

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

MINUTES OF THE LPC MEETING HELD ON 18/03/2009 AT BRAMPTON PARK GOLF CLUB

### **1. WELCOME - SD**

Shabbir Damani (Vice-Chair) welcomed members to the meeting.

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

#### **Attendees**

Shabbir Damani (SD) (Vice chair),	Cherie Aronson (CA),
Rita Bali (RB) (Executive Development Officer)	Meb Dattoo (MD)
Tim Richards (TR)	Alister Huong (AH),
Evelyn McKenzie (EM)	Kumar Ladva (KL)
Alan Miller (AM), Treasurer	Kassim Kurji (KK)
Susan Brydon (SB) (Administrator)	Matthew Chan (MC) (Pre registration student accompanying Rita Bali)

**Apologies:** Tim Coaker (TC) (Chair), Peter Schofield (PS), Hina Patel (HP), Anil Sharma (AS)

The meeting was quorate.

#### **Guests, open session**

Ron Smith (RS), Kelvin Rowland-Jones (KRJ), Alison Heath (AH)

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

MC was asked to fill in a confidentiality agreement as he was attending the closed session part of the meeting. The committee agreed it was important and useful for reinforcing professional development for pre-registration students to see the workings of a full meeting.

Updated confidentiality agreements were signed by all members present

**Action** SB to ensure absent members sign updated confidentiality agreements as soon as possible.

There were no declarations of interest made at this point. It was noted that there would be declarations of interest in item 11, contract applications.

TR will update his declaration of interest at the next LPC meeting.

### **4. CCA REPORT - SD**

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

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

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

*Item 7, Page 3, Treasurer's Position.* An amendment was made to AM's leaving details as follows: AM will not be leaving at the AGM but at the financial year end (March 2009). He will still attend the AGM and the July meeting.

Minutes proposed by TR, seconded by MD, signed by SD

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 – SD**

### Item 62, page 2, Enhanced Services Payments.

TR is expecting to hear from Maggie Brown (MB) about a date for a meeting. There has been some progress, MB will put the PPD 6 digit code on claim paperwork to identify where the claim originated. RB said that at the Community Pharmacy Development Group meeting it was proposed to include payment on the PPD claim. Peterborough is also hoping to do this. This may be just a recording feature however there was concern that adding in a PPD step could delay payments by 2 months. KK had had no delay when using ETP.

The aim is for contractors to know what they are being paid for and to receive payment without delay.

**Action RB to check that payment won't be delayed if it goes through PPD.**

### Item 9, page 4, Peterborough Stop Smoking Campaign

SD, RB, MD, KK, AH declared an interest.

The letter from Andy Liggins (AL) was outlined. It included statistics on how patients heard about the scheme. Issues in the previous campaign were discussed. The current promotion has addressed issues. The flyer for No Smoking Day has a full list of participating pharmacies. RB wants to meet with AL to move forward on this and public health as a whole. The committee want her to reinforce the strong LPC objections to what has happened and to try to obtain a formal response and apology in writing from the PCT. RB agreed to this and will include individual members' complaints if she is aware of them.

**Action: SB to copy to RB in order all communication with NHS Peterborough on the stop smoking campaigns.**

**Action: RB to arrange a meeting with AL to address the above concerns and progress from now. KK will also attend if able.**

## **7. Services Update – RB**

This item brought forward as RB has to leave the meeting at 12pm

### Audits

Cambridgeshire is carrying out an audit on methotrexate, Peterborough on non steroidal.

### PCTs

Malcolm Moss, MP for north east Cambridgeshire, is attending a meeting with Chris Banks, CEO NHS Cambridgeshire. HP had asked for feedback on questions for him to ask. Her suggestions on Category M savings to PCTs and MUR monies not spent were approved by the committee.

Angela Bailey (AB), CEO NHS Peterborough, is to be asked about a letter sent to PCTs on Category M money to be spent in pharmacy development.

**Action: RB to write to AB on the above issue**

#### Needle Exchange

Frontier is taking over the needle exchange service in Peterborough. There is to be a meeting on 24<sup>th</sup> March, 2pm.

