

## PSNC Health Policy and Regulations Subcommittee Agenda

for the meeting to be held on Tuesday 12th July 2016

at The Athenaeum, Church Alley, Liverpool, L1 3DD commencing at 2.00pm

**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 last meeting held on 12 January 2016 were shared with the subcommittee for approval and are available on the PSNC website.

### Agenda and Subcommittee Work

Agenda items are set out under the strategic aims of the year, first decisions for action, second, matters of report.

All ongoing matters are set out in **Appendix HPR 02/07/16**.

<b>1</b> Proactively seek changes to the regulatory framework that support contractors and will robustly respond to proposals from the Department of Health and NHS England
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On 24 May 2016, PSNC submitted its response to the Department of Health / NHS letter dated 17 December 2015 ('the letter of 17 December 2015'), when the public consultation officially ended.

A number of the elements of the letter of 17 December 2015 and subsequent discussions relate to legal and regulatory issues. These are identified below and, as appropriate, options for legal advice or challenge will be examined.

### MATTERS FOR DECISION

None.

### MATTERS OF REPORT

#### a) Pharmacy numbers - Planned reduction

The Department of Health's wish to reduce the numbers of pharmacies because there are too many has been revised to - a wish to change the funding structure, which may lead to a reduction in pharmacy numbers. The significance of this revision relates to possible compensation. If contractors are forced to close as a result of a Government decision to close pharmacies, compensation may be payable. If they are forced to close for other reasons (such as a change in funding structure) it is unlikely there is any case for compensation.

### Next steps:

As soon as a determination is announced by the Department of Health, we will consult leading counsel.

#### b) Market Entry

There are two aspects:

First, market entry to reduce pharmacy clustering.

In the letter of 17 December 2015 it was stated:

*The Government believes those efficiencies can be made within community pharmacy without comprising the quality of services or public access to them. In some parts of the country there are more pharmacies than are necessary to maintain good access.*

The PSNC response of 24 May 2016 included the following statement:

*In early 2015 we proposed changes to Market Entry rules that would support a reduction in pharmacy numbers in areas where there are what the letter terms 'clusters'. Those proposals were not taken forward and when we pressed, we were advised, in June 2015 that they were rejected as unnecessary. We are pleased that they have now been accepted. They will provide a framework that can support closely co-located pharmacies to merge their businesses.*

Second, the Competition and Markets Authority (CMA) and its long-held concerns about the regulations on market entry. The CMA's annual plan for 2016/17 issued in March 2016 states:

*4.18 Our programme of advocacy work will evolve throughout the year. We will continue to advise government in areas where we have ourselves done work recently, for example on the regulation of higher education, the use of public sector information, and detecting bid-rigging in public procurement. We will also follow up on themes highlighted in 'A better deal', including pharmacies and dentists. We will report on our advocacy projects in our annual report and accounts.*

To date, the CMA has not followed up on pharmacy.

#### **Next Steps:**

PSNC will continue to discuss the issues with the Department of Health.

We will monitor development of the CMA work plan to identify any action relating to community pharmacy.

#### **c) Planned protection for patient access - PhAS**

The Department of Health intends to launch a Pharmacy Access Scheme (PhAS) from October 2016. The scheme is intended to protect patient access to pharmaceutical services and will see extra payments made to those pharmacies judged to be in need of the funding. The details of the proposed scheme have not yet been made available.

DH proposes to use a national formula to identify those pharmacies that are the most geographically important for patient access and in need of the additional funding.

Discussion of PhAS has been by the committee, in plenary session.

#### **Next steps:**

PSNC will continue to discuss the issues with the Department of Health.

#### **d) Hub and spoke / centralised dispensing**

On 20 May 2016, the Director of Operations and Support met with officials at the Department of Health to seek clarification on the incompatibility between the narrative of the consultation and the proposed draft regulations. PSNC received an extension to respond to the consultation until 23 May 2016 (the official closing date was 17 May 2016).

