

PSNC Health Policy and Regulation Subcommittee Minutes

for the meeting held on Tuesday 14th July 2015

At Park Inn by Radisson Palace, Church Road, Essex, Southend-on-sea, SS1 2AL

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

In attendance: Mark Burdon, Peter Cattee, Sir Peter Dixon, Andrew Lane, Indrajit Patel.

Together with: Harpreet Chana, William Goh, Steve Lutener, Komal Patel, Sue Sharpe (part), Zoe Smeaton (part), Daniel Ah-Thion.

Apologies for absence

No apologies for absence were received.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 12th May 2015 were approved.

Agenda and Subcommittee Work

1 Seek the best possible resolution of prescription direction

Poster campaign

An update was given. The poster is likely to be issued in August 2015 CPN.

There was a discussion about the need to scale up the activity. It was reported that PV had considered direction of prescriptions and is keen to progress. It was reported that Steve and Gareth (NPA) frequently work together on collating examples to use to raise with NHS England and Department of Health. Direction of Prescriptions is a key area of HP&R's work plan and this will be reviewed at the planning meeting. There was a comment that PV may send specific proposals to PSNC for consideration.

Ongoing monitoring and support

The subcommittee considered the paper attached to the agenda and **recommended (1) HSCIC should be approached with a view to making nomination report available in the same way that prescription data is published; and (2) To approach DH/NHS England with a view to setting up a similar mechanism for patients to request the resetting nominations where these have been "erroneously" set (subject to the system being secure to prevent pharmacies being able to reset nominations using this facility).**

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

Consultation on market entry applications & Timescales for determining Applications

The subcommittee considered the circulated paper. It was reported that appointment of Capita as preferred bidder for the primary care support services and the work that DAC Beachcroft was undertaking on reviewing NHS England policies and procedures may alleviate the Committee's concerns.

There was discussion that applications circulated are often incomplete and there should be greater transparency about shareholders / directors, especially as GPs are often behind applications (which could be informative as to the affected pharmacies).

In the circumstances, the subcommittee

recommended that no action is required at present, other than to request PCS provide greater transparency of information when consulting, and the situation should be monitored closely.

Right Hand Side of prescription

The subcommittee noted some GP's notes on the right hand side of prescription is problematic, in that messages may not be prominent, and could be missed easily. The subcommittee also agreed that for patient safety reasons, the former arrangements for using the right hand side of the prescription should no longer be used, because the messages were not always on the same part of the message, and there was no prominence, which could lead to incorrect assumptions being made about the passing on of messages. Some GPs had even tried to insert messages into the instructions field for the prescribed medicine. To ensure patients are protected, messages required should be passed directly from the prescriber to the patient, and not go via the inappropriate inclusion within prescriptions. The subcommittee **recommended that HSCIC be asked to remove this functionality from EPS messages.**

Distance selling pharmacies – amendment of clinical governance provisions

The subcommittee considered the detailed paper on clinical governance, and agreed all the points that had been proposed in the papers. In addition, the paper should refer to the need for the practice leaflet to comply with accessibility criteria, which could include the need for large fonts, text to speech, minicom etc when the Internet is used.

The request for amendment to the Approved Particulars should also include a reminder that the practice leaflet requirements do not absolve pharmacies from the requirement for distance selling pharmacies to comply with the MHRA regulated internet logo.

The point was also made that this may create an opportunity to put down a marker that there is a difference between a DSP and a collection and delivery pharmacy. This might be an area in the near future when PSNC's concerns be demonstrated by a letter from leading counsel (as was the case with switching). At this stage no such action will be taken, but this will be kept under review. The subcommittee **recommended the proposals in the paper be pursued, as expanded above.**

Guidance to Local Authorities on the benefits of involving LPCs

It was noted that DH had suggested that PSNC raises the issues with LGA. It was reported that PV has undertaken some work with LGA, and a joint approach may be helpful.

However, the DH appeared not to have appreciated what was being requested (the introduction of a statutory requirement to consult when commissioning NHS services from pharmacies) and it was **recommended that we should continue to press for this change.**

Inducements

The subcommittee asked the office to chase up a response.

GPhC consultation on investigating committee meetings and outcomes guidance

It was agreed that this is not a PSNC role.

Making health and social care information accessible

The subcommittee heard that a briefing to contractors will be issued shortly.

Greater Manchester

Noted with interest. PV doing a lot of work on this and members of the subcommittee who sit also on PV will ensure that PSNC is kept informed. It was also stated that there are rumours that there may be attempts to change locally the pharmacy terms of service and market entry. Whilst this would require changes in legislation (and possibly primary legislation) there should be no complacency, and PV members will ensure Steve is kept informed of any developments on regulations.

Psychoactive Substances Bill

Noted.

Supply of controlled drugs to persons in police custody

The guidance should be checked against that produced by the Royal Pharmaceutical Society to ensure no inconsistent messages are given.

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

Matter of report

The information in the agenda was noted.

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

Matter of report

Wholesaler and pharmacy visit planned this week for Steve Lutener, as part of PV stakeholder day, to see the life cycle of patient pack.

- 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 heard that there is inconsistency and a lack of communication by NHS England. William Goh had examined different options to make a complaint about the conduct of NHS England to an independent body about this inconsistency of approach and the failure to communicate effectively, and had identified the National Audit Office as a possibility.

The subcommittee also considered whether PSNC had done enough communications – whilst there was always the possibility of more, the survey carried out at the request of the subcommittee had confirmed that ESPLPS contractors had been grateful for the ongoing support of and communications from PSNC. Zoe Smeaton had also ensured that the media was fully briefed, and several news stories / reports had been published.

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

A discussion took place.

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

The item was withdrawn and will be brought back to a future meeting.

Any other business

There was no other business.