



DORSET LOCAL PHARMACEUTICAL

COMMITTEE

ANNUAL REPORT

AND

ACCOUNTS 2010 - 2011

INDEX

Membership of Committee	Page 3
Introduction	Page 4
The new LPC constitution	Page 4
Working with PCTs	
NHS Dorset	Page 5
NHS Bournemouth & Poole	Page 7
Contract applications	Page 8
Annual meeting	Page 8
South West LPC Forum	Page 8
Communication	Page 8
Training events	Page 9
Funding the Committee's activities	Page 10
External Factors	Page 10
From the Chief Officer	Page 11
Accounts 2010 – 2011	Page 12

MEMBERSHIP OF THE COMMITTEE

The following served on the Committee from 1st April 2010:

Contractors

Mr Steve Costello
Mr Mike Field
Mr Mike Hewitson
Mr Chris Higgs
Mr Darren Lewis
Mr Dipan Shah

Company Chemists Association

Mrs Janette Best
Ms Fiona Bywater
Ms Mako Honda
Mr Garwyn Morris
Mr Louis Purchase
Miss Claire Rossiter
Mr Ross Wayne
Mrs Mandy West
Mrs Helen Wright

OFFICERS OF THE COMMITTEE

Chairman	Mr Garwyn Morris
Vice-Chairman	Mr Steve Costello
Chief Officer	Mrs Amanda Moores
Treasurer	Mr Chris Higgs

Introduction

Externally this year has been dominated by the Pharmaceutical Needs Assessment (PNA) process and the re-structuring of the NHS. With one eye on the future a key stakeholder mapping exercise was undertaken to ensure the LPC understood the key roles currently and in the future that would have an influence on the role community pharmacy could take in the new NHS.

To this effect Dorset LPC was one of only a handful of LPC who invited Council leaders to the PSNC dinner to start the engagement process for on going dialogue.

Our continued close working with PCTs and Public Health has meant the sustainability of most services under a very difficult economic climate. Our contractors have also been able to build on their successes in delivery of several services which continue to be seen as exemplar in the South West.

The financial crisis is still playing a big part in the day to day business of pharmacy, with the ever present threat of de-commissioning. It has resulted in a huge effort by the committee to maintain our local focus and support of our contractors. Below is the summary of our year.

1. The new LPC constitution

Following the adoption of the new constitution the previous year, the key action of this year's committee was to implement it. This also included a full review of the standing orders and working groups.

2. Working with Primary Care Trusts

With the changes that are occurring within the NHS nationally we have started to see some changes develop locally. There are now the starts of Clinical Commissioning Groups - currently there is one to cover the area of NHS Dorset and one to cover NHS Bournemouth & Poole. The commissioner and provider arms of the PCTs are separating into two distinct functions.

Across the country the number of PCTs is beginning to reduce as they form 'clusters' and locally the two PCTs have started this process. Currently there are two Boards and they remain two separate organisations, but with one Executive Team overseeing them both.

It is still unclear as to exactly where Public Health will sit in the new NHS, but there is likely to be far more involvement from Local Authorities in determining how Public Health money is actually allocated and spent.

Whilst the final structures are still being determined some PCTs are beginning the transformation into the Commissioning Support Unit – providing information, governance and finance support for GPs.

NHS Dorset

a. PNA

Dorset LPC was invited to sit on the PCTs PNA steering group. The Chief Officer and Chairman both took active roles in developing this key document. NHS Dorset's PNA development process and resulting document was seen as exemplar. We are looking forward to working with the PCT to look at future needs identified within the PNA and possible commissioning opportunities.

