

Chairman's Report - April 2013 to March 2014

Introduction

Derbyshire Local Pharmaceutical Committee (LPC), also known as Community Pharmacy Derbyshire, represents the interests of all of the Derbyshire community pharmacy contractors. The committee is recognised by the NHS England Area Team for Derbyshire and Nottinghamshire.

There are currently 217 community pharmacy contractors in Derbyshire (66 in Derby City/ 151 in Derbyshire County) and a wide range of pharmaceutical services are provided to over one million people locally (i.e. 251,000 in Derby and 774,000 in Derbyshire). The committee has been very active in supporting the business interests of all of these contractors during 2013-14. In line with our strategy every opportunity has been taken to actively engage key stakeholders in the development of pharmacy services and to promote the sector as a valued, and often underused, resource. Pharmacists are the third largest healthcare profession and their contribution to improving patient outcomes is not always recognised.

LPC Membership and Meetings

The committee, which was constituted in 2009, is made up from the three contractor groups as follows:

- Company Chemist Association (CCA) x 6 appointed members
- Association of Independent Multiple Pharmacies (AIMp) x 5 appointed members
- Independent Contractors x 4 elected contractors

This was the last year of this committee (4-year term) and a new committee has been in place since 1st April 2014. Election of independent committee members and appointment of CCA and AIMp representatives took place early in 2014. The balance of the committee remains the same and there was only one change. Mr Irfan Motala was elected as an independent and took the place of Mr Nazim Ebrahim, who did not stand for re-election. I should like to take this opportunity to thank Nazim for the work he did on behalf of the committee.

The committee met on six occasions during the year. It is important to engage with the widest possible range of stakeholders, so guests were invited where there were specific agenda items that needed additional input. This helped the committee members to be fully briefed on matters of interest and supported the formulation of policy and decision-making.

LPC members are actively encouraged to develop a good understanding of national health priorities and to develop their own personal effectiveness through attendance at PSNC seminars and other events. PSNC Support Seminars attended included the Community Pharmacy Conference, the Annual Chairs and Secretaries Meeting, 'Financial Management', 'Procuring and Commissioning', 'Negotiating Skills', 'Call to Action Briefing', and 'Coaching and Mentoring'. Other events attended were various NHS England events (e.g. 'Call to Action' and a national Health Check event); a PharmOutcomes Master Class; and various Public Health events for engagement, consultations and tendering for services.

LPC Activities

(a) General

The LPC regularly communicates its activities to contractors via our website at www.derbyshirelpc.org. The website was updated and modernised last summer and is an excellent resource for contractors to use. There are news updates; various resources to support delivery of local services; committee-meeting reports;

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details of local meetings and events; etc. Overall, website usage has continued to grow since its inception and there were 4664 hits in 2013 (c.f. 3,160 hits in 2011).

Your committee have been very active in representing Derbyshire Contractors at all levels locally, regionally and nationally. Locally we have ensured LPC membership of the following committees and working groups:

- Local Professional Network for Derbyshire and Nottinghamshire
- Pharmacy Enhanced Services Task and Finish Group
- CCG Prescribing Subgroups
- Control of Entry
- NHS England Primary Care Panel
- NHS England Performance Screening Group
- Derbyshire Flu Executive and the Primary Care Pandemic Flu Group
- 5-Year MPharm Advisory Board – Nottingham University

Radical changes took place on 1st April 2013 when the NHS architecture was reformed. Although some preparatory work had been undertaken it was impossible to anticipate everything that would have an impact. What felt like the whole of 2013-14 was spent ensuring that contractors did not lose out with the transitional arrangements for services, changes to service provision/scope and new contractual arrangements. Commissioners moved at different rates in their reviews and consultations. Unfortunately, there are now marked differences between the public health services in Derbyshire county and Derby city, which adds complexity to pharmacy operations.

(b) LPC Structure

Graham Archer, LPC Secretary, became our Chief Officer at the start of the financial year and he is the main point of contact for contractors with the LPC. Graham has responsibility for developing our relationships with the new commissioners and helping to secure new business opportunities for contractors. LPC officers and members provide additional support as needed for attending meetings and developing service concepts.

