

Gloucestershire LPC Annual Report and Accounts 2019/2020

With the ongoing events of this year very much at the front of our minds, 2019 seems a long time ago!

It has been challenge to cast our minds back to 2019 to write this report- but a very welcome one as we have re-discovered workstreams that have slipped from the agenda, but that are still very important for pharmacy locally.

We undertake this review of 2019/20 in order that we can look at our previous work and see what is still relevant to an NHS that has changed its way of working significantly since the start of the year. Patients are accessing services in a different way- and there are many areas where we could adapt our previous thinking to take opportunities that have now opened up.

There are also areas of conflict or challenge that have simply melted away when faced with the need to work together more effectively- such as the implementation of TCAMS from GHT so that pharmacies receive discharge notifications for care homes patients.

The work will continue but here is our review of the year.



Contact us: supportglos@lpcoffice.org.uk

A message from our Chair Andrew Lane

Alchem and NPA

I want the LPC to look to the horizon, to see what's in store for community pharmacy in the future. It's important to have a longer term vision because short term changes will be hard to navigate without that.

So how can the sector remain true to its historic service proposition - local, accessible, caring - while also adopting digital technology and new ways of working to create efficiencies, improve patient outcomes and meet modern consumer expectations? Can our service development journey be sustained and where will it ultimately lead us? And what does all this mean for the wider health and social care system and the patients who rely on us?

It falls to me as Chair of the LPC to challenge our thinking, and the past 7 months have indeed shown the Community Pharmacy network in Gloucestershire is resilient and met challenges head on with great examples of where you have all stepped up to support both the NHS and your customers.

Today - in demand, under pressure

Community pharmacy is needed now more than ever with an uncertain COVID-19 immediate future. The community pharmacy network is part of a health service where demand continues to grow as a result of the ageing population, and the NHS is now heavily promoting pharmacies as the first port of call for minor illness as a means of freeing up GPs and hospitals following efforts by the representative bodies lobbying capacity these past months.

But just at the moment that we are most needed, we are also under more pressure than ever before. This makes it difficult for pharmacists to lift their gaze to the horizon to take in a long term view of the future. Just keeping the doors open is hard enough, given the current pressures on finances. (A recent report by Ernst & Young, commissioned by NPA, found that almost £0.5bn will be the funding deficit by the end of the current 5 year deal with NHSE&I.

I'm very clear that the core funding for England's pharmacies for the next five years isn't going to be enough to achieve the transformational improvements the NHS and pharmacists would like to see. In fact it's going to work against making that transformation, so the LPC needs to keep pushing the case for local ICS and PCN funding that both delivers and sustains improvements on the front line and adds value to the residents of Gloucestershire

Tomorrow - "The front door to health"

We already know that the balance between NHS

expenditure on dispensing and new services is likely to shift significantly towards the delivery of services, which is something NHSE&I strongly supports. Fundamentally, the shift to services implied in the new contractual framework for pharmacies in England presents an opportunity for pharmacies with well developed local relationships, who can build on the strength of these relationships, with patients and others, to deliver high quality, compassionate care and reap the rewards professionally and commercially.

We want to get to a place where community pharmacy is not only the first place to come for medicines, but also the first place to come for clinical advice for minor illnesses, wellbeing advice and the routine medicines management and monitoring of stable long term conditions. And escalating to other health care providers as and when appropriate; in the words of our Secretary of State "using community pharmacy as the Front Door to Health".

However pressurised the current situation may be with the pandemic, I remain confident that there is a commercially viable and professionally rewarding long-term future for the sector, provided policy makers, commissioners (local and national) and the sector itself makes positive choices in the time ahead.

In Gloucestershire we are ahead of the curve with our PCN planning and thanks to Becky and Sam we are well placed to take this vision that NHSE&I has for the sector forward into 2021 and beyond.



New ways of working 2020. LPC Committee zoom calls will replace face to face meetings on alternate months. This will reduce committee meeting expenses by 50% in the future.

