

South Staffordshire Local Pharmaceutical Committee

Minutes of the meeting held on Wednesday 24th November 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 Atthey; Mr Smith; Mr Evans; Mrs Scrivens; Mr Wilson
In Attendance: Mr Prokopa; Mr Morjaria (PSNC WM Representative); Mr Barlow & Miss Khideja (SSPCT).

In the Chair: Mr Bullock

Business Agenda

1010-1	Apologies Mr Siswick; Dr Goldstein
1010-2	Minutes The open minutes of the Annual Contractor Meeting held on 30 th September 2010 were approved. Proposed: Mr Atthey; Seconded: Mr Morrison The minutes of the LPC meeting held on 27 th October 2010 were approved. Proposed: Mr Galt; Seconded: Mr Morrison.
1010-3	Matters Arising PSNC Conference & Dinner – The Chairman summarised the LPC conference for the Committee. He felt that there were some good presentations, especially regarding the Portsmouth Healthy Living Pharmacy scheme and from an LPC Chair who was also a local council leader on engaging with councils when public health responsibilities pass to them. However, his feeling was that the LPC motions were not well chaired, and because they over-ran this left less time for the two presentations mentioned, with some members leaving whilst the council leader was speaking. He suggested that he would be considering a motion for next year to propose changes to how the conference was managed to improve this. He advised members that our motion on MDS had been passed with a slight amendment. Mr Dean commented that the PSNC had often been guilty in the past of being too eager to cut short debate, and it was a difficult balance. Mr Prokopa told members about his discussions with Jeremy Lefroy, the MP for Stafford, at the Dinner; the MP had been pleased with the opportunity to learn more about what community pharmacy had to offer, and had committed to visiting a pharmacy in the constituency. Finally, he wished to highlight the PharmaBase system to members; this had been launched at Conference, and was a web-based recording system for essential & enhanced services which could not only produce invoices for and track payments from PCTs but also provide a national database of evidence which could support community pharmacy in discussions with commissioners in the new NHS structures. The cost would be approximately £70 per annum per contractor. Mr Dean considered the cost high for what was on offer? The Chairman asked members to direct any questions on PharmaBase to Mr Morjaria who would present to the Committee later in the meeting.
1010-4	Communications Mr Prokopa presented communications as detailed in Appendix 1.
1010-5	Finance The Treasurer presented the latest set of updated monthly accounting information; both Business and Service accounts maintained healthy balances. Mr Dean asked if there had been any discussion yet regarding funds supporting sexual health services? Mr Galt replied there had been no further discussions as yet.
1010-6	Meetings Reports The Chairman gave a brief resume of the West Midlands Regional LPC Forum which had been held on the previous day. There had been discussions on the White Paper; prescribing switches; specials; PNAs; and a PSNC update.

