

South Staffordshire Local Pharmaceutical Committee

Minutes of the meeting held on Wednesday 27th October 2010 in the Meeting Room, Dean & Smedley, Horninglow Road, Burton upon Trent at 2.00pm

Members Present: Mr Bullock; Ms Palfreyman; Ms Parrett; Mr Galt; Mr Dean; Mr Morrison; Mrs Chahal; Mr Magrath; Mr Siswick

In Attendance: Mr Prokopa; Dr Goldstein; Miss Khideja (SSPCT). In the Chair: Mr Bullock

Business Agenda(Part 1)

910-1	Apologies Mr Smith, Mr Evans, Mrs Scrivens, Mr Wilson
910-2	Minutes The open minutes of the meeting held on 29 th September 2010 were approved. Proposed: Ms Palfreyman; Seconded: Mr Dean The confidential minutes of the meeting held on 29 th September 2010 were approved. Proposed: Mr Dean; Seconded: Mrs Chahal
910-3	Matters Arising PSNC Conference & Dinner – Mr Prokopa confirmed that the Conference Papers had been received and he would distribute these to the delegates after the meeting. He also confirmed that a composite motion regarding MDS had been produced with Northamptonshire LPC who had suggested a similar motion for Conference to debate. This had been circulated by email prior to the meeting and agreed so that the deadline for the motion to be presented could be met. Dr Goldstein asked for confirmation of which MPs were attending the PSNC Dinner? Mr Prokopa confirmed that only Jeremy Lefroy (Stafford, Conservative) had confirmed attendance; all others had given their apologies, save for Bill Cash (Stone, Conservative) who had not responded.

Closed Agenda

910-4	Confidential See Confidential Minutes
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Business Agenda(Part 2)

910-5	Communications The communications in Appendix 1 were presented to the Committee. There were no questions from members.
910-6	Finance The Treasurer presented the latest set of updated monthly accounting information. He explained that he had changed the title so that it was clear the period covered by the document was from 1 st April to the current date. The Treasurer also confirmed that business and service accounts maintained healthy balances. Dr Goldstein reported that at a meeting with Laura Keiher she had proposed bringing the funds designated for sexual Health services kept within the LPC's services account should be returned to the Sexual Health team; the reason for this was that PCT personnel did not see pharmacy services as being within the NHS. Mr Morrison and others expressed concern at this move, the feeling being that the funds would simply be lost to pharmacy services. Mr Galt confirmed that he was in a position to provide information to the PCT on how much had been claimed from the original allocation , and therefore how much remained; feedback was now being provided to the PCT on this. Mr Galt and Dr Goldstein agreed to work on an options paper and present this to the committee at a later meeting.
910-7	Meetings Reports The Meetings Reports listed in Appendix 2 were presented to the Committee; Dr Goldstein also gave verbal reports on two recent meetings which she had not yet made a written report. a) Meeting with Laura Keiher of the Sexual health Team. In addition to the information dealt with under Finance, Laura Keiher had described her plans to change the way in which sexual health services were delivered locally, with a greater emphasis on services through pharmacy. Ms Keiher hoped to move some services provided through "Clinic in a Box" into pharmacy provision, for example EHC, Chlamydia testing, provision of condoms etc. There is good evidence that pharmacy services are more appropriate and effective so she hoped to move this forward despite some resistance from others at the PCT. The "C-Card" service for distribution of condoms through pharmacies was discussed, and it was possible to base the service on a

similar one in North Staffordshire. Mr Prokopa mentioned he knew of a scheme in Nottinghamshire and would attempt to find out more information.

b) Telehealth meeting – following this meeting with Jim Ellam at Staffordshire County Council Dr Goldstein had agreed to work on a document which would give a summary of community pharmacy related services which could potentially be used to help social care clients manage their medicines; this would probably take the form of an “A-Z” reference guide. Secondly, the earliest patients who had started using the Pivotell device in the pilot were now nearing the end of the 6 month period of the pilot. Guidance was needed as to what would happen after the 6-month period of funding for the pharmacy finished. Dr Goldstein proposed that although there may be a possibility of some social care funding, a “tariff” for services, agreed across South Staffordshire, which could be given to the patient or carer after four months of the pilot had passed. This would give the opportunity for the client to decide whether they wished to continue using the device at their own cost. Mr Morrison expressed concern that this could be seen as anticompetitive; Mr Dean also expressed this concern, and suggested Mr Prokopa seek advice on this from PSNC. Ms Palfreyman asked if the devices would still be available to use? Dr Goldstein thought that they would; the other item which would need funding was the disposable inderts, which cost about £6 per month.