Officers Reports



Over the last year I have continued to visit many of the Gloucestershire Pharmacies and helped to support the valuable services that Community Pharmacy provide. I am always very welcomed by Pharmacists and the Teams and you all do an excellent job.

With PCN's evolving, Pharmacy has stepped up and made

some great collaborations with our GP Surgeries and this will almost certainly help with future service provisions.

During the year we have recruited fourteen PCN Community Pharmacy Leads and started by having a highly successful evening event. We hope this will be followed by future meetings involving our PCN Pharmacists colleagues.

CPCS began and a lot of my time was spent engaging contractors and ensuring they had everything in place for the start of the service.

We also started the GP CPCS version pilot in a few of the Pharmacies.

A Blood Pressure Monitoring Service was established in Gloucester City in April and will run for two years involving 18 Pharmacies and 45 staff trained to provide.

The JICB service is now fully established and running very successfully throughout the County.

HLS have continued to support the Pharmacy Teams with their ongoing Smoking Cessation training and refreshers.

PQS participation is improving each time and the use and checking of NHS Mail to communicate with everyone is slowly getting better so all looking very positive.

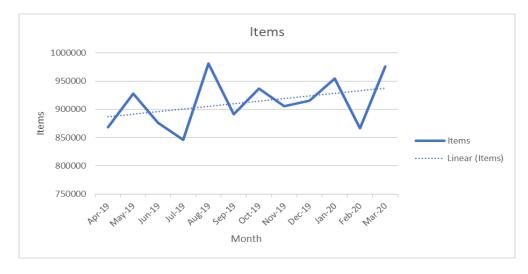
I have continued to bombard you all with emails, updates, phone calls and requests for information which no doubt I will continue to do so in the future!

Gloucestershire NHSE contractual overview

As of 31st March 2020, Gloucestershire had 114 community pharmacies. This is a net gain of 2 contracts over the course of 12 months.

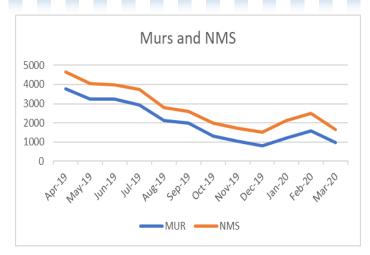
The following changes occurred in 2019-20:

- New contract issued to Bartongate Ltd (Purchase of Boots Barton Street contract in advance of relocation into Bartongate Surgery)
- New contract Badham's Cleevelands Medical Centre



Prescription Items 2019-20 showed a steadily increasing trend, with peak dispensing months in August 19 and March 20.

Dispensing fees also increased slightly over the 12 month period



MURs and NMS decreased over the year with an average of 216 MUS per pharmacy and 81 NMS per pharmacy (new contracts excluded). There is still significant income to be achieved my maximising advanced service provision.

Flu vaccine service delivery increased compared to 2018/19, and EPS increased over the year ending March 20 with Gloucestershire performing better than the England average with 82% of items being issued via EPS.

NHS111 CPCS was commissioned nationally in October 2019 and Sam and Becky visited Care UK in Bristol to attend the training session for NHS111 Call handlers and supervisors.

In the 2019/20 year 632 Minor illness and 744 Urgent Supply referrals were received by Gloucestershire Pharmacies.

Of these referrals for Minor Illness, only 50% were completed so we have a fair way to go to improve the completion rate and maximise income from the service.

Gloucestershire were also fortunate to be able to take part in the GP CPCS pilot. 3 PCNs expressed an interest in wanting to take part in the pilot – and Aspen, Stroud and South Cots were able to participate. At time of writing the pilot has evolved into regular service as the GP CPCS service will be commissioned nationally from November 2020. Unfortunately prior to Covid the pilot sites had not seen a lot of activity, with Aspen centre engaging most and referring an

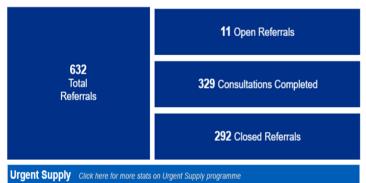
average of 2 patients per week over the active pilot period.