1010-7	<p>PCT Report</p> <p>Mr Barlow explained the process to publication of the final PNA document – he would report back as soon as possible to Mr Prokopa, and asked for any final response from the LPC within two weeks; he would then finalise the document which would be presented to the PCT Executive Team for sign-off prior to full Board approval at the January meeting. He then gave a summary of responses to the PNA received so far. In addition to responses from the LPC and LMC there had been around 40 individual questionnaire responses, plus eight from pharmacies, six from parish councils and six from neighbouring PCTs. One dispensing practice had requested a full copy but had not responded so far. Miss Khideja said of the latter, a common comment had been regarding the large size of the localities used, and the PCT may have to reconsider these. Mr Barlow commented that despite this, the document did explain why these localities had been chosen, including the fact that they had been referenced in the JSNA and also formed the localities for the proposed GP commissioning groups. He added that the anonymous questionnaire responses had been mapped by postcode to the localities and gave information which he said would be forwarded to the LPC as part of the PNA consultation review process.</p> <p>Mr Dean told Mr Barlow that on reflection, the PNA had eventually become a good document, although he did feel that there were statements which could make the PNA more robust especially in relation to the situation with 100-hour pharmacies, and how the PCT might deal with further applications for them after 1st April 2011, and if current 100-hour pharmacies applied to reduce their hours. He added that there had been some legal comments that many PNAs could be open to legal challenge, especially if a PCT stated that there was no need for any further pharmacies yet identified areas where there were gaps in services. In these circumstances, the PCT should provide evidence that although there was a gap in services, that there was no identified need. Mr Barlow responded by stating that it still wasn't known how the regulations would be changed to deal with the 100-hour pharmacy issue, and the PCT would wait to see these before making any such statement. Mr Prokopa added that he had seen in some PNAs from other PCTs that there had been mention of pharmacy contracts which had been awarded, but were yet to open. He had contacted PSNC to confirm that actually they should not be included in the PNA as because they were not open yet, they did not contribute to meeting any need for services. Mr Barlow said that he did not believe that South Staffs PNA had done this, but would check.</p> <p>Miss Khideja gave her report, which included:</p> <ul style="list-style-type: none"> • She had attended a PCC conference on LPS contract pharmacies, which included information how an LPS contract in Dudley had developed. Mr Barlow added that the Essential Small Pharmacy LPS contracts in South Staffordshire had to be renewed by 31st March. • Information on the EPS R2 submission by the PCT • Information on PNA responses by LPC and LMC • The submission that had been made to the Pharmaceutical Care Awards had resulted in the Littleton Ward Project winning, and this had been a real boost for services locally. She added that it was likely that a submission would be made to the Chemist and Druggist Pharmacy Awards for 2011, and would be preparing a submission with Dr Goldstein.
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	<p>Rajesh Morjaria – West Midlands PSNC Elected Representative</p> <p>The Chairman welcomed Mr Morjaria to the meeting and invited him to make his presentation to members.</p> <p>Mr Morjaria thanked the Chairman, and began by explaining that he had stood for election due to what he felt were unreasonable bureaucratic demands on independent pharmacists – especially from the Information Governance requirements. He gave an insight onto how the PSNC committee worked through its four sub-committees. He briefed members on the major topics currently being discussed at PSNC; however because many of the areas (especially surrounding remuneration) were classed as confidential, he would do his best to brief the committee. The key points were:</p> <ul style="list-style-type: none"> • The White Paper had identified a need to map out where all of the functions currently performed by PCTs would go once the PCTs no longer existed.
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- GP commissioning consortia would take at least a year to form and get to a stage where they took a major interest in Community Pharmacy services; therefore now is the time to start engaging with others who will be important in the new NHS, ie the Public Health body, consortia, and local authorities.
- A planning meeting had looked at four varying scenarios for community pharmacy under a much-changed NHS structure, including one where a major multi-national organisation might purchase a group which was already a major stakeholder in UK healthcare through GP practices and pharmacies; consideration for the “any willing provider” model was also high
- PharmaBase – Mr Morjaria explained more about the PharmaBase system, and how it would provide an database of evidence direct from pharmacies about the services provided, in addition to being able to invoice PCTs directly for those services. The great advantage to this was that it had been supported not only by all of the PSNC but also all of the major multiples individually. Initially, the first services included would be EHC and Supervised Consumption, plus an electronic version of the PSNC Contract Workbook. Eventually, contractors would be able to record items like signposting and provision of advice, which would support evidence for provision of contract essential services.

Mr Dean asked Mr Morjaria how the cost of £70 per contractor per annum could be justified? In addition, he felt that as many contractors already recorded interventions and signposting in their PMR system anyway a second record would simply add to the burden in the pharmacy. Mr Morjaria confirmed that it was always intended that PharmaBase should interface with all major PMR systems. As for the cost, it was hoped that PCTs would see a cost benefit in paying for the service in respect of managing invoicing and payments; so potential funding may eventually come from that source. Mr Barlow said that in the current climate, every PCT was looking to reduce costs, especially in sourcing of services externally. The PCT clusters would gradually take over such services as the PCTs moved towards 2013 and their eventual demise. Mr Morjaria confirmed PSNC still expected PCTs would contribute to the funding of the system as many already paid either their own team or Webstar to perform this function. Mr Barlow insisted that it was unlikely to work in that way. Mr Magrath said that in what he seen, it seemed to be an excellent way in providing a solution to managing new services. Mr Evans said that it would be ideal if this could act as a “bolt-on” to the recording requirements for Tariff-based services such as the Quit Smoking service, as this was very cumbersome. In respect of relationship-building Mr Barlow added the the Secretary of State for Health was to announce the “pathfinder” GP Consortia who would be operational from 2011-12. Locall, Stafford & Surrounds and Cannock Chase consortia had put in a bid to be one of these consortia; it was his feeling that the Stafford group had a better chance of success. He said that the LPC had already made ground in forming relationships with these groups – now was the time to build on this.

