



# West Sussex Local Pharmaceutical Committee

**Chairman:** D. Clark MRPS

Badgers Copse  
Hampers Lane  
STORRINGTON RH20 3HU  
Tel: 07900 581283  
[davidclark@btinternet.com](mailto:davidclark@btinternet.com)

**Chief Executive:** M. Mandelbaum, MRPS

8 Madehurst Close,  
East Preston  
West Sussex NH16 2TH  
Tel: 01903 786615  
[martin03mandelbaum@gmail.com](mailto:martin03mandelbaum@gmail.com)

## Minutes of the West Sussex LPC meeting held on Wednesday 8th November 2017 at 9.30am at The Old Tollgate Hotel, Bramber, West Sussex.

### 1. Officers at the Meeting

p	David Clark	(DC)	Chairman (Co-opted for MS&H)
p	Mark Donaghy	(MD)	Vice Chairman (AIM member)
p	Martin Mandelbaum	(MM)	Chief Executive (non member)
p	Alan Salter	(AS)	Treasurer (AIM member)

### Members at the Meeting

p	Yola Barnard	(YB)	CCA Member
pm	Sam Ingram	(SI)	CCA Member
p	C J Patel	(CP)	Independent Contractor
p	Julia Powell	(JP)	AIM member
pm	Nish Patel	(NP)	Independent Contractor
p	Gemma Staniforth	(GS)	CCA Member
p	Katharine Cox	(KC)	CCA Member
pm	Sanam Sarwar	(SS)	CCA Member
p	Karuna Askoolum	(KA)	CCA Member
p	Kevin Headington	(KH)	CCA Member

### Guests at the Meeting

p	Gillian Mandelbaum	(GM)	Minutes Secretary/Admin (non member)
p	Penny Woodgate	(PW)	Communication Senior Officer CPSS
p	Michaela Cassar	(MC)	Business Administrator CPSS
pm	Kevin Oliver	(KO)	NHS England – PPV Visits
apns	Robyn Kelly	(RK)	Lloyds Service Manager - Substance Misuse.

p	Present	pm	Part of the meeting only
aps	Sent apologies	apns	Did not attend or send apologies

### 1. Opening Remarks

The Chair welcomed the members to the meeting.

### 2. Apologies for absence and Membership

There were no apologies for absence for this meeting.

### 3. Declarations of Interest

A Declaration of Members Interest register had been previously circulated to the members as a reference point.

All members were asked if there were any changes to their DoI. There were no changes reported.

### 4. Minutes of Previous Meeting

The Minutes of the LPC Meeting, held on 13th September 2017, previously circulated for comments, were discussed and then signed by the Chair.

### 5. Actions from last meeting

Page	Action	WHO	WHAT	Done
2	1	CEO	Invite Kevin Oliver to an LPC meeting.	Yes
3	2	PW MC	Communication to go out in relation to the Rota deadline date.	Yes
4	3	CEO	Invite Robyn Kelly to an LPC meeting.	Yes

### 6. NHS England South (South East)

The NHS Liaison Meeting took place 03/11/17 and during this meeting the following was discussed:-

- Numsas - 120 pharmacies in KSS have signed up and are active. They have had 2500 referrals so far with 500 resulting in no supply but the pharmacy still got paid for these. There were 2 incidents of CDs being supplied.
- Flu vaccination - PharmOutcomes is not being used by all contractors and when the notifications are not sent on time this can lead to issues with GPs. Kevin Oliver (KO) from NHS England is doing PPV visits and will discuss this matter in more detail this afternoon. Nationally Pharmacy is doing well with flu vaccinations numbers compared to last year.
- LPS contracts - if an LPS contract (we only have one in Surrey) wants to remain on that contract they will need to submit a detailed business case.
- Christmas Rota – LPC to communicate final documents for those pharmacies open when confirmed by NHS England. Pharmacies had 90 days to change their supplementary hours however they cannot now change their hours.
- Contract monitoring – there will be a review of the questions as these have been in place for 3 years. All last year’s visits are complete. 19 pharmacies across Kent Surrey and Sussex will be picked at random for PPV visits.
- Quality payments – Nationally 11036 pharmacies have signed up and claimed in the last period. Of these 478 pharmacies failed the gateway criteria although 287 of these are disputing this decision with the BSA. There is an active consultation for feedback as to what QP next year should include. PPV visits for MURs have begun with random pharmacies being selected.

