

**South Staffordshire
Local Pharmaceutical Committee**

Minutes of the meeting held on Wednesday 5th January 2011 in the Meeting Room, Dean & Smedley, Horninglow Road, Burton upon Trent at 2.00pm

Members present: Mr Bullock, Mr Wilson, Mrs Scrivens, Mr Evans, Mr Morrison, Mr Magrath, Mrs Chahal, Mr Smith, Mr Siswick, Mr Atthey, Mr Dean

In attendance: Mr Prokopa, Dr Goldstein; Judy Bird (Primary Care Manager, South Staffs PCT); Veronica Emlyn (Health Trainer Co-ordinator, Stafford & Seisdon)

In the Chair: Mr Bullock

Business Agenda

111-1	<p>Welcome and Apologies</p> <p>Apologies were received from Ms Parrett, Mr Galt & Ms Palfreyman. Mr Bullock welcomed both Judy Bird and Veronica Emlyn to the meeting.</p>
111-2	<p>Presentation – Veronica Emlyn: Health Trainers & Community Pharmacy</p> <p>Mrs Emlyn gave an insight into the background, training, responsibilities and work of Health Trainers. The key role is to support people who want to make lifestyle changes, give them information and help them set small, manageable goals; they then give motivational support to achieve their overarching goal. What they did not do was deliver clinical services, such as those currently offered by pharmacies in the Time to Quit service; they would often signpost clients to other services, such as in East Staffs their was a community dietician who would see clients wanting to lose weight.</p> <p>There are three levels of training:</p> <ul style="list-style-type: none"> • Level 1 – Improving health: Changing behaviour – this consist of an e-learning tool which is now integrated into full health trainer development • Level 2 – Health Trainer Champions – development through Royal Society of Public Health and focusses on health improvement information and guidance – and is attained through multiple choice examination. This is for people who work under some supervision and guidance, and is the level which pharmacy assistants in the Portsmouth “Healthy Living” Pharmacies have attained. It is also a stepping stone to... • Level 3 – full Health Trainer status. This is attained by achieving a Level 3 CQC Health Trainer award, available through various further education providers. There is also mandatory PCT, Public Health, mental health training in addition to any other area identified in practice. <p>Dr Goldstein asked about how HTs were working with Community Pharmacy? Mrs Emlyn replied that although there had been a slow start, clients were surprised and pleased to be given the option to see a HT in a community pharmacy. There had been a good session at Asda in Stafford where HTs attended for two days last summer offering help and guidance to potential clients, and other pharmacies were discussing specific areas where joint working was possible. Mr Bullock summarised by suggesting that there were two key areas for contractors to look at; firstly, if there assistants could become health trainers, and secondly how existing HTs could work within community pharmacies. Mr Magrath asked how many HTs there were in the PCT, and what the budget was? Mrs Emlyn said there were about 40 in total across the PCT, but she was unsure as to what the budget was. Mr Dean expressed concern that GPs were not convinced of the value of HTs so was unsure how pharmacies would progress without investment from consortia as they developed. Mr Prokopa said that he felt that at least the e-learning resource for Level 1 could provide a useful training aid for pharmacy assistants and would highlight this in the Newsletter.</p> <p>Mr Bullock thanked Mrs Emlyn for her presentation and she then left the meeting.</p>
111-3	<p>Minutes</p> <p>The minutes of the meeting held on Wednesday 24th November 2010 were approved as amended – proposed by Mr Dean, seconded by Mr Evans.</p>

