



DORSET LOCAL PHARMACEUTICAL

COMMITTEE

ANNUAL REPORT

AND

ACCOUNTS 2012 - 2013

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MEMBERSHIP OF THE COMMITTEE

The following served on the Committee from 1st April 2012:

Contractors

Mr Steve Costello
Mr Mike Field
Mr Mike Hewitson – resigned 2/5/12, replaced by Mr Robin Mitchell 29/11/12
Mr Chris Higgs

Company Chemists Association

Mrs Fiona Arnold
Miss Dianne Carmichael
Mr Garwyn Morris
Mr John O’Sullivan – resigned 14/5/12, replaced by Mr Louis Purchase – resigned 27/2/13, replaced by Mrs Janette Best 25/3/13
Miss Claire Rossiter
Mrs Mandy West

OFFICERS OF THE COMMITTEE

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

Introduction

2012 has been an exciting year for the UK with the 2012 Olympics and Diamond Jubilee celebrations as well as the continued preparation for the biggest changes to the NHS since its inception in 1948.

Dorset LPC has worked very closely with the PCT cluster this year to ensure a smooth transition to the new commissioners in April 2013.

The workload and demands on community pharmacy have increased and the committee have worked very hard to stay focused and support Dorset contractors. Below is the summary of the year.

1. Working with the PCT cluster

This year the committee have been working on developing services for the County of Dorset rather than for the two separate PCTs. This has been a significant change to previous ways of working and will support the planned changes to the NHS.

a) HLP framework and funding across Dorset

The LPC has worked with the PCT to develop a framework for HLP and agreed funding for roll out across the whole of Dorset. This has been a significant step forward in development of Pan Dorset working.

b) Emergency Hormonal Contraception

This enhanced service is now available across Dorset for women of all ages. Pharmacies in both PCTs are now able to offer the same service for the same remuneration.

c) Uplift on enhanced service fees

This year the uplift on fees has been neutral to ensure services are re-commissioned and to establish parity of fees across the County.

2. Contract applications

The LPC has responded to the following contract applications:

April 2012: Case 2012-13 Rowlands, Boscombe - full consent, minor relocation > 500 metres – **granted**

April 2012: Case 2012-14 Rowlands, Ferndown – full consent, minor relocation > 500 metres – **granted and relocated 12/11/12**

April 2012: Case 2012-15 Grove Pharmacy - minor relocation > 500 metres - **granted**

May 2012: Case 2012-17 West Howe Retail Ltd, Talbot Medical Centre – full consent 100 hour exemption – **granted and opened 11/2/13**

May 2012: Case 2012-18 Tesco, Castle Lane – full consent 100 hour exemption – **granted, now expired**

June 2012: Case 2012-19 Asda, Castlepoint full consent >15,000 sq m exemption - **granted, now expired**

June 2012: Case 2012-20 Twelvers Link, New Milton – preliminary consent 100 hour exemption - **granted**

June 2012: Case 2012-21 Bright Meds, New Milton – distance selling – **granted**

July 2012: Case 2012-22 Pharmland, Verwood – 100 hours exemption – **granted and opened 25/2/13**

August 2012: Case 2012-25 Instachem Pharmacy - full consent relocation > 500 metres – **granted and relocated 14/1/13**

October 2012: Case 2012-26 Community Pharmacies UK Ltd, Ferndown – full consent 100 hours relocation (refers to Case 2011-17 preliminary consent) – **granted**

December 2012: Case 2012-29 Boots, Wimborne full consent 100 hours exemption (refers to 2012-04 preliminary consent) – **granted**

December 2012: Case 2012-30 – Community Pharmacies UK Ltd, Fordingbridge surgery – full consent 100 hours exemption (refers to Case 2012-02 preliminary consent) – **granted**

March 2013: Case 2013-01 – OstoMART, Ferndown – excepted application – relocation of premises with no significant change

With the changes to the regulations for market entry we have seen a flurry of last minute applications. This year has seen one internet pharmacy close and two 100 hour pharmacies open. There are 156 community pharmacies and 3 appliance contractors in Dorset.

