

# PSNC Service Development Subcommittee Minutes

for the meeting held on Tuesday 9th May 2017

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

**Present:** Marc Donovan, Clare Kerr, Faisal Tuddy, Sunil Kochhar, Gary Warner (Chairman)

**In attendance:** Alastair Buxton, Rosie Taylor, Zainab Al-Kharsan, Mike Pitt, Jay Patel, Fin McCaul, Tricia Kennerley, Mark Burdon, Mark Griffiths, Mike Dent, Adrian Price, Jas Heer, Indrajit Patel, Anil Sharma, Margaret MacRury, Mike King, Zoe Smeaton

## Apologies for absence

Apologies for absence were received from Mike Hewitson.

## Minutes of previous meeting and matters arising

The minutes of the meeting held on 14th March 2017 were approved.

### 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.

The subcommittee agreed with the Services Team, Chair and Vice-Chair that the most appropriate next step was to organise a meeting to discuss what 'normal' patient pathways may look like within the service.

The Services Team will arrange a meeting between them, the Chair, the Vice-Chair and pharmacists who were involved in the creation of the Community Pharmacy Future II project to apply the learnings from the project to the design of a care plan service. Clare Kerr suggested also involving pharmacists who have delivered the CPF II service on the ground to get their input.

Following this meeting, a paper will be drafted describing the service and potential illustrative patient pathways, which will be circulated to the subcommittee to review. Indrajit Patel also raised the importance of looking at how the non-commissioned services which pharmacies provide such as MDS, fit in to the care plan service.

## Development of standard datasets for community pharmacy services

Alastair Buxton provided an overview of the proposal and advised that this could be a route to help standardise other services such as the care plan service and provide clear system requirements which could be adopted by software providers.

Faisal Tuddy asked for clarification on the process used by the PRSB and Alastair Buxton advised that this is still not fully clear, but a number of stakeholders would be brought together to confirm the dataset, this would then be sent out for consultation with other colleagues and then the dataset would be confirmed. Faisal Tuddy asked how the group planned to get the PMR suppliers on board; Alastair Buxton advised that the PMR suppliers had been invited to the initial meeting and seemed to be keen to see this work progress.

Gary Warner questioned what the next steps were for the group as the meeting which the RPS hosted didn't get as far as confirming the dataset for the flu service. Alastair Buxton advised that NHS Digital is keen to move forward on this but the Services Team will work with them to progress this work.

## 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.

Following on from the information in the agenda, a response has still not been received from Keith Ridge or Richard Murray to confirm or decline the invitation to be part of the Stakeholder group.

The subcommittee agreed to move forward with the proposal of the alternative option stated in the agenda if Alastair Buxton does not hear back from Keith Ridge and Richard Murray shortly, of organising a meeting with patient groups to discuss service developments. This may be followed by a further meeting aimed at service commissioners and other healthcare professionals.

Alastair Buxton asked if the subcommittee thought there were any other groups or organisations to include on the stakeholder list. Clare Kerr suggested representatives from ACSs, Vanguard and pharmacists who have delivered the CPF II service to share patient stories as well as using the NAPC Primary Care Home team as a sounding board.

Mike Pitt enquired whether there should be a local government representative and Alastair Buxton advised that as the agenda changes they would then be included, but with the focus being on development of the MUR service, the initial focus would be out of their area of interest.

Marc Donovan suggested CPPE and again it was agreed to include them in due course, but they had already been updated on our plans for developing the service.

Marc Donovan suggested having a representative from CPS but at this stage, it was agreed to just have a representative from CPW, due to Wales also offering an MUR service and the fact that the Welsh Government may also decide to make changes to their MUR service if England does.

The subcommittee were asked to consider if there were any other representatives who should be invited to the group and to feed this back to Alastair Buxton, so amendments could be made to the final invitation list.

It was highlighted that there was a lot to cover in the outline agenda for the stakeholder meeting and that the meeting would need to move at pace to cover it all. Clare Kerr also highlighted that 'How do we align contracts to make it happen' in the agenda could be a 'red rag' and consideration should be given to describing this in another way.

## 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.

Gary Warner asked that Rosie Taylor provide an updated version of the Gantt chart for the MAS toolkit at the next subcommittee meeting. The MAS documents should be ready to go out for wider consultation within the next few weeks.

## 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 steps.

Alastair Buxton advised that the Services Team had not yet received Dr Nicky Hall's revised proposal to explore GP views on remote provision of pharmacy services; however it will be emailed to the subcommittee when available.