111-4	<p>Matters Arising</p> <p>Midcounties CoOp Attendee – Mr Dean reported that he had contacted the Midcounties CoOp superintendent pharmacist who was to look into the issue and report back to him. Mr Smith expressed concern regarding the quality of the presentation given by Rajesh Morjaria, West Midlands PSNC representative, at the November meeting. He said that it seemed disorganised and of limited content. Mr Dean added that at AIM meetings there was always a problem with so much of the PSNC committee work remaining confidential, however he agreed with Mr Smith. Mr Prokopa said that as a new PSNC member Mr Morjaria should have some feedback on his presentation and agreed to talk to him about it when the opportunity arose.</p>
111-5	<p>Communications</p> <p>Mr Prokopa presented the correspondence listed in Appendix 1 to the committee. Regarding item 4.1 (d) - Mr Bullock expressed concern that his pharmacies had not received pharmacy "rota" details for the Christmas and New Year period. Mr Prokopa added he had heard of others who also had not received them. Mrs Bird agreed to investigate what had happened as she had too heard that some pharmacies had not had them. Mr Prokopa added that if they were forwarded to him electronically then they would also be made available on the LPC website. Mrs Bird added that in the next few days pharmacies would be receiving the appropriate BH forms and hours change notification forms, especially in light of the Easter/Royal Wedding/Mayday bank holidays being so close together at the end of April/beginning of May.</p>
111-6	<p>Finance</p> <p>Mr Galt had called to give his apologies for the meeting so had asked Mr Prokopa just to confirm that both accounts maintained healthy balances.</p>
111-7	<p>Meetings Reports</p> <p>Meeting reports detailed in Appendix 2 (previously emailed) were discussed; Mr Smith asked what would happen with the Pivotell scheme when the funding ran out? Dr Goldstein felt that it was unlikely to happen in the near future, although there were a number of potential clients awaiting assessment. The Council Social Care & Health department was considering a proposal to engage a pharmacy technician for a short-term contract to undertake some of these outstanding assessments. Mr Prokopa added that Nazmeen Khideja was going to look at the uptake of the service, how much of the funds had been claimed and try to estimate how long the fund might last. Mr Smith added that one of the Social Care team at Burton Hospital, Andrew Holden, seemed to be pushing the Pivotell device. Mr Bullock was concerned that if the number of devices in use went up quickly, then the funds would run out much quicker. Dr Goldstein said that in the medium term it was expected that because of the good benefits being shown both to patients and to reducing social care costs, that Staffordshire Health and Social Care would fund the device.</p>
111-8	<p>PCT Report</p> <p>Mrs Bird reported firstly the PNA was approved by the PCT's Executive Team in December, and would be considered for approval by the full PCT Board on 26th January, ready for publication by 1st February. Secondly, the PCT was to start discussion with the two ESP LPS contracts in the PCT to extend their contracts upto 31st March 2013; they both continued to fulfil the criteria for ESP status. Finally, she confirmed that Lloyds Pharmacy had opened at St Chads Health Centre, Lichfield on 29th December.</p>

Strategy Agenda

111-9	<p>Quality and Performance</p> <p>a) EPS R2 - LPC Approval of Draft Nominations Policy. Mr Prokopa advised the committee that there were a number of draft policies developed by the EPSR2 working group which needed sign-off by the LPC, prior to Secretary of State Directions being granted for electronic signatures on prescription; this one being the first. Mr Bullock asked if members had read the document, and if there were any concerns? Mr Prokopa confirmed that both he and Mr Dean, who represented the LPC on the workgroup, were satisfied with the document as presented; it had gone through two revisions following comments at the EPSR2 Project Board. Mr Bullock asked if there were any further concerns; there being none he asked for a proposal that this be approved. Mr Smith proposed, Mr Morrison seconded. The draft policy was approved unanimously.</p>
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b) Changes to list of no-charge contraceptive drugs. Mr Prokopa told the committee of the change from Implanon to Nexplanon, and that if a contractor did dispense Implanon against a prescription then they would continue to be paid for that item.

c) Category M Price changes. Mr Prokopa was to highlight these in the Newsletter.

d) Humulin & Humalog transfer to KwikPen. Mr Prokopa explained the changes to the formulations of these insulins and would highlight them in the Newsletter.

e) NCSO December – Mr Prokopa confirmed the details of the December products and that no declarations had been made for January as yet. Concern was expressed that some pharmacists still did not understand the NCSO status properly and may be failing to claim the correct reimbursement on FP10s. Mr Prokopa would clarify how the system works in the January Newsletter. Mrs Chahal expressed concern over the number of telephone calls which had to be made not just for NCSO items but also for many medicines in restricted supply. Mr Dean said that PSNC wanted information on any issues reported to them, however pharmacists in his branches found it time-consuming to report each case individually. Mr Prokopa suggested that a template record form could help pharmacies record information easily, and agreed to ask PSNC about what essential information was needed about such issues.