Mr Morjaria asked what he could feed back from the LPC to PSNC? Mr Dean replied that he expected PSNC to be aware of the impending announcement, and to be prepared to offer help to LPCs in responding to this. Mr Morjaria agreed, and he also had concerns about other aspects – branded generics, social enterprise consortia, and different providers moving into what were traditionally had a community pharmacy focus.

Miss Khideja added finally that the LPC should ask all those contractors undertaking local enhanced services to ensure that they made timely claims for services. Mr Prokopa agreed to highlight this in the December LPC Newsletter.

Strategy Agenda

1010-8

Quality and Performance

- a) Sharing of Security Information about Violent Patients – Mr Prokopa read Janinne Lake's reply to his letter on this; there was an acceptance finally that more could be done to ensure appropriate information was shared, however it was for all contractor groups to make sure that they reported all incidents so that a true picture of the incidence of violent events was available. The Chairman added that he had seen a survey from another organisation on this subject recently and would feed back information on this to Mr Prokopa. Mr Prokopa agreed to ask contractors to report all violent incidents in their pharmacies to Ms Lake at the PCT.
- b) Hospital discharges and information for community pharmacists – Mr Prokopa advised the

	<p>committee that an approach had been made from Peter Cook, the head pharmacist at Mid-Staffordshire Hospitals, to have fax details for all community pharmacies so that it could help in ensuring patient medication was updated at pharmacies for patients on MDS post-discharge. Dr Goldstein had said that she would see Mr Cook the following week at the Area Prescribing Committee and hoped to set up a meeting with him.</p> <p>c) Post-payment verification and PCT requests for invoices – PSNC had detailed incidences where PCTs were making inappropriate requests for information from contractors, such as to regularly supply copies of all invoices for Specials. The committee felt that whilst our PCT had not been making requests of this nature then it was not appropriate to mention it generally to contractors.</p> <p>d) NCSO November; e) Zerobase Creams; f) Gabapentin 300mg Caps DT Price for November – Mr Prokopa would highlight these as usual via the Newsletter</p>
1010-9	<p>Commissioning and Services, including Service Development Manager's Report</p> <p>a) Service Development Officer's Report – Mr Prokopa highlighted Dr Goldstein's report in her absence, including</p> <ul style="list-style-type: none"> • Business case and clinical protocols for the dermatology project with Cannock Chase PBC had been completed • Training evening to update pharmacists on LESs and PDG (planned for January) had been developed • Dr Goldstein had prepared for and made the presentation at Pharmaceutical Care Awards • Continued work with Laura Keiher around sexual health services, she is going to commissioners on Wednesday to discuss how to extend condom supply service to pharmacies. She has also arranged to transfer £1000 to LPC to pay for CRB checks for pharmacists • More work with the chlamydia team to support them in getting more pharmacists accredited - this work is paying off as more are coming through now. • There seems to have been an influx of pharmacists getting accredited to do EHC and MA in the area, including looking at 6 new pharmacists' assessments and the full accreditation process • A meeting is planned week after next with Consilient Health Ltd to talk through their oral contraceptive pill range and they are helping me prepare some information to put the scheme to the Area prescribing committee next friday <p>b) Decommissioning of Enhanced Services – Mr Prokopa highlighted that there had been moves in some PCT areas to decommission LESs, and these were being rigorously defended by LPCs and PSNC. Sue Sharpe's presentation to LPC Conference had highlighted this as an issue.</p> <p>c) Pivotal Information (post-pilot options) – Ms Palfreyman had sought information about the situation for patients after the end of the pilot. A response had been sought from Jim Ellam at Staffs County Council Health and Social Care which suggested that patients may be allowed to continue getting funded assistance on a month-to-month basis as the funds for the project had not been used up and data collection was continuing. Concern was expressed about how much of the funds would be left if all of the devices eventually went into circulation under the pilot – Miss Khideja agreed to map out how long the funds might last under the pilot. It was agreed that patients should be given at least one month's notice that funding for the device would cease.</p> <p>d) Chlamydia leaflet proposal – Mr Prokopa passed the proposal around members; Mr Dean requested that it be circulated by email for comment.</p> <p>e) 7/28 Rx agreement proposal – Middlesex scheme. Following our LPC Conference resolution this document had been sent to Mr Prokopa as a potential way forward in providing a framework for GPs and pharmacists to agree on when 7-day prescriptions were appropriate. Mr Prokopa agreed to email this members for comment.</p> <p>f) NRT Voucher Proposal & Quit Smoking services from April 2011 – Mr Prokopa highlighted the proposal to amend the scheme for supply of NRT via the voucher scheme. It appeared to be very similar, but had been adapted to allow both Tariff and non-Tariff providers to operate the scheme. Mr Morrison asked that the final version should include a statement that the reimbursement for products should be at Chemist & Druggist cost price plus VAT at the</p>

