

NORTH YORKSHIRE LOCAL PHARMACEUTICAL COMMITTEE

Chief Officer;
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ANNUAL REPORT APRIL 2012 – MARCH 2013

LPC OFFICERS	Area	Attendance
Liz Colling CHAIR (CCA)	Scarborough	6/6
Ian Dean VICE-CHAIRMAN & TREASURER (IC)	York	6/6

LIST OF MEMBERS	Area	Attendance
Tamzin Burn (CCA)	Scarborough	4/6
Derek Clarke(CCA)		6/6
Alex Crewe (IC)	Selby	5/6
Shaun Davies (CCA)	Harrogate	5/6
John Evans (CCA)		2/6
Lorraine Gell (CCA)	Selby	5/6
David Gill (IC)	Selby York	5/6
Elliot Goran (IC)	York	5/6
Samina Khan (IC)	Pateley Bridge	5/5
Shirley Maude (CCA)	Northallerton	6/6
Andrew Squire (IC)	Scarborough	3/6
Gill Treharne (IC)	Boroughbridge	5/6
Ian Welford (CCA)	Ripon	6/6

Code CCA = Company Chemist Association representative
IC = Independent Contractor representative

Meetings for the year 2012/13

May 31st (all day meeting)

July 19th, (all day meeting)

September 27th (afternoon meeting and evening AGM open to all contractors)

November 29th (all day meeting)

January 24th 2013 (all day meeting)

March 29th 2013 (all day meeting)

The September meeting was an afternoon meeting and was followed by our AGM (open to all contractors) in the evening. With presentations on the new NHS architecture and Local Professional Networks (LPNs)

The November meeting was followed by a presentation for contractors by Sue Sharpe from PSNC on contract funding.

In addition to the regular LPC meetings, a strategy day was held on January 31st for the committee to decide the direction of travel and develop the workplan for the coming year.

A further contractor event was held in February 2013 to vote in the updated LPC constitution followed by presentations on Healthy Living Pharmacies.

Membership

Richard Rutter resigned from the committee prior to the start of this year and was replaced by Samina Khan.

The LPC would like to thank Richard for his contribution to the work of the committee over a number of years of service.

Liz Colling was re-elected as Chair in September and Ian Dean as Vice Chairman. Ian Dean also serves as Treasurer and Hazel Marsden as Chief Officer.

The LPC also employs a minutes clerk (Lesley Gill) for the taking of and preparation of minutes at LPC meetings.

Local Professional Network

The LPN is the route by which pharmacy (both primary care and secondary care) will link in with the National Commissioning Board via the Local Area Team of the NCB.

The LPC developed a pilot LPN for this area alongside the PCT and involving public health and secondary care. We successfully bid for a bursary to undertake a respiratory project to improve discharge MURs and NMS between secondary and primary care. A number of events were held across the patch involving both hospital and community pharmacists and these were very well received.

NHS changes

The LPC worked closely with the PCT to ensure a smooth transfer of services from the PCT to the future providers from April 2013, ensuring PGDs were extended etc. This was a particularly stressful period for the PCT as their resources dwindled as staff took up new positions in the new structures, and the uncertainty of how the new system would function. The LPC has worked hard to understand the new structures as details emerge, ready to form new links with stakeholders and commissioners once these are in place.

Pharmacy Contract Applications Data

	Standard contracts	100 hour exemption	Approved retail area exemption	Wholly internet	Total
New applications granted	2	6	1	2	11
Opened	1	3			
Closures		2			
Minor relocations					2
Changes of ownership					5

Breakdown of contracts in North Yorkshire at March 31st 2013 ;

	Scarborough Whitby Ryedale	Selby York	Hambleton & Richmonds hire	Craven Harrogate	Totals
Independents & AIMP	20	29	7	15	71
Multiples (CCA)	14	28	12	24	78
TOTALS	34	57	19	39	149

Service Provision

Advanced services	MUR	NMS	AURs	Stoma appliance customisation
Number of contractors offering	143	130	15	16
Enhanced services	EHC	Supervised consumption	Needle exchange	Smoking cessation
Number of contractors offering	90	114	32	65

PSNC Links

We are extremely fortunate to have 3 PSNC members on our committee, David Gill, John Evans and Liz Colling.

