

Annual Report April 2012-March **2013**

Shropshire **Local Pharmaceutical Committee**

MEMBERSHIP OF THE COMMITTEE APRIL 2012-MARCH 2013

LPC MEMBER	TYPE OF MEMBER	NUMBER OF MEETINGS ATTENDED/POSSIBLE
Terry Harte * Chairman	CCA	10/10
Nicola Roe *Vice Chair	CCA	9/10
Jane Davies *Treasurer	CCA	10/10
Rob Alman *	Independent	7/10
Kath Briscoe	CCA	2/2
Lindsey Fairbrother	Secretary	9/10
Janet Gentle	CCA	1/3

John Gentle *	Independent	10/10
Martin Lunt *	Independent	6/10
Joanne McMurray *	Independent	10/10
Joan Neather *	CCA	8/10
Yogesh Patel *	Independent	10/10
Sue Pitt *	CCA	6/7
Philip Ryan *	CCA	8/10
Joanne Smith	CCA	2/6
Michael Taylor *	Independent	8/10

*indicates current member of LPC

These meetings are full LPC meetings and do not include the numerous meetings attended on behalf of the LPC by elected members.

Lynne Deavin Services Development Manager.

LPC NEWSLETTERS AND WEBSITE

The LPC produces a quarterly newsletter and a copy is sent to every Pharmacy in Shropshire and the Telford and Wrekin PCT area. The newsletter is also posted on our website. This can be accessed through the PSNC website – www.psnc.org.uk - click on 'LPC and regional websites' and select Shropshire from the drop down menu. Forthcoming event details and a booking form are on the website along with contact details for LPC members.

REMEMBER WE ARE HERE TO HELP YOU, THE PHARMACY CONTRACTOR, SO PLEASE CONTACT US IF YOU REQUIRE ANY

ASSISTANCE WITH SERVICES, CONTRACTUAL MATTERS OR JUST WANT TO CHAT ABOUT ANY IDEAS OR CONCERNS YOU HAVE ABOUT COMMUNITY PHARMACY.

THE YEAR IN SUMMARY

2012/13 saw the final implementation of the Government changes to the NHS with PCTs being replaced by Clinical Commissioning Groups, Health and Wellbeing Boards and Area Teams. The NHS commissioning boards have been redefined and one Area Team will cover North and South Staffordshire, Shropshire and Telford. This will cover **eight** Clinical Commissioning Groups and **four** Health and Wellbeing Boards. There will be one Local Professional Network.

Various models of Local Professional Networks have been tried, but the final version does appear to be different from that which we envisaged. It will have more of a management role. LPCs do not have a place as of right on this body but are not precluded. While officers of the LPC have attended training and communication meetings, we still do not have any detail on the membership or modus operandi of our cluster LPN.

Officers of this LPC have met regularly with our colleagues in North and South Staffordshire and initiated joint working. At the moment we have developed a proposal for influenza vaccination across the cluster and sought funding from the LETB for the training. We also regularly attend the Regional PSNC meetings to keep abreast of latest developments in the West Midlands.

It has proved challenging to maintain adequate contact with all these various bodies and develop working relationships. A number of officers and members of the various boards have not had any involvement with Pharmacy previously and developing those relationships is a priority for the LPC. It was within this background that the LPC business plan for the year was formed:-

1. ENSURE THE LPC IS FIT FOR PURPOSE

The LPC carried out the annual self evaluation and prepared the business and strategic plan to ensure we adapt to the changing environment.

The PSNC and CCA have been keen to see amalgamation of LPCs, but given the number of CCGs and HWBs present in the cluster it is difficult to see how such an arrangement might work without the local knowledge the present LPCs have in what is a very large geographical area. Originally, we were to be grouped with Hereford and Worcester, but that was changed to North and South Staffordshire. We have endeavoured to work closely with our colleagues sharing expertise and ideas. An alternative arrangement is a federated LPC with shared personnel and resources, but our close working arrangement seems to suit everyone at the moment.

An example of that working relationship is our membership of the Area Performance Screening Committee. This committee considers complaints concerning contractors which include Medical, Dental and Pharmacy Contractors. While attending these meetings is onerous when the majority of items considered do not involve pharmacy contractors, it is still important to attend and represent pharmacy interests. Thus we agreed a permanent individual to attend with suitable deputies and the proviso that should an issue to be discussed involve a contractor from an individual LPC, then a representative from that LPC would attend. This reduced costs while continuing to protect contractor interests.

Some local authorities are already stipulating that they will only deal with one provider for a service. This may mean the LPC has to find a way for contractors to provide services while claiming through a Limited Liability Company or a “Charitable Not for Profit Organisation”. At cluster level some investigation has already begun, but we need to see that models like the Derbyshire LPC model will work. At present the PSNC view is that the LPC cannot do this other than through an alternative arrangement. We need to wait until all options are clear and what the level of engagement is likely to be from contractors. Another option would be to use a third party to bid for services, similar to the Help to Quit arrangement. At present it is difficult to interest the new commissioners in new services and we try to protect those services we already have in place.

Since September new legislation governing pharmacy NHS contracts has been in place. A number of committee members had considerable experience of the intricacies of the old regulations and we were all faced with dealing with these new regulations. Consequently, several committee members undertook training provided by the PSNC to ensure that all contract applications passed to the committee are dealt with accurately, fairly and efficiently. Regulatory matters have in the past formed a significant workload for the LPC.

