

## **CAMBRIDGESHIRE AND PETERBOROUGH LOCAL PHARMACEUTICAL COMMITTEE**

MINUTES OF THE LPC MEETING HELD ON 14/01/2009 AT BRAMPTON PARK GOLF CLUB,

### **1. WELCOME - TC**

Tim Coaker (Chair) welcomed members to the meeting.

### **2. APOLOGIES & ATTENDEES - SB**

#### **Attendees**

|  |                                   |
|--|-----------------------------------|
| Tim Coaker (TC) (Chair)                        | Shabbir Damani (SD) (Vice chair), |
| Rita Bali (RB) (Executive Development Officer) | Meb Dattoo (MD)                   |
| Tim Richards (TR)                              | Hina Patel (HP)                   |
| Evelyn McKenzie (EM)                           | Kumar Ladva (KL)                  |
| Anil Sharma (AS),                              | Kassim Kurji (KK)                 |
| Susan Brydon (SB) (Administrator)              |                                   |

**Apologies:** Alister Huong (AH), Cherie Aronson (CA), Peter Schofield (PS), Alan Miller (AM) (Treasurer) Ron Smith (RS), Dhiren Bhatt (DB)

The meeting was quorate.

#### **Guests**

Kelvin Rowland-Jones (KRJ) Principal Pharmacist - CP Services, NHS Cambridgeshire  
Jenny Booth (JB) Commissioning Service Improvement Manager NHS Cambridgeshire

### **3. DECLARATIONS OF INTEREST - TC**

There were no declarations of interest made at this point. It was noted that there would be declarations of interest in item 10, contract applications.

### **4. CCA REPORT**

A CCA member will complete a report on this meeting and send to the CCA.

**Action: HP to complete and send off the CCA report for this meeting.**

### **5. MINUTES OF THE PREVIOUS MEETING - TC**

One correction was made to Appendix B to 14<sup>th</sup> January meeting, under correspondence out: - "10/12/08 Letters to MPs inviting them to PSNC dinner, March 2008" should read March 2009.

Minutes of the LPC meeting on 05/11/08 were accepted by the committee as a true record and signed by TC.

Minutes of the additional LPC evening meeting on 26/11/08 were accepted by the committee as a true record and signed by TC.

## 6. MATTERS ARISING FROM PREVIOUS MINUTES – TC

### Item 6, Enhanced Services Payments

Maggie Brown (MB) has asked for an LPC representative to attend a meeting with the PCT and Anglia Support Partnership to discuss the payment issues. TR will attend this meeting and any subsequent.

**Action: SB to inform MB that TR will attend any meetings on payment issues.**

### Item 10, 05/11/08 Addaction and Peterborough Misuse Service

RB is aware through contact with Kathy Humphries (KH) and Karen Kibblewhite (KK) that some Peterborough pharmacies have not been paid for up to 10 months for the supervised consumption service.

**Action: RB to contact KK to offer LPC help in administration of the service in pharmacies if there is a need and check that everything is in place for the service.**

SD highlighted some issues with payments for Pharmacy First and also availability of prescription forms from the PCT (he was told that once the first 10 forms provided in the start up pack for the scheme had been used he would have to print off his own).

**Action: SB to add item to next newsletter asking contractors to let LPC know if they have any issues over payments for services.**

### Item 15. Mosaic Media Organisation Presentation

SB confirmed that Mosaic is happy to provide services on an ad hoc basis.

## 7. TREASURER'S REPORT –

SB circulated the report from AM in his absence.

“Balance of the account on 31/12/08 was £98,002.31 less uncleared cheques of £5,878.06 leaving a new balance as of 12/01/09 of £92,124.25 which I know is too high but caused by several reasons including we budgeted for a large event which did not take place, also we expected a reduction in contractor levies which did not happen. Our spend to date this year is about £80,000 and by the year end should be about £110,000 or £120,000, meaning our account should have a balance of about £60,000. Use of the approximate £30,000 over will depend on plans for spending for next year. I think that if the committee decide to give contractors a holiday on payments then it would be better done when a new treasurer is in place.

AM asked that members bank their expense cheques as quickly as possible particularly towards the year end in March. At the moment there are 14 uncleared cheques.

