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Portsmouth CITY COUNCIL

# NOTICE OF MEETING

## HEALTH OVERVIEW & SCRUTINY PANEL

## TUESDAY, 4 NOVEMBER 2014 AT 9.30AM

## CONFERENCE ROOM A, SECOND FLOOR, THE CIVIC OFFICES

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## Membership

Councillor David Horne (Chair)
Councillor Simon Bosher
Councillor Steve Hastings
Councillor Hannah Hockaday
Councillor Phil Smith
Councillor Lynne Stagg (Vice-Chair)
Councillor Gwen Blackett
Councillor Dorothy Denston
Councillor Peter Edgar
Councillor Keith Evans
Councillor David Keast
Councillor Mike Read

**Standing Deputies**

Councillor Margaret Adair
Councillor Margaret Foster
Councillor Sandra Stockdale
Councillor Julie Swan

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

## A G E N D A

**1 Declarations of Members' Interests**

**2 Welcome and Apologies for Absence**

**3 Minutes of the Previous Meeting** (Pages 1 - 10)

**4 Vascular Services - update.** (Pages 11 - 14)

Felicity Cox, Area Director (Wessex) will attend to present the report and answer questions.

**5 NHS England - update.**

Felicity Cox, Area Director (Wessex) will provide a verbal update.

**6 Congenital heart services review.**

Felicity Cox, Area Director (Wessex) will provide a verbal summary of this review.

**7 Hampshire & Isle of Wight Pharmaceutical Committee - update** (Pages 15 - 18)

Paul Bennett, Chief Officer, will answer questions on the attached report.

**8 Care Quality Commission - update.**

Moira Black, Inspection Manager for Portsmouth and Jo Ward, Inspection Manager for Primary Medical Services will provide a verbal update to the panel.

**9 Lowry Unit**

Jackie Charlesworth, Deputy Head of Integrated Commissioning will present the report that will follow.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

# HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 7 October 2014 at 9.30 am at The Executive Meeting Room - Third Floor, The Guildhall

## Present

Councillor David Horne (Chair)
Councillor Steve Hastings
Councillor Hannah Hockaday
Councillor Phil Smith
Councillor Lynne Stagg (Vice Chair)
Councillor Gwen Blackett, Havant Borough Council
Councillor Peter Edgar, Gosport Borough Council
Councillor Keith Evans, Fareham Borough Council
Councillor David Keast, Hampshire County Council

## Also in Attendance

Portsmouth City Council
Rob Watt, Head of Adult Social Care

Portsmouth Hospitals NHS Trust
Peter Mellor, Director of Corporate Affairs

Portsmouth Clinical Commissioning Group
Dr Tim Wilkinson, Chair of the CCG Governing Board

Solent NHS Trust
Deborah Zimmerman, Deputy Operational Director, Sexual Health Services

Southern Health NHS Foundation Trust
Paul Thomas, Head of Business Management

Healthwatch Portsmouth
Simon Haill, Healthwatch Manager

## 1. Welcome and Apologies for Absence (AI 1)

The Chair welcomed everyone to the meeting. Apologies for absence had been received from Councillor Dorothy Denston. Councillor Hannah Hockaday gave apologies for her late arrival.

## 2. Declarations of Members' Interests (AI 2)

Councillor Peter Edgar and Councillor Gwen Blackett declared personal interests as they are appointed governors on the PHT Board of Governors.

Councillor Phil Smith declared a personal interest as his partner is a Public Governor of Solent NHS Trust.

## 3. Minutes of the Previous Meeting (AI 3)

**RESOLVED**

**That the minutes of the meeting held on 8 July 2014 were agreed as a correct record.**

## 4. Adult Social Care update (AI 4)

Rob Watt, Head of Adult Social Care at Portsmouth City Council gave a presentation to the panel on The Better Care Fund, The Care Act 2014 and Deprivation of Liberty Safeguards. A copy of the presentation would be published on the website shortly after the meeting.

