# PSNC LPC and Implementation Support Subcommittee Agenda

# for the meeting to be held on 9th May 2017

# at Melia White House, Albany Street, London, NW1 3UP

# commencing at 3.30pm

**Members:** Sam Fisher, Peter Fulford, Kathryn Goodfellow, Jas Heer, Umesh Patel, Anil Sharma, Fin McCaul

### Apologies for absence

At the time of setting the agenda, no apologies for absence have been received.

### Minutes of previous meeting and matters arising

The minutes of the meeting held on 14th March 2017 are set out in **Appendix LIS 01/05/17 (pages 13-16)** for approval.

### Agenda and Subcommittee Work

Below we set out progress and actions required on the work plan areas for the year. The subcommittee is asked to consider the reports; to address any actions required; and comment on the proposed next steps.

A requested at the last meeting – more reports have been attached as appendices to keep the main agenda clearer and easier to follow.

## Changes to the contractual framework and local commissioning

| 1 | Providing support and guidance to contractors and LPCs related to the 2017/18 changes to the CPCF |
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**Report: Quality Payments Scheme** – The Services Team has continued to respond to queries on the Quality Payments Scheme and several website stories have been published offering guidance on the Scheme. In addition, since the last subcommittee meeting, the following resources have been created to support contractors:

- PSNC Briefing 017/17: Quality Payments – How to meet the Directory of Services quality criterion
- PSNC Briefing 018/17: Quality Payments - PSNC resources
- PSNC Briefing 021/17: Quality Payments – Evaluation questions when completing the NHS BSA Quality Payments declaration
- PSNC Briefing 026/17: Quality Payments – Completing the NHS BSA Quality Payments declaration

The Services Team has continued to work with the central NHS England Team on testing the DoS checker, producing FAQs on the DoS tracker and the final wording for the NHS Business Services Authority (NHS BSA) declaration portal as well as assisting with testing the portal.

A Quality Payments Scheme webinar update was held on Thursday 16th March, in which Alastair Buxton talked viewers through each of the criteria, explaining how to meet them and the self-declaration process. 415 viewers tuned in on the night and 303 have watched the webinar at a later date on-demand. Feedback received so far has been very positive with 71% saying they found the webinar very useful and 95% who would recommend it to others. An on-demand recording of the webinar is available to watch at: psnc.org.uk/QPSwebinar and a PowerPoint presentation based on the one used in the webinar update is available for LPCs to use at: psnc.org.uk/quality

Alastair Buxton has recently spoken at a Bedfordshire LPC/University of Hertfordshire event on the Quality Payments Scheme and he will be speaking at a similar event organised in Hertfordshire later in May. Alastair Buxton has also agreed to speak in the keynote theatre at the Pharmacy Show in October on the Quality Payments Scheme.

The NHS BSA declaration portal for the Quality Payments Scheme opened on Monday 10th April and the Services Team published a news story and sent out a News Alert including FAQs on this. The Services Team has continued to send out news stories and News Alerts on this topic and highlighted on the day of the review (28th April) that contractors would need to calculate that day whether they could meet the gateway criteria and which quality criteria they also met in preparation for making their Quality Payment claim.

News stories and News Alerts are also scheduled for Monday 8th May, Thursday 11th May and Friday 12th May to alert contractors to the need to have completed their declaration for a Quality Payment as the declaration portal will close at 11.59pm on 12th May.

At the March meeting, the Chair suggested that if the subcommittee could continue to have sight of contractors' progress on Quality Payments, it could review this to help decide where additional resources might be required. A copy of the PharmOutcomes Quality Payments dashboard report can be found in **Appendix LIS 02/05/17 (pages 17-18)**.

**NHS Urgent Medicine Supply Advanced Service (NUMSAS)** – The Services Team has continued to work with the NHS England central team to try to improve the provision of information to contractors on the rollout of NUMSAS and the associated provisioning of NHSmail accounts for pharmacies. Contact has also been made with the four newly appointed Community Pharmacy Integration Leads and they have accepted an offer of PSNC support to work with them on tackling contractor misunderstandings related to NUMSAS and improving the information available to community pharmacy teams on the service.

In the March agenda, it was highlighted that the Services Team had been working with NHS England on the drafting of the NUMSAS guidance. An updated version of the guidance has recently been shared provided by NHS England and the Services Team is undertaking a further review of the document. An expected publication date for the guidance has not yet been provided by NHS England.

The Services Team is in the process of developing a number of resources to support contractors with the implementation of NUMSAS, including:

- a checklist for completing the FP10DT EPS dispensing tokens and end of month submission;
- a table detailing how much a contractor will be paid for the different scenarios; and
- a checklist of tasks to complete before providing NUMSAS.

**Subcommittee Action:**

- The subcommittee is asked to review the PharmOutcomes Quality Payments dashboard report and to suggest, if appropriate, additional resources required ahead of the next review point; and

- The subcommittee is asked to review the next steps and to consider what additional support PSNC can provide to contractors and LPCs to support implementation of the changes to the CPCF.

**Next Steps:**

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| Continue to communicate with contractors and LPCs regarding the CPCF changes, particularly as new information becomes available. | Ongoing |
| Continue to progress discussions with NHS England on the implementation of the NUMSAS and the Quality Payment scheme and issue guidance and develop further resources to support contractors as required. | Ongoing |
| Review and update the funding pages of the website to ensure they provide the best possible information and advice relating to the changes. | Ongoing |
| Discuss the implementation of the changes at the national LPC Chairs and Chief Officers meeting. | June |

## 2 Develop template service specifications, business cases and other resources (**SDS**) and offer support for local commissioning of services (**LIS**)

**Report:**

**Community Provider Support Services (CPSS)**- Healthcare Together are attending regional meetings to promote the services available. It is expected that CPSS will be making a request for further funding.

**Provider companies –** There have been no additions to the list of provider companies since the last meeting.

**Pharmacy Show** – Rosie Taylor has continued to work with Matthew Butler from Pharmacy Show to create an agenda for the Pharmacy Services Innovation Theatre. Sue Sharpe has agreed to present in the Keynote Theatre and Alastair Buxton has also offered to run a session on the Quality Payments Scheme in the Keynote Theatre at the Show, which Matthew has agreed to.

**Commissioner events and engagement** – The office is continuing to prepare for the RCGP Conference in the autumn and has sought speaking opportunities at Health+Care. Rosie Taylor and Zainab Al-Kharsan are presenting at the Primary Care and Public Health Conference on Thursday 18th May on innovative public health services that community pharmacies are providing.

**Commissioners email bulletin** – Subscriber registration is being encouraged during speaking engagements, e.g. at Commissioning Live, and at events where PSNC is exhibiting, e.g. the LGA's annual public health conference. Further work to increase the number of subscribers is planned by the Services Team.

**Ashridge Communications** – further to the update emailed to LIS members in recent weeks, the following commissioner meetings have been arranged: The following meetings are being arranged: 13th June – CCG commissioners meeting Doncaster and Rotherham LPCs areas; 22nd June – STPs – Greater Manchester and Lancashire LPC areas; 27th June – Local Authority commissioners – Coventry and Warwickshire LPC areas. Each LPC is providing a list of potential invitees which is being discussed with Ashridge who are providing a draft letter of invitation to go from the LPC. LPCs will follow up the

invitations to encourage acceptance. We have met to brief the facilitator on what we want from the meetings.

**LPC Pharmacy Integration Survey** – A draft version of the report was shared by Pharmacy Voice with its member organisations. PSNC obtained a copy in April, but felt the report had not taken into account earlier feedback on length and relevance to audiences. The Head of Communications and Public Affairs redrafted two reports – for LPCs and for external readers. The LPC Report is included as **Appendix LIS 03/03/17 (pages 19-25)**. This has gone to other organisations for feedback and will be published shortly. The election will mean there is limited scope to use the report immediately, but it may be useful for campaigning post-election.

**Subcommittee Action:**

- The subcommittee is asked to review the findings of the LPC Pharmacy Integration Survey and consider any appropriate next steps; and
- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

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| Consider the Ashridge report and recommendations following the meetings with commissioners and plan further support for LPCs based on the findings. | July and Ongoing |
| Highlight learnings to LPCs and contractors from successful local services. | Ongoing |
| Consider three PSNC organised regional meetings led by LPCs to showcase local services and commissioning opportunities to commissioners. | September |
| Continue to encourage LPCs to report successes and share good practice. | Ongoing |
| Consider what events PSNC might use to influence commissioners in 2017. | March |
| Explore options for using digital communications to engage with commissioners. | April |
| Share good practice and experiences of LPC involvement with provider companies. | Ongoing |
| Work on a one-to-one basis with LPCs considering facilitating the setting up of a provider company, promoting the services available from Healthcare Together. | Ongoing |
| Discuss with Healthcare Together what the company can do to further support local commissioning. | Ongoing |
| Monitor the setting up and the success of LPC provider companies in securing services and the level of contractor engagement across LPCs to understand how this is working. | Ongoing |
| Monitor commissioning trends to tailor support provided to LPCs. | Ongoing |
| Provide guidance to LPCs on governance relating to their relationship with local provider companies. | June |
| Continue to encourage feedback from LPCs on local commissioning support needs, using the LPC Chairs and COs meeting in June as an occasion to do so. | Ongoing |

## 3 Seek to ensure that education and training providers have a clear understanding of the CPFV to ensure relevant skills and training programmes are developed that can underpin future service developments

**Report:** None.

**Subcommittee Action:**

- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

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| Develop a map of the education and training providers that should be influenced. | July |
| Discuss with the other national pharmacy bodies how their relationships with training providers may be leveraged to achieve this aim. | July |

## External relationships and lobbying

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| 4 | Work with partner organisations at local and national levels, to use communications and lobbying to ensuring the recognition and acceptance of the role of community pharmacy within all stakeholder groups and the benefits of implementing the CPFV. This will include a focus on ensuring the sector has strong relationships with stakeholders within Parliament and local government, who will act as advocates for community pharmacy (**PSNC**/LIS) |

**Report:**

**Parliamentary work** – Ahead of the Judicial Review we continued with the programme of engagement with MPs, and in particular had the interest of some MPs in minor ailments services following the APPG meeting on this topic. The office was also preparing responses into Parliamentary inquiries into GP and primary care workload and STPs. The General Election means that the inquiries and all Parliamentary work has been suspended. The Health Select Committee will reconsider the pharmacy hearing it had planned after the election, and the pharmacy Parliamentary engagement event planned for May has been cancelled. A strategy for campaigning through and immediately after the election is included in the PSNC Agenda as **Appendix PSNC 03/05/17**.

