

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 12 January 2017**

Present:

Mr R Bearman	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Dr N Legg	South Norfolk District Council
Dr K Maguire	Norwich City Council
Mrs M Stone	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Ms S Whitaker for Ms C Corlett

Also Present:

Ruth Kent	Primary Care Commissioning Officer, NHS England Midlands and East (East)
Sharon Gray	Contracts Manager, NHS England Midlands and East (East)
Suzanne Meredith	Consultant in Public Health, Norfolk County Council
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee
Lauren Seamons	Deputy Chief Officer, Norfolk Local Pharmaceutical Committee
Dr Tim Morton	Chairman, Norfolk & Waveney Local Medical Committee
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mrs A Claussen- Reynolds, Ms E Corlett, Mrs L Hemsall and Mrs S Weymouth.

Apologies were also received from Mr C Walton, Head of Democratic Services.

2. Minutes

The minutes of the previous meeting held on 15 December 2016 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

3.1 There were no declarations of interest from members of the Committee.

3.2 Dr T Morton, Chairman, Norfolk and Waveney Local Medical Committee, who was a speaker for the item on Community Pharmacy declared an “other interest” because he was a Director of an Independent Pharmacy and his daughter worked for a Community Pharmacy.

4. Urgent Business

There were no items of urgent business.

5. Chairman’s Announcements

5.1 Colin Aldred

The Chairman said that he was sad to have to report to the Committee that Mr Colin Aldred had passed away this morning. Mr Aldred had joined the Committee as a County Council Member from the Great Yarmouth area in June 2013. He had also served as a Member of the Great Yarmouth and Waveney Joint Health Scrutiny Committee. Members stood in silent tribute to Colin’s memory and asked for a letter of condolence to be sent to his family at this sad time.

5.2 Paul Gilmour

The Chairman said Mr Paul Gilmour (the named substitute for Mr Aldred) had given his apologies for this meeting because he was recovering after undergoing knee replacement surgery at the Queen Elizabeth Hospital, King’s Lynn. Mr Gilmour had asked the Chairman to mention that the care and attention he had received from all staff on the Gayton Ward at the Queen Elizabeth Hospital was outstanding in every respect.

5.3 Mrs Annie Claussen-Reynolds

The Chairman said that Mrs Annie-Claussen-Reynolds (who had given her apologies for this meeting) had re-joined the Committee as North Norfolk District Council’s representative after a break of 6 months. Mr Glyn Williams was now the substitute member for North Norfolk District Council.

6 Community Pharmacy

- 6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to information obtained from Norfolk County Council Public Health, the Norfolk Local Pharmaceutical Committee and Norfolk and Waveney Local Medical Committee about the local implementation of national reforms to the community pharmacy sector and the potential effect on services.
- 6.2 The Committee received evidence from Ruth Kent, Primary Care Commissioning Officer, NHS England Midlands and East (East), Sharon Gray, Contracts Manager, NHS England Midlands and East (East), Suzanne Meredith, Consultant in Public Health, Norfolk County Council, Tony Dean, Chief Officer, Norfolk Local Pharmaceutical Committee and Lauren Seamons, Deputy Chief Officer, Norfolk Local Pharmaceutical Committee. The Committee also heard from Dr Tim Morton, Chairman, Norfolk and Waveney Local Medical Committee, who declared an “other interest” in the subject before speaking in the meeting (see minute 3.2).
- 6.3 The following key points were noted:
- The Committee was informed by the speakers from the Norfolk Local Pharmaceutical Committee that there were several different types and sizes of community pharmacies, ranging from the large chains with shops that could be found on the high street, or in edge of city/ town supermarkets, to the small individually owned pharmacies often found in small rural communities. Some independent community pharmacies were open long hours when other health care professionals were unavailable and located at the heart of the most deprived communities in Norfolk.
 - It was pointed out that pharmacies were traditionally the facilitator of personalised care for people with long-term conditions; the trusted, convenient first port of call for episodic healthcare advice and treatment. However, the traditional role of the community pharmacist as the healthcare professional who dispensed prescriptions written by doctors had now changed.
 - In recent years community pharmacy had focused on the transition from a business model that relied predominantly on dispensing services, to one that was more reliant on providing an expanded range of clinical and public health services.
 - Many pharmacy contractors in Norfolk had invested significantly to meet the challenges of increasing clinical and public health service provision.
 - As a result of this investment, pharmacies were able to take on a much more visible and active role in improving the public's health through, for example, the provision of stop smoking services, sexual health services such as chlamydia screening, and involvement in immunisation services, including administration of vaccines, and were also taking on a crucial role in the treatment available to substance misuse patients.
 - This allowed for better integration and team working with the rest of the NHS.
 - Dr Tim Morton said that close working by GP and community pharmacy teams (particularly through the use of common IT systems) meant that the quality and standard of health service provided to the public was continually being improved. He added that the services provided by a dispensing pharmacy did not compare with the services that were available from a community pharmacy.
 - Dr Morton referred to a pilot scheme whereby GPs could apply for three years of financial support to integrate pharmacy into a GP practice after which time they would have to fund the full cost for themselves.

