

PSNC Health Policy and Regulations Subcommittee Agenda
for the meeting to be held on Tuesday 13 January 2015
at Hilton DoubleTree, One Piccadilly Place, Manchester, M1 3DG
starting at 2pm

Members: Ian Cubbin (Chair), David Evans, Margaret MacRury, Prakash Patel, Janice Perkins.

Apologies for absence

No apologies for absence have been received at the time of setting the agenda.

Minutes of the previous meeting and matters arising

The minutes of the meeting held on 7 October 2014 were shared with the subcommittee.

Agenda and Subcommittee Work

The subcommittee is asked to note the remit set out in the governance papers circulated with the agenda papers.

Below we set out progress and actions required on the proposed work plan areas for the year. The subcommittee is first asked to review the proposed work plan areas for the year. The subcommittee is then asked to consider the reports; to address any actions required; and comment on the proposed next steps.

1	Seek the best possible resolution of prescription direction	Status
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Report The subcommittee will receive a confidential report concerning the discussions being pursued with various stakeholders. This includes proposed action to ensure that the public is notified of their right to choose their pharmacy.

The Subcommittee will also receive an update on the discussions surrounding setting nomination for the electronic prescription service by GPs.

Subcommittee Action: The subcommittee is asked to consider whether any additional action should be pursued at this stage.

2	Secure changes to the regulatory framework governing provision of pharmaceutical services that support and protect the interests of contractors	Status
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Report:

- PSNC has been consulted on proposals to amend the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (PhS). These include changes required by the negotiated agreement on changes to the NHS England prescribed audits and to inform appropriate patients of the benefits of repeat dispensing. Further information on progress being made with implementing the 2014/15 agreed changes to the CPCF can be found in the SDS agenda.

There are some amendments to 'clarify' provisions which have caused differences in interpretation, and there is a change to the terms under which disputes are handled for LPS providers – to parallel changes for the other professions (providers will be treated as NHS bodies in disputes resolution cases), meaning they are required to pursue disputes through the NHS dispute procedures rather than resorting to the courts.

- During Christmas and New Year the Department of Health made an announcement concerning patient fraud in the NHS, and especially NHS prescription fraud.

DH is working with the Department for Work and Pensions to introduce regulations that will support the development of a new electronic system that will allow pharmacists, for the first time, to determine with a click of a button whether a patient is entitled, or not, to a free prescription. These regulations will also support the significant increase in post-dispensing checks to be undertaken by the NHS BSA which requires an increase in the level and scope of information sharing between the two departments (the latter point was not obvious from the announcement). The regulations are expected to come into force on 1 April 2015.

- The NHSBSA has written to inform PSNC that it intends to publish pro-actively, data concerning pharmacy prescription volume, MURs claimed, NMS claimed and appliance Advanced services claims. The data will be at dispenser level, identifying the dispenser by type (pharmacy, dispensing doctor, or appliance contractor) together with the ODS (or F Code), Name and Address.

It is also intended to publish for each GP practice, the dispensers (i.e. pharmacies, dispensing appliance contractor or dispensing doctor) that dispensed the prescriptions, and the number of prescriptions dispensed on a monthly basis.

The notice of intention is set out in **Appendix HPR 02/01/15 (pages 13 - 16)**.

The reason for the publication is to reduce the workload on the NHSBSA resulting from increasing numbers of requests made under the Freedom of Information Act. The NHSBSA is also influenced by a determination made by the Information Commissioner's Office.

The ICO determination was made on an individual case. Matters relevant to the determination included that although there was recognised commercially sensitive information, the public interest test outweighed this, and some information was already in the public domain from which the required data could be deduced.

PSNC and PV has successfully opposed the publication of pharmacy level data on methadone prescriptions, on the grounds of risk to health and safety, so the NHSBSA is receptive to compelling arguments not to publish.

At the October 2014 meeting, the subcommittee resolved that continuing to oppose the publication of data in all cases as a matter of principle, would be unsustainable, and should no longer be pursued as PSNC policy.

The specimen data produced by NHSBSA with its letter includes reports for pharmacies and dispensing appliance contractors, but not dispensing doctors (see page 16). If the information on 'dispensers' is to be released, then PSNC may wish to consider requesting that the same data is published also for dispensing doctors (especially on the report showing where prescriptions are dispensed).