**Action: SB to circulate information on the meeting to aim to get LPC attendance**

#### Administration of Services

NHS Peterborough had agreed that the LPC could do administration of the needle exchange service. They asked the LPC for a costing. It was suggested a non-member should do the work to protect confidentiality of contractor information. The admin time and treasurer's time need to be factored in.

**Action: TR to obtain the information on the Sheffield scheme.**

**Action: RB to contact PSNC for guidance on administration costs and provision.**

#### Training Event for Contractors

Astra Zeneca is willing to fund MUR training (aimed at those already doing MURs and wanting to improve the quality of their MURs). Quality of interventions and MURs is a focus for NHS Cambridgeshire. RB and TR met with Astra Zeneca. Their proposal is for 3 venues across the LPC area. NHS Cambridgeshire is not happy with industry funding events. It will be suggested that they can provide funding themselves instead. The suggested incentive of a fee to come to the event can not be provided, as clarified by AM. Contractors cannot be paid for attending a meeting/event. Reimbursements can be made against valid invoices. RB will check how other LPCs and PSNC deal with making payments to contractors.

The C&D MUR resource was recommended.

The issue of the administrative load for pharmacies was raised in relation to contract monitoring. Also of concern is patient confidentiality when MURs are checked in future.

**Action: RB to speak to PCTs on confidentiality when monitoring and looking at MURs and checking the correct procedures are in place.**

**Action: RB to check on how other LPCs and PSNC deal with making payments to contractors.**

#### Rota Proposal

RB and MD attended a meeting with ASP and the PCTs. Since the original LPC proposal was put in more 100 hour pharmacies have appeared, for example in Wisbech, so there is now no need for a rota for these places. The PCTs are to write to contractors to establish current the position with opening at Christmas and Easter. At the meeting RS said NHS Peterborough only needs Christmas Day opening. They want 1 community pharmacy only to open for 4 hours, suggesting £500 for that time with no negotiation on that figure. KRJ had said they would find out the current situation and on days when there were gaps they would look to fill them.

Feedback to the PCTs in the open session to be:

The LPC suggests a joint letter to contractors from the LPC and PCT to understand so they understand their position clearly. PCTs should ensure pharmacists have a claim form if they open on rota so their need to claim is clear.

2 points to raise with NHS Cambridgeshire in the open session are; there needs to be a good level of pay if pharmacies do open and there is no need to open if there is not a gap. Members queried if all community pharmacists have been paid for rota work, do all new pharmacists know they need to claim?

#### Pharmacy First (Peterborough)

Contractors had received a letter stating the new scheme would start in April. The LPC still had issues and negotiation is still happening. The PCT has moved forward without the LPC fully approving. The PCT had taken on board the LPC suggestions on the structure and content of the forms. Payment remains the same although RB asked them for review. There has been no increase in the retainer fee. The exit strategy (1 month only) is not acceptable to the LPC. The PCT should provide all paperwork needed. RB said there was no mechanism for pharmacy engagement in the PCT.

**Action: RB to arrange a meeting with AB to raise these issues and look at engagement with pharmacy in NHS Peterborough.**

#### Conference Feedback

- RB said that a message from the conference was that the PNA is to be very important. Jonathan Mason (Pharmacy Czar) spoke. He has done work in City & Hackney who commission well.
- 73% of community pharmacists are doing MURs.
- NHS turnover is 95% of pharmacy turnover
- Update on the motions will be available from the PSNC over the year

**Action: RB to draft a letter of thanks to Malcolm Moss MP and Steven Barclay for attending the PSNC dinner.**

#### Connecting for Health (CfH) Event – “Medicines Management – Creating the future”

EPS- Community pharmacies need to be sure they can use EPS as EPS2 is on the way.

**Action: SB to add item to newsletter on EPS**

**Action: SB to liaise with RB on drafting a letter to contractors saying the LPC wants to do something to help them engage in ETP.**

NHS Email - The LPC feels it would be an advantage for contractors to be able to communicate with GPs on a 'secure' email address.

HealthSpace – an online free service for patients. Access to the service might need to be available in pharmacies.

If any members want a URL address for this CfH event they should contact RB

**Action: SB to add a reminder in the newsletter that Patient Questionnaires are due to be sent to the PCT in Peterborough by mid April.**

## 8. TREASURER'S REPORT - AM

AM presented his report

Balance of the account on 27th February was £96,310.76 less uncleared cheques leaving a balance as of 16/03/09 of £93,932.26

This year we have spent to date £93,251.35 which is £7,764.00 more than we will receive this year except for maybe a small amount of bank interest.