In addition the LPC worked with NHS Dorset to provide comments on PNA consultations of the neighbouring PCTs - Devon, Hampshire, Somerset and Wiltshire.

b. EPS R2

NHS Dorset applied for and was successful in achieving Secretary of State Agreement to become a pathfinder site for EPS R2 roll out. The LPC have been actively involved in developing the processes and documentation needed for EPS R2. The initial sites have now been agreed and the roll out will begin over the coming months.

c. Weight Management

One of the success stories from NHS Dorset is its Weight Management programme running as a pilot in 12 pharmacies. A great deal of effort went into the design and funding of this project and it has proved to be an outstanding success with the latest available figures showing a total weight loss across all sites of 372 Kg. The original pilot service which commenced in January 2009 was extended - existing pharmacies were able to offer the service to another cohort of patients for 12 months from March 2010 and the PCT asked each pharmacy to aim to recruit 10 patients.

The conclusion from the weight management satisfaction survey analysis and Pilot 1 final report is that the model is effective in facilitating clients to achieve a significant and sustained weight loss for those who are committed to the programme. The results have compared very favourably with the similar pharmacy weight management model based in Coventry.

As a result it has been decided to continue with a second phase of the pilot, but this does not include measurement of blood glucose or cholesterol testing, as these are included in the NHS Health Checks service. The second phase of roll out into community pharmacy will be complete by the end of 2011.

d. NHS Health Checks Service

The Health Check pilots are now up and running in Weymouth & Portland, North Dorset and Christchurch & West Dorset, although uptake has been slow. This year has also seen the introduction of component C to this service, which utilises a 'passport' for certain patient groups e.g. those on income support who are able to access this service without having been invited by the GP. The final roll out of this service across the rest of the PCT will be complete during 2011.

e. Stop Smoking

Stop Smoking figures continue to improve with more pharmacies taking part, 49 of the 82 pharmacies delivering quitters. In 2010 – 2011 of the 2,245 quitters in the PCT community pharmacy delivered 898 = 40% which is a phenomenal achievement! To improve the quit rate further, the Committee is hoping to see a PGD for Champix in the future.

f. Chlamydia screening & treatment

Chlamydia screening and treatment has also continued to be another great success and has been very well received by young people in the target age range. Both the supply of kits and pharmacy treatment of positive testing patients have been greater than in any other LPC in the SHA area.

g. Advice to care homes

Previously NHS Dorset had highlighted the need for pharmacies to be offering the advice to care homes as well as providing monthly medication. Initially the PCT planned to start a pilot with a single provider to deliver this service to any care home not currently receiving advice.

Following feedback by contractors and intervention by the LPC this pilot has been stopped and has resulted in the PCT reviewing the current service provided to care homes and is working with the LPC and social services to develop an alternative, which will incorporate the latest best practice and can be delivered by any community pharmacy that wishes to sign up to and can meet requirements of the agreed service specification.

h. Uplift on enhanced service fees

The PCT's proposal for community pharmacy was to uplift all enhanced service fees by 1% as from October 2010 and this uplift will remain in place until April 2012. The exceptions will be Chlamydia, Stop Smoking and Needle Exchange. Chlamydia Treatment will increase to £12.00 (from £10.00); Chlamydia Screening will remain the same (at £10.00). The Stop Smoking bonus payment of £250 (that is currently paid for every 5 monitoring forms that are received where the patient has quit at 4 weeks) will be increased by approximately £5.00. All other Stop Smoking payments will remain the same.

NHS Bournemouth and Poole

a. PNA

Bournemouth and Poole's PNA process was not as robust as Dorset PCTs, resulting in a more difficult process to be part of.

Due to the efforts that have been made to build relationships with Bournemouth & Poole PCT, Dorset LPC felt we could challenge several aspects of their PNA and give constructive feedback in its development.