f) Influenza & antivirals update – Mr Prokopa confirmed details circulated by the Chief Medical Officer regarding availability, prescribing and supply of Oseltamavir for children in the Tamiflu Oral suspension 12mg/ml and the manufactured Oseltamavir Oral Solution 15mg/ml. It had already been circulated to contractors from the PCT. Mr Dean asked if the LPC had ascertained if community pharmacists and their staff had been included in the health professionals who would get vaccinated by the PCT? Mr Prokopa said he had not found out, but would now follow this up. Mr Prokopa had been asked by Mark Seaton about vaccine availability at the wholesalers, as many GPs had run out of their own supplies and wanted to write FP10s. Dr Goldstein said that GPs had apparently given the same number of doses as last year. Mr Dean had heard some surgeries simply turning those in the “at-risk” groups away when their stock was used up. Dr Goldstein asked if the PCT had information on which pharmacies were giving vaccinations under PGD? Mr Prokopa agreed to ask Mark Seaton if this information was useful to the PCT.

g) PharmaBase “hypothecated levy” - Mr Galt through his work with AIM was to attend a meeting with PSNC in the near future at which the “hypothecated levy” associated with the development of “PharmaBase” would be discussed. He would then report back to LPC at the February meeting.

111-10

Commissioning and Services

- a) Service Development Officer's Report
- b) Hospital discharges & supplies of MDS
- d) Pivotell

Dr Goldstein said that these had already been covered in the meeting.

c) Public health & community pharmacy (inc. Reducing harm from alcohol) – Dr Goldstein gave a brief summary of the meeting referred to in 111-7 c) 1 Reducing Harm from Alcohol; she was to see in the near future a Lloyds Pharmacy representative who was involved in the Birmingham project to see how this might be used in South Staffs.

e) Minor Ailments Dermatology Scheme, Cannock Chase – Audit & Evaluation. Dr Goldstein reported that although the Cannock Chase PBC consortium was considering this proposal, but was concerned about what benefits might be gained through patients accessing these medicines through community pharmacies rather than via their GP and prescription. She had some ideas to present, but wanted further ideas to help convince the group that it was beneficial. Ideas raised were:

- To help monitor compliance
- Reduce repeat prescription administration
- Reduce GP appointments
- Making an appropriate use of pharmacist skills and therefore
- Releasing GP time to get trained to deal with more serious cases rather than making secondary care referrals
- Reduce wastage
- Better access for patients to community pharmacies
- Opportunity for patients to recognise previously tried products in the pharmacy prior to

supply

Mr Dean added that one of his pharmacists (Susan Youssef) had undertaken a number of MURs involving patients with dermatological problems and written a paper on the subject; Dr Goldstein took the details and agreed to contact her.

f) PCT Waste Reduction plans. Dr Goldstein confirmed that the Waste reduction project manager had been appointed, and that she had also met Mark Seaton to start taking ideas forward. The idea was that a basket of schemes would be offered, and would include the "not dispensed" scheme. Ideas for evaluation were needed – those considered already were to look at Repeat Dispensing levels, examine prescribing of specific items such as analgesics or anti-diabetics, and looking for a reduction of "as directed" and "when required" instructions used. Other ideas offered by members were:

- To look at inhaler prescribing specifically
- To use the 2011-12 multidisciplinary audit to assess impact
- To examine sip-feed prescribing

Dr Goldstein confirmed that there is work already ongoing with sip-feeds, and that last year's multidisciplinary audit provided the baseline for assessing the amount of waste medicines. There was also a move to consider some multi-disciplinary training involving both pharmacy and GP staff to look at waste reduction.

g) Dr Goldstein brought members up to date on the proposal to switch prescribing of some oral contraceptives to the Consilient Healthcare brands. It had been considered, however because of the amount of work involved in switching a large number of patients it was felt that the savings per patient would be extremely small. However, it was possible that new patients could be started on the Consilient products to enable some savings to be made. Mrs Chahal asked what had happened with the issue regarding PCT recommending only Opium blood glucose meters? Mr Prokopa said he had drafted an email to the PCT but not sent it; he would follow this up in the next few days. Dr Goldstein added that it might be the diabetic team who may be making this and other decisions, such as regarding prescribing insulin pens in singles, rather than medicines management, so would it be helpful for Fiona Kirkland, the team leader, to present to LPC? Mr Smith confirmed that the advice was in fact coming from medicines management. Mr Prokopa agreed to invite Ms Kirkland to the March meeting.

