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Local  
Pharmaceutical  
Committee

LPC



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NOTTINGHAMSHIRE

THE 76<sup>th</sup> MEETING OF THE COMMITTEE WAS HELD AT  
THE WHITE POST, FARNSFIELD  
ON  
THURSDAY 16<sup>th</sup> May 2013 AT 9.30AM

*Present*

*In the Chair* Rob Severn

*Secretary:* Alison Ellis

*Chief Officer:* Nick Hunter

*Members:* KetanChandi, Lyndon Close, Linda Ferguson, Dave Fernley, Gordon Heeley, Louise Keating, Mary Lee, Ankish Patel, Jai Shah, Makinder Suri.

*Guests:* Garry Myers, PSNC

Jonathan Rycroft, Head of Primary Care, NHS England (Derbyshire & Nottinghamshire) AT  
Kerrie Woods, Pharmacy Contracts Team, NHS England (Derbyshire & Nottinghamshire) AT  
Dr Doug Black, Medical Director, NHS England (Derbyshire & Nottinghamshire) AT  
Zoé Butler, Head of Service Improvement and Engagement, NHS Newark and Sherwood CCG

*Apologies*

- Keith Mann NHS England (Derbyshire & Nottinghamshire) AT
- Jules Williams, NHIS
- Sam Travis, Clinical Leadership Advisor, NHS England (Derbyshire & Nottinghamshire) AT
- Vicky Bailey, Chief Officer and GP Clinical Lead - Rushcliffe CCG
- Nicola Heaton, Nottingham City CCG
- Dawn Smith, Nottingham City CCG
- Vikki Taylor, NHS England (Derbyshire & Nottinghamshire) AT
- Oliver Newbould, Chief Operating Officer, NHS Nottingham West CCG
- Jon Such, LPC member
- Maria Principe, Nottingham City CCG
- Dayaram Mistry, LPC member
- ShammiKhosla, LPC member
- Vijay Pujara, LPC member

**Open Meeting**

Dr Doug Black, Medical Director, NHS England (Derbyshire & Nottinghamshire) AT

Doug Black gave background. Clinical Commissioner in 1990's – headed up total commissioning project in Nottingham. Medical Director in 2007 for NHS Nottinghamshire County. National 2011-12 on Commissioning Board regarding responsible doctor role – co-authored professional performance policy.

AT – local presence of National Commissioner – driven by national policy. Feel need to have good relationships with local representative groups. Want to work with pharmacy to develop services.

Area covered is huge with 300 general practices plus pharmacies, etc – Doug has clinical governance role over all gps. Direct commissioning of general practice and assurance role of CCGs (10 in AT) – making sure they stay within their remit. Also responsible for emergency planning resilience role. For example there has been an outbreak of pandemic flu over the last month in Mansfield and the local pharmacy stepped up to provide Tamiflu which Doug was very pleased with the professional response.

Doug only does one day a week as GP now, but has seen first-hand the work that community pharmacy can do in relation to substance misuse. Clear that footfall is greater in pharmacy than gp and public health campaigns will benefit from this. PCT did not see the role of pharmacy as important as they should have done so now need to work together to manage the aging population of Nottinghamshire.

A&E services should be able to provide a more manageable service that supports the elderly population with co-diagnoses and co-morbidities keeping out of hospital. It is not easy to interact with CCGs yet there is a lot that pharmacy could do due to footfall to support patients instead of them going to A&E – just need to develop the pathways. However as medical director responsible for clinical outcomes and not responsible for NHS provider's outcomes Doug is limited. CCG though have a responsibility to ensure quality of interactions with patients.

Local enhanced services – CCGs are wanting LESs to be developed so AT will put together service specification although CCGs have budget to commission.

CCG commissioning – shouldn't discount pharmacy ideas – state health benefits that link with strategic points. If there are any barriers to this then raise with AT who will discuss with CCG.

NHS 111 - Derbyshire Health United have changed their working profile and have reduced call back times since first starting service.

Jonathan Rycroft, Head of Primary Care, NHS England (Derbyshire & Nottinghamshire) AT  
Kerrie Woods, Pharmacy Contracts Team, NHS England (Derbyshire & Nottinghamshire) AT

Kerrie, key contact for gp and pharmacy in the primary care team at the AT  
Concentrating on sending out a named contact for each pharmacy.

Contract monitoring and compliance - Community pharmacy assurance framework rollout – aiming to get out by beginning of June 2013 and will give two weeks to complete the self-assessment. Members asked if this could be sent out electronically and if could have longer to complete as if have multiple pharmacies this will be large piece of work. National policy but can pass information on to NHS England. Visit will last around two hours with one person for the majority. Visits to start in July up to September 2013. Agreed to sending out electronic and posting paper copies to companies.

More detail on the pharmacy returns than gp return. Members noted that there is no legal requirement to comply, but the LPC wouldn't be discouraging contractors not to complete.

PharmOutcomes – has CPAF electronic which would save the area team having to collate lots of paper. Vikki Taylor has put together a paper to go to the NHS England and Graham Archer is demonstrating PharmOutcomes to AT at a future date.

It was suggested that the AT send letter to contractors and put the contract monitoring document to be completed onto the LPC website for contractors to download themselves or they could request hard copies.

**Action: AE to forward names of key contacts for CCA companies**

**Action: AE to put the contract monitoring document on the LPC website once sent out letter for contractors to access.**

Pharmacy Enhanced Services – have had national guidance, went to CCGs not NHS England so had to get hold of this information.

Project plan to organise the payments – looking to go to AT system from June 2013. Jonathan feels that One CCG has already said that they are looking through the enhanced services – AT have asked to check this.

