

PSNC LPC and Implementation Support Subcommittee Minutes
for the meeting held on 11th July 2017
at PSNC Office, 14 Hosier Lane, London, EC1A 9LQ

Present: Sam Fisher, Umesh Patel.

In attendance: Zainab Al-Kharsan, Alastair Buxton, Marc Donovan, Mike King, Melinda Mabbutt, Janice Perkins, Rosie Taylor, Stephen Thomas.

Apologies for absence

Apologies for absence were received from Peter Fulford, Kathryn Goodfellow, Jas Heer, Anil Sharma and Fin McCaul (due to travel delays).

Minutes of previous meeting and matters arising

The minutes of the meeting held on 9th May 2017 were approved by the subcommittee and there were no matters arising.

Agenda and Subcommittee Work

Changes to the contractual framework and local commissioning

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| 1 | Providing support and guidance to contractors and LPCs related to the 2017/18 changes to the CPCF |
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The report from the office was noted, and Janice Perkins gave an oral update on the work of the Community Pharmacy Patient Safety Group supporting the patient safety requirements of the Quality Payments Scheme. It was agreed that the team would start to reference company led recalls on the PSNC website for contractors to consider regarding this QP requirement, and further reference to the Patient Safety Group website as new material is added.

Rosie Taylor provided an additional update on the Quality Payments Scheme, including details from a review meeting with NHS England which included early discussions around post payment verification, the desire for qualitative analysis, the fact that there would be no evaluation questions at the November review point and that NHSE QP guidance will be updated. NHSE expect the national publication of data to regarding QP to be made available end July / early August.

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| 2 | Develop template service specifications, business cases and other resources (SDS) and offer support for local commissioning of services (LIS) |
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The report from the office was noted.

The final Ashridge report is expected in late July and as the next subcommittee meeting is not due to be held until October, the subcommittee agreed to hold a teleconference as soon as possible after the report is released to discuss content and agree next steps.

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| 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 |
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underpin future service developments

The report from the office was noted and feedback was given on the mapping of training providers, with a number of additions including the C+D, PDA, BPSA, Pharmaco such as Pfizer, and the RPS LPF network. It was flagged that engagement of pharmacy technicians would be beneficial.

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)

The information in the agenda and the paper in the PSNC agenda were noted.

- 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 noted the information in the agenda and Rosie Taylor was commended for her work on the 'Walk in my Shoes' toolkit.

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

The subcommittee noted the information in the agenda.

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 report in the agenda was noted and the arrangements for the LPC Conference 2017 and 2018 events were agreed, including the LPC Conference 2018 venue as Birmingham.

The report of the LPC Chairs and Chief Officers meeting 2017 was noted and the subcommittee was content with PSNC's initial responses to the LPCs, and that the format should re-iterate resources already available, and highlight additional activity to be undertaken in response to feedback. It was agreed that the suggested briefing for LPCs on size and structure will include case studies and suggest questions for LPCs to consider, rather than take the form of guidance. It was agreed that input would be sought from LPC's with relevant experience.

Rosie Taylor reported on LPC support suggestions arising from the recent STP and new care models webinar.

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

The report in the agenda was noted. The Chair reported that in terms of PSNC communications the RDF Chair will provide an interim report on expenditure of the Special Levy for LPCs.

- 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 report in the agenda was noted.

Any other business

Jas Heer had requested communications support on behalf of West Midlands LPCs from Zoe Long regarding local media interest in drug diversion cases that will result in negative press for community pharmacy.