

South Staffordshire
Local Pharmaceutical Committee



Annual Report
April 2010-March 2011

Contents:

Page 2: Chairman's Introduction
Page 3: Chief Operations Officer's Report
Page 7: Service Development Officer's Report

Appendix 1: LPC Accounts 2010-11
Appendix 2: Members' Attendance and Expenses Claimed 2010-11
Appendix 3: Contract Applications 2010-11

Chairman's Introduction

This year's report must begin where last year's ended – the Pharmacy Needs Assessment. Both the LPC and the PCT put a tremendous amount of effort into this document which was finally published in April. The main conclusion of this exhaustive survey was that, whilst there was a need for some extra services in some areas, broadly speaking, South Staffordshire was well served by the existing pharmacy network. But sadly, the powers that be at a higher level than us have not seen fit to rescind the old regulations. And so, 100 hour pharmacies continue to proliferate, rendering the PNA ever more irrelevant. Your LPC and the PCT are deeply disappointed by this state of affairs.

The whole NHS has, of course, been in a state of flux following the Government's declaration of intent to reorganise it yet again - and for us in the LPC it has been a time of reflection on our role and how we can best continue to support our contractors in the changing landscape. It is difficult to see how LPCs will look in the future, if indeed they continue to exist at all. But for the time being, feedback from pharmacists seems to indicate that we are doing a good job, particularly in the area of training provision, for which we must thank Ruth and Peter.

Current thinking is that LPCs will either get bigger – to reflect areas covered by Health and Well Being Boards / Local Authorities or they will get smaller to represent areas covered by Clinical Commissioning Groups. Your LPC is inclined to the opinion that if it is too large, then local representation is lost; if it is too small, economic viability becomes an issue. In this respect we feel that a committee the size we are now is about right and if possible, that is what we will aim for, though events may well take the decision out of our hands.

In these uncertain times it is not always easy to know who we should be talking to promote your best interests but again we must thank Peter and Ruth for continually representing and standing up for pharmacy in every possible forum, both NHS and Local Authority. And at a time when so much of the future looks gloomy, one ray of light is the Healthy Living Pharmacy concept to which so many have signed up and which, though on the face of it will not in the short term be a huge earner financially, should significantly raise the profile of pharmacy in the field of public health.

The Committee has seen a few changes over the year, principally among the AIM and CCA representatives. Earlier in the year, in March, we were joined by Hardeep Dhillon from the Co-Op Pharmacy group and, most recently we have seen the temporary retirement of Jenny Palfreyman – on maternity leave, replaced for the time being by Gill Hall. We welcome Gill and, of course, wish Jenny all the very best in her 'confinement' and hope to see her again soon. We continue to miss Andy Morrison who is recovering from an illness but is making good progress and is hoping to rejoin us before too long.

Steve Bullock

Chairman

November 2011

Chief Operations Officer's Report

The LPC activity in 2010-11 is outlined in this report once again, along with any outcomes from the LPC's involvement; many of the issues are ongoing and as usual, any appropriate developments since April are included.

Regulation

Pharmaceutical Needs Assessments continued to be the biggest regulatory item on the LPC's agenda in 2010-11. As described in last year's report the LPC had been engaged in the process of the production of the PNA in South Staffordshire right up until its publication at the end of February 2011 by means of attending workgroup meetings, engaging with contractors and responding to the PCT consultation on the PNA. In addition to our "local" PNA the LPC also responded to all of the 12 surrounding PCTs' PNAs as all of them could have a potential impact on the future shape of community pharmacy in South Staffordshire, however small. The unfortunate short-term outcome of the PNA saga, however, was the failure of the Government to introduce the necessary legislation which would have supported the new market entry system based on PNAs. This has since led to a number of applications for new pharmacy contracts in this PCT area, most of which have been in the categories of application exempt from the current market entry "necessary and/or expedient" test – primarily 100-hour pharmacies and internet/mail order pharmacies. The opening of a number of these has rendered some of the PNA in need of updating by a Supplementary Statement and the LPC will be working with the PCT to ensure that this is completed as soon as possible. On a brighter note the draft regulations for the the PNA-based market entry system have finally just been published and the LPC will respond to these; all contractors are encouraged to do so too – the consultation runs until 25th January 2012. This makes the updating of the PNA even more important.

