PSNC Service Development Subcommittee Agenda

for the meeting to be held on Tuesday 11th July 2017

at 14 Hosier Lane, London, EC1A 9LQ

commencing at 3pm

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 had been received.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 9th May 2017 are set out in **Appendix SDS 01/07/17 (pages 6-10)** 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: At the May 2017 Committee meeting, it was agreed that a working group would undertake more work on the development of the proposed Community Pharmacy Care Plan (CPCP) service and consider what kind of financial framework could support such a service.

The working group, with some external expert input, has met on several occasions since the last Committee meeting and a more detailed description of the proposed CPCP service has been developed.

A briefing document which will be provided to stakeholders prior to meetings to seek their input into the design of the service is set out in **Appendix SDS 02/07/17 (pages 11-13)** for information. The current proposals will be presented and discussed during the subcommittee meeting; **all Committee members are welcome to participate in this discussion session**.

An update and discussion session on the financial work undertaken by the working group will be held during the plenary meeting on Wednesday 12th July.

The draft CPCP service and the work on a new funding framework was presented to the recent LPC Chief Officers and Chairs meeting, followed by a short discussion session.

Subcommittee Action:

- Review the draft description of the CPCP service presented at the meeting, discuss and provide feedback to the working group; and
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- The draft proposals for the CPCP service will be refined, considering feedback received from the

Committee at the July 2017 meeting. The views of patient groups will then be sought to help further develop the proposals in advance of the first Stakeholder Group meeting (see below). Meetings are being arranged, over the next few weeks, with several large patient groups, e.g. Diabetes UK, and a joint meeting with patient groups, organised in collaboration with the RPS, is also being arranged;

- Seek the views of relevant stakeholders, including DH and NHS England officials, on the further refinement of the proposals, including via a Stakeholder Group meeting. Attempts to organise the first Stakeholder Group meeting are continuing, but at the time of setting the agenda, an agreement from Keith Ridge / NHS England to take part is yet to be obtained;
- Informed by feedback received from external stakeholders, summarise the draft 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. Seek further input from stakeholders on this summary and then discuss further with DH and NHS England; 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: A formal response from NHS England on the proposals set out within the report of the Murray Review is still awaited; their individual response on each of the proposals will clearly have to inform the development of PSNC's final work plan for supporting implementation of the key recommendations.

Several pieces of work that will support implementation of the key recommendations have either already been undertaken or are planned; these are described in a report set out in **Appendix SDS 03/07/17 (pages 14-17)**.

The subcommittee is asked to consider other actions which could be undertaken prior to a formal response to the proposals being published by NHS England. Once this is issued, a final work plan will be developed, working collaboratively with the other national pharmacy organisations, where appropriate.

Subcommittee Action:

- Consider other work which could be undertaken to support implementation of the key Murray Review recommendations, prior to the publication of NHS England's formal response to the review.

Next Steps:

- Develop a final work plan to support the implementation of the key recommendations of the Murray Review, working with partner organisations and informed by NHS England's 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:

Toolkit 1: Minor Ailment Service

The documents to be included in the toolkit have now been produced. A final review of the documents, the webpage and the News Alert will be completed week commencing 3rd July therefore the aim is that the toolkit will be out for consultation by the July PSNC Committee meeting.

Toolkit 2: Stop smoking

A Gantt chart is currently being developed for the second toolkit so progress can be monitored and work will continue on developing resources for this toolkit.

Subcommittee Action:

- 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: Alastair Buxton ran a session on the CPFV at the Primary Care and Public Health Conference on Thursday 18th May at the NEC.

Subcommittee Action:

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

Next Steps:

- Work with the RPS to take forward the recommendation in the Murray Review related to joint work with the RPS, GPC and RCGP (this will include discussing the draft CPCP service proposals); 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 is being undertaken for PSNC by Ashridge Communications.

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: In late June, Gary Warner, Ian Cubbin, Sue Sharpe and Alastair Buxton met with Nicky Hall and Scott Wilkes to review the work that Nicky has been undertaking at the University of Sunderland over the last ten months. A progress report is set out in **Appendix SDS 04/07/17 (pages 18-19)** for information.