The Department of Health confirmed that the draft regulations, if implemented, would permit any "relevant clinical entity", which includes a hospital and 'surgery' ('premises at or from which primary medical services are provided as part of the NHS'), to be a spoke. Also, that pharmacy hubs could be in a hub and spoke arrangement with any relevant clinical entity. This would mean that the medicines supply chain could bypass registered

pharmacy premises. The Department stated that a registered pharmacy spoke could only be in a hub and spoke arrangement with a registered pharmacy hub, but this did not appear to be what was proposed in the draft revisions to the Human Medicines Regulations 2012.

On 23 May 2016, PSNC submitted and published its response to the consultation on 'hub and spoke' dispensing which is at <http://psnc.org.uk/our-news/psnc-responds-to-hub-and-spoke-consultation/>

On 7 June 2016, the Government postponed plans on hub and spoke dispensing. Responding to a Parliamentary Question on 7 June 2016, Minister Alistair Burt said,

*'The consultation on changes to medicines legislation including on 'hub and spoke' dispensing did not rely on any specific safety profile of hub and spoke dispensing. Instead, the consultation document specifically asked consultees to provide evidence on the issue. Nevertheless, the responses to the consultation have raised issues around removing the bar on 'hub and spoke' dispensing between retail pharmacies that are not part of the same business that the Department would like to explore in more detail with stakeholders' representatives before progressing any legislation. It does not now envisage changes to the legislation on this issue commencing on 1 October 2016.'*

The Department has planned a further meeting on hub and spoke dispensing for 6 September 2016.

**Next steps:**

The CEO and Director of Operations and Support will attend the further meeting and report to the subcommittee.

Consideration will be given to options for challenging any decision the Department of Health may make on hub and spoke dispensing.

**e) Rural Working Group**

The minutes of the Group's meeting on 29 February 2016 were shared with the subcommittee.

In addition, recently, Mr. Peter Hopley wrote to the Times suggesting that dispensing doctors should be abolished. There has been little further correspondence and it is worth noting that relations between PSNC and the Dispensing Doctors Association have been good for a number of years, now that the boundary line between dispensing doctors and rural pharmacies is relatively clear.

**Next steps:**

No meetings of the Rural Working Group are currently planned, but consideration will be given to seeking its views if PSNC negotiates the detail of any PhAS scheme.

**f) Accessible Information Standards**

In December 2015, PSNC actively encouraged LPCs to apply for an Accessible Information Standard implementation grant of up to £15,000 from NHS England – Hertfordshire LPC was one of the successful applicants and spearheaded with CPPE the development of this new e-learning programme.

PSNC raised concern with David Geddes of NHS England, about the insufficient time and funding for implementation.

In April 2016, PSNC and Pharmacy Voice jointly produced an update for those working in community pharmacy: 'The Accessible Information Standard: Update on implementation in community pharmacy'. This is available on the PSNC website at <http://psnc.org.uk/our-news/psnc-and-pharmacy-voice-publish-briefing-on-accessible-information-standard/>.

In May 2016, PSNC publicised the Centre for Pharmacy Postgraduate Education (CPPE) launch of new e-learning programme, 'Accessible Information Standard – making it work'. <https://www.cppe.ac.uk/programmes/l/ais-e-01/>

On 1<sup>st</sup> February 2016, representatives of the Optical Confederation, the British Dental Association, PV and the National Community Hearing Association met with representatives from NHS England to discuss concerns about the implementation of the Accessible Information Standards (AIS). Present from NHS England were Olivia Butterworth, Sarah Marsey, Jane Fox and David Geddes.

NHS England has committed to a review of the AIS in September 2016 where such changes could be further considered. It was agreed that representatives would work with NHS England to develop an 'implementation guide' / 'clarification document' that could then be distributed to primary care providers.

