Regional Member report from
Guild of Healthcare Pharmacists Council Meeting
19th May 2011

Terms And Conditions Committee update

Pay Review Body: this year, the Pay Review Body did not recommend an RRP but instead stated that a local RRP should be used instead.
Reductions in banding seem to be happening around the country. Members should watch out for this happening and contact their local rep if it does. It was agreed that Dave Thornton and Kevin McAdam will draft a letter on this. They will also look at putting together frequently asked questions for service review and reorganisation.

On call: many trusts are considering a commitment fee of about £15 per period (about 96p per hour), with time and a half for work in the Department and single time for answering telephone queries if, for example, there are 16 hour blocks. Pathology are apparently out of the equation and in many places they have been told they are doing shifts. Some trusts have no transitional arrangements in place but with a one-off payment if the member agrees to have their contract changed. This obviously means that the on-call is then contractual and no longer a voluntary system. The worry about using an RRP to make up for any loss of earnings is that it potentially isolates pharmacy from the rest of staff side. Then when the RRP is reviewed after a year, what support would there be from staff side? Payment for compensatory rest is for negotiation and if it is not paid, then staff may not be working 37 hours a week and therefore the on-call may be paid as unsocial hours! It was noted that there are Unite FAQs on on-call in addition to those produced by the Staffs Council.

VAT: there have been some meetings with the Treasury but they have said it is Department of Health issue! The Chief Pharmacist was reported as not really seeing this as a problem as the Department of Health are saving money. The Treasury apparently think that it would be very difficult to unpick the issue. The Royal Pharmaceutical Society wants to be involved, to support hospital members.
All medicines attract VAT. The only transaction which doesn't is where a pharmacist hands drugs to a patient for taking in their own home. This is VAT exempt (not zero VAT rated). It was noted that dispensing doctors pay VAT on their transactions. There have been approaches to Trust boards on privatising or contracting out dispensing services. The pitch is purely on saving the money spent on VAT. If, however, medicines are administered to the patient on the premises then VAT ***is*** payable. If trusts are setting up a community pharmacy,

they must have a good business reasons and tax avoidance is not accepted as one of them. It was noted that the Treasury considers the money to be lost anyway since many Trusts have already set up such companies. The issues quoted in many cases are quality of service and staff motivation. It was noted that if it is your service, it is possible to tender for it yourself, but a time limit for the contract to go back to tender has to be set. It is not thought that this will be challenged, as it risks opening up the whole VAT issue again. One of the biggest problems with this strategy is that members of staff had been moved into employment with less secure terms and conditions. GHP wants a level playing field and no more privatisation by the back door.

President's Report

Transfer of Care Meeting: The Transfer of Care document is a very English document and needs to be made relevant to both Scotland and Wales. It must apply to information transfer both into hospital and out of hospital and they have said that it will be made clearer. It is due to be launched on 12 June and will have a foreword by the Department of Health.

General Pharmaceutical Council: there is a big internal debate about the level of regulation and how it fits with hospitals – is it the traditional RPSGB model or should it be based on outcomes? They are not sure whether they should be regulating hospitals and not sure of their role in Section 10. They will be doing a lot of listening before deciding what type of regulation they will have and the type of regulator they will be.

Royal Pharmaceutical Society: Most groups are now apparently quite positive about their links with the Royal Pharmaceutical Society. There was some discussion on the role of GHP with the RPS. All other groups are signed up as partners but because of our professional and union roles this would not be possible. There was some discussion one what the Guild would lose as a partner and what it would mean to sign up as a partner. A memorandum of understanding might be better than a formal partnership.

Accreditation and Credentialling: workstream 2 fits into this but the question is how it fits into the grading structure.

White Paper Response: there is a lack of hospital pharmacy knowledge and views in the consultation response to the White Paper. It is still very blinkered and community focused.

Modernising Pharmacy Careers: workstream 1 is moving ahead in England. Wales are watching whilst Scotland and Northern Ireland have said no. There was a meeting about it in Northern Ireland and they have decided to watch everyone else. The current number of preregistration places is capped at 150 but looks possibly likely to drop to 140. Scotland and Northern Ireland are net

exporters, but will not be able to in future, if the preregistration year is included in the integrated course. The employers in Northern Ireland are concerned but the University is not. A proposal has gone to Medical Education England and although we don't know the detail it was reported to be cost neutral and possibly accepted?
Apparently the academics are anxious about where the money and the training placements are coming from in the new five-year course. Employers are anxious about where the training is going to come from. Whilst they may be very supportive of the five-year course, many academics can only see the current shrinking income into the higher education. The Department of Health seem to think that employers and individual students can do more and input more resources to achieve the five-year course.

Annual National Conference 2012 will take place in Belfast from May 18-20 2012.

ITIG
The ITIG seminar will take place on 11 October entitled "Making technology work".

NHS Future Forum
This body consists of clinicians, patient representatives and frontline staff in a listening exercise. The task is to report to the Prime Minister, Deputy Prime Minister and Secretary for Health. There was discussion of the four points within the exercise to inform Council of issues to be raised at the Listening meeting on 21 May at the conference.

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25.5.11