All of the applications submitted during 2010-11 are summarised in Appendix 3 – and your LPC has continued to make appropriate comment on all applications within this PCT and on most of those within 2km of the boundary in neighbouring PCTs.

The LPC had been actively engaged with the government's consultations on changes to the structure of the NHS; this has been not only at local events and through response to national consultations but also when meeting with local MPs; we have now met with four of the seven MPs at pharmacies in their constituency and will continue to do so where possible. As a result of one of these meetings Christopher Pincher (Tamworth) asked a parliamentary question regarding the continuation of pharmacy-based public health services such as Smoking Cessation under the re-structured NHS.

Changes to the Community Pharmacy Contractual Framework taking effect in October 2011 were announced in March this year. The LPC has since worked with contractors and commissioners to ensure that both are able to make the most out of the New Medicines Service and National target Groups for MURs.

Once again, Information Governance continued to play a big part in contractor's lives and also at the LPC. However, with the hard work undertaken by all contractors and especially by PCT IG Pharmacy Lead Julie Mitchell South Staffordshire achieved a fantastic 97% of contractors submitting and publishing their IG declarations at the required Level 2 for 2010-11. This was far higher than that achieved in other contractor professions and was applauded by the PCT.

Further regulatory items which the LPC discussed and/or brought to attention of contractors via the Newsletter or website in 2009-10 are detailed below:

- Opening requirements across Easter and Christmas public holidays – once again there have been issues around not only contractors' obligations but also as information about

pharmacies open on these public holidays did not reach every pharmacy. This has resulted in the LPC agreeing to publish on its website all of the information received from the PCT about pharmacy openings on all Bank Holidays.

- In light of a number of “exempt” applications for 100-hour and internet/mail-order pharmacies, and as a result of a complaint received about a mail-order pharmacy the LPC worked with the PCT to ensure fair but effective monitoring that these pharmacies continued to meet their contractual obligations which exempt them from the current market entry test of being “necessary and/or expedient” to secure pharmaceutical services within a neighbourhood.
- The extension of the Essential Small Pharmacy Local Pharmaceutical Service scheme until the end of March 2013 – there are two pharmacies in South Staffordshire still supported under this scheme.

Finally, as outlined earlier the LPC has responded to all applications to provide pharmaceutical services from new premises in this PCT area – a summary of these is provided in Appendix 3. The LPC continues to provide representation (usually 2 members or officers) to each of the PCT's Dispensing Panels which consider all new applications to open pharmacies within the PCT area.

The PCT & Community Pharmacy

The Pharmaceutical Needs Assessment (PNA) continued to dominate relationships between the LPC and PCT in 2010-11, as already discussed above. However, there were other matters which also formed the basis for discussion over the year, and these included:

- Electronic Prescription Service Release 2 – the LPC has since August 2010 been heavily involved with the PCT's application to receive “Secretary of State Directions” to allow digital signing of prescriptions in South Staffordshire – effectively paving the way for roll-out of EPS R2 in this area. Peter Prokopa and Richard Dean sat on the EPS R2 workgroup, with Mr Dean also sitting on the Project Board which effectively manages the project for the PCT and Health Informatics Service. The work completed by the workgroup to adapt and publish policies and procedures to facilitate the move to EPS R2 contributed to the Secretary of State Directions being granted on 1st February for implementation from 1st May 2011. We now have (as at 8th November) 36 community pharmacies across South Staffordshire enabled to receive electronic prescriptions under EPS R2, with the first two GP practices due to go live in the coming months at Huntington and Gnosall.
- Contract Monitoring – The LPC has been meeting and working with the PCT in developing a programme of pharmacy visits to ensure compliance with contractual framework obligations and clinical governance requirements in particular in preparation to the PCT being disbanded after March 2013 and handover of contractual responsibilities to the NHS Commissioning Board.
- QIPP and cost-saving measures – of particular concern in this was regarding wholesale switching of prescribing from certain generics to branded products which because of changes to Category M were now at a lower reimbursement price than the generic equivalents. Despite the LPC expressing concern that this action would impact on patients in terms of failing to understand that their medication was unchanged and problems with sourcing the branded products, many GP practices went ahead with the changes encouraged by the PCT without the involvement of local pharmacy contractors. Unfortunately, many patients were subjected to considerable inconvenience and delay in obtaining their medication; pharmacy contractors and subsequently GP practices were

also considerably inconvenienced by these actions. Eventually, as reimbursement prices of generics fell again, many of the changes were reversed.

