

Hampshire & Isle of Wight LPC

SUPPORTING LOCAL COMMUNITY PHARMACY

Annual Report 2015

Incorporating the Annual Accounts 2014/15





How quickly the Annual Report seems to come around – yet another year completed for the LPC! As is my usual habit for the report, I will take you on a whistle stop tour of the meetings that we held between May and March, hoping to give you a flavour of the work that the LPC does on your behalf.

May 2014 – Three new members joined us at the start of our LPC year, and we took the opportunity to analyse and reflect upon our strengths and aptitudes whilst we elected the LPC officers for the coming term and established the membership of our sub-committees. An LPC strategy workshop helped us identify the top priorities for our attention and how we could assess that we were making progress towards the targets set. The PSNC contract negotiations had started in earnest, so the committee asked Gary Warner to put forward the LPC's suggested changes for the national pharmacy contract.

July 2014 – We gave our thanks and best wishes to Bill Carcary who had resigned from the LPC. The final touches were made to our strategy document and, along with a fresh 'visual', it was ready for publishing on our website. It was recognised that our LPC constitution would need re-drafting, following PSNC guidance, to better reflect what the LPC does on behalf of contractors. With the end of ESP contracts approaching in March 2015, actions were agreed for supporting the contractors concerned. A fond farewell was given to our departing Chief Officer, Sarah Billington.

September 2014 – This was our first meeting with the new Chief Officer, Paul Bennett. The support that is required for pharmacists to be successful in service delivery was highlighted. Paul recognised the value of the Community Wessex Pharmacy Academy, along with the Healthy Living Pharmacy initiative. Reports were given about the LPC

support for the latest PNA developments in our area.

November 2014 – In a continuation of our intention to maintain closer working links with Dorset LPC, we again held a joint meeting where, this time, we explored the skills required for effective mentoring and coaching and how we could use those skills for the benefit of contractors. Paul outlined his thinking about the LPC 'Structuring for Success'. Local performance with the Flu Service was discussed and actions agreed for the LPC to provide support to maximise delivery.

January 2015 – The status of the HLP programme in Hampshire was reviewed, with 16 pharmacies identified as having signed up for the second wave. There was good ongoing support reported from Hampshire County Council and Ruth Milton, the Director of Public Health. Several services were identified as now needing application through the HCC tendering website InTend, so the LPC will need to help contractors who might be struggling with the system.

March 2015 – The committee agreed that an approach would be made to contractors to see if they were willing to support the establishment of a provider entity that could represent community pharmacy in the tendering and contracting for commissioned services. Presentations were delivered about Research Ready Pharmacies and Declaration of Competence.

So there we have a glance into some of the activity of the LPC during the 2014-15 year, my last as Chair. Having had the honour of chairing the committee for five terms, I decided it was time to step down and hand the reins over to somebody new. A large 'thank you' to all the committee members and those who support us in various ways, your efforts have always been most appreciated. I am glad to say that I will still remain on the committee and I look forward to continuing the work of the LPC.

Debby Crockford
LPC Chair



This is the first time after taking on the role of Chief Officer in September 2014 that I have had the pleasure of contributing to the production of the Annual Report of the LPC.

One of my first duties upon appointment was to address those attending last year's AGM and it seems incredible that we are already planning for the same again one year later. Perhaps this is a reflection of the pace of activity in community pharmacy as those of you reading this report, who work in a pharmacy every day, know only too well.

I hope you find this annual report interesting and complimentary to the other communications that we have issued through the year, notably the newsletters, bulletins, emails and LPC web site content. It is our mission to fully engage with contractors - those who fund the activity of the LPC - in a transparent and open manner and I personally invite you to contact either me directly or a member of your committee if you have a suggestion on how we can improve on what we currently do.

The role of the LPC

The aim of the Annual Report is to summarise what activities the LPC has been undertaking over the last twelve months on behalf of those providing NHS Pharmaceutical Services across the geography of Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP). The LPC is the body recognised by NHS England as representative of the pharmacy contractors in the areas of the four Health & Wellbeing Boards across SHIP and as such has been busy engaging, influencing and shaping the direction of service development and representing individual contractors in their dealings with the commissioners of service.