910-8 **PCT Report**

Miss Khideja reported that she had been assisting the Primary Care Department in assessing which pharmacies had not yet submitted their summary of Community Pharmacy Patient Questionnaires for 2009-10. She had identified approximately 50 of the 120 contractors' summaries, however it was not clear if some had been submitted but not reached the correct destination. Mr Prokopa confirmed that he had published in the May 2010 Newsletter that the summaries should be returned to the appropriate Primary Care Manager for their area. The Committee agreed that Mr Prokopa should remind contractors via the LPC Newsletter, and make it clear that it was 2009-10 summaries that were being requested. Miss Khideja also added that similar summaries on unresolved complaints were required from Community Pharmacies, and should be sent annually to the same Primary Care managers.

Miss Khideja reported secondly that the Littleton Ward Project had been selected as a finalist for the Pharmaceutical Care Awards run by the PJ, following her submission last month. The finals take place on 18th November from 2.30pm-8pm and two presenters would attend, ideally one from the LPC and one from Littleton ward. Mr Prokopa advised the Committee that he would be in London that day following the PSNC dinner the previous evening; he would have to check as to whether his rail travel plans could be amended, and if he was available to attend on behalf of the LPC. Dr Goldstein said that Nicky Brooks from the Cannock Chase PBC group would be the ideal person to accompany Mr Prokopa, if they were both available.

Strategy Agenda

910-9 **Quality and Performance**

a) Freedom of Information Act & LPCs Mr Prokopa reported to the committee that it had become clear that following guidance from PSNC, that although there was no compulsion for LPCs to register with the Information Commissioner under the Freedom of Information Act, it was still necessary to conduct LPC business and manage data held following the principles of the Act. Following on from this, however, Mr Prokopa felt that because the LPC would be handling sensitive data in the form of CRB checks it was appropriate to register; the registration form had been completed and was awaiting confirmation of payment from the Treasurer to send with the application. Mr Galt confirmed that he would forward this to Mr Prokopa.

b) Supply of codeine-containing cough preparations – Mr Prokopa brought this to the Committee's attention; it was agreed to remind contractors of the changes via the Newsletter.

c) EPS R1 Request & Notification Data – PSNC had alerted LPCs to this via PCL(s) 105/10; Dawn Greensmith at the PCT had not long after this forwarded information about EPSR1 data from this area to Mr Prokopa. He had confirmed with Mrs Greensmith that there were no plans at the to take any action as a result of the information provided; it was simply provided for the LPC's information. Mr Morrison asked what action could the PCT take? Mr Prokopa said that it might be used by PCTs to support a proposal to withdraw EPSR1 funding from contractors if they failed to show that they were able to use EPSR1 functionality to download prescriptions. Mr Dean expressed concern that the contractor did not have to use EPSR1 to