**All-Party Pharmacy Group Activity** – The group has now published the recommendations from its inquiry into community pharmacy. The report can be read at: http://www.appg.org.uk/admin/resources/all-party-pharmacy-group-report-on-community-pharmacy-reforms.pdf

**All-Party Pharmacy Group Funding** – Arrangements for funding the Secretariat of the APPG following the closure of Pharmacy Voice have now been finalised, and from July the NPA, CCA, PSNC and the RPS will share the costs of the Secretariat for the group equally. The four organisations held a planning meeting for the group on April 25th to agree tactics for re-establishing the group following the election, and consider early activity plans. We hope that the group will be able to hold a meeting shortly after the election, looking ahead at winter pressures and considering the role that community pharmacy should have.

**Local councillor emails, briefings and advocates** – The advice from Luther Pendragon has been that we should wait until after the local elections, and, preferably, the general election, to re-engage with local Councillors. The office will therefore develop a post-election strategy to include the newsletters for local Councillors, promotion via LPCs, and contact with individual Councillors and the LGA.

**Promotion of the Community Pharmacy Forward View –** Alastair Buxton will be presenting on the CPFV at a session at the Primary Care and Public Health Conference on 18th May.

**Subcommittee Action:**

- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

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| Maintain contact with supportive MPs and peers and provide briefings and information to help them take part in debates or other Parliamentary activity. | January & Ongoing |
| Develop a plan for engagement with HSC members ahead of their evidence session. | January |
| Work with other pharmacy organisations to coordinate the evidence that we give to the HSC evidence session. | March |
| Hold at least one Parliamentary engagement event. | June |
| Review options and keep a live timetable for proactive engagement with MPs. | Ongoing |
| Develop a plan for party conference engagement, working with other organisations. | June |
| Review PSNC's stakeholder map and the results of the Ashridge study and develop a plan to raise community pharmacy's profile. | June |
| Meet with other pharmacy organisations to discuss 2017 plans and events. | January |
| Host regular meetings and calls with other pharmacy organisations on public affairs. | Ongoing |
| Review the APPG's activity and support plan for 2017. | March |
| Launch local councillor emails and seek support from LPCs to promote these. | March |
| Explore options for using digital communications to engage with local councillors. | April |
| Continue to support LPCs to engage with MPs and politicians. | Ongoing |
| Create additional resources using the PwC report and other data to promote pharmacy. | Ongoing |
| Create a plan to develop local authority advocates for community pharmacy. | April |

## 5 Working with partner organisations, to develop and implement a work plan to support the implementation of the key recommendations of the Murray Review (**SDS**/LIS)

**Report:** Please see report in the SDS agenda.

**Subcommittee Action:** None.

**Next Steps:** None.

## 6 Develop a productive dialogue with GP and CCG leaders to secure their support for the implementation of the CPFV (**SDS**/LIS)

**Report:** Please see report in the SDS agenda.

**Subcommittee Action:** None.

**Next Steps:** None.

## LPC communications, development and operational support

| 7 | Support LPCs to improve their effectiveness to respond to the changing needs of contractors and service commissioners through the provision of resources, information, training and sharing good practice |
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**Report:**

**PSNC Leadership Academy** – The LIS Chair and Head of LPC and Contractor Support reviewed the applications and 12 (the maximum) were selected from 20 applicants. The first development day was held on 26th April.

**Creating and supporting a wider LPC Leadership network** – Consideration is being given to creating a wider LPC leadership network embracing existing leaders in LPCs including Chief Officers and other staff, LPC Chairs and other experienced LPC members together with those who have been through the PSNC Leadership Academy (all of whom are very keen to be involved in a wider network). Following discussions with those on the Leadership Academy and experienced LPC leaders a Leadership Academy Day is being planned for September (funded by attendees) to bring the LPC leaders together for a day facilitated by Rachel Harrison– the day will include creating and supporting the leadership network; training needs, LPC strategies and peer support problem solving.

**LPC structures** - we are supporting LPCs in the South East Coast region with their restructuring as they plan to introduce an overarching administrative structure with one CEO for three LPCs. We have set up a single website for the three LPCs to reflect their new structure.

**PSNC MyCoach podcasts -Treasurers** – further podcasts have been recorded on mentoring and change management and train the trainer.

**LPC training** – An LPC members' day is being held in Milton Keynes on 14th June 2017; a digital and social media training day for LPCs is being held on 23rd June; media skills training 29th June; coaching and mentoring seminars on 30th June and 4th July; an LPC website training day is being organised.

**Sustainability and Transformation Plans (STPs)** – The Services Team has continued to highlight recently published documents on STPs to LPCs in the newsletters and on the dedicated area of the PSNC website.

A pre-recorded webinar is being planned to provide a summary update to LPCs on STPs, Accountable Care Systems and the Next Steps on the NHS Five Year Forward View document in May. LPC representatives who the Services Team are aware of who have made progress with STPs will then be asked to participate in a webinar, similar to the one held in October 2016, to share their experiences and any key messages from this process ahead of the LPC Chairs and Chief Officers national meeting where STPs will also be discussed.

**LPCs in the Spotlight** – a recent addition to the series is Suffolk LPC.

**Mentoring** – At the last LIS meeting the subcommittee agreed with the outline proposal for a mentoring scheme for LPC officers and staff and a further detailed more proposal is set out in **Appendix LIS 04/05/17 (pages 26-27)** for consideration by the subcommittee.

**LPC Conference 2017** – We consulted LPCs on the draft proposal for the LPC Conference 2017 and events in 2018 and beyond approved at the last LIS meeting. The proposal is set out in **Appendix LIS**

**05/05/17 (pages 28-29)** and the SurveyMonkey analysis of the results can be found at the end of the PSNC agenda pack.

**National meeting for LPC Treasurers** – agenda planning is underway for the meeting on 18th May and includes Special levy; financial governance; LPC insurance – what is covered and Q&A; discussion on additional support needs for treasurers; financial risks of getting HR wrong.

**LPC Chairs and Chief Officers meeting** – agenda planning is underway for the meeting on 7th June and includes the cost, outcome and impact of the JR; government policy towards community pharmacy and an update on the discussions on the review of the CFCF and associated funding model; PSNC workplan; LIS workplan; sharing experiences with the Forward View, STPs, pharmacy integration survey, working with GPs and any additional support needs; regulatory – PNA, mergers, switching and remote dispensing.

**Pharmacy closures monitoring** – a reporting system for LPCs to report pharmacy closures has been set up. The monitoring will inform PSNC's response to the funding cuts and help identify the damage to the services to patients. The report on the results so far can be found at the end of the PSNC agenda pack.

**NHS England** – LPCs in the East Midlands and South Yorkshire region are reporting concerns that operationally NHS E locally lacks expertise and is demotivated. The contracts application process, administered by Capita is a problem with LPCs not being consulted properly – in one LPC had to resort to a FOI request to get the information, others report getting consulted on applications not relevant to the LPC. The same LPCs also highlighted vigorous marketing by a prominent distance selling pharmacy company and the need for contractors to promote the value of local community pharmacy. The same LPCs said they would also value a briefing on the impact and legality of GPs stopping prescribing for minor ailments that they can use in discussions about the issue with LMCs

**Review GP prescribing** – LPCs in the East Midlands region have suggested a briefing for LPCs to use in meetings with LMCs to discuss GPs stopping prescribing low cost items available over the counter.

**Subcommittee Action:**

- Consider the proposals for a mentoring scheme for LPCs;
- Consider the results of the LPC consultation on the 2017 LPC Conference and other national events and the format for the 2017 LPC Conference and beyond;
- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

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| Oversee the second intake of the PSNC Leadership Academy using the programme to promote the value of strong LPC leadership. | August |
| Provide resources and support for LPCs to work with STP leads to develop opportunities for community pharmacy – part of Ashridge proposals. | Ongoing |
| Run a national meeting of LPC Treasurers to include ways to improve financial effectiveness at a time of increased pressures on contractor funding. | May |
| Use the agenda for the national meeting of LPC Chairs and Chief Officers to contribute to this work stream. | June |
| Ensure LPCs are aware of HR matters when restructuring. | Ongoing |
| Consult LPCs on the format of the LPC Conference 2017. | Completed |
| Continue the LPCs in the Spotlight series. | Ongoing |

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| Promote examples of good LPC structures. | Ongoing |
| Consult with established LPC leaders on their development and networking needs. | Ongoing |
| Work with the organisations supporting LMCs, LDCs and LOCs to promote the role of LRCs and develop more collaborative working. | Ongoing |
| Provide training for LPCs:<br>• to support local communication and influencing, including digital and social media webinar;<br>• Media skills training;<br>• Coaching and mentoring; train the trainer<br>• for new LPC members, LPC Chairs and Treasurers;<br>• and other resources to support LPCs in securing locally commissioned services including costing services;<br>• to support them to build effective collaboration with other local health and care services;<br>We will continue to use alternative training channels such as online, video, podcasts and webinars where appropriate. Other training will be provided as part of the LPC support package in item 1 above. Further PSNC MyCoach podcasts are planned. | Ongoing |
| Promote use of the LPC self-evaluation tool on PharmOutcomes and identify LPCs who have not completed the evaluation and encourage their use of the tool. | Ongoing |
| Highlight LPC news and good practice in PSNC communications. | Ongoing |

## 8 Support LPC communications to help them to give the best possible information to contractors and other stakeholders

**Report:**

**Social media guidance** – In addition to the social media webinar held on April 26th, we have planned a social and digital media training day for LPCs on Friday June 23rd. This will be led by Wordsmith Digital and will teach LPCs how to make the most of social media and develop their own social media strategy. The training materials used on the day will be developed into an updated briefing for LPCs following the event.

**LPC websites –** Melinda Mabbutt on the Communications Team has taken over the support for the LPC websites from the Dispensing and Supply Team. Melinda continues to answer LPC queries and to produce the Top Tips emails for website managers. We are trying to arrange some website training days to further support LPCs, and this will happen once the Dispensing and Supply team are fully resourced again and can train Melinda in this aspect of the support role.

**Campaigning support** – Following the announcement of the general election, campaigning resources for LPCs will focus on our election and post-election strategies as set out in the paper **Appendix PSNC 03/05/17**. As that paper discusses, we emailed LPCs about the election and plans and we expect to launch a range of resources, including guidance on arranging candidate visits to pharmacies, this week. The resources will be hosted on the shared pharmacymanifesto website and on the campaign hub on PSNC's website which we are in the process of refreshing.