This arrangement has worked extremely well and allowed the LPC to develop the widest possible stakeholder relationships. The LPC continues to review the workload to see if any additional administrative support is needed, but at the moment this not deemed necessary, especially with the close working relationship we have with Nottinghamshire LPC. The two LPCs have actively collaborated during the year to the mutual benefit of both committees.

(c) Finances

The Audit Subcommittee met on three occasions last year under the chairmanship of Stuart Kelly, LPC Treasurer. The subcommittee supports the Treasurer with his duty to ensure that LPC funds are used for the purposes set out in the LPC constitution and their use complies with the LPC's financial governance requirements.

Last year the LPC made arrangements for contractors to enjoy a levy holiday in December and January. We were able to do this following our 2013-14 review of the LPC structure and contracting arrangements with GMC Healthcare, which saved a significant sum of money during the financial year.

Stuart will provide financial information as part of his Treasurer's report. The LPC's finances are in good order and the budget for 2014/15 will ensure that the committee continues to offer great value for money to contractors. The statutory contractor levy is 0.125% and remains unchanged from when the LPC was formed in 2006.

(d) Control of Entry

The LPC has a Control of Entry Subgroup, chaired by Graham Archer, LPC Chief Officer, with constituted delegated powers to act on behalf of the committee. The new National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 came into force on 1st April 2013 and brought an end to applications under the '100-hour exemption. The LPC made representations on just three applications during the year. Two 'Excepted Application' were granted and one 'Combined Change of Ownership and No Significant Change Relocation' was initially granted but refused on appeal to the NHS Litigation Authority.

Contractor Support

The LPC delivered two development events for pharmacists during the year:

- May 2013 - Launch of the Domiciliary Respiratory Scheme [Pilot], which was commissioned by Southern Derbyshire CCG to explore how targeted interventions, over a six-month period, could improve outcomes for high-risk patients with a history of hospitalisations associated with their respiratory disease.
- Autumn 2013 – Dermatology Event sponsored by Leo Pharma

In addition, the LPC worked with CPPE to deliver Oral Emergency Contraception training in line with the local service specification. This has helped to ensure continuity of service provision.

NHS England Area Team

(a) Meetings with Directors and Officers

As part of the NHS reforms NHS England established an Area Team for Derbyshire and Nottinghamshire. This body is the 'local' arm of NHS England and oversees primary care contracts for community pharmacy, general practice, dentistry and optometry. It is also involved in service commissioning.

Derbyshire LPC officers, in conjunction with Nottinghamshire LPC officers, have had several liaison meetings with directors and officers of the Area Team. These meetings have proved very valuable and have provided the opportunity for wide-ranging discussions on issues relevant to community pharmacy. This collaboration has meant that the LPCs have been able to promote community pharmacy at the highest level and to position the sector as a valuable, if under-utilised, resource that could make a difference to the pressures on primary care (both financial and workload).

(b) Local Professional Network [LPN]

The LPN for Pharmacy has brought together a wide-range of stakeholders (e.g. LPCs, CCGs, Public Health, Secondary Care, Academics, etc.) all with a common purpose of developing the offer from community pharmacy. Mrs Samantha Travis, LPN Chair, has been instrumental in ensuring that the LPN has a strategy that fits in with the local primary care strategy, but also prioritises community pharmacy ambitions for service developments. The LPC is grateful for her leadership and wishes to acknowledge the work she has done to promote the sector.

NHS England made funds available to alleviate the problems associated with 'Winter Pressures'. The money was intended to support local initiatives to reduce pressure on A&E departments and other frontline services. To this end an Emergency Supply service was commissioned to cover the Christmas period. The service outputs and positive feedback were such that the NHS England Area Team have now commissioned the service to run out of hours and at weekends for the rest of the year.