- NHS England is hosting a training event towards the end of January, covering the changes to the NHS Standard Contract 2015/16. PSNC will be represented at the one of the meetings.
- PSNC has received a query about the opening hours on Boxing Day, 26 December. This year, the day falls on a Saturday, and to compensate the Boxing Day bank holiday is on Monday 28 December as a 'substitute day'. The consequence is that any pharmacy that has core hours on Saturday would be required to open on 26 December for those core hours but it could close on Monday 28 December. Pharmacies might prefer that, or may wish to close on the Saturday and open on Monday. It may be possible to agree with the Area Team a change in Core hours (with the hours redistributed during the week ending 26 December) to allow closure on 26 December as well as closure on the substitute bank holiday, but it is not known whether NHS England would agree such applications.

Subcommittee Action:

- The subcommittee is asked to note the information above about patient fraud and exemption checking, and to confirm PSNC's position should there be a proposal to extend the role of

pharmacy staff into carrying out checks of entitlement to exemption (i.e. going beyond the current checks of whether evidence has been produced).

- The subcommittee is asked to consider the Notice of intention to publish, and whether there are grounds to oppose the proposal.
- The subcommittee is asked to consider whether PSNC should approach NHS England to request flexibility over the Boxing Day bank holiday, or whether this should be left to contractors to decide, and make individual applications.

Next Steps:

- The announcement about the on-line exemption checking facility has not yet been discussed with PSNC;
- PSNC will continue to monitor any other proposals for regulations relevant to NHS activity, to ensure that these support the interests of pharmacy contractors, rather than becoming additional burdens.

3	Develop alliances and collaborate with other trade organisations to lobby for desirable changes in legislation governing supply of pharmaceutical services	Status
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Report: See above item on direction of prescriptions.

PSNC continues to work with representatives of the other three primary care professions, as well as other pharmacy organisations, and in December met to discuss the non-medical NHS England Calls to Action. This was to consider how the organisations could individually and collectively position themselves as primary care in the run up to the general election next spring. A considerable amount of common ground was found, such as concerns about commissioning and tendering, and the limited amount to which the NHS has made use of the contribution the professions could make to preventative health.

Subcommittee Action: None.

Next Steps: Following the meeting in December we will look to agree and promote specific joint messages in the run up to the general election; and we will continue to maintain and develop alliances where it is in the interests of pharmacy contractors to do so.

4	Work with DH, other pharmacy organisations and MHRA to prepare for FMD implementation and ensure financial implications for pharmacy are captured and resolved	Status
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Report: PSNC is now becoming involved in implementation, but has had no role in policy development or representation at EU level.

PSNC has recently received an update on progress through one of the potential providers of the technology for product authentication which describes some of the progress in Europe. The key points from the update are:

- There is a renewed sense of urgency in all countries and a number of concrete actions have taken place in order to begin addressing at national level the process of rolling out and managing a medicines authentication service and, at the manufacturers’ end, the process of coding serialisation, core elements of the Falsified Medicine Directive. Both are progressing in parallel as one is needed to test and enable the other.
- The process of creation of the EMVO (European Medicine Verification Organisation) and the process through which the National Medicine Authentication Organisations are being formed is well on its way.

- The Director General of the Spanish Medicine Regulator (AEMPS) suggested that in order for the Stakeholders to accelerate the process of decision making, that they not only appoint a NMVO Director, but also a Chair who would have an independent and respected position *vis a vis* all national stakeholders. This is beginning to take place in Spain for example.
- In England, one of the potential providers has been helping the verification of the issues and clinical values relating to the implementation of such a service through some academic work with the University of Oxford.
- It is said that time is of the essence and it would be helpful for patient safety if the Stakeholders were to accelerate the formation of a formal organisation structure to the UK MNVO, the appointment of a Chair for this organisation and the rapid development of a national blueprint plan for the country with timelines and outcomes clearly identified for all with the proper overall governance.

Subcommittee Action: None.

Next Steps: PSNC is expecting to be invited to participate in stakeholder events.

5	Develop stakeholder understanding of community pharmacy's core role and value including finances, the pharmaceuticals market, pharmacy procurement and distribution	Status
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Report: PSNC has continued to support the essential small pharmacies in securing future commissioning, to replace the national arrangements that terminate on 31 March 2015.