Due to the NHS changes the constitution had to be changed to reflect the new environment and allow the LPC to operate. The changes have been agreed at a special meeting called for that purpose and passed by the PSNC with others for final ratification.

The finances of the committee have been audited and there are adequate reserves. A budget has been formulated for the coming year. The PSNC has been under some pressure to evaluate the value to contractors of various LPCs given the level of levy each LPC raises. This LPC has one of the lowest levies and a decision has been taken to maintain the levy at the same level for next year. The levy has been unchanged for several years in spite of increased payments centrally to the PSNC. A copy of the financial report is attached giving further details of expenditure.

2. EFFECTIVELY REPRESENT CONTRACTORS AND ENGAGE WITH VARIOUS BODIES AT NATIONAL, REGIONAL, CLUSTER AND LOCAL LEVEL

The LPC has sent officers to PSNC conferences, Public Health Conferences, Regional Meetings and engendered cluster working. This has enabled the LPC to keep up to date with the rapidly changing healthcare landscape and ensure your views are represented.

At a local level, we do not have a member on the CCGs and HWBs, but are allowed to attend open board meetings. This is a significant increase in workload and we have appointed Lynne Deavin to the position of Services Development Manager to ensure we are represented at such meetings.

We have given a presentation on what Pharmacy can offer to the Shrewsbury HWB and look to provide the same for the Telford HWB.

3. DEVELOP PROFESSIONAL SERVICES.

We continue to support a number of professional services the LPC has helped to negotiate which are being provided by contractors:

- Emergency hormonal contraception has been extended via the PGD to include provision of EllaOne.
- Primary Eyecare Assessment Referral Service (PEARS). This service has been negotiated and is due to start
- A considerable effort has gone in to developing a proposal for pharmacies to provide a remunerated influenza vaccination service. At the moment we do not know if this has been successful.
- The Healthy Start Vitamins initiative has been continued in Shropshire and Telford.
- Following a meeting with our hospital pharmacy colleagues, changes have been made to the medicines discharge leaflet encouraging patients to make use of the MUR and NMS services provided by pharmacies. We would like to develop a proper discharge service, but the Shropshire CCG is trialling an in home service at the moment which by is limited in its scope.
- A Chlamydia screening and treatment service continues in Telford.
- A meeting has been held with Social Services with a view to an improved Pivotal provision for patients. At the present time there has been no further progress.

- An enhanced MUR service for asthma operates in Telford through fifteen pharmacies with extra payments organised through the LPC.
- Help 2 Quit continues to provide an income stream and more pharmacies have trained up consultants to provide the service. We were successful with the bid for the smoking cessation service for Shropshire.
- The substance misuse service was again a concern for the LPC with changes to personnel and locations. A new Service Level Agreement has been implemented for this year.

We continue to be concerned that several services available through pharmacies in other areas are not commissioned in Shropshire or Telford. While the financial climate that CCGs and HWBs operate in is challenging it is disappointing that patients and customers at our pharmacies cannot benefit from the services provided by pharmacies in other parts of the country.

4. PROVIDE SUPPORT AND TRAINING FOR CONTRACTORS.

A training evening was held to update contractors on the new entry and exit regulations for pharmacy NHS contracts. We also supported the training to enable contractors to meet service level agreements as well as professional topics such as diabetes.

Training on use of the Drug Tariff was provided. One pharmacy owner estimated that approximately £600 a month was being lost in each of his pharmacies due to incorrect endorsement of prescriptions. At a time of considerable cost pressures we cannot be complacent about a task that may result in lost revenue.

PharmaOutcomes was provided free of charge to contractors through the LPC and now it has to be paid for by individual contractors. Officers have been trained on the new format so that if it is linked to future service development we can support contractors.

The responsibility for the PNA is moving to the HWBs. We have reminded contractors to be vigilant in ensuring their relevant entries are correct as future pharmacy contract applications are measured against the PNA. The LPC will continue to have an overview of the PNA updates.

EPS 2 has still to be implemented in Shropshire and Telford. We continue to try to ensure that it is implemented in a sensible fashion.

5. SUPPORT HEALTHY LIVING PHARMACIES

A number of pharmacies gained Healthy Living Pharmacy status and they have outperformed their peers. Shropshire's performance was mentioned nationally. The government appears keen on the concept and is reviewing the data from the trials. Here in Shropshire it has proved difficult to promote the concept to the public due to the wide geographical area we cover and the lack of appropriate representation in key locations. We await a more definitive lead from the government before rolling the project out further.

6. COMMUNICATE AND ENGAGE WITH ALL CONTRACTORS

The LPC seeks to communicate effectively with contractors through a news letter. The PSNC has been updating its website and we have put a considerable amount of effort into revamping our website. It is our intention to make the website more user friendly and an up to date resource for contractors.

Pharmacy is always changing or at a cross roads and has been since any pharmacist has entered the profession. This year has seen very significant changes to the healthcare environment in which we operate. The challenge has been to ensure we adapt to this new environment and continue to meet the needs of the people of Shropshire and Telford. We continue to believe we will be successful in that endeavour.