A huge amount of the Chief Officer's time was dedicated to this piece of work, and via several formal letters and numerous meetings we were able to bring about some changes to the original proposed PNA document.

b. EPS R2

NHS Bournemouth & Poole were unsuccessful in their application for Secretary of State Approval for pathfinder status. Despite this the project group has continued to prepare itself for EPS R2.

c. Stop smoking

The LPC has worked hard this year to prevent the decommissioning of stop smoking services in community pharmacy. We were initially told that this service would stop on 31st December 2010. Following numerous meetings and discussions this was prevented. Whilst there are still some issues to be resolved we have worked with the PCT to secure an interim service to ensure patients are not adversely affected and can still access this valued service through local community pharmacies.

d. EHC

The LPC and contractors were notified that the local authority funding for this service would cease at the end of the financial year. As with stop smoking the LPC have worked with the PCT to secure an interim service to ensure young women are not adversely affected and can still access this highly valued service through local community pharmacies.

e. Joint working with Pharmaceutical Industry

The PCT are working with a large number of pharma companies to help deliver key work streams. This year has seen this group develop a waste campaign to deliver key messages to patients about how they can reduce the amount of medicine that is wasted.

3. Contract applications

The LPC has responded to the following contract applications:

May 2010: Case 2010-04 Boots, Portland – necessary or expedient = refused

May 2010: Case 2010-05 Tesco, Fleets Corner – 100 hour exemption = granted

December 2010: Case 2010-12 Asda, Castlepoint – approved retail area exemption = granted

March 2011: Case 2011-01 Community Pharmacies UK, Ferndown – 100 hour exemption = granted

March 2011: Case 2011-05 Parween Sharief, Northport, Wareham – necessary or expedient = refused

Two new contracts were opened:

April 2010: Pharmland, Verwood – internet pharmacy

April 2010: Automeds Pharmacy, Poole – internet pharmacy

There are now 154 community pharmacies and 3 appliance contractors in Dorset.

4. Annual Meeting

As with last year, it was decided that this year the Annual Meeting of Contractors would be held over lunch on one of the all day committee meetings. This was because poor attendance at previous annual meetings had caused embarrassment for guests and also unnecessary expense. It was therefore decided to channel resources into MUR training evenings.

5. South West LPC Forum

Having established the South West LPC Forum previously, this year has been spent developing a document to showcase the significant role pharmacy can play in the delivery of a variety of services. Dorset has two exemplar services which have been included in this document – Chlamydia screening & treatment and smoke stop.

We took several copies of this document to the PSNC dinner and ensured all our guests were able to take a copy away with them and the feedback we have received has been very positive.

6. Communication

a. Communicating with Contractors

With a change in the constitution and hence representation on the committee to a majority of CCA members, it is no longer necessary to conduct separate Area Manager Meetings with the large multiples as most are now members of the committee.

This year we decided to undertake a survey to find out what our contractors thought of the LPC and how effective we are. Our contractors told us what we do well, what we could improve and what contractors believe we should be working on to support them. One of the survey questions was about communication. Currently the LPC communicates with our contractors via a number of methods and the results of the survey show the most effective ways to do this are:

1. Via email updates
2. Via our newsletter
3. Via contact with a member of the committee
4. Via the website

The committee is very grateful to Mike Hewitson and Mike Field who both spend considerable time producing the LPC newsletter and managing the LPC website, respectively.

We are listening to the feedback from the survey and plan to run this again in the future to see how we have improved.

b. Communicating with Stakeholders

As well as the PCTs we have started the process of communicating and meeting with other key stakeholders. This includes Local Councils, patient groups and secondary care teams. We have started some work with secondary care to look at discharge processes for patients, managing their medication and the supply of Community Dosage Systems.

7. Training events

This year the LPC have delivered three more very well attended events:

June 2010 – Drug tariff = 120 attendees

November 2010 – Building confidence in MURs = 50 attendees

March 2011 – EPS R2 = 120 attendees

Once again industry sponsorship defrayed some of the costs involved, for which the LPC are extremely grateful. We hope to continue providing these training opportunities going forward and if you have any suggestions on topics which you would like to be covered then please contact our LPC manager.

8. Funding the Committee's activities

The last twelve months has seen representatives of the committee attend over one hundred meetings with a huge variety of different people and organisations. Dorset LPC Manager Jo Browning works tirelessly to obtain as much sponsorship as possible from the pharmaceutical industry for meetings and projects. Once again this year Jo's work has had a significant impact on the funds available for the committees work and as a result there has not had to be an increase in the contractors' levy.

