

## CAMBRIDGESHIRE AND PETERBOROUGH LOCAL PHARMACEUTICAL COMMITTEE

MINUTES OF THE LPC MEETING HELD ON 11 November 2009; BRAMPTON PARK GOLF CLUB

### 1. Welcome

SD: opened the meeting and welcomed everyone and asked NB to pass on the apologies

#### Attendees

Shabbir Damani; Chair (SD)	Peter Schofield; Vice-Chair (PS)
Tim Richards; Treasurer (TR)	Rita Bali; Executive Development Officer (RB)
Meb Dattoo (MD)	Bal Kandola (BK)
Eve McKenzie (EM)	Kumar Ladva (KL)
Mat Broachwalla (MB)	Hina Patel (HP)
Navaz Bulsara, Administrator (NB)	

### 2. Apologies

Kassim Kurji (KK), Anil Sharma (AS), Cherie Aronson (CA)

#### Guest, Open Session

Maggie Brown; Cambs PCT (MgB)	Kelvin Rowland-Jones; Cambs PCT (KRJ)
Joe Joyce; PG (JJ)	Ruth Kent (RK)

The meeting was quorate.

### 3. Declaration of interest

SD, PS, MD declared their interest with regards contract applications.

### 4. Nomination of CCA member to do CCA Report

**Action:** TR agreed to complete report.

### 5. Acceptance of minutes of the previous meeting

Page 4 under 8 last paragraph 'received from' add – Jhoots and delete 'regarding Jhoots'

Page 5 under Action NB 'forward on to' add – Jhoots

Page 6 under Needle Exchange 'SD important to make....' delete 'if they make an error'.

Page 8 4<sup>th</sup> paragraph 'KRJ wanted....' delete 'clarify' and 'add 'assert in his opinion'.

Page 9 under 12 2<sup>nd</sup> paragraph start of 2<sup>nd</sup> line add: 'CB claimed that'.

Page 9 line beginning 'There was a lot of discussion around the clusters....' at the end add: ' which are peak quitting periods, i.e., non smoking day and New Year's resolution.

Page 10 'SD asked if.....' end line with: 'and review their proposals in light of these discussions.

Minutes were agreed by committee; proposed EM and seconded by PS.

## 6. Matters Arising from previous meeting

- Page 2 – RB There is a document on the PSNC website regarding Business Continuity and the document explains the process of what a pharmacist can do in the event that a pharmacy has to close, e.g., due to staff being off with swine flu.

**Action:** NB to send out email to contractors with link to document and attach the document to the email.

- Page 2 – regarding action for strategy group

SD: The Strategy group is there to consider matters and whatever decision is made by the strategy group will be forwarded to the rest of LPC to consider and confirm within 3 days if members agree, with decision taken by Strategy group.

RB: expressed concerns that some times things have to be dealt with immediately and can not wait 3 days.

SD: Suggested that there should be 2 categories;

1. Urgent – in this instance an email will be sent to LPC and for LPC members to reply within 3 days.
2. Very Urgent – in this instance a LPC member to phone other members (cascade to others).

**Action:** NB to forward a list of telephone number of LPC members to the LPC.

**Action:** NB to forward the Continuing Professional Development (CPD) form, in relation to Ickworth House event, to the LPC.

**Action:** NB to send a reminder email to SD, again, regarding his expenses to be forwarded to TR within 2 days.

- SD: stepped down as chair and PS chaired the meeting

There were discussion around SD's role as Chair and what expenses to claim; it was felt that the honorarium does not necessarily cover all expenses incurred as a Chair. There were 2 points agreed by the meeting:

1. no person should be out of money with regards expenses.
2. where an Honorarium is paid the company (independent pharmacy or CCA) can claim for expenses.

This was proposed by KL and agreed unanimously by the committee.

Chair was handed back to SD.

- Page 5 point c – TR wanted clarification if payment period of an honorarium is the financial year – it was confirmed that it was, the financial year – i.e., April to March.

**Action:** TR to check with the previous treasurer the amount of the Honorarium generally paid. Then to work out amount from April to TC' resignation date.

