



DORSET LOCAL PHARMACEUTICAL

COMMITTEE

ANNUAL REPORT

AND

ACCOUNTS 2011 - 2012

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MEMBERSHIP OF THE COMMITTEE

The following served on the Committee from 1st April 2011:

Contractors

Mr Steve Costello
Mr Mike Field
Mr Mike Hewitson
Mr Chris Higgs
Mr Darren Lewis
Mr Dipan Shah – suspended October 2011, removed Jan 2012 and not replaced

Company Chemists Association

Mrs Janette Best
Ms Fiona Bywater
Ms Mako Honda
Mr Garwyn Morris
Mr Louis Purchase – resigned September 2011, replaced by Mr John O’Sullivan
Miss Claire Rossiter
Mr Ross Wayne
Mrs Mandy West
Mrs Helen Wright – removed November 2011, replaced by Miss Dianne Carmichael

OFFICERS OF THE COMMITTEE

Chairman	Mr Steve Costello
Vice-Chairman	Miss Claire Rossiter
Chief Officer	Mrs Amanda Moores
Treasurer	Mr Chris Higgs

Introduction

As we found last year, once again externally this year has been dominated by the restructuring of the NHS. Our work previously completed on a key stakeholder map has needed regular updating as the changes continue to happen and we prepare for the biggest change to the NHS since its inception in 1948.

Our continued close working with the new PCT cluster 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 and it has resulted in a huge effort by the committee to maintain our local focus and support our contractors. Below is the summary of our year.

1. Working with Primary Care Trusts

With the changes that are occurring within the NHS nationally we are now seeing these changes develop locally. There is now one Clinical Commissioning Group to cover the area of NHS Dorset and NHS Bournemouth & Poole cluster. The chair of the CCG is Dr Forbes Watson, a GP from Lyme Regis.

Across the country the number of PCTs has reduced and locally the two PCTs have now clustered, there are two Boards and they remain two separate organisations, but with one Executive Team overseeing them both.

This has simplified the LPCs working with the PCT as we now have one point of contact for dealing with community pharmacy. At this stage however it hasn't made it any easier in terms of securing equality of enhanced services across the cluster. There are still two very different budgets and two very different ways of services being commissioned.

NHS Dorset

a. EPS R2

Following successful application to the Secretary of State, EPS R2 roll out has begun in NHS Dorset, the first site in East Dorset going live in the summer of 2011. This was the first site in the South of England (excluding London) to actually go live. Over the year more GP systems have been signed off for EPS R2 so the next phase of sites to go live will begin during June 2012 in the Charmouth & Lyme Regis area.

b. NHS Health Checks Service

A further review of the Health Checks service has seen the service open up to more patients and this is now offered from 25 NHS Dorset pharmacies. The last twelve

months has seen more people accessing this service through community pharmacy but there is still more to be done and pharmacies do need to continue to deliver a high quality service to ensure it will be re-commissioned from 2013.

c. Weight Management

Following the success of the 1:1 community pharmacy weight management programme in 2010 this has now been included as one of the options for the Healthy Choices Weight Management Programme commissioned by the PCT and available across Dorset. Healthy Living Wessex provides a referral hub and following discussions with the patient, they can be referred to one of the following for support – Weight Watchers, Slimming World, Rosemary Conley and community pharmacy.

d. Stop Smoking

Stop Smoking figures continue to improve with more pharmacies taking part, 49 of the 82 pharmacies delivering quitters. In 2011 – 2012 of the 2,423 quitters in the PCT community pharmacy delivered 1,237 = 44.3% which is a phenomenal achievement and an increase on last year!

e. Emergency Hormonal Contraception

This year has seen the removal of the upper age limit for supply of EHC. It is now possible for any woman in NHS Dorset to access EHC free of charge from community pharmacy. This is a real endorsement of the service provided by community pharmacy. In addition this year has also seen the launch of a single contact telephone number for sexual health advice for Dorset. Which means that one phone call will allow access to all services rather than having to contact various teams for different issues.

f. Advice & pharmaceutical support for care homes

Community pharmacies have continued to provide this service to care homes in NHS Dorset. Following changes to the national community pharmacy contract part of this service had to be reviewed. The PCT and LPC have been working on further development of the service to ensure that residents of care homes in NHS Dorset can receive the same level of care as they would if living in their own home.