It has been my priority as Chief Officer to become quickly familiar with each of the health economies, to

form the necessary relationships that can then help shape the thinking of those responsible for commissioning of services or for oversight of the national NHS terms of service. Relationship building and maintenance never stops if those relationships are to be beneficial in the future.

At a time when NHS finances are under significant pressure, and when funding for public health initiatives through local authorities is also under stress, it is particularly difficult to secure the commissioning of new services or even to retain those currently commissioned unless the evidence to commission through pharmacy is compelling.

However, through established strong local relationships, enthusiasm of contractors and demonstration that community pharmacy can deliver positive health outcomes it is still possible to present new opportunities to contractors. It is then for contractors to embrace these opportunities and, with support from the LPC, to demonstrate the benefit of commissioning through this channel.

National & Local Developments 2014/15

In October it was announced that PSNC had reached settlement with NHSE on the *Funding arrangements for 2014/15* and that the New Medicines Service (NMS) would continue. In addition, *MUR's were to be comprised of 70% from targeted patient groups and the new category of 'cardiovascular risk' was added.* The maximum number of MUR's per contractor remained at 400 per year. Pharmacies were also asked to help identify suitable patients for repeat dispensing and participation in a nationally determined audit (as opposed to an audit determined by NHS Local Area Teams) was also agreed. There was also a *commitment to increase patient safety reporting.*

The LPC issued communication to contractors to reinforce that issued by PSNC and has worked with the local NHSE team to ensure a sensible and smooth implementation of these new requirements. Your committee has also supported contractors who have faced challenge in meeting these new obligations and is always available to guide contractors through their obligations or signpost to those who are best able to provide support.

Other than the supplement of the additional therapeutic area to the

targeted MUR percentage, there were no other national service developments of note.

We were as frustrated as contractors will have been with the *delay on the implementation of the national audit* and its subsequent lack of profile. We have also been disappointed that there has been *no new commissioning of service by NHSE in South Central* and other than a few notable exceptions mentioned below it has fallen to the public health departments of the Local Authorities to show initiative in commissioning.

Amongst the biggest national events has been the *publication of the Five Year Forward View (5YFV)* document by NHSE and Public Health England (PHE) and others. It describes the challenges facing the NHS and delivery of health care over the next five years as well as proposing certain solutions.

Key amongst these is the proposal for 'new models of care' to address delivery of out-of hospital care. Applications from organisations for funding (known as Vanguard's) saw *3 of the successful 29 locations come from our locality* and the LPC has been working with each (IoW, Southern Hampshire and Hampshire & Farnham). In addition we have also been working with one of the unsuccessful bidders (North Hampshire Alliance) on what integrated care might look like in that locality. This is an important change in the landscape and it is important that pharmacy is at the table in these discussions. More will surface over the coming months but it is our intent to make sure representation takes place and that these Vanguards consider community pharmacy in their plans.

Local Pharmacy Service Development

In *Southampton City a new Pharmacy First (minor ailment service) was commissioned* by the CCG in January, initially with a small range of self-limiting conditions included within the specification and across a restricted number of pharmacies that had expressed interest. That was subsequently extended and we await the evaluation and hopefully the announcement that the service will be extended in preparedness for the forthcoming winter season. *Portsmouth CCG have also been working on extending their own Pharmacy First Scheme* with a rejuvenated public facing campaign aimed for autumn / winter 2015. Other than the long-standing

Pharmacy First scheme on the Isle of Wight, these are the only CCGs from amongst the eight in SHIP that commission such a service.

This is extremely disappointing when you consider the call by NHS England and Public Health England for greater use of pharmacies to alleviate pressure on other parts of the NHS, notably GP surgeries and Emergency and Urgent Care Centres. **As Chief Officer I am calling on all CCG's across SHIP to follow the lead of Southampton, Portsmouth and IOW and commission a service** not just to alleviate the inevitable pressures we will see in winter 2015 but throughout the year.