**Better Care Fund**

In response to questions he clarified the following points:

- The Better Care Fund (BCF) was not new money. It is money that was already in the system and includes adult social care money, carers money and the disabled facilities grant (DFG) which is brought together in a single pot with health funding. For 2015 the amount was £16 million; however the amount for future years was uncertain. The BCF will set priorities for using resources available which will be reviewed. Decisions will have to be made on both investment and disinvestment.
- The Integrated Commissioning Board and Integrated Commissioning Unit are already well established in Portsmouth. Much work has gone into ensuring there is a low rate of delayed discharges from hospital in the city. Portsmouth City Council have been rated the second best against other unitary authorities in the same comparator group.
- One of the key areas of work is risk stratification which looks to identify people with conditions that can make them a high risk for hospital admission and care. Together with the development of rehabilitation services officers are seeking to ensure that services are effective and that people are able to stay at home longer to reduce pressures on hospital.
- The integrated locality team pilot would probably be in the north of the city and would mean a single point of access involving GP's, social services community nurses and others.
- Great success has been achieved through building extra social care housing which has contributed to a dramatic drop in the number of older people being admitted to residential and nursing care homes and gives vulnerable people the opportunity to retain their independence. The extra care housing locations are Milton Village, Brunel Court and Caroline Square and have been built following the closure of residential homes. Another development will be opened in February/March 2015 on Northern Parade.

- Extra care Housing has been built in partnership with housing providers who apply for grants, with a care agency manage the care needs of residents.
- There are currently sufficient residential facilities for people with dementia however; more facilities may be needed over time to cope with the predicted rise in numbers. One new residential home is being built in Drayton called Harbour View which will meet modern standards. There are also 4-5 other private planned developments in the city.

**Care Act 2014**

In response to questions, Rob Watt clarified the following points:

- The Care Act 2014 brought together disparate pieces of legislation from the last 60 years into one statute.
- The Act puts the focus on personalisation, for example following an assessment of eligibility for services, people can be given an indicative budget (personal budget) in order to meet their needs in a way that gives them more choice over how care will be delivered e.g. through a personal assistant. There is also a duty to point people in the direction of other forms of assistance e.g Independent Financial Services to plan for care needs.
- The new arrangements for paying for care will be introduced in April 2016 and there will be a cap on costs of care that are met by self-funders set at £72,000. From October 2015 people can apply to the local authority to ask for an assessment to determine whether they meet the eligibility criteria. There are concerns that this will result in an increased demand for social work assessments.
- Other areas covered in the act include safeguarding. The safeguarding adult board have just appointed an independent chair.

**Deprivation of Liberty Safeguards (DoLS)**

In response to questions, Rob Watt clarified the following points:

- Currently when someone without mental capacity who is in a residential home or a hospital and attempts to leave unaccompanied and felt to be at risk to themselves or others, may be prevented from doing so. An assessment must be carried out as to whether their liberty is being deprived lawfully.
- In the Cheshire West case earlier this year, a judge ruled that all people in those environments including those who may not actively attempt to leave but would potentially be prevented from doing so, should also be assessed.
- This has led to a huge increase in the amount of assessment work for the ASC team. Costs to undertake this work have risen from £18k in 2013 to £350k in 2014. Estimated cost to the country in 2015 of this judgement is £1 billion.

ACTION

- The PowerPoint slides be circulated to members following the meeting.
- That a further meeting be arranged for the panel to have more detail on the implications of the Better Care Fund, Care Act and Deprivation of Liberty Safeguards.

**5. The provision of HIV medication (AI 5)**

Deborah Zimmerman, Deputy Operational Director for Sexual Health Services at Solent NHS Trust attended to give the panel an update on changes to the HIV homecare service.

Ms Zimmerman gave the panel a brief background to the human immunodeficiency virus (HIV) and advised that the virus weakens the immune system. HIV infects and destroys certain white blood cells called CD4 cells and if too many CD4 cells are destroyed the body cannot defend itself from infection. AIDS is the final stage of HIV infection when the body can no longer fight life threatening infections. 1 in 5 people do not know they are living with the virus and people in the high risk groups are offered a HIV test by the outreach nurses. Patients with HIV are given anti retro viral drugs and can lead a near normal life as long as they take their medication, attend their clinics and live a less chaotic lifestyle. The normal level of CD4 count for a HIV patient is between 500 and 1500. Patients with below the level of 350 may see recurring fevers, suffer from night sweats.

Every patient is strictly monitored and has a blood test every three months to monitor the CD4 cell levels. Solent will treat the patient unless they deteriorate which is then they would be referred to one of the Acute hospitals. There are 5 hubs and 7-10 spoke clinics in each of the areas covered by Solent NHS Trust.

The delivery of the HIV homecare service is vital. The previous contract was with Healthcare at Home and they delivered drugs to the clinics as well as to patient's homes for those deemed clinically suitable. Over recent months there have been a number of significant issues at a national level with the homecare market and Solent made the decision to change the provider of the contract. From 1 October 2014 a contract began with Lloyds Pharmacy to supply the HIV medication. The number of places a patient can collect their medication has increased - there are 58 pharmacies and they can still collect from the clinics. Lloyds do offer a homecare delivery service and nationally there is an exercise to create a framework of providers in the hope to expand the service so that not only housebound patients can be delivered their medication. Patients have been informed of the change when they visit the clinics.