At the meeting, the funding of the ECCIP research study was considered and it was agreed that other pharmacy bodies would be approached to investigate whether they would be willing to co-fund the study with PSNC. A verbal report on progress will be given at the meeting.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

- Undertake the research on GP views on remote provision of pharmacy services;
- Secure additional funding to support the ECCIP research proposal; and

- Consider with the University of Sunderland, the development of training for LPC members in conducting service evaluations.

Any other business

Seasonal Influenza Vaccination Advanced Service

A service pathway for the Flu Vaccination Service was created and this was shared with SDS members and the Negotiating Team following the May meeting to get their feedback on the time taken to undertake each individual step within the pathway. Feedback received from Committee members was used to create a final service pathway, which was then used by the Pharmacy Funding Team to develop a costing model for the service. See the FunCon agenda for further details on the costing model.

The Services Team has reviewed the service specification and PGD for the 2016/17 Flu Vaccination Service, in preparation for discussions with NHS England about the service for the forthcoming flu season. A list of issues to discuss with NHS England has been created following the review which includes comments received from Committee members at the SDS meeting in May.

NHS England and PHE have shared the draft 2017/18 PGD with the Services Team and suggested amendments have been proposed to PHE. A meeting will shortly be held with NHS England to discuss other aspects of the 2017/18 service.

Dr Nicky Hall has suggested several amendments to the flu vaccination patient questionnaire, with the aim of gathering more robust data and further evidence of the benefits of the service to patients, should a revised questionnaire be adopted by NHS England. The current questionnaire and the proposed revised wording is set out in **Appendix SDS 05/07/17 (pages 20-23)** for consideration by the subcommittee.

Subcommittee Action:

- Provide feedback on the revised flu vaccination patient questionnaire wording.

Supporting the recording of public health interventions

The public health elements of the Community Pharmacy Contractual Framework (CPCF) require pharmacy contractors to provide appropriate public health advice to people visiting the pharmacy. Where deemed appropriate, records of this advice should be made by the pharmacy team. Feedback from NHS England's contract monitoring visits to community pharmacies suggests that some pharmacy contractors struggle to be able to demonstrate that they make such records.

According to the Royal Society for Public Health (RSPH), making appropriate records of public health interventions is not just a challenge for some pharmacy contractors, as nurses, midwives, dentists and allied health professionals also struggle to make appropriate records. This is highlighted in a joint RSPH / PHE publication - Everyday interactions – Measuring the public health impact of healthcare professionals.

The publication contains ten impact pathways, presented as logic models, covering different public health issues. Each model explains what advice a healthcare professional can give on the subject, what to record, information that can then be determined from collated records and how the impact of the intervention can be measured. An example for alcohol is set out in **Appendix SDS 06/07/17 (page 24)**.

The approach to record keeping set out in the logic pathways seems straightforward and if implemented by community pharmacy teams, it could address the issues identified by NHS England during contract

monitoring visits and could create an enhanced evidence base related to community pharmacy public health interventions.

Subcommittee Action:

- Consider whether PSNC should promote this approach to record keeping to contractors and potentially develop materials to support community pharmacy teams to make such records.

Out of hospital urgent care group

A verbal report on the key discussions at the last meeting of the group will be provided by Clare Kerr.

Review of the prescribing of low value medicines – stakeholder group

In mid-June, Alastair Buxton attended an NHS England / NHS Clinical Commissioners stakeholder group meeting on the review of the prescribing of low value medicines. A consultation document is being developed which will be issued in due course by NHS England and NHS Clinical Commissioners. This will seek the views of stakeholders on draft guidance that will eventually be issued to CCGs regarding the prescribing of the following products:

- Co-proxamol
- Omega 3 and fish oils
- Lidocaine Plasters
- Rubefacients
- Liothyronine
- Tadalafil once daily
- Doxazosin MR
- Fentanyl oral immediate release
- Travel vaccines (not covered by GMS)

NHS England / NHS Clinical Commissioners may also seek views on homeopathic and herbal remedies and medicines for self-care which can be bought OTC (however it is much less likely that the latter group will be included in the first consultation, as they have further work to do on this topic).

