

## REGIONAL DRUG AND THERAPEUTIC CENTRE

**Minutes of the Management Board meeting held on Tuesday 30 November 2004 at 2.00 pm in the Seminar Room, 24 Claremont Place, Newcastle upon Tyne.**

**Present:** Prof M Rawlins, RDTC (Chair)  
Dr SHL Thomas, Medical Director, RDTC  
Mr J Bowskill, Hospital Manager, Royal Victoria Infirmary  
Mr R Smith, Chief Executive, Gateshead PCT  
Mr S Grant, Pharmaceutical Adviser, North Bradford PCT  
Ms S Brent, Acting Director of Pharmacy, RDTC  
Mrs J Wood, Service Manager, RDTC

**In attendance:** Miss L Bennett, RDTC

### **1. Apologies for absence**

Sir Michael Rawlins, Professor of Clinical Pharmacology  
Ms P McDougall, Chief Executive, North Tyneside PCT  
Dr M Williamson, Medical Director, West Hull PCT  
Mr A Young, Chief Executive, Durham and Chester le Street PCT

### **2. Minutes of the last meeting**

The minutes of the meeting held on 29 June 2004 were accepted as an accurate record.

### **3. Matters arising**

#### **a) North East Lincolnshire PCTs**

ST reported that SB and JW were in discussion with North East Lincolnshire PCTs. SB confirmed that the PCTs were keen not to lose services from the centre and were moving to engage the RDTC's services for the rest of this financial year and next year.

#### **b) West Cumbria PCT**

ST confirmed that West Cumbria are contributing to and receiving services from the RDTC.

#### **c) Cost reduction programme**

ST reminded the Board that the Newcastle Hospitals Trust was asking all directorates to meet a recurring cost improvement target. For the RDTC this would amount to £13,058. ST asked the Board to advise on whether this was considered acceptable.

JW circulated copies of correspondence about the cost reduction.

SG suggested that a fixed cost should be paid for services rather than a percentage. JB explained that the Trust had many SLAs both for services provided and received and the service charge was always paid on the basis of a percentage. The current 5% requested from the RDTC compared favourably to other levies.

ST stated that the RDTC could absorb the cost without having to reduce staff. If it were possible to renegotiate with the Trust a more favourable way of calculating the staff vacancy factor, then it may be possible to accept it as a recurrent cost. SG stated that PCTs would not want to pay the trust and that any underspend should be reflected in costs to the PCTs.

RS agreed that commissioners would want to see their contribution reduced rather than an increased contribution to the Trust. Although the amounts in question were small, and the benefits to individual PCOs would be negligible there are principles to be established about who benefits from underspend in year.

**d) Stakeholder event**

SB informed the Board that she had received a lot of interest about forming a stakeholder forum, in particular from West Yorkshire. A progress report was circulated. The next stage would be to finalise membership for the forum.

**e) Local networks**

SB reported that she had not received information about local networks but that this matter had resolved itself as she had built up a better understanding of links while working with the SHAs.

**f) Cost comparison charts**

SB informed the Board that the RDTC was planning to send out the charts to GPs next year when the new drug tariff was issued. SG stated that he distributed hard copies of the charts each year to the GPs in his area and would not want this to automatically happen from the centre due to the costs involved. SB confirmed that requirements would be checked before the charts were distributed.

**g) Memorandum of agreement with NUTH**

ST reminded the Board that at the previous meeting, all parties had agreed it would not be possible to take this forward. This item had therefore been moved to the 'completed' section of the RDTC Implementation Plan and would be removed from the agenda.

**h) SLA uplift**

ST confirmed that after negotiation with the Board and advice from the Trust, this had been resolved and a figure of 3% had been agreed. The agreements would be distributed for signing.

**Action:** *JW to circulate copies of SLA to Lead Purchasers for signature.*

**i) New business opportunities**

ST reported that SB had been working with the Greater Manchester Strategic Health Authority with a view to PCTs in Manchester commissioning RDTC services. An assessment of medicines management needs had been made and the RDTC was in a position to secure funding for the remainder of the current year and possibly next year. A full year figure of £120,000 in the first instance had been discussed. ST stated that it was good for Manchester to come into the collaboration. As well as the opportunity to invest in the services Manchester needed, the situation also offered the opportunity for value for money for Northern

and Yorkshire PCTs. SB explained that Greater Manchester were looking for slightly different services.

ST suggested there were two ways to approach this. Firstly to offer the same services at a lower cost and secondly to enlarge the range of services while not increasing costs. A proposal would be produced and circulated to PCTs within the next six to eight weeks for comment, to enable them to plan for next year.

BS suggested that the added value needed to be demonstrably better for PCTs than a reduction of subscription. The biggest uplift for PCTs was prescribing costs. If the same subscription gave added value in savings on prescribing costs, this would be an attractive option to PCTs.