g. Minor Ailments Scheme

The Minor Ailments Scheme has been running in NHS Dorset since 2006 it is intended to prevent unnecessary GP appointments by supplying treatments for minor ailments free of charge to people who would usually visit their GP to get a prescription so that they don't need to pay for over the counter medicines. Such schemes have proved valuable in areas of the country with high levels of deprivation and where access to GP practices is not good. However across NHS Dorset higher levels of activity have not naturally developed in areas of higher deprivation and access to GP practices in Dorset is also good. The majority of activity of the scheme is provision of head lice treatment and whilst the supply of head lice treatments through the pharmacy scheme has increased

year on year, prescribing through GP practices has not decreased and therefore it seems that an unintended “market” has been created.

The scheme is also extremely burdensome from an administrative point of view and is not seen as good value for money. As a result this service has been decommissioned by the PCT and the funding from this service will be used for other opportunities in community pharmacy.

h. Uplift on enhanced service fees

As agreed previously 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.

i. Healthy Living Pharmacies (HLPs)

In July 2011 the PCT and LPC submitted a joint bid to become one of the 20 national pathfinder sites for Healthy Living Pharmacies. There was very high demand for the places and we were successful in our bid which concentrated on getting pharmacies in the Weymouth & Portland area accredited as HLPs for the 2012 Olympics. The HLP project team consisting of PCT staff and LPC members has developed a quality and service framework for the pharmacies to aim for. There was an engagement evening for interested contractors, which was very well attended and as a result 21 pharmacies expressed an interest in becoming an HLP. The process of becoming accredited as an HLP requires the pharmacy to have staff trained in leadership/change management and have at least one Healthy Living Champion. The PCT and LPC have jointly funded this project and hence one of the training events for 2011/12 was specifically for prospective HLPs.

By the end of the pathfinder phase of March 2012, the aim was for Dorset to have at least one pharmacy as an HLP with more then being ready for the Olympics in July 2012. We are delighted that Dorset did accredit the first Healthy Living Pharmacy in March 2012, when Boots in Weymouth achieved the standards required in the framework. We look forward to seeing more HLPs being accredited over the summer and there will be an opportunity for pharmacies across the whole of Dorset, including Bournemouth & Poole to become HLPs in 2012/13.

NHS Bournemouth and Poole

a. Stop smoking

Following the clustering of the two PCTs, pharmacies in Bournemouth & Poole have been asked to continue to provide this service under existing arrangements, with a plan to review it as soon as possible.

b. Emergency Hormonal Contraception

Pharmacies have been requested to continue to provide this service under existing arrangements and the PCT has given a clear mandate to respond to all requests for EHC and that there is no need to send clients to the Sexual Health Clinics unless referral is required. As for smoke stop the PCT has given its assurance that this service will be reviewed as soon as possible.

c. NHS Health Checks Service

In January 2012 the PCT held an engagement event for all possible providers to discuss the plans for offering this service from April 2012. The original plan was for this service to be commissioned under the Any Qualified Provider (AQP) route, which would see community pharmacy as one of many options which could also include GPs, independent providers, Foundation Trusts, private companies, etc.

Following discussions with the LPC and Wessex LMC, which represents GPs in Dorset, the PCT have decided to offer this service as a local enhanced service. This is a great opportunity for community pharmacies in Bournemouth & Poole to deliver a high quality service and prove their worth in addressing the Public Health needs of the local population.

2. Contract applications

The LPC has responded to the following contract applications:

April 2011: Case 2011-03 Medicines clinic, Ferndown – 100 hour exemption application - **granted**

April 2011: Case 2011-04 Barton Surgery, Barton on Sea – 100 hour exemption application - **granted**

May 2011: Case 2011-07 Lloydspharmacy, Castlepoint - 15,000 sq metre retail exemption – **granted**

May 2011: Case 2011-08 Ideal Healthcare, Portland – necessary or expedient – **refused**

May 2011: Case 2011-09 Twelvers Link Ltd, Fordingbridge – 100 hour exemption – **granted**