Committee is happy for TR to finish this task off and agreed for cheque to be issued as long as the amount is no more than £6,000. If amount is more than this then TR to confirm with committee before issuing cheque.

- Page 7 both **Actions** for RB to be carried forward to next meeting:
  1. RB to check dates with AZ - MUR training
  2. RB to investigate further – re Pfizer workshop on how to interact with people regarding sensitive issues.
- Page 7 – East of England LPCs Meeting:

RB: updated the committee on what was discussed at strategy group:

To have better engagement with our contractors and suggested that face to face meetings, with contractors, may be an effective way to engage them. Meetings to include increasing awareness of what the LPC do and how we can help the contractors. Suggestion was made to leave a sheet with bullet points of our services and what it means to be a LPC member.

It is also a good way of gathering correct contact details of our contractors, especially email addresses for communication purposes. To make contractors aware that email will predominately be used as a means of communicating information, especially urgent matters.

It was generally agreed to divide the contractors within geographical areas and for each LPC member to visit the relevant contractors for face to face meetings, within their area. There will be a cost to the LPC but it is important for contractor engagement.

KL: comment that this was a good idea as our contractors can put a face to a name.

RB: commented that it was also important to communicate with the Area Managers that LPC was carrying out this exercise as it is important to gain their support. It was important to get contractor engagement before the elections begin next year.

TR: as a draft example of financial output for LPC would be 2 days per LPC member.

RB: commented that the geographical split was a good idea as individual LPC members have knowledge of their own area.

BK: agreed and prefers the geographical split.

**Action:** RB to create and prepare 1. Issues to discuss in the face to face meeting 2. What it means to be a LPC member. 3. To complete a draft letter to leave with the contractors.

KL: had a slight concern about the competitive nature of the contractors – i.e., would they open up to a member of the LPC from their local area?

RB: at face to face meeting we will need to set expectations with the contractor and have the conversation that this not about competition between contractors.

BK: Have to make it clear that this a confidence building exercise and would be good idea to have a follow up visit.

SD: Perhaps look at doing a post visit communication to our contractors once the exercise is completed to ensure it is of good value.

RB: agreed that it can not be a one off but a starting point and for each LPC member to take on those local contractors and build on communication links.

The strategy group proposed the exercise and MD seconded.

- Page 8 – with regards SD' Action point of checking the comments made by KRJ with regards complaint letter.

SD: confirmed that he had looked through letter and emails sent. KRJ did send an email to LPC so we can say that this was a technical error on our behalf. However, KRJ did not respond and follow through our (LPC) comments – as RB responded to KRJ's email within 24 hours.

- Page 8 – with regards Action point for KRJ

SD: clarified that the Cambs PCT are not following the Policy of the Peterborough PCT – which is treating essential pharmacy staff as front line staff and therefore offering them the vaccinations.

A draft letter has been written to KRJ in reply to his email regarding the above and was passed to the LPC to accept.

TR; proposed and EM seconded.

**Action:** NB to send the letter to KRJ and cc Sue Ashwell and Liz Robin.

- Page 9 – Regarding NPSA alert on female catheters.

RB: Confirmed that all KRJ actually wanted was confirmation that contractors have done this – i.e., completed the assurance form. However it seems that KRJ has not received many responses.

- Page 10 – Regarding Action for PS to arrange responsible pharmacist training.

PS has made contact and is organising this. With regards training in Peterborough PS will try and ask the PDA. PS will continue to update LPC.