In response to questions Ms Zimmerman clarified the following points:

- Many people with the virus are reluctant to use the clinics however there is an active promotion team in place to encourage those in the higher risk groups to be tested and to promote the importance of this.

- Outreach nurses visit schools to inform them about the virus and there is a trial about to start in uni clinics to help inform teenagers in the city about the virus, sexual health infections and pregnancy.
- Solent had not had any issues with Lloyds providing the drugs and had found them to be an excellent company who had been responsive to their needs.
- Counselling was also offered to those people who are being tested.
- Solent work closely with GP's and people can go to their GP to be tested. However GP's tend to refer patients onto the Solent outreach nurses and main clinics.
- Solent tend not to allow family members to collect prescribed drugs as the nurses have a close link to the patients and closely monitor which patients have collected the drugs.
- Patients are asked to consent to collect their medication from a pharmacy and are asked choose a pharmacy from the list of 58 pharmacies. They can request to change the pharmacy at any time. The pharmacy will contact the patient to agree a date for collection and will keep this for seven days and if not collected the drugs are returned to Solent. This enables the clinicians to monitor those who are not collecting their medication.
- The homecare service had been piloted and Solent had visited other hospitals and clinics using Lloyds pharmacy who had all been very positive about them.
- When patients register for the service they must give a name and permanent address. Solent are aware that some patients provide a false name or address and some people may slip through the net.

**6. Portsmouth Hospitals' NHS Trust - Update (AI 6)**

Peter Mellor, Director of Corporate Affairs introduced the report and in response to questions from the panel, clarified the following points:

- With reference to the day in September where there was surge in numbers visiting the emergency department (ED), he advised that all hospitals have arrangements in place where if there is a surge in numbers they will ask if it is possible to divert patients to a neighbouring hospital. On the day in question there was a period of 1 ½ hours - 2 hours where the ambulance service was asked to divert patients elsewhere.
- On average there are 10-12 ambulances an hour arriving at Queen Alexandra (QA) Hospital but due to an unprecedented peak this rose to 30 on the particular day in September. The patients were all local people with serious conditions and the reasons for the surge are unknown.
- There is an out of hours GP service within the outpatients department at QA. Due to their access criteria an appointment must be made prior to the patient visiting. The commissioners had agreed to put an urgent care centre at the front of QA. This directs people to the best location for their medical needs e.g advising them to go to a pharmacy or to their GP, meaning that only those patients with a major medical

emergency are sent to the ED for treatment. PHT is working with the commissioners to make the urgent care centre more effective.

- If the funds were available Mr Mellor said PHT would change the configuration of the ED to modernise and re-organise its layout as ideally the urgent care centre would be at the front of the ED. However the funds were not available to do this and it was up to the 3 CCG's on how much funding is allocated to PHT.
- With regard to research and development, PHT work very closely with the University of Portsmouth and work in conjunction with many leading pharmaceutical companies. A senior member of university staff is on the board of governors and partnership working is key. Research and development is important for patients as they benefit from new advances in medicine, it brings in external funding and helps clinicians and staff meet their aspirations. In response to a question whether research and development would suffer with decreasing budgets, Mr Mellor said that PHT would look for alternative funding sources to allow this to continue due to its importance.
- St Mary's is an alternative provider but is limited in terms of equipment and the CCG are promoting the 'Choose Well' programme to inform the public that there are other alternatives to visiting the ED at QA. However, the ED was a victim of its own success as people know that they will always be seen if they visit the ED if they are prepared to wait and that they will receive free medication.
- Staff at PHT had visited Frimley Park Hospital NHS Foundation Trust which had recently been rated outstanding by the CQC. It was however important to recognise that the population of Frimley Park was very different to Portsmouth's. PHT are willing to learn from best practice and have sought help from Department of Health experts. The experts had said that PHT were doing the right things and the problem was the flow through the hospital and getting patients discharged efficiently. An example of this was the Friday before last where there were 130 patients in beds that were medically fit however the majority were awaiting their care package to be in place before being discharged.
- PHT predict how many people will be using the ED based on the previous years figures and also look at different types of data. He was uncertain whether data such as air pollution levels were used as a way of predicting the numbers of people who may be having cardiovascular issues.
- Although targets are important, Mr Mellor felt that it was more important to provide people with high quality health care to which the panel agreed.
- With regard to vascular services, Mr Mellor commented that both Queen Alexandra Hospital and Southampton Hospital were continuing to work together. Multi-disciplinary team meetings took place by video link on a regular basis.