	<p>receive payment, merely to be able to use it; furthermore that it was only if the contractor was unable to download prescription messages due to the unavailability of an active smartcard or due to a software problem that payment could be withdrawn. Mr Prokopa confirmed that this was the case, and that had been the focus of the PCL(s). Mr Dean asked Mr Prokopa to highlight this in the Newsletter.</p> <p>d) Avandia & Avandamet Recall – Mr Prokopa reminded the Committee that this had started on 21st October and that he would highlight it in the Newsletter.</p> <p>e) Sharing of Security Information – Mr Prokopa confirmed that he had sent a letter to Jannine Lake at the PCT on this subject following the discussions at the September meeting; he had also copied the letter to Dr David Dickson, the secretary of South Staffs LMC. Dr Dickson had replied that the GPC had confirmed that it was appropriate to work alongside the LPC and PCT to find an appropriate local solution for the sharing of security information about patients posing a potential risk to healthcare workers. No reply had been received from Jannine Lake.</p> <p>f) NPRC Prescription Bundle Check – April 2010 – Mr Prokopa presented the results of the check to the Committee.</p> <p>g) CPPQs 2009-10 and 2010-11 – Proposed PCT action; this had been highlighted in Miss Khideja's PCT report.</p> <p>h) Movelat cream & gel – size change – Mr Prokopa confirmed that prescriptions for Movelat gel & Cream would be based on the basis of the size supplied and endorsed.</p>
910-10	<p>Commissioning and Services, including Service Development Manager's Report</p> <p>a) Medicines Management Update – Mr Prokopa reported that this had proved a useful meeting, with a potential for not only improved communications between Medicines Management at the PCT and the LPC, but also some progress towards new services based on QIPP. Dr Goldstein added that Mark Seaton's proposals for waste reduction including a "not dispensed" scheme had been presented to the QIPP board at the PCT, although she did not as yet know if the proposals had been approved. The document included a proposal to employ a part-time project manager to look at the whole repeat prescribing process in practices and pharmacies with the aim of reducing costs and inefficiencies. For the "not dispensed" scheme, Dr Goldstein reported that she had included in the proposal that there should be a Standard Operating Procedure provided by the pharmacy as to how repeat requests were managed, and that there should be a check close to the point of ordering if a scheme was in place where the patient pre-orders items for the next prescription when collecting the current one. Miss Khideja reported on the a scheme in Walsall PCT which involved practice pharmacists screening repeat prescription requests, and this had saved a considerable amount of money; one pharmacist had saved over £1400 on inappropriate requests in a single day. She added that this was not strictly applicable to community pharmacy, but showed what could be achieved.</p> <p>Dr Goldstein told the Committee of a proposal shared by Mr Dean regarding switching oral contraceptive brands from those marketed by Bayer/Schering to ones marketed by Consilient Healthcare. It was apparent that this could save the PCT approximately £68,000 per annum, however she expressed concern that the LPC had been opposed to generic/brand switches in the recent past, and how this latest proposal might be viewed by the PCT. Mr Dean confirmed that his information was that pharmacists would support it because unlike generic to brand (or branded-generic) switches it would benefit pharmacy contractors as the Consilient products were supplied on a standard wholesaling model rather than an agency scheme, with improved discount structures; he also said that Consilient stated their stocks were sufficient to meet any demand, even if all patients were changed over in one go. Mr Prokopa agreed to check that this was in fact the case prior to the switch being recommended to the Area Prescribing Committee.</p> <p>b) PGD Update – Mr Prokopa confirmed that all replacement PGDs for the Local Enhanced services had been reissued to contractors and although most had returned them signed some had not had the details of which pharmacy they were from stamped on them. Mr Morrison stated that there had not been space on the form to include the contractor address stamp.</p> <p>c) Orange/Sero Trial – Lichfield & Cannock – Mr Prokopa reported on the meeting aimed at starting this pilot, which involved Staffordshire County Council carers using BlackBerry smartphones to manage client visits made. The GPS functionality was used to identify a client,</p>

then download information including an active Medicines Administration Record (MAR) and other client-specific notes or messages. Any changes or messages could afterwards be uploaded to the clients "account" on the server in order to enhance the standard and quality of care. There was also a benefit to the Council in functionality which managed the carers in terms of time & attendance, for instance. The main result of the discussions was that the due to changes in the services provided by the Lichfield care team, the pilot would focus on Cannock; Mr Prokopa was to find out if it was possible to use Littleton Ward patients as a cohort for the pilot, and the LPC would continue to be engaged in the development of the pilot.

d) Contraception in Community Pharmacy – Mr Prokopa highlighted a report on a trial on the supply of oral contraceptives from community pharmacies in London and Manchester; he forwarded it to Dr Goldstein to make possible use of in her discussions with the sexual health team.

e) CRB Checks – Mr Prokopa confirmed that he now just requires at least two "Nominated Persons" to undertake data entry for applicants and check supporting documents. The committee agreed that Mr Prokopa, Mr Galt & Dr Goldstein should perform this function.

f) Invitation to provide Quit Smoking services from April 2011 – Mr Prokopa advised the committee that he had received an email from Ann Thompson, from the PCT Smoking Cessation team, that invitations to provide services under the "Tariff" from April 2011 had been called for. Dr Goldstein said that she had looked at the fee structures payable for all clients and felt that they were much better than those available from the PCT Time to Quit service, and that this opportunity should be highlighted to contractors. She added that many GP practices were now working as tariff providers in smoking cessation; it remained to be seen if pharmacies might also go down this route as the returns were so much better. Mr Prokopa said that there were administration costs to be covered, and these would have to be deducted from the tariff payments. Dr Goldstein wondered how the LPC could be involved? Mr Prokopa confirmed that the LPC could not itself as a Tariff provider, but could facilitate a group of contractors coming together to do so, for instance. Mr Dean asked if some were doing this already? Ms Parrett confirmed the Co-Op were tariff providers, although it had not been particularly successful as yet. Mr Prokopa confirmed Lloyds also were Tariff providers. Mr Prokopa agreed to mention this in the next Newsletter. Mr Morrison asked about an email he had seen regarding an on-line test to remain accredited to provide the service? Mr Prokopa confirmed that all accreditation would be through this on-line portal in the future, although at the moment he had no further information on this.