**Action: SB/ST to produce and circulate a proposal by the end of January 2005**

**j) West Hull PCT**

ST confirmed that Dr Mark Williamson would be representing West Hull PCT now that Dr Graham Rich had resigned from the Board.

**4. Business planning cycle and review**

The Board discussed the implementation plan for initiatives.

- The transfer to the NHS net had taken longer than anticipated but was expected to take place by the end of January 2005.
- The Service Level Agreements were now ready for signing.
- Work was underway on statistics of links between prescribing and morbidity.
- Work on guidance for primary care in the provision of information of medicines was delayed due to the absence of a Head of Information Services. This work was on the agenda but not a priority. SG stressed the importance of timely information and SB informed the Board that work on the RDTC internet site was planned which would lead to email alerts and a regular PCT newsletter template.
- Plans were in place for supporting the clinical governance needs of primary and secondary care but again this had been delayed because there had not been a Director of Pharmacy in post.
- Initial links with co-ordinators to support the introduction of Local Pharmacy Schemes and National Medicines Management Schemes had still to be made. The target date for this was March 2006.

All other initiatives had been completed. RS asked if the items on the maintenance implementation plan were all on track and ST confirmed they were.

**5. Finance**

JW reported that the Trust was currently billing PCTs.

Confirmation of HPA funding had been received and invoices would be raised.

SB and JW had had a meeting with Alan Wear, Trust Directorate Accountant to review RDTC finances.

**6. Accommodation update**

ST reported that staff from the RDTC were currently accommodated in 24 Claremont Place and 16/17 Framlington Place. The university was keen to consolidate all staff into 24 Claremont Place. The Trust Estates Department had been provided with plans to ensure that they would conform to fire regulations etc.

Newcastle University own 24 Claremont Place and have plans to dispose of the terrace. The lease for the building runs out in May 2005 but the university have stated that they would extend this to 2008 which would relieve the short-term pressure. ST confirmed the centre would be looking for a three-year agreement with the university.

## **7. Poison Service update**

ST informed the group that the Health Protection Agency (HPA) had recently completed a review of the National Poisons Information Service. The outcome of the review was a proposal that all six centres remain open. It had been suggested that only two centres would provide 24 hour cover, instead of six. This cover would be rotated between four centres, one of which would be the Newcastle centre. The exact arrangements for cover were yet to be arranged but as of next financial year the centre would be open 24 hours on a rota basis. The HPA were moving towards a situation with only one centre open for 24 hour cover. This was considered possible as there was an expectation that the number of calls received would decrease with better education.

The HPA had been complimentary about the centre, particularly about educational activities.

This situation raised questions for the RDTC as the centre currently provided 24-hour cover for all services – poisons, teratology and medicines information. Medicines information was not heavily used during the night so a decision needed to be made whether to discontinue the service or continue it with the pharmacy on call rota and extra duty payments. With medical services in the community increasingly available on a 24-hour basis it would be good for this service to be available.

ST suggested that if the RDTC did not provide 24-hour medicines information, this would affect the centre's relationship with NHS Direct. The RDTC currently received £35,000 funding from NHS Direct for pharmacist support, including education activities. In the future NHS Direct would be commissioned via a new North East business unit. This would have an impact on the centre but because of geography, ST was confident the RDTC would continue to be commissioned to provide support. RS stated that he would be able to provide some information on the spectrum of services NHS Direct offer and plans for a specific enquiry service.

**Action: RS to send ST information on NHS Direct**

## **8. Director of Pharmacy replacement**

ST reminded the Board that the RDTC had been reorganising staffing resources to find the internal funding for a Director of Pharmacy post. The post was needed to take the centre forward strategically. ST hoped that PCTs would agree that this was a good use of resources. A draft job description was circulated and feedback was requested by Friday 10 December 2004. The job description would then be circulated to PCTs for

their views. It was hoped that the job description could be agreed and the post advertised so that a director could start in the new financial year.

**Action: Board members to feedback comments on job description by Friday 10 December 2004.**

***JW to circulate amended job description to PCTs.***

**9. Any other business**

ST informed the Board that this would be the last meeting that John Bowskill would be attending as he was retiring on 31 December 2004. ST thanked John for all the work he had done for the RDTC, smoothing troubled waters at times and the Board wished him well for his retirement. JB thanked the Board for their remarks.

ST stated that it was essential for the RDTC to have this link with the Trust and asked JB to ensure that another Trust representative would be available to sit on the RDTC Board. JB confirmed that the matter was in hand.

**10. Date and time of next meeting**

Tuesday 15 March 2004 from 11.00 am until 1.00pm in the Seminar Room, RDTC.