

PSNC Minutes
For the meeting held on 13th & 14th January 2015
At Double Tree Hilton, One Piccadilly Place, Manchester, M1 3DG

Present: Stephen Banks, David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Liz Colling, Mark Collins, Ian Cubbin, David Evans, Samantha Fisher, Mark Griffiths, Ian Hunter, Clive Jolliffe, Tricia Kennerley, Clare Kerr, Margaret MacRury, Rajesh Morjaria, Garry Myers, Bharat Patel, Indrajit Patel, Prakash Patel, Rajesh Patel, Umesh Patel, Janice Perkins, Adrian Price, Anil Sharma, Faisal Tuddy, Gary Warner

In the Chair: Sir Peter Dixon

In Attendance: Sue Sharpe, Daniel Ah-Thion, Alastair Buxton, Shiné Daley, Mike Dent, Komal George, Mike King, Steve Lutener, Zoe Smeaton

1. Apologies for absence

Apologies were received from Mark Collins (Wednesday only), Ian Cubbin (Wednesday only), Andrew Lane, Kirit Patel, Raj Patel (Tuesday only) and Faisal Tuddy (Tuesday only). Chris Perrington has resigned from PSNC.

2. Minutes of the last meeting

The minutes of the meeting held on Wednesday 8th October 2014, Tuesday 11th and Wednesday 12th November 2014 were approved.

3. Matters arising from the minutes

None.

4. Chairman's and Chief Executive's Report

The Chairman reported on a meeting he and Sue Sharpe had held with David Branford, Ash Soni and Howard Duff from the Royal Pharmaceutical Society, to discuss the role and clinical services that are being provided by community pharmacy.

The Chairman also reported on a constructive meeting he and Sue Sharpe had attended with Pharmacy Voice. Particular areas of interest are IT and Public Affairs and the intention is that PV and PSNC will have a series of meetings to keep on top of each other's work plans. It was noted that a PV remit for the draft MOU had been produced by PV however the feeling was that it would not achieve the aim because the remit was very broad. However, the Chairman had said that if PV would like to produce something else, PSNC would be happy to look at it again.

The Chairman also informed the group of a meeting coming up later this month with Nigel Clarke and Duncan Rudkin from the General Pharmaceutical Council, to continue discussions around asthma. The Chairman feels that it will be good to continue having regular meetings with the GPhC.

Chief Executive's Report

The CEO reminded members of the Planning Meeting at which PSNC reflected on the 2014 plan and the frustrations of lack of progress in recent years. The committee had reminded itself of the progress that had been made, and the extent to which political and reorganisation issues had acted as a block on developments, effectively for 5 years. Achievement of the 2014 Plan had been substantially impeded by these blocks, and the reality is that many of PSNC's core ambitions will always be dependent on, and constrained by, others – the NHS and the Department of Health.

The committee had then reflected on pharmacy's readiness to move forward and implement services if PSNC persuaded the NHS to consider seriously a proposal. For sessions on the service and funding issues, asthma was used as an example, exploring what would be needed to ensure a robust business plan. And the committee considered what PSNC needed to do to ensure both that the regulatory framework met pharmacy's needs as far as possible, and that PSNC could support contractors and LPCs efficiently and effectively.

The committee had considered future resources within the organisation that would help PSNC to meet the challenge to be effective negotiators in an extremely and increasingly testing financial environment.

A significant issue that emerged from the discussions was whether PSNC should adopt a policy of MUR and NMS services becoming Essential Services. Underpinning this was the need for pharmacy to have a reliable and consistent offer as a service provider.

Other updates

There was a letter published in The Times on Saturday, with thanks to Zoe, to highlight that pharmacists can do more to support emergency departments and GP practices.

2015 Plans

The CEO said that PSNC sets itself to fail if it has a work plan that does not take account of the dependency on external players. In an election year this is especially relevant.

When the office considered the plans in light of the November meeting, it did so by reference to the key limbs of PSNC's work, reflected in the subcommittee remits. This can be seen in the draft plan. The office had also considered the implications and merits of proposing to the committee in January that it sets very detailed activities in pursuance of the plan, when much changes through the year. As an organisation PSNC needs to be, and is, responsive to events and opportunities to further implementation of the Vision, the CEO said. As an example, the publication of the RCP paper 'Why People still die from Asthma' provided an opportunity which PSNC took, to promote community pharmacy asthma support services, and a working dinner was held in October, which was a very productive event. This was not on the radar in January.

The CEO suggested that this year PSNC should use the limbs of the draft 2015 plans as the framework for the subcommittee agendas. At each meeting the subcommittee will consider each limb of its plan, receiving a report on activity undertaken or to be done. This will keep the subcommittees focussed on their core objectives. A variant on the basic traffic light system to reflect more helpfully how work is progressing can also be used. This will be experimental, but the aim is to more closely link work to the plan, and help the committee, as the non-executive board, to monitor and steer the work more effectively, whilst supporting PSNC's ability to be opportunistic and responsive.

6. PSNC Plan for 2015

A different layout of the work plans and agendas for the subcommittees was considered to include an item for each objective, so that progress can be reported and monitored throughout the year. Following discussions with the Chairmen of the subcommittees regarding the format of each meeting, it was agreed that it worked well. Having more time in the subcommittee meetings and sitting down as a team without observers, made everyone feel more focussed.

This format will be reviewed again later in the year. The PSNC Plan for 2015 is attached as Appendix 01/01/2015.