- Specials – the cost of unlicensed specials proved to be one which was not only an issue for the PCT and LPC but also one which hit the national news headlines. The LPC worked hard with the PCT to ensure that contractors continued to be able to provide these items from the suppliers of their choice whilst providing a framework for them to help identify unnecessary prescriptions for unlicensed specials issued by GPs. To this end, the LPC supported an algorithm produced by Nazmeen Khideja, the PCT's Community Pharmacy lead; additionally the LPC highlighted appropriate endorsing for specials and reminded contractors of their professional obligations in relation to the procurement of these items.
- National Care Records Security/Violence Markers and sharing of information – concern was expressed by the LPC to PCT regarding the apparent lack of information-sharing between GPs, PCT and community pharmacists on patients who may present a security risk to any healthcare professional. Following communication with the PCT Quality and Safety Manager commitment was received to ensure that pharmacists would be informed about patients who might present a potential security risk in community pharmacies; it was also agreed that the LPC would ensure that community pharmacies report any security incidents to the PCT so this could be logged and shared as appropriate.
- Clinical governance – especially in regard to reminding contractors about contractual requirements on the Community Pharmacy Patient Questionnaire and Complaints Reports, which have to be submitted annually to the PCT.
- CRB Checks for pharmacists and support staff – the LPC has been active in ensuring that appropriate CRB checks are available at reasonable cost to contractors by organising a service through LPC Officers and Disclosure Services Limited, who also offer CRB checks to community pharmacies through the NPA. The PCT and provider organisations have agreed to accept CRB checks for contractor pharmacists and staff held by the LPC.
- Removal of Pharmacy Access Services (formerly known as “rota” services) in East Staffordshire – two of these services were identified as being unnecessary due to recent opening of pharmacies in those localities where the previous “rota” hours were now covered; the LPC ensured the correct procedure was followed and full notice to cease the service offered to the contractors concerned.

Finally, the PCT's Community Pharmacy Lead, Nazmeen Khideja, left her post in March 2011 – the LPC noted and thanked Naz for her efforts particularly in relation to the PNA, but also on the EPS Release 2 workgroup, and in relation to the development of local enhanced services through community pharmacy, for example the Pivotell project, and potential developments to services for substance misusers.

Quality & Performance

The LPC continues to highlight issues regarding Quality and Performance to contractors regularly through the Newsletter - the following items have been discussed at LPC meetings and/or highlighted via the Newsletter or website during 2010-11:

- Prescription “switching” by the NHS BSA. Many contractors have been affected by switching of forms from the “exempt” to “levy” groups submitted. Unfortunately there is no opportunity to amend patient declarations as there is for referred back items, and some contractors have disputed switches made. The LPC's advice to contractors continued to be for staff to be properly trained to identify problems and ensure additional checks were made at the pharmacy prior to submission. The online training tool developed by PSNC is still available via their website.

- Prescription pricing issues. The NCSO system in particular has been one which the LPC has sought to ensure that contractors fully understand – and we have regularly included updates not just about the lines covered by this concession but more importantly on the correct method of claiming, as it appeared many contractors were losing out on their claims due to missing information in the endorsement.
- Supply issues and reducing counterfeit medicines. This has continued to be a major problem not just for contractors but also patients and the LPC has aimed to keep contractors informed via the Newsletter about these problems; we have also encouraged contractors to use the simple reporting form provided by PSNC so that the way that both contractors and patients are impacted by supply issues particularly can be logged and monitored on a national level. The information this produces is essential in ensuring that government, wholesalers and manufacturers are aware of the consequences on patients in particular of their actions.
- New Appliance Services – the LPC discussed and provided information to contractors about the new Appliance Use Review and Appliance Customisation Services introduced during 2010-11
- CIP Payments to Contractors – information on payment of the CIP allowance negotiated by PSNC and how to make a claim in relation to potential under-pricing of batches by NHS BSA.
- Prescription sorting – the LPC has continued to update contractors on the sorting of prescriptions prior to submission for pricing.
- Disclosure of Prescription Level Data by PCTs – the LPC has discussed and worked with the PCT to ensure that information on the dispensing of individual prescriptions is only disclosed in accordance with the appropriate Information Governance requirements. This arose particularly in relation to the dispensing of specials in some PCT areas prior to the introduction of the Specials Tariff
- Out of Hours Medical Services and medicine supplies – issues have been raised with both PCT and the provider of out-of-hours medical services (Badger) regarding supplies of medication both when there are few or no pharmacies open.
- Acute Hospitals and patient medication on discharge – the LPC has met senior pharmacists from the three main acute hospital trusts supplying services to patients from South Staffordshire to discuss issues in relation particularly to discharge medication and monitored dosage systems.

