

# South Staffordshire Local Pharmaceutical Committee

## Minutes of the meeting held on Wednesday 29<sup>th</sup> September 2010 in the Meeting Room, Dean & Smedley, Horninglow Road, Burton upon Trent at 2.00pm

Members Present: Mr Bullock; Mr Evans; Ms Palfreyman; Mr Wilson; Mr Galt; Mr Dean Mr Morrison; Mrs Chahal; Mr Magrath; Mr Smith; Mr Atthey; Mr Siswick

In Attendance: Mr Prokopa; Dr Goldstein; Mr Barlow (SSPCT).

As observers: Jamie Carter Pre-Registration Student, Manor Pharmacy & Dan Charles Pre-Registration Student, Dean & Smedley

In the Chair: Mr Bullock

### Business Agenda

810-1	<p><b>Apologies</b> Ms Parrett, Mrs Scrivens, Miss Khideja</p>
810-2	<p><b>Minutes</b> The minutes of the meeting held on 1<sup>st</sup> September 2010 were approved as amended. Proposed: Mr Dean    Seconded: Mr Siswick</p>
810-3	<p><b>Matters Arising</b></p> <p>a) Annual Report &amp; Contractors Meeting – Mr Prokopa reported that the report was almost finished; he was just waiting for confirmation from one or two members of the LPC regarding their attendance. Mr Siswick confirmed that he would be attending.</p> <p>b) PSNC Conference &amp; Dinner – Mr Prokopa confirmed that Mr Bullock, Mrs Chahal and Mr Magrath would attend Conference; Mr Prokopa had registered for an observer place subject to availability. Only one MP (Jeremy Lefroy, Stafford) had accepted the invitation to the dinner so it was felt that only two LPC representatives should accompany him. Mr Bullock volunteered not to attend, it was agreed that one of the other conference delegates would join Mr Prokopa in accompanying Mr Lefroy to the dinner.</p> <p>The motion which the LPC proposed to move at the LPC Conference was discussed; Dr Goldstein and Mr Prokopa had prepared a draft motion, and Mr Prokopa had sought information from the PSNC about a previous motion which had been carried by Conference in 2007. Following the discussion a number of changes were suggested which resulted in the following motion being agreed:</p> <p><i>"This Conference believes that there should be a national agreed service, negotiated by PSNC, for pharmacists to dispense weekly medication into a Monitored Dosage System (MDS) container for any patient who has fulfilled all of the inclusion criteria for the service.</i></p> <p><i>The inclusion criteria are:</i></p> <ul style="list-style-type: none"> <li>• <i>The patient must have an MUR initially to ensure all current medication is required and/or to rationalise the timing of their doses</i></li> <li>• <i>The patient must be able to self-administer their medication</i></li> <li>• <i>Without the aid of MDS the patient would require support from a carer of some sort to comply with their medication regimen."</i></li> </ul> <p>The proposer at Conference would present the background information to support the proposal.</p>
810-4	<p><b>Communications</b> Correspondence listed in Appendix 1 was presented to the Committee.</p>
810-5	<p><b>Finance</b> The Treasurer reported that both business and service accounts maintained healthy balances. Mr Galt circulated a new report on income and expenditure which due to new accounting procedures detailed at the last meeting, enabled monthly updated accounts to be produced throughout the year.</p>
810-6	<p><b>Meetings Reports incl. Service Development Officer's Report</b> The meeting report listed in Appendix 2 was presented to the Committee. Mr Prokopa reported on the meeting that he and Dr Goldstein had with Dr Fay Wilson of Badger Healthcare, the provider of Out-of-Hours medical services to most of the PCT area, except the Seisdon Peninsula. The discussions had centred around communications between pharmacies and the out-of-hours service, and the possibility of improving the use of services which community pharmacies currently provide, or where they could be extended (eg with</p>

additional minor ailments services). There was an agreement that where a branded product had been prescribed by an OOH doctor, if this was not available a generic product could be substituted a pharmacist considered it appropriate in order to ensure the patient received prompt treatment. Dr Goldstein added that it was possible that a development evening might be arranged to get especially late-opening or weekend pharmacy teams and doctors and staff from Badger together.

Ms Palfreyman noted that she had had problems obtaining a prescription which had been faxed to her pharmacy by Badger doctors; apparently anything to be posted had to go via Burton and then Birmingham before it came out by post. Mr Dean expressed concern about potential breaches in patient confidentiality with this system; Mr Evans confirmed that they have their own driver-courier service between offices.