Further messages coming out of the meeting included:

- The AIS does not include the provision of information in different languages, although it was acknowledged many primary care contractors already respond to this market demand;
- NHS England indicated they would not be enforcing the AIS but this would be the responsibility of the regulator of that primary care provider (i.e. the Care Quality Commission, or in the case of pharmacy, the GPhC);
- In response to the provision of Patient Information Leaflets (PILs) in different formats, NHS England advised of the website X-PIL online <http://xpil.medicines.org.uk/WhatsNew.aspx> which provides a database of up to date PILs, viewable in different font sizes;
- NHS England also advised that the Royal National Institute for the Blind (RNIB) can provide PILs in a number of different physical formats including: large/clear print, braille, audio CD

Pharmacy teams can refer patients or access PILs in different formats on their patient's behalf by calling the RNIB Medicine Leaflet Line number on **0800 198 5000** 24 hours a day, 7 days a week. See the website for more details: <http://xpil.medicines.org.uk/RNIBInfo.aspx>

#### **Next steps:**

The office to continue to work with other primary care professions on seeking greater support from NHS England and consider the NHS review in September 2016.

#### **g) Rebalancing (supervision)**

The former Director of Regulation and Support was nominated to join a task and finish group that was being established by the Royal Pharmaceutical Society. It is not known whether the group has met.

The Director of Operations and Support has written to Jeannette Howe asking to join the group in his place.

#### **Next steps:**

Director of Operations & Support to report progress to the next subcommittee meeting.

2 PSNC will address operational issues affecting pharmacy practice, working to secure the best outcomes for contractors
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### **MATTERS FOR DECISION**

#### **a) Falsified Medicines Directive**

The Director of Operations and Support has attended various meetings relating to the Falsified Medicines Directive (FMD), the requirements of which are set out in Commission Delegated Regulation (EU) 2016/161 of 2 October 2015. <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0161&from=EN>

Briefly, the Delegated Regulation provides for a European hub supported by national repositories, for relevant information to be accessed and amended as appropriate by stakeholders such as manufacturers, parallel distributors, wholesale dealers and dispensing entities; each national repository to be run by a non-profit organisation and paid for by the manufacturers/parallel distributors. Each medicinal product must have a unique identifier and an anti-tamper device which must be checked (the unique identifying number to be decommissioned within the national repository) when supplied to a patient.

There are various exceptions to verification at the time of supply and, for example, hospitals (but not community pharmacies) may decommission products on receipt from a wholesaler. A person who decommissioned a product may re-commission it, if done at the same premises and within 10 days.

The latest development is a consultation from the group establishing the UK repository, the UK Medicine Verification Organisation (MVO). The group includes the Association of the British Pharmaceutical Industry (ABPI), British Association of European Pharmaceutical Distributors (BAEPD), British Generic Manufacturers Association (BGMA), Company Chemists' Association (CCA)/ National Pharmacy Association (NPA), and the Healthcare Distribution Association (HDA). The group is consulting on establishment of the UK MVO and the closing date for responses is 13 July (inclusive). The PSNC's proposed response has three main points:

- The UK MVO has a role to play monitoring and investigating alerts, so that community pharmacy contractors can pass these to the UK MVO to resolve;
- PSNC and other community pharmacy organisations representing NHS contractors should be represented on the UK MVO; and,
- The impact, if any, of the UK Brexit vote to leave the EU, should be considered, because the Government might wish to reduce the scope and, therefore, cost of the implementation for community pharmacy.

Point 3 in the draft response is as follows:

*The impact, if any, of the UK Brexit vote to leave the EU, should be considered before the repository is established.*

*It is not suggested that the Delegated Legislation should be abandoned completely, but there may be certain steps that the Government might wish to take, to reduce the scope and, therefore, cost of the implementation at a national level, for community pharmacy contractors. This could include the suggestion in core principle 4 that:*

*'Systems should be configured so that the dispensing team can undertake checks when Medicines enter stock, and/or at the point of dispensing. Since the technical challenges of point of dispensing verification vary across the EU, the dispensing entities may initially adopt a system of verification when Medicines enter the dispensary, until such a time as any technical or practical issues with regard to point of dispensing verification have been resolved.'*

*The Government might wish to go further and require wholesalers to decommission products supplied to community pharmacy contractors.*

PSNC representatives continue to attend the MHRA Implementation Advisory Board, the next meeting of which is on 7 July 2016 and liaise with the NPA and the group establishing the UK MVO.

#### **Subcommittee Action:**

The subcommittee is asked to consider the proposed response, in particular the third point, to recommend it to the committee, with any necessary amendment.