We expect to spend about another £1,200.00 to the year end which will leave us with an overspend of about £20,000.00 which, although it sounds a great deal, is as planned as we need to reduce our bank balance to about £45,000

To other matters, after my visit to the treasurers conference I came back with several items of protocol which we have somewhat corrupted.

Committee members are not employed and therefore cannot be paid, however they can be given an allowance towards expenditure which was at the time £250.00 per day and £180.00 overnight. These allowances were to cover all expenses of cost of courses plus meals and overnight accommodation, and Inland Revenue agreed with these figures. However when I spoke to Mike Dent recently he is not sure that this is really above board. LPCs can more or less do what they wish providing it is legal and we launched our expense policy with certain criteria in mind. All locum costs for attendance at meetings may be claimed providing they are reasonable. If a member attends a meeting on their day off they may claim up to £250.00 but this is where problems occur with tax and N, we are now in a grey area. Committee members should neither gain nor lose by attending any meeting etc. Employed members attending meetings on their day off should claim the day off from their employer to avoid problems similarly locum pharmacists not working on a meeting day should try to obtain work for that day and the LPC will pay the locum and not the member. Regarding the position of treasurer:- because Tim is a member of the committee he can obtain locum cover for work he does in his position and it may be better for him to do this and claim all his expenses as he should not be paid an honorarium and claim expenses.

AM requested for people with uncashed cheques to please cash them and inform AM that they had done so.

AM made a proposal that bills /invoices should come from the contractor not member personally. The contractor issues an invoice to the LPC for the locum costs incurred for sending that member to the meeting. It is not a personal claim for time.

The committee approved this proposal

Proposed by EM

Seconded by KL

**Action: SB to make an amendment to the LPC Expenses Policy to reflect this proposal**

AM said that the rate of £250 per day for locum cover could be flexible. It may need to be more or it may be less, the committee can approve the amount.

#### Event approval

HP had asked for approval and partial expenses for attending a cardio vascular (CV) pharmacy group event which is part of an ongoing commitment. The committee felt that if these meetings were of value to the contractors and therefore approved HP should attend in her capacity as LPC member and receive full expenses from the LPC, including membership of the group.

**Action: SB to get clarification from HP on the group and meetings**

RB and AH are attending an East of England SHA event on CV checks.

NHS Cambridgeshire and Peterborough are thinking of doing the minimum on CV. This is not an isolated opinion.

#### Treasurer Position

TR was asked to think about the options available to him for remuneration as outlined by AM in his report.

AM said he would miss the LPC when he leaves.

### **9. COMMITTEE MATTERS - SD**

#### Remuneration for time spent on work done

There was a query as to whether members could be paid for the time spent on for example contract applications. AM said that if the work took them away from their work then the employer should be paid for the locum needed to cover that time and should submit an invoice. The issue raises the philanthropic element of being on a committee.

**Action: SB to amend the LPC Expenses Policy and send to the committee.**

#### Staffing

This item carried forward to the next Strategy Group meeting

#### Hardware

TR had bought a projector and screen and ordered a laptop and accompanying software and accessories, all within the allocated budgets. AM will sort out the insurance.

**Action: SB to provide AM with an updated list of assets.**

#### LPC Yahoo Group

TR outlined the Yahoo Group set up for LPC members only to communicate. SD said ownership should be with the LPC not an individual. TR will administer the group.

#### Lite FM

RB will be on Lite FM with Ruth Kent from NHS Peterborough on 6<sup>th</sup> April.

#### Postage Costs

SB had looked at whether Freepost would provide any savings on postage when asking for responses from contractors. At the current level of postage activity Freepost would be more expensive and not viable. This will be kept under review.

#### Website

It is agreed to change to the PSNC LPC portal for hosting the website. KK will work with SB on moving and setting up the new website.

### **10. CURRENT ISSUES - SD**

SD fed back on the NHS Cambridgeshire PNA Steering Group meeting. They had asked the LPC what services the LPC would like to see delivered through pharmacy. Suggestions included The scope for PGDs could be increased, oral contraceptives, Flu Vaccinations, more pharmacist driven services. The PNA pharmacy questionnaire was to be sent to the LPC for review – it has yet to arrive.