Martin Mandelbaum (MM) attended a meeting for NUMSAS with Rob Proctor (RP) to review supply and payment. The two main suggestions are to move away from paper and into a computerised system, and to establish a better way to report to contractors what they have been paid for (i.e. how many items, individual costs etc). Contractors need this information, the BSA have it and just deliver one figure

however they need to break this figure down. This can lead to issues with HMIC. Also discussed at the meeting was that this has a rigid SOP on how it's done but the pharmacist decides when they supply and when they don't. For example, anti-depressants, it's a professional decision for the pharmacist on the spot if they supply not the call handler on 111. If NUMSAS does get recommissioned it was discussed that contractors need more guidance, they would appreciate the support.

A negative issue highlighted was that a lot of GPs were using it during the day and advising patients to call 111. The last point made on NUMSAS was that they are looking at including Distance Selling Pharmacies (DSP) in the NUMSAS service. In the chief officers and Chairs day in Manchester at the conference, applications for DSP were discussed and it appeared that some are applying for DSP listing and were using it as a way of getting on the pharmaceutical list rather than as a genuine DSP.

Flu vaccinations were discussed and it is appearing to be a fantastic success this year however it was raised some pharmacies are not using PharmOutcome to record the data. Ideally pharmacies should enter this data as they are going along and not in batches at the end of the month. This also leads to issues of GPs not knowing that the patient has been vaccinated due to this. Julius Parker at the LMC has written a second letter to surgeries to say not to put financial posters up. Likewise, pharmacies should not be saying that we are saving GPs time etc to try and get flu vaccinations. We have been given stickers from the County Council saying that they recommend you get the flu vaccination (these are for both surgeries and pharmacies). These should go on the bags of prescriptions of people that would qualify for a free flu vaccination and we now need to establish if this has worked. There was discussion around carers and who is eligible to get the free flu vaccination and when the PGD is changing.

**Next Step:** Feedback to see how the flu vaccination stickers have worked.

**Next step:** Publicise the fact that PharmOutcome could put the GPs NHS Email address on PharmOutcome – to make sure it is kept up to date.

CAPITA was also discussed at the meeting and potential pharmacy closures were talked about. There is no legal requirement for CAPITA to tell the LPC regarding the closures. No one is updating the list at BSA which means pharmacies that have closed sometimes appear on lists of pharmacies who haven't done things, for example CPAF. This also applies when pharmacies have changed ODS code.

NHS shared mail accounts were discussed and across South East out of 890 pharmacies there are now 694 correct Generic email addresses. At this time there are 4 private contractors in West Sussex who do not have one.

There are plans regarding digitising monthly submissions including NUMSAS paperwork, MUR and MUS paperwork. Amanda Marshall has asked that we feed in what our ideas of QP in the next year would look like.

There is an CD LIN Meeting 09/11/17 in Worthing which MM will attend.

**Next step:** Establish if anyone has used the CD destruction portal. MM will look into this.

## **7. CCG Development**

### **Crawley CCG:**

The next meeting is next week, the last was in September. Therefore, there is no further update at this time.

### **Mid Sussex CCG:**

The next meeting has not yet taken place for Horsham and Mid Sussex. David Clark (DC) will be attending the prescribing meeting 05/12/17.

### **Coastal CCG:**

The area prescribing meeting has taken place and a few things arose from this. Steve Pike (SP) talked about his regional medicine committee. Electronic cigarettes were discussed and asked if they should be on the formulary. One of the lay reps discussed the issues with ESCA and raised a patient example where the patient had slipped through the net and was unable to get their drugs. Susan Rose (SR) GP, talked about her practice which only prescribes 28-day quantities and she is under pressure to prescribe 56 / 84 days. It was raised that a lot of West Sussex pharmacies should not do 56 / 84-day prescriptions due to wastage. SR would appreciate advice on this to show paying patients questioning the matter. SP suggested maybe we should be looking at 28 days for some patients.

## **8. Public Health and Local Authority**

There is a PNA meeting on Monday with the consultation period finished. The report and all the replies for the consultation are in. One reply was that they didn't like the PNA as it was too complicated to read. The other 99 replies asked for a second pharmacy in Arundel. A petition has been signed by 3000 people asking for this second pharmacy. Colin Stepney (CS) and MM met with regards to the protest group and the protest group now understand the situation and the relocation some years ago. MM explained the process of Market entry to CS and the commercial aspect, CS was under the impression that the government opened pharmacies. They are however unhappy with the service they are getting from the pharmacy in Arundel. MM explained they can complete the customer survey at the pharmacy and the company will have to look at these surveys. It was asked that they relay specific issues to MM so that he can then escalate. It was discussed that all persons with interest in this should meet. There were issues with waiting times / stock not being ordered however specific information is what is needed. The County Council are happy that a further pharmacy will not be opened just due to the comments. Neighbouring PNAs also need to be looked at.