Elsewhere, other pharmacy services have either been introduced or have been under development during 2014/15 and into the current year. We have been working in partnership with the Wessex Academic Health Science Network on a COPD initiative to identify and support patients with COPD who have not been diagnosed but have been living with poor health. This is an exciting project which is currently going through evaluation and which may be extended if the results prove beneficial. We have learnt some important lessons from this pilot, not least the importance of engagement and support for contractors participating in such initiatives.

Those learnings have been taken into another exciting project in West Hampshire where the CCG and LPC have partnered with the AHSN on a diabetic foot awareness service. Twenty five pharmacies are currently involved in a pilot to support patients with simple messages about foot care and how to identify signs of harm where they should seek urgent medical care and avoid amputation. The use of scratch cards to engage patients is a proven successful tool used in this service that has potential for widespread cascade.

Meanwhile, on the Island we worked at relatively short notice to see the introduction of an emergency medicines provision service just ahead of the Easter Bank Holiday. The service enables community pharmacists to make emergency supplies at NHS cost under certain criteria that ultimately avoid patients attending either the hospital A&E department or Out of Hours Service at ultimately greater cost to the NHS. The Island has also agreed updated terms for the palliative care service that sees community pharmacy play a vital role in the support of vulnerable patients. There is currently work

underway on a service through community pharmacy to *help identify asthmatic patients who do not use a steroid inhaler* and are at risk of severe attacks. The supply of an appropriate medicine and support to ensure appropriate care are at the heart of this service and this too is proving an interesting model for the future. Finally, the service that was previously commissioned on the Island to support *re-ablement of patients from hospital back into their own home* has been evaluated and we are excited about the opportunity to see this re-commissioned and the LPC is looking forward to working with the Chief Pharmacists in secondary care to develop this further. I hope to be able to report on this next year.



Public Health Services & HLP

As Chief Officer it has been a priority to meet with each of the Directors of Public Health and discuss the role of community pharmacy in meeting the needs of the local population. Pharmacy has a clear role here and I'm pleased to say that our Directors of Public Health recognise that. This is important as Local Authorities now have responsibility for commissioning all public health services.

In Hampshire we continue to have very good engagement with the Councils public health team. They have reaffirmed support for the Healthy Living Pharmacy initiative and granted funds to enable us to hold Leadership events early in 2014 and again in 2015. ***The LPC remains committed to increasing the number of HLP's in Hampshire and building on those already in the rest of our region.***

We have a Hampshire HLP Board, which has met again to consider the Hampshire Prospectus for HLP and the criteria for accreditation. We have overseen a number of prospective applicant pharmacies and it is clear that momentum is building again. We should see more pharmacies becoming accredited over the next twelve months.

Sexual Health Services remain a key area of focus for public health departments and in Hampshire the decision was taken to extend existing services until March 2016 while

commencing a new procurement process which saw pharmacy contractors (and others) invited to express interest in service provision. This includes ***provision of EHC, Chlamydia and HIV as well as the potential to provide NHS Healthchecks through Community Pharmacy*** (as in Portsmouth and on the Island). Managing procurement opportunities is a new challenge for pharmacy contractors and the LPC provided guidance (on-line and by telephone) for this who needed support with their application. As well as attending engagement events on behalf of contractors the LPC also sits on the Steering Group supporting the Councils sexual health service agenda and continues to lobby on behalf of community pharmacy.

On the Island there has been continued strong engagement with community pharmacy on sexual health matters and the LPC is frequently consulted and involved in service design discussions. The case for greater service provision through pharmacy (sexual health, smoking cessation, weight management etc.) has been made to the Council and I hope to be able to report on further commissioning in the near future.

In Portsmouth the Council are also undertaking a review of service with intent to integrate health and wellness. This will also involve undertaking a tendering process on-line and for pharmacies expressing interest in provision. This provides opportunity for pharmacy but also challenge, as inevitably providers could be anyone qualified to do so. Community pharmacy needs to be alert to this and respond swiftly when opportunity presents. The LPC will use email and its web site to support contractors and to flag when such opportunities are presented.