CA had joined the hospital interface group as described by her at the previous meeting. The group meets quarterly.

**Action: SB to get the Leeds LPC point of view on the anti coagulation service run with Leeds Hospital as a joint project.**

## 11. CONTRACT APPLICATIONS – SB

Since the previous meeting the following contract applications had been reviewed by the committee.

The LPC appeal on the PCT classification of Teversham as controlled had been sent to the NHS Litigation Authority

Wisbech Tesco 100 hour exempt application – LPC comments had been sent to ASP

Wisbech, Repeat Prescription Orderline Ltd – LPC comment that it did not support this application had been sent to ASP. SD declared an interest

Peterborough, Thorpe Road, Preliminary Consent Application, Repeat Prescription Orderline Ltd – LPC comment that it did not support this application had been sent to ASP. SD declared an interest

Peterborough, North Bank/Eastgate, Preliminary Consent Application Repeat Prescription Orderline Ltd – LPC comment that it did not support this application at the present time had been sent to ASP. SD declared an interest

Over, Preliminary Consent Application, Appeal by Repeat Prescription Orderline Ltd. LPC comment that it continued to support this application had been sent to the Litigation authority. SD declared an interest

Bassingbourn, Preliminary application by A Sharma, Appeal had been allowed

Cambridge, Petersfield Pharmacy, Minor relocation. TR declared an interest. The committee discussed the application.

**Action: SB to find out from ASP about the previous minor relocation application at this site and to find out whether a minor relocation has to be to a specified premises.**

**Action: SB to put contract application item earlier on the agenda in future**

## OPEN SESSION

PCT representatives were welcomed to the meeting and introduced to MC (RS, KRJ).

## 12. NHS CAMBRIDGESHIRE UPDATE - KRJ

Contract monitoring for 2008/09 had been completed. For 2009/10 self assessment forms would be sent out in May, visits will probably be in a similar order to last year. KRJ corrected January minutes in that visits would start in the summer holidays, not September. KRJ is working with RB and Andrew Jones (AJ) (PEC pharmacist) on areas for contract monitoring. Guidance will be sent to contractors with the self assessment forms. They are looking at what to actually do when poor performance is found, such as withdrawing the right to do MURs or enhanced services, or stopping practice payments. SD asked the PCT to contact the LPC if a community pharmacist needed support on the contract.

Minor ailment Scheme was launched in March. There had been good attendance at the clinical governance events. There had been a problem with the registration cards order which should be with contractors by the end of March

Chlamydia screening training is ongoing. Events have averaged attendances of 70.

MAR chart service introduction is going more slowly than hoped. They are looking at a pilot in Wisbech. The PCT is only paying for MARs set up with Cambridgeshire Community Services.

Audit 2009/10 is to be methotrexate prescribing. They are trialling with community pharmacies in March and Ely. Safeguard steps in computer systems were discussed. The PCT will strongly recommend that the dispensing doctors under the DSQS (Dispensing Doctors' Quality Scheme) do methotrexate audit but can't direct them to. The issue of 2.5 versus 10mg doses of methotrexate was raised. Having a stock of two doses could pose a risk. KRJ said although Easter fell in the audit period it was the only time to do it.

Warfarin, work from that audit is continuing, with work with Addenbrookes hospital producing a joint paper.

Connecting for Health event Medicines Management - creating the future  
KRJ had attended with RB MB and AJ. The LPC would like the PCT to consider setting up NHS email for pharmacists. This is a good way to send secure data.

**Action: SB to check with KRJ and RS on setting up of NHS email if pharmacists request and add an item to the newsletter.**

Cardio vascular checks, the D of H service should be in place by the end of 2010. Public health will introduce a vascular risk check, co-ordinating with GPs and supported by community pharmacists where possible. Guidance should come out of the East of England SHA vascular checks event on Tuesday 24<sup>th</sup> March. A project manager has been assigned to primary care and will work with the pharmacy team to co-ordinate work between GPs and CPs. A question was raised over enthusiasm in primary care for vascular checks. Direction is coming from the DoFH. There will probably be a pilot in March. There will be targeting to ensure a certain percentage of the most deprived population is checked each year. RB fed back from the PSNC training event on vascular checks. PCT uptake around the country is very variable. A question is what happens with the results. Checks will result in more people being identified with conditions, which may increase GP workload. The real work will be in providing lifestyle advice. The government is giving an extra £250 million per year to PCTs for vascular checks. Some PCTs are already doing checks. A lot are screening. PCTs are working GPs to identify those at highest risk.

