

PSNC LPC and Implementation Support Subcommittee Minutes

for the meeting held on 10th January 2017

At Radisson Blu Edwardian Grafton, 130 Tottenham Court Road, London W1T 5AY

Present: Sam Fisher, Peter Fulford, Kathryn Goodfellow, Umesh Patel, Anil Sharma, Jas Heer.

In attendance: Mark Burdon, Alastair Buxton, Mike King, Melinda Mabbutt, Janice Perkins, Zoe Smeaton, Rosie Taylor, Stephen Thomas.

Apologies for absence

Apologies from absence were received from Peter Fulford.

Appointment of Vice-chair

Following Mark Collins' resignation from PSNC, Anil Sharma was appointed as the new Vice-chair.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 12th October 2016 were approved by the subcommittee.

It was asked whether PharmOutcomes could offer support for the HLP framework under the PSNC licence, but this support is already available for LPCs or commissioners to purchase and some have done so under their own licences. The office can signpost to this on the upcoming Briefing on the HLP Quality Payment criteria

The Chair noted that the plan to map PSNC regions to NHS and LPC areas to review their appropriateness should be carried over and added to the workplan, with a note that this work should take place after the conclusion of the PSNC Governance Review.

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

The need to continue to align work on resources with that being done by other pharmacy organisations was noted, along with the benefits of signposting to other resources from PSNC's website as has been done on the imposition implementation support pages.

Some contractors have experienced a delay in getting their staff accredited as Health Champions by the Royal Society of Public Health (RSPH) which could impact their ability to claim for the Quality Payment. The office agreed to raise this issue with the RSPH.

The Chair suggested that if the subcommittee could have sight of contractors' progress on Quality Payments it could review this to help decide where additional resources might be required. This was agreed and will be included on the agenda for the next meeting, but it was noted that contractors

must also be reminded that Quality Payments only form one part of the current Contractual Framework, and there are ongoing requirements such as Information Governance in light of the recent challenges from NHS West Midlands.

PSNC has been encouraging LPCs and contractors to have local conversations with GPs about asthma referrals following its inclusion as the marker of Clinical Effectiveness under the Quality Payments, but the subcommittee will continue to monitor this and there may be opportunities to promote best practice. The office will produce a one-sided guidance document for contractors to use to talk to local GPs about asthma referrals.

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

The need to share good practice to help pharmacy to engage locally with STPs was discussed and it was noted that this is included as an action later in the agenda. The communications on the Pharmacy Integration Survey will provide one good opportunity to promote good practice, and this could also be mentioned to LPCs at regional meetings.

The Chair discussed the need for the subcommittee to have a good understanding of the progress that Healthcare Together is making in supporting provider companies. It was agreed that LIS will receive a report, presented as a dashboard, each meeting to track the progress of provider companies and tenders. It was noted that there is some overlap between the work of Healthcare Together and the PSNC Services Team and that we should look for opportunities for joint working, such as on the survey of LPCs.

It was reported that some LPC Chief Officers have mentioned the benefits that they and their teams could get from a mentoring programme. The office will prepare a paper on this.

The subcommittee considered the proposal from Ashridge Communications for focus groups with commissioners and LPCs. The Chair noted that although the objectives of the sessions seemed right, it would not be possible to achieve this from such short events, particularly the aim to achieve commissioning of a pilot service. Concerns were raised over whether payment for attendees was appropriate, how we would ensure the right people attend the events, and how the workshops would best fit in the evolving commissioning environment (i.e. should all commissioners attend the same event). It was noted that one useful outcome of the research could be to provide guidance for LPCs to hold local workshops to facilitate conversations with commissioners where those have been difficult. The subcommittee's comments would be passed to Ashridge and a revised proposal would be developed, for the subcommittee to consider before the next meeting.

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

It was noted that this work would need to be done very closely with the other pharmacy organisations, and that the timeframe for this work would be pushed back to October. The subcommittee noted that, particularly for clinical leadership training, pharmacists would benefit from learning in practice from more experienced colleagues who are doing it well. This could link to a broader mentoring programme within community pharmacy.

External relationships and lobbying

- 4 Working with partner organisations at local and national levels, to use communications and lobbying to ensure 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**)

It was noted that 2016 was the first time for many years that community pharmacy had really worked together to influence patients and other stakeholders, and that in 2017 we must build on this. In particular a point on patients and patient groups should be added to the Next Steps.

The subcommittee discussed the need to measure success in public affairs, but recognised the difficulty of doing so without considerable budget and given the impossibility of holding individual pieces of work responsible for the development of the sector.

The office will share the briefing that went to MPs ahead of the Westminster Hall debate with the subcommittee.

- 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**)

The subcommittee agreed to consider this once SDS had 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**)

The subcommittee agreed to consider this once SDS had 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

The subcommittee had concerns that some LPCs were considering incorporating their LPC. It was agreed that a PSNC Briefing on the subject might add to the concerns unnecessarily and that the office would continue to advise LPCs of the need to take advice on and consider these matters very carefully.

It was agreed that suggestions for the development of the LPC Leadership Programme, for instance any mentoring scheme, would be included under this point in future meetings.

It was agreed that the 'LPCs in the Spotlight' series is an effective way to promote good LPC practice and ways of working; it should be promoted more and moved from the LPC members section of the PSNC website to the open area.

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

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).

The subcommittee heard that RDF had decided that the paper copy of CPN will no longer be published and distributed in order to save significant costs. The subcommittee discussed alternatives in detail, and it was agreed that the office will consider whether an App could be used to give people access to the information. As an alternative, Community Pharmacy Scotland have redesigned a part of their website to be a mobile friendly area, and this could be an option. The office will investigate possibilities and potential costs with EBI.

The Chair raised some concerns that many pharmacy staff members only access the information in CPN through the paper copy, and it was agreed that the office should continue to produce a monthly PDF which can then be circulated by email for pharmacies to print off and for multiples to highlight internally. Email alerts will be needed to let contractors know when CPN has gone live, and PSNC may also need to write to contractors to let them know about the change and to ask them to sign up to our emails. The Prescription Payment Card will still need to be designed and options explored for printing or enabling contractors to order printed copies.

The subcommittee will continue to review the need for any further communications on the special levy based on a steer from RDF who are overseeing the special levy fund.

Any other business

None.