

PSNC Agenda

For the meeting to be held on the 9th and 10th January 2018

CCT venues Barbican, Aldersgate House, 135-137 Aldersgate Street, EC1A 9LQ

Commencing at 11am on Tuesday 9th January

Members: David Broome, Mark Burdon, Peter Cattee, Ian Cubbin, Mark Donovan, David Evans, Samantha Fisher, Peter Fulford, Kathryn Goodfellow, Mark Griffiths, David Hamilton, Jas Heer, Mike Hewitson, Tricia Kennerley, Clare Kerr, Sunil Kochhar, Andrew Lane, Margaret MacRury, Fin McCaul, Garry Myers, Bharat Patel, Indrajit Patel, Prakash Patel, Umesh Patel, Jay Patel, Janice Perkins, Adrian Price, Anil Sharma, Stephen Thomas, Faisal Tuddy, Gary Warner

Chairman: Sir Mike Pitt

1. Apologies for absence

Apologies for absence have been received from David Evans, Peter Fulford and Mark Griffiths.

3. Matters arising from the minutes

To consider matters arising from the minutes of the October and November meeting which are not dealt with elsewhere within the agenda.

4. Chairman's Report and Chief Executive's Report

ACTION

5. Moving forward

Since the November Planning Meeting we have received a positive response from the Minister to the letter sent following our introductory meeting, and most recently a letter from Jeannette Howe outlining interim funding proposals, and seeking to engage on a number of issues. Her letter states that DH does not expect to be able to consider substantive proposals for 2018/19 before late February at the earliest.

6. 2018 Plan

The 3-year plan 2017-20, and the draft plan for 2018 are set out in [Appendix 01/01/18](#).

The subcommittees will settle their work plans in light of the PSNC Plan; the draft work plans are set out in the subcommittee agendas. The draft Public Affairs and Communications work plan is set out in [Appendix 02/01/18](#).

7. Community Pharmacy Contractual Framework

A report will be provided at the meeting.

8. EPS phase 4

A report will be provided at the meeting.

9. Price concession system

A report will be provided at the meeting.

10. Consultation on Conditions for which OTC items should not routinely be prescribed in primary care

A summary of the recently published consultation document is set out in [Appendix 03/01/18](#). The Committee is asked to consider the proposals and the response it wishes to provide to the consultation.

REPORT

11. Judicial Review

The Court of Appeal has notified PSNC that the appeal hearing is listed to start on 22 May 2018 and be heard over two and a half days. The Court had previously indicated that the hearing should be before Easter 2018, but it was not possible to find suitable dates for all legal Counsel and the Court agreed the later date.

12. Next PSNC Meeting

The next PSNC meeting will be held on Tuesday 13th and Wednesday 14th March at CCT Venues Barbican, Aldersgate House, 135-137 Aldersgate Street, EC1A 9LQ.

13. Any Other Business

14. Challenge to Confidentiality

PSNC Strategic Plan 2017 - 2020

Our strategic aim is to support the development of the community pharmacy sector to meet the changing needs of patients, the public and service commissioners by:

1. Ensuring the recognition and acceptance of the role, value and skills of community pharmacies within all stakeholder groups;
2. Restoring constructive and collaborative working with the Department of Health and NHS England;
3. Developing and agreeing changes to the CPCF, so it is a services-led contract, which supports the implementation of the Community Pharmacy Forward View (CPFV);
4. Supporting LPCs and contractors to secure the local commissioning of services and build effective collaboration or service integration with other local health and care providers; and
5. Ensuring pharmacy contractors and their teams have the necessary skills, support and infrastructure to successfully provide the services described in the CPFV.