The panel felt it was important to commend PHT on the good work taking place including their recent score of just over 99% for cleanliness compared to a national average of just over 97%.

**RESOLVED that the update be noted.**

## 7. Southern Health NHS Foundation Trust - update (AI 7)

Paul Thomas, Head of Business Management, Southern Health introduced his report and in response to questions from the panel clarified the following points:

- Southern Health are being inspected this week by CQC.
- Gosport War Memorial Hospital is a large (however not the largest) community hospital and Councillor Edgar said the hospital was incredibly important to local people. Mr Thomas added that it is a good example of a number of services provided by different organisations working together in a central hub.

**RESOLVED that the update be noted.**

## 8. Portsmouth Clinical Commissioning Group - Update (AI 8)

Dr Tim Wilkinson introduced the CCG's update report and in response to questions from the panel, clarified the following points:

- The Better Care Fund was necessary to delivery change. Portsmouth was currently ahead of the game but there is still a lot of work to do. He mentioned that at the recent CCG AGM, they were asked to carry out a table top exercise where they were asked to spend the £16 million and interestingly most had chosen to put the majority of money into prevention.
- There was pressure everywhere in the system, partially down to the increase in population. The CCG were working closely with PHT to improve the urgent care centre which saw up to 40 patients a day.
- The feedback from stakeholders had been very high and he personally thought that the introduction of Portsmouth CCG had gone very well.
- There was an education programme around the city for all GP's to be made aware of female genital mutilation.

  ACTION
  Dr Wilkinson said he would find out whether there was any funding for victims of female genital mutilation.

**RESOLVED that the update be noted.**

## 9. Healthwatch Portsmouth - update (AI 9)

Simon Haill, Healthwatch Manager introduced his report and in response to questions from the panel, clarified the following points:

- He had been rebuilding the structure of Healthwatch since he was appointed earlier this year. Healthwatch is a membership based organisation and has attracted a core of volunteers. It is part of Healthwatch Wessex which includes Dorset, Hampshire, Isle of Wight and Southampton.
- In September Healthwatch Portsmouth created a social care directory on their website (SCiP) The SCiP Directory allows people to search for their nearest health providers by typing in their postcode.
- Healthwatch Portsmouth has links with Portsmouth University and Portsmouth City Council and sits within Learning Links.
- The Healthwatch Portsmouth website is well established and is helpful for signposting members of the public.
- Healthwatch Portsmouth covers postcodes areas PO1-PO6 and the Hampshire Healthwatch covers Fareham, Gosport.
- The government acknowledges that Healthwatch can be influential and have a number of statutory powers that are used to help make a difference. Healthwatch can take the evidence of what people tell them about their experience of local services, and what needs to change to make them better, to those who commission and provide those services and put the case for change. They will act as their "critical friend".
- Healthwatch Portsmouth have meetings every month and every third meeting is a public meeting held at varying locations in the city. The next public meeting is on 5 November.
- Healthwatch is available to help people who have concerns about a healthcare service through their advocacy service and will help escalate complaints up to the ombudsman. Healthwatch Portsmouth currently has 42 cases.
- Healthwatch staff attend meetings of various groups and liaise with them but it is very much early days and they are working to work more closely with health providers.
- Healthwatch is not just about dealing with complaints but regularly receive praise about local health providers and publish this on their website.

**RESOLVED that the update be noted.**

**10. South Central Ambulance Service - update (AI 10)**

The panel received the update report from Neil Cook, Area Manager, Portsmouth and South East Hampshire. As Neil was not present, Councillor Edgar gave an update on the recent members visit to the new ambulance resource centre at North Harbour, Cosham.

Councillor Edgar reported that although there had been some initial concerns about centralising the resource centre, he felt that South Central Ambulance Service (SCAS) had taken on board concerns and put measures in place to alleviate these. Arrangements were in place so that when an ambulance crew finished their shift another crew was dispatched so that there is always cover in place.

During the visit he had been impressed with the safety factors and the lifesaving role that everyone on the site has. Members had seen ambulances return and watched whilst all the equipment was meticulously checked and cleaned so that it was fit for purpose for the next ambulance crew to use. He also advised that the IT equipment and rest facilities at the centre were state of the art.

Councillor Edgar encouraged members who hadn't been able to attend the visit to try and have a visit for themselves as they would find it worthwhile.

ACTION
Lisa to contact SCAS to ask for some dates that panel members can visit the Ambulance Resource Centre and email members with the proposed date(s).