3. External factors that influenced pharmacy and LPC activity

a) Changes to market entry regulations

2012 has seen changes to the NHS (Pharmaceutical Services) which means that contract applications for pharmacies are now considered against the PNA for the area. To prepare for these changes the LPC has worked with the PCT to review and update the PNA where needed. In addition members of the LPC have attended masterclass training sessions on the new regulations to ensure the committee can provide support to contractors and respond appropriately to applications.

b) Drug Tariff simplification – April & June 2012

April and June saw changes to the Drug Tariff that were intended to simplify making claims. The changes to the payments for methadone certainly created plenty of discussion both locally and nationally. It is through feedback from contractors that further changes have now been made to these payments for the benefit of contractors.

c) Future structure of LPCs

With the imminent changes to the NHS LPCs have been asked to consider how they work and whether any changes would be appropriate in terms of size and ways of working. Along with our neighbouring LPCs, Dorset has reviewed what it does and how it delivers a cost effective service for contractors.

As a result, along with Hampshire & IOW LPC and Swindon and Wiltshire LPC we have developed the Wessex LPC Association. Together we have been sharing work and best practices and have been learning from the other committees. Wessex LPC Association has led the way to establish a change to the format of the PSNC conference to allow for key topics to be given sufficient time for debate and influence the work streams for PSNC in the following year.

d) Local Professional Network

The Pharmacy LPN for Dorset was established and Mike Field was appointed as Chair. The network consisted of representatives from the PCT, LPC, community, primary care, secondary care, Public Health, dispensing doctors and patients. In order to explain the role of the LPN and obtain input from the wider professional network, two engagement events were held in early October 2012 and over the year the network looked at a number of key areas:

- Engagement with both primary and secondary care pharmacists resulting in collaborative working to produce a work plan and audit which aims to improve the transfer of care of patients between hospital and the community
- Training strategy – by considering training needs, producing a plan that maximised the benefit of professional development of staff providing pharmaceutical services using a variety of training providers

- Peer review – using data provided by contractors providing Medicine Use Reviews to the PCT to generate graphical information that enables individual providers to compare their outcomes with others in the same county

With the demise of the PCT the Pharmacy LPN for Dorset ceased to exist from 1/4/13 and we now await the development of the Pharmacy LPN for the Wessex Area Team.

e) *PharmOutcomes*

This year has seen Pharmabase replaced by PharmOutcomes which has a proven track record for capturing data from services provided by contractors. As this report is being written, Public Health Dorset have agreed to the use of PharmOutcomes for the delivery of locally commissioned services and the costs of this are being met by the Local Authorities as part of the transfer from the PCTs.

f) *New Medicine Service (NMS)*

Additional funding for NMS has been agreed until October 2013 whilst the results from the national report on the service are reviewed. It is hoped that the information from this report will support the continuation of the service for the future.

4. Consultation responses

In 2012/13 Dorset LPC responded to the following consultations:

27.04.12 – Response to GPhC Consultation - Modernising Pharmacy Regulations

26.09.12 – APPG Inquiry into the barriers to progress in pharmacy

16.10.12 – Response to DoH consultation - Securing Best Value for NHS Patients

16.10.12 – Response to Draft Health & Wellbeing Strategy for Dorset 2012-2015

01.03.13 – Response to PSNC request for answers to Clinical Governance Survey for COSI negotiations

22.03.13 – Response to Draft Health & Wellbeing Strategy for Bournemouth & Poole 2012-2016

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/supported three face to face training events and a webinar. All were very well attended:

May 2012 - "A Tale of two hospital discharges" - in conjunction with RPS Wessex Local Practice Forum and Hampshire & IOW LPC = 80 multidisciplinary attendees including Chief Pharmacists, secondary care teams from three Dorset Hospitals, community pharmacy teams and locums. This event was designed to encourage better communication between the different sectors of pharmacy, specifically when patients are discharged from hospital.

September 2012 - Enhanced services and PharmaBase = 78 attendees looked at the various enhanced services available across Dorset, the accreditation requirements, remuneration and use of PharmaBase.

