

## South Staffordshire Local Pharmaceutical Committee

**Minutes of the meeting held on Wednesday 16<sup>th</sup> February in the Meeting Room,  
Dean & Smedley, Horninglow Road, Burton upon Trent at 2.00pm**

**Members Present:** Mr Bullock, Mr Wilson, Mrs Chahal, Mr Morrison, Mr Magrath, Mr Siswick, Mr Atthey, Mrs Scrivens, Ms Palfreyman, Mrs Parrett, Mr Smith

**In Attendance:** Mr Prokopa, Dr Goldstein; Mr Barlow (SSPCT); Mr Jason Clarke (NHS Interface Manager, North west & West Midlands, Connecting for Health)

**In the Chair:** Mr Bullock

### **Business Agenda**

211-1	<p><b>Apologies</b> Mr Galt, Mr Evans, Mr Dean</p>
211-6	<p><b>Service Development Officer's Report</b> The Chairman asked that as Dr Goldstein could only be present for a short while this item be considered first on the agenda. Dr Goldstein reported on a number of meetings attended, reports of which were already circulated (Appendix 2). The main outcomes had been:</p> <ul style="list-style-type: none"> <li>• Local Authorities: there was interest in Domiciliary MUR's similar to the Littleton ward service, to support the social care teams. A brief outline proposal had been prepared and submitted for consideration, and subsequently there had been interest expressed to use this service to support the Community Matrons in Cannock and Seisdon localities; funding was to come from money tied to reducing hospital readmissions.</li> <li>• Dermatology PGD – Dr Goldstein reported on the Cannock consortium's decision not to proceed with this, and had responded to the consortium of the LPCs dismay at the project not being taken up, as it was the PBC group who had come to the LPC to produce the SLA and PGD.</li> <li>• Dr Goldstein had been able to shadow two of the local PCT Public Health leads; this had led to an opportunity for pharmacists to attend some multi-disciplinary awareness training in Tamworth, which was suggested for a lunchtime event. Dr Goldstein had asked for this top be arranged as an evening event so that community pharmacists could attend. It was hoped this might happen across other LA areas too.</li> <li>• LES Updates – 110 pharmacists and staff had attended, a further 20 or so could not attend, and one more evening session was planned, probably at Burntwood Rugby Club. If any pharmacist was not able to attend this to meet the requirement of the service to be updated, then they would not be able to continue providing the services. There had been generally good feedback on the sessions, although some comments had suggested there was too much content. Dr Kundu's presentation was the subject of variable feedback, although he had been seen as very supportive and was keen to extend the PGD to the provision of Ella-One to enable later EHC up to 5 days. Dr Goldstein expressed concern that this might be difficult as any stock may go out-of-date before use and therefore not supported by pharmacies, as it was unlikely to be used frequently. Mr Prokopa said that when the LPC Newsletter had been supported by the HRA, manufacturers of Ella-One, to insert a piece on the product they did offer to replace any out-of-date stock for pharmacies. He would investigate if this was still available.</li> <li>• The PCT has been given some funds for early discharge of patients; Dr Goldstein has suggested that some funds could be used to support this with domiciliary MURs. This is being considered for Queens Hospital, Burton.</li> <li>• Pfizer meeting (not yet reported) – this had not been particularly helpful until the last few minutes when they had offered some training sessions which they would run and fund in our own venues. Mr Prokopa added that there was a medicines compliance programme which was like an "MUR-Plus", which was centred around their products but was therefore quite limited.</li> <li>• Diabetes care Updates – Fiona Kirkland, (SSPCT Diabetes Lead) had organised some</li> </ul>

