# Minutes of the Pharmaceutical Services Negotiating Committee meeting

# at CCT Venues Barbican, 135-137 Aldersgate Street, EC1A 4JA

# on 5th September 2019

**Present:** Anil Sharma, Janice Perkins, Fin McCaul, David Broome, Mark Burdon,

Peter Cattee, Ian Cubbin, Sam Fisher, Mark Griffiths, Alice Hare, Jas Heer, Tricia Kennerley, Sunil Kochhar, Margaret MacRury, Fin McCaul, Has Modi, Lucy Morton-Channon, Garry Myers, Bharat Patel, Indrajit Patel, Umesh Patel, Jay Patel, Prakash Patel, Adrian Price, Sian Retallick,

Stephen Thomas, Faisal Tuddy, Gary Warner, Sue Killen (Chair)

In Attendance: Simon Dukes, Alastair Buxton, Jack Cresswell, Mike Dent, Gordon

Hockey, Luvjit Kandula, Zoe Long, Suraj Shah, Gabriele Skieriute, Rob

Thomas, Sarah Welbourne, Millie Withers

### <u>Item 1 – Welcome from Chair</u>

1.1 The Chair welcomed everyone to the meeting.

#### Item 2 – Apologies for absence

2.1 Apologies for absence were received from Richard Bradley, Marc Donovan, Clare Kerr and Andrew Lane.

## <u>Item 3 – Conflicts or declaration of interest</u>

3.1 No new conflicts of interest were declared.

## Item 4 - Minutes of the May meeting

4.1 The minutes of the Committee meeting which took place on 23rd May 2019 were approved.

#### Item 5 – Matters Arising

5.1 There were no matters arising.

# <u>Item 7 – Chairman's Report and Chief Executive's Report</u>

- 7.1 The Chair introduced herself and talked through her background and other roles which include being the vice chair and senior independent director of Clarion Housing Group, the Chair of Clarion Futures and Chair of the Katie Piper Foundation. She is the former CEO of St John Ambulance and Interim Chief Executive and Registrar at the Nursing and Midwifery Council. She is a former Director General in the Civil Service and worked for a number of government departments over a long career as a senior civil servant including leading an independent review of children and young people's palliative care for the Secretary of State for Health and leading cross-departmental work to tackle drug abuse whilst a Director at the Home Office.
- 7.2 The Chair commended all at PSNC on securing a deal in a difficult environment; she felt the Negotiating Team had done an excellent job. The next challenges were on delivery.
- 7.3 The Chair is attending briefing meetings with all the main pharmacy representative bodies, which has been a positive experience so far.



- 7.4 There was a discussion of how the current and future political climate will have a bearing on progress. The Chair finished with mentioning the appointment of Jo Churchill MP as the new Minister, who is very enthusiastic and supportive of community pharmacy.
- 7.5 The Chief Executive gave an update on the CPCF Roadshows: four have taken place so far with a great turnout, currently there are 300 contractors registered for the Euston event. Apologies were given for the large pack of papers for this Committee meeting as there is lots to cover. In terms of accounts, good efficiencies have been made over the last year. We have taken on board feedback regarding hotels and venues for the Committee meetings.

## <u>Item 8 – Transition Payments and Funding update (Confidential)</u>

8.1 The Committee had a discussion on points that are under ongoing negotiation.

# Item 9 – "Key issues for Community Pharmacy in England" - Guest Speaker – Mark Lyonette, NPA

9.1 Mark Lyonette presented to the Committee on key issues for the sector and took questions.

<u>Item 11 – PQS for 2020/21; FMD following a no-deal Brexit; and the Pharmacy Access Scheme</u> The Committee had a discussion on points that are under ongoing negotiation.

#### FMD following a no-deal Brexit

- 11.4 The Committee noted the paper on FMD, which explained that following a possible nodeal Brexit, UK pharmacies will not be able to access the European FMD system to verify and authenticate medicines. The Government has committed to evaluating options for a future UK falsified medicines regulatory framework, and the MHRA is beginning to consult with stakeholders on what a UK system might look like.
- 11.5 The Committee considered the questions posed in the agenda paper in group discussions, providing the following feedback:

# Which elements of the current system would be good to retain, and which could be discarded and why:

Retain - re-call, date-checking and patient safety benefits are all helpful, however those benefits are not yet manifesting themselves.

Discard - the current 10-day rule, so extra work is not created when patients fail to collect their medicine in a timely manner.

#### Whether there are any additions to the system we would wish to see:

- Management reports for contractors;
- Improve quality assurance of data entered into the system. When pharmacies scan a pack, they are not getting back the right information which may be due to data quality issues when data is provided by the manufacturers;
- ATD standards that require them to be re-closable, but we would need to align
  with wider European standards, so manufacturers are not having to create
  specific packs for the UK market;
- Track and trace functionality between wholesalers and pharmacies to allow easy identification of where a product has been purchased from;



 Batch scan offer, so data on all items in a delivery from a supplier can be loaded into the pharmacy IT systems by scanning one barcode linked to the collated data.

# **Principles:**

- A new system should allow re-use of existing FMD equipment;
- Any changes to the existing systems to make them UK compliant should be centrally funded, as this would support a rapid transition from the old to the new system;
- Provide more flexibility to allow FMD operations to be undertaken at any point in the dispensing process that works for the contractor.

