



Draft Legislation and Regulatory Subcommittee Minutes

Date: 6 February 2025 Time: 4:00 – 5:15 pm

Community Pharmacy England Office, Hosier Lane, London

Members present: Ian Cubbin (Chair), Stephen Thomas, Peter Cattee, Lindsey Fairbrother, Gary Warner.

In attendance: David Broome, Phil Day, Jas Heer, Tricia Kennerley, Fin McCaul, Prakash Patel, Olivier Picard, Adrian Price, Anil Sharma, Ian Strachan, Alastair Buxton (Director of NHS Services), Mike Dent (Director of Pharmacy Funding), Daniel Fladvad (Funding Analyst), Gordon Hockey (Director, Legal), Melinda Mabbutt (Head of Communications), Janet Morrison (Chief Executive), David Onuoha (Service Development Manager), Katrina Worthington (Regulations Officer).

LPC Members: Karen Cox (Support Officer, Cambridgeshire and Peterborough LPC), Karen Samuel-Smith (Chief Officer, Essex LPC), Rachel Solanki (Chief Officer, Hertfordshire).

Apologies: There were no apologies.

Conflicts of interest: No additional conflicts were declared.

Minutes of the last meeting: The subcommittee approved the minutes of the meeting on 10 December 2024.

Matters arising: No matters arising that were not already included in the agenda.

Actions from the last meeting: ----

(Confidential)

- 1. ----
 - · ----
 - . ----





. ____

_

2. ----

_

.

_

_

_

_ ____

3. ----

4. ----

5. ----

6. ----

ACTION: ----

· ----

(Confidential)

7. ----





- · ----
- ____
 - o ----
 - 0 ----

 - _
- ____
- 8. ----
 - ____
 - ____
 -
 - ____
 - ____
- 9. ----

ACTION: ----

(Confidential)

- 10. ----
- 11. ----
 - · ----
- 12. ----
 - · ----



- · ----
- ____
- **----**
- **----**
- 13. ----
- 14. ----

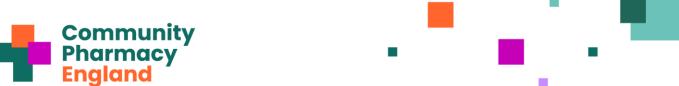
ACTION: ----

Reports

MHRA Survey - Electronic Documents Wholesalers

- 15. The Regulations Officer introduced the paper, indicating that MHRA is considering giving wholesalers the option to provide only electronic packing or delivery notes to pharmacies.
- 16. It was noted that DHSC had asked CPE to respond to this survey and said it would also be helpful for MHRA to hear directly from community pharmacy owners.
- 17. It was noted that this is not a public consultation and, therefore, Committee members were invited to give their views to the MHRA (as well as CPE).
- 18. The Regulations Officer explained that the paper outlined the proposed CPE response and invited comments and views.
- 19. The subcommittee provided the following views:
 - Wholesalers may not provide the electronic documents promptly, which would delay pharmacies processing orders.
 - There will be issues with CDs, such as checking they have received everything before booking them into the pharmacy.
 - Finance concerns, such as the cost for pharmacies to print documents and invest in equipment to access electronic documents.





- Standards for the electronic documents are important, so they can be adopted by anybody, to allow contractors to choose the IT systems that best suit them.
- The CPE response should not stifle innovation for the future and should not stop development.
- 20. The Regulations Officer said that the Committee members would be provided with the CPE response, which they could use or adapt if they responded to the survey.

ACTION: CPE to respond to MHRA and provide a copy of the response to committee members, which they can use or adapt when responding.

Clinical Indemnities Reform

21. The report was noted.

Proposals to regulate NHS managers

22. The Director, Legal indicated that the CPE response would be to clarify that senior managers within NHS community pharmacies should not be covered by the proposed legislation, noting that they were already regulated as individual professionals and as part of retail pharmacy businesses by the GPhC, and as providers of NHS pharmaceutical services by NHS England (ICBs). Other primary care bodies were responding similarly.

(Confidential)

23. ----

24. ----

ACTION: ----

AOB

25. Patient consent to OPD +/- 10% was raised. It was agreed that the use of OPD +/- 10% is a decision for the pharmacist, not the patient. However, patients could choose where to take subsequent prescriptions. So, for example, if a patient wants the 30 prescribed tablets (which would include two snipped tablets) and not a 28 OP, for example, because



they pay for their prescription, they might choose to nominate or go to a pharmacy that provides the full 30 tablets.