## 7. Treasurer's Report

Balance to 3/11/09	=	£ 93524.28	
Less uncleared cheques (to 2/11/09)	=	£ 20702.67	
Balance	=	£ 72821.61	
		-----	
Uncleared cheques to 2/11/09:			
15/9/09	Lloydspharmacy	£231.25	(Tim)
9/10/09	Suffolk/Gt Yarmouth LPC	£ 37.80	(E of E meeting)
9/10/09	PSNC	£16004.00	(6 monthly levy)
11/10/09	Eve Mackenzie	£21.00	(Travel)
11/10/09	Tesco	£91.00	(Eve)
11/10/09	Tesco	£192.62	(Eve)
31/10/09	PSNC	£4125.00	(Ickworth event)
		-----	

All monies have now been received from the sponsors for the Ickworth Event, a total of £3100, with an expenditure to date of £5260. I have also received an email from Norfolk LPC quoting their costs as:

Name badges- £14.77

Polyfiles and Ink cartridges (printing)- £120.23

Pens- £14.00

Assistant Time: 6 hrs at £10 (printing etc.) plus 5 hrs at £20 (Assistant help on day) = £160.00

Exec time- £150.00

Total cost: £459.10

From my September report, could the committee please clarify these two points?

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 and Rita are now paid electronically. If anyone would prefer this rather than payment by cheque, can they please email me the appropriate details? Name of bank account, sort code and account number.

-----

What are the committee's views on obtaining a credit/debit card? This could be used to 'centrally purchase' train tickets, room hire etc. Who should have one? Should we have more than one?

**Action:** NB to contact Tony Dean to ask for clarification on Executive payment for the NSC event at Ickworth House.

PS: Would like to thank all the members who made the event so successful and with minimum financial cost.

PS: proposed and SD: seconded.

SD: agreed that it was a very good event and the speakers were excellent and also thanked all the members who took part.

There were 2 points that needed clarification from the previous treasurer's report – which TR clarified:

1. The PSNC event TR attended there were people who were getting attendance allowance and were also claiming expenses. Therefore this needs to be clarified – people should only get paid once, for example, if a contractor attends an event and is paid by the event organisers (and attendance allowance) then that contractor should not claim from the LPC.

BK: asked if the attendance allowance would cover the locum fees?

It was clarified that: where there is an allowance paid and it does not cover the locum fees; then the difference can be claimed.

This was proposed by KL and seconded by BK

2. PSNC have said that if the LPC are paying mileage allowance then the LPC should see the driving licence and the insurance document as proof of having these documents.

There was general discussion around this and it was agreed that this may prove to be difficult .

BK: Suggested making an amendment to the expense claim form to add a clause confirming that the individual does have a driving licence and insurance.

BK: proposed and PS: Seconded – it was carried unanimously.

**Action:** TR to amend expense form to add clause – “I confirm that I hold a valid driving license and insurance for the vehicle used”.

TR: confirmed that payments can now be made via BACS and if anyone wants to be paid by this method then to let TR know.

**Action:** TR to put produce a form for those who want to be paid by BACS

**Action:** NB to circulate for members to complete and forward to TR.

There was some general discussions around whether there should be a LPC credit card with a limit of £2,000.

SD: proposed that there should be a credit card with a total combined limit of £2,000 and 3 named job roles, rather than actual names of people, so that if a person was to leave there would not be a need to re-issue the card.

BK: seconded and committee voted for unanimously.

## 8. Contract Applications

The following people declared there interests: SD and MD

Application regarding 1. preliminary consent Mr M Rahman & Mr A Ahmend and 2. Preliminary consent Bottisham Healthcare Ltd. Both came in together attached to one letter from the ASP.

SD: Clarified that although one letter from ASP there were actually 2 applications to consider. First thing to consider were the dates of each application – first application received stamped 03/11/08 and second received stamped 16/06/09. Both applications hours are similar.

PNA for Cambs PCT under review so can not take that in to account. Four pharmacies nearby and a large care home, which is dealt by Boots in Newmarket, it is 300 bed home but not sure who it is registered to. There is also 6<sup>th</sup> form college and lot of employees within the village.

No pharmacy within Bottisham and next pharmacy is 3.3 miles away. There is currently doctors dispensing service provision.

Choice = it would improve choice for local population

Availability of Service = large school; care home; small shop and post office

Characteristic = small village with very few shops and services.

Patients = 5430 patient population in Bottisham and surrounding areas.

The committee agreed generally that there were more positives than negatives however how do we decide between the 2 applications.