9. External factors that influenced pharmacy and LPC activity

a. White Papers

Dorset LPC has responded to the following consultations during 2010-2011:

- i. Liberating the NHS: Transparency in Outcomes – A Framework for the NHS
- ii. Liberating the NHS: Commissioning for Patients
- iii. Public Health White Paper Healthy Lives, Healthy People: Our Strategy for Public Health in England

The changes to the NHS being proposed in these documents are far reaching and the most radical since the NHS began in 1948.

b. Control of entry

Matters have not moved forward in a significant way over the past year. The Department of Health is still saying that all future applications will be decided by PCTs against their Pharmaceutical Needs Assessments. PNAs will have to be robust and be capable of withstanding legal challenges if they are to provide the basis for control of entry.

c. QIPP

QIPP (Quality, Innovation, Productivity & Prevention) is a huge agenda and includes the following - Medicines Management initiatives, medicines pathway development and review, fact sheets development e.g. reducing waste medicines, adherence.

The PCT is asking community pharmacies to support the QIPP agenda. The Medicines Pathway work stream (aim = to reduce the waste medicines with repeat dispensing and repeat prescribing request schemes; and increasing medicines adherence) is where community pharmacy can have a positive impact and help to deliver QIPP.

The joint Dorset formulary is just about ready to go live and will necessitate a lot of work trying to ensure that everyone complies with it.

10. And finally from the Chief Officer

My first year in office has been both interesting and very challenging. There have been a vast number of national issues as well as local issues to contend with and address to ensure community pharmacy is included as part of the healthcare team.

I would like to thank the committee for all their support over the past year. Also thanks to Roger King for all his help and guidance and allowing me access to the font of knowledge he carries inside his head. Not sure what I would have done without him!

Amanda Moores
Chief Officer
Dorset Local Pharmaceutical Committee

INCOME AND EXPENDITURE ACCOUNT
for the year ended 31 March 2011

	2011		2010	
	£	£	£	£
P.P.A. composite levy		144,910		107,884
Other income				
Bank interest	878		340	
Interest on tax	-		1	
		<u>878</u>		<u>341</u>
		145,788		108,225
Expenditure				
Employment costs	22,394		22,449	
Administration	23,340		1,140	
Bank charges	50		50	
Computer ware & stationery	2,651		1,260	
Education & training	2,240		(641)	
Attendance allowance	23,599		30,645	
Travel & subsistence	7,240		4,128	
Meeting expenses	5,616		1,332	
Regional meeting	-		-	
Secretary honorarium	3,000		9,000	
Telephone & internet	932		1,079	
Tax	184		69	
Treasurer honorarium	-		250	
Accounting & payroll	247		754	
Audit	601		704	
PSNC levy	38,926		38,247	
PSNC dinner	891		1,166	
Insurance	240		79	
Gratuities & gifts	-		82	
		<u>132,151</u>		<u>111,793</u>
NET PROFIT/(LOSS)		<u>13,637</u>		<u>(3,568)</u>

CAPITAL STATEMENT
as at 31 March 2011

	2011		2011
	£	£	£
CAPITAL ASSETS			
Debtors	450		2,010
Prepayments	139		139
Bank balance	<u>73,032</u>		<u>58,161</u>
	<u>73,621</u>		<u>60,310</u>
 CURRENT LIABILITIES			
Expenses	6,419		6,132
PAYE/NIC	566		1,058
Audit Fee	660		646
Accountancy provision	-		319
Tax on deposit interest	<u>255</u>		<u>71</u>
	<u>7,900</u>		<u>8,226</u>
		65,721	52,084
 NET ASSETS		<u>65,721</u>	<u>52,084</u>
 FINANCED BY:			
 CAPITAL ACCOUNT			
Brought forward		52,084	55,652
Add: Net profit/(loss)		13,637	(3,568)
		<u>65,721</u>	<u>52,084</u>