Peter Prokopa

Chief Operations Officer

November 2011

Service Development Officer's Report

During 2010 there have been four main areas of work relevant to my role as Service Development Manager, namely: Training, Local Enhanced Services, Healthy Living Pharmacies and communications and networking. A detailed report of these areas is provided below.

Training

The LPC have become established within the locality as the providers of regular training for pharmacists and their staff. Throughout the year we have run training programmes at approximately 6 weekly intervals in three different localities across the area. The material covered in the sessions is the same in each area. During the 12 months covered by this report we have facilitated training on a range of subjects including:

Information governance, asthma and COPD, diabetes, brief interventions, alcohol awareness, safeguarding, and updates on all local enhanced services.

Attendance at the evenings vary, but in general we get 60-70 pharmacies represented at the events across the three localities.

Local Enhanced Services updates

During this year there has been extensive work undertaken to review and update all the training material we use for our Local Enhanced services and to update all the Patient Group Directions that are relevant to the success of the services. Once the material was updated training evenings with pharmacists were held to ensure they were all following the latest guidance and protocols to deliver the services.

In late March 2011 Peter and I attended a meeting with Dr Arabinda Kundu of the Sexual Health team at which it was agreed to extend The Emergency Hormonal Contraception service to include the provision of EllaOne, which can be used as EHC up to 120 hours unprotected sexual intercourse has occurred. This has since been included as an extension of the existing service and was supported by training evenings in our three areas.

Healthy Living Pharmacies

As a result of LPC involvement at workshops in February and March this year aimed at reducing Health inequalities in Cannock Chase locality this has become a major piece of work undertaken by this LPC. The initiative is supported as we were successful in achieving pathfinder status for the DH project to develop HLP. We have worked on developing a local framework for the initiative, engaging with colleagues in Public Health to support the initiative, develop and commission the necessary training for pharmacists and their staff and are now in the process of determining the quality framework for the initiative and the evaluation tools to assess the success of the initiative. Currently we have 50 pharmacies working towards becoming registered as Healthy Living Pharmacies by February 1st 2012.

Communication/networking

The changes to structure of the NHS announced during 2010-11 and the separation of Public Health from the health service to Local Authority and the re-organisation of PCTs into clusters and Clinical Commissioning groups there has been a real emphasis on building relationships with potential new commissioners and providers during the past 12 months. Later in 2011 this culminated this year with an afternoon conference that was hosted by the LPC in October for councillors, commissioners and cluster staff.

The year continued to see a great deal of time spent in meetings with other health and social care professionals highlighting the role pharmacy can play in services such as drug misuse, early supported discharge and the re-design of clinical pathways across Staffordshire with a shift on emphasis of care from secondary to primary care.

Awards

Finally, Community Pharmacy in South Staffordshire has been recognised with two awards in 2010-11.

Firstly in the autumn of 2010 the LPC entered the PJ Pharmaceutical Care Awards for the work done by community pharmacy associated with domiciliary visits to patients discharged from the Littleton Ward at Cannock Hospital. Members of the team fought competition from 25 other projects, and was one of eight short-listed for an oral presentation on the night. The winning project was selected based on peer review by the 100 plus professionals in attendance at the awards.

Secondly, Community Pharmacy was awarded a Dignity in Care Award by Staffordshire County Council in March 2011 in recognition of all the joint working that has been undertaken in the context of assistive technology and specifically the support pharmacy has given the implementation of Pivotell dispensers.

Thanks are due to all contractors involved in provision of these services which has been recognised in the making of these awards.

Dr. Ruth Goldstein

Service Development Officer

November 2011