Dr Goldstein updated the Committee on her activity, including a change that had been agreed with the sexual health team to the accreditation for the service, which would be highlighted in the next Newsletter; the team would also take over all of the administration of this too. Mr Galt commented that payment requests for the Chlamydia service were taking a long time to come through; Dr Goldstein agreed to feed this back the sexual health team.

The Pivotell project – this area now had 50 patients using this device, and there was evidence that for every £1 spent on the service approximately £19.50 savings on extra admissions and services. The only difficulty was there was a hold-up in making the assessments of patients referred into this service. Dr Goldstein had said that it was possible for pharmacists to do the assessments themselves, however the meeting felt that this was not advisable. Mr Smith had two patients who had been assessed but were awaiting the devices – Dr Goldstein agreed to follow this up.

A further meeting with the Sexual health team had been arranged to discuss the C-Card programme; clients register with the scheme to obtain free condoms and information from pharmacies on presentation of the card. Mr Bullock asked what funding was available? Mr Galt understood that although the packs were distributed free to pharmacies, no service payment was to be made; however the service had not yet started properly.

Dr Goldstein added that the PGDs for all of the minor ailments schemes and EHC were due to run out on 30<sup>th</sup> September; these were now being updated and would be distributed to pharmacies soon. Mr Morrison expressed concern that if the current PGD had expired contractors should be warned not to make supplies until the new PGD was received and signed. Dr Goldstein felt that this wasn't necessary, as the new PGDs would be available very soon and the PCT were happy to sanction supplies even though the PGD had technically finished. Mr Morrison stated that if the PGD had expired, the pharmacist legally could not supply. Mr Bullock agreed that it was unlikely that it would be in the patients' best interests to make a supply, however it was suggested that the PCT could confirm in writing to contractors that it was still permissible to continue with supplies by extending the end-date of the old PGD. Dr Goldstein agreed to seek such an assurance.

Finally, Dr Goldstein confirmed that she had now almost completed the data-sheets for the Dermatology PGD to be launched in Cannock Chase locality soon.

Mr Smith asked if a meeting had been arranged with Mark Seaton yet, as he had concerns about a possibility in the way dressings were supplied to the district nurses? Dr Goldstein confirmed that a meeting was planned for October 5<sup>th</sup>; she had not been able to ascertain any change, however she would take this up with Amanda Evans of the provider arm. Mr Smith had been advising his pharmacists to monitor stocks carefully in case there was to be a move to central supply; this was causing problems with district nurses who wanted immediate supplies from the pharmacy.

810-7

### **PCT Reports**

Mr Barlow updated the Committee on the situation regarding the PNA. Following the publishing of the PNA on 1<sup>st</sup> September the Department of Health had confirmed to PCTs that the document needed to be served to each statutory consulter individually, and this had been done by email or as hard copy from 25<sup>th</sup> September. The deadline for consultation responses had therefore been extended to 30<sup>th</sup> November; it would be helpful if the next Newsletter could highlight this change. Mr Barlow added that some responses had already been received, notably one from the LMC which had asked why some of the enhanced services were not available to GPs. Mr Prokopa asked if the responses were in the public domain Mr Barlow

replied that within the report on consultations they would be. Mr Smith asked how the PCT would deal with applications from existing 100-hour contractors to reduce their hours post-April 2010? Mr Barlow replied that there was as yet no guidance, however he expected guidance to be issued. Mr Barlow also confirmed that three PNAs had been received from neighbouring PCTs. Mr Prokopa reminded Mr Barlow that it was the responsibility of the PCT to forward these to the LPC.