**RESOLVED that the update be noted.**

**11. Dates of Future Meetings (AI 11)**

The dates of the panel meetings for 2015 were agreed as follows:

3 February
24 March
14 July
1 September
3 November

The formal meeting ended at 11.35 am.

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Councillor David Horne
Chair

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Vascular Services Reconfiguration Southern Hampshire : NHS Wessex

Update Report 21/10/14
Audience: Portsmouth Health Overview Scrutiny Panel

**Background, Introduction and Current Position:**

1. The first tranche of the NHS England (Wessex) Vascular Programme is the reconfiguration of vascular services across Southern Hampshire, provided by the two hospital sites of University Hospital Southampton (UHS) and Portsmouth Hospital Trust (PHT).

2. The Vascunet 2008 report (cited in the Vascular National Service Specification (NSS)[1], identified that the UK had the highest mortality rates in Western Europe following elective abdominal aortic aneurysm (AAA) (7.9% vs 3.5% Europe). The Vascular Society of Great Britain and Ireland (VSGBI) initiated changes to improve clinical outcomes and in 2013 reported[2] that the mortality rate for elective AAA in the UK was now 2.4%. In 2013, the NSS published evidence-based models of care to continue to improve patient diagnosis and treatment, and ultimately improve patient mortality and morbidity rates associated with vascular disease.

3. There have been several vascular reviews since 2009, which have included Southern Hampshire; there has been no implementation of associated recommendations to date. During March and April 2014 NHS Wessex consulted with the requisite four Health Overview and Scrutiny Committees and Panels, on implementing and approach that became known as 'Option 4':

   **Option 4 - Establish a Southern Hampshire Vascular Network and move, on a phased basis, all major complex arterial vascular surgical procedures to Southampton. (Options for surgery following a TIA or stroke (such as carotid endarterectomy CEA) and major amputations will be considered at a later date following the successful implementation of the initial phases.)**

4. Three of the four HOSCs/HOSPs did not consider the plans to be a substantial change, the exception being Portsmouth HOSP who did view the proposed change as substantial and therefore required formal consultation to commence on 26th May 2014.

5. Option 4, centralisation of vascular services at UHS has not had the support of all parties, and there has been considerable media and public opposition in Portsmouth, to its implementation, as this model was perceived as potentially destabilising to PHT with unintended consequences not fully understood.

6. A number of vascular reviews have signalled potential capacity issues in transferring the majority of vascular services to UHS. These issues remain of concern and have been corroborated recently.

[1] A04/S/a 2013/14 NHS Standard Contract For Specialised Vascular services (Adults)
[2] National Vascular Registry 2013 Report On Surgical Outcomes

7. At the time of writing, it is understood that both Trusts now meet or exceed key service outcome measures defined in the NSS for both elective AAA and CEA procedures. Compliance with the NSS, however, has not yet been fully achieved, which reflects the situation in other parts of the UK, and differing models are emerging. A detailed review of each element of the NSS has mapped current capability against both the trusts.

8. Therefore two possible models of care/strategic options have now been identified:

    a. UHS and PHT to remain as two arterial centres, but to collaborate to provide a single clinical service where possible. It should be noted that the number of complex vascular patients needed to be centralised is low and the decision to move a patient will be made based on safety and enhanced outcomes;
    b. Centralise vascular services at UHS – Move on a phased basis all major complex arterial vascular surgical procedures to Southampton (UHS) (Postponed Option 4, requiring formal consultation) (points 3 to 5 refer).

9. A strategic evaluation of both options listed above is currently underway to assess impact in terms of suitability, feasibility and acceptability and as an aid for effective decision making. This assessment will be published in a Full Draft Business Case before 14th January 2015.

10. At the Portsmouth HOSP meeting in March 2014 the Chair of the Chichester OSC made a formal request that NHS Wessex should re-examine vascular patient flows from Chichester.

11. NHS England (Wessex) has embraced the opportunity to agree a model for implementation. There is renewed energy and transparency across the system and opportunities are emerging that may support UHS and PHT both as sustainable centres for the future, as providers of optimized vascular care through collaborative working arrangements.

12. NHS England (Wessex) representatives met with the new Portsmouth HOSP chair on 16th June 2014 when the formal consultation on Option 4 (point 3 above) was postponed pending further work. Meanwhile a collaborative arrangement was put in place to offer opportunities to improve patient outcomes through increased joint working, which continues to make solid progress in a very positive way.