October 2013 – LPN engagement events = 60 multidisciplinary attendees building on the event from May 2012. The output from these vents helped to develop the community pharmacy audit for 2012/13.

January 2013 – Pharmacy Funding Update = 22 attendees/listeners from Dorset, 145 attendees in total across 7 LPCs. This was the first time the LPC has used this medium for providing information and updates to contractors. The feedback received was very positive and the LPC will look at how this could be utilised future.

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. Communications

Our new format for conducting surveys is proving invaluable to the LPC and also our new commissioners. This year we have conducted surveys on smokestop, public health & recording interventions, care homes, social media, LPNs, HLP and EPSR2.

The information we gathered from the smokestop survey included data on other health benefits experienced by patients when quitting e.g. their children having fewer colds, reduced blood pressure, better control of asthma, more energy, generally feeling healthier. This information has been shared with Public Health and has been gratefully received.

8. South West LPC Forum

This year the SW LPC forum has concentrated on the following areas - successes, challenges, current issues for contractors and sharing of best practice. The discussions at each meeting have provided support for each of the individual LPCs for the benefit of contractors.

8. Funding the Committee's activities

In the last twelve month's the full committee has met a total of seven times. In addition representatives of the committee have attended over one hundred meetings with a huge variety of different people and organisations including the opportunity to meet with some of the Dorset MPs in Westminster.

This year on the advice of PSNC and the Treasurer of the committee, the way in which the levy is collected from contractors has been changed to a set amount each month. This has allowed the committee to plan its work and utilise the budget needed to deliver the strategy far more effectively.

9. And finally from the Chief Officer

The final few months of this year has been very challenging with many of the key contacts within the NHS starting their new roles before leaving their existing ones and trying to do both at the same time! The LPC have been very grateful for the support from Julia Booth and her team during the transition and we look forward to working with Julia in her new role in the Wessex Area Team.

We have had the opportunity to be involved and meet some of the new commissioners from Public Health and relationships are already developing. The Public Health team in Dorset are very keen to work with and support community pharmacy but there is a huge amount to do to ensure outcomes and patients are not adversely affected by the changes. Community Pharmacies across the country need to be prepared to work within a whole new environment.

This time next year we hope all existing services will have been re-commissioned and there will be others in the pipeline.

Amanda Moores
Chief Officer
Dorset Local Pharmaceutical Committee

INCOME AND EXPENDITURE ACCOUNT
for the year ended 31 March 2012

	2013		2012	
	£	£	£	£
P.P.A. composite levy		148,859		146,639
Other income				
Bank interest		1,028		920
Interest on tax	-		-	
		149,887		147,559
Expenditure				
Employment costs	24,035		23,583	
Administration	38,148		35,482	
Bank charges	50		50	
Computer ware & stationery	1,421		2,453	
Education & training	1,694		325	
Attendance allowance	16,565		30,156	
Travel & subsistence	5,619		8,647	
Meeting expenses	2,383		1,800	
Telephone & internet	811		1,214	
Tax	206		193	
Treasurer expenditure	800		750	
Independent examination	594		570	
PSNC levy	40,752		39,724	
PSNC design & development	9,130		11,204	
Insurance	1,187		1,121	
Gratuities & gifts	-		-	
		143,395		157,272
NET PROFIT/(LOSS)		6,492		(9,713)

CAPITAL STATEMENT
as at 31 March 2012

	2013		2012
	£	£	£
CAPITAL ASSETS			
Debtors			-
Prepayments	130		139
Bank balance	73,897		76,520
	<u>74,027</u>		<u>76,659</u>
CURRENT LIABILITIES			
Expenses	8,907		18,006
PAYE/NIC	1,628		1,638
Independent examiner	594		630
Tax on deposit interest	398		377
	<u>11,527</u>		<u>20,651</u>
		62,500	56,008
NET ASSETS		<u>62,500</u>	<u>56,008</u>
FINANCED BY:			
CAPITAL ACCOUNT			
Brought forward		56,008	65,271
Add: Net profit/(loss)		6,492	(9,713)
		<u>62,500</u>	<u>56,008</u>