**Subcommittee Action:**

- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

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| Review the results of the LPC communications survey and develop a plan to address any issues | March |
| Produce top tips emails to help LPC website managers to get the most out of their websites. | Ongoing |
| Deliver a training webinar for contactors and LPCs on social media. | April |
| Produce extended guidance for LPCs on digital and social media use. | April |
| Complete developments on the LPCs websites and highlight these to LPCs. | June |
| Continue to provide campaign updates, resources (e.g. infographics and template press releases) and guidance for LPCs. | Ongoing (monthly) |
| Seek LPC help to promote our commissioner and local authority emails | March |
| Highlight examples of LPCs getting local press coverage or other local stakeholder engagement to help them with these tasks. | Ongoing |
| Review the campaign resources and lobbying guidance for LPCs and develop a plan for updating this in 2017 | June |

## 9 Oversee PSNC communications channels and engage with the media to ensure that PSNC is engaging with contractors, LPCs and others in the best possible way (joint work with PSNC).

**Report:**

**Digital communications** – A summary of the PSNC Briefings published in March and April is included as **Appendix LIS 06/03/17 (pages 30-31).** These included a large number of briefings on Quality Payments. Digital communications reports for PSNC's website, emails and social media accounts in March and April are included as **Appendix LIS 07/03/17 (pages 32-34).**

**Social Media Webinar** – On Wednesday April 26th the Communications Team held a webinar on social media use, with presentations from WordSmith Digital, the social media experts who worked with the NPA on the campaign for community pharmacy last year, and Nick Hunter, an active social media user from Doncaster, Nottinghamshire and Rotherham LPCs. More than 60 people tuned in on the evening and questions covered a range of topics from social media policies to dealing with negativity. Feedback on the webinar was positive, with 95% of listeners saying they had found it useful. An on demand version of the webinar can now be viewed at: http://psnc.org.uk/psncs-work/our-events/register-your-interest-in-our-webinar/making-the-most-of-social-media-webinar/

**Community Pharmacy News** – The final print issue of Community Pharmacy News was sent out in March, including the usual Prescription Charge Card sign. From April, CPN has appeared online only, as a flipbook and with a downable pdf that can be printed in colour or in black and white. Email newsletters have highlighted CPN each month, and you can view the latest edition at: http://psnc.org.uk/our-news/april-edition-of-cpn-magazine-out-now/. Much of the material in CPN already features on the website as news stories etc, and Melinda Mabbutt has worked with the Dispensing and Supply team and designers to launch the Dispensing and Supply CPN resources as an online monthly briefing. The April version of this briefing is included as **Appendix LIS 08/05/17 (pages 35-37)**.

The Communications Team has heard from some multiples just to clarify the new arrangements and ensure that their teams have access to CPN; please contact us if anyone in your teams also needs

support with this. We have also given thought to some possible website updates to make the most of the CPB content, including a new features/case studies section on the homepage, but we will tie this development work in with any rebranding work needed on the website if the move to change to Community Pharmacy England goes ahead.

**PSNC App** – The Head of Communications and Public Affairs had a further conversation with EBI about costings for the development of an app, after sending them our options paper. They consider that to develop an app could take them between 100 and 300 days of work. Development days generally cost £950 plus VAT, so this is clearly not viable. Patrick Grice had been looking into a possible commercial app for PSNC/Check Rx, and we have discussed this with him. Our conclusion is that EBI are not the best partners for this work and we suggest that we now seek alternative suppliers to discuss the possibility of an app, and our ideas for it, with. Experience and advice from the Committee on this would be welcome if anyone has been through an app development process. It is also worth noting that any development work should of course come after the possible move to Community Pharmacy England so as to be in line with the new brand.

**Media work** – The office has continued to respond to questions from the pharmacy and healthcare press, and issued statements including on the general election, PhAS payments and minor ailments. We have also met with journalists from The Pharmacist about possible proactive articles. A Daily Mail story about reimbursement did not appear after PSNC gave a detailed comment and background briefing to the journalist. We have bene in contact with a journalist at the Health Service Journal about a possible story on minor ailments and a pharmacy visit. Luther Pendragon are now working on a strategy for engagement with national press journalists throughout and beyond the election.

**Subcommittee Action:**

- Consider the PSNC App and offer any experience/advice to inform next steps.
- Review the proposed next steps and suggest additional activities that may be appropriate.

**Next Steps:**

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| Meet with pharmacy press and develop a plan for proactive press articles. | April |
| Manage PSNC communications, e.g. around the JR and Governance review, developing specific communications plans for significant issues. | Ongoing |
| Review the results of the communications survey and develop a plan to address any issues, e.g. raising awareness of RSS Feeds. | March |
| Develop a plan for a series of webinars and consider the use of other digital communications, e.g. videos in 2017. | March |
| Deliver a training webinar for contactors and LPCs on social media. | April |
| Develop a plan for the transition of CPN into a digital only format. | February |
| Continue to review and update the website to ensure it contains the best possible resources and information for contractors. | Ongoing |

## Any other business

**Seasonal Influenza Vaccination Advanced Service** – The flu vaccination service 2016/17 finished on 31st March 2017. Data from PharmOutcomes and Sonar showed that community pharmacists had administered at least 221k more vaccinations than in 2015/16.

In 2015/16 the total number of vaccines administered in community pharmacies under the national Flu Vaccination Service was 595,467. Data from PharmOutcomes and Sonar Informatics has confirmed

that pharmacy teams have administered over 817k vaccinations, although the total number of vaccinations administered will be even higher as some pharmacy teams have not use the electronic systems to record administration of vaccines.

The statistics can be viewed using the shortlink: psnc.org.uk/flustats

The total number of vaccinations administered (which will include the figures from pharmacy teams who did not use electronic systems to record administration of vaccines) is expected to be published later in the year by the NHS BSA.

The publication of the annual flu letter for 2017/18 by the Department of Health, Public Health England and NHS England has confirmed that the Community Pharmacy Seasonal Influenza Vaccination Advanced Service will continue in 2017/18.

# PSNC LPC and Implementation Support Subcommittee Minutes

# for the PSNC meeting held on 14th March 2017

# at Radisson Blu Hotel, 1 The Light, The Headrow, Leeds, LS1 8TL

# commencing at 3:30pm

**Members:** Sam Fisher, Peter Fulford, Kathryn Goodfellow, Jas Heer, Fin McCaul, Umesh Patel, Anil Sharma.

**In attendance:** Alastair Buxton, Gordon Hockey, Mike King, Janice Perkins, Zoe Smeaton, Rosie Taylor, Stephen Thomas, Gary Warner.

### Apologies for absence

No apologies for absence were received, and Fin McCaul was welcomed to LIS as our newest member.

### Minutes of previous meeting and matters arising

The minutes of the meeting held on 10th January 2017 were approved by the subcommittee.

### Agenda and Subcommittee Work

The 2017 work plan, including progress updates, was agreed by the subcommittee noting the dependence on, and collaboration that will be required with other subcommittees on certain elements.

## Changes to the contractual framework and local commissioning

| 1 | Providing support and guidance to contractors and LPCs related to the 2017/18 changes to the CPCF | Status |
|---|---|---|

The Chair highlighted the fantastic range of resources on Quality Payments that have been published by the Services Team and it was noted by the subcommitee that these had been timely and useful. The subcommittee noted the need to carefully think through the language being used when talking to GPs (Asthma Referral GP material) about the imposed requirements and it was agreed that any feedback or proposed revisions should be passed on to the office. It was also noted that the Services Team are reporting queries raised by contractors as FAQs on the website every week.

In January the subcommittee had asked whether PharmOutcomes could offer support for the HLP framework under the PSNC licence. Alastair Buxton reported that discussions with Pinnacle had confirmed that such support could be created under the PSNC licence. However, this is not considered to be necessary as the support is included within the PharmOutcomes module that some commissioners have purchased already and the HLP document workbook on the website is now available to all contractors.

The subcommittee considered the dashboard showing contractors' progress on Quality Payments and agreed that it would be useful to continue including and reviewing this at future meetings.

It was agreed that Alastair Buxton would circulate the draft contractor online declaration (for claiming Quality Payments) to LIS for prompt comment considering an anticipated tight turnaround, and that any other Committee member that was interested in reviewing to contact the Services Team.

| 2 | Develop template service specifications, business cases and other resources (**SDS**) and offer support for local commissioning of services (**LIS**) | Status |
|---|---|---|

Zoe Smeaton reported on the stand which PSNC, working with the NPA and PV, organised at the Local Government Association's Public Health Conference on March 9th. The event led to a number of productive conversations with Councillors which the office will follow up on with the local LPCs. Several Councillors approached the stand saying that they would like more information about community pharmacy services and how they could work, so there is clearly a need to better promote the resources on the commissioners hub to Councillors. The email newsletters to Councillors due to launch this month will be a key vehicle for that work.

Liz Colling and Louise Baglole from Healthcare Together gave an overview of the services they are providing and could provide. This includes the tender scanning service which LPCs already receive free of charge, tender writing services, and help setting up and working as provider companies. Although there has been interest in these services from the 12 existing LPC provider companies and proposals have been worked up for some, as yet none have paid for any Healthcare Together services.

Healthcare Together have been working to promote their services eg through the pharmacy press and using PSNC and NPA communications channels. They are considering whether their scanning services could be offered to other markets in order to generate income, recognising the need to work through any potential conflicts of interest.

There is a concern that opportunities are being missed for community pharmacy to bid for tenders while LPCs and contractors focus on other things such as managing the funding imposition. It was suggested that it would be helpful for Healthcare Together to quantify the lost opportunity from a monetary contract value perspective, to further understand what LPCs and contractors are not capitalising on.

The subcommittee considered the revised proposal from Ashridge Communications. It was noted that the workshops should take as wide a view as possible of the new care formats being adopted to enable us to understand more about the emerging environment. However, although CCGs may not exist forever, they remain important stakeholders / commissioners as the STPs as yet have no statutory powers, and the people commissioning within CCGs are likely be the people who move to any new leading organisations. It was agreed to take the plans forward, and noted that when considering the geographical profiles of the workshops there would be a need to take into account STPs, mapping which areas have additional accelerator funding, upcoming devolution and what stages of development they are at. The workshops should also cover areas and commissioning groups with varying levels of engagement with community pharmacy.