(c) Call to Action [CtA]

The purpose of NHS England's Call to Action was to seek to secure community pharmacy services that deliver great outcomes cost-effectively, reaching into every community and which makes the most of the expertise of pharmacists and of pharmacy's unique accessibility for patients. Locally, the NHS England Area Team organised a series of events to capture the feedback of local pharmacists. These events were well attended and helped to shape the Team's submission to the national consultation. The LPC made its own consultation response as part of the consultation process to ensure that the opportunity was taken to shape future services, both locally and nationally.

Local Authorities

One of the key changes of the NHS Reforms was the transition of public health services (e.g. Oral Emergency Contraception, Smoking Cessation, Supervised Consumption, Needle Exchange, etc.) from PCTs to Local Authority control. Previously, Service Level Agreements (SLAs) were used by PCTs to contract with community pharmacy and contractors would sign up for those services they wanted to be involved with. However, delivery of services was often variable and there were few sanctions for non-delivery or non-participation in what had been signed up for. In contrast, the Local Authorities are asking contractors to



tender for those services they wish to deliver and any contracts that are awarded are being much more closely managed with far more active contract management for performance and participation.

(a) Public Health Derby City

Derby City Local Authority moved very quickly from consulting on pharmacy services to commissioning their own services. The Local Authority is facing severe financial pressures and this has impacted on the number of service opportunities available to both community pharmacy and general practice:

- The value of the services, which could potentially be provided by these two contractor groups, has been cut from £1.6m in 2012-13 to £0.5m in 2014-5 and the number of services cut from eleven to five.
- The five remaining services were put out to tender at the beginning of the year:
 - GP Health Checks (Lot 1)
 - GP Intra-uterine contraception devices fitting and monitoring (Lot 2)
 - GP Contraceptive implant fitting and management (Lot 3)
 - Pharmacy Needle Exchange (Lot 4)
 - Pharmacy Based Oral Emergency Contraception (Lot 5)

One positive outcome has been that PharmOutcomes now supports the delivery of Needle Exchange, Supervised Consumption and Oral Emergency Contraception in the city. Derby City Public Health paid the LPC to buy a PharmOutcomes license for city contractors and to act as consultants for setting up the services on the platform. This has been a very successful collaboration and the commissioners are delighted with the data and outcomes that they are getting. They have made a number of changes to their Needle Exchange service in the light of the data they have been getting – this intelligence has enabled them to shape the service to better meet the needs of clients.

(b) Public Health Derbyshire County

In contrast to Derby City, the Derbyshire County approach has been to take their time with their service reviews and consultations (given that they were under slightly less financial pressure than Derby City Local Authority). This decision was taken at an early stage, because the Local Authority did not think they would be able to achieve the ambitious timescales for reviewing, consulting and setting up new services by the end of the financial year. This has meant that services have rolled over and contractors are still largely working to the old SLAs.

This situation will not continue for much longer and services will be put out to tender. Contractors are urged to look out for opportunities to express an interest in delivering services as part of a sub-contracting arrangement with a lead contractor, or to tender for a service(s) if they meet the prescribed criteria.

(c) Consultations

The LPC has responded to Local Authority consultations on Sexual Health Services, Substance Misuse Services and Integrated Wellbeing Services. These consultations are part of far reaching service reviews and had a much wider remit than community pharmacy. There are likely to be fundamental changes to the way services are provided in the future and community pharmacy contractors could have sub-contracting arrangements with a Lead Contractor. The Lead Contractors will have been awarded a contract following a tender process. They will be responsible for delivering the entire service and contract management.

Clinical Commissioning Groups [CCGs]

Derbyshire LPC has committee members who regularly attend the prescribing subgroup meetings of North Derbyshire CCG and Southern Derbyshire CCG. This provides a valuable interface, so we are aware of CCG strategic priorities, financial challenges and issues of the day. In return we have been able to raise awareness of community pharmacy by giving a better understanding of processes and procedures within pharmacy. This insight allows for better understanding of how CCGs can work with community pharmacy to improve services and patient outcomes.

CCGs are responsible for commissioning some community pharmacy services (e.g. INR Services, Care Home Advice Visits, MAR Sheets, etc.) and these have been, or shortly will be, reviewed to see if they meet with CCG ambitions and service requirements. These are primarily legacy services that have been carried

over. The LPC is keen to have new services commissioned and is talking to the CCGs about a Minor Ailments Scheme and expansion of the Amber Valley Gluten Free Food Scheme. These services could free up time for doctors and help them to reduce their costs, especially if PharmOutcomes supported the services.