Discussion followed on a query on remuneration for committee members for time spent on LPC activities. AM had forwarded some advice. As AM reported to the Strategy Group meeting on 05/12/07, members of the committee are not employed by the LPC and therefore cannot be paid. They are paid expenses and can be paid honoraria (e.g. treasurer and Chair), they may also be paid allowances but these must be declared and not as locum payments. Locum payments should only be used to pay for the person taking a member's place whilst on LPC business, not as payment to a committee member. Members of the committee should neither gain nor lose by being a member. If an employed person is not able to take their day off for any reason then it is counted as time owing and not paid for in normal circumstances. AM had said that the committee must decide what is the way forward and he must be told how to report monies, or should he say allowances, paid to committee members

TC said that PSNC had included an item in a newsletter on LPCs holding too much money and that it shouldn't be more than £50,000. AM's report indicated the funds would be about £60,000 at the end of March and the question is what to do about this. Suggestions included an event for contractors, administration cover if the LPC monitors schemes, other items for contractors, and a possible MUR support event.

The committee agreed to keep the balance of the account as it is for now in the light of possible proposals. It was suggested that in the next newsletter contractors are asked what event/training/support they would like to have provided.

**Action: TR to speak to AM about claiming for time spent on LPC activities.**

**Action: SB to add item to next Strategy Group meeting agenda on remuneration for LPC activities to finalise the future arrangements. SB also to add an item to full LPC meeting agenda in March.**

#### Treasurer's Position.

AM has said that he will resign as treasurer in the coming months. TR had put himself forward to take on the role.

MD proposed that TR should be the new treasurer, HP seconded. Therefore the committee agrees that TR is the new treasurer as and when AM leaves.

There will be a hand over period from now until AM leaves, probably after the next AGM.

Item 8 was moved down the agenda

## **9. SERVICES UPDATE - RB**

RB circulated a draft checklist of criteria for services. She had looked at what other LPCs have, in particular Essex, and had looked at the NPA evaluation toolkit and had gained further information at the PSNC Proposing Bids seminar. She would like a framework to evaluate services. RB asked the committee to review the checklist. EM and SD offered to work with RB on developing the checklist.

Discussion took place around the criteria important in developing and evaluating a service from the contractors' and LPC's position.

RB said there should be a contractor event in 2009. SD said there should be different events for Peterborough and Cambridgeshire. The PCTs could have time at the event to reinforce the ongoing schemes. TC said the committee had to be aware of the issue of essential services and an event on that might be needed first.

**Action: SB to add item to next Strategy Group meeting on an event on services for contractors.**

**Action: RB, SD, EM to work on the criteria checklist for services. RB to ask Essex LPC if the LPC can use their kite marking scheme.**

#### Timeline 2009/2010 Cambridgeshire PCT

Cambridgeshire PCT had drawn up the 2009/2010 timeline. The LPC had requested one event/activity per month. KRJ had asked RB if the committee would be happy with 2 events in January or February 2010 if they moved the clinical governance event from July 2009. The LPC felt this was acceptable.

#### Minor Ailment Scheme NHS Cambridgeshire

Carolyn Warburton had forwarded the latest draft. SB had emailed it to members for comments which had been fed back to Carolyn. There will be a threshold of maximum numbers. The PCT will look at numbers on a case by case basis. The scheme is aimed at helping service provision for Out of Hours (OOH), Sundays and deprived areas.

At this point TC introduced Kassim Kurji (KK), the new independent contractor member on the LPC. KK is a contractor in Peterborough, at City Pharmacy, Lincoln Road.

#### Rota Proposal

KRJ had responded to RB on the LPC OOH proposal. His concerns were over justification for opening 2 hours on Christmas and Boxing Day. The PCT would have a fixed hour payment but would be flexible on 2 hours if the pharmacy felt there was a need. The committee felt there is a need for more than 1 hour opening. KRJ had also queried the proposed hourly fee for Christmas Day and Easter Sunday particularly if the pharmacies were to be open for 2 hours. RB said KRJ might raise these issues under item 12.

The issue of 100 hour pharmacies was raised. KL had spoken to KRJ on closing of 100 hour pharmacies for training purposes. He had been told that they can't close in their contracted hours for training. The Responsible Pharmacist proposals could change this situation.

#### Peterborough Stop Smoking Campaign

TC had received a letter to the LPC from Dr Andy Liggins (AL) on the advertising of the January stop smoking campaign, with reference to the LPC complaints on the 2008 campaign and with information on the 2009 campaign. TC said Hampton Boots had been very busy this year with the campaign, Boots in the centre of Peterborough less so. MD said that the initial impression with the campaign and the vouchers in particular is that it is a Boots campaign due to the prominence and use of the Boots logo. SD also expressed concern on this and possible directing of services.

KK expressed concern over the emphasis that multiples receive with services. TR said that something on this issue could be included in the services criteria checklist.