# Item 12 – Communicating the CPCF

- 12.1 Zoe Long updated the Committee, giving feedback on PSNC's announcement of the settlement, the CPCF roadshows, briefings issued and query handling.
- 12.2 It was highlighted that the CPCF Checklist emails and all briefings sent out by email were available on the PSNC website. The CPCF Roadshows were at 12 venues over 7 consecutive Sundays. The first hour of each session was a presentation on the deal, explaining it and why timescales were as they were (especially noting the external political environment) and why deal had been accepted. The second hour was Q&A, with focus typically on contractor anomaly situations, lack of capacity and general frustration, e.g. GPs often not collaborative, but change expected in very short timescales. Zoe highlighted that NHS England was trying to drive this from the other side.
- 12.3 It was noted that the Pharmacy press had been relatively quiet apart from initial reporting, with C&D looking mostly at financial implications. Zoe explained how PSNC's messaging had been developed to start to tackle the more difficult issues head on. In terms of the CPCF roadshows, attendees had shown a lack of familiarity with deal focus has and will need to be on repeating key messages. Ways to do this were discussed at the Communications and Public Affairs Subcommittee, such as: looking to develop an animation, as previous experience has shown a high level of engagement with these; looking to put more articles in pharmacy press; supporting engagement with GPs (initial focus has been on contractors).
- 12.4 Zoe went on to highlight the planned attendance for the Labour and Conservative Party Conferences, and that the pharmacy organisations have appointed a new agency to provide the Secretariat for the APPG.
- 12.5 PSNC is already engaging with other pharmacy organisations and if and when a general election is called, we will work together to try to get pharmacy recognised in manifestos and to call for candidates to pledge positive support.
- 12.6 Garry Myers asked how we could tackle the negative reports in the media from other bodies (e.g. RCGP with GPs), asking whether PSNC should frame their response in terms of being a solution to the lack of capacity with GPs (which is not GPs' fault).



12.7 Zoe agreed with Garry and mentioned that we should try to turn around national organisations where they are negative about pharmacy and that we would love to do joint comms with the national GP organisations.

## <u>Item 13 – LPC Discussion</u>

- 13.1 Simon Dukes provided an overview of the current landscape, challenges and opportunities facing LPCs and asked for comments and feedback from the Committee on current operational models of LPCs.
- 13.2 Current issues listed were: LPCs are increasingly focused on local delivery; the new CPCF has been announced and the LPC is the only vehicle to guide and support contractors locally; there is an increasing requirement and necessity to undertake this role; LPCs are increasingly turning to PSNC for support but paradoxically an increase in support does not mean they have the capacity and capability to handle this; as the need to support contractors increases, they may increase the levy to gain further funding but still require direction and support from PSNC; LPCs are independent bodies and will change if they want to.
- 13.3 The Committee discussed the opportunities on tables. Points raised in the discussions included: do we need a uniform size of LPC?; LPCs need professionalisation/right resource/capacity and skill; need to get contractors to change and support; need to formulate what good looks like; we must explore different models and explore options; we must ensure consultation and engagement with LPCs.
- 13.4 There was an overall consensus that an urgent review of LPCs needs to take place.

# Item 14 – Feedback from Subcommittees

14.1 Mark Burdon gave feedback from the Resource Development and Finance Subcommittee meeting. There were several recommendations.

# [A confidential report was received]

- 14.5 Recommendation 8D regarding redesigning the ground floor of Hosier Lane quotes had been received from Spring4. On this costing, the redesigning of the ground floor would be a 5-year payback on the investment. The subcommittee recommended that PSNC approve the development subject to revisiting the plan to insert a partition to create a separate meeting room in the main meeting room area.
- 14.6 Sam Fisher gave feedback from the LPC & Contractor Support Subcommittee, noting that actions are in the minutes and there are no recommendations. Before the LPC conference Gordon Hockey and Luvjit Kandula are running a Provider Company event on 24th September 2019.

**Action:** Luvjit Kandula to share the attendance and registration link with regional reps so they can encourage registration.

14.7 Gary Warner gave feedback from the Service and Development Subcommittee. The subcommittee had discussed the requirement for pharmacies to become Healthy Living



- Pharmacies and how this could be inclusive to the bricks and mortar pharmacies as well as Distance Selling Pharmacies.
- 14.8 Peter Cattee gave feedback from the Funding and Contract Subcommittee, with just one recommendation smoothing of delivery, PSNC supports the movement to a quarterly margin survey, reducing to a one quarter lag over time.
- 14.5 Ian Cubbin gave feedback from the Legislation and Regulatory Affairs Subcommittee; there were no recommendations. It was highlighted that we do require all members to advise on models of delivery that are out there in terms of hub and spoke. The Brexit Forum is a focal point.
- 14.6 Tricia Kennerly gave feedback from the Communication and Public Affairs Subcommittee; there were no recommendations. There were two actions, the PSNC website needs an upgrade which Zoe Long will look at, and the rebranding of PSNC. The annual report draft had been included in the meeting pack and a further iteration is to follow.
- 14.7 All recommendations were approved by the Committee.

### Item 15 – Any Other Business

15.1 None.