Rota proposal. RB gave LPC feedback to KRJ as follows:

- The LPC is happy with times of opening.
- The LPC is happy looking at need.
- If they want one pharmacy opening, that is the PCT's choice
- The LPC is concerned with insistence on providing EHC, as some CPs may not want to offer it. If there is high demand for EHC, this could take CPs away from other activities and might require two pharmacists.
- KRJ was asked how many in the past had opened for rota and had not claimed.
- The proposed fees in Cambridgeshire were very little increased from the previous situation. Ron Smith said it was a 66% increase from Peterborough PCT.

SD asked KRJ to send a joint letter to contractors from the PCTs and LPC. This will go via ASP.

**Action: LPC to contact a random sample of contractors to establish the cost to them of opening for 4 hours on a rota basis**

Repeat collection services. KRJ is seeing issues with pharmacies holding on to repeat scripts and other issues around repeat ordering. RB said care needs to be taken, as in her experience, the pharmacist is usually not at fault in these issues; it is often a communication breakdown. The LPC encourages the PCTs to ensure a consistent approach is taken to issues raised whether for GPs or CPs. RB recommended the NHS repeat dispensing scheme.

**Action:** SB to add an item to the newsletter on these issues.

Carer Strategy Demonstrator Site Bid Information Statement. NHS Cambridgeshire is submitting a bid to the Department of Health. They would like LPC representation on the 20<sup>th</sup> April 2009.

### **13. NHS PETERBOROUGH UPDATE - RS**

PNA. This was updated last year. The PCT is looking at guidelines. They think it should be part of the Joint Strategic Needs Assessment. The PCT will be looking at how to proceed, including LPC representation.

Contract monitoring. This is being done over the summer. Self-assessment forms will go out in the next 6 weeks. Similar issues to Cambridgeshire, such as completing public health campaigns, etc.

EHC. The scheme was started at the end of 2008. 12 CPs are providing the service. Advertising has started and more is planned. The PCT proposes at least 3 more CPs in the scheme. There will be more training.

£6000 had gone to 3 CPs to deliver implementation and consultation areas or to upgrade existing consultation areas.

C Card use is increasing now that advertising has started. In response to a query from RB, RS is to check on claiming for the C Card.

SD suggested that advertising of services be circulated to the LPC to ensure that all contractors are treated equally. RS did not think that this would be acceptable.

PCT audit 09/10 will be on prescriptions for NSAID in older patients, probably running in May. RS asked for LPC feedback by then. The PCT had run an event for contractors on audits, covering topics such as what is an audit.

**Action: RS to send electronic copy of audit to SB to circulate for comment from LPC members.**

### **14. AOB**

SD introduced Alison Heath (AH) to the meeting. AH described concerns over claw back. Wholesaler discounts were eroded by agency deals, agencies were capping discounts. The monthly claw back is not changing but the deals are. AH would like to see claw back changing too. RB said that this issue was discussed at the PSNC conference, no solution has been offered by the PSNC.

**Action:** SB to approach the LMC to see if a joint letter from the LPC/LMC could be sent to the BMA/PSNC/DofH on this issue.

Complaints procedure changes (SB). The new regulations on this start in April 2009. Concern was expressed over the timescale of introduction. Part of the regulations requires an annual report from pharmacists and maybe this needs to be added to the contractual timeline.

SB asked members to help themselves to resources from NHS Cambridgeshire on the consultation on their Strategic Plan.

TR fed back clarification on VAT on services. If a service can only be done by a pharmacist then it is exempt from VAT. If the service is supervised by a pharmacist, then it is not exempt. There could be a question over whether when a service can be provided by a non-pharmacist it should be vatable but different HMRC areas deal with the issues differently.

**DATE & TIME OF NEXT MEETING**

Wednesday 13<sup>th</sup> May 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: .....