Dr Goldstein had two further points to report; firstly, Mr Smith had asked at the September meeting about any proposals the PCT might have regarding central procurement of dressings – Dr Goldstein had found out that the Provider Arm of the PCT had made initial moves towards central procurement, however plans were not yet likely to be put in place. She felt that it was worth while contractors avoiding keeping large stocks of dressings at their pharmacies in case supply arrangements changed. Secondly, there had been concerns from the Public Health department that the PCT may not be able to finance six health promotion campaigns because of cuts in funds and the increased costs of resources such as leaflets supporting the campaigns. Mr Prokopa confirmed that the PCT can direct upto six campaigns per year and contractors will not be in breach of their contract if the PCT do not run six campaigns.

910-11

Regulation

a) Neighbouring PCT PNAs – Mr Prokopa thanked those members who had already returned the feedback form on neighbouring PCTs' PNAs. Very little had been identified as a result of these that had affected South Staffordshire, however it was clear from earlier discussion that there were things to be learnt from these which could be applied to South Staffordshire's PNA. One small item identified by Mr Morrison's analysis of Telford & Wrekin was that there was currently no Chlamydia screening in Newport; also, the T&W minor ailments service was more comprehensive than in South Staffordshire. Both these could lead to residents accessing services across the PCT border. Mr Prokopa confirmed that he will feed all South Staffordshire LPC responses to other PCT PNAs via Miss Khideja so that they can be included in the PCT's response as recommended by PSNC.

b) Extension of ESP LPS Scheme – Mr Prokopa confirmed that the ESP LPS scheme, which

	<p>was due to expire at the end of March 2011, had been extended for a further two years. Thus two pharmacies in this area - in Tamworth and Streetly – would benefit from protection until 2013 when the PCTs finally disappeared. Miss Khideja asked what would happen at this stage? Mr Dean said that he thought it would end then as at this time all pharmacies would work under a national contract.</p> <p>c) Exempt Application – St Peter's Street, Burton-on-Trent – Mr Prokopa told the committee about the correspondence which had been exchanged; there had been some issues with dates on letters and therefore consultation periods, which Mr Dean also noted. The main issue raised in a response the PCT had received from another contractor had been about staffing by pharmacists and the effect of the Working Time Directive; the contractor had suggested the PCT insist on increasing the opening hours by 2 hours per day to take account of rest breaks. PSNC had confirmed that it was the PCT's place to ensure that the applicant gives adequate information to explain how staffing will take place, and no more. It could not insist on the extra hours suggested. Mr Prokopa said that he would respond again to confirm this to the PCT.</p>
910-12	<p>Information</p> <p>a) EPS R2 Update and Approval of Policy Documents – Mr Dean told the Committee that although he had attended the Project Board meeting on 22nd October, it had not been quorate and therefore could not approve the revised policy documents. These would therefore have to be presented at a later LPC meeting for sign-off.</p> <p>b) Generic Substitution – Mr Prokopa reported that the government had decided not to take this any further; the committee welcomed this decision.</p> <p>c) Further White Paper consultations – Mr Prokopa highlighted that further consultations had been announced on Patient Choice and Information – he would be considering an LPC response at a later meeting.</p> <p>d) NHS Local Website – Mr Prokopa highlighted this to the Committee ; it was a West Midlands Regional site to help patients find local services and promote service innovation across the region, both to professionals and public. None of the members had seen this so Mr Prokopa agreed to forward the web address.</p> <p>e) PCT Cluster Consultation – The Future of Community Services in Staffordshire and Stoke on Trent. Mr Prokopa reported that Mr Dean and Dr Goldstein had brought this to his attention; he felt that it was appropriate for the LPC to respond to this document and would circulate a response prior to the next meeting.</p> <p>f) CPPE Launch of Immunisation in Pharmacies – developing your service. Mr prokopa brought this to the attention of members and would report it in the Newsletter.</p>
910-13	<p>Local Pharmacy Association Reports</p> <p>Brief Interventions Meeting, Rodbaston – Mr Prokopa reported that this session had been attended by 9 or 10 pharmacists, and had been well-received. Dr Goldstein confirmed that the meeting planned for Tamworth had been cancelled due to a lack of numbers booking, and wondered if it was worth re-scheduling meetings for Tamworth and Burton-on-Trent? Mr Prokopa confirmed it was, he had found it very useful; he agreed to highlight it via the Newsletter.</p> <p>Mr Prokopa added that the next series of meetings was on Information Governance, on November 23rd, 25th and December 1st. He asked the LPC members about using "Doodle" scheduling website to track people attending these? Miss Khideja and Mr Dean said that they used Doodle and found it very helpful, and easy to use. Dr Goldstein advised using fax additional to emails for the time being as a back-up.</p>
910-14	<p>Any Other Business</p> <p>Mr Prokopa informed the Committee that he had been emailed a request today from Primary Care Contracting asking to promote a PCC Event: Social Enterprise – Driving innovative health and social care now and in the future, Wednesday 10th November at the Victory Services Club, London. The Committee agreed to this provided it was clear that the LPC was not the originator of the information.</p>
810-16	<p>Next Meeting</p> <p>Wednesday 24th November 2010 at 2pm in the Meeting Room, Dean & Smedley, Horninglow</p>

