PSNC Minutes

for the meeting held on 9th and 10th January 2018

at CCT venues Barbican, 135-137 Aldersgate Street, London, EC1A 4JA

Present: David Broome, Mark Burdon, Peter Cattee, Ian Cubbin, Mark Donovan, Samantha Fisher, Jas Heer, Tricia Kennerley, Clare Kerr, Sunil Kochhar, Margaret MacRury, Fin McCaul, Garry Myers, Bharat Patel, Indrajit Patel, Prakash Patel, Umesh Patel, Jay Patel, Janice Perkins, Adrian Price, Anil Sharma, Stephen Thomas, Faisal Tuddy, Gary Warner

Chairman: Sir Mike Pitt

In Attendance: Sue Sharpe, Shiné Brownsell, Alastair Buxton, Mike Dent, Gordon Hockey, Mike King, Zoe Long, Gabriele Skieriute

1. Apologies for absence

Apologies for absence were received from Marc Donovan (Wednesday only), David Evans, Peter Fulford, Kathryn Goodfellow, Mark Griffiths, Mike Hewitson, Andrew Lane (Wednesday only).

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 10th and Wednesday 11th October 2017 and Tuesday 14th and Wednesday 15th November 2017 were approved.

3. Matters arising from the minutes

None.

4. Chairman's Report

The Chairman reflected on the financial position across the sector, how severe it is and what a difficult time everyone is having. The thousands of cancelled operations and night time closures of Accident and Emergency departments, gives an impression of how challenging things currently are in the wider NHS.

The Cabinet reshuffle took place and Jeremy Hunt remains the Health Secretary however his job title is expanded to Secretary of State for Health and Social Care.

The Chairman touched on the papers the Chief Executive sent out by email earlier in the week and commented that it is encouraging to see that individual pharmacies are upping their game relating to the Quality Payments Scheme.

The Chairman reminded the Committee that Simon Dukes will be joining PSNC on 1st May 2018 as the new Chief Executive and that he will be attending part of the March PSNC meeting as an observer.

5. Chief Executive's Report

As the Chairman mentioned, Jeremy Hunt remains in his position with added responsibility for Social Care. Following his call for more funding in November, Theresa May said that Simon Stevens will be held accountable for the NHS over the winter months.

The NHS is continuing to struggle and is seen as unsustainable with its current level of funding. In the context of what is happening in the NHS and looking at the pharmacy funding cuts that were implemented, they don't look like an unreasonable cut compared to the rest of the NHS. It is clear that there is no prospect of more money in the short term. Looking back to what we faced two years ago, it isn't looking any worse: it feels that

some of the offensive elements of the process that influenced the way the 15th December letter was written may have gone temporarily in abeyance.

The NHS is looking at what it can offer the public in future, and we will talk about the "deprescribing" consultation proposals during the meeting. There may be a growing recognition from new people in the Department of Health and Social Care (DHSC) and NHS England that it may not make sense to move forward with a big pharmacy cull.

The major part of this meeting will focus on creating a framework for Community Pharmacy Care Plan services and seeking to create a broad recognition of the value of the services provided by the sector. There is a limitation on what PSNC can do, we can create opportunity, but we cannot do the delivery of services; one of the questions we need to ask ourselves is can we sell it to the sector, as they will take on the delivery.

The Minister is willing to look at new models and Ed Waller may be interested in what community pharmacy can offer. A few weeks ago, DHSC published their departmental plan and what it says about pharmacy is focussed on their areas of responsibility; it doesn't talk about services beyond supply, reflective of NHS England's current service commissioning role, and is very focussed on product supply.

In the papers that the Chief Executive emailed round on Monday 8th January, it is encouraging to see that DHSC/NHS England will be recommissioning the flu vaccination service.

For contractors, the grimness of funding cuts together with excess margin and shortages is horrific and when it gets to paying their tax bills, it will be a real crisis for many. People are no longer making money and the issue is how many can survive. Contractors' experience is dominated by price rises and during the meeting we will consider proposals for changing the system for concession prices. DHSC's expected cost of prices rises by the end of this financial year is huge and there are real concerns about that. We can speculate the causes, but there is not one simple factor. Mike Dent's team had to make strong representations in December 2017 to secure concessions. DHSC wants a new system in place in January 2018 but for us, having contractors carrying the higher costs is unacceptable.

The Resource Development & Finance Subcommittee (RDF) approved the draft budget and their work plan and will present that to the Committee tomorrow. The RDF timetable for its work programme was developed taking into account the new Chief Executive starting in May. The subcommittee also looked at different ways we can do our work and save money.

The 2017-2020 Plan set out in the main PSNC agenda remains unchanged. The 2018 Plan is also set out in the agenda and subcommittee plans are compatible with headline elements in the 2018 Plan. When you look at the work plan of the LPC and Implementation Support Subcommittee, it is clear that we want to keep the reputation of the sector at the forefront of people's minds, ensuring our value is understood.

The Committee must bear in mind that our resources are thin.

ACTION

6. 2018 Plan

Subject to replacing the word ''acceptance'' in the first point on the four-year Plan, the 2017-2020 and the 2018 Plans were approved.