	<p>multi-disciplinary sessions, the first was postponed as too short notice; one was organised for 9<sup>th</sup> March at Tettenhall, further sessions were expected in East Staffs and Stafford/Cannock for April. Dr Goldstein and Mr Prokopa had decided to defer inviting her to LPC until after these sessions had been held.</p> <ul style="list-style-type: none"> <li>• Dr Goldstein and Mr Prokopa had been to the Stoke and Staffordshire Public Health White Paper Consultation event; this had provided a number of networking opportunities, and the LPC had gained the support of Jonathan Bletcher, PCT Public Health lead for Cannock Chase, to pilot the Healthy Living Pharmacy concept in the Cannock Chase area in support of the drive to reduce health inequalities in this area; it was hoped that Mr Bletcher would be able to accompany Dr Goldstein to the HLP Masterclass in London 1<sup>st</sup> April.</li> <li>• As a result of Dr Goldstein's presence at the West Midlands Medicines Management Board meeting the previous Friday a protocol was circulated from Coventry PCT/LPC which aimed to ensure appropriate ordering of repeat medication by pharmacies operating "repeat management" schemes for their patients. This was circulated to members for comment so that this could be used as a basis for a similar protocol in South Staffordshire to support the waste reduction project, which now had a project manager in post. Mr Smith asked if the document was available electronically? Mr Prokopa said it was and would circulate it after the meeting. Mr Atthey expressed concern that this or similar protocol may contravene their Standard Operating Procedures, so would also speak to the Area Manager. Dr Goldstein seemed to think that it had been accepted locally by Boots and local amendments made to the SOPs to comply with the protocol; she had also had a situation where a complaint from a GP regarding such a scheme had resulted in a local variation in the SOP for the service.</li> <li>• NRT QuitKits: Mr Prokopa asked if any members had been supplying these? Mr Wilson said yes, however they were not well-liked as the patients expected the NRT to be provided there and then. He did not feel that they had had the required impact.</li> <li>• Quit smoking show material: Mr Prokopa asked if show material being produced by Chris Stanley (SSPCT Tobacco Control Officer) had reached pharmacies yet? Mr Siswick and Mr Morrison confirmed that it had. Dr Goldstein confirmed that this had been produced with the aim of converting NRT sales into Time to Quit service consultations.</li> <li>• Mr Prokopa further enquired if members had responded to the Time to Quit service provider questionnaire, as they had not had many responses from community pharmacies. Mr Morrison said he had responded; others were unaware of this so Mr Prokopa agreed to re-distribute it with Ann Thompson's support. Mr Smith expressed concern over the on-line accreditation service, which had found difficult to navigate and complicated to get through. He also told members that in Derbyshire County that the whole service was being taken out of community pharmacy to a private contractor.</li> </ul>
211-2	<p><b>Minutes</b> The minutes of the meeting held on Wednesday 5<sup>th</sup> January 2011 were approved as amended; proposed by Mr Smith, Seconded by Mr Siswick.</p>
211-3	<p><b>Matters Arising</b> Mr Smith reported that he tried to email Janinne Lake regarding the incident involving a member of his staff but the email had bounced back twice. Mr Prokopa advised him to send the email to Dr Goldstein who would forward it on. PSNC Regional Rep Visit: Mr Prokopa had not yet spoken to Raj Morjaria regarding his presentation at the November meeting, however he would do so when possible. Also Tania Cork who is the Chief Officer from North Staffs had said that over recent weeks his presentations had been much improved. Flu vaccination for pharmacists – Ann Wildblood from the PCT had already had brief conversations with Dr Goldstein about how to take this forward for the 2011-12 influenza season. PSNC Response to concerns over Branded Medicine pricing proposals – Mr Prokopa</p>

