

PSNC Service Development Subcommittee Minutes

for the meeting held on Wednesday 16th January 2013

at The Midland Hotel, Peter Street, Manchester, M60 2DS

Present: Paul Bennett, David Evans, Elisabeth Hopkins, Indrajit Patel, Adrian Price, Alan Robinson, Gary Warner (Chairman)

In attendance: Mark Burdon, Alastair Buxton, Peter Cattee, Harpreet Chana, Mark Collins, Shine Daley, Mike Dent, Andrew Lane, Steve Lutener, Raj Morjaria, Barbara Parsons, Bharat Patel, Komal Patel, Janice Perkins, Bruce Pimlott, Sue Sharpe, Zoe Smeaton.

1. Apologies for absence

No apologies for absence were received.

2. Minutes

The minutes of the meeting held on 9th October 2012 were approved.

3. Matters arising

a) Item 5: Business Continuity Planning

A request for exemption from IG Requirement 319 (Business Continuity) has been made to the Department of Health (DH); no response has yet been received.

b) Item 6: Development of a Minor Ailment Service (MAS) Business Plan

No work has yet been undertaken on the proposed programme. Discussions with the NHS CB will be required and MAS will be a key issue on which to feed in to the NHS CB's primary care strategy.

c) Item 8: Evaluation of the NMS PharmOutcomes data

The chairman has had a meeting with DH and provided a further data subset to allow their analysts to replicate PSNC's evaluation of the data.

4. Work Plan

Progress made against the 2012 work plan was considered by the sub-committee. It was agreed that the draft 2013 workplan had captured the points relevant to SDS from the discussions from the November 2012 planning meeting and it was approved.

REPORT

5. Quality measures

A meeting with DH took place at the end of 2012 to discuss quality measures. The outputs of the discussion groups held at the November planning meeting were used in the discussions. Further discussions are to be held with DH shortly and these will pick up the proposals for quality measures and productivity discussed the previous day in the group discussion sessions. The need to assess the practicalities of any proposals and the cost and workload implications was discussed.

6. Pharmacy and Public Health Forum report

This was a matter of report.

7. NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

This was a matter of report.

8. Review of the Approved Particulars

Steve Lutener talked the subcommittee through the information in the agenda. Following Steve's introductory comments, topics of discussion included:

- the length of time taken to fill in a report to the NRLS;

- the patient safety team at the NHS CB are looking to condense the reporting requirements for patient safety incidents related to medicines; this was intended to encourage a greater number of reports from pharmacies. It was suggested that the revised reporting form could be added to PharmOutcomes;
- the value of the task needs to be determined alongside the cost of increased reporting which would not have been captured by CoSI;
- more feedback is required as a result of the reports provided to the NRLS as it motivates more reporting. The NHS CB are keen to share this kind of learning with community pharmacists and is hoping to use the communications channels of the national pharmacy bodies to disseminate this information.

9. Falsified Medicines Directive

Steve Lutener reported that this Directive is likely to take years to implement and it will probably cost a huge amount as agreement across Europe is required. Community pharmacies are only going to fully buy in to the concept if there are additional benefits such as supporting better accuracy checking of dispensed items. The eventual regulatory burden which will arise from implementation will need to be discussed in due course.

A paper from Raj Patel and additional information from David Evans will be tabled at the March meeting for further consideration by the subcommittee.

10. IT Update

Key points raised were:

- the principle PCT IT obligations will be moving to the NHS CB LATs. EPS implementation support will need to be picked up;
- EPS R2 has a large number of pharmacies involved but a low number of GP practices;
- different work practices for EPS, the time and cost of printing of tokens, and the cost of operating a dual system were noted; and
- Jeremy Hunt has set the NHS a target of being paperless by 2018.

EPS practical issues were also discussed including:

- messages, such as a request from the GP asking the pharmacist to check a patient's weight prior to dispensing a script, were appearing on the dose section of prescriptions. This raised potential liability issues and could push workload onto the pharmacist. It was suggested that this was likely to be a local issue which needed to be discussed with the prescriber. Any notes for the patient should appear on the right hand side of the script/token;
- the problem with NCSO claims for EPS scripts already submitted for payment. If a solution is not found to this problem it may result in contractors not submitting items for payment until the end of the month, causing a surge in messages received at the NHS BSA;
- the need to find ways for PSNC to highlight general issues which contractors should consider when choosing a PMR system.

11. Any other business

Rural Group

This was established in January 2012 and the Terms of Reference require the members to retire at the end of 2012. Because meetings depend on topic and availability, the next meeting is not scheduled until 28th January 2013. Steve Lutener asked for an extension of membership until the end of January and this was agreed.