

PSNC Legislation and Regulatory Affairs (LRA) Subcommittee

Minutes For the meeting held

on 21 July 2022

Members of LRA present: Ian Cubbin (Chair), Marc Donovan and Stephen Thomas (Vice-Chair).

In attendance: David Broome, Peter Cattee, Jas Heer, Tricia Kennerley, Has Modi, Adrian Price; Janet Morrison, Gordon Hockey, Suraj Shah and Rosie Taylor.

Welcome from the Chair

1. The Chair welcomed everybody to the meeting.

Apologies for absence

2. There were apologies from Lindsey Fairbrother and Ifti Khan.

Conflicts or Declarations of Interest

3. There were no new conflicts or declarations of interest.

Minutes of the last meeting

4. The minutes of the subcommittee meeting held in May 2022 were approved.

Actions and Matters Arising

5. There was none.

HRT - pre-payment exemption certificate - draft pharmaceutical regulation

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Indemnity insurance

11. The subcommittee noted the agenda paper and that:

PSNC has been involved in a series of DHSC meetings around implementing this recommendation, together with the GPhC and relevant bodies from other professions.

The issues arose from a Patterson Inquiry and specifically: Medical defence organisations cover the costs of claims and damages awarded to patients. However, they are not subject to financial conduct regulation, and the indemnity cover they provide is discretionary. The Medical Defence Union used its discretion to withdraw cover since Paterson's activity was criminal. This left patients without cover. In the event of the medical defence organisation and the hospital failing to provide cover, some witnesses thought there was a need to provide an industry-wide "safety net" so that patients are not left uncompensated. Other witnesses noted that the current system of indemnity cover for consultants working in the independent sector is unregulated, and told us that it should be regulated.

Page 221 – relevant recommendation is: We recommend that the Government should, as a matter of urgency, reform the current regulation of indemnity products for healthcare professionals, in light of the serious shortcomings identified by the Inquiry, and introduce a nationwide safety net to ensure patients are not disadvantaged.

The current proposal (to PSNC and other representative organisations) is to seek information from healthcare professionals about their indemnity arrangements. PSNC has indicated that the NPA and PDS and larger community pharmacy companies should be approached directly, as was done for issues around Covid vaccinations, but DHSC currently appears to prefer a survey of professionals and will seek help from PSNC.

12. The subcommittee was asked to give a steer on the issues and comments included:

- Essentially, this is not for PSNC to resolve.
- Noting the DHSC discussions with pharmacy insurers during the COVID pandemic, this is the approach that DHSC should adopt here.
- PSNC should have a watching brief only.

Reports

CPAF

13. The committee noted that the CPAF screening questionnaire was now available to be completed by contractors.

AOB

14. There was a brief discussion on the ongoing pressures community pharmacy contractors are facing and the increased levels of COVID infections currently and the higher than usual absence rates during the summer and the holiday period were noted. The sorts of regulatory easements that might be of assistance were suggested as: a lunch break available to all contractors as pursued by Wales; weekend coordinated closures to ensure continued patient access with temporary pharmacy closures; the need for enforcement in appropriate cases, particularly against 100-hour pharmacies; and generally, increased flexibility for contractors.