PSNC Draft 2018 Plan

1. Develop proposals for a services-led contract for England and secure its adoption by DH and NHS England. Agree transitional changes to the CPCF with DH and NHS England. **SDS**
2. Develop and secure agreement to funding models that properly reward service provision and provide fair distribution, reducing volatility and unpredictability. **FunCon**
3. Use communications, media work, lobbying and wider engagement activity to build wider understanding and support for community pharmacy in the evolving NHS. **LIS**
4. Develop template service specifications, business cases and other resources with relevant research, to support local commissioning of services. **SDS**
5. Consider and resolve regulatory issues associated with the current CPCF and future developments; where necessary proactively seek changes to the regulatory framework, to support contractors. **HPR**
6. Ensure accurate provision of funding. **FunCon**
7. Ensure administration of the regulations is undertaken properly and effectively; advising and supporting LPCs and contractors **HPR**
8. Ensure community pharmacy IT infrastructure meets the needs of contractors. **SDS**
9. Provide support and guidance to contractors on the CPCF and relevant NHS issues. **LIS**
10. Work with and provide resources for LPCs, promoting collaboration and the sharing of knowledge, skills and resources, to improve their effectiveness in the evolving local NHS environment. **LIS**
11. Work to build a wider understanding of community pharmacy and support for its changing role in the evolving NHS. **LIS**
12. Agree and manage PSNC's budget and finances for 2018, making economies to manage funding squeeze. **RDF**
13. Ensure PSNC has and implements strong financial and corporate governance policies. **RDF**
14. Ensure PSNC, its staff and resources are used to provide the best possible support for contractors. **RDF**

PSNC Communications and Public Affairs 2018

Many of the key themes, such as the need to build allies for community pharmacy, to engage contractors, and to describe and sell our vision for the sector, were discussed at the planning meeting. These are covered in the plan below, which sets out a series of proposed actions to be considered within the current resource constraints.

Public Affairs Plan

The key objectives of PSNC's public affairs work will be:

- To build supporters for community pharmacy, both across Parliament and the wider health and care system; and
- To make the case for sustainable funding and service developments to support the network of community pharmacies.

To help achieve this, proposed actions for 2018 are:

- Review PSNC and local stakeholder maps and priorities to reflect the evolving commissioning structures and PSNC's policy objectives.
- Work with LPCs and others to raise the profile and improve the credibility of community pharmacy, particularly amongst local healthcare commissioners and GPs.
- Gain Parliamentary support for community pharmacy and ensure scrutiny of relevant policy, including managing a rolling contacts list of target MPs and Peers.
- Secure support from Parliamentary groups including the All-Party Pharmacy Group.
- Coordinate work with the other pharmacy organisations to ensure that all pharmacy public affairs initiatives have the most impact possible.
- Engage with the media to raise the profile of community pharmacy and promote PSNC's policy messages.

Communications Plan

A significant part of PSNC's communications work in 2018 will be to provide the resources and briefings needed to deliver the public affairs plan. This will include:

- Using the PwC report and other evidence to produce resources which clearly articulate the value of community pharmacy and its importance to health and social care.
- Producing effective messages and resources to support PSNC's policy objectives and to promote PSNC's vision for community pharmacy.
- Ongoing review of PSNC communications channels, including digital media, to ensure messages are having the most impact.

At the planning meeting PSNC identified the need to work to communicate with contractors, to ensure that they understand the risks facing the sector and support proposed changes to services and funding. PSNC will therefore need to work to:

- Ensure that community pharmacy contractors and their teams have access to all the information, training and resources they need from PSNC in the best formats possible.
- Build understanding of the challenges facing the sector.
- Support contractors to make any changes needed and to deliver high quality services.

Reputation Management

PSNC will need to continue to manage its reputation, ensuring that contractors and LPCs know about all the work we are doing. PSNC will also need to ensure that the positive elements of its reputation are maintained through changes in 2018. Key tasks will be:

- Identifying and managing risks to PSNC's reputation, including related to the 2018 elections, organisational rebrand and the Judicial Review.
- Monitoring the effectiveness of PSNC's communications and public affairs and media work.
- Maintaining strong relationships with the pharmacy press to build PSNC's reputation.
- Using communications to build support among contractors and LPCs for PSNC's work.