111-11

Regulation

a) PNA & Rural Issues Update – Mr Prokopa advised members that responses had been sent to all neighbouring PCTs on their PNAs; it remained to be seen what information on cross-border services would be included in South Staffs' PNA. He added that Jim Barlow was to include more detailed maps of each "controlled locality" so that it would be easier to identify which patients were affected and therefore eligible to be on the dispensing lists of dispensing practices; Mrs Bird thought that the maps had been included in the final PNA.

b) Royal Wedding – Official Bank Holiday – Mr Prokopa said he had emailed information out to remind contractors, and would highlight it again in the Newsletter.

c) NHS Pathfinder Sites Announced – Mr Prokopa confirmed that neither Stafford nor Cannock Chase consortia had been chosen in the first wave; Dr Goldstein added that she understood that Stafford were likely to be in the next wave sometime in 2011.

d) Government proposes new drug pricing system – Mr Prokopa brought this to members' attention; Mr Dean was concerned that the proposal to link out-of-patent ethical line prices to generic prices would be difficult to manage, as there were currently many fluctuations in prices on generic products and having the same with these branded items would have unintended consequences for contractors and the NHS. He also felt that a response to this consultation was better at PSNC level; Mr Prokopa agreed to ask PSNC what was happening in this respect.

e) Liberating the NHS: legislative framework & next steps – this was the Government's report on the consultations and how they were to move forward.

f) More DH Consultations – Mr Prokopa confirmed he would consider whether any response was necessary from the LPC on these.

g) Boots applications – Orbital Retail Park, Cannock – Mr Prokopa confirmed that Boots had made two exempt applications here, one initially for 100-hour pharmacy and the second for a 15000m² retail park. The PCT confirmed that they had asked Boots to withdraw the first application as required by the regulations.

	<p>h) IG Update – Mr Prokopa informed members about clarification by PSNC on IG requirement 8-321 and EPSR2 smartcards; the main point was about access control when one member of the pharmacy team have logged on with their smartcard, but another person uses the PMR system to produce a label or other activity. The response was that this is fine, so long as only the person logged on with their smartcard accesses the spine. Mr Dean asked if PSNC had yet issued guidance or templates on Requirement 8-319 as time was running short to complete this requirement and the toolkit as a whole. Mr Prokopa agreed to follow this up with PSNC.</p> <p>i) NHS Operating Framework 2011-12 – Mr Prokopa told members that he had started to look through the Operating Framework document and would discuss with the other officers as to how we might use the information in the document to encourage commissioners to consider pharmacies to be providers of services to meet local needs.</p>
111-12	<p>Information</p> <p>a) NHS Medicines Waste Evaluation – Mr Prokopa told members that this report was a double-edged sword, as although the report estimated about £300m of medicines are wasted annually, it doubted whether more than 50% of that could be realised in savings considering various costs involved, especially for professional time trying to manage waste. Mr Dean and Dr Goldstein both felt that actually it was still a useful report and that £150m was still a large sum which could be saved.</p> <p>b) Public Health White Paper launched – Mr Prokopa told members that PSNC had not only summarised this for LPCs but also produced a valuable resource with good evidence about the benefit of pharmacy services to public health. It was available now as a complete document, but also that the individual sections would soon be available as Word documents on the members-only website so LPCs could add extra local information and evidence to support their discussions with local commissioners.</p> <p>c) Govt Launch New Drugs Strategy – Mr Dean commented that the Government had backtracked slightly as they had accepted that maintenance doses would still be accepted for some clients, rather than treatment to complete withdrawal.</p> <p>d) New MUR Training website launched – Mr Dean said this website had been developed by one of his team of pharmacists who was also a lecturer at Leicester School of Pharmacy. Mr Prokopa would highlight the resource in the Newsletter.</p>
111-13	<p>Local Pharmacy Association Reports</p> <p>IG Meetings - Mr Prokopa confirmed that the rearranged IG workshop at Rodbaston was to go ahead on Wednesday 12th January, however the meeting at Tamworth was cancelled again as no-one had booked.</p> <p>LES Updates – Mr Prokopa confirmed all three venues were taking a number of bookings and would go ahead as planned on 17th January (Tamworth) 26th January (Rodbaston) and 1st February (Burton).</p>
111-14	<p>Any Other Business</p> <p>Mr Smith told the meeting that one female member of his pharmacy team had been a victim of “inappropriate sexual behaviour” by a male patient within a consultation room, and was concerned that other pharmacies should be made aware of this. Dr Goldstein said that this was similar to two incidents reported at LPC within the last two years. Mr Prokopa confirmed that any incident such as this should be reported through the PCT Risk Manager, Janinne Lake. Mr Dean also felt that a warning to contractors to consider their procedures when female staff talk to male patients in consultation rooms.</p>
111-16	<p>Next Meeting</p> <p>Wednesday 16th February 2011, 2.00pm at The Meeting room, Dean & Smedley, Horninglow Road, Burton. The meeting closed at 4.50pm.</p>

