

Cambridgeshire and Peterborough Local Pharmaceutical Committee

Minutes of the LPC meeting Held on 23 September 2009 – Brampton Golf Club, Brampton

1. Welcome

Shabbir welcomed all and explained that at this point meeting is not quorate Anil will be attending around 10.00am at which point the meeting will be quorate. Shabbir also explained that he will be chairing the meeting, as vice chair, in the absence of Tim Coaker who has handed in his resignation; we have benefited from Tim's time with the LPC and he stayed on under very difficult personal circumstances.

2. Apologies and Attendees – SD

Attendees

Shabbir Damani – Chair (SD)	Kelvin Rowland Jones (KRJ)
Rita Bali – Executive Officer (RB)	Ron Smith (RS)
Evelyn McKenzie (EM)	Christine Bellairs (CB)
Peter Schofield (PS)	Albert DSouza (Sonar Informatics)
Mat Broachwalla (MB)	Navaz Bulsara – Administrator (NB)
Anil Sharma (AS)	

Apologies

Cherie Aronson (CH)
Balwinder Kandola (BK)
Tim Richards (TR)
Kumar Ladv (KL)
Kassim Kurji (KM)
Meb Dattoo (MD)

3. Declaration of Interest

SD asked if any one had interests to declare:

PS Not really a declaration of interest but just to inform meeting that he is working for ASDA

SD declared interest with regards Jhoots – this issue will be discussed later on in the meeting

4. CCA Report

Action - EM nominated to complete and send report to the CCA

5. Minutes of the Previous Meeting – SD

There were some corrections:

Pg 4 – Regarding forms it should have read month and year – SD amended on minutes and signed

Pg 5 – under 8 contract application 3rd paragraph 'SD was not unable to attend the last meeting' correct to 'SD was not able to attend the last meeting'. SD corrected and signed correction

EM – proposed the minutes and PS Seconded.

6. Matters Arising

PS mentioned that LPC needed to be aware of areas surrounding Trumpington as there are housing developments taking place.

SD posed the question whether the contract group needs to be re-grouped in preparations of new classifications and applications coming through.

PS agreed that group should be re-formed as the applications will need to be looked at and discussed.

Meeting generally agreed that group should be re-formed and members should include: PS, EM, SD, TR – done on the basis that there will 2 independent members and 2 CCA members.

When meeting is quorate will vote on this.

Page 8 from July minutes:

Tim Coaker had an action to complete with regards the formal process of what to do in case a pharmacy has to close, due to staff being off with flu.

Action - RB will now follow up on this action and give a brief at the next LPC meeting.

Action - for the strategy group to complete from previous meeting: **to have a discussion on how to deal with urgent matters from any stake holder and have the authority of the LPC to make a quick decision.**

Strategy group were confirmed as: SD, PS, RB, HP –there are 2 independent members and 1 CCA therefore there is a vacancy for 1 CCA member.

NOTE: 10.10am AS arrived and the meeting became quorate

RB confirmed that previous LPC meeting's action points were progressed and all LPC members were kept up to date with emails from RB.

RB has emailed Kathy regarding Peterborough PCT issuing Boxing Day guidance.

As the meeting was now quorate a vote took place to confirm both the Contract and Strategy groups:

Contract group:

SD – independent member
PS – Independent member
TR – CCA member (Wisbech)
EM – CCA member (Cambs)
AS – Independent member

AS to be deputy for the independent and need a CCA deputy preferably from Peterborough area

PS proposed and Seconded by AS

Strategy Group:

SD – Independent member
RB – non voting
PS – Independent member
EM – CCA member
TR – CCA member and Treasurer

PS proposed and Seconded by AS

Note: NB to attend both group meetings as LPC administrator.

Both Sub groups will forward any decisions to the main LPC for final decision making.

NSC Event

NB updated the committee on the up coming event in particular that there were very few attending from the Peterborough and Cambs region.

SD confirmed he will provide transport for the 2 Peterborough Tesco pharmacist s

Action - NB to forward details to SD regarding the 2 pharmacists.