	current rate. Mr Prokopa agreed to feed this back to Ann Thompson at the PCT.
1010-10	<p>Regulation</p> <p>a) Exempt Application (100 hours) – Perton; b) Exempt Application (100 hours) – Castlecroft, Wolverhampton; c) Exempt Application (Retail Park >15000 sq m) – Orbital Centre, Cannock – Mr Prokopa will respond to these appropriately.</p> <p>d) Exempt Applications Burton-on-Trent – Mr Prokopa brought the content of the letter of grant to the attention of members; the letter clearly stated that the pharmacy must have available a pharmacist accredited to provide all the Directed Services throughout the opening hours; in addition, a copy of the PCT's monitoring form for pharmacist cover and opening hours had been provided for the LPC's information. Mr Evans asked how the PCT actually monitored these declarations in practice? Mr Barlow confirmed that members of the Primary Care Team were making unannounced visits to 100-hour pharmacies, the latest being last Saturday. Mr Dean asked what sanction the PCT had if the terms of the contract were not met? Mr Prokopa confirmed that it was clear in the Regulations that failure to provide Directed services at any time could lead to removal from the Pharmaceutical List; the wording on failure to open for the full hours was prefaced by "without good cause", which was open to interpretation by the PCT, as it would be for any pharmacy operating to a normal 40-hour contract.</p>
1010-11	<p>Information</p> <p>a) EPS R2 Update Guidance for locums on EPSR2 Smartcards – South Staffordshire PCT will support locums wishing to apply for Smartcards under the FFFFF code when they work in multiple locations or at short notice. Mr Prokopa to highlight in the Newsletter.</p> <p>b) Keep Warm, Keep well campaign launch – Mr Prokopa said that this would be noted in the Newsletter as it presented the opportunity to deliver other seasonal health messages, such as getting influenza vaccinations or encouraging uptake of MURs.</p> <p>c) LPC Support seminar – Media Skills & building relationships – Mr Bullock and Mrs Chahal agreed to attend.</p> <p>d) DoH Business Plan 2011-15</p> <p>e) NHS Prescription Services Open Days 2011 and f) Liberating the NHS – CPPE Workshop – Mr Prokopa will mention in the Newsletter</p>
1010-12	<p>Local Pharmacy Association Reports</p> <p>Mr Prokopa told the Committee that the first Information Governance workshop had been held at Burton the previous evening. The Chairman agreed the session had been very useful, although had reinforced the need for contractors to start work on meeting IG requirements soon as it was clear there was a large amount of work to do in submitting the details via the IG toolkit. Mr Dean asked that a balanced message be given, as the requirements were onerous- contractors should be warned to do the minimum to meet the requirements for a level 2 submission, but no more.</p> <p>The next wave of meetings in January would focus on updating pharmacists on the Local Enhanced Services. Dates would be announced in due course</p>
1010-13	<p>Any Other Business</p> <ul style="list-style-type: none"> • Mrs Chahal asked about an apparent PCT policy on only supplying Optium Plus blood glucose meters? Mr smith explained that this had started in East Staffs about 12 months ago; Mr Prokopa agreed to pursue this with the PCT to ensure contractors were kept informed of all such policy decisions. Mr Atthey had been told by Genine Riley about this when his pharmacy had been discussing a deal on upgrading Roche meters. • Mrs Chahal had been experiencing problems with getting the name of prescribing doctors at the Burntwood Health & Wellbeing Centre, especially for Controlled Drugs prescriptions? Mr Barlow agreed to follow this up and ensure the GP name was printed as well as signed. • Mr Evans had experienced problems with GPs at Bilbrook Practice where they have told