As well as exploring whether NHS England would share the flu vaccination patient questionnaire data, Alastair Buxton advised that Hertfordshire LPC had CPPQ data which may also be considered in any evaluation.

Dr Nicky Hall is also looking at the flu patient questionnaire to see if there are any amendments which could be made to gather more robust data and further evidence for the future.

### **Any other business**

The information in the agenda was noted.

### **Seasonal Influenza Vaccination Advanced Service**

The negotiating team discussed the flu vaccination service last week and this will also be discussed in FunCon. A revision of the service specification and PGD will be carried out; Alastair Buxton asked for any matters that the subcommittee would like to be raised with NHS England.

Adrian Price asked whether it would be possible to get rid of the PGD requirement to have an authorising manager sign off on the PGD.

A discussion was held around the requirement to use quadrivalent or trivalent vaccine and what contractors should be using. Alastair Buxton advised that both are listed in the annual flu letter, therefore contractors can use either. NHS England is not planning to issue further guidance on this.

A discussion was also held around supporting contractors to collaborate with GPs. Alastair Buxton highlighted the case study published on the PSNC website about Beacon Medical Group and Devon LPC working collaboratively and that we could try to build on this.

Anil Sharma questioned the requirement for pharmacists to undergo face-to-face training every two years. Alastair Buxton advised that this was raised last year but NHS England were not keen to remove the requirement; however the matter can be raised again.

Alastair Buxton also requested that any further feedback on the flu vaccination service timeline be emailed to him by the end of the week to allow any further changes to be made before being passed to the Funding Team to create a costing model.

### **Next steps on the NHS Five Year Forward View**

Alastair Buxton requested the subcommittee to suggest actions PSNC could take following the publication of the Next Steps document. Clare Kerr encouraged people to read the Briefing, if they had not already done so, and if possible, to read the full NHS England document. It was felt that the wider committee may need to consider the actions which should be taken and how we engage with ACSs as a sector.

Alastair Buxton highlighted the webinar that is planned to highlight the relevant sections of the Next Steps document to LPCs and contractors.

### **NHS England self-care campaign proposal**

Alastair Buxton advised that NHS England had already undertaken a large amount of work on the proposal and that it had already been fed back that the conditions chosen, were not necessarily the most appropriate. The campaign was not necessarily going to happen as it needs Cabinet Office approval, but NHS England is keen to pilot it as it is a way to support the urgent and emergency care system. The proposed pilot area LPCs had been notified of the potential for a local campaign to occur in their areas.

Alastair Buxton asked the subcommittee for comments on the draft plans and campaign materials. Sunil Kochhar highlighted that it would be good to have a photo of a father and child as all the campaign material featured a mother and child. Marc Donovan also suggested that the wording 'You can pick up immediately' could cause confusion amongst patients leading them to think that the medicines would be free. These points will be fed back to NHS England.

Gary Warner asked whether the subcommittee was comfortable supporting this campaign and the subcommittee agreed it was.

### **PHE blood pressure campaign**

Alastair Buxton highlighted the PHE blood pressure campaign which is planned for September 2017. The subcommittee agreed that the word 'free' blood pressure testing should not be used in communications as some contractors may charge for this service. It was also highlighted that the campaign could be linked to HLP and having a health promotion zone on this topic.

### **Out of hospital urgent care**

A discussion was held around the different roles pharmacists working in urgent care centres are currently undertaking.

It was also agreed, following Indrajit Patel's comments, that Alastair Buxton and Clare Kerr would highlight to the out of hospital urgent care group about the use of extended hours pharmacies and whether this could be incorporated into their workplan for the following year.

### **NUMSAS**

Gary Warner asked whether it was clear how many areas were now live with NUMSAS; Alastair Buxton advised that the Services Team had not managed to get clear information on this matter from the central NHS England team.

Sunil Kochhar advised that his pharmacy had signed up to NUMSAS and out of five referrals they had received, there were issues with two of the referrals with NHS 111 not following the proper protocol.

### **Gluten-free consultation**

Alastair Buxton highlighted the gluten free consultation which ends on 22nd June and asked the subcommittee for their thoughts on whether PSNC should respond.

It was agreed that PSNC would submit a short consultation response, highlighting that the organisation understood the NHS was under financial pressure and therefore thought the prescribing of gluten-free products should be restricted to staple products. This would also fit with the likely response from the patient group, Coeliac UK.

It was also asked if PSNC would be responding to the consultation on the prescribing of products of no clinical value. Alastair Buxton advised that PSNC had advised NHS Clinical Commissioners that we would like to be involved in these discussions when they arise.