Dec 2011: Case 2011-17 Community Pharmacies (UK) Ltd, Ferndown – 100 hour exemption application - **granted**

Jan 2012: Case 2012-01 Community Pharmacies (UK) Ltd, Barton on Sea – preliminary consent 100 hour exemption application - **granted**

Jan 2012: Case 2012-02 Community Pharmacies (UK) Ltd, Fordingbridge surgery – preliminary consent 100 hour exemption application - **granted**

Jan 2012: Case 2012-03 Lawton Pharmacy Consultants Ltd, Canford Heath surgery – full consent 100 hour exemption application - **granted**

Jan 2012: Case 2012-04 Boots UK Ltd, High Street, Wimborne Minster – preliminary consent 100 hour exemption application - **granted**

Jan 2012: Case 2012-05 Roshban Ltd, Lake Road, Verwood – preliminary consent, necessary or expedient application - **refused**

Jan 2012: Case 2012-06 Tesco UK, Waterloo Road, Poole – full consent 100 hour exemption application - **granted**

Feb 2012: Case 2012-07 Asda, Canford Heath – full consent 100 hour exemption application - **granted**

Feb 2012: Case 2012-08 Lloydspharmacy Ltd, Castlepoint – preliminary consent > 15,000 sq m exemption application - **granted**

Feb 2012: Case 2012-09 Determination of classification urban or rural – New Milton - **original boundaries maintained**

March 2012: Case 2012-11 Pharmland, Verwood – distance selling - **withdrawn**

March 2012: Case 2012-12 Pharmland, Verwood – necessary or expedient – **refused**

This year has seen a significant increase in the number of contract applications under the exemption categories and this has taken a considerable amount of LPC time and resource. Despite a large number of new contracts being granted no new contracts opened and there remain 154 community pharmacies and 3 appliance contractors in Dorset.

3. External factors that influenced pharmacy and LPC activity

a. Local Professional Networks

Subject to the passage of the Health & Social Care Bill, the commissioning of primary care service will transfer from PCTs to the NHS Commissioning Board (NHS CB) from April 2013. Local Professional Networks (LPNs) will be established for dentistry, optometry and pharmacy and will be part of the NHS CB and will concentrate on quality improvement & assurance, service development & innovation, clinical & professional leadership & engagement.

PCTs and LPCs across the country have been asked to look at testing LPNs and look at various factors, for example size, geography, membership and functions. Locally a pan Dorset LPN has been established for pharmacy and this will be clinically led by local pharmacists with support from the PCT. The testing LPN is just developing and will progress through to April 2013.

b. Pharmabase

This year has seen PSNC launch Pharmabase which is an electronic platform designed to capture data from services provided by contractors. The plan being that the anonymised data can then be used to provide information to commissioners on the value of services provided by community pharmacy and help support their continued commissioning in the future. In addition it also provides the PCT with an electronic format for receiving claims for payment for services provided and should hence reduce workload involved in handling paper claims.

Locally EHC, supervised consumption and the contract monitoring document are required to be submitted via Pharmabase. This has not been without its teething problems and the LPC and PCT have been working very hard with PSNC to resolve the issues.

There has been a cost implication for both contractors and the PCT for introduction of Pharmabase. In 2011/12 an additional hypothecated levy of £11,550 which equates to £75 per contractor, was paid to PSNC on behalf of Dorset contractors. The LPC has not passed on this cost directly to contractors and has paid this out of LPC reserves.

c. New Medicine Service (NMS)

In October 2011 NMS was launched as the next advanced service in the community pharmacy contractual framework. This service involves contractors providing information and counselling to support patients in the first few weeks of starting certain new medicines.

With the work done by the SW LPCs, the region was one of the first to start delivering significant numbers of NMS. The initial banded payment structure however has caused some contractors to miss out on payment for work done and resulted in some disillusionment with the service. PSNC has successfully managed to renegotiate the

payment structure so each NMS activity will now receive payment. The funding for this service is only guaranteed until March 2013 and work is being done to analyse the outcomes of NMS to hopefully secure its continued presence. We would urge all contractors to proactively provide this service and ensure their data can be fed into the national picture.