HealthWatch

Representatives from HealthWatch Derbyshire County and HealthWatch Derby City have attended some LPC meetings during the year. It is important that we have good links so that we can ensure proper account is taken of patient views when services are being reviewed or redesigned. They have a place on the HWBs and the LPN, which means they are able to influence the decision making process and ensure proper consideration is given to patient needs.

HealthWatch receives feedback from patients on NHS services and service providers. This intelligence gives an insight into service provision throughout primary and secondary care. Providers can then use this feedback/information to improve service delivery, as they will see how their services are viewed (positively or negatively). The LPC will work with HealthWatch to ensure community pharmacy services are viewed positively and to see if there are any areas that could be developed to improve patient satisfaction.

LPC Strategy 2014-18 [Summary]

One of the first tasks of the newly formed committee was to develop a strategy for 2014-18 to ensure that contractors receive the support they need. Annual business plans, supported by appropriate budgets, will be developed to allow for the delivery of the following strategic aims and objectives:

(a) Service Development

- Develop existing services to improve patient outcomes
- Improve access and choice to meet needs of the local population
- Services to offer value for money to commissioners and a fair return for contractors
- Proactively identify new ways of working
- Facilitate solutions to problems
- Promote usage of PharmOutcomes

(b) Stakeholder Engagement

- Collaborative working with a wide range of stakeholders
- Promote joint working to improve patient outcomes
- Ensure widespread understanding of community pharmacy
- Take every opportunity to network and build alliances
- LPC is seen as the key to improving services and access for patients

(c) Communication

- Contractors informed on NHS Matters and the work of the LPC
- Contractors kept up-to-date about local commissioning matters
- Media Strategy in place
- Proactively building relationships with stakeholders
- Website: www.derbyshirelpc.org

(d) Governance

- Corporate Governance and other Policies developed, agreed and signed-off
- LPC Finances – Business Plan in place and Budgets set to deliver the plan
- Framework for LPC Self-Evaluation
- Regular reports of LPC activities to contractors using a variety of channels



Summary and Conclusion

Last year was one of transition from the old way of doing things to the new way. Unfortunately, things did not always go smoothly and there is still uncertainty about the final breadth of community pharmacy services in Derbyshire. Commissioners have moved at different paces and adopted different strategies for contracting with the sector. It looks likely that pharmacy will have sub-contracting opportunities in the County with a lead contractor for some public health services, but exactly what these contracting arrangements will look like is unclear, as it will depend on which organisation(s) finally win the tenders.

The outstanding success of the year has been the deployment of PharmOutcomes in Derby City. This arrangement is benefiting all parties (i.e. commissioners, contractors and the LPC) and the LPC's strategic aim is to get PharmOutcomes used for all community pharmacy services. It has already proven its worth in Derby City and this success allows the LPC to promote its use to other commissioners. There is now a 'worked example' locally that clearly demonstrates the value of the platform.

The LPC will continue to work closely with Nottinghamshire LPC as this benefits both sets of contractors. Sharing of resources and expertise enables the LPCs to effectively discharge their responsibilities. This collaboration is particularly important when interfacing with the NHS England Area Team and the LPN. Although there are differences between the two counties there are many areas where our interests are aligned. The executives of the LPC have agreed to meet at least biannually and there is an open invitation for Chairs and Chief Officers to attend each other's committee meetings.

Committee members are pharmacists working within the community like yourselves, have your best interests in mind, and are available to help you with your daily practice problems. The Committee holds six meetings each year and contractors are welcome to attend as observers. Please contact Graham Archer, LPC Chief Officer, if you wish to attend one of the meetings. Finally, as already mentioned we have our website www.derbyshirelpc.org that will also keep you up-to-date with the work of the LPC.

John Sargeant

John Sargeant MRPharmS
Derbyshire LPC Chair
Tuesday 16th September 2014

