



July 2014

## PSNC Meeting Report

PSNC met in Brighton on the 8<sup>th</sup> and 9<sup>th</sup> July, with the PSNC subcommittees meeting on the first day. This report summarises some of the key discussions held and the decisions made at those meetings.

### LPC and Implementation Support Subcommittee (LIS)

#### LPC Self Evaluation on PharmOutcomes

LPC members may well be familiar with the Framework for LPC Self Evaluation which helps LPCs to judge the quality of the service they are offering to their local contractors based on a range of performance criteria. Currently the Framework is only available in Word format but PSNC has been working with Pinnacle Health to also offer an electronic version of the Framework on PharmOutcomes.

The work on the electronic version to date was demonstrated to LIS showing the additional functionality and ease of use of the Framework on the PharmOutcomes platform: in particular the features allowing LPCs to compare their performance with that of other LPCs (anonymised) and to present the data more effectively in new ways. The PharmOutcomes version of the framework has been developed and tested with a small group of LPCs and will be available to all LPCs in the next few weeks once work on it has been completed.

#### Template Memorandum and Articles of Association for a provider company

PSNC is continuing to work with lawyers to provide a template Memorandum and Articles of Association for a provider company which can be used by LPCs. There have been several questions of detail raised by the lawyers; these questions are now being addressed and the template should be available in August.

#### LPC Conference 2014

As regional groups of LPCs consider their topics for discussion at the LPC Conference in Leeds on 15<sup>th</sup> October PSNC, has been looking at ways to make the event even more interactive. The electronic voting introduced last year will continue, possibly additionally using IT to allow LPCs to submit their questions or comments. LIS is keen to do this and we are looking at the options.

At the LPC Secretaries and Chairs meeting last month delegates welcomed the time to network with colleagues and said they would like further opportunities to do so. LIS therefore agreed that PSNC should organise a meeting for LPC Secretaries and Chairs in Leeds on the afternoon prior to the LPC Conference. Running from 2pm to 6pm on 14<sup>th</sup> October, the meeting will include a private briefing from PSNC on current issues followed by networking and discussions to share good practice. This meeting for LPC Secretaries and Chairs is separate from the LPC Conference and further details on it will follow.

#### Reports from PSNC Regional Representatives

In previous years PSNC Regional Representative reports to the committee have offered an additional way for LPCs and contractors to report new issues and concerns to PSNC. LIS discussed the reports and has agreed that the

reports should be reinstated. We will be reviewing the best way to collect and process the reports and will provide LPCs with more information in due course.

### **PSNC workshop for LPCs - Supporting Independent Living**

In April PSNC ran a seminar for LPCs - *Community pharmacy flu vaccination services - preparing for 2014/15*. The seminar was a practical event with LPCs sharing successes and challenges, hearing from those commissioning the services, and considering building the business case, marketing the service and overcoming barriers.

LIS agreed that PSNC should hold a similar event for LPCs on Supporting Independent Living. To be held in London on 26<sup>th</sup> September, the day will include contributions from LPCs that have been involved in developing services to support independent living. If your LPC has a service that you would like to share with colleagues at the seminar – for example working with carers, domiciliary care, services to prevent hospital re-admissions, helping the frail and elderly - then please contact [mike.king@psnc.org.uk](mailto:mike.king@psnc.org.uk).

Booking will open in August and details will be included in LPC News.

### **Upcoming training for 2014**

- Market Entry Master Class – 17<sup>th</sup> September, London
- Media Skills – 10<sup>th</sup> October, London

### **Matters of Report**

There were several items on the agenda received as a matter of report. The reports can be found on the LIS agenda which, as with other PSNC agendas, will be posted on the PSNC website shortly. From the October meeting LIS agendas will be posted on the website before the PSNC meetings so that LPCs are aware of the items under discussion.

### **Service Development Subcommittee (SDS)**

SDS was provided with a detailed update on the current round of negotiations with NHS Employers (who are working on behalf of NHS England). These negotiations will result in changes to the CPCF, but the details are confidential until agreement has been reached.