## Strategy Agenda

810-8	<p><b>Quality and Performance</b></p> <p>a) Multi-Disciplinary Audits 2010-11 – Mr Prokopa advised the Committee that the Multi-Disciplinary audit for contractors in 2010-11 would be a choice of two – either the referral audit which was one of last years choices, or an audit on identifying patient profiles of patients undertaking MURs. Mr Dean asked how these are multi-disciplinary? Dr Goldstein replied that the results would be fed back to GPs. Mr smith asked when these would be distributed? Dr Goldstein said the papers were being distributed early November, further details will go in the Newsletter.</p> <p>b) Prescription Accuracy Check – Mr Prokopa gave information on the lates prescription switching accuracy check received from PSNC.</p> <p>c) Christmas 2010 – Mr Prokopa advised the Committee that there had been many reminders provided to contractors about Christmas and New Year closures. Mr Barlow added that the PCT had decided that GP practices would be allowed to close at 5pm on Christmas &amp; New Year's Eve. Mr Evans was concerned that this decision had been made after the period of notice which pharmacies are required to give (90 days) to amend supplementary hours or request closure of core hours. Mr Barlow said that if there were particular problems at a local level then the pharmacy should contact their Primary Care Manager at the PCT. Mr Prokopa agreed to publish this again via the Newsletter</p> <p>d) Specials Price Lists – Mr Prokopa reported that the regulations had been changed so that it was now allowed to publish price lists; it was believed that this was part of the process of negotiations nationally regarding Specials pricing.</p> <p>e) NCSO Update – September NCSO details would be published in the Newsletter still as contractors could still submit prescriptions after the end of the month concerned.</p> <p>f) Category M Changes – October. Mr Prokopa said he would highlight these in the Newsletter.</p> <p>g) Information Governance update – Mr Prokopa informed the Committee about his recent meeting with Julie Mitchell, PCT Pharmacy IG lead. All contractors but one had submitted their IG declarations for 2009-10; most CCA members companies had been contacted and it was identified that most support would be needed for independent contractors. Mr Dean confirmed this as his group had done some work earlier this year, but expected many would not yet have started. He added that there was some confusion over whether contractors would simply have to have evidence available or actually submit the evidence. More information will be published monthly in the Newsletter to keep this topic at the forefront of contractors' minds</p> <p>h) Sinemet supplies – Mr Prokopa reported that there had been an update today on PSNC website to say that MSD expected all supplies to be available by the end of 2010, rather into 2011 as had been expected.</p>
810-9	<p><b>Commissioning and Services</b></p> <p>a) Cannock Chase Dermatology PGD – this had been mentioned in Dr Goldstein's report earlier.</p> <p>b) South Staffordshire HUB – LPC Response to Consultation Dr Goldstein explained that this would act as a single centre to co-ordinate activity between appropriate teams either in health or social care, for instance when a patient is discharged from hospital. It is managed in Leamington Spa by the local ambulance trust, they are currently operating it for Warwickshire. All information about services is provided by this PCT. One of the great advantages is that it should lessen the chance of a hold-up in discharging a patient from hospital by ensuring all aspects of necessary care were in place. Finally, Dr Goldstein said she had flagged this up as there was virtually no mention of Community Pharmacy in the whole document; Mr Prokopa said that he had responded on behalf of the LPC and gave details of</p>