Pharmaceutical Needs Assessments (PNA's)

A significant amount of work by the Office and Committee has been undertaken in supporting Health & Wellbeing Boards (HWB) in the development and publication of the PNA's. All HWB had to publish their PNA's by 1st April 2015 and in order to do so each formed an Advisory Group or equivalent that the LPC attended. In addition each PNA was formally commented on by the LPC and these comments taken into account before publication. This is also true of each of the PNA's produced by neighbouring Local Authorities. Each PNA is a public document available on each respective Councils web site and

these documents are used by NHSE when determining applications for entry onto the list of pharmaceutical service providers.

In every case it was determined that provision of service was adequate for current need.

LPC Constitution

At the beginning of 2015 the LPC recommended to contractors that a new Constitution (Rules and Articles of Association) was adopted and following the Special General Meeting held, this was unanimously accepted and adopted on 22nd January. The Constitution tidied up a number of administrative issues **but also enabled the LPC to support the development of a Provider Organisation**. This is something that the Committee subsequently considered and has taken initial steps to engage with contractors to elicit their views. We expect to report on this throughout the year as thinking develops further and as the New Models of Care (as mentioned previously) also develop as the two are related.

Flu vaccination Service

In 2014/15 The LPC secured a community pharmacy commissioned seasonal influenza vaccination service to those aged 18yrs to 64yrs and in specified clinical 'at risk' groups and pregnant women. Community pharmacists vaccinated over 5500 patients across Wessex and the majority of those were from across SHIP with an average of more than 30 per pharmacy. This was in addition to any private vaccination service also provided.

The commissioners viewed this as a successful service and patients spoke very highly of the service they received. The LPC supported contractors with training provision, 'top tips' on providing the service and advocacy when alternate providers challenged the appropriateness of the service. The commissioners have agreed to re-commission the service in 2015 and invite all pharmacies to participate with an endeavour to improve on the numbers overall that were administered and to achieve the 75% PHE target level. **A new National Advanced Service will supersede these local arrangements for 2015/16.**

General Election & MP Engagement

While the election did not take place until May 2015 (and is therefore strictly outside the time frame for this report), the LPC had done work on engaging with all the candidates prior

to the election. This includes having contacted every sitting MP across SHIP in the last parliament to invite them to a pharmacy for a flu vaccination. We had good uptake with a number of MPs attending their local pharmacy in winter 2014 and the same for parliamentary candidates in 2015.



Medicines Optimisation & EPS

The LPC has an active involvement in the medicines optimisation work stream taking place with the Academic Health Science Network. This has seen our support for the two EPS events held in Hampshire to which all SHIP contractors and GP practices were invited. **The amount of effort put behind communicating the roll out of EPS and encouraging electronic Repeat Dispensing has also been significant.** The LPC continued to provide dedicated resource to this and to engage with HSCIC and the CSU (who work on behalf of the CCG's to implement EPS) to highlight issues that contractors have encountered and to support their resolution. EPS roll out is ongoing and the obligation introduced in the funding settlement to promote EPS to patients will mean that this is an on-going piece of work for the LPC and all contractors.

Community Pharmacy Wessex Academy (CPWA)

In September 2014 **we launched the CPWA** - this is an initiative with Dorset LPC and has been an evolution of the seven local groups that have been led by local leaders in the profession.

We have an ambition to move the agenda forward with an increase in the number of multidisciplinary events and will be particularly keen to welcome colleagues from secondary care pharmacy, GP, dental and optical

practices. We already work in collaboration with CPPE and will increasingly seek to work with the Royal Pharmaceutical Society LPP.

Concluding Remarks

It is inevitable that there is more to report about the work of your LPC than the space here permits. If you have not already done so, I would encourage you to make use of the LPC website (www.hampshirelpc.org.uk) and to look out for the regular newsletters. **Your Committee is eager to engage and interact with contractors on the issues that matter most to you and we welcome input and feedback as this helps us to help you.**

My final comments are deservedly reserved for my predecessor, Sarah Billington who served as Chief Officer for the first six months of 2014/15 and for the great work that she did during her time in position and for enabling me to 'hit the ground running'.

The world of pharmacy is set to change significantly over the next few years as pressures on the NHS and public health systems increase.

