

Minutes of the Pharmaceutical Services Negotiating Committee meeting

held on 24th November 2022

at DoubleTree by Hilton Angel Kings Cross, 60 Pentonville Rd, London, N1 9LA

Present: Reena Barai, David Broome, Peter Cattee, Clare Kerr, Ian Cubbin, Marc Donovan, Lindsey Fairbrother, Jas Heer, Tricia Kennerley, Ifti Khan, Sue Killen (Chair), Sunil Kochhar, Sunil Kumar, Rhys Martin, Fin McCaul, Niamh McMillan, Has Modi, Roger Nichols, Umesh Patel, Jay Patel, Prakash Patel, Indrajit Patel, Adrian Price, Sian Retallick, Anil Sharma, Faisal Tuddy, Gary Warner

In Attendance: Janet Morrison, Shiné Brownsell, Alastair Buxton, Jack Cresswell, Mike Dent, Gordon Hockey, Zoe Long, Melinda Mabbutt, David Onuoha, Gabriele Skieriute, Rosie Taylor, Rob Thomas, James Wood, Katrina Worthington

Note: These minutes have been redacted to protect conversations around items of a confidential nature.

Item 1 – Welcome from Chair

- 1.1 Sue Killen welcomed the Committee to the meeting and commented how good it was to see everyone in person.
- 1.2 The Chair reflected on how much had changed since July. There have been three Prime Ministers and a complete change of health Ministers. Against that background, PSNC continues to talk publicly about pressures on community pharmacy and workforce pressure.
- 1.3 The Chair commented on the wider economic pressure the UK is facing and the Chancellor's statement, which indicates tightening of public spending against a backdrop of public anxiety over food, housing and energy costs.
- 1.4 The Chair commented on the consequences of factions and the importance of community pharmacy speaking with one voice. The Chair gave a gentle reminder on the importance of confidentiality around the Committee discussions.
- 1.5 The Chair highlighted some changes that had to be made to the order agenda and informed the Committee that Sandor Beukers (DHSC) and Jill Loader (NHSE) were going to join the meeting to talk about regulatory easing proposals.
- 1.6 The Chair also confirmed that an evening update meeting will be taking place virtually on Tuesday 13th December at 7pm.

Item 2 – Apologies for absence

- 2.1 Apologies for absence were received from Ghada Beal, Sam Fisher, Mark Griffiths, Bharat Patel and Stephen Thomas.

Item 3 – Conflicts or declaration of interest

- 3.1 None.

Item 4 – Minutes of the 15th September 2022 meeting

- 4.1 The minutes of the meeting which took place on 15th September were approved.

Item 5 – Matters Arising

- 5.1 The Chair went through the action points, all of which had been completed or progressed and requested that completed actions be removed from the table.

Item 6 – Chief Executive update

- 6.1 The Chief Executive commented on the flurry of turnover of Ministers in recent months. The Chief Executive met with and briefed Will Quince MP, and they had a helpful conversation but noted he has moved into a different role in DHSC. The Chief Executive wrote to the Prime Minister, Secretary of State, the Minister for Women and the Pharmacy Minister and will be meeting with Neil O'Brien MP in December to reiterate to him the serious crisis the sector is in. The Chief Executive will also write to the Chancellor to pick up on the vulnerability of the sector and the need for business relief.
- 6.2 It was noted that Steve Barclay MP has said that access to GPs is one of his top five priorities. The office recently met with GPC England to discuss a shared approach to working across primary care and to align lobbying work on the inflationary pressures all contractor groups are suffering. GPC England reiterated their support for a Pharmacy First service and wanted to remain informed about other clinical services in the future. As the Committee were aware, Pharmacy First was on the Government's list of solutions that could be applied to the NHS's problems. It was noted that this was probably not the most expensive of the potential solutions they will be looking at.
- 6.3 The Chief Executive commented that the NHS has a long list of challenges and priorities, including social care services and the GP workforce. The NHS will get an extra £3.3 billion and in recent conversations with DHSC, the Chief Executive was told that this funding will cover outcomes of the NHS pay review recommendations. The Chief Executive noted that the Committee should think about what happens after 2024, when further cuts on public spending are expected.
- 6.4 It was noted that there is a need to lay the ground work for the next contractual framework. The office has increased its activities with Government and other stakeholders accordingly. It was noted that The King's Fund and Nuffield Trust have started interviewing stakeholders across the health sector; ICS, NHS, DHSC and patient groups. Working groups have been set up and will continue into the New Year to engage the sector.
- 6.5 The Committee knows the severe pressure contractors are feeling and the Chief Executive assured the Committee that the office does too. The office know anger is high and understands it.
- 6.6 The Chief Executive asked the Committee to think more on what can be done with political engagement, public campaigns and communication within the sector. The Chief Executive commented that there is no easy messaging and it is difficult to know what assurances can be given to contractors.
- 6.7 The Committee commented that the public campaigns that encourage the public to go to a pharmacy do not paint a picture of a sector in distress. Those messages are contradicting what the sector is saying. Taking Pharmacy First as an example, it is hard to pitch something when the sector is in crisis.