	<p>information included in the response. Mr Bullock expressed regret that although this was a wonderful opportunity, pharmacy had not been included. Dr Goldstein said that GPs were much less supportive of the HUB as they believed that they already provided this service.</p> <p>c) CRB Checks for Smoking advisers – Mr Prokopa said that he had the first request for a CRB check for advisers not fulfilling the PCT's criteria for a paid check. He explained about the service through Disclosure Services, and that he now needed LPC approval to go ahead to provide an alternative through the LPC. Mr Dean asked who the checks then belong to? Mr Prokopa said that they would belong to the LPC as an umbrella organisation. Mr Bullock reminded the Committee that the LPC had agreed to fund one check per pharmacy where no adviser qualified under the PCT's criteria. Mr Morrison proposed that this should be approved; Mr Smith seconded this and the proposal was agreed unanimously.</p>
810-10	<p><b>Regulation</b></p> <p>a) PNA update – this had been largely dealt with in Mr Barlow's report. Mr Prokopa said that the LPC would include in its response about items which the LPC had asked the PCT to change in the draft document but had yet to be altered. Mr Dean asked that the full discussion on the PNA at the October meeting to be early in the agenda to allow sufficient time when members were still fresh. Mr Barlow asked also for there to be an item on the December agenda to allow for a report on consultation? Mr Prokopa said that meeting had been put back to 5<sup>th</sup> January; Mr Barlow said that because of time-scales feedback would be made via email via Mr Prokopa.</p> <p>b) Exempt Application – 100 hours; Urban Healthcare Limited, 35-36 St Peter's Street, Burton Mr Prokopa advised the committee that this would be best dealt with under the closed agenda.</p> <p>c) White Paper Consultations – Mr Prokopa told the Committee that the PSNC's draft responses were fine from a national perspective but would need a LPC response to put a local context to these. The opportunity was here to enable members to feed into this. Mr Galt suggested that members email any further comments to be added by Mr Prokopa before submission? This was agreed, and Mr Prokopa asked for responses to be emailed by the end of Monday. Mr Magrath asked who would make decisions on contracts? Mr Dean confirmed that this would be the National Commissioning Body in some form. He also added that there many unanswered questions in these documents, for instance who would manage the EPS R2 programme, or NHS mail? Dr Goldstein added that it was very important that the LPC should not focus on the bigger picture which would be reflected by national bodies but on much more local issues. Mr Barlow mentioned that the PCT as a whole and probably Primary care would also be responding to these consultations; it was important that the government understood all of the functions undertaken by PCTs and how they would be managed in the future. From the pharmacy point of view, it is important to remind the government what you actually do. Mr Prokopa said that this approach had been taken by CCA/AIM response and he felt that it was useful to make this point in every response. Concern was expressed by a number of members about how the LPC might look after PCTs were abolished? Dr Goldstein felt it was important to highlight the good relationship between PCT/LPC and contractors and how losing this local feel and increasing remoteness of an LPC might affect the delivery of services.</p>
810-11	<p><b>Information</b></p> <p>a) EPS R2 Update – Mr Dean told the Committee about the first meeting of the EPS Project Board. The first job was to appoint a Chair - neither he nor Dr Gregory (GP representative) would do this as they felt that were not able to lead the involvement of contractor groups in this. Secondly there were errors in one of the draft policies so the Board could not sign those off to be put forward to the SHA in support of the application to get Secretary of State directions for the electronic signatures. Thus further work had to be done before this could be taken forward, although it was acceptable to provide this evidence at a later date. Mr Prokopa said he had been asked by Claire Harrison (project lead) to get LPC to sign off two of the policies, which would be difficult today due to time pressure. Mr Dean added that the LPC should advise that it will approve these when time allows.</p> <p>b) Ministerial Statement - National Programme for IT – no further comment was made on</p>

	<p>this.</p> <p>c) TNT Transend – Mr Prokopa gave information about this service which enabled a file to be sent to TNT who would then print, envelope, address and send the document out for a fixed fee. Members felt that this would be less appropriate due to increased use of email so might only be useful for when the LPC had to contact contractors by post, for example to advise about the Annual Contractors' Meeting.</p>
810-12	<p><b>Local Pharmacy Association Reports</b></p> <p>Dr Goldstein reported that two of the three COPD multidisciplinary meetings had taken place, with the third that evening. Both had been well attended by a wide mix of delegates including pharmacists, GPs, district nurses and others; there had been a wide range of discussions about the subject resulting in improved communication about services available locally. Many delegates felt that the multi-disciplinary format should be repeated for other long-term conditions especially.</p> <p>Further training had been arranged for Brief Interventions, focussing on scenarios to get pharmacy teams actively involved in delivering interventions. These were planned for October in South-East Staffs and Stafford, and January for East Staffs.</p> <p>Mr Prokopa highlighted that Information Governance evenings were planned for the end of November/early December.</p>
810-14	<p><b>Any Other Business</b></p> <p>a) NHS Care Records Security Markers – Mr Prokopa reminded the LPC that he had been asked to take up potential risk with the PCT, that someone who was known to have a violent history to other care providers (eg GP or nursing team) might access services through a community pharmacy, and how that information could be passed on; Dr Goldstein had agreed to bring this up at a PCT Quality &amp; Risk meeting. Dr Goldstein summarised the response from that forum, saying that the feeling was that as it was unlikely for contractors to be seeing clients alone there was little risk to pharmacists or members of their teams; also that it would be difficult to know which pharmacies to alert. Mr Morrison asked what happened if a delivery was being made to a person who had been identified as being at risk of causing problems? Dr Goldstein said she had not thought of this at the time; however, this had been an opportunity to raise the issue informally with the PCT, and she felt the LPC could now raise this formally by writing to the PCT with its concerns, including those around deliveries and consultation rooms. Mr Prokopa agreed to write to Jannine Lake, the Safety manager at the PCT.</p> <p>b) Mr Morrison asked if there was going to be a requirement for pharmacists to register with the Care Quality Commission? He understood it would be compulsory for optometrists next year. Mr Prokopa said that in its response to the consultation on Regulation of Healthcare Providers, PSNC had suggested that this would not be necessary if the government accepted that other bodies could regulate a profession to at least the same standard as the CQC, however it remained to be seen if this was accepted.</p> <p>c) Mr Smith mentioned that changes to the Equality Act came into force on 1<sup>st</sup> October – these would prevent an employer asking a potential employee about their health history before an offer of employment was made; it also gave rights to carers of people who were disabled to be treated no less favourably than those workers who did not having a caring role with relatives. Mr Prokopa agreed to highlight this via the Newsletter.</p> <p>d) Mrs Chahal asked if PSNC was monitoring payment issues like those highlighted in discussions earlier about Specials. Mr Prokopa said that they were, and the person to contact at PSNC was Janet Egginton.</p>
810-16	<p><b>Next Meeting</b></p> <p>Wednesday 27<sup>th</sup> October 2010 at 2pm in the Meeting Room, Dean &amp; Smedley, Horninglow Road, Burton upon Trent. The meeting closed at 5.10pm.</p>