**Action: TC to write to AL to express the LPC concerns over the Boots logo on the Peterborough Stop Smoking promotion and the emphasis on Boots in the radio advertising. The letter will be circulated to the committee for review.**

#### PEC Vacancy

There is a vacancy for a professional member on the Peterborough PEC.

#### Pharmacy First, Peterborough

RB had told NHS Peterborough that it is timely to review the Pharmacy First minor ailment scheme. She had also said that all services should have an annual retainer. KK pointed out that the new form for Pharmacy First says registration fee, not retainer. He had had to chase for payment for the scheme. There is a need to clarify various areas of Pharmacy First, such as Vat on the drug costs. It was suggested that the prices be reviewed every 3 months because some are category M items.

#### EHC, Peterborough

RB will ask for the current status of how the Peterborough EHC scheme is going. SD said the PCT is waiting for its promotional information to be ready. TC said there was a need to make sure that pharmacists were not judgemental.

## **8. COMMITTEE MATTERS**

(this item had been moved down the agenda)

### IT equipment

After discussion it was agreed that a projector would be useful to the committee, both in meetings and events. To hire one costs £50 per session. They are approximately £500-£600 to buy. A screen might be included free.

There is also a need to buy a laptop for the treasurer.

**Action: SB to look at offers for laptops and projectors, aiming for a similar level of cost for the laptop as for the administrator's previously.**

### Website

SB said there was a need to update the website. Members had previously been asked to look at the PSNC portal option. This has some automatic feeds from PSNC of news and also provides statistics on traffic etc. It is a free service. SB will liaise with KK on options for the future of the website.

### LPC Conference and PSNC Dinner

The committee agreed that members should attend if MPs were going to be there. 5 of the 7 MPS for the LPC area had sent their apologies.

**Action: HP to contact Malcolm Moss MP and Steven Barclay, the prospective parliamentary candidate for Malcolm Moss' seat, to ask them to attend the dinner. SB to contact Andrew Lansley's office.**

### Mailings

SB was aware that LPCs are receiving bulk mailings of advertising material to their members. Although one or two items have come through this has not been a major problem as yet. SB asked the committee what should be done with these. The agreement was to throw these away unless anything of importance or relevance was received

### Meeting Dates

Members had been sent the updated dates of 2009 meetings.

**Action: Members were asked to let SB know if they couldn't attend any meetings.**

### Salaries

Item to be carried forward to after item 12.

## **10. CONTRACT APPLICATIONS**

(This item was moved down the agenda)

## **11. Current Issues**

(This item was moved down the agenda)

## **12. NHS CAMBRIDGESHIRE UPDATE – KRJ, JB**

Papers for this item had been previously circulated by email.

### Nicotine Replacement Voucher

Under this scheme dentists will be able to issue a voucher for patients to take to pharmacies. Public Health has also recruited a telephone agency who will provide counselling, also using

community pharmacies (CPs) for issuing of the NRT. 26 CPs want to take part with a good spread across the county. There is no firm launch date as yet.

#### Chlamydia Screening

KRJ is writing the PGD for this and asked for comments from the LPC on the draft. Anaphylaxis training was discussed. Nurses have to have this training for their PGD. RPSGB guidance is that CPs should be able to deal with anaphylactic shock and administer adrenalin. The LPC agreed that a reminder should go into the PGD. EM said Tesco CPs administering the flu jab have to have training for anaphylactic shock. RB suggested KRJ looks to see if there have been any incidents to date with the relevant drugs.

Discussion followed on whether U16s should be treated. NHS Cambridgeshire may not include them, although the scheme allows for it. The Peterborough scheme is for 13s and over, using the Fraser guidelines.

The Chlamydia Screening Service needs details of when treatment has been given or not, returned to them on an individual basis. KRJ will adapt the assessment form so that all the information needed by the Screening Service is on one side and can be faxed. A unique reference number will be issued by the Service so no name and address details appear on the form.

KRJ will look at the issue of stock in the service specification.

The timescale for this scheme is April 09 at the earliest.

**Action KRJ to liaise with TC and RB on the progress of the PGD.**

**Action KRJ to send the Chlamydia screening service specification to SB**

#### Minor Ailment Scheme, Cambridgeshire

The PCT is aiming for March 1<sup>st</sup> for the launch. However the head office is moving from Ida Darwin to near the station in Cambridge which may delay the scheme. The medicine management team's new contact number isn't yet known and will need to be on the scheme paperwork.

There is a £70,000 total budget for the service. The PCT is suggesting the service is open to all 93 CPs therefore there can be up to 200 consultations per pharmacy over 13 months. Consultations will be reviewed quarterly and allocations will be moved from CPs not participating to those that are.

