

PSNC Minutes

For the meeting held on 9th October 2013

At Devonport House, King William Walk, Greenwich, London, SE10 9JW

Present: Stephen Banks, Dhiren Bhatt, David Broome, Mark Burdon, Peter Cattee, Liz Colling, Mark Collins, Ian Cubbin, David Evans, John Evans, Mark Griffiths, Mike Hewitson, Elisabeth Hopkins, Tricia Kennerley, Andrew Lane, Margaret Macrury, Rajesh Morjaria, Andy Murdock, Garry Myers, Bharat Patel, Indrajit Patel, Kirit Patel, Umesh Patel, Janice Perkins, Adrian Price, Alan Robinson, Gary Warner

In the Chair: Sir Peter Dixon

In Attendance: Alastair Buxton, Harpreet Chana, Shiné Daley, Mike Dent, Mike King, Steve Lutener, Barbara Parsons, Komal Patel, Sue Sharpe, Zoe Smeaton

1. Apologies for absence

Apologies were received from Christine Burbage, Rajesh Patel (Mike Hewitson deputised), Chris Perrington and Omar Shakoor.

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Wednesday 10th July 2013 and the minutes of the special PSNC meeting held on Wednesday 11th September 2013 were approved.

3. Matters arising from the minutes

None.

4. Update on the Health and Care Landscape

Alastair Buxton highlighted a number of key points in his report in the agenda.

5. Chairman's Report

The Chairman reflected on the PSNC Seminar and Dinner and commented that PSNC had gained a lot from the event and that we have an opportunity to build on the relationships built. The Chairman asked the office to put together notes of what was discussed given the importance. It was a useful evening and the Chairman was grateful to everyone for taking part in it.

The Chairman reported that Health Secretary Jeremy Hunt is focussed on better management of long term conditions which gives pharmacy an opportunity. The Chairman commented on the challenges for Accident and Emergency Departments noting that one thing blocking up hospitals is the large number of older people admitted to hospital and the inappropriate treatment some are receiving. To save money in the health service we will need to start treating these people in a more dignified manner and we will need to support people, he said. He added that this gave us an opportunity to help individuals and give people a chance of better lives. The Chairman also commented that we need to focus on safe discharge of patients from hospital and medication is a major issue that community pharmacy can help to address.

Chief Executive's Report

The PSNC Seminar and Dinner was a very successful event with a good attendance from external guests and the only negative comment from them being that the seminar discussions should have been longer. The CEO did a video interview with Kevin Fenton, Director of Health and Wellbeing at Public Health England, this morning for the website. He is immensely positive about community pharmacy's future role.

PSNC attended the three main party conferences promoting pharmacy's role in urgent care. Sessions were held with dispensing doctors, highlighting the impact that better use of pharmacies can have in reducing the burden on urgent care services. The sessions were positively received: some core messages were conveyed to the relevant party representatives.

The LPC briefing sessions following PSNC meetings have been very well received. One LPC has misunderstood the purpose and has provided a resolution: "In recognition of the new roles in public health pharmacy and its growing importance, the practice allowance and establishment payment criteria should reflect the work done to deliver quality and quantity of 'advanced' and 'enhanced' services." The ambition to reward quality and service, which has been publicly stated by the government, means we will be discussing revisions to funding distribution in this context. Although there are some public health service elements in the current framework, responsibility has transferred to PHE, and we hope it will authorise continuation of some public health service inclusion in the national contractual framework. Advanced and Enhanced services will exclude public health services, and beyond making compliance with Essential services a criterion for access to certain payments – as now – there is no clear linkage between public health and how funding mechanisms reward quality and range of services. Rewarding provision of public health services and developing public health services is one of the four domains of PSNC's Vision and is important to us, but it is important to recognise the implications of the new health structures.

The CEO spoke at a Think Pharmacy event in South Yorkshire on September 26th. This was attended by representatives of Local Authorities and CCGs, and followed the Manchester model from 2012. It was a good event, building credibility of the pharmacy offer with a particularly interesting presentation on using pharmacies in an integrated project to keep people living independently. The CEO is also presenting at an event in Hampshire on Thursday.

The praise and uptake of PharmOutcomes and general recognition among LPCs of its value is really good news, and helpful for PSNC.

Feedback on the new website has also been very positive with praise for the colour coding, visual impact, accessibility and content. LPCs report that their site management is far simpler and intuitive; they have had praise for all those involved. In addition it is pleasing to see that the resources we have recently launched, the minor ailments service business case and the urgent care briefing, have been picked up so widely.

Not only have these resources been highlighted on websites such as NHS Networks and Primary Care Commissioning, they have also been noted and commented on by individuals. For example, Barbara Parsons had a quick response from a consultant antimicrobial pharmacist from Leeds Teaching Hospital who liked the briefing on helping to reduce A&E pressures and the support for MAS. He has been working to maximise pharmacy's contribution to the UK 5 year Antimicrobial Resistance Strategy (Sept 2013) and has promoted the examples of MAS and vaccination schemes to keep the public healthy and decrease the uptake of antimicrobials. Another argument to use for the service?

At a recent multidisciplinary awards ceremony, it was commented that the refreshed site is also being used by some nurses. Fire brigades also accessed and contacted us: they are interested in using pharmacies to promote awareness of fire risk screening for people with dementia.

