PSNC Service Development Subcommittee Agenda

for the meeting to be held on Tuesday 14th March 2017

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

commencing at 1.45pm

Members: Mike Hewitson, Marc Donovan, Clare Kerr, Sunil Kochhar, Faisal Tuddy, Gary Warner (Chairman)

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 10th January 2017 are set out in **Appendix SDS 01/03/17 (pages 6-8)** for approval.

Agenda and Subcommittee Work

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

1 Developing proposals for a revised CPCF that supports implementation of the CPFV (PSNC/**SDS**)

Report: A presentation on the work undertaken so far on developing proposals will be given at the meeting followed by a discussion, which will help to inform the next stage of the work.

As the development of proposals for a revised CPCF and implementing elements of the Murray Review are very closely linked, the discussion will also consider the priority activities PSNC should be taking regarding the implementation of the Murray Review proposals.

Both aspects of the discussion will be able to inform the development of plans for engagement with DH and NHS England regarding development of the CPCF, following the conclusion of the Judicial Review; this matter will consequently be considered in the Subcommittee's discussion.

Subcommittee Action:

- Provide feedback in response to the presentation given at the meeting;
- Consider plans for engagement with DH and NHS England regarding development of the CPCF, following the conclusion of the Judicial Review; and
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Develop service proposals that describe the structure of a revised CPCF which supports implementation of the CPFV. The proposals will cover an 'ideal' scenario, where the national contract is fully amended, but other iterations will be considered that describe a mixed approach, (national and local changes) and a scenario where services are commissioned locally;
- Review the proposals internally, amend and then seek the views of relevant stakeholders on the further refinement of the proposals; and
- Consider piloting of the proposals, potentially funded by the Pharmacy Integration Fund, working

with academic partners.

2 Work 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: At the January meeting the Subcommittee was asked to consider the proposals set out in the Murray Review and the prioritisation of these for implementation. The first three service recommendations listed in **Appendix SDS 02/03/17 (pages 9-10)** were considered as the three priority areas. These were:

1. Full use should be made of the electronic repeat dispensing service;
2. The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways; and
3. Rollout of local minor ailments schemes to achieve coverage across England by April 2018.

The fourth service recommendation 'Consideration should be given to smoking cessation services becoming an element of a national contract' was welcomed, but due to the current approach to public health commissioning it was thought that this recommendation was less likely to be taken forward by NHS England. It was agreed to wait until NHS England had responded to the Murray Review before discussing this further.

At the last Subcommittee meeting Gary Warner and Clare Kerr highlighted the list of the barriers which were included in Annex 2 to the Murray Review report; this is set out in **Appendix SDS 03/03/17 (attached separately at the end of the agenda papers)** in order that it informs the Subcommittee's discussions under agenda point 1.

Electronic repeat dispensing (eRD) – A two-page factsheet was published in the January edition of Community Pharmacy News (CPN) in support of NHS Digital's current campaign to increase the use of eRD. One side contains key phrases to help advise patients on the benefits of eRD, whilst the other side provides a list of questions to ask patients collecting a repeat prescription.

Information on repeat dispensing and eRD has been merged onto one page on the website and the page updated to make it easier for contractors to find relevant information on the website.

Changes to the general practice contract in England for 2017/18 have been announced, which include non-contractual changes to joint guidance that will promote electronic systems including:

- an increased uptake of electronic repeat prescriptions to 25% with reference to co-ordination with community pharmacy; and
- continued uptake of electronic repeat dispensing with reference to CCG use of medicines management and co-ordination with community pharmacy.

Subcommittee Action:

- Suggest elements that could be included in a work plan to implement the high priority recommendations and any ways in which the Pharmacy Integration Fund could be used to support implementation (this will be undertaken in the discussion under agenda point 1).

Next Steps:

- Develop a draft work plan following the subcommittee's discussions at the March 2017 meeting, informed by NHS England's forthcoming formal response to the review.

3 Developing template service specifications, business cases and other resources (**SDS**) and offering support for local commissioning of services (**LIS**)

Report: Since the last Subcommittee meeting, work has progressed on the project; the following progress has been achieved:

General

- Comms around the development of template toolkits – this has been discussed and draft wording for a news story has been produced. However, we are not planning to publish this until work is a bit further along with the toolkit so there is not a long delay between the news story and the publication of the toolkit for review;
- Working group/wider stakeholder group membership – the Services Team has considered further the membership of the stakeholder group and will approach certain people to join; however, the news story about the toolkit will also encourage others to join the stakeholder group; and
- Feedback form – a feedback form has been created, which is similar to the NICE feedback form used for consultation responses. Since there could be a number of people reviewing the documents, it was felt this would be an easier way to review the responses than receiving a number of documents with track changes and comments.