AS will meet and greet LPC members and AS to be at Ickworth House by 9.45am

It was agreed that the following will be on the LPC table: Laptop, Laminated copies of Services commissioned by both Peterborough and Cambridgeshire PCTs' 'Ask your LPC a question' Form, 'what other service can pharmacy provide' form and a copy of completed CPD form.

Actions:

RB to forward Services sheet to NB for lamination

AS to forward completed CPD form to NB

RB went through the questions that are going to be posed to Jonathan Mason.

It was agreed that AS and RB will ask one question each on behalf of and Cambs & P'boro LPC.

7. Treasurer's Report (copy report here)

NB handed out report in the absence of TR

Balance to 3/9/09 = £87,390.88
Less uncleared cheques (to 3/9/09) = £ 883.75
Balance = £86,507.13

Uncleared cheques to 3/9/09:

24/7/09 N. Ladva £21.60

26/7/09 E. McKenzie £14.40

26/7/09 Lloydspharmacy £481.25 (Tim R)

21/8/09 PSNC £139.00

21/8/09 Tesco £227.50 (Cherie)

To 12/9/09, £600 has been received from Actavis as sponsorship for the Ickworth event. PSNC has been reimbursed £825 for their deposit.

It has been decided to postpone the switch of bank accounts as previously discussed, until after the Ickworth event, as some sponsors are donating money by BACS.

Following my attendance at a recent PSNC workshop, I would like to raise 2 issues:

1. I propose an amendment to 3.1 in our Expenses Policy, to read: "Payment for locum fees will not be claimed if an 'attendance allowance' is paid at any meeting attended by a LPC member" This is to avoid any situations where a member being paid by the LPC, either directly or indirectly, to attend a meeting is not receiving further payment on a personal basis.

2. PSNC view it as good practice that the LPC should see proof of valid driving license and vehicle insurance, for all members making claims for travel expenses. What is the committee's view on this?

Navaz now has internet banking access, and is making periodic checks

If anyone has any questions, please email me. I return from my holiday on September 29th.

Action - NB to send email to SD regarding submitting his expenses ASAP.

There were 2 issues raised in Treasurer's report by TR (see above):

1. This was debated and fully discussed. SD mentioned contractors did raise this question and need further clarity to ensure LPC members are not claiming or being paid twice.

It was agreed that the 2 issues raised to be forwarded to the next meeting to discuss further with TR.

8. Contract Applications

PS explained that Bottisham is a small village and therefore agreed with the decision. Teversham has a higher population with Cherry Hinton having a new housing development and therefore should have been urban, in PS' opinion.

SD confirmed that both have gone to controlled locality.

AS and SD declared their interests – AS with regards Petersfield and SD with regards Repeat Prescription Orderline.

SD went through Appendix B – Applications and communications in and out.

Discussions took place around the letter received from Jhoots Pharmacy Superintendent's office.

PS Suggested that letter to be sent pointing out that minutes are available on our website and that relevant parties had declared their interest and all proper governance was followed.

Action – NB to produce a draft letter to send to RB to check and then forward on to Jhoots Superintendent’s Office.

9. Committee Matters

- a) SD confirmed that we received a letter via email from Tim tendering his resignation and a letter from Alistair who has also tendered his resignation – both have been accepted by the LPC.

The LPC has also received an email from Hina who feels she is unable to attend LPC meetings due to lack of locum cover so she feels she has no alternative but to resign – RB will talk to her to reconsider and request support from Andrew Jones.

- b) SD explained that in Tim Coaker’s absence he has been acting as chair.

PS Proposed that leave things as they are until the elections next year as only got at most 2 meetings this year. Therefore SD should continue as chair.

PS proposed and EM seconded.

SD Talked about the need for a deputy in short period - role of vice chair.

RB Suggested Tim Richards would make efficient vice chair.

SD said this will then cause a vacancy for the treasurer position and make things more complicated.

PS offered in the interim to take on role of Vice Chair.

SD proposed and AS seconded.

Action – NB to send formal letter to PSNC, P’boro PCT and Cambs PCT confirming SD as chair and PS as vice chair.