Ahead of the PSNC meeting SDS had held a discussion session at which the subcommittee considered a wide range of community pharmacy service development options and criteria that could be used to prioritise options for the future. The outputs from that discussion are being collated and will be used to inform the SDS work plan over the coming meetings.

Other items on the SDS agenda included:

### **Piloting STOPP indicators**

The subcommittee considered whether PSNC should propose the piloting of a small number of STOPP (Screening Tool of Older Person's Prescriptions) indicators. The following points were considered:

- Now that we have good evidence for the use of STOPP indicators from the Community Pharmacy Future project there may be less need for this piloting;
- The number of and variability between different indicators for potential testing;
- The lack of evidence on the cost of applying STOPP indicators in isolation.

It was concluded that the piloting of specific STOPP indicators would not be undertaken as a standalone project and would instead be undertaken as needed within the context of the development of specific services in the future.

### **First Aid provision in community pharmacies**

The subcommittee had considered the opportunity for location of automated external defibrillators (AEDs) in pharmacies at its discussion session the previous day. The competency of pharmacy staff to operate such equipment and the time and cost implications of training was an additional item considered in the meeting. The office will feed back the points from the discussions to St John Ambulance, who had originally approached PSNC to discuss the siting of AEDs in pharmacies.

The subcommittee also considered whether the provision of NHS-funded first aid services was an area that is worthy of further exploration at its meeting the previous day. It had concluded that there was merit in further exploration of this opportunity.

Items noted as a matter of report were PSNC's [report on community pharmacy services for asthma patients](#), the pilot of community pharmacy access to Summary Care Records and the NHS England Medicines Optimisation Dashboard – the reports are in the SDS agenda which will be available on the PSNC website.

### **Funding and Contract Subcommittee (FunCon)**

The substantive items on the FunCon agenda were related to the current negotiations and are confidential until agreement is reached. There were some non confidential matters of report which will be available in the FunCon agenda on the PSNC website.

### **PSNC main meeting**

Sue Sharpe updated the Committee on the continuing negotiations with NHS Employers before moving on to NHS policy and other areas.

### **Policy**

Sue reported that Health Secretary Jeremy Hunt had spoken at the Commissioning Show. He talked about CCGs becoming accountable care organisations for the totality of delivery of care on a capitation-based system. He also said CCGs need to show a leadership role to help GPs. He was clear that the implementation of the Better Care Fund was very important.

There are four big enablers for the future that Jeremy Hunt wants to see:

1. Real-time tracking of costs for every individual (essential for integrated care);
2. Sharing electronic health records;
3. Full involvement of the acute sector – they understand the reasons for change and can support it;
4. Leadership.

Responding to a question about pharmacy's role he said:

"I thought it but did not say it. Pharmacy, pharmacy, pharmacy is such an important part of the changes we need; they need to be part of the HER – massively untapped resource and we plan to include pharmacies in EHRs [Electronic Health Records]."

### **Call to Action**

Sue also reported that NHS England's Alison Hemsworth, speaking at an Inside Government event earlier this month had said that the responses to NHS England's community pharmacy Call to Action have now been analysed with more than 800 website responses and more than 80 substantive submissions.

The top messages coming out of the CTA are:

1. The need for clear national standards for services;
2. Shared records access;
3. The need for improved relationships with General Practice;
4. The need to align the community pharmacy contractual framework with the GP contract.

Alison also said that the Chief Inspector for General Practice has been tasked to look at how well GPs are working with other professions.

### **New PSNC Subcommittee**

PSNC has set up a new subcommittee chaired by Mersey Regional Representative Ian Cubbin. Called Health Policy and Regulation (HPR) the subcommittee will hold its first meeting in October, and Steve Lutener is preparing a paper on regulations for this inaugural meeting. HPR will add to its remit rurality and oversight of Public Affairs activity.

**PSNC's next meeting will be held on 7<sup>th</sup> and 8<sup>th</sup> October 2014 in London.**

If you have queries on this PSNC Briefing or you require more information please contact [Zoe Smeaton, Communications Manager](#).