**Appendix 1**

Agenda items in **BOLD**

**LPC Meeting – 29<sup>th</sup> September 2010: Secretary's Report**

#### **4.1 PCT Communications**

##### **Received**

- a) 13/9/2010 – Exempt application (mail order/internet only) granted – Boots, Centrum 100, Burton
- b) 15/9/2010 – Change of Ownership application – PCP Direct, Tamworth
- c) 15/9/2010 – Exempt Application (100 hours) – Urban Healthcare Ltd, St Peter's Street, Burton**
- d) 15/9/2010 – Minor Relocation (<500m) application – Cornwell's Chemists, Bodmin Avenue, Weeping Cross, Stafford

#### **4.2 PSNC Communications**

##### **Received**

- a) 2/9/2010 – email, Helen Neal – LPC feedback on accuracy check.
- b) 3/9/2010 – PCL(s) 087/10 – Responding to White Paper Consultations**
- c) 3/9/2010 – PCL(s) 088/10 – Improving LPC input into PSNC meetings
- d) 7/9/2010 – PCL(s) 089/10 – LPC Support Seminar – Negotiating Skills
- e) 8/9/2010 – PCL(s) 090/10 – Funding agreement for 2010-11**
- f) 10/9/2010 – PSNC eNews Update**
- g) 13/9/2010 – PCL(s) 091/10 – TNT Transend**
- h) 15/9/2010 – PSNC eNews Update
- i) 15/9/2010 – PCL(s) 092/10 – Liberating the NHS**
- j) 16/9/2010 – PCL(s) 093/10 – Consultation on Draft PNAs**
- k) 19/9/2010 – PCL(s) 094/10 – Liberating the NHS – White Paper Consultation Responses**
- l) 20/9/2010 – PCL(s) 095/10 – Change of contact details for Lloyds Bank**
- m) 21/9/2010 – PCL(s) 096/10 – Specials Update**
- n) 22/9/2010 – LPC Upd@te
- o) 27/9/2010 – PCL(s) 097/10 – Decommissioning of Enhanced Services
- p) 27/9/2010 – PSNC Levy/Statement of account

#### **4.3 Other Communications**

##### **Received**

- a) 2/9/2010 - CCA – Confirmation of new CCA Representative – Caroline Parrett (Co-Op)
- b) 6/9/2010 – Raj Morjaria – Reply to invitation to attend LPC meeting on 24<sup>th</sup> November

#### **4.4 PCT Communications**

##### **Sent**

- a) 15/9/2010 – Response to exempt Application (Mail order/Internet only) Click 2 Chemist, Neander, Tamworth

#### **4.5 PSNC Communications**

##### **Sent**

#### **4.6 Other Communications**

##### **Sent**

- a) 6/9/2010 – Noel Wardle, Charles Russell Solicitors – LPC response to notification of action being taken against a pharmacy in South Staffordshire

## **Appendix 2**

Agenda items in **BOLD**

### **LPC Meeting – 28<sup>th</sup> July 2010: Meeting Reports**

#### **6.1 – Chief Operations Officer**

- a) 9/9/2010 – Information Governance**
- b) 9/9/2010 – EPS R2 Working Group**
- c) 17/9/2010 – Fay Wilson, Badger Care