13. A critical first step towards collaboration involved clinical teams from both UHS and PHT and was an externally facilitated joint multi-disciplinary team (MDT) meeting that took place on 1st July 2014. At this meeting a clinical lead was elected from each trust and it was agreed that clinicians would form a joint MDT, with the first meeting taking place on or before 15th September 2014. This collaboration is being treated as a pilot whilst the impact assessment and Full Business Case is developed ahead of the decision point. The collaborative pilot is expected to run until at least 31st March 2015.

14. Since July 2014, there have been three joint MDTs and very positive steps taken, with the clinicians cross referring patients for clinical reasons, and reviewing risks and issues and

opportunities to further the collaboration. Programme leads have been selected in each trust. Regular exception reports are reported via the new governance structure and the collaborative developments are overseen by the Vascular Implementation Board which meets monthly, which in turn is accountable to the Vascular Steering Group (Appendix A).

15. The pilot phase will be evaluated and if successful agreed collaborative proposals will be set out in a tri partite agreement and Service Level Agreement, and will be subject to formal and extensive governance approval across the system from March 2015 onwards, ahead of implementation from 1st April 2015 whilst the business case looking at the two options goes through due process.

16. NHS England continues to have oversight of the vascular plans in Southern Hampshire. The Project is scrutinised according to the NHSE Service Re-configuration Guidelines.

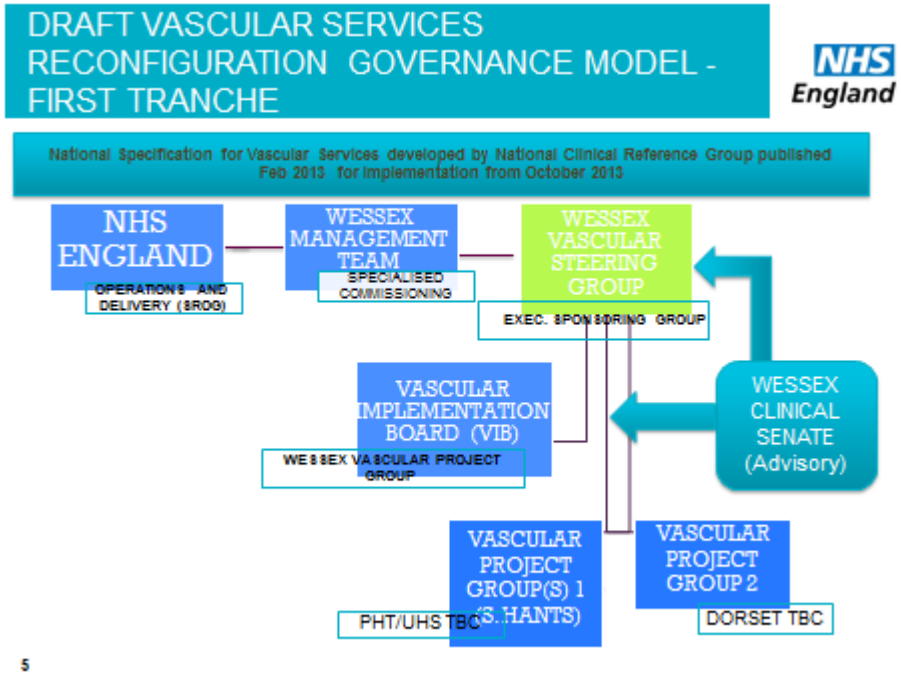
17. In addition, the Project team recently invited a Gateway Review Panel to assess the confidence of delivery. It is anticipated that the Project SRO will release an Executive summary of the findings to key stakeholders.

**Key Dates (All TBC):**

| | |
|---|---|
| Portsmouth HOSP formal update | 4th November 2014 |
| Stakeholder Update (All Health Overview Scrutiny Committees/Panels) | 30th November 2014 |
| Vascular Steering Group meets | 8th December 2014 |
| Consultation with HOCS/Ps/HASCs on Draft Business Case | Jan/Feb 2015 |
| NHS Wessex Recommendation to NHSE | March 2015 |
| NHSE Authorisation/Decision point – Service Reconfiguration Oversight Group (SROG) | **Date TBC** |

**Appendix A Wessex Vascular Programme Governance:**

18. NHS England (Wessex) has an established formal and transparent Vascular Programme governance structure for implementation of the agreed vascular services proposals. This has been agreed with our relevant stakeholders.




19. The Vascular Programme structure includes a Steering Group chaired by Felicity Cox, Wessex Area Director, with Accountable Officers from CCGs representing East and West Hampshire, and both UHS and PHT Chief Executives, as a minimum.