For the specific products listed above (excluding OTCs), an advisory group, with RPS input, has advised on which of the following options should apply to each product (more than one option can apply to each product):

- Advise GPs that no patients should now be started on the product;
- Provide support to GPs to actively de-prescribe the product;
- Continue to prescribe the product, but only in exceptional circumstances and with the involvement of a multi-disciplinary team;
- Prescribing of the products should only be undertaken by specialists; and / or
- Not to be routinely prescribed in primary care, but can be prescribed in specified circumstances.

The guidance will not be mandatory for CCGs to follow, but as this work has been requested by CCGs, NHS England expect good compliance over time. They are also looking at whether the GMS regulations could be changed so that GPs may prescribe an item, where the patient has a need, rather than the current 'must prescribe' requirement.

There will be an ongoing process to examine other products, where similar guidance could be issued in due course. The need for pharmacies to have advance notice of changes to prescribing was accepted and also the need for clear communications messages on each change, that could be used with patients by the GP and community pharmacy team. PresQIPP are developing resources of this sort which will be available to all CCGs.

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, Vanguards 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 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 identify the most 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.

Designing a Community Pharmacy Care Plan service

This paper describes work that PSNC is undertaking to design a Community Pharmacy Care Plan (CPCP) service, which, if commissioned, could support a wide range of people living with long-term conditions (LTCs) to more effectively manage their conditions and medicines, to achieve their personal health goals.

We have undertaken some initial work on what the service could look like and we now want to work with patient groups, the NHS, other healthcare professionals and Government to develop proposals on how such a service could operate as part of the wider support the NHS provides to people living with LTCs.

Current community pharmacy support

Community pharmacies in England have been providing NHS commissioned services to support people living with LTCs to use their medicines more effectively for over twelve years; the Medicines Use Review (MUR) service and the New Medicine Service (NMS) both allow community pharmacists to provide one to one support and advice to people living with LTCs. However, within the sector's vision for the future – the Community Pharmacy Forward View – we recognised that providing services on an ongoing manner, rather than the current episodic support provided by the MUR service, would be more valuable for patients and the NHS.

In his recent review of community pharmacy clinical services, Richard Murray (Director of Policy, The King's Fund), also recommended that the MUR service should be redesigned to include regular follow-up with patients as an element of care pathways.

What could a CPCP service look like?

It is imperative that the service is a part of the wider network of support provided by health and care professionals to people living with LTCs. The service would help patients to develop a plan to use medicines to optimally manage their LTC, which would form a part of the wider care plan that has been developed for that individual – it would create the 'medicines section' of the person's care plan, not a separate care plan.

It is also important that the service must support the patient to set goals related to use of their medicines and other pharmacy supported interventions, which are meaningful for the individual and help them to increase or optimise their engagement with the management of their condition. Measuring the individual's level of patient activation throughout the course of the service, is a key way in which the community pharmacy team can ensure they provide support that is effectively targeted to the needs of the person and that the individual's progress over time is tracked using a person-centred measure.

We believe it is also important that the service sits comfortably with the way the individual accesses health and care from the NHS. The service would therefore be designed to be provided via regular, short discussions with the patient, when they are collecting their next supply of medicines from the pharmacy (utilising the NHS electronic Repeat Dispensing (eRD) service).

On the final page, there is an illustration of a potential patient pathway for the CPCP service, but it is only illustrative, as to achieve a person-centred approach would necessitate community pharmacy teams taking a flexible approach to provision of the service.

This person-centred approach to developing a 'pharmacy care plan' with a patient has already been successfully piloted in a project undertaken in West Yorkshire (the Community Pharmacy Future project). The academic evaluation of this project is due to report fully later in 2017, but an initial paper has been published which describes findings from the set up and deliver of the service.

The learning from the Community Pharmacy Future project have been applied to the development of the following draft patient pathway and it has also informed the commissioning of a pilot pharmacy care plan service within Greater Manchester.

What are the next steps?

This paper describes the work undertaken so far to consider the design of a Community Pharmacy Care Plan service, which would also fit with the recommendation in the Murray Review that the MUR service should be redesigned.

PSNC would like to discuss these proposals with stakeholders and explore other options that could also be considered for development of a CPCP service. We will then develop a further proposal for how a CPCP service could be structured, which we would wish to discuss with the Department of Health and NHS England, with an aim of implementing such a service within the NHS Community Pharmacy Contractual Framework (the pharmacy contract).