SD: take in to account which application came in first – which is Rahman/Ahmed – and also Rahman/Ahmed hours are better as they are not closed at lunch time. Perhaps look at supporting Bottisham Healthcare Ltd subject to Rahman/Ahmed application being refused.

**Action:** SD and PS to put together a draft letter and forward on to LPC to confirm.

**Action:** NB to formalise letter and send to ASP, once LPC members are agreed upon the draft letter.

## 9. Committee Matters

- a. Letter regarding complaint against SD

SD – step down as Chair and PS Chaired this part of meeting.

PS: updated committee with regard receiving a letter from Doctors and C.Philp (from Over) complaining that SD did not behave appropriately. PS took advice from PSNC and completed a letter in response – matters complained about are out with LPC's area of responsibility.

- b. SD – took over as Chair.

RB: Confirmed that she had spoken to Hina and Hina will be staying on until next elections take place, when she will step down. Hina will be attending this meeting later on.

MD – left meeting (1.00pm).

- c. Branded Generics

PS: commented that PCTs should not ask Doctors to prescribe these if pharmacists can not supply them.

Generally agreed that our view of Branded medicines is the same as the PSNC's who do not support it due to 1. Increase cost of out of pocket expenses. 2. Difficulties for patients due to lack of availability. 3. Lack of communication regarding brands. 4. Extra time required for pharmacists to spend time re-sourcing these.

- d. Information Governance (IG)

RB: the PSNC and Dept. of Health agreed pharmacists will carry out this work. It is on the Dept. of Health website and has to be completed on the individual premises and all pharmacists need to complete this exercise, by March 2010 and pharmacists need to be at level 2 by 2012.

Essex LPC are organising an afternoon regarding IG and have an open invitation for other LPC members who would like to attend. The date is 18/11/09 and RB and SD will attend.

PSNC are going to produce a work book on IG in January 2010.

HP arrived at the meeting 1.15pm

## **10. Services update**

- RB: Went through email sent by Ron Smith (RS).

BK – left meeting 1.20pm

**Action:** RB to speak to PSNC and RS to gain further information regarding Direct Supply of dressing.

- MARS

RB: Has not heard any thing further and will try and progress this further.

- Addaction

RT and TR went to meeting and now RB will be meeting up with Addaction Bi-monthly.

- KRJ has sent an email regarding a locum list asking if the LPC carried a locum list, which we do not.

KL left meeting 13.55pm

## **Open Session**

### **11. Pharmaceutical and General Provident Society (PG).**

Joseph Joyce from PG gave a short presentation on how pharmacist's income can be protected by a PG Income Protection Policy.

Set up in 1928 to protect the name of pharmacist.

Not for profit organisation and has only 8 people in the company as have to justify members' money.

Lump Sum is based on Age and length of time in the Scheme.

Not a savings account

If a claim is put in it will not count against you.

PS: highly recommends it as he has had to use the scheme.

### **12. Ruth Kent – Peterborough PCT**

RK as part of her role does the clinical Audit reports and presented the latest NSAIDS report.

For further information the report can be viewed on our website.

SD: thanked RK for the report and appreciated that RK managed to get a good response – 90% responded.

### **13. Maggie Brown – Cambridgeshire PCT**

MB has produced a form that will be completed every month showing payments for enhanced services.

The LPC generally agreed the format of this form was very good and supports the form.

There will be a unique reference number and the form will be posted to individual contractors, giving them details of services provided and costs.

MB will be reviewing the form and therefore if we hear of any problems then to inform MB.

- **Kelvin Rowland-Jones – Cambridgeshire PCT**

- a. Swine Flu

There has been an increased activity since September and the half term week – not sure if flu has hit its peak.

One contractor withdrew from acting as an ACP (in Huntingdon) and the contractor has been replaced. That particular contractor could not cope with the pressure and the PCT did offer support.

There are 16 ACPs across the county and most are doing low levels of anti virals.

Dept. of Health has introduced a web based system for stock data and the amount of time has decreased regarding filling out of paper work with regards processing URNs. It gives the PCT an accurate level of stock data.