6 (b). PSNC Budget for 2015

Mark Burdon reminded the committee of the outcome of the ZBB exercise, and the discussions in November highlighting in particular the agreed need to strengthen PSNC's ability to support service commissioning and to build further its financial analysis capability. The Committee accepted the outcome of the ZBB exercise. The CEO clarified that the additional resources might be met by full or part time appointments.

The costs of this for 2015/16 were incorporated within the draft budget, which set out a 2% levy increase.

The committee reviewed the draft budget and approved it, agreeing the recommendation of a 2% levy increase. It was noted that the office will write to LPCs as usual to explain the justification for the levy increase.

7. Resource Development & Finance Subcommittee - Confidential

8. Funding & Contract Subcommittee

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

The Committee considered adjustments that would need to be made from April, including taking account of the practice payment changes made in November 2014.

9. Service Development Subcommittee

The minutes of the subcommittee meeting were presented by Gary Warner and the recommendation to delete the word "all" from the following heading was approved - *Use all opportunities to promote community pharmacy services, within the four domains of PSNC's Vision, and the benefits of national commissioning.*

10. Health Policy and Regulations Subcommittee

The minutes of the subcommittee meeting were presented by Margaret MacRury.

The Committee agreed not to oppose NHSBSA publishing dispensing data, provided the data includes dispensing doctor data.

The Committee also agreed to change one of the work areas description from *Developing understanding of pharmacy*, to *Develop stakeholder understanding of community pharmacies' knowledge, skills and behaviours (professionalism) and their core values, including finances, the pharmaceuticals market, pharmacy procurement and distribution.*

11. LPC & Implementation Support Subcommittee

The minutes of the subcommittee meeting were presented by Christine Burbage and the recommendation to change one of the headings from *Promote models of successful LPCs, encouraging federation and mergers* to *Promote models of efficient and successful LPCs*, was approved.

12. Update on the Health and Care Landscape

The information in the agenda was noted.

13. Chief Executive's Diary

The information in the agenda was noted.

14. Future PSNC Meetings and any other business

The dates for the next PSNC meeting are 10th and 11th March 2015 at Mercure Castle Hotel, 18 High Street, Windsor SL4 1LJ.

2015 PLAN

In 2015 PSNC will seek to expand the role and recognition of NHS community pharmacy services in line with its Vision, and ensuring sound, equitable and sustainable funding for pharmacies. Through dialogue and negotiation with the NHS, Department of Health and other key stakeholders we will endeavour to bring new services and income streams to fruition, ensuring the implementation is manageable and beneficial for pharmacy contractors. PSNC will work to secure improvements in the regulatory framework governing provision of NHS pharmacy services and provide the best possible resources to support LPCs and meet the demands of national and local commissioners.

SDS

Secure the commissioning of community pharmacy services within the scope of the current NHS England negotiating mandate

Promote alignment of GP and community pharmacy contracts and contemporaneous negotiation

Develop models of integrated care that demonstrate the benefit of using community pharmacy services

Ensure outcome evaluations of community pharmacy services are undertaken and collated, including robust evaluations of the costs and benefits of potential pharmacy services to the NHS

Use opportunities to promote community pharmacy services, within the four domains of PSNC's Vision, and the benefits of national commissioning

Address barriers to community pharmacy service expansion, including how to ensure all patients can benefit from services

Work with other pharmacy bodies to promote greater commissioning of community pharmacy services

FunCon

Establish a sound basis for future funding of the service providing a fair return to contractors

Ensure funding and reimbursement mechanisms are fair to contractors

Monitor and analyse funding delivery, and agree changes to current systems that mitigate risks of under and over-delivery of agreed funding

Examine options for financial levers to incentivise change and develop NHS England support

Ensure EPS is resilient, efficient, and costs to pharmacy are fully funded

Monitor payment accuracy and support contractors in resolving queries

Resolve Drug Tariff problems where possible, including shortages and price rises, branded generic and brand prescribing policies, demonstrating the damage to NHS finances

HPR

Seek the best possible resolution of prescription direction

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

Develop alliances and collaborate with other trade organisations to lobby for desirable changes in legislation governing supply of pharmaceutical services

Work with DH, other pharmacy organisations and MHRA to prepare for FMD implementation and ensure financial implications for pharmacy are captured and resolved

Develop stakeholder understanding of community pharmacies' knowledge, skills and behaviours (professionalism) and their core values, including finances, the pharmaceuticals market, pharmacy procurement and distribution

Pursue action against the current practice of 'switching' as advised by Counsel

Examine opportunities for a national provider company, implementing if agreed

LIS

Assist LPCs to promote pharmacy service provision to local commissioners

Promote models of efficient and successful LPCs

Support LPCs in addressing contracting challenges through provider companies and other routes
Help LPCs to improve their effectiveness by provision of support and training
Provide the best possible information and support to contractors and pharmacy teams

RDF

Agree and manage PSNC's budget and finances
Incorporate PSNC, achieving mutual status if possible
Agree financial policies for an incorporated PSNC
Complete the buyout of the final salary pension scheme
Decide on the best provider of a future pension scheme for PSNC employees
Support HIE Ltd or a successor company as a trading arm for PSNC and manage the transfer of Project 4.1 to the company, establishing a sound governance and oversight system
Agree and support the development of PSNC's human/other resources to ensure it can address its strategic objectives effectively