- Mr Dean said that the idea of a role for pharmacists within General Practice was welcome in principle but that reducing community pharmacy to pay for it was not welcome. The two roles were not the same.
- The speakers from NHS England Midlands and East (East) said that given the current pressures on other parts of the urgent and emergency care system, and particularly on GPs, community pharmacists were being encouraged to provide an alternative triage point for many of the common ailments currently dealt with by out-of- hour services and Accident and Emergency departments.
- Members said that the direction of travel for community pharmacy should be to encourage an expansion of the services that they provided and embed those services into NHS care pathways.
- The Committee was informed that the Norfolk Pharmaceutical Needs Assessment (PNA), published on behalf of the Norfolk Health and Wellbeing Board in 2015, had concluded that the number and distribution of pharmaceutical service provision in Norfolk was “adequate”.
- The Committee highlighted the importance of keeping the PNA (which was due to be reviewed every three years) up to date of changes required in the number and distribution of pharmaceutical service provision that arose because of planned new housing development. Suzanne Meredith said that she would look into the matter.
- It was pointed out that the funding settlement for community pharmacy in England from 1 December 2016 was explained in detail in the report. It was confirmed that there were 168 community pharmacies in Norfolk, 32 of which quality for the new Pharmacy Access Scheme (PhAS).
- Following the announcement by the Department of Health of the changes to the Community Pharmacy Contractual Framework for 2016-2018, the responsibility for implementation belonged to NHS England.
- The speakers said that there was no indication that funding for community pharmacy and funding for PhAS (to support patient access where pharmacies were sparsely spread and patients depended on them most) would continue beyond 2018. To be eligible for PhAS a pharmacy would have to meet set criteria, one of which was that it must be at least a mile away from its nearest pharmacy by road.
- It was pointed out that in addition to the PhAS scheme, pharmacists would be able to apply to participate in a Quality Payments Scheme that would reward community pharmacies for delivering quality criteria in all three of the quality dimensions: Clinical Effectiveness, Patient Safety and Patient Experience.
- One of the other proposed changes was the piloting of a national urgent medicines supply service, where people could be referred directly to community pharmacies after calling NHS 111.
- It was noted that the Norfolk and Waveney Sustainability & Transformation Plan (N&W STP) included a priority project for ‘Pharmacy support: employing pharmacists to work as part of the primary care team assisting with prescriptions, day-to-day medicine issues & consultations where appropriate’. Members suggested that the STP Executive Board should give careful consideration to how the changes in community pharmacy could impact on the N&W STP.
- The speakers from the Norfolk Local Pharmaceutical Committee (NLPC) said that the Secretary of State’s proposals could lead to free health services being withdrawn from community pharmacies. The biggest cuts to arise from the removal of Establishment Payments by the end of 2019/20 were likely to fall on low dispensing volume pharmacies in areas of Norfolk with the highest health needs.
- Pharmacists in Norfolk needed to have the business confidence in order to continue to invest.

