PSNC Health Policy and Regulation Subcommittee Minutes

Of the meeting held on Tuesday 11th October 2016

At The Harte and Garter Hotel & Spa, Windsor

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

Together with: Gordon Hockey.

Apologies for absence

None.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 12th July 2016 were approved by e-mail after the July meeting. There were no matters arising.

Report of ongoing work

The report was noted.

Agenda and subcommittee work

1	Proactively seek changes in the regulatory framework that support contractors and will robustly respond to proposals from the Department of Health and NHS England

a. Planned protection for patient access - PhAS

The subcommittee noted the nature of the scheme and the papers provided and had the following comments for consideration by the committee:

1. A simple scheme does not make it easy for patients to access pharmacies;

2. Access has not been considered properly or fully and the way it is calculated – pharmacy to pharmacy distance of 1 mile - does not put the patient first across the country

3. The scheme is not in accordance with the overriding message of the Francis report that 'it should be patients – not numbers – which count';

4. The urban areas of the country have not been properly considered in terms of patient access;

5. Access has not considered the delivery of dispensed items by existing bricks and mortar pharmacies;

6. The rationale for excluding the top 25% of pharmacies from consideration is not explained, why are more or less excluded;

7. A scheme to protect access to 700 pharmacies, does not need to protect to 1371, almost twice as many – if the composite index is the justification for the scheme 700 should be protected;

8. The composite index is not fit for purpose because it does not properly take into account 'needs' and 'population' - genuine, real-world, patient access to pharmaceutical services has not been considered;

9. The neediest populations are simply not considered to any meaningful extent (3 PhAS pharmacies in London);

10. The isolation component of the composite index is flawed and inaccurate and dominates the index;

11. The composite index is not fit for purpose but is used to justify the selection of the 1 mile pharmacy to pharmacy distance;

12. Local Pharmaceutical Services pharmacies have not been properly considered and the funding of those remains uncertain, including the funding of those 20 LPSs included in the scheme;

13. Local Pharmaceutical Needs Assessments consider the local needs for pharmaceutical services but these have not been considered;

14. It is not appropriate for smaller pharmacies to support larger pharmacies;

15. There has been no proper consideration of new pharmacies that might open during the period in question, or pharmacies that might close;

16. The Government controls market entry and over the years has allowed numbers of pharmacies to increase and now wants them to decrease, it should provide compensation; and,

17. The scheme appears to select pharmacies that should survive what appears to be a cull in pharmacy numbers, but is not an appropriate system to carry out such selection (even if it were appropriate).

The committee agreed to consider LPS pharmacies at its next meeting, but considered that the LPS pharmacies that were originally essential small pharmacies should consider PSNC longstanding advice to return to the pharmaceutical list.

b. Market entry

It was noted that the proposed regulatory changes will facilitate closure or consolidation of pharmacies:

1. HWB must comment on an application and indicate whether it would or would not create a gap;
2. NHS England may only grant an application if no gap is created;
3. HWB must publish a supplementary statement (which is public) that confirms no gap was created; and,
4. A subsequent unforeseen benefits application based on such a closure or consolidation must fail.

The subcommittee noted that extending PNA reviews from 3 to 5 years was requested, but considered by DH to be unachievable, because there was insufficient time to obtain agreement from Local Authorities. Accordingly, there was concern that closures and consolidations may be delayed until the next PNAs are introduced in 2018.

c. Pharmacy numbers – planned reduction

The information was noted.

d. Hub and spoke / centralised dispensing

The information was noted and that the PSNC view is that set out in PSNC's response to the consultation.

2	PSNC will address operational issues affecting pharmacy practice, working to secure the best outcomes for contractors.

a. Primary Care Support England (PCSE)

The subcommittee noted the information and asked to be kept updated about the situation.

b. Discretionary payments - Switching

The subcommittee noted the information and asked for a paper on the issue for its January 2017 meeting.

Any Other Business

Clarification on the procedures for remedial or breach notices and consequences was requested.

Information was requested on the data protection legislation likely to be introduced in 2018 and any changes to the meaning of 'consent'.