	<p>had a brief conversation with Mike Dent, the PSNC Finance specialist about Mr Dean's concerns over the proposed pricing of off-patent brands. Mr Dent had supported the LPC view that this would have unforeseen consequences and PSNC would issue formal response which was expected soon.</p>
211-4	<p><b>Communications</b>  Correspondence listed in Appendix 1 was presented to the Committee. Mr Prokopa added that he had also undertaken the first CRB check on behalf of the Committee, which had gone smoothly with the result coming through in a few days. Mrs Chahal asked how long they were valid for? Mr Prokopa confirmed they were valid for three years. He agreed to publicise the service via the Newsletter.</p>
211-5	<p><b>Finance</b>  a) Treasurer's report – in the absence of the Treasurer, Mr Prokopa presented the account statements for December &amp; January; both Business and Services accounts maintained healthy balances. Mr Smith asked why both sets showed the same total figures? Mr Prokopa agreed to check the statements and respond himself or through the Treasurer as appropriate.  b) PharmaBase and the Hypothecated Levy – Mr Galt had agreed to report back on his discussions at AIM with regard to PharmaBase; he still had mixed views about this as there were concerns expressed by some groups about potential uptake from PCTs and commissioners with regard to the service payment module. It was confirmed by PSNC that it is a reasonable expenditure for LPC to fund, and it may come from existing funds or by an additional levy on contractors. The amount for SSLPC was £4856 for this first half-year. Mr Prokopa circulated a factsheet for members to read on the service and it's aims. Mr Smith said Derbyshire already had this set up through another provider. Mr Prokopa said that the LPC should decide if it was to support this financially, however a decision need not be made until the next meeting. The Chairman suggested that it was a reasonable aim for the central recording of much of this data to provide strong evidence about our current activities and potential for provision of services, however his feeling was that it should be taken to contractors to decide if it was appropriate use of their money. Mr Morrison was concerned that the money could be paid up front then no gain come from it further down the line; he proposed that the levy should not be paid at the moment. Mr Smith added that of the four PCTs he worked with, two of them already used another system for payment so were unlikely to use it. Mrs Chahal felt that at £75 per contract, it wasn't a lot of money; Mr Magrath felt that as a contractor he should have been asked for his input by PSNC directly. Mr Prokopa mentioned that the levy was due in two halves and so it was only the first part which was to be paid now. He agreed to investigate further with PSNC about commitment to the levy for PharmaBase before the LPC made a decision to support it or not. Mr Morrison agreed to drop the proposal not to fund as no decision was necessary at this stage. Mr Magrath was keen for PSNC to engage better with contractors about the aims, costs etc before a decision could be made.</p>
211-7	<p><b>PCT Report</b>  Mr Barlow reported on four items:  • South Staffordshire PNA – This was published on the website on 31<sup>st</sup> January, the link was to be sent to all interested parties, and would be available as a hard-copy on request. Mr Prokopa queried that the document was within the report as presented to the PCT Board rather than as a stand-alone document? Mr Barlow said that this was how it was to be presented. Mr Prokopa added that he would publicise the link in the LPC Newsletter, so more comments may emerge.  • Planned meeting on Pharmacy Contract Monitoring visits – Mr Barlow said a meeting was to take place between himself and Mr Prokopa and Dr Goldstein on the document for the monitoring visits; the plan was to visit all South Staffs' between July 2011 and Autumn 2012.  • PCT Cluster – Mr Barlow explained how PCTs were forming clusters to manage much</p>