- c) RB asked the question Tim Coaker’ s Honorarium

Honorarium is paid on yearly basis and if this has not been paid to Tim then for TR to calculate pro-rata the amount from our acceptance of TC’ resignation letter.

Action – TR to calculate Honorarium and confirm with LPC.

- d) NB Updated the committee with regards the constitution special meeting held and explained the result of the vote. LPC will now issue the PSNC model constitution and arrange another special meeting.

Action – NB to issue paperwork and organised special meeting

10. Service Update – RB

RB confirmed that she had sent emails to LPC keeping them informed of all her actions.

Flu

P'boro £2.00 per Tamiflu transaction and Cambs £3.00 per transaction –Cambs to review how long it takes to make the supply.

If it is taking up a lot of time to carry out then contractors need to inform Cambs PCT.

P'boro PCT phoned up individual contractors to ask about distribution of Tamiflu.

RB has met with Angela Bailey again to discuss the commissioning process in Peterborough.

SD said some contractors have told him that it can take as long as 15 minutes per customer.

RB confirmed that some contractors had actually agreed 90 pence per supply.

Smoking Cessation

Sue Mitchell will be attending open forum this afternoon at LPC meeting to talk about Smoking Cessation promotion.

RB has met with Rob Newman and Christine Belaires regarding smoking cessation service in Peterborough.

RB and PS met with Public Health personnel to discuss how community pharmacy can contribute to public health agenda.

Needle Exchange

TR found out that contractors get paid by number of needles ordered rather than needles used. TR also found that some contractors did not open up on time to distribute methadone, which causes distress to the clients.

RB and TR have a meeting arranged on 22/10/90 to discuss with Anna Whitton and Joan Kempster.

EHCPGD needs to be up dated and Cambs PCT require a community pharmacist to help them.

Cambs PCT have found when doing contract monitoring visits the standard was better this year.

RB made committee aware that a contractor made serious errors with MUR payment claims. Sue Ashwell took a sympathetic decision with discussion with this contractor.

SD Important to make contractors aware that in this climate of change the LPC is there to support them - LPC can mediate with the relevant PCT.

RB contractors have a responsibility to administer new services, make appropriate claims and keep adequate records.

SD asked how long it takes for whole process of emergency supply to take place:

5 minutes for the interview with customer
5 minutes to load on to the PMR
Dispensing activity
£10.00 admin for making entry on the register
Plus admin for end of month.

MUR Training

LPC to continue to offer training events with Astra Zeneca – Cardiovascular and Diabetes

Venue could have been better.

Action – RB to check dates with AZ

Pfizer offer workshop on how to interact with people regarding sensitive issues.

Action – RB to investigate further.

East of England LPCs Meetings

- a) EoE LPCs are considering lobbying MPs regarding the devolvement of the Global Sum to PCTs in April 2010

LPC thought this was a good idea

- b) Essex LPC Have a separate business unit which has trained people to look at SLA this would cost £450.00 per SLA or a monthly fee could be set up.
- c) RB Need to improve our LPC profile to ensure our contractors are engaged

Action – to be discussed at Strategy meeting

11. Open Session

Kelvin Rowland -Jones

- a) KRJ spoke about the complaint letter regarding ACPs and felt that the letter to chief executive was a upsetting. It was a genuine mistake and not a conspiracy and he thought that there was a close relationship with him and the LPC.

RB the letter sent was not an attack on KRJs personal professionalism. Initial communication during the flu situation was confusing for contractors.

KRJ explained that things were moving very fast and communications were sent out and GPs were being kept informed.

RB GPs were not reading the emails and pharmacists were not aware of what was happening

RS there is a lot being done to improve communications GPs have email system whereas community pharmacists do not and difficult are to contact via the post.

PS commented that the LPC also felt that there was a close relationship with KRJ

RB explained that several contractors had contacted the LPC regarding the communication and commissioning process for Tamiflu distribution.

KRJ wanted to assert in his opinion that there were inaccuracies in the letter and that an email was sent to LPC.

Action - SD confirmed will take on board KRJ's comments and concerns and will check records and if we have presented any thing incorrectly then will resolve it by next week.