	<p>pharmacies that they will only give 28-day prescriptions, even where it is considered that a patient requires a 7-day supply. Mr Prokopa explained that the PCT policy was that if it was considered that a patient needed a 7-day supply because of safety or concordance issues then a 7-day prescription was justified. Mr Evans agreed to send a copy of the letter received from the doctors to Mr Prokopa.</p> <ul style="list-style-type: none"> • Mr Smith had received a letter from GPs in Burton asking pharmacies not to hang on to patient "repeat slips" unnecessarily, as important messages may not be passed on to the patient. Mr Prokopa agreed to mention this in the Newsletter, and remind contractors that if they do order repeat prescriptions on behalf of patients, then they may need to pass on messages printed on or attached to the repeat slip.
1010-15	<p>Next Meeting Wednesday 5th January 2011 at 2pm in the Meeting Room, Dean & Smedley, Horninglow Road, Burton upon Trent. The meeting closed at 5.00pm.</p>

Appendix 1

Agenda items in **BOLD**

LPC Meeting – 24th November 2010: Communications Report

4.1 PCT Communications Received

a) 30/10/2010 – Janinne Lake, Risk Manager – LPC Concerns Regarding Sharing of Security Information

b) 1/11/2010 – Email, Mark Seaton – Response to email re new funds to support patients discharged from hospitals

c) 2/11/2010 – Alston Boulton – Exempt Application (100 hours) – Perton, Wolverhampton

d) 2/11/2010 – Alison Boulton – Exempt Application (100 hours – Castlecroft Medical Practice, Wolverhampton

e) 4/11/2010 – Denise Pidd – Further comments on Exempt application (100 hours) at All Saints, Burton

f) 8/11/2010 – Mark Seaton – forwarded email re Community Pharmacy Contacts for Mid-Staffs Hospitals

g) 15/11/2010 – Kim Williams, Exempt Application (Retail Park >15000 sq m) – Orbital Retail Park, Cannock

h) 20/11/2010 – Denise Pidd – Grant of Application – Urban Healthcare Ltd, St Peter's Street, Burton-on-Trent

i) 24/11/2010 – Denise Pidd – Grant of Application, 3H Healthcare Ltd, All Saint's Pharmacy, Burton-on-Trent

j) 24/11/2010 – Alison Boulton – Confirmation of Relocation – Cornwell's Chemists, Bodmin Avenue, Stafford

4.2 PSNC Communications Received

a) 27/10/2010 – LPC Upd@te

b) 28/10/2010 – PSNC eNews Update

c) 1/11/2010 – PCL(s) 109/10 – NHS PCC Social Enterprise Event

d) 2/11/2010 – PCL(s) 110/10 – Decommissioning of Enhanced Services

e) 3/11/2010 – PSNC eNews Update

f) 3/11/2010 – PCL(s) 111/10 – Post-Payment Verification and PCT Requests for Invoices

g) 9/11/2010 – PCL(s) 112/10 – LPC Conference Expenses

h) 9/11/2010 – PCL(s) 113/10 – LPC Support Seminar – Media Skills and Relationship Building

i) 9/11/2010 – PCL(s) 114/10 – NHS PCC Briefing on Opening Hours

j) 9/11/2010 – PCL(s) 115/10 – Controlled Localities and Historic Dispensing rights

k) 11/11/2010 – PSNC eNews Update

l) 12/11/2010 – PSNC eNews Update

m) 16/11/2010 - LPC Upd@te

n) 21/11/2010 – email, Alastair Buxton -CPPE Workshop: Liberating the NHS

4.3 Other Communications Received

- a) 1/11/2010 – Richard Seal NHS WM – email, NPC to join NICE
- b) 16/11/2010 – Information Commissioner's Office – Application to Notify - Advisory
- c) 18/11/2010 – Information Commissioner's Office – Confirmation of Entry
- d) 19/11/2010 – Jeremy Lefroy MP – letter of thanks for PSNC Dinner

4.4 PCT Communications Sent

16/11/2010 – Denise Pidd – email, Final LPC Response on Exempt Application, All Saint's Surgery, Burton-on-Trent

Appendix 2

Agenda items in **BOLD**

LPC Meeting – 27th October 2010: Meeting Reports

6.1 – Chief Operations Officer

- a) EPS R2 Workgroup meeting, 11/11/2010**
- b) Information Governance, 16/11/2010**
- c) Regional LPC Forum, 23/11/2010**