Item 7 – TAPR progress report

- 7.1 James Wood gave an update on PSNC's Transforming Pharmacy Representation (TAPR) Programme. James commented on the progress against the Review Steering Group (RSG) recommendations, 5 of the 33 had been implemented already, with 15 in progress and talked through the various workstreams.
- 7.2 The main issues and risks were highlighted including the current issues with the constitution to resolve – to avoid the model timeline set out for LPCs slipping and to progress with the PSNC governance changes; Making progress on future PSNC regions – to allow for elections to go ahead as per the timeline set out; Ongoing conversations with Community Pharmacy Wales on their levy contribution for work undertaken by PSNC – to finalise LPC levy arrangements; and the selection process ongoing for a LPC transformation champion – to have capacity to support phase 2 of LPC support.

Item 8 – Proposed regulatory easing

- 8.1 Gordon Hockey indicated that LRA subcommittee had considered the issues the day before and said this introduction before the DHSC and NHSE presentation sought to explain the proposals and give an indication of the LRA subcommittee discussion.
- 8.2 Gordon talked the Committee through a summary of the DHSC and NHSE proposals.

Item 9 - Proposals for regulatory changes to support temporary closures - Sandor Beukers and Jill Loader

9.1 Sandor Beukers from DHSC and Jill Loader from NHSE met with the Committee to talk through their regulatory change proposals. They noted that they have been talking to regional teams and numerous contractors about temporary closures and what they can do to provide support.

Item 10 - Review Committee position on Regulatory easing

10.1 A discussion was held to reflect on the information that Jill Loader and Sandor Beukers had shared with the Committee.

10.2 It was agreed that Gordon Hockey would circulate to the Committee a draft version of PSNC's response to DHSC and NHSE, based on discussions in LRA subcommittee and the points made in the session with Jill Loader and Sandor Beukers.

Action: Gordon Hockey to circulate to the Committee a draft version of PSNC's response to DHSC and NHSE on regulatory easing.

Item 11 – Governance next steps

11.1 Gordon Hockey talked through his presentation on Governance and highlighted that the contentious issue was the definition of independent pharmacy contractors (PSNC and LPC Constitution and Rules). RAP had recommended reverting to the pre-15th September definitions and to pause the issue (2/3s majority required) as this needs to be thought through more and consideration given to the wider consequences, particularly for LPCs.

A short discussion was held on the proposed change to define a non-CCA Multiple as a contractor with fewer than 30 contracts to 40 contracts.

11.2 The Committee were asked to vote on the following and it was agreed that a secret ballot would be held for points 2 and 3:

1. Do you agree with all or some of the proposed approach to identifying PSNC regions, including:

a) to consider ICBs/ICS areas as well as NHS regions; and

b) PSNC Independent reps working with the Office, consulting LPCs and the PSNC Rule changes on - 10 areas and accepting boundary changes (2/3s majority required)?

Recommended by RAP and LCS

2. Do you agree with the proposed PSNC Rule change to 40 contracts for the mid-point between smaller and larger Non-CCA Multiples – if not what should it be (2/3s majority required)?

Recommended by RAP

3. On the definition of independent pharmacy contractors (in the PSNC and LPC Constitutions and Rules) – do you agree to revert to the pre-15th September definitions and to pause the issue (2/3s majority required)?

Recommended by RAP

4. Do you agree with the miscellaneous amendments and corrections, e.g. Max 12 years for each LPC (recommended by LCS)?

Recommended by RAP and LCS

5. Do you agree with the scope and approach of the wider Independent Governance review?

Recommended by RAP

11.3 Points 1, 4 and 5 were agreed by the Committee.

After a secret ballot:

On point 2 - 24 agreed with the recommendation and 6 were against it so this recommendation was carried by the required two thirds majority.

For point 3 - 26 agreed with the recommendation and 4 were against it so this recommendation was also carried by the required two thirds majority.

Item 12 – Rebrand: PSNC’s Vision, Mission and Values

12.1 Zoe Long talked through her presentation on PSNC’s Vision, Mission and Values and highlighted the objectives of the workshop session. The Committee was split into groups and was asked to consider vision, mission and values from the perspective of a specific audience that they were allocated: Patients; NHS; Government; Pharmacy Teams; and LPCs.

12.2 The individual groups fed back to the Committee what they had discussed.

Item 13 – Subcommittee reports

13.1 Key points of the discussion at the Service Development Subcommittee were presented by Clare Kerr and the recommendation was agreed.

Item 14 – Any Other Business

14.1 The Chair thanked the office for all their hard work.