Throughout 2019/20 the LPC continued to meet regularly with the NHSE Pharmacy contracts team, and during Covid these meetings moved online and increased in frequency. We are currently meeting twice a month to consider ongoing operational challenges and look at the strategic development of pharmacy in the South West. Our Contracts Manager and Administrative lead (Sharon Greaves and Sharon Hodges) continue to work with us to ensure that contractors are able to comply with the requirements of their NHS contract

Integrated Care System

One Gloucestershire- Gloucestershire ICS, has been in existence for several years now and over the 12 months of 19/20 the LPC engaged on several levels.

Minor Illnesses is a service based on a referral from NHS 111, following an assessment by a call advisor, which leads to the patient being transferred for a consultation with a community pharmacist instead of being booked for an urgent GP appointment or signposted to their own GP, depending on the time of day.



Urgent Supply is a service that manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 because they need imment access to a medicine or appliance that they have been previously prescribed via a NHS prescription.



We regularly attend the ICS stakeholders forums so that we can gain insight and provide input into strategic decisions. On a pharmacy level we regularly meet with the CCG pharmacy team and the GHC hospital chief Pharmacists, Martin Pratt.

The ICS pharmacy groups has also started working strategically together to try to identify ways in which we can develop the pharmacy workforce locally- with a multidisciplinary workshop being run in December 2019, and joint placements for pharmacy pre-reg trainees with community pharmacy and General Practice starting in the summer of 2019. The ICS will continue to develop and the LPC will continue to represent community pharmacy interests and ensure that community pharmacy voices are heard.

At an ICS level the LPC also participate in the Antimicrobial resistance strategy and workstream.

Primary Care networks

Primary Care Networks came into existence during 19/20 and over the course of the last 6 months of the year the LPC made contact with all of the clinical directors and were able to visit and talk with many of them.

We delivered training on pharmacy and pharmacy services at several surgery staff sessions. The LPC also helped to facilitate and coordinate the establishment of a network of Community Pharmacy Leads to enable achievement of Pharmacy Quality points and improve local engagement.

There are now 15 PCNs, and Community Pharmacy Leads in place for all of them

Locally Commissioned services

URMS and MAS

Two locally commissioned services- URMS and MAS were decommissioned in February 2020.

Over the last 12 months of being commissioned, the Minor Ailments Supply Service had seen a significant decrease in use due to removal of products from the service and CCG guidance that medication should only be supplied for free to certain 'at risk' patients (where patient was unable to purchase OTC and not supplying medication would cause a significant health issue).

URMS was decommissioned despite being used by a lot of patients due to the introduction of NHS111 CPCS nationally in October 2019, and so it was thought that patients could access an urgent supply of medication by telephoning NHS111 instead.

The CCG reintroduced URMS during the pandemic to reduce demand on GP services and so this service is currently running.

Blood pressure monitoring Service (Gloucester city).

The blood pressure monitoring service was commissioned as a pilot service April 2019 and to March 2020.

The service criteria were patients over the age of 50

who have not had a blood pressure check with another healthcare professional within the previous 12 months, and it was selectively commissioned only in pharmacies in Gloucester City.

The LPC and CCG delivered training to 21 pharmacy teams- with pharmacists, dispensary staff and counter staff receiving training and able to deliver the service.