The subcommittee considered the results of the Integration Survey and noted that this work is closely aligned to, and further supports the need for the Ashridge workshops . The workshops will be a good start, but there will be a need to do more of this sort of work in the future. There is also a need to use the outputs of both the survey and the workshops to help LPCs to have the right conversations in the right places; this may include providing a template for them to hold stakeholder workshops themselves.

It was noted that following work by Rosie Taylor to draft the survey, and then feedback given by the Services and Communications Teams in January on a first draft of the survey report, Pharmacy Voice had supplied a revised version of the report just before the PSNC meeting. The office will review this and a call is planned with PV this week. The subcommittee agreed on the need to engage with different audiences and in particular it was noted that the survey should be used to help LPCs to adopt successful engagement actions. This could be done by showcasing how those LPCs who reported good engagement from commissioners had managed to achieve that.

| | | |
|---|---|---|
| 3 | Seek to ensure that education and training providers have a clear understanding of the CPFV to ensure relevant skills and training programmes are developed that can underpin future service developments | Status |

The subcommittee will re-visit this item later in the year.

## External relationships and lobbying

| | | |
|---|---|---|
| 4 | Working with partner organisations at local and national levels, to use communications and lobbying to ensuring the recognition and acceptance of the role of community pharmacy within all stakeholder groups and the benefits of implementing the CPFV. This will include a focus on ensuring the sector has strong relationships with stakeholders within Parliament and local government, who will act as advocates for community pharmacy (**PSNC**/LIS) | Status |

The information in the agenda was noted, and it was reported that the campaign working group had met earlier in the day to discuss the next stages of campaigning work.

| | | |
|---|---|---|
| 5 | Working with partner organisations, to develop and implement a work plan to support the implementation of the key recommendations of the Murray Review (**SDS**/LIS) | Status |

The subcommittee will consider this once SDS has met and had a discussion on it.

| | | |
|---|---|---|
| 6 | Develop a productive dialogue with GP and CCG leaders to secure their support for the implementation of the CPFV (**SDS**/LIS) | Status |

The subcommittee will consider this once SDS has met and had a discussion on it.

## LPC communications, development and operational support

| | | |
|---|---|---|
| 7 | Support LPCs to improve their effectiveness to respond to the changing needs of contractors and service commissioners through the provision of resources, information, training and sharing good practice | Status |

The subcommittee agreed that the office should proceed with the proposal for a mentoring scheme and work this up in more detail.

The subcommittee considered the proposals for the November 2017 and March and October LPC events in 2018. The November event allows LPCs to have discussions that can feed into PSNC's annual planning cycle; and both events give an opportunity to update LPCs and for them to network and learn from one another, particularly showcasing best practice. The subcommittee agreed that the events could be opened up to other LPC representatives as suggested in the paper, but stressed that the March meeting should continue to exclude the media to allow for confidential updates to be given to the LPCs. It was noted that the minister David Mowat had offered to return to address the November conference again in 2017 following his speech at the 2016 event.

| 8 | Support LPC communications to help them to give the best possible information to contractors and other stakeholders | Status |
|---|---|---|

The report from the office was noted.

| 9 | Oversee PSNC communications channels and engage with the media to ensure that PSNC is engaging with contractors, LPCs and others in the best possible way (joint work with PSNC). | Status |
|---|---|---|

The report from the office was noted, and the subcommittee considered the paper on a possible PSNC App, noting that this included a number of good ideas. It was noted that the last three ideas could have significant overlap with PDS work.

Gary Warner clarified that the original idea for the app had been to mimic the C+D app ie simply giving an app version of CPN magazine. Users would then have to go online to get some of the more interactive content. It was suggested that the app could be developed in a two-phase project, firstly developing an app that gives information already on the PSNC website. This should be more manageable in terms of cost, workload and initial design, and would also give an opportunity to analyse how people are using the app before investing in further development.

It was agreed that members of the subcommittee would give any more detailed feedback on the paper to the office by email, and that the office will continue to work up cost and technical information on the possible app with EBI for further consideration by the subcommittee.

## Any other business

None.

## PharmOutcomes Quality Payments dashboard report

The gateway and quality criteria have been listed so that the criterion which most contractors are saying they meet (on 02/05/17) is listed first and the criterion that least contractors are saying they meet is listed last.

| Criteria | Number of pharmacies who have made an entry | Number of pharmacies who meet the criterion | Number of pharmacies who do not meet the criterion | Will claim at the next review |
|---|---|---|---|---|
| **Gateway criterion** | | | | |
| On the day of the review, the pharmacy contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service at the pharmacy premises. | 3,555 | 3,552 (99.9%) | 3 (0.1%) | |
| On the day of the review, pharmacy staff at the pharmacy must be able to send and receive NHS mail (Note: For the April 2017 Review, evidence of application for an NHS Mail account by 1 February 2017 will be acceptable). | 3,490 | 3,486 (99.9%) | 4 (0.1%) | |
| On the day of the review, the NHS Choices entry for the pharmacy must be up to date. | 3,443 | 3,409 (99%) | 34 (1%) | |
| On the day of the review, the contractor must be offering at the pharmacy Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot. | 3,551 | 3,521 (99.2%) | 30 (0.8%) | |
| **Quality criterion** | | | | |
| On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'. | 3,419 | 3,340 (97.7%) | 79 (2.3%) | |
| On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date. | 3,214 | 3,122 (97.1%) | 92 (2.9%) | |
| On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6month period, are referred to an appropriate health care professional for an asthma review. | 3,222 | 3,074 (95.4%) | 148 (4.6%) | |
| On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 | 3,351 | 3,187 (95.1%) | 164 (4.9%) | |

| | | | | |
|---|---|---|---|---|
| safeguarding status for children and vulnerable adults in the last two years. | | | | |
| On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website and the NHS Choices service desk has been notified as per the NHS England guidance document, "Pharmacy Quality Payments – Quality Criteria Guidance". | 3,259 | 3,055 (93.7%) | 42 (1.3%) | 162 (5%) |
| On the day of the first review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 27 June 2016 to Sunday 27 November 2016 compared to Monday 28 November 2016 to Sunday 30 April 2017); and on the day of the second review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 3 October 2016 to Sunday 30 April 2017 compared to Monday 1 May 2017 to Sunday 26 November 2017). | 3,266 | 3,025 (93%) | 241 (7%) | |
| Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts. | 3,192 | 2,593 (81.2%) | 140 (4.4%) | 459 (14.4%) |
| On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment). | 3,177 | 514 (16.2%) | 458 (14.4%) | 2,205 (69.4%) |
| | **Number of pharmacies who have made an entry** | **Claimed** | **Not claimed** | |
| **I have completed my declaration on the NHS BSA website** | 2,431 | 1,870 (76.9%) | 561 (23.1%) | |

# Community Pharmacy Integration Survey: LPC Report

## Background and introduction

The health and care system is facing major financial, workforce and service delivery challenges, and as part of attempts to tackle these, a number of new local healthcare systems and structures are being developed. The evolution of these new planning, governance and delivery arrangements has been rapid and many, both within the NHS and in the wider health and care system, have struggled to keep up. Local Pharmaceutical Committees (LPCs) have been amongst those trying hard to get a seat at the table, but not always able to find the right route in. This is despite numerous references in national guidance on the new systems referring to the need to integrate community pharmacy into local primary care plans.

Looking across the 44 evolving Sustainability and Transformation Plans (STPs) it is clear that in many areas the sector's potential contribution has not been fully considered or explored in detail, or fully understood. This reflects anecdotal feedback gathered by Pharmacy Voice and PSNC during 2016 which suggested that fruitful relationships between community pharmacy representatives and those leading STPs and New Care Models were far from widespread, with significant differences in levels of engagement by region.

In order to better understand the extent of community pharmacy involvement in the development of new care models and STPs, Pharmacy Voice, PSNC and the Royal Pharmaceutical Society carried out a survey of LPCs in December 2016. As well as giving an overall picture, the survey would identify areas where community pharmacy is well embedded, and give information about the challenges encountered where it is not, so that experiences and lessons could be shared across the system. Thank you to all LPCs who took part in the survey. This report has been written for LPCs, and it summarises the findings from the survey as well as offering advice for LPCs from one area in which engagement has worked well.

### LPC Survey: data collection

The survey was sent by PSNC to every Local Pharmaceutical Committee (LPC) Chief Officer (n=70) in December 2016. The survey was open for four weeks, and a number of follow up requests to complete the survey were sent during this period. In the final week, LPCs that had not responded were contacted by phone, and the survey was completed verbally.

In total, 58 (83%) of the 70 LPCs invited to respond did so, either by completing the survey online or by telephone.

The survey asked respondents to indicate on a scale of 0 (no involvement) to 5 (high levels of involvement) how involved community pharmacy had been (where relevant) in the following local initiatives:

- Development of STPs
- Plans for health and social care devolution
- Establishment of New Care Model 'Vanguard' sites
- Prime Minister's GP Access Fund projects
- Any other care model or health and care planning initiative

If respondents were aware of multiple plans or projects in any of these categories (for example if there was more than one Vanguard site in their LPC area or the pharmacies they represented sat within more than one STP area), they were asked to provide an overall rating for levels of community pharmacy involvement across the programmes in that category. Where respondents were not aware of any such plans or projects in their area, they were asked to report 'Not Applicable' (N/A).

Where LPC respondents were aware of their STP footprints, and of any specific Vanguard, devolution, Prime Minister's GP Access Fund or other initiatives in their area, they were also asked to provide free text comments on the level and nature of community pharmacy involvement in these, and what they saw as the barriers to or enablers of engagement.

### Results

In each category of service transformation programme, the most common response was that community pharmacy had 'no involvement' in the initiative.

The category with the highest levels of reported engagement was 'Any other care model', with 23% of respondents rating the level of community pharmacy involvement as 4 or 5. Examples of these 'other' initiatives included:

- Joint Commissioning, Strategic Partnership or Transforming Care Boards
- Vertical integration programme (a hospital taking over 9 practices)
- Emergence of GP federations
- Hospital discharge projects
- Provider companies
- Accountable Care Organisation programmes

The programmes that LPCs expressed least engagement with were the Prime Minister's GP Access Fund and plans for health and social care devolution, with 55% and 50% of LPCs respectively rating their involvement as 'none'. However, it should be noted that such initiatives would only be relevant in a small proportion of cases, and it is possible that some respondents have reported 'no engagement' when 'Not Applicable' would have been more appropriate.