20. Implementation of sanctioned proposals will be overseen by the Vascular Implementation Board, which is chaired by Stuart Ward, Medical Director, NHS England (Wessex).

21. The joint UHS/PHT Clinical Operational Group (Collaborative Pilot) will report directly into the Vascular Implementation Board and the project team will ensure all plans are fully scrutinised.

Hampshire & Isle of Wight LPC
Supporting Local Community Pharmacy

**Report to the Health Overview and Scrutiny Panel (November 2014)**
**Paul Bennett, Chief Officer Hampshire & IOW LPC**

Further to the last report to the HOSP provided by the previous LPC Chief Officer, Sarah Billington (16th January 2014), there has been considerable discussion and development in the health space relevant to community pharmacy both nationally and locally.

The aim of this report is to highlight the key developments at national level and at local level that have impacted the services delivered to patients and consumers through community pharmacy or that will impact these through both thought leadership and future service design and development.

**National Initiatives & Leadership:**
At national level the discussions about the future role of community pharmacy have continued. Early in 2014 the Pharmacy trade association, Pharmacy Voice, published a report entitled **'Who do you think we are?'** to mark the launch of a new long-term campaign, Dispensing Health that addresses the results of new YouGov research that shows a lack of public understanding of the role community pharmacy can play in helping manage the common ailments in their everyday health, and in helping people to live healthily.

By May 2015 the initiative aims to ensure;

- that community pharmacy is seen as a dispenser of health, as well as of medicines;
- that community pharmacy is seen as a gateway for good health, while general practice is seen as a gateway for managing ill health;
- that community pharmacy is included alongside general practice as a solution to the pressures on A&E;
- that community pharmacy is actively promoted as the first place to advise on and treat common ailments.

The full report can be found here: http://www.dispensinghealth.org/media-centre/


Hampshire & IOW LPC we embrace this ambition and will continue to pursue opportunities to bring this to life

In addition to the initial report, a further paper was published in July 2014 entitled **'We are Primary Care'** which included new research from YouGov showing that people have little understanding of what is actually meant by 'primary care'. 74% of people regard GP practices as providers of primary care but a relatively small percentage of people understand that community pharmacies (34%), optometrists (31%) or community hearing aid services (24%) are an integral part of primary care,

despite the fact that they are responsible for more than 40% of the primary care budget.


http://www.pharmacyvoice.com/images/resources/We_Are_Primary_Care_FINAL_14_07_14.pdf

Both these documents make the case for pharmacies greater involvement in the provision of services to help people stay well and where they are in need of a healthcare intervention to access services in primary care and easing pressures in secondary care.

When launching the report Dr Michael Dixon Chairman of NHS Alliance is quoted as saying *"….primary care should be seen as a cohesive whole bringing together community pharmacy, community eye care and hearing services, dental practice and even providers of housing, emergency services and communities themselves alongside general practice. I fully support the notion of high street health hubs and think they have a vital role to play in supporting the NHS as we know it today."*

The LPC is strongly supportive of this principle and will be seeking partnerships with commissioners of service, other potential providers and with partners in the third sector in order enable pharmacy contractors to contribute further.

Late last December NHS England launched it's **Call to Action *on community pharmacy***, asking patients, pharmacies, commissioners and all those involved in healthcare to debate the future of the sector and how it can help the NHS to meet the challenges it faces.

The Call to Action ran until March 18th 2014 and later next year NHS England will publish a document setting out its proposals for the commissioning of community pharmacy services, connected with its approach to general practice.
The LPC hosted a stakeholder event in January on behalf of the Area Team and the outcomes of those discussions formed the basis of the submission made by the Area Team, a copy of which can be found below.
The LPC held a further seven Call to Action events across the area through the Local Pharmacy Group meetings, giving pharmacists and pharmacy team members the opportunity to contribute. The meetings were well attended and the discussions were lively. Three of the Local Pharmacy Groups chose to make a submission to CtA directly and the Hampshire & IOW LPC made a collective submission on behalf of all contractors, a copy of which is attached.

The **Community Pharmacy Funding Settlement** was announced last week after agreement was reached between the NHS and the Pharmaceutical Services Negotiating Committee . The New Medicine Service (NMS) will be continued, with funding for it to come from the overall settlement; and there are some changes to targeted Medicine Use Reviews (MURs) with the introduction of a new target group and a move for contractors to provide 70% of their MURs to patients within the target groups. Contractors will also be required to include

pharmacy names in reports of patient safety incidents; to give patients appropriate advice about the benefits of the Repeat Dispensing service; and to take part in a national audit on the emergency supply of medicines by pharmacies next year (in place of an area team specified clinical audit).

