

## **CAMBRIDGESHIRE AND PETERBOROUGH LOCAL PHARMACEUTICAL COMMITTEE**

MINUTES OF THE LPC MEETING HELD ON 15 September 2010, Premier Inn, Norman Cross, Peterborough.

### **Welcome - TR**

Welcomed newest member Jon Norman to his first meeting and explained the process of meetings.

### **Attendees**

Tim Richards Chair (TR)	Shabbir Damani (SD)
Eve McKenzie Treasurer (EM)	Meb Datoos (MD)
Rita Bali; Executive Development Officer (RB)	Ellis Waring (EW)
Cherie Aronson (CA)	Jon Norman (JN)
Hina Patel (HP)	Navaz Bulsara (NB) (Administrator)
Jody Butler (JB)	

**Open session:** NHS Cambridgeshire - Kelvin Rowland Jones, (KRJ), Maggie Brown (MB)  
Ron Smith, NHS Peterborough (RS);

### **Apologies**

Anil Sharma (AS), Peter Schofield Vice Chair (PS), Bal Kandola (BK), Kumar Ladva (KL), Andrew Jones (AJ)

The meeting was quorate.

### **Declaration of Interests - NB**

TR: explained declaration of interest to JN and JN confirmed he had received and completed the relevant documents. There were no other changes of declarations at the meeting.

### **Nomination of CCA member to do CCA Report – TR**

TR to complete the report

### **Acceptance of minutes of previous meeting – TR**

Page 1 – to add JB to Apologies.

Page 3 – spelling – change review to reviewed, 3<sup>rd</sup> paragraph beginning “it is suggested.....”

Page 6 – delete NHS Cambridgeshire, from item 6. Last line from paragraph starting “EW:”

Minutes of the LPC meeting, 14 July 2010 were accepted by the committee as a true record and signed by TR.

## **Matters arising from the minutes – other than those already on the Agenda - TR**

PS was going to check the constitution and reword the statement on the “3 strike rule”, which was discussed at the last meeting; however as PS is unwell he has not attended this meeting and therefore there is no update at this moment. – Carry forward action for PS.

NB confirmed that a new email address has been set up for PS, as he requested.

## **Treasurer Report - EM**

Current balance as of 12.09.10 £60515.36

Less

Uncleared cheques

Tesco 2470	£303.25	
Tesco 2889		£460.00
Tim	£60.30	

leaving balance of £59691.81

PSNC levy is due 01.10.2010 of approx £17000.00

Rita hours are being tracked with a total of 11.5 hours overtime due for the half year. At present these have been adjusted with a reduction in hours over August.

While the balance in the bank is still healthy I think we must be aware of commitments for the rest of the financial year e.g. PSNC levy, honorariums, wages and tax. Savings have been made but care is still needed to ensure we don't overspend.

I will be chasing Tesco HO regarding uncleared cheques but would also ask if everyone could send their expenses in a reasonable time. I am still receiving expenses from last year and cheques being presented from last financial year which is making it difficult to forecast our spending.

There were further discussions around late cheques and expenses and how it is having an impact on the treasurer's report.

EW: proposed all claims over 3 months from now are submitted to EM by the end of September 2010. Thereafter to ensure everyone submits claims by the end of each month.

TR – seconded the above.

## **Services up date - RB**

RB has kept the LPC informed via email with all updates – LPC members confirmed they had received the New Observed consumption SLA.

### 1. Needle Exchange

RB has got another meeting with NHS Peterborough and will forward any updates to the LPC.

## 2. Specials

RB has a meeting with Emma Jane Roberts and RB will pass on all comments from the LPC members.

## 3. EPS 2

This is progressing slowly in Peterborough and the PCT are saying, as this has been budgeted for, the pharmacists who have the system in place can claim for payments. RB is going to talk to the PCT to clarify this further.

Within Cambridgeshire PCT area this has virtually stopped

## 4. AstraZeneca

AstraZeneca are organising COPD training in St. Ives and are inviting RB.

JB, TR and HP confirmed that they had also been invited.

HP: is attempting to design a template and will keep it simple for pharmacists to use.

SD: suggested that the LPC should remind the contractors it is important to complete all MURs.

RB: commented that both PCT PNAs state there is a shortfall with MURs.

## 5. NAPP

Michelle Blandford has moved to Norfolk therefore RB is having a meeting with Christian.

## 6. Dermatology Pathway – Peterborough

RB has been to meetings and passed on the comments made by the LPC with regards community pharmacy not being mentioned within documents – this has now changed and community pharmacy has been mentioned.

Dermatology and MUR – Cambridgeshire

RB to contact the Leo representative regarding setting up an MUR Dermatology Workshop to support our contractors.