David Gill is the regional PSNC representative. His area covers the following LPCs;

North Yorkshire

East Riding and Hull

South Humber

Leeds, Bradford, Calderdale and Kirklees (now renamed community pharmacy West Yorkshire)
Wakefield

Regular regional LPC meetings are held to exchange ideas and discuss pertinent issues.

LRC links

LPC members and officers meet with the LMC (Local Medical Committee) officers both formally and informally, whenever mutual issues arise. We also have once or twice annual meetings with representatives of the four local committees, Pharmaceutical, Medical, Optical and Dental, to discuss areas of commonality.

Communications

Contractors receive a Newsletter after each LPC meeting, and are invited to observe LPC meetings and attend the AGM. Minutes of LPC meetings (open sessions only) are available on the website, along with Newsletters and other items of interest.

A database of pharmacists' e-mails enables the Chief Officer to e-mail whenever items of interest arise. If you would like to be added to this database, please e-mail the Chief Officer. This is especially relevant at present with the continuing flux in NHS structure.

Initiatives and surveys

A waste initiative in conjunction with the LMC was launched towards the end of year, to try and reduce the deficit in this area. Unfortunately this was delayed for bureaucratic reasons and is unlikely to reap the benefits hoped for.

An EHC survey was carried out to give evidence of the benefit of the pharmacy EHC service as this was under threat again due to the forecast end of the year deficit. The results were positive.

A communications survey was undertaken to ascertain how contractors wanted us to communicate.

The results are available on the LPC website.

Treasurer's report (Ian Dean)

The committee has again this year managed to keep costs to the minimum necessary for efficient operations. Contractors have benefited from the receipt of a Bursary of Five Thousand pounds which was used to set up, train contractors, and implement the roll out of a Respiratory MUR referral from Hospital scheme which is now up and running.

The committee funded a number of contractor events supporting the new scheme and other topics such as HLP. Some sponsorship of these events was obtained from Pharmaceutical companies.

The committee continued to invest for Contractors in the PharmOutcomes (formerly Pharmabase) system, which allows contractors to have a standard interface across the whole of the country for submitting enhanced service claims and contract monitoring information. The basis for deciding whether to continue has changed and the funding of this may continue if our negotiations with the new bodies continues to be as

positive as we have had so far. The benefits to contractors will be based around the uptake by the new bodies.

The change to collect levies from contractors on a monthly fixed sum basis has been successful and the levy income for the year shows a small reduction on last year.

Chairs Report (Liz Colling)

2012/2013 has, yet again, been a challenge as the NHS locally prepared for the re configuration of commissioners on April 1st

Pharmacy services will be commissioned by a number of organisations. The national pharmacy contract will stay with NHS England and public health services will transfer to the two Health and Wellbeing boards of the local authorities, York and North Yorkshire.

Clinical commissioning groups may also seek to buy services from us particularly where there are substantial savings to be achieved by reconfiguring care.

We have worked hard with the PCT to ensure that all the information on pharmacy was correct for April 1st: I know contractors may feel they have been asked for this information more than once!

We are fortunate in that some of the key people who dealt with pharmacy will move into roles within the new Area Team so there will be some transfer of local knowledge

NHS England consist of 27 Area teams, as you can imagine each AT covers a large geography.

Our Area team is North Yorkshire and Humber and encompasses three LPCs, North Yorkshire , East Riding and Hull and South Humber. We have begun to work more closely with our neighbouring LPCs to ensure we have a common approach, we have regular meetings with the Area Team will be agreeing a workplan for 2013.

The LPN that we successfully kicked off here in North Yorkshire will become Area Team wide, we are keen to ensure that progress made here in working with our secondary care colleagues is built on.

At the time of writing this report things are yet to 'settle down ', once we are through this period then the work really begins.

My thanks go to the all members of the LPC for their continued support and to our Chief Officer, Hazel Marsden for her hard work throughout the year.

End of report.