The Murray Review proposals

The report of the Murray Review was published in mid-December 2016 and it made two recommendations related to the provision of community pharmacy support for people living with LTCs:

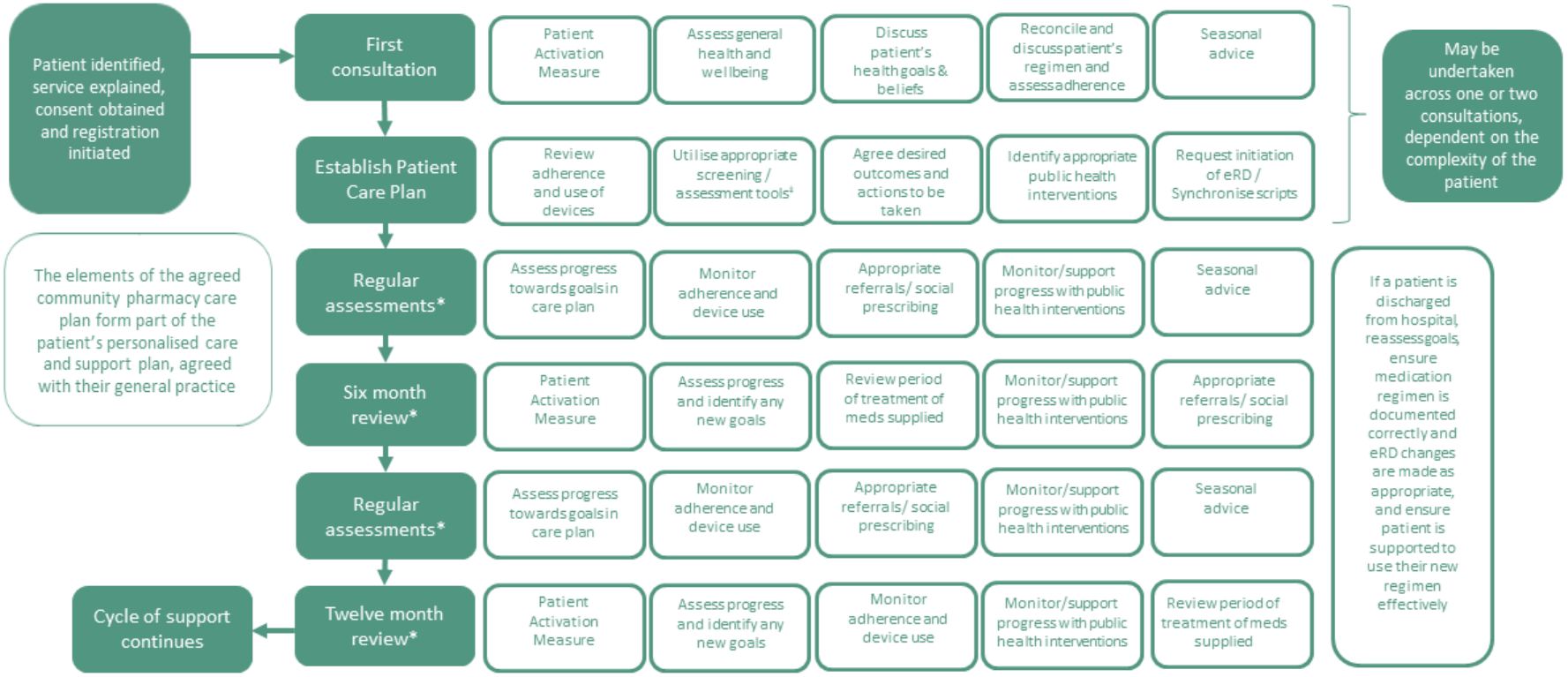
1. Full use should be made of the eRD service. Except for patients not yet stabilised on their medication, eRD should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.

2. The existing 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 LTCs 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 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.

Illustrative CPCP service patient pathway



eRD – the NHS electronic Repeat Dispensing service

* Consultations usually occur when the patient is due to collect their next set of eRD prescriptions; patient's need for individual eRD items is checked before each supply

‡ e.g. STOPP/START, ACT, CAT, Frailty/Falls/Independent living assessment, Pain score

Implementing the Murray Review proposals

A formal response from NHS England on the proposals set out within the report of the Murray Review is still awaited; their individual response on each of the proposals will clearly have to inform the development of PSNC's final work plan for supporting implementation of the key recommendations.