EPS

JR has met with NHIS about committing to supporting pharmacy with EPS and agreed to fund. RS asked if NH or RS can be involved in checking the commissioning agreement before signed off.

Jackie Calladine is leading the EPS commissioning in Derbyshire.

PNA – new guidance – HWB are leading on this and AT will support.

Flu vaccine for emergency planning of the AT – routine vaccinations are under PH area of NHS England – supported by AT but not sure if flu vaccine is urgent or routine - Jonathan will check this with the AT and let the LPC know.

**Action: JR will check where commissioning sits for flu vaccines**

Zoé Butler, Head of Service Improvement and Engagement, NHS Newark and Sherwood CCG

15 practices. 5 area constituencies

£141m budget for this year

Have some of the most deprived wards in the country. Rurality key issue and the difficulty this creates with transport to hospital.

Focusing on integrated care – more from secondary care into primary and community services.

- Respiratory disease
- Cardiovascular disease
- Diabetes
- Mental health
- Dementia
- End of life
- Early years – largest increase in birth rate in country

Had to work hard to come in on budget so had a big revamp of services

Commissioned own ambulances to transport non urgent patients to hospices etc

Started to build relationships last year. This year working on consultant led services and transformation program implementation.

PRISM – continuous care for long term conditions.

Cancer - only CCG that are treating cancer as a long term condition.

Voluntary worker – piloted and now rolled out across patch. Pick up high risk patients and discuss at integrated care meeting. Pharmacists are going to be involved in this process following from a meeting last week as they raised that pharmacy often know the patient well. Feel that community matron actually speaking to the patients pharmacy would work better and then feedback to the integrated team.

There could be domiciliary MURs – where CCG fund the domiciliary part of this. Scheme in Isle of Wight at moment that they are looking at.

Look at pharmacy receiving information from hospital when discharged on medication issued so that can be chased up by pharmacy and ensure taking the right medication to ensure compliance and reduce waste.

Just taking on a discharge coordinator - this can be part of the role including talking to pharmacies.

Respiratory

Inhaler technique – look into taking forward in Newark & Sherwood – referral of patients for continuing care of long term condition.

Need to know what community teams are available - pharmacy - should be able to refer direct to these teams as healthcare professionals.

Zoe has agreed to come back and talk about the transformation program in the next few months.

Garry Myers, PSNC Regional Representative

Funding – discussions have come to halt because DH need to include the NHSCB now.

CPC – Jeanette Howe and Deborah Jaines – talking about working together. NHS employers are going to be the negotiating arm.

Margin survey continuing. Unlikely to get anything settled by October. 2012 / 13 not been settled – if get an underpayment they will compensate. From June will get 100% advance. Dispensing fee increasing and increase in cat m prices from July 2013.

Stock shortages

NCSO's – audit by PSNC show significant amount is not paid even when claimed.

- 29% not initialled
- 31% Missing supplier / brand name
- 27% BSA error
- 6% Missing date

**Action: Write to contractors in the newsletter asking them to download this document from the PSNC website**

Of 3200 items eligible for NSCO – only 1200 or so were claimed. Probably down to the complexities of claiming.

NCSO is going to stop and so solution to this lost money is required.

NP8 - trying to calculate what pharmacy have lost and take this out of the retained margin.

Aim is to change the system to stop the gaming in the system. No endorsements required in new system and therefore no need to hold back prescriptions in case they go NCSO.

#### Indemnity

NH attending the performance panel – does the LPC / PSNC insurance cover this – if decision made against a contractor and they chose to sue then does the block indemnity cover this- GM will chase this up as unsure about this.

**Action: Garry Myers to ask at PSNC regarding the indemnity insurance and does it cover LPCs to sit on performance panels.**

#### NHS 111

After discussion it is not clear how pharmacy could be further added to the dispositions without a fundamental shift in primary position of referral to final point of treatment at first time of contact. Locally there is considerable resistance to changing the algorithms due to risk of litigation. The PSNC advised the DH that the system wouldn't work but they still went ahead. Nottingham City was a pilot site and the LMC and the CCG also hold similar views. The reason there have been less issues locally is because the GPs were well prepared and during OOHs do not automatically refer to 111.

#### **Details of future meetings**

All meetings will now have an open meeting section at 2pm – 4pm

<b>20<sup>th</sup> June 2013</b>	10 am – 5pm	<i>White Post Farnsfield</i>	<i>CCA report - ML</i>
<b>18<sup>th</sup> July 2013</b>	10 am – 5pm	<i>White Post Farnsfield</i>	<i>CCA report - SK</i>
<b>15<sup>th</sup> August 2013</b>	10 am – 5pm	<i>White Post Farnsfield</i>	<i>CCA report -RS</i>
<b>19<sup>th</sup> September 2013</b>	10 am – 5pm	<i>White Post Farnsfield</i>	<i>CCA report - GH</i>
<b>17<sup>th</sup> October 2013</b>	10 am – 5pm	<i>White Post Farnsfield</i>	<i>CCA report - AP</i>
<b>21<sup>st</sup> November 2013</b>	10 am – 5pm	<i>White Post Farnsfield</i>	<i>CCA report -Jshah</i>
<b>12<sup>th</sup> December 2013</b>	10 am – 5pm	<i>White Post Farnsfield</i>	<i>CCA report - ML</i>

**Next meeting is on Thursday 20<sup>th</sup> June 2013 at The White Post Inn, Farnsfield – start at 9.30am**

*Minutes agreed as true and accurate record at the LPC meeting on 20<sup>th</sup> June 2013*

Signed: \_\_\_\_\_

*Rob Severn, Chair, Nottinghamshire LPC*