

# PSNC Health Policy and Regulations subcommittee Minutes

for the meeting held on Tuesday 12<sup>th</sup> May 2015

At York Marriott, Tadcaster Road, York, YO24 1QQ

Commencing at 11:15am in the Classic Suite

**Present:** Ian Cubbin (Chair), Margaret MacRury, Prakash Patel, Janice Perkins.

**In attendance:** Maria Georgiou, Steve Lutener.

## Apologies for absence

An apology for absence was received from David Evans

## Minutes of previous meeting and matters arising

The minutes of the meeting held on 10<sup>th</sup> March 2015 were approved.

## Agenda and Subcommittee Work

The subcommittee reviewed and agreed the proposed work plan areas for the year with the exception of one minor amendment suggested for item 5.

### 1 Seek the best possible resolution of prescription direction

The subcommittee was disappointed that NHS England had still not agreed the final text of the poster. Steve Lutener and the Alastair Buxton are due to meet Dr Geddes of NHS England next week, and will push for early publication (immediately after the meeting an email was received from NHS England cancelling the meeting – so the points are to be made formally by email, as this cannot be allowed to be delayed until the next meeting is scheduled).

It was recognised that NHS England may not feel that it has the power to require medical practices to display the posters, but the maximum opportunity for the posters to work would be display in practices and pharmacies. If this is not possible, then the second option would be the production of an NHS branded poster for display in all pharmacies – PSNC would consider supporting amendment to terms of service if required. If NHS England is unable to agree text soon, then the Committee will be asked to approve a pharmacy designed poster for immediate implementation.

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

## Rebalancing

The subcommittee considered the paper in **Appendix HPR 02/05/15**. Steve Lutener informed the subcommittee that discussions had taken place with Pharmacy Voice and the NPA to ensure so far as possible that the approaches were consistent. A discussion had also taken place with the PDA and there had been expressions of concern about the possibility that the former section 85 (labelling) offences may be used by police forces if they were put under pressure to prosecute. The subcommittee agreed that as this is a medicines legislation matter rather than an NHS matter it is mainly for the trade associations to pursue. Subject to the office checking with PV and the NPA that there is no inconsistency between the PSNC response and the responses to be sent by those organisations, the subcommittee **recommended that PSNC's response should be sent, as outlined in the Appendix.**

## Inducements

The subcommittee considered the paper at **Appendix HPR 05/05/15**. It was aware that changes needed to the GMS contract regulations would be a matter over which PSNC has little influence, but would raise with NHS England the fact that as part of its commissioning of primary care it is supposed to ensure that there is consistency across its commissioning decisions. Although it would be for the Department of Health to lead on regulatory changes, NHS England could request changes. The subcommittee considered each of the options set out in the paper, **and recommended that options 1, 4 and 5 be pursued.**

## Matters of report

The subcommittee noted the matters of report and updates and reports of any discussions are included below.

## Greater Manchester

The subcommittee received the update from the standard contract team. It welcomed the opportunity for PSNC to be involved as a stakeholder in reviews of the standard contract.

## Fraudulent NHS prescription exemption claims checking

The subcommittee noted that the regulatory changes have been made which will authorise sharing of benefits data with pharmacy. Discussions will need to take place with PSNC about changes to the terms of service and care will need to be taken not only about the workload for pharmacies, and the relationship damage that may occur, but also about the extent to which pharmacy may be penalised for errors in the future (in light of the current problems with switching of prescriptions).

## Discretionary payments

The subcommittee was alarmed at the time taken to resolve this issue.

## Homecare

The Chief Executive informed the subcommittee that the homecare market is flaky and the research undertaken as part of the MBA could help identify opportunities for community pharmacy to integrate with homecare. A report will be brought back to the subcommittee.

## Francis Review

The subcommittee noted the comprehensive paper, but thought that as primary care appeared only at point 19, that primary care is not where the major concerns arise.

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

GPhC Inspection model: Margaret MacRury will attend a meeting with the GPhC shortly and will report back at the next meeting.

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

The subcommittee was informed that meetings have been scheduled and a report of those meetings will be brought to the next meeting.

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

**ESPLPS**

The subcommittee was very disappointed to hear that six weeks after the end of ESPLPS there are still pharmacies that are unsure as to whether they will continue to receive support. The subcommittee endorsed the action taken by Steve Lutener in escalating this to Deborah Jaines of NHS England. It asked that a further update be provided as soon as possible about the numbers of affected pharmacies that have no support, as well as an update on the position being taken by Deborah Jaines. The subcommittee will decide whether further action is needed on receipt of this information (this item is not to wait until July).

**Post-election lobbying**

The subcommittee heard from Zoe Smeaton about the close working with PV to ensure there is no duplication, and a consistent message. It agreed with the post-election lobbying priorities.

**Other stakeholder activities**

The subcommittee was informed of the HSJ supplement which is developing well. There will be 3 – 4000 spare copies, many of which will be available to LPCs for their own local discussions. The documents all include links to PSNC website commissioning pages, and a measure of success may include analysing increased traffic to these pages. LPCs will also be canvassed about the value of the supplement in their local discussions.

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

The subcommittee was pleased to hear that the Department of Health position had changed since the decision was taken by PSNC to take advice from Counsel. But, whilst the Department of Health was clearly unable during purdah to take forward the discussions on resolving switching (particularly for EPS prescriptions) the subcommittee wants to see this resolved quickly, since pharmacy contractors are losing substantial sums. The subcommittee will decide at the next meeting whether further action is needed when it considers the report of the June meeting.

**7 Examine opportunities for a national provider company, implementing if agreed**

The subcommittee noted that a working group is being formed, and looks forward to receiving an update at the next meeting.

**Any other business**

There was no other business.