Several pieces of work that will support implementation of the key recommendations have either already been undertaken or are planned; these are described below.

Services	
Murray Review proposal	**Actions already undertaken and future plans**
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.	**Identified as a priority by PSNC.** The use of eRD as the default option for repeat prescribing is a key recommendation within the Community Pharmacy Forward View (CPFV) and it is also central to PSNC's proposals for a Community Pharmacy Care Plan (CPCP) service (see point 2). A number of new and updated resources to support the use of eRD have been published on the PSNC website over the last few months (these have previously been detailed in the LIS agenda papers). The recently published PSNC Walk in my shoes toolkit can be used to support local discussions between GP and community pharmacy teams and discussions on repeat prescribing systems and eRD are a central part of the approach proposed in the toolkit.
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	**Identified as a priority by PSNC.** PSNC is developing proposals for a Community Pharmacy Care Plan service as a response to this recommendation. Progress on this work is reported elsewhere in this agenda.

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.	**Identified as a priority by PSNC.** The commitment to promote the commissioning of MAS across the country was made under the last Government, so DH and NHS England will need to ascertain whether the policy continues to be supported by the new Government. Informal discussions with NHS England officials suggest that they are still keen to pursue the objective and it was agreed at a recent Out of Hospital Urgent Care Pharmacy Reference Group meeting, that various pharmacy stakeholders will review the current evidence for the service, particularly considering the decision of some CCGs to de-commission MAS services due to new local policies on self-care being implemented. As reported elsewhere in this agenda, the Services Team have also been updating and developing new resources to support the commissioning of MAS.
4. Consideration should be given to smoking cessation services becoming an element of a national contract.	This recommendation was welcomed by PSNC, but with a recognition that it is contrary to current Government policy on commissioning of public health services. The response of NHS England to the recommendation is therefore required before any future plans to support implementation can be considered.
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.	PSNC is continuing to develop resources to support LPC engagement with STPs and new models of care and to share relevant learning from LPCs with the full network of LPCs, e.g. the forthcoming webinar on Friday 7th July 2017. NHS England and the RPS are leading work on pharmacy input into care homes; despite repeated requests to NHS England, PSNC has not yet been engaged in this work.

• 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.	Several resources to support the development of pharmacy-based case finding services are available, but the lack of availability of public health funding to commission such services continues to be a challenge at a local level.
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.	In November 2016, PHE published Local Health and Care Planning: Menu of preventative interventions report which provides advice to local government and STPs on evidence-based public health interventions. The document, which is summarised in PSNC Briefing 009/17: A summary of PHE's Local Health and Care Planning: Menu of preventative interventions report (February 2017), refers to a number of pharmacy-provided public health services.
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	NHS Digital's 'Digital Medicines' domain includes a number of work packages which will support the proposals; they are working with pharmacy system suppliers and the joint Community Pharmacy IT Group is also engaged in this work.

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.	PSNC's work to develop proposals for a CPCP service will include wider discussions with pharmacy contractors and their teams; an initial discussion of the proposals has already been undertaken with the network of LPCs.
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.	The recently launched, PSNC Walk in my shoes toolkit provides practical support for building and enhancing local community pharmacy / general practice relationships. Now the initial work on the development of a draft CPCP service has been undertaken, this will be discussed with the RPS and meetings with the RCGP and BMA will be sought.
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.	

Progress report from Dr Nicky Hall (June 2017)

1. Meta-ethnography

"Filling a gap?" A qualitative synthesis of health professional and lay perspectives of the role of Community Pharmacy in facilitating care for people with long-term conditions.

- The work has now been completed and the proposed paper has been formatted for submission to Research in Administrative and Social Pharmacy. The authors are N Hall, G Donovan and S Wilkes. The journal has 2 publication routes. There is an option to pay for open access or "green" open access is possible after a 12-month embargo period.

2. Embedding Clinical Consultations Into community Pharmacies (ECCIP)

- The previous funding bids for the ECCIP study were unsuccessful. The project was scaled down slightly further to the review from the first grant application.