Public Health has stated they would like another meeting (managers at Public Health and LPC members). A date of the 11<sup>th</sup> January 2018 at 10.00 has been pencilled in for a meeting at Chichester. The new CO will not be in place at that point so MM will introduce the new CO to these people at a later date. Smoking cessation will be discussed at this meeting.

Sharps bins were discussed and who has responsibility to get rid of these. It was agreed that we need the information of difficulties, a case to put forward

## **9. CPSS Development**

The appointments have been made for CPSS management going forward. Hinal Patel is the new SDSO and will be joining on 4<sup>th</sup> December. The new CO has been

appointed, James Wood. He has previously been CO of Sheffield LPC and he starts officially on 29<sup>th</sup> January. Through February and March MM will be doing a handover including meeting with Public Health and the CCGs. From a financial point of view, West Sussex LPC pays a standing order to the CPSS account. There will be no change in December to the standing order due to sufficient funds for December. There will however be a change made to January's standing order due to salaries / rent / computers. That will take us to the anticipated figure. A thorough draft figure of what we anticipate for CPSS contribution for next year is being created. Once this is budgeted we will send the draft budget on to the LPC. The West Sussex bank account will then be handed over in April by MM.

We have been working on and project managing Health Champion training the last couple of months. The events were largely filled across the patch. It was established that there was further funding and therefore we arranged two more events. These were supported by West Sussex and Surrey. In total we have had 140 contractors who have sent pharmacy staff for training. We have established that there is some limited funding for training cost only remaining. We will liaise with HEE regarding optimal way to utilise this across the whole area in the New Year.

We have aligned the newsletter to support with HLP and Bulletins. The new CPSS website is now also live, the three previous websites across the patch have been shut down and now divert to the CPSS website. The social media aspect of the website will now be our focus and we would like all LPC members to sign up. PW has put together a quick guide for Quality Payments and also a flow chart re simplifying the NHS mail account. The COPD event is going ahead on 15<sup>th</sup> November, there are still spaces so please sign up.

At the joint management meeting we decided to do events in the New Year to tell contractors what CPSS is, with 6 events across the patch. We need to establish dates, it is anticipated there will be three parts to the event. The aim will be to get a PSNC member to come to each of the events to give an update with regards to Quality Payments post April 2018. PW will try and get these events sponsored to keep costs down.

CPSS going forward, there is a management team in place, as outlined in the MoU which has already been signed by the three committees. It is the objectives for the new team that will need to be set, in order for the new leadership to draw up a strategy to achieve these objectives. MM took the opportunity to thank Penny Woodgate (PW), Micky Cassar (MC) and David Clark (DC) for all the effort for getting us to where we are today with CPSS.

The election process has started, MM has sent out the information to CCA and AIM with regards to their places. There are two places for private contractors and we are waiting for application forms to be returned. If we get more than two applicants there will be an election. All places should be filled by January 2018 if not then by the beginning of February 2018. The LPC meeting in March 2018 will be split into two parts. The morning will comprise of the existing committee with the afternoon for the new committee. No guests will be invited that day. The committee will comprise of 2 IND, 2 AIM, 5 CCA. CCA make up 52% of our contractors. AIM has 38 contractors which gives then 2, private 36 contractors which again gives them 2 spaces.

## **10. PSNC**

The LPC Chair and Chief Officer's day was a private session, no press, just COs and Chairs. This year not much was said, not much new has happened. The Judicial Review appeal was discussed and it was reiterated that no further funding would be asked for from LPCs should the review go ahead. There was mention of Pharmacy Integration Fund which has an underspend. The financial benefit pharmacy offers was discussed. One of the key things raised was that 12 pharmacy services deliver 21 pounds for every pound invested. 247 million pounds has delivered a benefit of 5.1 billion to the economy.

Kevin Barron MP – head of APPG, raised the findings of the Murray Review which will not be implemented. This was commissioned by the Department of Health and had lots of recommendations and was very positive for pharmacy.

There was also a session on PR and Marketing, nothing new came from this. Gordon Hockey raised that there will be some changes to regulations. One main change would be tightening up data protection.

The following day in the public domain, Kevin Barron gave a talk about influencing at a national level. The next session was by Linda Bracewell. She discussed influencing at a local level, coordinating your efforts. The message from both Kevin and Linda was to get seen as an LPC. Hopefully going forward as CPSS we will be able to get to more meetings etc. James Kingsland also gave an overview talk about primary care home.