#### **Next steps:**

To continue monitoring the implementation of the Delegated Regulation.

Director of Operations and Support to keep a watching brief during the implementation phase, which is led by the Director of NHS Services.

## MATTERS OF REPORT

### b) Direction of prescriptions

NHS England has recently finalised [revised statutory guidance on managing conflicts of interest for CCGs](#), following an engagement exercise to which PSNC provided comments. Accompanying the guidance are [case studies and summary guides](#) for different professional groups.

Summarising the PSNC submission, the former Director of Regulation and Support indicated that, *'You will gather from the above that PSNC is not confident that conflicts of interest within CCGs can be properly managed, and we remain concerned that where CCGs may commission either GPs or pharmacies to provide particular services, pharmacies will feel they are at a disadvantage. Although NHS England has attempted to firm up the guidance we must emphasise that until effective sanctions are available to address conflict of interest, the risks of CCG reaching inappropriate commissioning decisions will continue. We discussed with you the possibility of the guidance being further tightened to require that all procurement decisions are reviewable (using independent third parties) which may act as a deterrent until there are more effective sanctions.'*

It is understood the last meeting with Pharmacy Voice and the NPA on prescription direction was February 2016.

#### Next steps:

To continue to support LPCs and contractors, and collate evidence, sharing with Pharmacy Voice and the NPA where appropriate.

### c) Primary Care Support England (PCSE)

PCSE (formerly Primary Care Support Service – PCSS) provides administrative and payment services to community pharmacies amongst others. On 1 September 2015, Capita assumed responsibility for the delivery of most of NHS England's primary care support services.

During April 2016, PSNC received a large number of reports from LPCs and individual pharmacy contractors about difficulties that were being experienced with PCSE. We escalated the most serious cases to senior officials at Capita, NHS England and the Department of Health. This was on a near daily basis.

We had a number of issues brought to our attention including: difficulty logging into the online portal; excessive delays for telephone calls to be answered, queries about minimum / maximum order quantities; and, the availability of EPS tokens. The vast majority of reports focused on the difficulty in getting sufficient EPS tokens. We had reports of PCSE staff suggesting that EPS tokens were "out of stock" and even advising a pharmacy contractor to print their own controlled stationery, which is not permitted.

On 12 May 2016, at the PCSE stakeholder forum meeting, the managing director of PCSE at Capita accepted that things were not working as they should and that there was a significant backlog of supplies awaiting dispatch. Unfortunately, we had received similar assurances in April, and still the shortages occurred.

On 8 June 2016, Martyn Pritchard, 'Stakeholder Director, Primary Care Support England, Delivered on behalf of NHS England by Capita' addressed the annual meeting of LPC Chairs and CEOs and heard their concerns. Since June, PSNC has been receiving fewer reported problems on stationary issues, although problems have been reported in relation to market entry issues and, in particular, a lack of notifications and difficulty finding out where to send applications.

On 13 June 2016, the former Director of Regulation and Support and the Director of Operations and Support met with representatives of Captia, including Martyn Pritchard, to discuss concerns about market entry and to

emphasis (i) the importance of PCSE complying with the regulations; (ii) contractors having clarity about who deals with what, as local offices close; (iii) the need for experienced staff dealing with market entry; and, (iv) a trouble shooter to deal with problems. PSNC has offered to send out an update to LPCs/contractors on behalf of PCSE/Capita.

The planned changes to expand the services provided by PCSE include:

- Pharmacy payments (anticipated October to December 2016). This has been put on hold.
- Pharmacy market entry – this is in the process of being transferred to the main offices, including the Leeds office and should be complete by October 2016. Substantive decisions continue to be made by NHS England. Next year there are plans to develop an online applications process (anticipated April to June 2017).

**Next steps:**

The Director of Operations and Support and/or the Regulations officer to continue to attend future stakeholder meetings with PCSE/Capita.

**d) Community Pharmacy Assurance Framework (CPAF)**

The 2015/16 CPAF screening questionnaire, issued electronically by NHSBSA, ran from 5th October 2015 for a period of four weeks. Various lessons were learned from the exercise including the need to avoid busy periods in community pharmacy such as the flu season.