3. GP views on eRD and remote pharmacy services

- A study proposal has been developed to explore the views and opinions of GPs on electronic repeat dispensing and other remote or internet based pharmacy services. An academic/community pharmacist from Sunderland (Deanne Marshall) has agreed to work on the project and provide pharmacy expertise. A funding application to the University of Sunderland to cover all the additional costs associated with the focus groups and online questionnaire was successful.
- University of Sunderland ethics approval was granted on 19th June 2017 and an IRAS form has been submitted for HRA approval. We are unable to progress with study recruitment until this has been received.
- GP recruitment for the focus groups is anticipated to be difficult, and a range of recruitment strategies are being put in place for when HRA approval is received.

4. Timely Study – Systematic review

- NH is acting as second reviewer and joint author on a systematic review to examine whether a two-way automated patient contact intervention has the potential to improve adherence to medicines for chronic conditions in the primary care setting. This is for one element of G Donovan's NIHR funded doctorate.

5. Other involvement in School of Pharmacy research and generic research capacity building

- MPharm student project supervision - NH has supervised 2 students to completion of their MPharm projects (Sexual health and needle exchange services) and assisted with assessment for another 3. Potential project ideas for the next academic year (2017/2018) are yet to decided.
- Reviewing and involvement in other Community pharmacy grant applications:
  - Role of community pharmacy in the delivery of oral healthcare – This was submitted to PRUK but was unsuccessful. It is now being prepared for a HEF bursary application.
  - CRP POCT in community pharmacy HEF bursary application.
  - Commissioning brief NIHR HS&DR – medicines optimisation – some initial work up for a grant application was completed, but it was not felt this would be a feasible project to prepare for submission in the time available and other projects were prioritised.
  - HSRPP conference – This conference was very useful for meeting other researchers in the field and finding out about ongoing work.
  - Other Networking – NH has met with the Chief Officers from Sunderland and County Durham and Dales LPCs, the chairs of the local LPNs and has attended a Sunderland LPC meeting. Spoken with Tracey Thornley and Malcom Harrison in relation to the CPF2 project and

completed background research into possible research areas. This was not pursued as much of the work was already being completed by other academics.

- Community pharmacy experience – NH has spent time within a community pharmacy to get a better understanding of the processes and priorities.

6. Ongoing and possible areas for future work

- **PharmOutcomes data** - Access to the data is still being negotiated. Specific data sets may be accessible on request, however. NH has reviewed all the previously published work that has used PharmOutcomes data and most have used additional data collection alongside the data or have recorded information specifically for a particular research question. Specific areas requiring analysis of existing data have yet to be identified (ongoing).
- **Flu questionnaire** - NH had made suggested changes to the flu questionnaire data collected as per discussion with AB and this may be one area to be pursed further in the future.
- **Register of evidence gaps for future planning** - This is ongoing.
- **Service evaluation skills for LPCs** - This was discussed and agreed that NH/AB/SW pick this up at a later date.

Current flu vaccination patient questionnaire wording

NHS Flu Vaccination Service - Patient Questionnaire

Please complete the short questionnaire below, after you have been vaccinated. The answers will help NHS England to evaluate this service and plan future services.

1	Did you have a flu vaccination last winter?	☐ Yes	☐ No		
2	If yes, where were you vaccinated?	☐ GP practice ☐ Pharmacy ☐ Other location			
3	How did you hear about this pharmacy flu vaccination service? (choose all that apply)	☐ From the pharmacy staff ☐ Poster in the pharmacy ☐ From my GP/nurse ☐ By word of mouth ☐ I used the service last year ☐ Poster in the GP practice ☐ An NHS advert (newspaper, TV or radio)			
4	How satisfied were you with the service you received in the pharmacy?				
	☐ Very satisfied	☐ Fairly satisfied	☐ Not very satisfied	☐ Not at all satisfied	
5	Would you be willing to have a vaccination at a pharmacy in the future?	☐ Yes	☐ No	☐ Not sure	
6	Would you recommend this service to your friends and family?	☐ Yes	☐ No	☐ Not sure	
7	If you had not had your flu vaccination in the pharmacy this year, would you have been vaccinated elsewhere?	☐ Yes	☐ No	☐ Not sure	
Some questions about you					
8	What is your sex?				
	☐ Male	☐ Female			
Please turn over					