Two events for ESPLPS contractors were held in November 2014, following which a briefing pack and template proposal were sent to all ESPLPS contractors that had been identified by the office. LPC Chief Officers and PSNC regional representatives were also sent briefing materials so that they could provide support. The briefing materials contained a comprehensive briefing on the reasons why the national arrangements were terminating, and the options for pursuing a new contractual arrangement. The materials also included a template proposal, to identify the elements that should be included, and some of the arguments that essential pharmacies would be able to use to support their proposals. A draft contract was also prepared, containing up to date clauses, that could be useful if the NHS decided to commission services, but was delayed by having no template contract available. These documents have been supplemented periodically as further information was forthcoming from NHS England.

BBC East Midlands contacted PSNC for an interview, concerning a number of ESPLPS contractors in its area, and the Head of Regulation attended the filming at one of the pharmacies involved and gave an interview.

PSNC's party conference fringe events last year promoted the value of pharmacy's procurement and supply role to Parliamentarians and charity attendees. The recently produced joint pharmacy manifesto reiterates some of these messages.

Subcommittee Action: Regional representatives have been involved in supporting essential small pharmacies, where they have asked for support. As the termination of ESPLPS contracts affects all sectors of the pharmacy network, does the subcommittee have any additional suggestions for supporting these contractors?

Next Steps: The next three months will be critical for the ESPLPS pharmacies. We are monitoring progress, and will continue to provide support.

Following the party conference fringe events last year we will consider what lobbying could be done at the 2015 conferences to reinforce key messages about the value of community pharmacy. We will also continue to work with the other pharmacy organisations to promote the manifesto both at a local and national level.

6	Pursue action against the current practice of 'switching' as advised by Counsel	Status
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Report : A confidential report will be given to the subcommittee on the legal advice obtained by PSNC

Subcommittee Action:

Next Steps:

7	Examine opportunities for a national provider company, implementing if agreed	Status
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Report: PSNC has been in discussions with relevant organisations, about the opportunities for pharmacy contractors, if they were supported by a national provider vehicle.

Subcommittee Action: None.

Next Steps: PSNC will continue discussions on collaborating on a provider company.

Any other business

- On the 10th December 2014 the Nuffield Trust published [*Now more than ever: why pharmacy needs to act*](#), which was commissioned by the Royal Pharmaceutical Society (RPS). A paper summarising the publication is set out in **Appendix HPR 03/01/15**.

Now more than ever: why pharmacy needs to act

On the 10 December the Nuffield Trust published [Now more than ever: why pharmacy needs to act](#), which was commissioned by the Royal Pharmaceutical Society (RPS).

This was an independent review to assess progress made in implementing the recommendations of [Now or Never: Shaping Pharmacy for the Future](#) one year after it was published. The key points in the document are summarised below.

- The *Now more than ever* report comes soon after NHS England's [Five Year Forward View](#) (5YFV) report, which cleared the way for pharmacists to take on the provision of more frontline NHS services. However, while NHS leaders are increasingly considering pharmacists for roles that have been historically filled by doctors and nurses, progress towards pharmacists as care-givers has been less marked. Three main reasons given in the report were:
 1. while some pharmacists are providing local services such as flu vaccinations and anticoagulant clinics, and doing rounds in care homes to ensure safe and appropriate use of medicines, progress is patchy and is lacking in scale;
 2. divisions between different national pharmacy representative groups are preventing a joined up approach and coherent case to the wider health service; and
 3. lack of progress in shifting funding arrangements governing pharmacy away from dispensing and supply of medicines towards direct patient care.
- Going forward the report makes five recommendations:
 1. **The different professional, owner/employer and policy stakeholders in pharmacy must speak as one voice about the role that pharmacists can play in the new models of care advocated by NHS England** – needs to be a consistent and 'can-do' message.
 2. **There is a need for national funding and coordination to enable pharmacists to assume a wider care-giving role in areas such as common ailments, within urgent care networks** – this needs to come through changes to the national community pharmacy contract and/or payment mechanisms put in place to support the 5YFV.
 3. **National action will not suffice, there must also be change and funding at a local level** – pharmacists need more guidance from national bodies and employers about how to become part of local primary care federations and networks.
- 1. **The Five Year Forward View presents many opportunities for community, primary and secondary care pharmacy** - pharmacy leaders must be at the centre of this national and local debate and planning.
- 2. **The RPS was prescient in commissioning work on new models of care some 18 months ahead of the Five Year Forward View, the challenge to pharmacy is to seize the opportunities on offer** - NHS England has set out a direction of travel that is about integrated local care providers, working in new networks that maximise the use of technology and new professional roles. If pharmacy fails to rise to this challenge, its role in the community beyond 2020 looks bleak.