## 7. EHC – Peterborough

The LPC wrote a letter to the PCT CEO commenting that the LPC are not happy with the PCT's decision to withdraw this service from community pharmacy. The LPC were not happy with the response letter they received. There was an article published in the Peterborough Evening Telegraph (ET).

Both letters and the article have been put on to the new LPC website.

Brian Rush from the Scrutiny committee became aware of the letter and RB went to the meeting to put forward the LPC case. The Scrutiny committee was not happy that the service had been withdrawn and asked the PCT to reconsider.

This has been a real success for the LPC and its contractors.

#### 8. Smoking SLA - Cambridgeshire

The SLA has gone out to the contractors without the LPC (or RB) having seen it first. RB has now read it and there are some points RB is going to address with KRJ.

#### 9. Smoking cessation – Peterborough

This has been successful and Rob Newman is doing a presentation this afternoon regarding the outcomes of the smoking cessation campaign.

#### 10. Newsletter

It is RB's turn to do complete the Newsletter and it is going to be about LPC communication strategy. RB has divided the contractors in to clusters and would like members to look at them and chose the cluster relevant to their location.

The committee agreed the following should be questions to ask the contractors:

- Who is in charge
- Check name, address and email address
- Give out LPC contact details
- Ask them if they have been getting LPC emails
- Mention our new website
- Confirm if they can access the new website.

CA: suggested that asking the contractors what mode of contact the contractor feels is best for them.

TR: commented that it is up to each LPC member to decide how to keep in contact with their cluster group.

SD: suggested at the end of the sheet to ask the contractors if they have a question.

TR: also commented that it would be good to have a list showing clusters and each member responsible for them on the website.

**ACTION:** RB to complete a sheet using the above questions and a list of clusters.

To put the 'clusters' on the next meeting's Agenda.

TR: commented that he would like to thank RB for all her efforts with EHC and the good result that was achieved for all our contractors.

**The LPC discussed having a regular column in the local press to promote community pharmacy and building a link with the public – some topics to use: quit smoking, minor ailments.**

## **Committee Matters – TR**

### 1. PNA – RB

There is a pre-draft PNA for Cambridgeshire. Official consultation period for the Peterborough PNA has started.

As a LPC we need to decide what response to put forward. Those that attended the PNA training sessions should be involved in discussions for a first draft of our response (these are TR, SD and PS).

There is also the Norfolk and Bedford PNAs to look at.

All contractors will have been sent their relevant PNAs.

There were discussions around how the LPC could help the contractors with understanding the PNAs.

**The LPC agreed to do a checklist for contractors this will make it more efficient and save time for contractors, as it will pinpoint the items they need to consider.**

NHS White Paper – Liberating the NHS – RB will look at it and ask PS and JD to make any suggestions.

### 2. Website

TR thanked NB for the upkeep of the website as it looks great and is going from strength to strength.

**The LPC agreed for the old web page to be blanked and a note put on the front page with the new website address and a link to the website. To then close the old website.**

**ACTION** NB to speak to Hosting UK to ask for old web page to be closed or have a redirection to the new web page.

### 3. MPs

RB has contacted 4 pharmacies – Dogsthorpe, Fletton, Millfield and Werrington – who would be willing to host MPs.

NB confirmed that letters went out to all MPs regarding PSNC Dinner event.

**ACTION** NB to check with PSNC if any MPs are coming from our LPC region.

### 4. Resolutions to be put forward from the LPC

- a. – Branded Generics
- b. – Lobby PSNC to commit research in to the worth of pharmacies.

RB comment about discussing this at the next East of England LPC for their comments and input.

SD comment on the ownership of pharmacies by the GPs – is there a conflict of interest.

There was a discussion if this was the route to take as the decision cannot be changed by the PSNC.

Need to ensure we word it correctly – i.e., for PSNC to have an investigation in to how this is going to impact community pharmacy, it is a significant issue.

LPC members agreed that it could be perceived as conflict of interest and that the resolution to be worded carefully and correctly.

**ACTION** RB to speak to Dhiren Bhatt regarding the above resolution.

## 5. EHC

TR has responded to the CCA survey.

## 6. Competencies

TR has discussed this in previous meetings and has got a list of competencies from the CCA; however it is not particularly useful for LPC purposes.

There was a further discussion around LPC member competencies and how to assess and provide training for any gaps.

**ACTION** RB to carry out further investigations using the NAPP facilities.

## **Contract Applications**

NB updated committee with new and outstanding applications and went through Appendix B

**ACTION:** RB to speak to PS to confirm start using the new contract application process.

## OPEN SESSION

### **Smoking Cessation update – RN**

Handouts of presentation distributed to the committee.