9	What is your ethnicity?
	A - White ☐ White - British ☐ White - Irish ☐ White - Any other White background **B - Mixed** ☐ Mixed - White and Black Caribbean ☐ Mixed - White and Black African ☐ Mixed - White and Asian ☐ Mixed - Any other mixed background **C - Asian or Asian British** ☐ Asian or Asian British – Indian ☐ Asian or Asian British - Pakistani ☐ Asian or Asian British - Bangladeshi ☐ Asian or Asian British - Any other Asian background **D - Black or Black British** ☐ Black or Black British - Caribbean ☐ Black or Black British - African ☐ Black or Black British - Any other Black background **E - Chinese or other ethnic group** ☐ Chinese ☐ Any other ethnic group
10	How old are you?
	☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+

Thank you for taking the time to complete this questionnaire.

To be completed by the pharmacy staff		
Date of vaccination		
Eligible patient group	☐ Aged over 65	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential or home	☐ Carer
	☐ Household contact of immunocompromised individual	

Proposed revised flu vaccination patient questionnaire wording

NHS Flu Vaccination Service - Patient Questionnaire

Please complete the short questionnaire below, after you have been vaccinated. The answers will help NHS England to evaluate this service and plan future services.

1	Did you have a flu vaccination last winter?	☐ Yes ☐ No			
	If yes, where were you vaccinated?	☐ GP practice ☐ Pharmacy ☐ Other , please state: _____			
2	How did you hear about this pharmacy flu vaccination service? (choose all that apply)	☐ From the pharmacy staff ☐ Poster in the pharmacy ☐ From my GP/nurse ☐ By word of mouth ☐ I have used the service before ☐ Poster in the GP practice ☐ An NHS advert (newspaper, TV or radio) ☐ Other: _____			
3	What were your reasons for choosing to have your vaccination at this pharmacy today (choose all that apply)	☐ Convenience of not having to book an appointment ☐ Already attending the pharmacy for something else ☐ Difficulty getting an appointment at GP practice ☐ Convenience of long opening hours ☐ Recommended to me ☐ Easier for me to get to pharmacy (i.e. location) ☐ Other: _____			
4	How satisfied were you with the following?				
	a) Information provided by pharmacy staff about the vaccination service	☐ Very satisfied	☐ Fairly satisfied	☐ Not very satisfied	☐ Not at all satisfied
	b) Waiting time before getting your vaccination	☐ Very satisfied	☐ Fairly satisfied	☐ Not very satisfied	☐ Not at all satisfied
	c) Knowledge and skills of the pharmacist who provided your vaccination	☐ Very satisfied	☐ Fairly satisfied	☐ Not very satisfied	☐ Not at all satisfied
	d) Suitability of the consultation room where you had your vaccination	☐ Very satisfied	☐ Fairly satisfied	☐ Not very satisfied	☐ Not at all satisfied
5	Overall, how satisfied were you with the flu vaccination service you received?				
	☐ Very satisfied	☐ Fairly satisfied	☐ Not very satisfied	☐ Not at all satisfied	
	Please turn over				

7	How likely would you be to do the following?				
	a) Recommend this service to your friends and family	☐ Very likely	☐ Fairly likely	☐ Not very likely	☐ Not at all likely
	b) Come back to this pharmacy for vaccinations in the future	☐ Very likely	☐ Fairly likely	☐ Not very likely	☐ Not at all likely
8	If you had not had your flu vaccination in the pharmacy this year, would you have been vaccinated elsewhere?				
	☐ Yes ☐ No ☐ Not sure If yes, where? _____				

Some questions about you

9	What is your sex?	☐ Male ☐ Female
10	How old are you?	☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+

11 What is your ethnicity?

A - White
- ☐ White - British
- ☐ White - Irish
- ☐ White - Any other White background

B - Mixed
- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Mixed - Any other mixed background

C - Asian or Asian British
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Any other Asian background

D - Black or Black British
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - African
- ☐ Black or Black British - Any other Black background

E - Chinese or other ethnic group
- ☐ Chinese
- ☐ Any other ethnic group

Thank you for taking the time to complete this questionnaire.

To be completed by the pharmacy staff

Date of vaccination		
Eligible patient group (tick all that apply)	☐ Aged over 65	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential or home	☐ Carer
	☐ Household contact of immunocompromised individual	

Alcohol impact pathway