	<p>of the PCT business and the transition to GP commissioning consortia; the aim also was to ensure individual PCTs met their QIPP targets, although the PCTs retained their legal responsibilities. In this area the cluster was South Staffs, North Staffs and Stoke. The Chief Executive for the cluster was yet to be announced.</p> <ul style="list-style-type: none"> <li>• GP Commissioning Consortia – out of the five planned in South Staffs, two were going ahead as pathfinder consortia (Stafford and Cannock Chase) very soon; the others were expected to follow soon after. Mr Barlow added that the NHS Commissioning Board had agreed to work with the SHA and PCTs as to how it might fulfill its obligations in the future in relation to market entry – a meeting was planned in the near future to start this process.</li> </ul> <p>Mr Smith asked if there was any published guidance on the changes in the NHS? Mr Barlow had some information which agreed to email to Mr Prokopa for distribution to members. Mr Prokopa added that PSNC were encouraging LPCs to run workshops for contractors, and this was being considered.</p>
211-8	<p><b>EPS Release 2 Update</b></p> <p>Jason Clarke, NHS Interface Manager for the North West and West Midlands, Connecting for Health. The Chairman welcomed Mr Clarke to the meeting. Mr Clarke said that he would usually visit LPC before a PCT had received Secretary of State Directions for Electronic Signature by GPs, which was the main requirement for implementation for EPSR2, however this had already been granted on 1<sup>st</sup> February in South Staffs, to be implemented on 1<sup>st</sup> May. He then updated members on the current status of both GP and Pharmacy systems in relation to EPS Release 2 (EPSR2). Mrs Chahal asked if one GP system predominated in the PCT? Mr Prokopa said most were EMIS, with In Practice being the second most popular. Mr Barlow added that as surgeries updated their premises then the PCT was supporting them to update their IT system also. Mr Clarke said there was some evidence that as GP Consortia formed then there may be a move to a single system across their area, which would give some financial benefit in terms of scale and operation. Mr Clarke then explained that the PCT and LPC should be progressing towards getting EPS Smartcards updated for EPSR2, and for the Dispensing Tokens to be distributed to pharmacies to support the move to R2 from May. Mr Prokopa confirmed this was in progress. Mr Clarke said that even though no local GPs' systems might be issuing electronic prescriptions, from May any EPSR2 enabled pharmacy would be able to dispense against these prescriptions from any area where the GPs are issuing them. Mr Prokopa added that a number of neighbouring PCTs had been granted SoS Directions and there may be cross-border areas where electronic scripts were being issued too. Mr Clarke reminded members that the LPC has a final say in which GP sites are enabled locally to ensure that there is equity in the process and no contractors are disadvantaged; this might be even more important in border areas where neighbouring PCTs were also moving to EPSR2. As a parting comment, Mr Clarke said that any contractor with issues about EPSR1 should be getting these resolved either with their system supplier or PCT if not resolved. EPSR1 is not slow as previously said; contractors need to use this regularly to ensure all the connections and functionality are working properly. Mr Prokopa agreed to highlight the need for contractors to keep using the R1 system and report problems via their system supplier in the Newsletter. Mr Smith asked who will be responsible for IT with the NHS changes? Mr Barlow confirmed that the cluster did have a planned IT group.</p>