SD expressed concerns over the situation for CPs when the finance stops and they have to deal with patients requesting an unavailable service.

KJ said it would be useful to have the actual benefits data of the Peterborough scheme.

The LPC opinion is that the PCT needs to review the CPs participating and increase the number of consultations for those doing a lot as soon as possible.

KRJ said the clinical governance events in February would cover the training and administration of the scheme, not clinical aspects.

#### Pharmacy Timeline, Cambridgeshire

The LPC agreed that the July 2009 clinical governance event could be moved to January or February of 2010, even though the aim had been to avoid having more than one event in a month.

#### Contract Monitoring, Cambridgeshire

Cambridgeshire are half way through the contract monitoring for the year. They aim to finish by the end of February. TC asked to work with KRJ on moving forward on the contract and essential services. KRJ said they had seen some very good CPs. NPSA/MHRA alert files are poorly kept, reminders are needed. The 2009/10 phase of contract monitoring should start September 09. The PCT will be looking at post payment verification of MURs, quality of MURs and quality of public health campaign returns.

#### Public Health Campaigns

The November 08 antibiotic campaign has had an 82% response so far, the remainder will be chased soon.

#### Clinical Governance Events

These will cover the minor ailment scheme and the March public health campaign on smoking cessation. The audit topic for April is methotrexate. The PCT may link this into the dispensing doctors' audit, into secondary care and GP practices as a whole.

#### Rota Proposal

KRJ gave his response to the LPC out of hours rota proposal:-  
He said the suggested fee was unreasonable to the PCT. TC outlined the costs of opening on Boxing Day, particularly for supermarket stores who had to provide security and other staff. KRJ suggested a joint working party to take it forward. RS is happy to meet with Helen Lucas of ASP. TC and RB will attend any meeting.

**Action: KRJ to liaise with TC and RB via SB on moving forward the rota proposal**

#### Community Pharmacy Conference 2008

KRJ had attended. Areas covered included World Class commissioning and how PCTs will work with pharmacists on this; management of services – there will be guidelines published on advanced services; PCTs need robust PNAs which will be more important as they develop enhanced services.

TR asked for an update on the MAR charts scheme. RB will be meeting with KRJ and Ann Darvill soon.

KRJ said at a CATCH meeting with GPs they were very enthusiastic about the pharmacy EHC scheme. The only complaint was there wasn't enough coverage in East Cambs & Fenland.

KRJ said the Wisbech clinical governance meeting had been moved to January 27<sup>th</sup>.

#### NHS Cambridgeshire PNA - JB

Jenny Booth (JB) Commissioning Service Improvement Manager NHS Cambridgeshire

JB introduced herself and said her main role is in hospital acute planned care. As part of her Masters degree she is working on the PNA. She outlined the process she is going through. The end document will be dynamic and will need maintaining. She is setting up steering groups. RB will attend if she can. SD will try to attend the first meeting on 17<sup>th</sup> February as RB can't make that one. JB said she will feed any questions or comments from the LPC to other groups when she meets with them. Questionnaires will be sent out as part of the process.

The LPC highlighted the following areas as being important:  
Mapping what is already there, identifying needs, willingness to provide.

TC said the PNA is very important to the LPC because of control of entry, commercial issues and provision of services.

JB would like to co-ordinate with bordering PCTs such as Peterborough. RB suggested she speak to Katherine Humphries.

JB said a common theme was that there should be links with GPs for co-ordination of services to ensure effectiveness.

JB will liaise with SB to inform on progress of the PNA.

KRJ and JB were thanked and left the meeting. The rest of the meeting was conducted as a closed session.

## **10. CONTRACT APPLICATIONS**

(This item had been moved down the agenda)

### Ely

Declarations of interest were made by: EM, AS, TC, TR

*Full application from St Mary's Healthcare Ltd for inclusion in the Pharmaceutical List at St Mary's Street Surgery, 37 St Mary's Street, Ely*

The Pharmacy Committee decision has been appealed.

The LPC will reinforce its position to not support this application. There is now a 4<sup>th</sup> contractor in the Ely area with a 100 hour pharmacy so there is even more choice, out of hours access and additional provision of enhanced services for the area. The LPC has concerns over the log of instances presented by the applicant which showed when local pharmacies were unable to fill patients' prescriptions. The LPC notes that a number of these items were under manufacturer's delay or had supply chain issues and therefore availability of these items would have been difficult for any pharmacy or dispensary. The committee also felt that 45 patient questionnaire responses were not sufficient as a representative sample of patients' views.

