

NORTH YORKSHIRE LOCAL PHARMACEUTICAL COMMITTEE

Chief Officer;
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ANNUAL REPORT APRIL 2013 – MARCH 2014

LPC OFFICERS	Area	Attendance
Liz Colling CHAIR (CCA)	Scarborough	6/6
Ian Dean VICE-CHAIRMAN & TREASURER (IC)	York	5/6

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

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

Meetings for the year 2013/14

May 23rd 2013 (all day meeting)
July 18th, (afternoon meeting and evening AGM open to all contractors)
September 19th (all day meeting)
November 29th (all day meeting)
January 23rd 2014 (all day meeting)
March 20th 2014 (all day meeting)

The July meeting was an afternoon meeting and was followed by our AGM (open to all contractors) in the evening. With presentations on;

- EPSr2 (Joanne Lamb, HSCIC)
- PharmOutcomes (Derek Clarke & Ian Welford)
- NHS architecture (Liz Colling)

In addition there were flip charts with post-it notes for Contractors comments on; Smoking cessation, Sexual Health, Substance Misuse and New Services.

Events

Two events were held on EPS release 2, in Harrogate (November) and then York (January), both were extremely well attended.

Three events on getting the most from the drug tariff were held in July and September in York, Harrogate and Scarborough, with excellent feedback.

Essential skills events were run in Harrogate, York and Scarborough but were poorly attended.

Membership

John Evans resigned from the committee prior to the start of this year and was replaced by Adnad Yousaf. David Gill and Shirley Maude resigned during the year, along with our minutes clerk, Lesley Gill. Bhavin Morjaria was co-opted to replace David Gill, and Warren Cunningham appointed by the CCA to replace Shirley Maude.

Elections were held at the end of this year with some members not standing and a change in the breakdown of membership. We have gained three new members who will join the committee on April 1st 2014, Annette Mauder (CCA), Richard Harrison (Independent) and Tom Hajdas (AiMP), and we have lost three members, Alex Crewe (Independent), Andrew Squire (Independent) and Ian Welford (CCA).

The LPC would like to thank John, David, Shirley, Alex, Andrew Ian and Lesley for their highly valued contributions to the work of the committee over a number of years of service.

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

NHS changes

This has been a very difficult year due to the complete change in the NHS landscape. North Yorkshire & York PCT (NYYPCT) ceased to exist on 31/3/13 and was replaced from 1/4/13 by the local area team of NHS England and clinical commissioning groups, with public health services transferring to the two local authorities and the responsibility for the pharmaceutical needs assessment transferring to the two Health and wellbeing Boards which are a new part of our two Local Authorities. The area team started off the year with no premises and no clear lines of communication, leaving contractors with many unresolved issues. Guidance from the DoH was slow and there was confusion as to responsibilities between the various new bodies.

The LPC monitored the local changes as they developed producing landscape documents covering both York and North Yorkshire which were

updated as further appointments were made and contact details made known. These were circulated to contractors and posted on the website. Regular meetings have been set up with the area team to deal with pharmacy issues arising in both this area and Humber LPC area, but there have been resource issues in how area teams are funded, which has meant the development of the Local Professional Network has been delayed, and uncertainty in how this can be funded. This has been compounded in this area as our area team, along with the CCGs, inherited the NYPCT deficit.

Contractors providing or wishing to provide public health services had to register with their local authority and sign up to a public health contract. As all services in this area with the exception of additional hours came under the heading of public health, this meant the majority of our contractors have had to sign up with their local authority. This was a complicated process and caused frustration as we were seemingly alone in having to do this. However, all other areas have now to go through this process having delayed it for the first year, whereas ours is all set up and seems to be running smoothly and efficiently.

Enhanced services

We had no enhanced services that would have had to transfer to CCGs. There have been no new services locally and all current services are being reviewed with the two local authorities who have put sexual health services out to tender, as well as drug misuse services in North Yorkshire only.

We are working hard to engage with all the new stakeholders to raise the awareness of what value pharmacy adds, and to link in with service redesign wherever possible.

Initiatives

The LPC put forward several initiatives during the year, flu vaccinations, an alcohol intervention scheme in conjunction with the Cambridge Centre in Scarborough, out of hours emergency supply at NHS expense, palliative care scheme and a domiciliary COPD initiative for vulnerable elderly people. Unfortunately all were unsuccessful or are on hold with commissioners until they set their priorities and know how they stand with financially.