Toolkit 1: Minor Ailment Service

- Essential facts, stats and quotes relating to MAS – **t**his page on the website has been updated.
- Business case – the business case is nearly complete; the Pharmacy Funding Team has been sent the breakdown of the stages of a Minor Ailment Service so they can develop the costing toolkit. Once this is complete, this will allow us to include an indicative figure for a pharmacy consultation to base the calculations in the business case on.
- Service specification – the service specification is nearly complete; however, there are a few matters for the Subcommittee to consider before this document is finalised. These are:
    - Should the specification include the option for a pharmacist-led and medicines counter assistant-led service or do we want to only encourage a pharmacist-led service?
    - Do we want to include PGDs in the service? If so, is there a limit as to how many we include?
    - Do we want to include the Declaration of Competence for MAS in the specification or do we want to encourage no additional training requirements for the service?
    - Do we want to include a full list of conditions which could be treated under the service or limit this, for example, to the ten most popular conditions included on MAS across the country?
- Implementation guide – this is complete.
- PSNC Briefings
    - Briefing 006/05 Analysis of Minor Ailment Services in England (February 2015) has been reviewed and a new Briefing is now available with the latest figures on MAS. This is ready to be published, but we have decided to wait to publish this while we consider if we can generate any media interest in this following the announcement that NHS England will encourage all CCGs to commission MAS.
    - Pinnacle Health Partnership has been asked to provide data from PharmOutcomes so that an up-to-date version of Briefing 045/13: Analysis of Minor Ailment Services Data (August 2015) can be published.

  Data from both Briefings can then be used in the business case, the Think Pharmacy prospectus and the A4 infographic.

- PSNC Think Pharmacy prospectus – the current prospectus has been reviewed but requires updating with data from the above Briefings when these are published.
- A4 infographic – work on this has commenced but again requires updating with data from the

above Briefings when these are published.
- Costing toolkit – see 'Business case' bullet point above.

Toolkit 2: Stop smoking

- Essential facts, stats and quotes relating to Stop smoking – work has started on updating this page on the website.
- PSNC Briefings – work has started on reviewing service specifications and other associated documents to conduct an analysis on the different stop smoking services across England.
- Pinnacle Health Partnership has also been asked to provide data from PharmOutcomes on stop smoking services so that a Briefing can be produced.

The subcommittee will be sent the following documents ahead of the meeting by email and is asked to review them and provide their feedback to Rosie Taylor.

- Feedback form;
- MAS Business Case;
- MAS Service Specification (feedback should include answers to the questions above); and
- MAS Implementation Guide.

Subcommittee Action:

- Provide feedback to Rosie Taylor on the draft documents shared by email; and
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Continue to undertake the work in line with the draft project plan; and
- Review the project plan after the first cycle of work has been undertaken, when there is relevant experience of the time taken to undertake the individual packages of work.

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

Report: Work is continuing to improve the reach of PSNC's communications to commissioners (see the LIS agenda for further details); this can be used for general promotion of the CPFV.

Subcommittee Action:

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

Next Steps:

- Once the initial stage of work on developing proposals for changes to the CPCF is undertaken, take forward the recommendation in the Murray Review related to joint work with the RPS, GPC and RCGP; and
- Develop a work plan to gain greater engagement of local GP and CCG leaders with the development of community pharmacy services, informed by further work which may be undertaken by Ashridge Communications (see the proposal in the January 2017 LIS agenda).

5 Investing in research and developing the evidence base for community pharmacy services to secure existing services and support the implementation of the CPFV and service funding (**SDS**/FunCon)

Report: Work is continuing to identify funding to support the ECCIP research proposal.

Dr Nicky Hall is continuing the meta-ethnography review and a draft of the article is expected to be received shortly.

A potential new research area has recently been discussed with Dr Nicky Hall and Prof Scott Wilkes – exploring the views of GPs and CCGs on remote provision of pharmacy services. Qualitative work on this topic could be undertaken by a national survey of GPs and GPs involved in CCG management. The work may also present an opportunity to gain a better understanding of the reasons why many GPs seem to be resistant to the use of eRD. If the subcommittee believes this would be an appropriate topic on which to progress research, a more detailed research proposal will be developed by the University of Sunderland.

Subcommittee Action:

- Provide feedback on the proposed research on GP and CCG views on remote provision of pharmacy services; and
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Progress the proposal for research on GP and CCG views on remote provision of pharmacy services, if that is deemed appropriate;
- Seek additional funding to support the ECCIP research proposal;
- Continue to discuss with the University of Sunderland, the development of training for LPC members in conducting service evaluations; and
- Review research priorities once the initial phase of work on developing the service proposals, described in agenda item 1, is undertaken.