PCN

Cheltenham Central

Cheltenham Peripheral

Cheltenham St Pauls

North Cotswolds

South Cotswolds

Forest of Dean

Gloucester, Aspen

Gloucester, Inner City

Gloucester; North and South Gloucester

Gloucester; Hadwen and Quedgeley

Gloucester; Rosebank and Bartongate

Stroud and Berkeley Vale; Berkeley Vale

Stroud and Berkeley Vale; Severn Health

Stroud and Berkeley Vale; Stroud Cotswold Tewkesbury, West Cheltenham, Newent and

Staunton

Clinical Director

Dr Robin Hollands & Dr Olesya

Atkinson

Dr Jim Pascoe-Watson

Dr Cameron Jackson

Dr Hywel Furn Davies

Dr Angus McMyn

Dr Sophia Sandford & Dr Paul Weiss

Dr Bob Hodges

Dr Teresa Pietroni

Dr Jeremy Halliday

Dr Mamta Chada & Dr Rob Estlerich

Dr Jonathan Lavzell

Dr Simon Opher & Dr Richard Probert

Dr Anne Hampton & Dr Vicky Blackburn

Dr Rhys Evans & Dr Jim Holmes

Dr Jeremy Welch & Dr Andy Henson

There were 17 active pharmacies that had delivered 263 opportunistic blood pressure checks.

24% of the patients checked (63) were smokers 14% (36) patients had a first degree relative under 60 with a heart attack/angina

AF was detected in 11 patients, who were referred on to their GP.

9 patients had a blood pressure over 180/110 and were referred urgently

84 patients had a blood pressure between 140/90 and 180/110

The service also commissioned a home blood pressure monitoring service- where patients were given a monitor and asked to record blood pressure at home for a week then return to the pharmacy.

Of the 84 patients with potential hypertension, 32 patients were given monitors to take home (38% conversion rate) and after monitoring 5 of these patients were referred to their GPs.



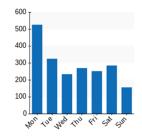
This is a 10% identification and referral rate, which is fantastic.

EHC

EHC continues to be one of our steady services, valued by customers and commissioners and with 2041 consultations undertaken over the financial year from 74 active providers, the evidence supports this fact. The service has been provided to patients from 13-60 years of age, to all ethnicities and is accessible over a wide range of hours with Monday being most

Days of Attendance

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Day of the Week	Number of People
Mon	525 (25.7%)
Tue	324 (15.9%)
Wed	233 (11.4%)
Thu	269 (13.2%)
Fri	251 (12.3%)
Sat	284 (13.9%)
Sun	155 (7.6%)
4	



popular day for accessing the service- but the service being delivered consistently on other days of the week.

C-card

C-Card condom supply was offered from 44 of 90 accredited providers, with 755 provisions over the course of the year. This is a service which is delivered predominantly by healthcare assistants (50%) to reduce the spread of STI and minimise risk of unwanted teenage pregnancy

Just in case boxes

The Just In case box service was commissioned in 2017 as a way of making sure that patients who were in the final 6 months of their life had rapid and reliable access to medications to help with medical emergencies out of hours. The idea is that GPs prescribe end of life medications for patients, that are dispensed into a sealed box which is then kept in the patient home and is available to nurses or doctors if they have to attend the patient's home out of hours (night/weekend). This means that a clinician or relative doesn't have to locate and collect stock before they are able to set up a syringe driver for the patient.

347 supplies of Just in Case boxes were made in 19/20 covering 59 pharmacies in the county, with minimal delay in the medication reaching the patient. This service increased rapidly in 2020 due to the coronavirus pandemic, although it is still underutilised in some areas.

Smoking cessation

20 pharmacies were active providers of the smoking cessation service in Gloucestershire last year, with 151 quit dates set and 107 quit's achieved.

Supervised consumption

This service continues to be commissioned through a Lloyds Pharmacy subcontract and we have no data on provision.

Gloucestershire LPC Committee 2019/20

Gary Barber – Independent

Neetan Jain-Independent

Mike Powis-Independent (to Dec 19)

Wayne Ryan- CCA

Will Pearce –CCA

Sophie Cutler-CCA

Dalveer Johal – CCA

Tufael Siddique-CCA

Ahmed Al Saudi- CCA

Raj Patel– AIM

Peter Badham- AIM

Rebecca Myers – AIM

LPC committee meetings 2019/20 (Kingsholm)

March 14th 2019

May 9th 2019

July 11th 2019

September 12th 2019

November 14th 2019

January 9th 2020

March 12th 2020

Gloucestershire LPC Officers 2019/20

Andrew Lane – Chair (Employed)