- While large numbers of pharmacies were unlikely to close immediately, the NLPC expected that pharmacy owners would be forced to take steps to reduce their operating costs. These were likely to include reduced opening hours and staffing, and no longer providing the services which they were not obliged to provide, such as home delivery of medicines and the supply of medicines in compliance aids. They were concerned about the impact that this would have on patients with the result being that patients could find that they had to wait longer to receive the advice and support that was previously readily available.
- It was noted that there had been no public consultation about the changes and yet an estimated 3,000 pharmacies (a quarter of the total) in England might have to close as a result of the changes in funding.
- The High Court had granted the Pharmaceutical Services Negotiating Committee (PSNC) permission for two separate Judicial Reviews of the Secretary of State's October 2016 decision to implement cuts to community pharmacy funding and other changes. The PSNC believed the Secretary of State had failed to carry out a lawful consultation on the proposals for community pharmacy. The first hearing was expected to be heard in the week commencing 6 February 2017.
- The Committee noted that the changes to the community pharmacy contract were made nationally, and local commissioners (i.e. NHS England Midlands & East (East)) did not have the flexibility to respond to identified local issues. Around 90% of most community pharmacies' turnover was related to funding provided by NHS England in line with the contract. NHS England Midlands & East (East) had few resources for the commissioning of the 1,000 community pharmacies in this region, and no discretion in the operation of the national contract, including the application of PhAS. There was some local flexibility in relation to services commissioned from community pharmacy by others, such as Public Health and the CCGs.
- In the opinion of the Committee, the Department of Health had taken on a "London-centric" approach to community pharmacy that took little account of the geography of Norfolk and the impact significant savings reductions would have on the high quality of the community pharmacy services that were available in a rural county such as Norfolk.

6.4 The Committee **noted** the information contained in the report and that provided by the speakers during the meeting.

6.5 It was **agreed** that Maureen Orr, Democratic Support and Scrutiny Team Manager, should write to NHS England, NHS England Midlands and East, the Department of Health and the STP Executive Board regarding the concerns that Members of the Committee had about the future of community pharmacy.

6.6 It was also **agreed** that the draft letters should be circulated to Members for comment and final versions approved by the Vice Chairman before they were posted.

7 **Norfolk and Waveney Sustainability & Transformation Plan – NHOSC's comments**

7.1 The Committee received a report of comments made by Committee Members on 8 December 2016 that was presented for the Committee's approval before submission to Norfolk and Waveney Sustainability & Transformation (N&W STP) Executive Board Members.

- 7.2 The Committee **agreed** the list of comments contained in the report that were drawn from the minutes of its previous meeting subject to the following amendments (in italics):-

Point 2. – Breaking down barriers in the provision of care is fundamental to success, particularly between GPs and hospitals, physical and mental health and between health and social care. *This includes the barriers to the transfer of digital information between organisations.*

- 7.3 Point 6. – Providing greater public *and in-patient* access to therapies that tackle mental health issues at an early stage should be addressed as a strategic issue.

- 7.4 Point 3. – On being put to the vote, this point was removed.
There were five votes in favour and two votes against.

Dr K Maguire and Ms S Whitaker asked for it to be recorded in the minutes that they had voted against the removal of point 3 on the grounds that they considered this to be an important issue considered at the previous meeting.

- 7.5 An additional point was added:-

People with mental health problems do not have access to health services on a parity with the population as a whole, resulting in significantly shorter life expectancy and often inappropriate treatment. These inequalities should be addressed by integrating mental health with other services.

- 7.6 It was **agreed** that the amended list of comments should be submitted to the STP Executive Board.

8. Forward Work Programme

- 8.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out a proposed forward work programme for the remainder of 2016/17.

- 8.2 During consideration of this item a member of the public (who had not asked for her presence at the meeting to be recorded) with the permission of the Chairman asked where she could find details about any local stakeholder meetings on the Norfolk and Waveney STP. The member of the public was referred to the documents and means for raising issues about the STP that could be found on the Healthwatch Norfolk website and advised to raise the enquiry with them.

- 8.3 The forward work programme was agreed subject to:

As well as follow up action on the implementation of the Local Transformation Plan, the 'Children's mental health services in Norfolk' item scheduled for 6 April 2017 should include information about:-

- the services provided in Children's Centres;
- the output from the Children's Services Committee Task & Finish Group review of access to support and interventions for children's emotional wellbeing and mental health.

Chairman

The meeting concluded at 13:20 pm



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