

PSNC Health Policy and Regulation subcommittee Minutes

for the meeting held on Wednesday 14th October 2015

at The Bristol Hotel, Prince Street, Bristol, BS1 4QF

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

In attendance: David Broome, Christine Burbage, Mar Burdon, Peter Cattee, Mark Collins, Marc Donovan, Samantha Fisher, Ian Hunter, Tricia Kennerley, Clare Kerr, Andrew Lane, Raj Morjaria, Bharat Patel, Rupen Sedoni, Faisal Tuddy.

Together with: Alastair Buxton, Harpreet Chana, Shine Daley, Mike Dent, Steve Lutener, Sir Michael Pitt, Sue Sharpe, Zoe Smeaton.

Apologies for absence

No apologies for absence were received.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 14th July 2015 were approved.

Agenda and Subcommittee Work

1 Seek the best possible resolution of prescription direction

The information in the agenda was noted.

It was confirmed that although several examples of inappropriate nomination switches had been notified to the office, further examples would be welcome (particularly now the nomination reports are likely to assist in identifying these) for collation of evidence.

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

For Action

Rebalancing

The subcommittee agreed with the draft position statement and **recommended that** PSNC agrees to sign up in support.

The subcommittee considered the Royal Pharmaceutical Society's intention to establish a task and finish group, and **recommended that** the Director of Regulation and Support be nominated to represent PSNC on the task and finish group.

Return and disposal of denatured CDs

The subcommittee discussed the correspondence about the difficulty for some patients in disposing of denatured CDs through pharmacies. The subcommittee had the benefit of meeting in the presence of most of the Committee and took soundings about whether this was a significant issue. There had been no reports to any of the Committee members about such incidents.

The subcommittee considered that a returned denaturing kit would be put into the returned medicines waste by most pharmacists. The subcommittee asked that the extent of the problem be quantified – and if, as it is thought, the problem is isolated, the regional reps can take this up with the pharmacy contractors rather than waiting for a response to arrive from NHS England which it appears may be a low priority.

For Report

The information in the agenda was noted.

Community Pharmacy Assurance Framework

The subcommittee was to have a further virtual meeting with NHSBSA and NHS England later in the week, and it was understood that NHSBSA wanted to widen the terms of reference to include quarterly reporting of NMS and MUR. The subcommittee welcomed the collaborative approach and agreed with comments raised by other members of the Committee that the quarterly reporting must allow for the uploading of data collated in other databases.

Making health and social care information accessible

It was generally accepted that in primary care, and in particular in pharmacy, we have frequent discussions with our patients and customers and their communication needs were well understood.

Pregabalin

The agenda item was noted. It was reported that North Wales LHB had been instructing GPs to prescribe pregabalin, irrespective of what indication was being treated. The office will contact Community Pharmacy Wales to offer any support necessary.

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

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

The information in the agenda was noted.

- 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 pleased to hear that most of the remaining former ESPLPS pharmacies had now received communications from NHS England confirming that their LPS proposals had been accepted. There were a small number of rejections, and some rejections where the NHS was agreeing to a 12 month funding support package to allow the pharmacy to close or develop additional funding streams.

The subcommittee agreed that the office should continue to work with the other pharmacy organisations in supporting the former ESPLPS pharmacies.

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

Matter of report

The subcommittee is keen for the matter of switching and related matters to be resolved with minimal further delay. It asked for the office to continue to press the DH and NHS England for prompt action.

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

The subcommittee noted this was to be a substantive item on the PSNC agenda.

Any other business

CD Accountable Officer resilience

The subcommittee was made aware of the decrease in the number of NHS England's CD accountable officers, where in some areas the numbers had halved. This was having an impact on the witnessing of the destruction of controlled drugs. This will be brought back for discussion at a future meeting.