planned for January. The PCT will employ a locum on a short term contract to support PST and KRJ asked for the LPC view on this. TR gave a cautious yes on this.
5. **Local Professional Networks:** An invitation from the DoH for volunteers to test proposed NHS Commissioning Board arrangements pharmacy local professional networks has been received and NHS C would like to volunteer if the LPC is in agreement. TR said the LPC were in agreement with NHS C.
6. **Controlled Localities in Cambridgeshire:** KRJ requested an update on the position of the LPC in relation for recognition of controlled localities where records of determination cannot be established. The Committee agreed to discuss this at the end of the meeting and take a vote.
7. **NHS Pharmaceutical Regulations Consultation:** A consultation has been announced which will run until noon on 25 January 2012.
8. **Drug Tariff Distribution:** The LPC view was that although there is an online version

a hard copy is essential for pharmacies.

9. **Christmas Arrangements:** KRJ told the meeting that rotas are required for Christmas Day only this year for Cambridge, Huntingdon and Wisbech and providers of the rota last year are being offered the opportunity first this year. The LPC view was that this should be offered to all contractors on an equal basis.
10. **Clinical Governance Events:** Despite receiving good feedback from attendees these PCT events are waning in popularity. Also Camquit are reporting difficulties with getting staff to attend their events despite contractors telling them they find them useful. With the PCT ceasing operation in April 2013 KRJ suggested moving to some other form of event perhaps jointly run by the PCT/LPC. Following discussion TR expressed the LPC opinion as a 'cautious yes'.
11. **Not Dispensed Scheme:** Possible alternative schemes are being reviewed by the LPC. NHS C are keen to have in place a scheme that is endorsed by its Local Commissioning Groups, delivers QIPP savings, increases collaboration between pharmacies and GP practices and recognises the contribution made by its stakeholders.

14 NHS Peterborough: RS gave the following update:

1. **Revisions to Mental Health Services Consultation:** RS passed the LPC a consultative document on revisions to the mental health services which started last week. RB will reply on behalf of the LPC. **RB**
2. **NMS:** 28 out of the 42 pharmacies are now signed up to the scheme in Peterborough. KRJ confirmed that 88 out of 105 pharmacies are signed up in Cambridgeshire.
3. **Contract Monitoring:** The same process of self-assessment is being adopted across Peterborough and this is virtually finished and action plans completed. A series of visits based on 15% of pharmacies is planned for 9 of these and will include the internet based pharmacies. RS confirmed that GP dispensing practices have an annual contract monitoring visit.
4. **Organisational and Staffing Changes and MMT capacity:** RS told the Committee that work is ongoing to change to a single commissioning group and the formation of local commissioning groups; however, the situation is fluid. The second round of voluntary redundancies has been completed and talks have just started on the next phase which will be compulsory redundancies. Katherine Robinson from the MMT is about to go on maternity leave.
5. **Pharmacy First for Children – initial feedback and next steps:** RS reported that as at four months into the scheme initial problems have been resolved and feedback from patients is that the scheme is running reasonably well and it is delivering the financial benefits anticipated by the PCT. However this is a two stage process and the scheme will now be revisited and reviewed. RB asked if there has been an increase in GP prescribing as she anticipated an increase in workload in December/January. She went on to say that some patients come in to complain to the pharmacy, and some will go to A&E therefore cost savings will not be achieved.
6. **Audit – Specials:** RS brought to the attention of the Committee that with any specials not in the drug tariff there is a requirement for pharmacists to endorse the analysis sheet and submit it to the PCT on a monthly basis.
7. **LINK – NHS Choices – Pharmacy Opening Hours:** This highlighted the fact that opening hours displayed on the NHS Choices website were inaccurate for some

pharmacies. RS asked that all pharmacies check the opening hours displayed on the website and if they are incorrect, contact ASP to make required changes.

8. **Public Health Campaign – Be Clear on Cancer:** RS reported that the response was not as good as was hoped, but SD made the comment that packs were not received until after the start date.

15 **ANY OTHER BUSINESS:**

Controlled Localities in Cambridgeshire: *Point 13.6 refers.* The group discussed that some areas within Cambridgeshire which are not classified presently should from today and onwards be classed as rural but not be subject to the five year rule. KRJ has spoken to the DoH and they have agreed to this solution, as there seems to be no alternative. PS made the point that many of the villages around Cambridge are dormitory areas and should not be classified as rural, but felt that best interests would be served by maintaining a status quo position. Following further discussion it was agreed to ask KRJ for a written statement and this could be sent to Steve Lutner, PSNC, for comment/approval. RB to speak to KRJ.

RB

There being no further business the meeting closed at 16.30 hours.

- 16 The next meeting will be held on Wednesday 11 January 2012 at the Brampton Park Golf Club, Huntingdon.

LPC Committee Meeting Dates 2012 at 9.15 am

Wednesday 11 January

Wednesday 14 March

Wednesday 9 May

Wednesday 11 July

Wednesday 12 September

Wednesday 14 November

Strategy Group Meeting Dates 2012 at 10.00 am

Wednesday 22 February

Wednesday 11 April

Wednesday 13 June

Wednesday 15 August

Wednesday 17 October

All meetings will be held at The Brampton Park Golf Club