Pharmacy is part of the solution to these challenges and we look to local commissioners who should work with us if we are to unlock the potential that community pharmacy has to improve both prevention and health outcomes.

A handwritten signature in black ink, appearing to read 'P. Bennett'.

Paul Bennett
Chief Officer

PNA Sub-committee – Chair : Gary Warner



The Pharmaceutical Needs Assessments (PNA) for the four Health and Wellbeing Boards were all re-written this year. The LPC sub-committee and the Chief Officer supported the Boards throughout the process and was formally consulted on both the final version. Official responses were prepared and submitted for each of the four Boards but also those of neighbouring Boards in Berkshire, Dorset and Surrey. Our views were incorporated into the final report and all four local Boards have now published their final PNAs. As it is unlikely that the PNAs will require updating over the next four years, the sub-committee will stand down and the members be redeployed within the LPC on to other sub-committees.

Governance Sub-committee - Chair: Rob Darracott

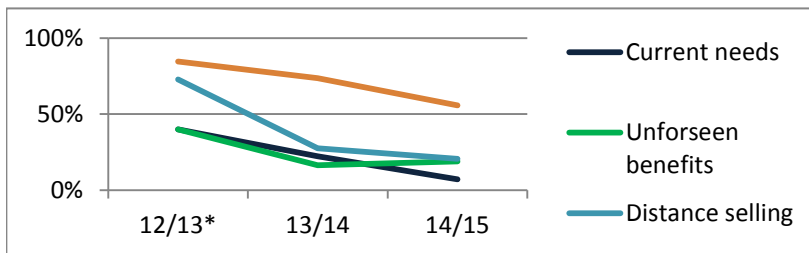


The Governance Subcommittee completed a full review of the Committee’s governance documents, updating several sections to take account of the LPCs relationship with different NHS and non-NHS commissioners, and conducting the periodic assessment of the fees and allowances payable to LPC members under the expenses policy. At the end of the year, a small number of minor governance matters had been referred to the Subcommittee by members; these were dealt with the recommendations of the Subcommittee accepted by the LPC at its first meeting (May) of the new LPC year.

Control of Entry Sub-committee – Chair: David Parker



Control of entry activity continues to be quite limited since the change to the regulatory framework and in particular the disappearance of the 100-hour exemption. Apart from this exemption the national trend is not necessarily one of reduced application but rather of reduced success rates upon application. The graph below (courtesy of PACS consultancy: www.pacsconsultancy.co.uk/) gives a summary of applications taken to appeal and shows the declining success rate of in application appeals over recent years.



Hampshire and IOW LPC has received around a dozen applications over the last year, of which 6 were applications made under the pretext of delivering unforeseen benefits. Five of these applications have been refused with the sixth still to be decided. One application was received under the pretext of meeting a current need; this too was refused.

Overall it would appear that the market is more stable than it once was with a lower threat from new contract applications and openings. This bodes well for business security and the confidence with which pharmacy operators can invest in their premises, staff and ongoing service.

Services Sub-committee – Chair: Clare Hoy



During the year, the Services subcommittee reviewed the following services for their clinical and cost-effectiveness using a service specification template developed by the subcommittee;

- Wessex Provision of Pharmaceutical Services on Christmas Day and Easter Sunday
- Southampton Minor Ailments Service
- National Childhood Influenza Immunisation Service
- Isle of Wight Emergency Hormonal Contraception Service
- Southampton Emergency Hormonal Contraception Service
- Isle of Wight Emergency Supply Service
- Isle of Wight Palliative Care Service
- West Hampshire Diabetic Footcare Awareness Service

The services were R.A.G scored (Red, Amber or Green) and the results posted on the LPC website to assist contractors when considering the viability of delivering the proposed services.

Membership and Attendance

Members of the committee are required to attend the LPC meetings regularly as well as provide input to their Local Pharmacy Groups and other roles. It is LPC policy that members who are working on behalf of the LPC should not be out of pocket for performing those activities on behalf of pharmacy contractors. A breakdown of members' attendances and expenses is provided in the table below.