LPC Meeting – Wednesday 5th January 2011 Agenda items in **BOLD**

Appendix 1 - Communications Report

4.1 PCT Communications Received

a) 26/11/2010 – Kim Williams - Grant of Full application (100 hours exemption)

– Boots UK Ltd at Orbital Retail Park, Cannock

b) 30/12/2010 – Jim Barlow – Burntwood Health Developments - Pharmacy

c) 2/12/2010 – Debra Poyser - Preliminary Application – SJZ Ltd in the vicinity of Burntwood Health & Wellbeing Centre

d) 6/12/2010 – Bank Holiday Opening Hours in all South Staffs Localities

e) 13/12/2010 – Preliminary Exempt Application (100 hours) - Mr Ricky Rahania, in the vicinity of Castlecroft Avenue, Wolverhampton

f) 23/12/2010 – Madeline Watkins, Wolverhampton City PCT – Further correspondence on Exempt Application by Mrs Dhaliwal, Castlecroft Health Centre

4.2 PSNC Communications Received

a) 25/11/2010 – PCL(s) 117/10 – Winter Planning 2010-11

b) 26/11/2010 – PCL(s) 118/10 – Opening Hours

c) 26/11/2010 – PCL(s) 119/10 – Controlled Localities – Lists of Dispensing patients

d) 26/11/2010 – PCL(s) 120/10 – LPC Support – The Future for LPCs

e) 26/11/2010 – PCL(s) 121/10 – IG Update

f) 1/12/2010 – PCL(s) 122/10 – PSNC Hypothecated Levy 2011/12

g) 1/12/2010 – PCL(s) 123/10 – LPC Conference 2011

h) 2/12/2010 – PCL(s) 124/10 – Healthy Lives, Healthy People: Our strategy for public health in England

i) 3/12/2010 – PCL(s) 125/10 – Specials- Enhanced Services

j) 8/12/2010 – PCL(s) 126/10 – Request for information on decommissioning

k) 9/12/2010 – PCL(s) 127/10 – Anti-competitive action by pharmacy bodies – a dire warning

l) 9/12/2010 – PCL(s) 128/10 – Pathfinders identified to lead NHS reforms

m) 9/12/2010 – PSNC eNews Update

n) 10/12/2010 – PCL(s) 129/10 – Public Health – a joint pharmacy body publication

o) 15/12/2010 – PCL(s) 130/10 – Seasonal Influenza Update

p) 16/12/2010 – PSNC eNews Update

q) 17/12/2010 – PCL(s) 131/10 – NHS Operating Framework 2011/12

r) 17/12/2010 – PCL(s) 132/10 – Seasonal Influenza Update

s) 21/12/2010 – PCL(s) 133/10 – Community Pharmacy – at the heart of public health

t) 23/12/2010 – PSNC eNews Update

u) 23/12/2010 – PCL(s) 134/10 – Supply and availability of antivirals

4.3 Other Communications Received

20/12/2010 – Jason Clark, NHC CfH – Confirmation of Presentation to February LPC Meeting

4.4 PCT Communications Sent

a) 6/12/2010 – Madeline Watkins, Wolverhampton City PCT – Response to Exempt Application (100 hours) – K K Dhaliwal, Castlecroft Surgery, Wolverhampton

b) 6/12/2010 – Kim Williams – Response to Exempt Application (Approved Retail Area >15000sq m) – Boots UK, Orbital Retail Park, Cannock

c) 7/12/2010 – Alison Boulton – Response to Exempt Application – J S Kumar, Anders Square, Perton

d) 14/12/2010 – Madeline Watkins, Wolverhampton City PCT – Response to Preliminary Exempt Application (100 hours) – R Rahania, Castlecroft, Wolverhampton

e) 23/12/2010 – Madeline Watkins (email) – No further comment on 100-hour application (K Dhaliwal) at Castlecroft Surgery, Wolverhampton

Appendix 2 – Meetings Reports (Agenda items in **BOLD)**

Service Development Officer

a) 10/12/2010 – Regional Medicines Management Board Meeting

b) 15/12/2010 – Meeting with Burton Hospital Pharmacists

c) 16/12/2010 – SHA Meeting – Reducing Harm from Alcohol