### Strategy Agenda

211-9	<p><b>Quality and Performance</b></p> <ol style="list-style-type: none"> <li>a) Salbutamol CFC-Free MDI Inhalers – change of DT Part VIII category.</li> <li>b) Supply of Cerazette, Livial, Marvelon &amp; Mercilon</li> <li>c) Novo Nordisk distribution changes</li> <li>d) NCSO January &amp; February 2011; Endorsement Reminder</li> </ol>
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	<p>e) Branded Medicine Supplies Mr Prokopa was to highlight all these issues via the LPC Newsletter – he had already emailed to pharmacists to remind them about the NCSO requirements as many were not completing them properly. In addition, the report form for contractors to use to report branded medicine supply issues had been circulated and was placed on the LPC website.</p>
211-10	<p><b>Commissioning and Services</b> See Service Development officer's report</p>
211-11	<p><b>Regulation</b></p> <p>a) MHRA Medicines Regulation Review – Mr Prokopa highlighted a comment by Pharmacy Voice (a CCA/AIM/NPA joint body) on proposed changes to small-scale “wholesaling” between local pharmacies which would make this illegal; all the bodies were responding to allow pharmacies to continue to do this for the benefit of patients.</p> <p>b) PNA Update – already covered above by Mr Barlow.</p> <p>c) Information Governance – Mr Prokopa confirmed that PSNC Update on IG for 2010-11 had been sent to contractors, and was available on the PSNC website. It had been confirmed also that discussions were continuing between PSNC and DoH regarding Requirement 8-319 on Business Continuity Planning, and thus there was no requirement for contractors to make a declaration on this requirement when completing the on-line toolkit. This was to be highlighted to contractors via the Newsletter.</p> <p>d) White Paper Consultations – Mr Prokopa said that the latest consultations were running until 31<sup>st</sup> March, and he hoped to make a response to all of them.</p> <p>e) Preliminary Applications (Exempt, 100 hours) – Stone and Wolverhampton. Mr Prokopa explained that the Wolverhampton was near Wednesfield and just within 2km of the boundary with South Staffs. He would make the usual standard response to these applications. Mr Barlow mentioned that the PCT has sent out a letter regarding monitoring 100 hour pharmacies. Mr Prokopa said this was to be discussed in the closed agenda.</p>
211-12	<p><b>Information</b></p> <p>a) CPPE Pack Launched – Sexual Health in Pharmacies – developing your service. Mr Prokopa said that this was to be used as a basis for accreditation for the LES for Chlamydia testing and treating in the future.</p> <p>b) CCPE Open Learning Pack launch – Alcohol Misuse. Mr Prokopa said this also had some benefit locally to complement the Brief Interventions training done at the Local Associations last year.</p> <p>Mr Prokopa would highlight these as part of the CPPE update in the Newsletter, in addition to the re-issue of the Substance Misuse pack which was necessary to undertake the Substance Misuse LES.</p>
211-13	<p><b>Local Pharmacy Association Reports</b></p> <p>a) LES Updates – As Dr Goldstein had mentioned, 110 pharmacists and staff had attended.</p> <p>b) Survey Monkey Feedback on Presentations – about 30% of attendees had responded to the IG feedback request, and 20% of those from the first two LES events. Feedback had been generally positive and a useful guide to how sessions would be organised in the future. Mrs Scrivens mentioned that she had not received the email link; Mr Prokopa said he would send out the link again and publish via the Newsletter.</p> <p>Mr Prokopa also mentioned that the subject of Local Associations in the new NHS had come up at the LPC Exec meeting last week. He asked for feedback from members about how they might develop in the future? Mr Magrath said that originally they were more organised for pharmacy contractors; as the numbers dwindled they became much more of a training event. Mr Smith added that they had formed around the emerging PCTs, and fell away as they had formed. There was then a peak as the New</p>

	<p>Contract came in, and as Dr Goldstein developed the training side there has been less need for the "associations" and maybe they should now continue the training and development focus, at the locations currently used, however the funds should come back into the main LPC. The Chairman was concerned that any contractor funds were dealt with appropriately; Mr Prokopa was to gather this information prior to the March meeting so that a decision to wind up the Associations can be made.</p>
211-15	<p><b>Any Other Business</b></p> <p>a) Mr Wilson thanked Mr Prokopa for highlighting to the PCT issues around supply problems of Eltroxin and Marevan; there had continued to be a number of prescriptions being issued for these items and this was causing problems. Mr Prokopa confirmed that the PCT had asked practices to change patients back to levothyroxine and warfarin respectively.</p> <p>b) Mr Prokopa added that Mr Wilson had brought an issue around wording on the local FP10(MDA) prescriptions, highlighted at a local Co-Op pharmacy by the Society Inspector. The prescription must contain both the prescribed daily dose, and the amount for each instalment supply – this was clearly not happening. Mark Seaton as the CD Accountable Officer at the PCT was taking this up with the Provider trust to ensure that the details were included in the future.</p>
	<p><b>Next Meeting</b></p> <p>Wednesday 30<sup>th</sup> March 2011, in the Meeting Room, Dean &amp; Smedley, Horninglow Road, Burton. Mr Prokopa asked members to let him know about availability for this and the following two planned dates, 27<sup>th</sup> April and 25<sup>th</sup> May.</p> <p>The meeting closed at 5.00pm</p>

**LPC Meeting – Wednesday 16<sup>th</sup> February 2011** Agenda items in **BOLD**  
**Appendix 1 - Communications Report**