Any other business

NUMSAS – Feedback has been received from a contractor asking whether PSNC should be actively encouraging contractors to participate in NUMSAS for a limited period in order to help ensure the evaluation of the service is a success.

At PSNC's January meeting, the Committee considered the costs of providing the service and concern was expressed that contractors would find that the likely costs of provision of the service would exceed the fees that NHS England will pay for its provision.

Since then the Services and Pharmacy Funding Teams have undertaken an assessment of the costs of providing the service; this is set out in a spreadsheet at psnc.org.uk/numsas which pharmacy contractors can use in order to assist them to assess the likely costs of providing the service. The advice to contractors has so far been that PSNC recommends that contractors consider the likely costs they will incur in setting up and providing the service and compare this with the likely income that will be available from the service as part of a careful assessment of whether it is sensible for them to seek to provide the service.

Subcommittee Action: The subcommittee is asked to consider whether PSNC's advice should continue to be as above or whether our position should change and we should be actively encouraging contractors to participate in the service for a specific period.

PSNC Service Development Subcommittee Minutes

for the meeting held on Tuesday 10th January 2017

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

Present: Mike Hewitson, Marc Donovan, Clare Kerr, Faisal Tuddy, Gary Warner (Chairman)

In attendance: Alastair Buxton, Rosie Taylor, Zainab Al-Kharsan, Jay Patel, Kathryn Goodfellow, Indrajit Patel, Jas Heer, Adrian Price, Peter Cattee, Tricia Kennerley, Margaret MacRury, Zoe Smeaton

Apologies for absence

Apologies for absence were received from Sunil Kochhar.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 8th November 2016 were approved.

Agenda and Subcommittee Work

The subcommittee reviewed the proposed SDS work plan areas for the year.

A discussion was held around point 8 of the PSNC 2017 Plan '*Developing proposals for the funding delivery mechanisms for a service-led contract which can be discussed with DH and NHS England'* and whether this should be included in the SDS work plan areas.

It was recommended that:

- **this item in the plan should be amended from 'FunCon' to 'PSNC/FunCon'.**

The subcommittee agreed the proposed SDS work plan areas for the year; however, it was agreed to change the order of the elements that fall within the remit of SDS so they are discussed in priority order within the subcommittee meetings.

1	Developing proposals for a revised CPCF that supports implementation of the CPFV (PSNC/**SDS**)

The information in the agenda was noted and the Subcommittee agreed the proposed next steps.

Alastair Buxton advised that he will start work on developing service proposals that describe the structure of a revised CPCF which supports the implementation of the CPFV as highlighted in the agenda shortly. At this point it is difficult to predict how long the initial work will take, but the aim will be to have a paper setting out options which can be discussed at the next subcommittee meeting in March.

The subcommittee briefly discussed the approach that could be taken to wider consideration of initial proposals, including discussion of these with representatives of GPs.

2	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 information in the agenda was noted and the subcommittee agreed the proposed next steps.

The subcommittee was asked to consider the proposals set out in the Murray Review and the prioritisation of these for implementation.

The first three services recommendations listed in Appendix SDS 02/01/17 were considered as the three priority areas. The fourth service recommendation '*Consideration should be given to smoking cessation services becoming an element of a national contract*' was considered low priority as it was felt this was unlikely to move from local commissioning in the near future; however, it was suggested that a similar situation could occur to that of Minor Ailment Services, where Public Health England could work with local authorities to ensure national coverage (but commissioned locally). It was agreed to wait until NHS England has responded to the Murray Review before discussing this further.

The new models of care recommendations and overcoming barriers recommendations were also discussed by the subcommittee, in particular the involvement of community pharmacists and their teams to support care home residents and whether the Pharmacy Integration Fund (PhIF) could be used to fund pharmacists to undertake clinical leadership training. The latter point will be raised with NHS England and they will also be asked for an update on the work of the PhIF care homes group.

Gary Warner and Clare Kerr agreed to submit a list of the barriers which were included in the annex to the Murray Review report which will be considered at the March subcommittee meeting.

3 Developing template service specifications, business cases and other resources (**SDS**) and offering support for local commissioning of services (**LIS**)

The information in the agenda was noted and the subcommittee agreed the proposed next step.

The subcommittee considered the appropriateness of the time that it was proposed would be allowed for external review of the toolkits. It was agreed that two weeks was appropriate for the working group to review the toolkits and four weeks for the wider stakeholder group.

It was also noted that the timeline for developing the toolkits may need to be reviewed in light of the experience of undertaking the work on the first service.

The subcommittee advised that there were no services that they wanted to see removed from the 'Suggested list of services' and only hypertension case-finding should be added.