### Bassingbourn

Declarations of interest were made by: AS

*Full Application from Butt & Hobbs Ltd T/A Hobbs Pharmacy for inclusion in the Pharmaceutical List at Bassingbourn Surgery, Spring Lane, Bassingbourn*

*Preliminary Consent Application from Mr A Sharma (Medicines 4 U) for inclusion in the Pharmaceutical List at High Street, Bassingbourn*

The LPC continues to support the need for provision of full pharmaceutical services in the area due to the lack of a pharmacy in the vicinity and the barriers and distances involved in accessing the nearest pharmacies.

The LPC continues to support the application from Mr A Sharma over Butt & Hobbs for the reasons previously stated in their letter of 5<sup>th</sup> September, namely the longer proposed opening hours, including Saturday and the indication that enhanced services can be provided immediately whereas accreditation for services had not yet been gained by Butt & Hobbs.

### Newborough

Declarations of interest were made by: MD

*Preliminary Consent application made by Mehboob Dato for Inclusion on the Pharmaceutical list within Newborough*

The appeal against the PCT decision not to grant the application was upheld. (Application allowed).

### Farcet

*Repeat Prescription Orderline Ltd Application for Preliminary Consent Prior to Inclusion on the Pharmaceutical List ,Farcet,*

An oral hearing took place on 8<sup>th</sup> Dec, attended by PS and SB for the LPC. The appeal has been allowed. (Application allowed).

### Classification of Cambridgeshire Villages

The contract application group had considered the latest batch of 29 areas for classification as controlled (rural) or non-controlled (urban) and presented their comments to the full committee. The views of the sub-committee were endorsed by the full committee. The LPC comments will be sent to Anglia Support Partnership (ASP).

LPC considered the following areas to be controlled in nature:

Ashley, Kirtling, Stetchworth, Dullingham, Landbeach, Horningsea, Reach, Lode, Swaffham Prior, Swaffham Bulbeck, Fen Ditton, Stow-cum-Quay, Little Wilbraham/ Six Mile Bottom, Great Wilbraham, Brinkley, Westley Waterless, Burrough Green, Castle Camps, Shudy Camps, Horseheath, West Wickham, West Wrattling, Western Colville, Carlton

LPC considered the following areas to be non-controlled in nature:

Balsham, Teversham, Bottisham, Cheveley and Woodditton

**Action: SB to send the LPC comments on the appeals in Bassingbourn and Ely and on the classifications to ASP.**

## **8. COMMITTEE MATTERS**

(this item had been moved down the agenda)

### Salaries

SB and RB left the meeting whilst their salaries were discussed.

Salary increases were agreed by the committee.

It was felt by the committee that RB had handled her role well and was proactive with other LPCs and PCTs. The LPC is very happy with the way RB works on behalf of the committee and not the other way round. RB said she would like even more input from members. TC said that SB had exceeded the performance expectations of the committee.

### Honoraria

TC left the meeting whilst his honorarium was discussed. SD chaired the session. SD said that TC's leadership had pulled the committee through changing times

An honorarium was agreed. This was proposed by TR and seconded by MD.

The LPC noted the lack of claims from TC for attendance at meetings. When TC returned SD asked him to submit expense claims.

AM's honorarium was discussed. In the previous year an honorarium specific to him was given. This is to be AM's last year as treasurer and this should be recognised. The amount should reflect and recognise his long years of service to the LPC. An honorarium was agreed, proposed by SD, seconded by MD. This will be paid in full if AM leaves before a full year has passed.

**Action: SB to add the new treasurer's honorarium as an item on the February Strategy Group agenda**

Discussion followed around locum fees paid for by the LPC and whether the limit should be increased.

**Action: SB to add locum fees paid for by the LPC as an item on the February Strategy Group agenda**

**11. CURRENT ISSUES**

(This item had been moved down the agenda)

The deadline for the responses on the current draft of the new LPC constitution is 20<sup>th</sup> February 2009. A further consultation on the responsible pharmacist is due out early in 2009. Both items will be carried forward to the next Strategy Group meeting

**12. AOB**

SB circulated information on some upcoming events:

Healthcare Service Suppliers' Conference on the Cambridgeshire-wide Integrated Diabetes Service.

NCAS Annual conference

Preregistration tutor course at Hertfordshire University – the committee decided not to advertise this course.

**DATE & TIME OF NEXT MEETING**

Wednesday 18<sup>th</sup> March 2009 at Brampton Park Golf Club. **Please note this is a daytime meeting. There will be 9.00am coffee for a 9.15am start.**

**The meeting closed at 5.00pm**

Minutes agreed : .....

Print Name: .....

Date: .....