**Local Developments:**
As a summary of the activity undertaken by pharmacy contractors, highlights of the LPC's annual report are reproduced below. Further detail is available here: http://www.hampshirelpc.org.uk/node/1128#attachments

There was one full tendering process as Hampshire County Council tendered for a **Pharmacy Based Drug Treatment Service** to provide substance misuse and needle exchange services. LloydsPharmacy were successful in winning the contract and the LPC has been working closely with the commissioner and LloydsPhamacy as pharmacies have been engaged and signed up to deliver the suite of services being commissioned.

Changes to the NHS (Pharmaceutical Services) Regulations pass responsibility for developing the **Pharmaceutical Needs Assessment (PNA)** to the Health & Wellbeing Board for their area. The LPC area has four Health and Wellbeing Boards aligned with the four Local Authorities. The current PNAs have been allowed to remain in place for an additional year to allow time for Health & Wellbeing Boards to take on this new role. This work is well underway and the LPC is a key stakeholder in the development of the four PNAs which will come into force in April 2015.

The LPC has remained fully committed to supporting and enabling **Healthy Living Pharmacies**. We have seen a number of the Hampshire pharmacies on our wave 1 programme reach their goal. Three more pharmacies have become HLP in the last few months, two branches of Rowlands Pharmacy and one branch of Boots. Southampton also accredited another HLP in the city and we are now working with public health teams across the area to progress their respective programmes. We officially launched the 2nd wave of the Hampshire programme and look forward to many more pharmacies joining in.

The Hampshire & IOW and Dorset LPC's have joined together to form the **Community Pharmacy Wessex Academy (CPWA).** The purpose of the Academy is to provide development resources, service accreditation information and access to training for community pharmacy teams across Wessex. The current Local Pharmacy Groups will become 'CPW-Your Local Academy' and the programme delivered through that framework will be aligned to the LPC strategy and the needs of the teams in each locality.
The web site is here http://www.cpwacademy.org.uk

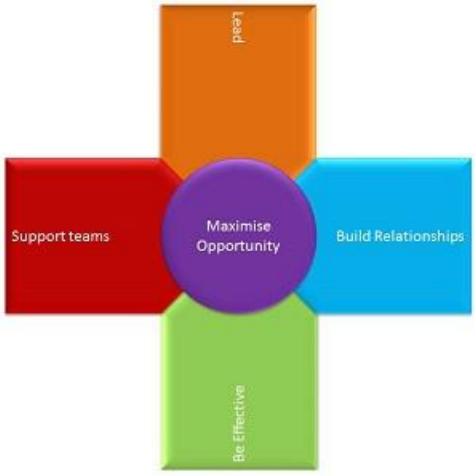
All community pharmacies in the Wessex area were invited to express an interest in providing an **NHS commissioned flu vaccination service** to pregnant women and eligible patients aged 16 to 64 years in the clinically at risk groups. This will be the first time pharmacies in Southampton, Portsmouth and Dorset will be able to provide this commissioned service. Once again the LPC have partnered with Novartis to provide training to enable pharmacists to participate. Approximately 175 contractors will be providing the service across Wessex.

The NHS England Wessex Area Team has commissioned the NHS South Commissioning Support Unit to support community pharmacies in Hampshire as practices go-live with the **Electronic Prescription Service (EPSR2)**. Southampton CCG has established their own team to support pharmacies in Southampton, based on the model developed by the LPC for Portsmouth. Patrick Leppard, the LPC EPS Lead continues to provide excellent support for pharmacies in Portsmouth and has now extended the area he covers to include pharmacies in the Fareham & Gosport and South Eastern Hampshire CCG areas. The LPC maintains EPSr2 resources on our website and ensures information about GP 'go-lives' is kept up to date.

The LPC has reviewed it three year strategy and agreed the areas of focus for 2014 to 2017 as being:

- Be an effective LPC
- Support pharmacy teams
- Build productive relationships with key stakeholders
- Maximise opportunities for contractors

To achieve these four objectives the LPC will establish an annual plan of work that will focus on what is needed during that 12 month period, makes best use of resources and delivers tangible benefit for contractors.




In the interests of transparency and good governance the strategic plan and supporting documents are available to all members on the LPC web site.
http://www.hampshirelpc.org.uk/node/570

This report is inevitably a 'snap shot' of the activities being undertaken by the LPC. Please address any further queries to the new Chief Officer of the Hampshire & IOW LPC, Paul Bennett who is contactable at the LPC office (details at the foot of this document).