The Pharmintercom meeting was held in Doonbeg, Ireland, in late August. The agenda included discussions on information systems and the growing problems of supply shortages. Australia is facing massive generics pricing cuts; a big public lobby on \$Au 90,000 cut per pharmacy seems to be backfiring. Canada has also faced swingeing cuts to generic prices, which had a severely negative effect on profitability. Our generics reimbursement prices are still the cheapest, significantly lower on average than other countries, and this was not very encouraging for the others. Discussions among the countries seemed to arrive at a consensus recognition that supply would in future become the incidental to the service, not as now. Getting contractors to accept this is difficult everywhere. USA has had a compounding scandal which presented a reputation management challenge. NZ is moving to a strongly service driven new contractual framework; they and the UK

are well ahead of others generally, though in Canada Alberta has moved to prescribing rights for all pharmacists without additional qualifications.

Kirit Patel also attended as vice chair of PSNC, and Bharat Patel as NPA chair. Kirit also commented on the meeting and its value.

There seems to have been an abatement of the generic shortages problems we saw earlier in the year. DH has granted price concessions, and for a few months now has taken this approach rather than NCSO. There remains a problem about levels of concessionary prices, and the very shaky basis for determining the price. Together with the British Association of Pharmaceutical Wholesalers we are trying to continue to explore with DH better systems that protect pharmacies against dispensing at a loss, but avoid exploitation of systems to drive shortages and price rises by the industry.

Healthy Living Pharmacy numbers have shown a very impressive increase. On the most recent count the number of quality marked HLPs was 721. Other pharmacies are working on the programme and the total number of pharmacies estimated to be accredited HLPs [likely by end March 2014] is 1,385. The number of known Health Champions is 2,126.

Last week DH convened a Partners' Forum to discuss proposed changes to criminal liability for dispensing errors. There is recognition that the fear of prosecution is a substantial, though not the sole, impediment to dispensing error reporting.

We will need to ensure that we support development of systems to support relevant and simple data capture in pharmacies and plan to convene a meeting of all major providers – both pharmacy system suppliers and people like Webstar and Pinnacle – as soon as we have some clarity about what may be needed.

6. Update on negotiations with NHS England and DH

A summary of progress since the special meeting of PSNC held on 11th September 2013 was given.

ACTION

7. Deputies and Proxies

Umesh Patel reported that the Review and Audit Panel felt that the Constitution needed to be amended following concern expressed about the attendance of a deputy at the special meeting of PSNC.

The current arrangements for deputies will continue but deputies would be prohibited from attending meetings that are pre-notified as those which will cover highly sensitive matters (such as the special PSNC meetings). The proposal was that the constitution be amended to reflect that if a PSNC member is unable to attend such a PSNC meeting they could nominate another member of the Committee to act as proxy so that their vote can be counted.

As this amendment of the Constitution requires a two third majority a vote was taken. There were two abstentions, with all other members voting in favour of the amendment.

8. Regional Representative Boundaries

The Committee voted in favour of the below amendments being made to PSNC regions to reflect the new structures within the NHS:

- Dorset transfers from South West to South Central Region
- Northampton transfers from East Midlands and South Yorkshire to East Region
- Cumbria transfers from North Western to North Eastern Region

The Committee also voted in favour of removing reference in the Rules to the now obsolete Strategic Health Authorities and instead include the names of the Regional Representatives.

It was noted that numerous LPCs are going through mergers and that regional representatives are a great source of help. Mike King reported that mergers and different structures will be looked at and that he will bring together a report at the next LIS subcommittee meeting.

RATIFICATION

9. Resource Development & Finance Subcommittee

The minutes of the subcommittee meeting were presented by Mark Burdon.

It was noted that there was a tax saving as PSNC and HIE Ltd could be considered as a group for tax purposes and Kirit Patel was thanked for his help on that.

The graph in Appendix RDF 11/10/13 demonstrated the likelihood of a significant deficit in PSNC's budget for next year given developments with CPW and the Partnership Programme; the 2013/14 levy increase had been restricted to 1% however for 2014/15 there may need to be a higher increase. Cost cutting activity has already taken place and the focus on reducing costs will be maintained but there is less scope for savings. The Committee would need to be prepared to consider this in the January meeting.

The financial accounts were approved by the Committee.

10. Funding & Contract Subcommittee

The minutes of the subcommittee meeting were presented by Peter Cattee.

The subcommittee will be given an update on forecasts for items and the Contract Sum for 2013/14 at the meeting.

11. LPC & Implementation Support Subcommittee

The minutes of the subcommittee meeting were presented by Mark Collins.

All the recommendations were approved by the Committee.

12. Service Development Subcommittee

The minutes of the subcommittee meeting were presented by Gary Warner.

The Committee considered whether the proposal from SDS to initiate work on development of an MDS service was appropriate at this time. The recommendation was amended to:

It was recommended that:

The development of an MDS service should be investigated now to help people live independently which would be discussed in due course with NHS England.

A vote on the amended recommendation was taken and it was lost. It was recognised that this issue could be considered as part of the planning process for the 2014 SDS work plan and Members that were interested in undertaking some preparatory scoping work on this issue could take part in a virtual group.

ACTION

13. PSNC Plans – discussion

The Committee discussed the policies and services published in the Vision for NHS Community Pharmacy and LPOSS papers. On-going development of these will form part of a draft plan which will be considered at the November PSNC meeting.

REPORT

14. Report of the election of Regional Representative for Yorkshire and the Humber

The information in the agenda was noted.

15. Other matters of the report and any other business

The dates for the next PSNC meeting were noted as 12th and 13th November 2013 at Hyatt Regency, 2 Bridge Street, Birmingham, B1 2JZ.

The Committee was also asked to note that the LPC Conference will be taking place on Tuesday 5 November at the Thistle Marble Arch Hotel, Bryanston Street, London, W1H 7EH.