The first day of the conference was useful for talking to other LPC members however it was suggested that the 4-hour session the day before could possibly have been done in an hour before the conference the next day. There was no voting on the day to find out people's opinions. From a West Sussex point of view nothing was discovered during talks with other areas LPC members that would be useful for West Sussex to implement.

It was Sue Sharpe's was last conference, she was saying there have been cuts, CPN has moved online and there were staffing cuts at PSNC. On the recruitment front they had a short list for Sue's replacement. Kevin Barron's message was: get out there, get your MPs in pharmacies, and get the councillors in too. Get an MP linked to your social media account. He also spoke about keeping this relationship going, don't just invite them once.

The SEC Forum event on 23<sup>rd</sup> November was discussed, Gordon Hockey will attend to update on contract matter etc. There will be opportunities to talk to him with regards to what will and won't happen. We also have Mitesh Budhia and Jack Cresswell from PSNC doing a session but they will also be there for networking. Sunil Kochhar from PSNC will also attend. It was requested that these people need to be introduced initially so people know who is who and who to talk to.

Quality Payments were discussed, it was asked if there is anything we would like to feedback? It was raised the gateway was the biggest issue for contractors due to pitfalls. It was discussed that for some the issue was that they hadn't read the information. Also, that information came out in drips and drabs instead of getting all the information in one, sometimes this lead to duplication with more to read but also information being missed. It was discussed that there should also be feedback when you have done it right as well as when you haven't and reminders if you haven't clicked submit etc. Also, the information coming out sometimes changed. A quality

marker to give a named quality pharmacist or registered technician was discussed. COPD quality marker is likely to be expanded into other areas. It was raised that HLP should still be there for next year for health promotion. At a national level we should be working with the BMA to avoid information being duplicated. It was further raised that it would be easier if something needs to be actioned / completed that there is a link available at the time.

#### **11. Market Entry**

The Crawley application for DSP went to appeal and the appeal was turned down so the application has gone through

The Cowfold application was something the LPC supported. The decision has been to turn this application down therefore this is now open to appeal.

The Oral hearing for Tangmere with the application was from MK Pharma had its Oral Hearing on 11<sup>th</sup> November. The surgery claimed it would knock off 2000 patients from their patient list which would cause the closure of the surgery. Therefore, there was a prejudice hearing prior to this. The second half of the hearing was the application going forward. There was a lot of opposition of the application from contractors.

#### **12. Chief Executive Report**

The SEC LPC Forum had a meeting 27<sup>th</sup> October with the CPSS meeting was held that day as well. The intention is to hold the next CPSS meeting on the 05<sup>th</sup> January before the South-East Forum Meeting. The 23<sup>rd</sup> November 2017 is the SEC Forum event and we have ten sponsors for the day. It was requested of the LPC to engage with these sponsors and also make sure they speak to other LPCs. Gordon Hockey, Mitesh and Jack from PSNC are all due to attend. Adam Irvine chief exec of greater Manchester LPC will talk in the morning with regards to joint management and how Devo Manc has worked. Dr Mike Smith (a GP from London who used to be part of CCGs) will also give a talk. Kevin Noble from PharmOutcomes will be talking about the way forward, about pilots that are happening around the country and what they are working on etc. Atif Shamin will give an update with regards to training.

Email opportunities for tenders that may arise were discussed. Health care together scan the market to see if there are opportunities. One has come through which was raised. Community based immunisation service for 0-19-year olds. It's something GPs might be interested in but equally if within pharmacy we could go for it. The pros and cons of this for pharmacies were discussed.

#### **13. Treasurer Report**

The treasurer briefly updated the LPC members with regards to the current financial circumstances.

#### **14. Open part of the meeting with guests**

The Chair welcomed our guest, Kevin Oliver from NHS England who gave a brief background to his previous work and then discussed his current projects. In 2015 he started probity work for pharmacies. Initially he was looking at out of pocket expenses. He selected the pharmacies that had an out of pocket expense that month of

over £50.00 (Nov 2015). From this when he received the invoices, he questioned the cost of the drugs. What became evident was that some charged for some medications and not others. From starting that and moving on to other medicines that could be sent free of charge, Kevin made a reduction from £388,000.00 pounds to £133,000.00 pounds in the first year. Another thing Kevin identified was that a pharmacy had claimed £130,000.00 out of pocket expenses in one year. That investigation is still ongoing. This was referred to NHS counter fraud agency in Jan 2016. Out of pocket expenses in this area have gone from £121,000.00 to £110,000.00 in the period 2015 – 2016. This may be due to advice circulated by NHS England.