7. EPS phase 4

Alastair Buxton presented DHSC's proposals on EPS phase 4. This includes electronic prescriptions becoming the default with nominations not always being required, however their use would remain valuable to contractors and the majority of high users of pharmacies. Phase 4 will not remove existing nominations and new nominations can continue to be set, where patients consent to this. Where there is no nomination in place, the patient will be given a token which will then be scanned by the contractor.

DHSC wish to mandate use of EPS for both GPs and patients; a controlled deployment will allow gradual rollout across the county. DHSC have also proposed increasing the number of items per prescription which will reduce the number of "split scripts", but it would also have several potential impacts on contractors, including on claiming scripts where there are owings.

Following group discussions, the Committee accepted the proposed move to phase 4 but there were points that needed to be discussed with DHSC, NHS England and NHS Digital. These included the potential to move to real time pricing of EPS scripts, the potential to require GPs to use eRD and the impact of the change on PMR suppliers.

The rollout of phase 4 should include formal review points where DHSC and PSNC can consider progress and any changes that need to be made to the rollout. The Committee also want a satisfactory conclusion to the ongoing discussions with DHSC and NHS England on the legacy costs associated with the initial implementation of EPS.

The principle of increasing the number of items per prescription was acceptable, but it would require further exploration of the practical implications with DHSC, NHS England and NHS Digital, particularly the impact on scripts where there was an owing or where an item could not be dispensed and any changes that would be required to EPS and PMR systems to address these matters.

8. Consultation on Conditions for which OTC items should not routinely be prescribed in primary care

Alastair Buxton provided a summary of the consultation proposals and the original proposals described in the previous consultation, and asked the Committee to consider the proposals and its response. The slides presented at the meeting are set out in Annex 1.

Following a group discussion, the Committee agreed that there were no longer grounds on which to object to the proposals, bar the reduction in the scope of NHS services that the proposals will result in. In the Committee's response to the proposals the implementation challenges will be highlighted, and it will be noted that the transfer of work from GPs to community pharmacy will lead to an increase in workload related to supporting self-care for the sector

RATIFICATION

9. Resource Development & Finance subcommittee

The key points of the discussion at the subcommittee meeting were presented by Mark Burdon.

The following recommendation was approved by the Committee:

- Draft budget for 2018/19.

REPORT

10. Next PSNC meeting

The dates for the next PSNC meeting are Tuesday 13th March at Hosier Lane, London, EC1A 9LQ and Wednesday 14th March at CCT Venues, Barbican, Aldersgate House, 135-137 Aldersgate Street, EC1A 4JA.

11. Any other business

None.

Consultation on Conditions for which OTC items should not routinely be prescribed in primary care

Background

- In the year prior to June 2017, the NHS spent approx. £569m on Rx for medicines for minor conditions (150,942,000 items)
- Restricting prescribing for 'minor' conditions may save up to £136m (39,728,000 items or nearly 4% of disp volume)
- Views are being sought on stopping the routine prescribing for 33 minor conditions, as well as on probiotics and vitamins and minerals

Draft guidance

NHS England proposes to make one of the following three recommendations for each condition (or item):

- Advise CCGs to support prescribers in advising patients that **[item]** should not be routinely prescribed in primary care due to **limited evidence of clinical effectiveness**
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **self-limiting and will clear up on its own** without the need for treatment
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **appropriate for self-care**

General exceptions to the guidance

Clinicians should continue to prescribe:

- taking account of NICE guidance as appropriate for the treatment of long term conditions (e.g. regular pain relief for chronic arthritis)
- for the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines)
- for those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms such as cough lasting longer than three weeks)

General exceptions to the guidance

Clinicians should continue to prescribe:

- treatment for complex patients (e.g. immunosuppressed patients)
- for patients on treatments that are only available on prescription
- OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications

General exceptions to the guidance

Prescriptions for the conditions listed in the guidance should also continue to be issued on the NHS for:

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment

General exceptions to the guidance

- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care
- Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care.

Our last submission

- Recognised the financial challenge and need for self-care
- Raised concerns regarding:
  - conflict with Principle 2 of the NHS Constitution
  - conflict with the regulatory and professional obligations on doctors to prescribe
  - the likely disproportionate adverse impact on low income individuals / families and their children
  - the risk of unintended consequences, such as increased use of A&E and other urgent care services, and increased prescribing of more potent prescription only items
  - the likely practical challenges which will be faced by community pharmacy and general practice teams, such as
    - the restricted licensing of some OTC medicines
    - differentiating between patients using medicines for self-limiting conditions and those where they are using the medicine to manage a long term condition
    - managing patients who will need to purchase OTC medicines which were included in MDS
    - increased workload, associated with explaining to patients why OTC products are no longer prescribed

PSNC's response to the consultation

- SDS will consider the clinical appropriateness of the detailed guidance related to the individual items or conditions in order to inform PSNC's response on these points
- The Committee is asked to consider whether there are any new issues of concern which should be raised in our response to the consultation or grounds on which PSNC could object to the proposals
- In the absence of any such issues, should PSNC accept the proposed approach, while noting the change these proposals bring to the scope of the NHS service offering to patients?