A Minor Ailment Service toolkit has been agreed as the first toolkit to be produced and the subcommittee was asked to prioritise the next four services. It was agreed that the following services should be prioritised:

1. Minor ailment service
2. Stop smoking
3. Discharge service
4. Case finding – COPD and then hypertension
5. Emergency hormonal contraception

It was agreed that this list would be reviewed at subsequent meetings and it was also suggested that we should try to obtain service commissioners' opinions on the prioritisation of the work.

It was suggested that HEE and appropriate patient groups could potentially be additions to the wider stakeholder group.

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

The information in the agenda was noted and the subcommittee agreed the proposed next steps.

5	Investing in research and developing the evidence base for community pharmacy services to secure existing services and support the implementation of the CPFV and service funding (**SDS**/FunCon)

The information in the agenda was noted and the subcommittee agreed the proposed next step.

Any other business

The information in the agenda was noted.

CPFV accelerators for integration

The CPFV microsite is due to 'go live' later this week.

Quality Payments Scheme

Clare Kerr raised a concern around the SCR Quality Payment criterion. If pharmacies accessed a number of test patients when they initially started using SCR, it may then be difficult for them to increase their usage as required by the Quality Payment criterion. Alastair Buxton advised that NHS Digital is carrying out work to see if they can differentiate between test patients and actual patients and they may also exclude the first week of usage of the SCR, as the majority of patients accessed during this time are likely to have been test patients. This is one of the outstanding details related to the practical implementation of the Quality Payments scheme that needs to be discussed with NHS England.

Recommendation made in the Murray Review

Services

1. Full use should be made of the electronic repeat dispensing service. Except for patients not yet stabilised on their medication, electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.

2. The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways. This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (ERD), and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest. It should also include consideration of appropriate prescription duration to optimise outcomes and convenience for patients. Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. For these to be safe and effective they would require access to a patient's full medical record which may not be possible immediately in all situations.

3. There is now a commitment that a minor ailments scheme should be locally commissioned across England by April 2018. There is a debate over whether this needs to be a national service, or a service commissioned locally by CCGs. Either way, NHS England should set out how it intends to deliver on this commitment and this should include testing models that use patient registration to enhance take-up, building on the experience in Scotland. While this could take place within the Vanguard programme as new care models develop, progress toward the April 2018 commitment clearly needs to happen sooner.

4. Consideration should be given to smoking cessation services becoming an element of a national contract.

New models of care

5. Existing Vanguard programs and resources should be used, in conjunction with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care. This applies to all the Vanguard types that work in community settings but should also specifically include:

- Integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes. This should include pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing.
- Community pharmacists being involved in case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression.
- Utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, in order to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.

In all cases, new models of care that integrate pharmacy should involve appropriate patient engagement to ensure that both the service offer is built around patient need and that any necessary marketing with potential new users is effective.

As best practice in commissioning and delivering these additional services from community pharmacy becomes clear, NHS England, Public Health England and other national partners should look to roll these out at pace, given the opportunities to use community pharmacy better and the deep challenges facing other parts of the NHS. This should include consideration of any workforce training implications for community pharmacists, pharmacy technicians and their teams.

Overcoming barriers

6. Public Health England already plans to provide advice to local government and to STPs presenting the evidence base for action. More widely, NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services now. Specifically this should look at the changes necessary to make Local Pharmaceutical Services (LPS) Contracts easier to use.

7. Digital maturity and connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team. This should include the ability for registered pharmacy professionals to see, document and share information with clinical records held by other healthcare professionals and allow the actions, recommendations and rationale for clinical interventions made by registered pharmacy professionals to be visible to the relevant wider healthcare team.

8. Regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions to allow better use of skill-mix in delivering clinical pharmacy services.

9. Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise. The leaders of the profession both at national and local level should consider what support is needed to pharmacists to build their professional confidence and break down barriers to new ways of working.

10. The Royal Pharmaceutical Society, Royal College of General Practitioners, the British Medical Association and the Pharmaceutical Services Negotiating Committee should come together to explore the practical steps that could be taken to unravel professional boundary issues and promote closer working between the professions. This would include consideration of professional responsibility and accountability, as well as how to conceptually put the patient at the centre of both professional worlds in a way that allows common objectives to be focused on patient outcomes. Initiatives involving pharmacists working in General Practice, and in some case becoming partners in those practices, should be encouraged and expanded as a way of contributing towards achieving this objective.

11. New evidence becomes available, circumstances change and new barriers can appear. Community pharmacy leaders and trade bodies across the sector, such as Pharmacy Voice, should come together with NHS England and Public Health England as a formal group to keep oversight of progress and recommend further action where necessary.