**4.1 PCT Communications - Received**

- a) 12/1/2011 - Debra Poyser – Application for Change of Ownership approved: Jhoots Pharmacy, St Chad's Health Centre, Dimbles Lane, Lichfield
- b) 18/1/2011 - Debra Poyser (email) – Proposed letter re Compliance with Pharmaceutical Service Provision in 100-hours pharmacies**
- c) 26/1/2011 – Madeline Watkins, Wolverhampton PCT - Further correspondence, Exempt application (100 hours) – Castlecroft, Wolverhampton
- d) 27/1/2011 – Jim Barlow (email) – Pharmacy Contract Visit template proposal**
- e) 29/1/2011 – Alison Boulton – Approval of exempt Application (100 hours) – Mr Jaspal Singh Kumar, Perton
- f) 5/2/2011 – Alison Boulton – Application for Change of Ownership approved: Coven Pharmacy, 25 Brewood Road, Coven
- g) 10/2/2011 – Alison Boulton – Preliminary Application (Exempt 100 hours) – Birchill & Watson, Abbey Street, Stone**

**4.2 PSNC Communications - Received**

- a) 7/1/2011 – PSNC eNews Update
- b) 7/1/2011 – PCL(s) 001/11 – Seasonal Flu Update
- c) 7/1/2011 – PCL(s) 002/11 – IG Toolkit Version 8 Guidance Published**
- d) 7/1/2011 – Steve Lutener (email) – MUR Post-Payment Verification Checks**
- e) 12/1/2011 – PCL(s) 003/11 - Media Coverage on Pharmacy flu vaccination services
- f) 12/1/2011 – PSNC eNews Update**
- g) 15/1/2011 – PCL(s) 004/11 – Collating Enhanced Service claim forms & paperwork
- h) 15/1/2011 – PCL(s) 005/11 – PSNC Briefings on White Paper consultation documents**
- i) 17/1/2011 – LPC Upd@te**

- j) 17/1/2011 – PCL(s) 006/11 – Community Pharmacy Practice Research
- k) 17/1/2011 – Linsey McClure (email) – Reporting of Branded Medicine Shortages**
- l) 18/1/2011 – PCL(s) 007/11 – NHS Prescription Services On-Line Customer Satisfaction Survey
- m) 20/1/2011 – PSNC eNews Update**
- n) 20/1/2011 – PCL(s) 008/11 - PSNC Statement on NRT Quit Kits**
- o) 21/1/2011 – PCL(s) 009/11 – Health Bill
- p) 24/1/2011 – PCL(s) 010/11 – A Masterclass on developing the Healthy Living Pharmacy concept in your area**
- q) 28/1/2011 – PSNC eNews Update**
- r) 1/2/2011 – PCL(s) 011/11 – Further Information on PharmaBase
- s) 3/2/2011 – PSNC eNews Update**
- t) 3/2/2011 – PCL(s) 012/11 – Branded Medicine Supply Issues – Best Practice Guidance**
- u) 4/2/2011 – PSNC Levy & Hypothecated Levy 2011/12**
- v) 9/2/2011- PSNC eNews Update**
- w) 9/2/2011 – PCL(s) 013/11 – Information Governance**

#### **4.3 Other Communications – Received**

- a) 14/1/2011 – PMI – Notice of Voluntary Liquidation
- b) 3/2/2011 – CCA – LPC Update January 2011

#### **4.4 PCT Communications – Sent**

- a) 11/1/2011 - Debra Poyser – Response to Preliminary Application – Burntwood

#### **4.5 PSNC Communications- Sent**

- a) 11/1/2011 – Mike King (email) – Request for simpler form to report medicines shortages**

### **Appendix 2 - Meeting Reports**

#### **Service Development Officer**

- a) Reducing Pharmacy Waste
- b) Good Hope Hospital
- c) South Staffordshire HUB
- d) Helen Treasdale, Staffs County Council
- e) Are Prescribing Committee
- f) Tania Cork, North Staffs LPC

#### **Chief Operations Officer**

- a) Cannock Chase Health Inequalities NST Visit
- b) EPS R2 workgroup
- c) PSNC Seminar - Future of LPCs