

PSNC Health Policy and Regulations Subcommittee Minutes

for the meeting held on Tuesday 7 October 2014

at 30 Euston Square, London. NW1 2FB

Present: Ian Cubbin (Chair), David Evans, Margaret MacRury, Janice Perkins.

In attendance: Daniel Ah-Thion, Christine Burbage, Mark Burdon, Peter Cattee, Mark Collins, Shine Daley, Peter Dixon, Samantha Fisher, Komal George, Clive Joliffe, Tricia Kennerley, Clare Kerr, Steve Lutener, Chris Perrington, Sue Sharpe, Gary Warner

1. Apologies for absence

Prakash Patel

2. Minutes

N/A

3. Matters arising

N/A

4. Remit

The subcommittee noted that the remit should include responsibility for the Rural Working Group.

The subcommittee was content that the remit is appropriate, but will carry out a review after a number of meetings, to ensure that it reflects the work being required of the subcommittee.

5. Work Plan

N/A

ACTION / RATIFICATION

6. Briefing on NHS Regulations

The subcommittee considered the briefing on the pharmacy regulations.

- (a) Charges Regulations
- (b) Same or adjacent premises
- (c) Dispensing doctor postcode sweeps – **The subcommittee resolved** to refer this item to the Rural Working Group for consideration and recommendations.
- (d) ESPLPS – the subcommittee received a further update, explaining that as no national commissioning of espls is forthcoming, PSNC will assist the current espls pharmacies to submit applications for local arrangements. To this end, PSNC has organised two meetings for essential small pharmacies at which the options will be explored, and proposals will be developed.
- (e) Applications – consultation
- (f) Timescales for applications
- (g) Nomination – There was substantial discussion about nomination and the link to direction of prescriptions. The subcommittee felt that NHS England must pro-actively

monitor the setting of nominations – whether carried out at surgeries or pharmacies – and outliers investigated further.

The subcommittee was informed that direction of prescriptions is to be discussed at the LPC conference on 15 October, and it was acknowledged that the subcommittee will have substantial work to do in addressing the problems of improper conduct in nominations.

- (h) Waste – The subcommittee noted that there is currently some confusion about the placing of pharmacy dispensing waste in the bins provided by the Area Teams, caused by the service specification not being reproduced in full in the regulations. This is to be clarified and if necessary a request made for amendment of the regulations.
- (i) Clinical Governance – Distance selling – The subcommittee noted that many aspects of the terms of service, and in particular the clinical governance framework does not work well for distance selling pharmacies. The subcommittee will revisit this in detail at a future meeting.
- (j) Clinical Governance – Safeguarding – The subcommittee understood that there is a lack of clarity over the precise requirements for pharmacy to comply with, in relation to safeguarding provisions. There have been several occasions where pharmacies and LPCs have had to question what has been demanded (by PCTs / safeguarding officials). The subcommittee is strongly of the view that as the regulation of pharmacy is primarily the responsibility of the General Pharmaceutical Council (especially as it has an MoU with NHS England on inspection), that any questions as to the appropriateness of a pharmacy's safeguarding arrangements should be determined only by the GPhC. The subcommittee also felt that this is a suitable area for self-declarations of compliance.
- (k) Inducements – the subcommittee noted that this topic will be discussed at the LPC conference (as part of the general discussion on direction of prescriptions). **The subcommittee resolved** to consider further at a future meeting as a priority.

The subcommittee then noted the items on the agenda which had been presented for information only. There was discussion around some of the topics, as follows:

- (a) DBS checks – the subcommittee was informed that checking of the lists may be extended to members of staff involved in delivery services.
- (b) Monitoring – the subcommittee had heard of monitoring powers being used inappropriately and that PSNC assisted LPCs and contractors to deal with inappropriate demands. **The subcommittee resolved that** any further examples should be considered by the subcommittee to establish whether further action is needed.
- (c) Performance sanctions – the subcommittee was informed of an attempt to impose performance sanctions inappropriately, which had led to a successful appeal. Further examples will be considered by the office and be brought to the subcommittee.
- (d) Relocations

7. NHSBSA publication of prescription data

PSNC has historically taken a position opposing publication of dispensing data at an individual pharmacy level for reasons of commercial sensitivity.

- The subcommittee was informed that the GP contract is to include publication of GP earnings from NHS activity and it is inevitable that this will increase pressure for transparency in the other primary care professions.
- During an investigation into direction of prescriptions, a contractor had found that information available under the Freedom of Information Act had been helpful in building a case alleging direction of prescription.

With these two factors in mind, the subcommittee resolved that continuing to oppose as a matter of principle, the publication of data in all cases would be unsustainable, and should no longer be pursued as PSNC policy.

8. Rural Working Group

The subcommittee agreed that the Rural Working Group (RWG) should report to the subcommittee (having been transferred from SDS). As a consequence, the terms of reference of the RWG will need to be amended.

The subcommittee also heard from the chairman of RWG that it had not been necessary to meet at the frequency set out in the terms of reference, and it was resolved that as well as the above change to the terms of reference, the meetings in future would be arranged on an ad hoc basis.

The subcommittee was aware that the term of office of the existing members of the RWG expires at the end of the year, and the **subcommittee resolved that** existing members should be reappointed (subject to the members confirming their willingness and ability to continue).

REPORTS

9. NHSBSA consultation on publication of methadone data under FoI Act

The information in the agenda was noted. The subcommittee asked if the NHSBSA had replied. It was established that the PSNC / PV response had led to a partial withholding of the information. NHSBSA had published the payments for methadone on a pharmacy level basis, but without any identifying particulars of the pharmacies.

10. Falsified Medicines Directive

The subcommittee was informed that wholesalers would not be required by the Delegated Acts to carry out verification, and so pharmacy would carry the majority of the burden. There would be significant resource requirements – for example a new scanner would be needed (as the current EPS scanner will not scan the two dimensional bar codes). There was concern that even though there had been slippage, the Directive would need to be fully implemented by 2018. It was agreed that many pharmacy contractors may have no idea of the impact of the Directive.

The FMD has European origins and the work so far has been led by PGEU. As PSNC is not represented on PGEU a discussion took place around whether PSNC should become involved, and if so what would be appropriate activity.

The subcommittee agreed that it would be appropriate for PSNC to commission work to identify the costs of implementing different options, which would be used during negotiations on NHS funding, and for this also to be presented to policy makers as this may influence decisions on the options to adopt. **The subcommittee recommended that** PSNC commissions work to establish the costs of implementing different options.

11. Any other business – Requesting repeats

Just before the meeting, a request arrived from an LPC to assist with a discussion taking place between the LPC and a CCG in its area, following a decision by the CCG to refuse to allow pharmacists to request repeats on behalf of patients.

The CEO of PSNC had recommended to the LPC that the matter be dealt with locally by pointing out pharmacy's commitment to helping patients and the NHS; refer to the Repeat Dispensing Service indicating that the NHS recognises and supports pharmacies increasingly managing repeat medication to relieve pressure on GP's workload; and to say to the CCG that the ban is a backward step and suggest that instead pharmacies should collaborate in helping identify patients who should be switched to RD.

The subcommittee agreed that this is a local issue, but one that is likely to arise from time to time in other areas. From personal experience of some members, a prohibition like this would usually result in massive increases in workload for GPs, with complaints escalating from patients, as a result of which pharmacy would be re-engaged and asked to resume assisting with repeats.

The subcommittee endorsed the advice given by the CEO.