**Table 2: LPC Reported involvement of community pharmacy in local service transformation initiatives**

| In your LPC area, how involved has community pharmacy been with the following: | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Involvement scoring (0=none, 5=high):** | **0** | **1** | **2** | **3** | **4** | **5** | **NA** |
| Sustainability and Transformation Plans (STPs) | 33% | 28% | 14% | 16% | 5% | 5% | 0% |
| Plans for health and care devolution | 50% | 17% | 7% | 3% | 2% | 2% | 19% |
| Vanguard sites | 41% | 12% | 10% | 2% | 3% | 3% | 28% |
| Prime Minister's GP Access Fund | 55% | 12% | 2% | 3% | 3% | 7% | 17% |
| Any other care model or health and care planning | 31% | 17% | 7% | 7% | 9% | 14% | 16% |
| **Average:** | 42% | 17% | 8% | 6% | 4% | 6% | 16% |

**Note: Primary Care Home sites**

In a separate piece of work carried out in late 2016, PSNC also collected data from the LPC Chief Officers in areas where there is a Primary Care Home (PCH) test sites. Of the LPCs contacted (15):

- 100% were aware of the PCH initiative
- 80% reported they had made efforts to engage with their local programme
- 20% reported some progress in involving community pharmacy in the programme

A number of clear themes also emerged from the qualitative data gathered from the free text questions, and these are discussed below.

### Summary of findings

The results set out in Table 2 show that LPCs feel community pharmacy has generally low levels of involvement in local strategic planning, commissioning and service development initiatives. This is also the case in the Primary Care Home sites areas where, despite efforts to engage and get community pharmacy involved, most LPC leaders feel they have made little progress.

However, there is evidence of high levels of involvement in some areas, perhaps in particular in more locally determined planning and delivery models.

The qualitative feedback provided by respondents to the survey provides some insight into the challenges that community pharmacy leaders appear to be facing, and what might be facilitating effective communication and partnership working where this is occurring.

### Challenges to community pharmacy involvement

**Being overlooked by decision makers and lacking influence in strategy development**

The most common remark made by respondents was that the sector was often overlooked by leaders of the various programmes. In some cases this meant that community pharmacy leaders were struggling to gain any access at all to people and groups responsible for, or influential in, planning and decision-making. In other cases access was secured, but the impact of any involvement was limited.

Some respondents remarked that, while they were invited to attend meetings and events, it appeared to them that many of the decisions had already been taken and that they were simply being informed about the outcome, or that while they were given a say on service design, it was unclear what influence that view brought to bear on the final decision. Others reported a lack of 'follow-through' after otherwise productive and thought-provoking discussions.

> *"…[STPs]…started with a paradox for stakeholders like pharmacy on the "outside". We were being told that this was the only game in town, important that we engage etc, but were not privy to any of the discussions." (STP)*

> *"No engagement with pharmacy at all. LPC has reached [out] to them, NHS England XX region has also reached out to STP lead to encourage engagement with community pharmacy but has also not been successful." (STP)*

*"The LPC was invited to proactive care and prevention stakeholder meetings which were well attended by health professionals, social services and voluntary groups. I'm unsure of how much influence any of us had."*

While no single issue was identified as the reason for this, explanations included:

- **Scheme leaders pre-occupied by secondary care priorities at the expense of primary care**, and giving only 'lip-service' to out of hospital care.

  *"Primary Care as a whole was a bit of an after-thought..." (STP)*

- **A tendency to default to GPs as the sole or main 'primary care' providers, and reluctance from GPs to commission from community pharmacy in some areas,** although this seemed to vary quite distinctly between LPC areas, with some examples of GPs and community pharmacies working closely and very effectively together.

  *"Some GPs, were very reluctant to consider Minor Ailments schemes or how pharmacy could support improved access." (PM GP access fund)*

  *"All [local vanguard sites] have engaged but with limited actual change that impacts Community Pharmacy. The only tangible changes appear to be towards GP services and inclusion of practice based pharmacists."*

- **General lack of capacity of NHS/local authority leaders to engage due to pressure on teams and scope of their task.**

  *"I secured an invitation to one of the STP working group meetings. Although the over-arching leaders were uncertain about whether I should be there, the actual working groups welcomed my presence. I see a group who is not deliberately trying to exclude Community Pharmacy, but a group of senior managers who are struggling with the sheer size of the challenge and don't know what they don't know." (STP)*

**Complexity and lack of alignment between commissioner and provider requirements**

Another clear theme that emerged from the responses was how difficult local pharmacy representatives had found working within local planning commissioning structures, even where opportunities to do so had arisen. The reasons for this varied but included a lack of a clearly defined goal for pharmacy to fulfil from the outset, the level of persistence required to ensure community pharmacy continued to be listened to and the variability in the opportunities for community pharmacy input.

The types of schemes and initiatives in which community pharmacy was being involved varied considerably (see Table 3). While in some ways positive that the sector's contribution to various different care pathways is recognised, this in itself creates a challenge for community pharmacy providers. Without a consistent priority to focus on, or critical mass of commissioning activity, pharmacy providers may not be in a positon to invest in the workforce development and infrastructure required to participate in specific local initiatives. The excessive transaction costs that result from doing things differently in every area create a genuine barrier for some businesses within the sector. Some LPCs commented that after extensive participation and engagement, programmes would end-up not being sufficiently attractive to community pharmacy contractors themselves – leading to difficulties in delivering the sector's part of the bargain.

**Table 3: Topics where community pharmacy is involved in local transformation plans**

| Topic | Number of mentions |
|---|---|
| Workforce development | 4 |
| Urgent care | 2 |
| Emergency medicines | 2 |
| Repeat prescriptions | 1 |
| Palliative care | 1 |
| Respiratory pathways | 1 |
| Alcohol | 1 |
| Hospital discharge | 1 |
| Medicines management | 1 |
| Mental health | 1 |
| Practice based pharmacists | 1 |

### Successful community pharmacy involvement

While it was more common for respondents to report difficulties in engaging with local colleagues than successes, there were examples of positive collaboration and influence. In particular, where LPCs persisted with the programmes, and where close working relationships with other healthcare providers either already existed or could be created, the results were more positive. Examples highlighted in the feedback demonstrate new approaches to integrated care that used the unique opportunities presented by community pharmacy to deliver improvements in patient care.

> *"GPs now have "Choice Plus" appointments which are funded through this scheme and run through the GP Provider Company... Many localities have identified that the same reception triage schemes necessary to make use of these appointments will also allow them to divert patients to the locally commissioned Community Pharmacy Minor Ailments Scheme. The LPC has also had top line discussions with [the GP provider company] about exploring video consultations through the GP Access Fund."*

> *"Invited to stakeholder meetings but only recently have the leadership begun further engagement as we have remained persistent in our efforts to engage. The LPC recently held an engagement event and had keynote speaker from the STP. We are using this to drive engagement further. The Chief Officer has been invited to join the Clinical Steering Group & awaiting confirmation."*

> *"Successes have included repeat prescription management, which is focussing on systems and housekeeping rather than the "Luton model," following an LPC-led public meeting, we are also working on an access to palliative care service which will be LPC led."*

### Case Study: Norfolk LPC

Like many LPCs, Norfolk LPC has been working hard to influence the new care models and plans. Lauren Seamons, the LPC's Deputy Chief Officer explained that successes have included seats on STP reference groups, regular meetings with local Directors of Public Health, and a hospital refer to pharmacy scheme. Part of the success of the LPC has come through engagement with a wide variety of stakeholders, all of whom have been able to support them in different ways. These have included:

- **Norfolk County Council's Health Overview and Scrutiny Committee (HOSC).** The HOSC responded to a local petition against pharmacy funding cuts and after talking to the LPC posed a series of questions to the local NHS England team, before writing to the Norfolk and Waveney Sustainability and Transformation Plan (STP) asking them to involve pharmacy.
- **CCGs.** The LPC maintains regular contact with all the CCGs across its patch – there are five in total. The committee has found that perseverance is crucial to success as, once they have one CCG on board, that will usually encourage the others to follow suit.
- **The Local Medical Committee (LMC)**. The LMC can provide overarching guidance covering the whole area, as opposed to the CCGs whose individual remits are geographically smaller.
- **The County Council's Director of Public Health.** The LPC tries to meet with the Director every six months to keep in the loop on HWB summaries and Pharmaceutical Needs Assessments (PNAs). Whilst Directors of Public Health cannot force the inclusion of community pharmacy in local plans such as the STP, they can make recommendations and are influencers in future health and care planning.
- **Healthwatch.** A Healthwatch representative often sits in on LPC meetings as a guest. The representative can, and does, raise patient issues and brings information that Healthwatch has gathered. They can also often advise the LPC on who to speak to about specific issues.

### Conclusion

The survey findings suggest that there is a lot of work to do if we are to secure consistent and effective community pharmacy involvement in local initiatives to transform health and social care. Pharmacy is certainly not the only sector or profession to have concerns about the extent to which it has been involved in the development of STPs, or the implementation of New Care Models. However, this most recent experience reflects longer-standing frustrations about the under-representation of the sector within local commissioning and decision-making structures, and about the tendency for the NHS to view all primary care provision through a GP lens.

Nonetheless, the survey also demonstrates that where local leaders persist in developing relationships there can be great results, and opportunities to significantly improve care and outcomes for local populations.

### Recommendations and next steps

Community pharmacy organisations at both national and local level must continue to promote the value that the sector offers to those making decisions; we must be consistent in this, and consider how local leaders can be supported most effectively. PSNC, the Royal Pharmaceutical Society, the National Pharmacy Association, the Company Chemists Association and the Association of Independent Multiple Pharmacies will continue to do this, especially working together through the cross-sector communications group to ensure that messages are aligned and that advocacy work has the greatest possible impact.

The Royal Pharmaceutical Society has recently sent a letter to all leaders of STPs, asking them to include pharmacists in their plans and setting out example of how they could do this. The PSNC commissioners hub and email newsletters provide a wealth of information on how and why commissioners might wish to use community pharmacy better. The challenge now will be to capitalise on these and all the other resources available to have as much influence as possible. We would be grateful for further case studies where LPCs have had success engaging with local organisations – please email these to the national organisations.

The national pharmacy organisations will continue to seek ways to support LPCs in their work to influence local healthcare leaders, providing the resources and guidance needed to navigate the changing commissioning and planning landscape as effectively as possible. PSNC is currently in the process of commissioning a focus group project which will explore the attitudes of local commissioners to community pharmacy in more detail; this should give further insight into what the sector can do to improve engagement, and inform future work.