Neetan Jain-Vice Chair

Will Pearce—Treasurer

Sam Bradshaw– Contractor Support Manager

(Employed)

Rebecca Myers-Partnerships Manager (Employed)

GLOUCESTERSHIRE LOCAL PHARMACEUTICAL COMMITTEE ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2020



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GLOUCESTERSHIRE LOCAL PHARMACEUTICAL COUNCIL KEY CONTACTS

Chair Andrew Lane

Vice-Chair Andrew Kings

Treasurer Will Pearce

ACCOUNTANTS' REPORT TO THE PROPRIETOR ON THE PREPARATION OF THE UNAUDITED FINANCIAL INFORMATION OF GLOUCESTERSHIRE LOCAL PHARMACEUTICAL COUNCIL FOR THE YEAR ENDED 31 MARCH 2020

In accordance with the engagement letter dated 21 December 2017 we have prepared for your approval the financial information of Gloucestershire Local Pharmaceutical Council for the year ended 31 March 2018 which comprises the Profit and Loss Account, the Balance Sheet and the related notes from the entity's accounting records and from information and explanations you have given us.

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at icaew.com/members handbook.

This report is made solely to you, in accordance with the terms of our engagement letter dated 21 December 2017. Our work has been undertaken solely to prepare for your approval the financial information of Gloucestershire Local Pharmaceutical Committee and state those matters that we have agreed to state to you in this report in accordance with ICAEW Technical release TECH08/16AAF. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members of the committee for our work or for this report.

You have approved the financial information for the year ended 31 March 2020 and have acknowledged your responsibility for it, for the appropriateness of the financial reporting framework adopted and for providing all information and explanations necessary for its compilation.

We have not verified the accuracy or completeness of the accounting records or information and explanations you have given to us and we do not, therefore, express any opinion on the financial information.

Hazlewoods LLP Staverton Court Staverton Cheltenham GL51 0UX

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GLOUCESTERSHIRE LOCAL PHARMACEUTICAL COMMITTEE PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 MARCH 2020

		2020		2019
	£	£	£	£
Income				
NHS income		133,730		109,600
Pharmoutcomes		10,238		11,800
HLP income		-		203
Bank interest received		279		203
	-	144,247	-	121,806
Expenditure				
Chief officer's fees	_		4,275	
Pensions	1,973		946	
PSNC levy	34,331		34,331	
Professional development manager	-		583	
Members' expenses	12,864		5,452	
Contactor events	1,011		288	
Room hire	8,876		3,928	
Wages and salaries	56,066		55,750	
Computer costs	277		186	
Sundry	984		741	
Travelling	2,548		1,370	
Pharmoutcomes licence and expenses	-		10,237	
Telephone	99		84	
Printing, postage & stationery	114		552	
Advertising and promotion	10,398		10,196	
Professional services	-		95	
Training courses	5,100		720	
Bank charges	110	_	33	
	-	(134,751)	-	(129,767)
(Deficit)/surplus before tax		9,496		(7,961)
Taxation		1,857		(39)
(Deficit)/surplus for the year	-	11,353	-	(8,000)
Reserves brought forward		108,961		116,961
Reserves carried forward	- -	120,314	- =	108,961

GLOUCESTERSHIRE LOCAL PHARMACEUTICAL COMMITTEE BALANCE SHEET AS AT 31 MARCH 2020

		2020 £		2019 £
Current assets				
Debtors	22,000		22,000	
Other debtors	1,627		1,627	
PAYE	1,895		0	
Cash at bank and in hand	95,175	_	88,660	
	120,697	_	112,287	
Current liabilities				
Pension liability	(330)		(71)	
PAYE liability	0		(3,216)	
Tax liability	(53)	_	(39)	
	(383)		(3,326)	
	_		-	
Net assets	_	120,314	=	108,961
Financed by:	_		_	
Reserves	_	120,314	=	108,961