There was discussion around what more could be done to empower managers to do more. There was also a suggestion made that information gathered regarding pharmacy performance should be shared with all pharmacies (not just individual pharmacies).

RB her experience, in her pharmacy, has been that the individual advisers still need the input of a pharmacist.

### **NHS Peterborough – RS**

#### 1. PNA

Since the last LPC meeting there has been the PNA consultation event and RS very grateful for the feedback he has received and has amended the document accordingly. The primary board were very positive with the document and it is now in the consultation period (8<sup>th</sup> Sept. to Nov.8<sup>th</sup> 2010).

There is an executive summary provided of key messages as the main document is very large and complex. RS would welcome any response.

RB as an LPC we will do a formal response. As a minimum the LPC hope that the PNA does what it says and there are no gaps.

TR confirmed RB's comment.

## 2. GP consortia

This is still in the early stages of development at the moment there are 3 plus border line however some may join in from the border line in to 3 main clusters within Peterborough. It will all go live by April 2011.

TR confirmed that RB and TR have spoken to Guy Watkins regarding clusters and hoping that LMC will involve local pharmacy.

RB said her understanding was that the consortia can decide what they want to do however; it will be gradual process from PCT to consortia.

## 3. Palliative Care

Improving access to palliative care and working with the doctors to do this.

## 4. Minor Ailment

There is a lot of working going on and in terms of Pharmacy First decision has been made to continue as it is.

## **NHS Cambridgeshire – KRJ**

### 1. PNA

The consultation period will begin from 27 September for 60 days. KRJ has now met with LPC strategy group/contracts group and the LMC.

The LPC have had a copy of the draft PNA.

There is survey being sent out to 10,000 members of public to gather views there is also telephone interviews being carried out – this is to ensure a robust consultation has taken place.

There are some minor changes to pages 24 and 25 tightening up where we might have left door open to potential applications.

KRJ has 8 PCTs to respond to regards PNAs and has already seen Peterborough's and Bedford's.

KRJ asked if a week in advance would be ok for LPC to forward their comments.

**The LPC confirmed and agreed this was sufficient.**

There will be posters and leaflets sent out to all pharmacies next week to encourage the public to take part in the consultation period.

## 2. PGD

There are two – Hormonal contraception and Chlamydia. It is mandatory to attend training events and this has made it difficult for pharmacists and locums to get accreditation. We are now looking at distance learning packages provided by the CPPE; but are worried that will lose the benefit the events provide for new pharmacists.

RB agreed that it makes sense to use a nationally accredited system.

## 3. Christmas and New Year

Christmas day is Saturday = this is a recognised day so pharmacy will not need to open. Boxing Day is Sunday and New Year's Day is Saturday = these are not statutory bank holidays therefore if it is pharmacy core hours then the pharmacy should open (this is normally the case with 100 hour pharmacies).

If the pharmacy wants to change then need to provide a business case why their customers needs have changed, in order for them to change their core hours.

EW asked a question regarding temporary change.

KRJ clarified it is where we get pharmacies wanting to change core hours at the Christmas and New Year period. There is no provision within the regulations for a temporary change to core hours.

It seems Christmas day is the only day where there is no coverage and we are looking to provide a rota for Cambridge, Huntingdon and Wisbech.

RS confirmed that there was something very similar happening in Peterborough.

## 4. Borderline Substances

We are talking to the Cambridgeshire Community Services to see if they would take the budget for borderline substances.

## 5. Clinical Governance events

These are happening between October and November in Wisbech, Huntingdon and Cambridge city.

As changes are happening very quickly and a lot of paperwork to go through – eight PCT PNAs to look through – there will be a lot of negative messages getting through. Therefore need to ensure that consistent message getting through.

TR wanted clarification on Smart Cards

RS updates have been issued regarding EPS 2; there some parts of the services moving to other services.

TR asked if there were patient leaflets in foreign language available, from both PCTs, which can be used to provide information on pharmacy services, to help reduce the burden on GPs for minor ailments.

It was suggested using the PCT websites to promote services.

## **AOB**

TR wanted to make members aware that when at work he replies to email using his mobile phone; in this instance his email address is coming up incorrectly and therefore not to use this address, when replying to his emails.

### Recruitment of LPC Secretary

TR confirmed that interviews were taking place on Thursday 16 September 2010 and will keep LPC informed of progress.

TR thanked NB for all her hard work, in particular he is thrilled with the new website; and acknowledges it has been difficult, for NB, these last few months.

LPC meeting closed at 16.30pm

Next LPC meeting 10 November 2010, Brampton Park Golf Club, Brampton, Huntingdon.