Appendix 1

Agenda items in **BOLD**

LPC Meeting – 27th October 2010: Communications Report

5.1 PCT Communications Received

- a) 16/10/2010 – Change of Ownership application approved – B&H Healthcare, Colliers Way, Huntington, Cannock
- b) 20/10/2010 – Email, Ann Thompson – Invitation for applications to provide stop smoking services**
- c) 21/10/2010 – Denise Pidd – further correspondence on Exempt Application at St Peter's Street, Burton-upon-Trent**

5.2 PSNC Communications Received

- a) 30/9/2010 – PCL(s) 098/10 – FoI Act & LPCs**
- b) 30/9/2010 – PCL(s) 099/10 – FoI Act & LPCs**
- c) 30/9/2010 – PCL(s) 100/10 – Decommissioning of Enhanced Services
- d) 30/9/2010 – PCL(s) 101/10 – Supply of Oral Contraception via community pharmacies**
- e) 1/10/2010 – PCL(s) 102/10 – Extension of ESP LPS scheme**
- f) 2/10/2010 – Invoice for two places at PSNC Dinner
- g) 8/10/2010 – PSNC eNews Update**
- h) 9/10/2010 – Confirmation of Observer Place at LPC Conference (PP) & Invoice
- i) 14/10/2010 – Receipt for Charing & Management Skills Seminar fee
- j) 14/10/2010 – PSNC eNews Update**
- k) 13/10/2010 – PCL(s) 103/10 – PNA Patient Questionnaires**
- l) 15/10/2010 – PCL(s) 104/10 – Request for information on Chlamydia Screening Services
- m) 15/10/2010 – PCL(s) 105/10 – EPSR1 Request & Notification Data**
- n) 16/10/2010 - Receipt for Negotiating Skills Seminar fees
- o) 20/10/2010 – PCL(s) 106/10 - Lung Cancer Awareness Month
- p) 20/10/2010 – PCL(s) 107/10 – LPC Questionnaire 2010
- q) 20/10/2010 – PSNC eNews Update**
- r) 21/10/2010 – PCL(s) 108/10 – Consultation on PNAs**
- s) 22/10/2010 – Delegate packs for LPC Conference**
- t) 23/10/2010 – NPRC Bundle Check April 2010**

5.3 Other Communications Received

- a) 11/10/2010 – Burntwood Rugby Club Sports Association – Invoice for Annual Contractors' Meeting & PNA Presentation
- b) 19/10/2010 – Email – NHS White Paper Consultation Team – Acknowledgement of responses to consultation

5.4 PCT Communications Sent

- a) 13/10/2010 – Letter to Jim Barlow re Burntwood**
- b) 20/10/2010 – Response to exempt Application (Mail order/Internet only) Urban Healthcare Ltd, St Peter's Street, Burton-upon-Trent**
- c) 21/10/10 – Letter to Jannine Lake, Safety Manager re Security Information sharing**

Appendix 2

Agenda items in **BOLD**

LPC Meeting – 27th October 2010: Meeting Reports

7.1 – Chief Operations Officer

- a) 5/10/2010 - Mark Seaton, Medicines Management**
- b) 25/10/2010 – Sero/Orange Meeting**