## PSNC mentoring programme for LPCs

To support LPC members, officers and staff this proposal sets out a framework for a mentoring network for LPCs.

As part of the PSNC Leadership Academy, the mentoring network creates a database of LPC mentors with the appropriate qualities to support those seeking a mentor – those mentees could, for example, be new LPC members, officers and staff such as newly appointed LPC employees supporting service delivery or LPC office administrators.

### LPC mentors

LPC mentors will be LPC members, officers and staff who can be a source of wisdom, teaching and support to those seeking a mentor; LPC mentors will offer high level guidance as part of a long-term relationship supporting the development of the mentee; there may also be an element of coaching offering short term help to an individual with a specific challenge or task.

A mentor is not there to tell the mentee what to do or make decisions for them – rather the mentor will offer guidance and encouragement for the mentee to learn and develop.

### How will the programme work?

We will invite LPC members and employees who feel that they have the experience, knowledge and skills that they are willing to share; who can demonstrate a positive attitude and acts as a positive role model; exhibits enthusiasm in their LPC work; values ongoing learning and growth in the LPC network; can provide guidance and constructive feedback; are respected by colleagues in all levels of the LPC network and beyond; motivates others by setting a good example.

A pretty tall order but essentially, it's someone who has the qualities of a good role model.

PSNC will provide links to resources on how to be a good mentor (RPS has excellent resources); offer training on coaching and mentoring; produce podcasts on mentoring, promote and offer ongoing support to the PSNC network of LPC mentors.

### Why would someone want to be an LPC mentor?

- Being recognised as an LPC mentor will enhance even further the individual's standing and authority in the LPC network and beyond;
- The LPC mentor may benefit their own development and inspire fresh ideas by looking at their job through a mentee's eyes;
- The opportunity and satisfaction of helping a fellow professional succeed;
- A complimentary place on PSNC's coaching and mentoring training course

**What we are looking for from mentor applicants**

- Individuals with experience and expertise in their LPC work, that they are willing to share to help others in LPCs achieve success;
- Individuals who have or are willing to complete the CPPE mentoring guide or the RPS Mentoring Programme or PSNC's coaching and mentoring day or who has equivalent mentoring training;
- A commitment to a minimum engagement with the mentee based on a contract of engagement with the mentee;
- An understanding that they are offering their time and expertise for free

**Applications**

When inviting potential mentors, we will ask for a personal statement for the applicant to demonstrate the qualities and training that would make them a good mentor: this would be available to potential mentees.

Those seek a mentor will be asked to set out why they are looking for a mentor and what they want from the mentoring relationship: this would be available to potential mentors; there will also be links to resources on how to be a good mentee.

There will also be the opportunity to talk to a person about either becoming a mentor or mentee.

**Next steps**

This initiative is best seen as a slow burn – an evolving and growing database which can start small and build and which adds value to PSNC and to all those involved.

Speak to those with experience of involvement in mentoring programmes for advice on the set up; collate resource materials for mentors and mentees, prepare launch materials and invite LPC mentors. Create the start of the database. Invite mentees, giving access to the database to contact a potential mentor. Set up a feedback channel.

## LPC Conference paper 2017 and beyond

Last year's LPC conference was different. With the need to have flexibility due to the changes to funding and the CPCF, the previous format (which was introduced by LPCs wanting to replace the old-style motions) was suspended. The 2016 LPC conference had a less formal approach with external speakers, table discussions, less reliance on voting, but retaining the input of LPCs into the PSNC planning meeting.

The feedback was good – 83% of delegates rated the content of the conference either good or very good; 80% of delegates gave an overall rating for the day either good or very good. The earlier conferences based on topics for debate did not work well.

**LPC Conference 2017 agenda**

LIS is asked to consider that we consult LPCs on a proposal that the format for 2017 follows that of last year with some additional changes. A flexible agenda and format that:

- Has a dynamic agenda that discusses the topics important at the time of the meeting
- Has the option of external speakers
- Continues with the CEOs report and account to conference with plenty of opportunity for Q&A
- Discontinues standing orders and rules for debate but has a light touch agreement giving authority to the chair to control contributions from the floor
- Has voting, only in exceptional circumstances with one vote for each delegate present
- Removes the rules that dictate the number of representatives that an LPC may send, depending on the number of contractors it has (a relic from the days of voting on motions); instead each LPC can send up to two (or three?) representatives. In addition to consultation this requires an amendment to the PSNC constitution so may not be in place for the 2017 LPC Conference.

PSNC will continue to cover the venue cost for LPC representatives at the 2017 LPC Conference. Consideration needs to be given on whether the press is invited.

The full day LPC Chairs and Chief Officers meeting will go ahead on 7th June 2017 with a further meeting for LPC Chairs and COs on 31st October 2017 on the afternoon before the LPC Conference.

**Conferences and national meeting in 2018**

At the moment, there is a meeting just for LPC Chairs and COs in June. A few years ago, the LPC Conference traditionally in the Spring moved to November as another PSNC event, the Community Pharmacy Conference (CPC) moved to the Spring slot. PSNC no longer holds the CPC.

There are benefits to LPCs and PSNC in getting together for a national meeting on more than one occasion.

For 2018 the following is proposed:

- March – a national PSNC meeting with representatives from all LPCs to present on PSNC activity, spend and budget following the annual planning round (the equivalent event this year has a charge to LPCs to help cover the cost).

- If a March meeting is agreed, discontinue the national Chairs and Chief Officers meeting (currently June). The March new meeting will free up who the LPC can send – it will not be limited to Chairs and COs, widening the direct exposure of PSNC to all LPC members
- October, bringing forward slightly what is now the November LPC Conference, still incorporate LPC input into the PSNC November. No need for a half day meeting of Chairs and Chief Officers on the afternoon before. For this and previous PSNC years covers the venue costs for the LPC Conference. Consideration needs to be given as to whether this should continue. Consideration should also be given to whether the press should continue to be invited.
- The PSNC constitution is revised to remove the legacy rules about numbers who can attend.

This format, with the drive for local commissioning, allows for local progress sharing, as well as reporting from the Pharmacy Forum if it goes ahead.

# PSNC Briefings (March and April 2017)

### PSNC Briefing 014/17: Quality Payments – referrals for asthma reviews (March 2017)

This PSNC Briefing provides an overview of how to achieve the 'referrals for asthma reviews' quality criterion of the Quality Payment (QP) Scheme. This updates PSNC Briefing 068/16.

### PSNC Briefing 015/17: Update on the Health and Care Landscape (February 2017)

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. These briefings contain useful background information to help you understand what is happening in the wider health and care environment which may impact on community pharmacy. They build on the Health & Care Review articles which are published on the PSNC website every week.

### PSNC Briefing 016/17: Quality Payments – How to become a Healthy Living Pharmacy Level 1 (March 2017)

This PSNC Briefing provides an overview of how to achieve the 'HLP Level 1' quality criterion of the Quality Payment (QP) Scheme. This updates PSNC Briefing 003/17.

### PSNC Briefing 017/17: Quality Payments – How to meet the Directory of Services quality criterion

This PSNC Briefing provides an overview of how to achieve the Directory of Services (DoS) quality criterion of the Quality Payments (QP) Scheme.

### PSNC Briefing 018/17: Quality Payments – PSNC resources

This PSNC Briefing provides a list of all the PSNC resources available to community pharmacy contractors to assist them with meeting the gateway and quality criteria of the Quality Payments Scheme. (This resource was updated in April 2017 to include the latest PSNC resources.)

### PSNC Briefing 019/17: Update on the Health and Care Landscape (March 2017)

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. These briefings contain useful background information to help you understand what is happening in the wider health and care environment which may impact on community pharmacy. They build on the Health & Care Review articles which are published on the PSNC website every week.

### PSNC Briefing 020/17: PSNC's Guidance to contractors on whistleblowing (updated)

One of the ongoing clinical governance requirements provisions in the terms of service is for community pharmacies to have arrangements for whistleblowing which include a written policy. PSNC's Regulations and Support Team has updated its previous guidance to contractors on whistleblowing.

### PSNC Briefing 021/17: Quality Payments – Evaluation questions when completing the NHS BSA Quality Payments declaration

Ahead of the NHS Business Services Authority (NHS BSA) declaration page going live at 9am on Monday 10th April 2017 for community pharmacy contractors to be able to make their declaration for the Quality Payments Scheme, NHS England has released the evaluation questions which will be included in the declaration. This PSNC Briefing provides information on why NHS England has included evaluation questions and details the questions which will be asked.

### PSNC Briefing 022/17: Next steps on the NHS Five Year Forward View

On 31st March 2017, NHS England published *Next steps on the NHS Five Year Forward View*, which reviews the progress made since the launch of the NHS Five Year Forward View (5YFV) in October 2014 and sets out a series of 'practical and realistic steps' for the NHS to deliver a more joined-up and

responsive NHS in England. This PSNC Briefing summarises the elements of the document that are of most relevance to community pharmacy teams and Local Pharmaceutical Committees.

### PSNC Briefing 023/17: Summary Care Record (SCR) implementation checklist (April 2017)

When community pharmacy contractors are going live with Summary Care Record (SCR), they can use this checklist to help guide them through the process.

### PSNC Briefing 024/17: Indicative Income Tables 2016/17 and 2017/18 (April 2017)

The following tables illustrate the indicative income levels that could be expected by an average pharmacy in £ (sterling) for Essential Services provided under the community pharmacy contractual framework. These figures are based on the imposition for 2016/17 and 2017/18 and are outlined in relation to dispensing volume and take into account the announced rise of the Single Activity Fee to £1.25 from 1st April 2017.

### PSNC Briefing 025/17: Monthly Dispensing & Supply update (April 2017)

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and pharmacy teams on monthly Drug Tariff changes, commonly asked questions and articles regarding dispensing and supply. This briefing can also be found in the Dispensing & Supply section of April's CPN.

### PSNC Briefing 026/17: Quality Payments – Completing the NHS BSA Quality Payments declaration

The NHS Business Services Authority (NHS BSA) declaration page for community pharmacy contractors to be able to make their declaration for the Quality Payments Scheme went live at 9am on Monday 10th April 2017. NHS England has released the declaration and evaluation questions which will be included in the declaration so contractors can view these ahead of making their declaration. This PSNC Briefing provides information on making the declaration and the questions which will be asked.