There are enough contractors in place and now PCT might be in a position to offer services to other pharmacies; however not looking to increase expenses.

PS: there is still a large number of villages mainly out in the Fens where people have to make 12 mile round trip to get to an ACP. Therefore PS does not think there is enough coverage in villages and if using a flu friend they would need to go a long way to get to ACP.

KRJ: we have to be mindful of the costs.

PS: from public service point of view we are beholden to patients. To have ACPs in large areas and have rural people drive long distances to get an anti viral is not good service. There are 2 or 3 pharmacists that can alleviate this problem.

KRJ: We are trying to meet the demands in the most efficient cost effective way. We are thinking of increasing ACPs but this does not guarantee that the activity will be increased, thus making the £100.00 retainer fee not cost effective.

RB: asked if the PCT could come to some middle ground – i.e., consider paying village pharmacies higher fees; e.g., up to first 10 prescriptions paid a higher fee. This would encourage village pharmacists to increase activity and compensate £100.00 retainer.

**Action:** KRJ Will check and come back.

- b. KRJ asked for clarification from the LPC regarding vaccinating frontline staff, (our letter to KRJ). What actually are our concerns as not sure from the letter.

PS: confirmed that it was the administration of the vaccine that was a concern to us.

KRJ: commented that in terms of administration, which needs to be organised by Independent contractors, is the same as the stance taken by Peterborough PCT.

SD: commented that we had not been informed from Peterborough PCT that it will fall with Independent contractors.

KRJ: GPs also have to arrange administration and we are also having to do the same at the PCT but it is our sister organisation – CCS – that is picking up the costs. Dentist also not happy with administration so will take the concerns of the LPC to the PCT.

Let's look at what the CCS is doing and then maybe it can be replicated for the independent contractors but there will be a service charge.

**Action:** RB to gain Clarification from PSNC regarding Administration charges.

**Action:** KRJ to produce a letter encouraging contractors to take the swine flu vaccine. Letter to be jointly signed by PCT and LPC (SD willing to sign letter jointly with KRJ).

- c. Health Checks

The target is 12,500 by end of the year therefore have to get these completed. This is being done by utilising health checks already completed and then picking up the balance from PMS.

PMS – have had enhanced payments to encourage them to join in the new PCT contracts. PMS are being paid more than GMS therefore balance is to have PMS do more – re-balancing.

Health trainers are currently being developed; CPPE have done a module with pharmacists which proved to be successful. Will be looking at pharmacists delivering Health checks next year.

RB: Would prefer if training could be started now – pharmacists providing health checks.

- d. IG Tool Kit

People have been given little of notice and have to complete by end of March 2010. PCT can offer support by going out to one or two pharmacies and take them through the terminology. It will also be in the next Pharmacy Matters to make people aware of it.

e. EHC

Currently updating PGD and hoping to have a draft by next Monday.

**Action:** KRJ to send the draft to NB for distribution to LPC

**Action:** NB to distribute draft to LPC

f. Consultation – Pharmaceutical Needs Assessment (PNA)

This is a major commissioning document for the PCT. There will be implications regarding control entry around PNA (2011).

KRJ has asked the LPC to read the consultation which will be coming out soon.

Health Bill = if health need is specified in the PNA and an application is made that addresses that health need; then the application will be granted.

**Action:** KRJ to send NB a list of ACPs.

g. Branded Generics

EM: asked what is happening about branded generics and can this be circulated.

KRJ: need to check and make sure every one is aware. The lists can be circulated.

**Action:** KRJ to send NB list of Branded Generics.

**Action:** NB to distribute list to LPC

**14. AOB**

- NB: asked if she could get a laptop stand for ease of typing.

SD proposed and TR Seconded (limit up to £40.00)

- TR: suggested when new committee elected next year to look at having an away day for team building.
- SD: expressed that there needs to be a LPC self evaluation carried out before the new committee is elected.

It was agreed that BK to carry this out.

Meeting closed at 4.55pm.

Minutes agreed: .....

Print Name: .....

Date: .....