The 2016/17 CPAF screening questionnaire, consisting of ten questions and taking on average between 20-30 minutes to complete, closed on Sunday 3 July 2016.

NHSBSA have confirmed that 11,332 pharmacy contractors (approx. 97%) completed the CPAF screening questionnaire by the closing date.

Pharmacy contractors who do not complete the CPAF screening questionnaire are more likely to be invited to complete the full CPAF questionnaire in October 2016 (which consists of more than 200 questions) and possibly a contract monitoring visit thereafter.

**Next steps:**

None

**e) Visitor and Migrant NHS Cost Recovery Programme Delivery Reference Group**

There was an initial consultation in March 2016, prior to the group's formation, to which PSNC responded. The group meets monthly and its terms of references provide that it will:

- Provide an opportunity for the Programme team to share implementation proposals with senior leaders from across the health family, and learn from their knowledge of the health and care system to make good decisions on future delivery.
- Provide senior leadership and steer to develop and shape the actions to be delivered by the Programme's working groups.
- Support the delivery of the Implementation Plan to be published in the summer of 2016.
- Provide strategic advice on transition with the aim of embedding the Programme within the health and care system beyond March 2017.
- Work as a closed forum, to Chatham House rules, in which members can openly debate and discuss implementation proposals.

The Director of Operations and Support has attended one meeting to date and indicated that:

*PSNC would be opposed to any checking of migrant status at a pharmacy, as to check for every one thousand million items dispensed annually would be too onerous and, therefore, costly. Their view is that once a patient is accepted into the NHS and an FP 10 form is used, the patient should follow normal pathways in a pharmacy.*

**Next steps:**

To continue to be involved in meetings of the group and report to the subcommittee.

**f) Special Containers**

PSNC was made aware of a pharmacy contractor who was subject to an investigation by an NHS England probity officer.

The pharmacy contractor had dispensed less than the original pack, of a medicine designated by the Drug Tariff as a "special container". The contractor had dispensed against a number of prescriptions, and on some he had indicated a part amount had been dispensed. NHS England was seeking to recover monies paid in reimbursement, with the implication of improper behavior on the part of the contractor.

The office made representations to NHS England that the Drug Tariff sets out the Secretary of State's determination on remuneration and reimbursement and, therefore, pharmacy contractors must be paid in accordance with this and, in this case, regardless of the amount dispensed or any lack of endorsement.

NHS England's probity manager subsequently agreed and stated "*...that there are no grounds for NHS England...to instigate a recovery in respect of the information contained within my initial email, and as such, my request for reimbursement is rescinded.*"

**Next steps:**

None.

**g) Managed Repeats**

There have been a number of queries about the 'Luton model' for managing repeat prescriptions, where the local CCG takes steps to manage the ordering of repeat prescriptions. In some cases, pharmacies are not permitted to act on behalf of patients and order them. The office has drafted and issued advice to LPC Chief Officers and the advice has been added to the LPC area of the website. The key points are:

1. Patient choice is a fundamental principle of the NHS and pharmacies should be able to order repeat prescriptions on behalf of patients;
2. Pharmacies already provide this service to the NHS free of charge and patient satisfaction with these services should be taken into account;
3. Prior to making any changes, CCGs must consult patients; and,
4. Any changes should be in response to a local need which should be evidenced (not simply because other CCGs have introduced a similar scheme).

**Next steps:**

None.

**h) Switching**

A "switched prescription" is an electronic prescription for which a pharmacist neither made nor recovered a prescription charge, that is treated by the NHSBSA as if a prescription charge had been made and recovered. As a result of switching, the pharmacist loses remuneration to which the business is entitled under the NHS (Charges for Drugs and Appliances) Regulations 2015.

This issue was under discussion in 2015 and was put on hold following the 17 December 2015 letter. The Director of Operations and Support has now raised the issue with the Department of Health and requested a meeting to discuss a way forward.

All PSNC members can attend this meeting and may speak with the permission of the Chairman.

**Next steps:**

To continue to progress and report to the next meeting of the subcommittee.