Kevin also looked at flu vaccinations, which appeared straight forward. He chose one month and chose a pharmacy that had done a certain amount of vaccinations that month. With the first pharmacy, the consent forms did not match the number of claims. They had claimed for two months instead of one month as an error. The next pharmacy did not put anything on PharmOutcomes. There needs to be processes in place where internally they look at their own pharmacies to see the obvious mistakes that can be identified earlier as some are simply mistakes. From this Kevin recovered £11000.00 from 11 out of the 40 pharmacies he visited. This time he has been visiting pharmacies on a random basis to see how they have been getting on with putting their vaccinations on PharmOutcomes with the aim of being proactive instead of reactive. BSA are rolling out their first exercise for MURs. There are only two areas in England where they do what Kevin does, however it makes sense to do this nationally and BSA have the data to identify claims at a national level. Kevin has had involvement with the national team in relation to MURs. The cut off point for the month is what you should claim for.

One pharmacy he visited filed consent forms in alphabetical order, not chronological order. He then had to reorder them into date order to be able to check them.

It was raised that there should be an online system as this would be searchable by date and name. Kevin stated he was surprised pharmacies still use paper forms.

Questions were then put to Kevin by the room.

It was raised with regards to sending the MUR forms off, it's ingrained that pharmacies do 400 / year. It would be beneficial for BSA to give pharmacies details of how many they have done in a year. The forms pharmacies are asked to send are the originals. What do you have left of the doctors need it? It was advised pharmacies need to take copies of the forms before sending. When the originals are returned it was advised to destroy the copies. Kevin raised that verification often gets blurred with counter fraud. One may however lead to a referral to the other.

It was discussed that honest mistakes happen and some GPs have been very quick to call the fraud line. This can have a knock-on effect as there would be a file on the pharmacy and if there is an ongoing investigation the pharmacy would have to declare this.

It was asked if what NHS England are managing to claim back is financially viable to cover Kevin's job role. Kevin explained he also covers optometry and GP practices. Ideally, he stated he doesn't want to recover anything however if the amount of fraud claims are going up then he is failing. It was discussed that there is also the deterrent factor. MM raised he had seen a benefit since Kevin started as contractors can be sloppy in their audit trails. This had led to us addressing this and that is the most positive aspect of this. It is making contractors keep on top of their claims. There are just as many overclaims as underclaims.

One of the legacies Kevin would like to think he has brought to this is to work with contractors who weren't working very well and improve their working practices.



It was discussed that the MUR consent forms are going to the BSA and that initially if we didn't have the form, if we could still prove it this was tolerated. It was asked if there is there something like this going forward. The response was that the BSA is looking into the scope of the tolerance at this time. Kevin stated that if they introduce a tolerance rate of 5% they would get 95% verification but they want to work towards a 100% verification rate. It was asked to Kevin if there is anything that he can add so we can formulate guidance and also if he gets issues with contractors and he has tried to help but they are still struggling if he could contact the LPC so we can assist them. Out of pocket expenses were discussed with regards to under claiming. There is no guidance how much you should claim for phone calls, or delivering per mile etc which can lead to many pharmacies not claiming for this. The wording in the drug tariff should be re drafted following the outcome of this investigation to be descriptive of what you can and can't claim for.

### **15. Date and Venue for next Meeting**

The next meeting will be on Wed 10<sup>th</sup> January 2018 at the Old Tollgate Hotel, Bramber, West Sussex. The meeting will start at 9.30am and the open part with our guests stating at 1.30pm.

The future LPC meeting dates for 2017/18 which will be at the current venue of the Old Tollgate Hotel, Bramber is Wednesday 14<sup>th</sup> March 2018

### **16. Action points**

<b>Page</b>	<b>Action</b>	<b>WHO</b>	<b>WHAT</b>	<b>Done</b>
3	1	CEO	Feedback to see how the flu vaccination stickers have worked.	
3	2	CEO	Publicise the fact that PharmOutcome could put the GPs NHS Email address on PharmOutcome – to make sure it is kept up to date.	
4	3	CEO	Establish if anyone has used the CD destruction portal.	

### **17. AOB**

It was asked if there is an update with regards to Worthing hospital? - No

David Clark raised an email he received from Vicky Fenwick, who asked him to sound out the committee on a service called time to talk. it is for people with Long term conditions. There are people to talk to if you have COPD, Diabetes etc. If anyone would like more information DC can forward this. He will send this on to see what the LPCs thoughts are. The project Started in May. Please give DC a response so he can go back to Vicky. PW suggested she write a piece for the newsletter. The January meeting will be the last one with the current LPC and it was discussed we could invite Vicky Fenwick to this meeting?