Committee Member	Elected or Appointed	Attendance / Possible	Expenses Claimed [†]
Alan Greer (Bill Carcary)	AIMp Representative	2/5 - 1/1	£0
Anjella Coote	CCA Appointment	5/6	£2,681.93
Arun Sharma	Independent	4/6	£1,271.90
Chris Townsend	CCA Appointment	5/6	£0
Clare Hoy	CCA Appointment	6/6	£1,600.45
David Parker	Independent	6/6	£2,918.40
Davinder Virdee	Independent	4/6	£974.25
Debby Crockford	CCA Appointment	6/6	£3,366.30
Gary Warner	Independent	4.5/6	£4,112.75
Peter Woodward	CCA Appointment	6/6	£1,791.35
Richard Buxton	CCA Appointment	5/6	£2,021.40
Rob Darracott	CCA Appointment	3/6	£138.75
Zulfikar Kermali	CCA Appointment	4/6	£1,720.20

† Total does not match Annual Accounts as travelling costs of staff and guests (where appropriate) are in the accounts expenditure

Finance Officer's Report

The committee had a surplus of £52 908.42 for the year as expenditure was 13% less than budget due to underspending on stakeholders engagement, service development and communication to budget. This has brought retained to £273 963.88 which is 9 months expenditure for the committee and puts the committee on a sound financial position.

In order to maintain the financial security of the committee has been decided to keep the month contractors levy at the current level.

Below is the balance sheet for the committee, subject to the approval of the independent examiners, Davis Lombard (UK) Ltd

INCOME	£	EXPENDITURE	£
Prescription Pricing Authority	339,681.47	PSNC Levy	99,486.00
Bank Interest	2,716.73	PharmaOutcomes	0.00
Educational Support	185.00	Training Costs	1,090.00
HLP Hampshire & IOW	400.00	Member's Expenses and Travel	28,158.18
Sundry Income	3,571.00	Catering & Room Hire	4,937.02
Think Pharmacy Event	0.00	Secretarial & Administration	22,232.01
CPW Academy	0.00	Staff Costs	108,181.83
		Corporation Tax	452.80
		Professional Subscriptions	740.40
		Bank Charges	335.29
		Service Development	490.80
		HLP Hampshire & IOW	3,015.01
		LPG Support	14,040.43
		Communications	3,371.10
		Think Pharmacy Event/Stakeholder Engagement	0.00
		Sundry Expenses	600.41
		CPW Academy	6,514.50
Total	346,554.20	Total	293,645.78
FUND			
Initial balance	347,014.18	Balance at Bank	273963.88
Less Grant Transfer	125,958.72		
Surplus (Deficit) for the year	52,908.42		
Liabilities:			
Portsmouth EPS	0.00		
HCC HLP	0.00		
COPD Project	0.00		
	£ 273,963.88		£ 273,963.88
		Trading profit (- loss) to date =	£ 52,908.42

The Grant Account has £184 116.54 across three projects and balance in each account is shown below.

Project		Balance Remaining
Portsmouth EPS Support		29580.25
HCC HLP		98199.60
COPD Project		56332.62
Balance		184112.47
Net Bank Fees		4.07
Account Balance		184116.54



Peter Woodward
LPC Finance Officer
Dated: 17th August 2015



D Crockford
LPC Chair
Dated: 17th August 2015

Independent Examiners Report

In accordance with instructions given to us we have examined the accounts for the year ended 31 March 2015, without carrying out a statutory audit, from the accounting records of The Hampshire & Isle of Wight Pharmaceutical Committee and from information and explanations supplied to us.

HSJ Accountants Ltd
Accountants

The Hampshire and Isle of Wight Pharmaceutical Committee Fund Statement as at 31 March 2015

	2015	2014
	£	£
Turnover	343,837	358,770
Administrative expenses	(292,599)	(291,673)
Operating profit	51,238	67,097
Other interest receivable and similar income	2,123	2,264
Profit on ordinary activities before taxation	53,361	69,361
Tax on profit on ordinary activities	(397)	(770)
Profit for the year	52,964	68,591

The profit and loss account has been prepared on the basis that all operations are continuing operations.

There are no recognised gains and losses other than those passing through the profit and loss account.

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