**Any other business.**

closure to keep the size of the table reasonable. The table will be updated after each meeting.

Report on progress on matters previously discussed by the subcommittee (July 2016 agenda)

<b>Matters worked on between July 2015 to present (starting with most recent open workstream items and descending to closed workstream items)</b>			
<b>Item/description of workstream</b>	<b>Most recent action/s</b>	<b>Current status</b>	<b>Date of last subcommittee meeting</b>
Visitor and Migrant cost recovery	Agenda item.	Open	
Special containers	Agenda item	Open	
Managed Repeats	Agenda item.	Open	
Pharmacy numbers – planned reduction	Agenda item.	Open	
Planned protection for patient access – PhAS	Agenda item.	Open	
Market entry	Reported and noted. PSNC to monitor significant developments. Agenda item.	Open	01/16
Hub & spoke	Department of Health consultation on Amendments to the Human Medicines Regulations 2012: ‘Hub and spoke’ dispensing, prices of medicines on dispensing labels, labelling requirements and pharmacists’ exemption. Agenda item.	Open	01/16
Accessible Information Standard	In April 2016, PSNC and Pharmacy Voice jointly produced an update for those working in community pharmacy: <a href="#">The Accessible Information Standard: Update on implementation in community pharmacy.</a> In May 2016, the PSNC publicised the Centre for Pharmacy Postgraduate Education (CPPE) launch of new e-learning programme, Accessible Information Standard – making it work. Agenda item.	Open	01/16
Rebalancing	Director of Operations & Support to follow up previous requests to DH to be part of the working group on supervision and await a response. Director of Operations and Support is seeking a meeting with the Department of Health. Agenda item.	Open	01/16

Charges regulations matters including “switching”, discretionary payments etc.	Was “on hold” pending community funding consultation outcome. The office is seeking a meeting with the Department of Health. Agenda item.	Open	01/16
FMD	Delegated Acts issued. Department of Health currently holding meetings with stakeholders regarding implementation. Agenda item.	Open	01/16
Rural Working Group (RWG) ToR need amendment and members appointed	ToR amended by the subcommittee and as requested: nominations for membership of RWG canvassed and agreed by the Chairman and Director of Regulation and Support. Agenda Item	Closed	01/16
National Provider company	PSNC agreed to support a national provider company with £25,000 to cover the remaining part of the year, subject to the NPA matching this funding pledge. Instructions to lawyers to prepare draft Articles were issued and the company is now incorporated and being considered through LIS subcommittee.	Open	01/16
Co-Commissioning	Informal discussions so far. Legislation may need to be amended, and the co-commissioning will be “complementary and supplementary to the core contract”. The Director of Regulation and Support provided comments on a draft of: ‘Managing conflicts of interest: revised statutory guidance for CCGs’. The revised guidance was published in late June 2016. Agenda item.	Open	10/15
APPG	Continue to work with Pharmacy Voice and the RPS to engage with politicians to promote the services that pharmacies can offer and to support the APPG.	Open	10/15
Application timescales	On 1st September 2015, Capita took over responsibility for primary care support services PSNC as part of the PCS stakeholder forum have raised examples of where NHS England have failed to abide by the timescales set down in the regulations for determining applications. Director of Operations and Support is seeking a meeting with Capita. Agenda item.	Open	10/15

Application consultation: LPCs and interested parties NHS England not consulting properly on new applications	On 1st September 2015, Capita took over responsibility for primary care support services PSNC as part of the PCS stakeholder forum have raised examples of where NHS England has not consulted adequately. Director of Operations and Support is seeking a meeting with Capita. Agenda item.	Open	10/15
Prices on labels	This was included within the hub and spoke consultation to which PSNC responded on 23 May 2016. Agenda item.	Open	07/15
CG – IG -Business continuity plan	PSNC to draft template to assist contractors.	Open	07/15
Dispensary Waste confusion if Rx waste can be included	NHS England has launched a new national framework agreement for the collection and disposal of unwanted medicines from pharmacies. Following a procurement process, five suppliers have been chosen and will be invited to “bid” for contracts in local areas when current contracts expire.  Changes aren’t happening straight away for pharmacists as implementation will be phased.	Open	05/15
General pharmaceutical council inspection and monitoring regime for pharmacy premises	Reported and noted.	Closed	01/16
Rural working group	The RWG held a confidential meeting via the telephone on 29 February 2016 to discuss issues arising from NHS England / Department for Health 17 December 2015 letter in relation to rurality. Information collated at this meeting was available and fed into the plenary meeting of PSNC in March 2016. In accordance with the RWG terms of reference, the RWG is expected to meet when needed.	Closed	01/16
Rural Working Group (RWG) ToR need amendment and members appointed	Subcommittee approved amendments to ToR and canvas nominations for membership of RWG with Chairman and Director of Regulation and Support agreeing the nominations.	Closed	01/16