4. Consultation responses

In 2011/12 Dorset LPC responded to three consultations:

May 2011 – Boscombe & Springbourne Health Centre – future proposals

June 2011 – Pharmacy Voice Blueprint Paper

January 2012 – Draft regulations for market entry by means of pharmaceutical needs assessments and quality and performance

5. Annual Meeting

As in recent years, it was decided that this year the Annual Meeting of Contractors would be held over lunch on one of the all day committee meetings. It was therefore decided to channel resources into training evenings.

6. Training events

This year the LPC have delivered three general training events and one specifically for Healthy Living Pharmacies. All were very well attended:

June 2011 – Building healthy relationships with GPs = 80 attendees

October 2011 – New Medicine Service launch event = 80 attendees

November 2011 – NMS nuts & bolts (Pharmabase, NMS process and clinical aspects) = 50 attendees

January 2012 – Leadership/change management training for HLPs = 21 attendees

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.

7. South West LPC Forum

With the changes to the Community Pharmacy Contractual Framework in October 2011 the SW LPC forum has concentrated its work on supporting contractors to successfully deliver the New Medicine Service (NMS) and targeted Medicines Use Reviews (tMURs).

To minimise repetition of work and reduce costs, the group produced regional newsletters, arranged NMS launch events with soft skills training and developed an NMS 'credit card' for patients to be used when prescribed a new medicine.

8. Funding the Committee's activities

In the last twelve month's the full committee has met a total of eight times. In addition representatives of the committee have attended 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. And finally from the Chief Officer

It has been a difficult year for the committee and I would like to thank the members for all their hard work and commitment. In March 2012 the committee unanimously voted to reduce the size of its membership from 15 to 10 to reduce outgoings and ensuring the best value for money for contractors. As a result the following members decided to relinquish their places – Mrs Janette Best, Ms Mako Honda, Mr Darren Lewis and Mr Ross Wayne. On behalf of myself and the committee I would like to thank them all for their hard work and commitment over the years, you will be missed!

Over the next year community pharmacy needs to ensure it continues to deliver a wide range of high quality enhanced services so that when the Local Authorities take over commissioning responsibility for Public Health in April 2013, they will want to include pharmacy as a provider.

This time next year we will be working in the new NHS, let's hope it will be good for us all.

Amanda Moores
Chief Officer
Dorset Local Pharmaceutical Committee

INCOME AND EXPENDITURE ACCOUNT
for the year ended 31 March 2012

	2012		2011	
	£	£	£	£
P.P.A. composite levy		146,639		144,910
Other income				
Bank interest		920		878
		<u>147,559</u>		<u>145,788</u>
Expenditure				
Employment costs	23,583		22,394	
Administration	35,482		23,340	
Bank charges	50		50	
Computer ware & stationery	2,453		2,651	
Education & training	325		2,240	
Attendance allowance	30,156		23,599	
Travel & subsistence	8,647		7,240	
Meeting expenses	1,800		5,616	
Secretary honorarium	-		3,000	
Telephone & internet	1,214		932	
Tax	193		184	
Treasurer honorarium	750		-	
Accounting & payroll	-		247	
Audit	570		601	
PSNC levy	39,724		38,926	
PSNC dinner	-		891	
PSNC design & development	11,204		-	
Insurance	1,121		240	
		<u>157,272</u>		<u>132,151</u>
NET PROFIT/(LOSS)		<u>(9,713)</u>		<u>13,637</u>

CAPITAL STATEMENT
as at 31 March 2012

	2012		2011
	£	£	£
CAPITAL ASSETS			
Debtors	-		450
Prepayments	139		139
Bank balance	76,520		73,032
	<u>76,659</u>		<u>73,621</u>
CURRENT LIABILITIES			
Expenses	18,006		6,419
PAYE/NIC	1,638		566
Independent Examiner	630		660
Tax on deposit interest	377		255
	<u>20,651</u>		<u>7,900</u>
		56,008	65,721
NET ASSETS		<u>56,008</u>	<u>65,721</u>
FINANCED BY:			
CAPITAL ACCOUNT			
Brought forward		65,721	52,084
Add: Net profit/(loss)		(9,713)	13,637
		<u>56,008</u>	<u>65,721</u>