

PSNC Legislation and Regulatory Affairs (LRA) Subcommittee

Minutes For the meeting held remotely

on 27 March 2023

Members of LRA present: Ian Cubbin (Chair), Marc Donovan, Lindsey Fairbrother, Ifti Khan.

In attendance: David Broome, Clare Kerr, Sunil Kumar, Indrajit Patel, Fin Mc Caul, Has Modi, Claire Nevinson, Adrian Price, Anil Sharma, Sian Retallick, Faisal Tuddy, Gary Warner. Alastair Buxton (Director, NHS Services), Mike Dent (Director, Pharmacy Funding), Gordon Hockey (Director, Legal), Janet Morrison (Chief Executive), David Onuoha (Service Development Manager), Rosie Taylor (Head of Service Development), Rob Thomas (Funding delivery Manager), Katrina Worthington (Regulations Officer).

Welcome from the Chair

1. The Chair welcomed those present.

Apologies for absence

2. Apologies were received from Stephen Thomas (Vice Chair).

Conflicts or Declarations of Interest

3. The following were declared in addition to Committee members' current declarations:
Ifti Khan and Adrian Price – members of the sector's Supervision Practice Group.
Marc Donovan – work on drones.

Minutes of the last meeting

4. The minutes of the subcommittee meeting held in February 2023 were approved.

Actions and Matters Arising

5. There was none.

Decisions

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Post-payment Verification (PPV) / Provider Assurance

12. The Director, Legal introduced the agenda paper and the three areas of PPV and asked the subcommittee to agree or otherwise the proposals for NMS (New Medicine Service) PPV and DMS (Discharge Medicines Service) discovery and comment on the initial proposals for hypertension PPV.
13. The Director, Legal indicated the main push back to NHSE had been removal of the suggestion that the increase in claims in the year 2020/21 had been suspicious. This had been because the service specification had changed and, for example, a post COVID catch up NMS had been included. The proposed PPV was agreed (although it was noted that NHSE do not need, but prefer to have, PSNC agreement to PPV work).
14. On DMS, the Director, Legal indicated that this is a discovery piece of work rather than PPV, but NHSE had said it could only proceed under the PPV workstream. There were the following comments:
 - There are significant issues with the service, and it was hoped this discovery work will help improve the service for contractors.
 - APIs (Automated Program Interface) should have been in place 2 and a half years ago and these should be in place before anything else.
 - There may not be the records available when NHSmail is used instead of the IT systems.

- Contractors taking part in this discovery work ought to be able to claim any unclaimed fees.

The view was that the discovery process would be acceptable if the Drug Tariff were amended and contractors could claim any unclaimed, out-of-date DMS claims.

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Medicines delivered by Drones

16. The Chair introduced the agenda paper and invited initial views on the use of drones to deliver medicines both within healthcare networks and to patients.
17. There was brief discussion of the trials described in the agenda paper, and it was suggested that PSNC could welcome the technology, subject to understanding the issues in more detail as trials develop. It was suggested it would be helpful for PSNC to be seen to be welcoming innovative technology. Overall, it was a cautious welcome to the delivery of medicines by drones.

Statement on genomics

18. The Chair asked for approval of the RPS (Royal Pharmaceutical Society) led statement on genomics.
19. There was a comment that the application of genomics to patient care lies within the domain of pharmacy and should be embraced. Community Pharmacy can be involved to improve patient outcomes and reduce costs. The statement was endorsed.

PNA (Pharmaceutical Needs Assessment) to be reissued following closures to identify gaps

20. The Director, Legal introduced the agenda paper and asked the subcommittee to consider any PSNC approach to DHSC.
21. There was general agreement with the argument in the paper that if Councils reissue PNAs (Pharmaceutical Needs Assessment) in response to consolidations (or issue supplementary statements in relation to closures) this could undermine the economic restructuring of the sector.
22. The subcommittee agreed that PSNC should enter into discussions with DHSC.

Regulating anaesthesia associates and physician associates – the wider regulatory impact

23. The Director, legal introduced the agenda paper and indicated that the question for the subcommittee was whether to support the BMA's concerns in relation to the DHSC consultation, that:
- The current ground for fitness to practise are reduced from the current six to (misconduct, lack of competence, adverse health, lack of knowledge of English language, criminal convictions and determinations by other regulatory bodies are reduced to 2 (inability to provide care to a sufficient standard, and misconduct)) and there is no compelling argument for this and there may be unintended consequences – **the original 6 grounds of fitness to practise should remain.**
 - The current drafting of the legislation does not achieve its aim (agreed by the GMC (General Medical Council)) - to give regulators greater discretion in the initial assessment stage to determine what and how we should investigate – which enables complaints that are not serious or are lacking any evidence to be closed quickly - and **the drafting should be revised to achieve discretion for regulators.**
 - The process for revising or appealing a fitness to practise decision is confusing and likely to be costly for registrants - and **should be revised to avoid unnecessary bureaucracy.**
24. The subcommittee considered that this would not be necessary for PSNC to respond to this DHSC consultation as the issues were well covered by the BMA, the GPhC could respond as well, and PSNC's is focused and occupied with more pressing issues.

HRT PPC

25. The Director, Legal reported that DHSC and PSNC guidance has been issued, PSNC is distancing itself from the policy, DHSC is advising pharmacies to refuse mixed prescriptions, PSNC is providing the 3 regulatory options to contractors. Also, PSNC warned the Minister there could be 'chaos' when it is introduced on 1 April 2023. [PSNC has since liaised with the BMA and a joint approach has been agreed. BMA has stated that: The BMA's General Practitioners' Committee is recommending that GP practices and Local Medical Committees (LMCs) discuss local approaches to DHSC's HRT PPC guidance with their local pharmacies and LPCs. PSNC will encourage the same approach for pharmacies and LPCs.

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AOB

27. There was none.