We have also tried to get commissioners on board with PharmOutcomes, but the area team are awaiting National direction on this and the local authorities waiting to see what the area team chooses as its platform for services.

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

	Scarborough Whitby Ryedale	Selby York	Hambleton & Richmondshire	Craven, Harrogate	Totals
Independents & AIMP	20	29	8	16	73
Multiples (CCA)	14	29	12	24	79
TOTALS	34	58	20	40	152

EPS release 2

The process of rolling this out across North Yorkshire started in November with a number of Harrogate practices expressing an interest to go live. The number of practices is steadily increasing and contractors are updated by regular reports sent out by email from the LPC detailing dates and information on status for local pharmacies.

The LPC has provided support by way of events, newsletter items, an information pack, membership of the steering group, contingency plans and top tips.

PSNC Links

We are fortunate to have a PSNC member on our committee, Liz Colling. The regional representative for this PSNC area is David Broome, who replaced David Gill. This PSNC region covers the following LPCs;

North Yorkshire

Humber

Community Pharmacy West Yorkshire

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

Links with other Local Representative Committees

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. Agendas are posted on the LPC website prior to each LPC meeting.

Both the PSNC website and the LPC website were revamped this year with some delays in getting these fully functional.

A database of pharmacists' e-mails enables the Chief Officer to e-mail whenever items of interest arise.

We have been trying hard this year to get a database of pharmacy e-mail addresses to share with commissioners and LPC members have been telephoning pharmacies to achieve this. I am pleased to say that just short of 93% of contractors have agreed we can share their email addresses with the CCGs, area teams etc. This is an important step forward as these new bodies no longer have the resource to send out communications by post.

We have also set up a "buddying" system so that LPC members each have a group of contractors that they telephone whenever the LPC wants the views of contractors on specific issues. We also occasionally send out online surveys to assess views and gather information on the needs of our contractors.

Treasurer's report (Ian Dean) Treasurer's report (Ian Dean)

The committee has again this year managed to keep costs to the minimum necessary for efficient operations whilst delivering good value for the levies collected from contractors.

The committee funded two contractor events supporting the rollout of EPSr2, these were wholly funded by the LPC. The committee also ran three events on getting the most from the Drug Tariff. Some sponsorship of these events was obtained from Pharmaceutical companies.

The committee has developed a budget to support a robust business plan. This is now used as the basis for future LPC activity.

The committee continues to strive to get the best possible value for contractors with the resources available.

Chairs Report (Liz Colling)

We have done a lot of work on our governance this year making sure we are fit for purpose to face into the challenges of the future.

The LPC has developed a business plan and accompanying budget in order to support that the LPC has established subcommittees , Regulation, Services and Contractor communication.

We have made changes to meeting times and venues to encourage contractor attendance and have improved our overall communication with contractors via the newsletter and our buddy ring rounds.

We have also focused on relationships with our existing commissioners, to protect and develop existing services and start discussions on what potential new services we might provide.

A big success this year has been in dealing with the two Local Authorities in ensuring the transition across for Public Health services went with no disruption to services to patients or payments to contractors.

Our Area team is North Yorkshire and Humber and encompasses two LPCs, ourselves and Humber and we continue to work closely with them to ensure we have a common approach. We have regular meetings with the Area Team although rather than looking at strategic developments we have had to focus down on day to day issues to ensure contractors are fully informed.

The LPN that we successfully kicked off here in North Yorkshire is now Area wide and a chair has been appointed. Further resource to support clinicians getting involved in this work is sadly lacking and it seems unlikely to me at this point in time that the LPN will have any significant impact.

The CCGs in our area are now beginning to develop their strategies for the next few years and we are having preliminary discussions with most of them . There is a recognition that pharmacy can do much to support these plans, in particular around areas that release capacity eg minor ailments

and emergency supply of medicines at NHS expense if the patient runs out .

I am feeling cautiously optimistic about 2014/2015 and the opportunities that are out there for contractors.

My thanks go to the all members of the LPC for their continued support and flexibility as we go through our own period of change. A very special mention to our Chief Officer , Hazel Marsden, for her hard work throughout the year particularly in supporting contractors is coping with the changes.

End of report.