## Understanding the statistics report

We have used 'unique' statistical measurements which mean that multiple views/visits from the same computer are only recorded as one view/visit as this gives more realistic data. Additionally, we have included publishing/posting dates for our news stories so that you can more accurately determine their success.

## Key Terms

**Unique visitors (site entrances)** refers to the number of people who have visited the PSNC website. The regular drops in visitor numbers are due to weekends.

**Unique page views** refers to the number of times individual pages on the website have been viewed.

**Open rates** measure the number of email recipients who open (that is, view) an email divided by the total number of emails sent. They are tracked through the rendering of an included image pixel. Since images are almost always downloaded on mobile devices but are often blocked on desktop email programs such as Outlook, it can be a difficult metric to interpret. It's commonly quoted that average open rate performance is typically in the range of 10-15%, with high performers achieving 15-20%.

**Click rates** measure the number of unique clicks on links in emails divided by the total number of emails sent. A click is recorded when a subscriber clicks on one or more links in the email. As it requires a conscious action by the email recipient, click rates generally provide a better measure of campaign engagement.

**Click-to-open rates** measure the proportion of opened emails that had a link clicked. They are calculated by dividing the number of unique clicks by the number of opens. Click-to-open rates give a deeper insight into campaign performance because they look at actions performed after a campaign has been opened; they provide a basic but effective measure of campaign engagement.

**Impressions** measure how many users saw a tweet or post on social media.

**Interactions** measure the number of times users engage with a social media post, e.g. by clicking a link, sharing, 'liking' or commenting on it.

## Overview of the March 2017 report

As has been seen in previous months, information and guidance on the Quality Payments Scheme remained a very popular topic, even exceeding hits for some of the regularly high-ranking dispensing pages.

PSNC's guidance relating to the clinical governance deadlines which occur at this time of year was also popular.

Our largest peak in website numbers was on Tuesday 28th, the day we published one news story on NHS England's plan to review items prescribed on the NHS and another reminding contractors that it was one month until the first Quality Payments review date.

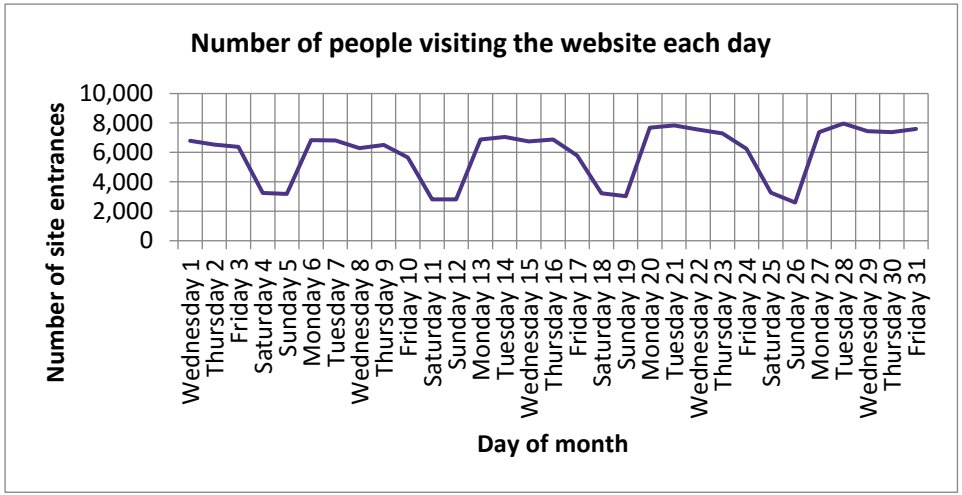
## Overview of the April 2017 report

April was the month in which the first Quality Payments review point fell. As such, the various criteria and information on the online declaration portal were extremely popular. PSNC's Services Team produced many news stories and emails this month to help support contractors in completing this work.

Our largest peak in website numbers was on Monday 3rd, the day we sent a general newsletter and published several news stories.

## March 2017: PSNC comms statistics report

| Website audience | March 2017 | February 2017 |
|---|---|---|
| Number of unique visitors (site entrances) | **183,709** | 150,239 |
| Number of unique pageviews | **372,050** | 286,514 |




| Pages | Views |
|---|---|
| EPS Prescription Tracker | 11,652 |
| Clinical governance deadlines fast approaching (news story) | 10,441 |
| Quality Payments | 9,183 |
| Price concessions and NCSO | 7,330 |
| Exemptions from the prescription charge | 7,143 |

| News stories | Date | Views |
|---|---|---|
| Clinical governance deadlines fast approaching | 23 Feb | 10,441 |
| Quality Payments: SCR calculator now available | 9 March | 2,084 |
| Prescription charge to rise to £8.60 | 16 March | 1,756 |
| New version of NHS England quality criteria guidance | 3 March | 1,742 |
| Single Activity Fee to be set at £1.25 from April | 21 March | 932 |

| PSNC Briefings | Views |
|---|---|
| 012/17: Upcoming clinical governance deadlines | 2,698 |
| 013/17: Quality Payments – what pharmacy contractors need to do | 1,474 |
| 030/15: Services Factsheet - National Target Groups for MURs | 1,362 |
| 033/15: Services Factsheet - NMS Medicines List | 669 |
| 016/14: Advanced Services (MURs and the NMS) | 667 |

| Webinars | Plays |
|---|---|
| Quality Payments webinar update (March 2017) – LIVE | 415 |
| Quality Payments webinar update (March 2017) – ON-DEMAND | 262 |
| Quality Payments webinar | 32 |

### PSNC Emails

| PSNC Newsletter | March 2017 | February 2017 | Other health news |
|---|---|---|---|
| Open rate | **34%** | 31% | 24% |
| Click rate | **7%** | 6% | 7% |
| Clicks to opens | **19%** | 18% | 17% |

| LPC News | March 2017 | February 2017 |
|---|---|---|
| Open rate | **40%** | 36% |
| Click rate | **5%** | 4% |
| Clicks to opens | **13%** | 10% |

### Social media

| | March 2017 | February 2017 |
|---|---|---|
| **Twitter reach** | **139K** | 88.1K |
| **Twitter engagement** | **1,903** | 988 |
| **Facebook reach** | **2,240** | 1,057 |
| **Facebook engagement** | **135** | 35 |
| **LinkedIn reach** | **8,496** | 9,485 |
| **LinkedIn engagement** | **130** | 209 |

*Reach = number of times users saw our posts*
*Engagement = number of clicks, retweets/shares, likes and replies*

# April 2017: PSNC comms statistics report

| Website audience | April 2017 | March 2017 |
|---|---|---|
| Number of unique visitors (site entrances) | **160,634** | 183,709 |
| Number of unique pageviews | **309,248** | 372,050 |


| Pages | Views |
|---|---|
| Quality Payments | 11,724 |
| EPS Prescription Tracker | 9,552 |
| Price concessions and NCSO | 6,294 |
| Exemptions from the prescription charge | 5,912 |
| Medicines Use Review (MUR) | 5,033 |

| News stories | Date | Views |
|---|---|---|
| Quality Payments: SCR calculator now available | 9 Mar | 1,211 |
| Quality Payments: online declaration now open | 10 Apr | 1,170 |
| Prescription charge to rise to £8.60 | 16 Mar | 792 |
| New mandatory CD requisition form | Nov 2015 | 764 |
| Prescription Charge Cards coming soon | 22 Mar | 715 |

| PSNC Briefings | Views |
|---|---|
| 026/17: Completing the NHS BSA Quality Payments declaration | 1,354 |
| 013/17: Quality Payments - what pharmacy contractors need to do | 1,077 |
| 030/15: Services Factsheet - National Target Groups for MURs | 1,001 |
| 024/17: Indicative Income Tables 2016/17 and 2017/18 | 586 |
| 016/14: Advanced Services (MURs and the NMS) | 534 |

| Webinars | Plays |
|---|---|
| Making the most of social media webinar – LIVE | 61 |
| Quality Payments webinar update (March 2017) | 41 |
| Making the most of social media webinar – ON-DEMAND | 35 |

## PSNC Emails

| PSNC Newsletter | April 2017 | March 2017 | Other health news |
|---|---|---|---|
| Open rate | **30%** | 34% | 24% |
| Click rate | **3%** | 7% | 7% |
| Clicks to opens | **10%** | 19% | 17% |

| LPC News | April 2017 | March 2017 |
|---|---|---|
| Open rate | **36%** | 40% |
| Click rate | **4%** | 5% |
| Clicks to opens | **10%** | 13% |

## Social media

| | April 2017 | March 2017 |
|---|---|---|
| **Twitter reach** | **139K** | 139K |
| **Twitter engagement** | **1,861** | 1,903 |
| **Facebook reach** | **1,835** | 2,240 |
| **Facebook engagement** | **110** | 135 |
| **LinkedIn reach** | **10,390** | 8,496 |
| **LinkedIn engagement** | **148** | 130 |

*Reach = number of times users saw our posts*

*Engagement = number of clicks, retweets/shares, likes and replies*

# All you need to know about: Sorting prescriptions for submission

Our Dispensing and Supply Team shows you how to prepare your end of month prescription bundle for submission to the Pricing Authority.

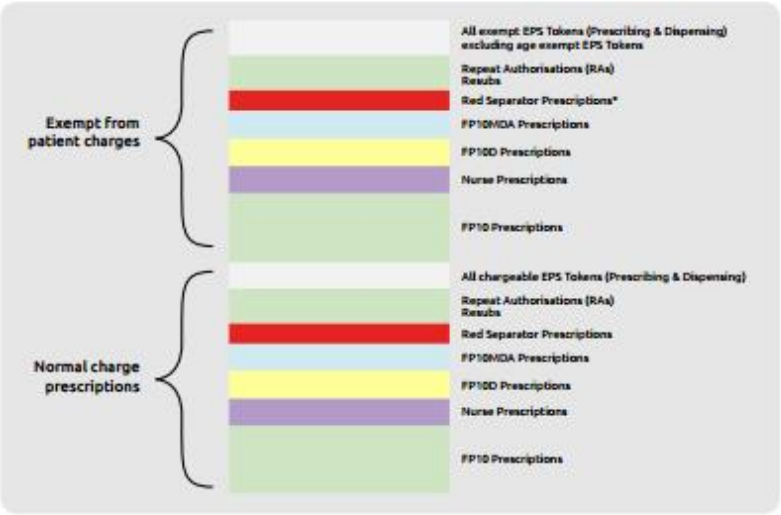
When submitting your prescription bundle at the end of the month, there are a few things to consider before sending it off. Making sure these are carried out correctly prior to sending your bundle will prevent delays to reimbursement.

| DO | DO NOT |
|---|---|
| ✓ Remove all paper clips, staples, labels and invoices from the prescription bundle. | ✗ Attach prescriptions together with paper clips and staples. These must be manually removed before scanning and so payment may be delayed. |
| ✓ Take care that prescriptions are submitted in the correct patient group, i.e. exempt or paid prescriptions. Incorrectly filed prescriptions will be switched. | ✗ Use too many elastic bands. Each charge group should be secured with just one or two elastic bands. |
| ✓ Secure exempt and charged patient groups separately with one or two elastic bands. | ✗ Send age-exempt tokens with your exempt prescriptions as these are not required by the Pricing Authority. |
| ✓ Send EPS tokens, both prescribing and dispensing, excluding age-exempt tokens. | |
| ✓ Keep repeat authorising forms (RA forms) and FP57 forms (refund forms) separate. | |

The diagram opposite shows how to organise your end of month prescription bundle. Prescription forms within each group should be sorted into prescriber order. However, any prescribers with fewer than 20 forms can be placed into a 'miscellaneous' section at the end of each group.