- b) KRJ confirmed that Cambs PCT running an anti-viral distribution through pharmacies – there are 9 around the region and a further 3 opening. They will be in strategic locations and will include the 100 hour pharmacies.

Trying to avoid distribution from centre of Cambridge as parking is very poor.

Agreement with pharmacists – level of 25 items per day. PCT looking to provide further support.

Vaccinations possibly start in the next 4 weeks just waiting for Dept of Health to communicate a date. Dept of Health have said those Health Care Professionals directly involved with patients should be vaccinated.

Question was asked what 'direct care' means. Could be 10 minute interview face to face?

RS there is a difference with P'boro PCT in distribution of Tamiflu as vaccinations is offered to all community pharmacists and principal locums.

SD confirmed that as we cover both areas did the committee want to ask further questions.

RB Technicians also have contact with front line staff but can see the point of view about giving healthy people vaccines. However would helpful if it is consistent within both PCTs.

PS would like to see Cambs PCT take the same line as P'boro PCT.

SD need to take in to account the contact time front line staff have with clients – i.e. 10 minutes – plus also need to consider they are carrying out MURs. If using pharmacy as source of collection point what happens if pharmacist not there or pharmacy is closed?

SD confirmed that the LPC would like KRJ to communicate to Cambs PCT that LPC would like both areas to be consistent – should vaccinate the same as P'boro PCT model.

Action - KRJ to confirm the above has taken place – for Cambs PCT to consider following the policy of P'boro PCT of offering vaccinations to all pharmacists.

Also for both PCTs to consider that those who provide additional services, therefore all staff should be considered for vaccination.

c) KRJ – Fees are too high regarding emergency supply.

SD asked KRJ to run through the steps.

KRJ confirmed that they were the same as suggested already other than to include end of month and VAT.

d) KRJ explained that there were two new Public Health Campaigns – 1. Swine flu and 2. Keep warm.

Action – KRJ to email NB information about these campaigns.

Action – NB to put on LPC website

Action – KRJ to forward the form that has been sent to pharmacy contractors regarding the NPSA alert on female catheters to RB.

Action – RB to attach form to reminder emails to contractors.

12. Media Campaign – Smoking Cessation services – Christine Belaires NHS Peterborough

CB campaign was to significantly increase on media advertising to support pharmacists. Would like to see an improvement in the lost follow-up rates.

SD we represent all contractors therefore why are only selected few pharmacies taking part in the campaign.

CB the thrust of the campaign is the geographical cluster and this is the focus not named pharmacies. CB claimed that Boots can cope with influx of people therefore keeping Boots in January but we will be reviewing this.

SD Asked will there be same level of advertising and spending on resource distributed though out the months.

CB largely will be the same

SD wants to make sure that we do not have to revisit. Would be happier if more pharmacists were involved as will customers think that smoking cessation is only provided in one particular area.

RS it is focused on a cluster of area but will increase the awareness that these services are available at their own pharmacies.

There was a lot of discussion was around the clusters and using limited pharmacies and in particular Boots Queensgate - Jan.2010, Mar.2010, and Jan.2011 – which are peak quitting periods, i.e., non smoking day and New Year's resolution.

RB pragmatic solution would be to include city centre as a cluster in January.

RS this not a mechanism where we want to engage number of pharmacies but more on increasing the number of quitters.

RB 50% of quitters come from pharmacists.

EM The stumbling block naming Boots Queensgate as a whole why not take out the named pharmacy and just include city centre as a whole.

MB and AS agreed with EM

RS again reiterated to gain good quit rates not to recruit more pharmacies.

SD asked if CB could send new form and a breakdown of costs for each month to NB in time for the next LPC meeting and review their proposals in light of these discussions.

13. Sonar Informatics

Presented a web based management Tool that is being used in some PCTs.

14. AOB

It was agreed that RB and PS would attend the world class commissioning event – Strategic Health Authority 26/11/09

It was agreed to invite PG to LPC November meeting.

PS talked around the support that RPSGB provide regarding Responsible Pharmacist Regulation.

Action – PS to arrange Responsible pharmacist training.

Meeting closed 5.25