Regulation 31 (same or adjacent premises) test	Noted. The Director for Regulation & Support worked with colleagues from the Department for Health to agree amendment regulations to facilitate pharmacy mergers to come into effect in October 2016.	Closed	01/16
CD Accountable Officer resilience	Reported and noted.	Closed	01/16
Public sector equality duty	Reported and noted.	Closed	01/16
Return of denatured CDs	Subcommittee discussed whether this was a significant issue - believed that it was isolated and best dealt with locally. A request for further particulars made in October 2015.	Closed	10/15
Inducements	DH taking no further action – suggested that PSNC might raise during negotiations with NHS England.	Closed	10/15
7-day access	Pharmacy may be encouraged into 7 day access like GPs noted.	Closed	10/15
Contract monitoring/CPAF Including reports of inappropriate action	The CPAF screening questionnaire continued in 2016/17 which ran from Monday 6th June 2016 for four weeks. Agenda item.	Closed (open for the July meeting report)	10/15
LA Commissioning Failure of LA to consult LPC	Noted [National primary care representative bodies to work with LRCs – NHS England on memorandum of agreement setting out the roles and functions – will recommend LRCs as consultees.	Closed	10/15
Messages on RHS Rx	Reported and noted that HSCIC will update guidance to GPs on the appropriate use of RHS.	Closed	10/15
NHS Standard Contract	NHS England has published the NHS Standard Contract 2016/17, including for the first time a shorter NHS Standard Contract.	Closed	10/15
Charge for carrier Bags	Legislation introduced 5 pence charge for single use plastic carrier bag which is now effective in England. Noted.	Closed	10/15

Boxing day 2015 Query about status of 26/12	Publicity given to contractors, as NHS England taking a hard line.	Closed	07/15
Pharmacy Closures 2 nearby pharmacies. If close one creates a gap. Discussed with NHSE and DH	Some guidance already provided by DH to HWB. PSNC to write LPC briefing. [Covered in PSNC market entry events. Article written for LPCs (12/15), agenda item 7/16].	Closed	07/15
FtP - Superintendent named on applications	For NHS England to decide whether there needs to be change.	Closed	07/15
GPhC fees consult – response to consultation	PSNC response submitted and noted that GPhC confirmed that the proposed fees increase would take place.	Closed	07/15
Supply of CDs in police custody – guidance in development	Guidance published and noted.	Closed	07/15
NHS Fraud - exemption checking Reference to DH announcement	No developments [ <i>Amendments to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were laid which come into force in July 2016 requiring NHS pharmacists (including pharmacy staff) to inform patients that NHS exemption checking takes place to prevent fraud or error.</i> ]	Closed	07/15
EPS Schedule 2 & 3 controlled drugs - regs to be amended	Changes came into force 1st July 2015. Now awaiting action by system suppliers. [ <i>May 2016 PSNC agreed that the electronic message from surgery to pharmacy includes all the information necessary for a lawful CD RX.</i> ]	Closed	07/15
Post election lobbying	Update on conferences to date PSNC's fringe events at the Labour and Conservative Party Conferences were well attended and good discussions were had with ministers, councillors and other health professions (the CEO will report on these events in the PSNC plenary session).	Closed	07/15
GPhC consult - Investigating Comm.	Not PSNC's role and remit.	Closed	07/15
Psychoactive substance bill	Reported and noted.	Closed	07/15