***What should be filed in the 'Red Separator'?**

- Expensive items;
- Unlicensed specials/imports;
- Broken Bulk claims;
- Out Of Pocket expense claims;
- Prescriber's signature encroaching into prescribing area;
- Items with supplementary product information; and
- Items with prescriber handwritten amendments.




## Prescription charge rises to £8.60

The NHS prescription charge increased to £8.60 per prescription item from 1st April 2017.

The cost of prescription pre-payment certificates (PPCs) has remained the same for a further year, with the price of a three-month PPC at £29.10 and a 12-month PPC at £104.

PSNC distributed an updated Prescription Charge Card via the March 2017 edition of this magazine. Additional copies can be downloaded from psnc.org.uk/chargecard

*Correct as of April 2017*

# Ask PSNC

The PSNC Dispensing and Supply Team can provide pharmacy teams with support and advice on a range of topics related to the Drug Tariff and reimbursement. Questions asked in recent months have included:

**Q. What should I do if there is additional information in the dosage field of a prescription?**

**A.** Prescribers should not include supplementary information within the dosage instruction, for example a brand name or whether a product is sugar-free or preservative-free. The information could easily be missed by the pharmacist or patient if input onto an incorrect area of the prescription.

With electronic prescriptions, pricing will be based on the product code of the prescribed product, therefore, supplementary product information included in the dosage instruction area will not be considered during pricing.

If prescriptions are received with supplementary product information in the dosage instruction area, the pharmacy may wish to contact the prescriber and return the prescription to the NHS Spine, so that the prescriber can cancel the prescription and generate a new one with the item described correctly, i.e. product information is put on the main drug line of a prescription item.

There will be occasions where a prescriber cannot issue the prescription they wish via EPS for technical reasons. For example, this could occur if the product is not listed on the NHS Dictionary of Medicines and Devices, or if the prescribing system is not able to issue a prescription for the item because the supplier has not 'mapped' the appropriate codes. This is likely to affect less commonly prescribed items including products to be specially manufactured or extemporaneously dispensed products.

**Q. Can an independent nurse prescriber use FP10SS forms?**

**A.** Yes, both community and nurse independent prescribers are entitled to prescribe on FP10SS forms.

**Q. I have received a prescription for a contraceptive. However, there is no 'CC' mark on the prescription. Will I get reimbursed?**

**A.** Yes. Contraceptives listed in Part XVI of the Drug Tariff are automatically recognised when prescriptions are scanned by the item character recognition (ICR) software at the Pricing Authority.

**Look out for more frequently asked questions next month...**

If you would like more information on any of the topics covered, the PSNC Dispensing and Supply Team will be happy to help (0203 1220 810 or e-mail info@psnc.org.uk).

## Can it be dispensed on an FP10?

When pharmacy teams receive NHS prescriptions, they must check whether the items prescribed are allowed on the NHS before dispensing otherwise the pharmacy contractor may not be paid for them. Below is a list of some products that we have recently received queries about.

| Product | Is the item listed in the Drug Tariff? | Is it in the blacklist?* | Does it have a 'CE' mark? | Can it be dispensed on an FP10? | Additional information |
|---|---|---|---|---|---|
| SOMATherapy – ED Lubricant (iMEDicare Ltd) | No | n/a | Yes | No | This item is a medical device (CE marked) and does not appear in Part IX of the Drug Tariff. |
| Octenisan Antimicrobial wash | No | No | No | Yes | This item is a toiletry product and does not appear in Part XVIIIA (the 'blacklist') of the Drug Tariff. |
| Phytomenadione tablets | No | No | No | Yes | This item is not listed in Part XVIIIA (the 'blacklist') of the Drug Tariff and it is not a medical device. |
| Urifix Tape 5m (Bio Diagnostics) | Yes | n/a | Yes | Yes | This item is a medical device (CE marked) and appears in Part IX of the Drug Tariff. |

**n/a is because medical devices are not listed in the blacklist.*

**Please note:** If the prescription is an FP10CN or FP10PN (community nurse prescriber), an FP10D (dental prescriber) or an FP10MDA (instalment dispensing), please visit psnc.org.uk/prescriptionforms for more information.

***Correct as of April 2017***

# Drug Tariff Watch

The Preface lists additions, deletions and alterations to the Drug Tariff. Below is a quick summary of the changes due to take place from **1st May 2017.**

KEY:
**SC** Special container
**R** Item requiring reconstitution
* This pack only (others already available)

## Part VIIIA additions

*Category A:*

- Betamethasone 4mg/1ml solution for injection ampoules (5)
- Codeine 60mg/1ml solution for injection ampoules (10)
- Furosemide 20mg/2ml solution for injection ampoules (10)
- Glucose 50% solution for infusion 20ml ampoules (10)
- Magnesium sulfate 10% (magnesium 0.4mmol/ml) solution for injection 10ml ampoules (10)
- Magnesium sulfate 50% (magnesium 2mmol/ml) solution for injection 10ml ampoules (10)
- Midazolam 2mg/2ml solution for injection ampoules (10)
- Neostigmine 2.5mg/1ml solution for injection ampoules (10)
- Octreotide 100micrograms/1ml solution for injection prefilled syringes (5)
- Procarbazine 50mg capsules (50)

*Category C:*

- Glycerol liquid (200ml) – *Thornton & Ross Ltd*
- Glycerol liquid (500ml) – *J M Loveridge Ltd*
- Hydrocortisone sodium phosphate 100mg/1ml solution for injection ampoules (5) – *AMCo*
- Levodopa 100mg / Carbidopa 25mg / Entacapone 200mg tablets (30) – *Stalevo*
- Levodopa 100mg / Carbidopa 25mg / Entacapone 200mg tablets (100) – *Stalevo*
- Levodopa 125mg / Carbidopa 31.25mg / Entacapone 200mg tablets (30) – *Stalevo*
- Levodopa 125mg / Carbidopa 31.25mg / Entacapone 200mg tablets (100) – *Stalevo*
- Levodopa 150mg / Carbidopa 37.5mg / Entacapone 200mg tablets (30) – *Stalevo*
- Levodopa 150mg / Carbidopa 37.5mg / Entacapone 200mg tablets (100) – *Stalevo*
- Levodopa 175mg / Carbidopa 43.75mg / Entacapone 200mg tablets (30) – *Stalevo*
- Levodopa 175mg / Carbidopa 43.75mg / Entacapone 200mg tablets (100) – *Stalevo*
- Levodopa 200mg / Carbidopa 50mg / Entacapone 200mg tablets (30) – *Stalevo*
- Levodopa 200mg / Carbidopa 50mg / Entacapone 200mg tablets (100) – *Stalevo*
- Levodopa 50mg / Carbidopa 12.5mg / Entacapone 200mg tablets (30) – *Stalevo*
- Levodopa 50mg / Carbidopa 12.5mg / Entacapone 200mg tablets (100) – *Stalevo*
- Levodopa 75mg / Carbidopa 18.75mg / Entacapone 200mg tablets (30) – *Stalevo*
- Levodopa 75mg / Carbidopa 18.75mg / Entacapone 200mg tablets (100) – *Stalevo*
- Sildenafil 20mg tablets (90) – *Revatio*
- Sodium bicarbonate 8.4% (1mmol/ml) solution for injection 100ml bottles (10) – *AAH Pharmaceuticals Ltd*
- Zolmitriptan 5mg tablets (6) – *Glenmark Generics (Europe) Ltd*

## Part VIIIA amendments

- Dipyridamole 50mg/5ml oral suspension sugar free (150ml) Category A is changing to Category C – *Rosemont Pharmaceuticals Ltd*
- Naproxen 375mg gastro-resistant tablets (56) Category C – *Actavis UK Ltd* is changing to Category A
- Norethisterone 350microgram tablets (84) Category C – *Micronor* is changing to Category C – *Noriday*
- Aciclovir 5% cream (2g) Category M is changing to Category A
- Aciclovir 5% cream (10g) Category M is changing to Category A
- Alverine 60mg capsules (100) Category A is changing to Category M
- Bisoprolol 7.5mg tablets (28) Category A is changing to Category M
- Chlorphenamine 4mg tablets (28) Category M is changing to Category A
- Cimetidine 400mg tablets (60) Category M is changing to Category A
- Fenofibrate micronised 160mg tablets (28) Category A is changing to Category M
- Glycerol 4g suppositories (12) Category M is changing to Category A
- Mefenamic acid 250mg capsules (100) Category M is changing to Category A
- Prednisolone 5mg soluble tablets (30) Category C is changing to Category M

## Part VIIIA deletions

- Glycerol liquid (100ml)
- Nifedipine 10mg capsules (84)
- Nifedipine 5mg capsules (84)

## Part IX deletions

Take careful note of removals from Part IX because if you dispense a deleted product, prescriptions will be returned as disallowed.

| Product | Size, type & product code |
|---|---|
| Sigvaris CompreKnee | 20-30mmHg |
| HiLINE Lightweight Support Belt 13cm wide | Small, Medium, Large, X Large, XX Large Hook & Eye with hole over stoma |
| HiLINE Lightweight Support Belt (long) 21cm wide | Small, Medium, Large, X Large, XX Large Hook & Eye with hole over stoma |

**PSNC website**
For up to date information and news on community pharmacy issues, visit the PSNC website at psnc.org.uk
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*Correct as of April 2017*