LPC Communications and Public Affairs Support

There will be a need for PSNC to coordinate any lobbying and communications work closely with work being done by the LPCs. PSNC will also need to provide support and guidance to help LPCs to engage with local stakeholders. To help achieve this we will:

- Provide resources for LPCs to help them to build a wide base of local support for community pharmacy and to influence local politicians.
- Help LPCs to manage their relationships with MPs, and to carry out local advocacy work.
- Advise LPCs on messaging, including helping them to highlight any impact of funding cuts on pharmacy services and to evidence the value of community pharmacy.
- Ensure that LPCs can access all the information they need from PSNC easily.
- Continue to develop communications tools for LPCs.

Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs

On 20th December 2017, NHS England and NHS Clinical Commissioners (NHSCC) published a consultation on guidance for Clinical Commissioning Groups (CCGs) regarding the restriction of prescribing for the treatment of several minor conditions.

The proposals follow on from a [commitment to hold a full consultation on restricting the prescribing of OTC products](#) made by the NHS England Board in November 2017. Views are now being sought on stopping the routine prescribing for 33 minor conditions, as well as on probiotics and vitamins and minerals. Interested parties have until 14th March 2018 to respond via [the public consultation on the NHS England website](#).

Background

In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines for minor conditions, which could otherwise be purchased over the counter (OTC). This NIC relates to the dispensing of 150,942,000 items (rounded to nearest thousand) which fall into the three criteria detailed in the following section or they “can be purchased OTC, sometimes at a lower cost than that which would be incurred by the NHS” (when total NHS costs are considered).

NHS England have estimated that restricting prescribing for ‘minor’ conditions may save up to £136m once all discounts and clawbacks have been accounted for. This NIC relates to 39,728,000 items (rounded to nearest thousand) or nearly 4% of current dispensing volume.

The guidance will be issued as general guidance under the NHS Act 2006 and is addressed to CCGs to support them to fulfil their duties around appropriate use of prescribing resources. The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective. The guidance would not remove the clinical discretion of the prescriber in accordance with their professional duties.

Conditions (and two product groups) for which prescribing could be restricted

1. Probiotics
2. Vitamins and minerals
3. Acute Sore Throat
4. Cold Sores
5. Conjunctivitis
6. Coughs and colds and nasal congestion
7. Cradle Cap (Seborrhoeic dermatitis – infants)
8. Haemorrhoids
9. Infant Colic
10. Mild Cystitis
11. Contact Dermatitis
12. Dandruff
13. Diarrhoea (Adults)
14. Dry Eyes/Sore (tired) Eyes
15. Earwax
16. Excessive sweating (Hyperhidrosis)
17. Head Lice
18. Indigestion and Heartburn
19. Infrequent Constipation
20. Infrequent Migraine

21. Insect bites and stings
22. Mild Acne
23. Mild Dry Skin/Sunburn
24. Mild to Moderate Hay fever/Seasonal Rhinitis
25. Minor burns and scalds
26. Minor conditions associated with pain, discomfort and/fever (e.g. aches and sprains, headache, period pain, back pain)
27. Mouth ulcers
28. Nappy Rash
29. Oral Thrush
30. Prevention of dental caries
31. Ringworm/Athletes foot
32. Teething/Mild toothache
33. Threadworms
34. Travel Sickness
35. Warts and Verrucae

NHS England proposes to make one of the following three recommendations for each condition (or item):

- Advise CCGs to support prescribers in advising patients that **[item]** should not be routinely prescribed in primary care due to **limited evidence of clinical effectiveness**.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **self-limiting and will clear up on its own** without the need for treatment.
- Advise CCGs to support prescribers in advising patients that a prescription for treatment of **[condition]** should not routinely be offered in primary care as the condition is **appropriate for self-care**.

Chapter 4 of the consultation document sets out draft guidance to CCGs on prescribing in the above conditions/product groups.

General exceptions that could apply to the recommendation to self-care

The draft guidance states that clinicians should continue to prescribe taking account of NICE guidance as appropriate for the treatment of long term conditions (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease), for the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines) and for those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms such as cough lasting longer than three weeks).

Treatment for complex patients (e.g. immunosuppressed patients) and patients on treatments that are only available on prescription should continue to have these products prescribed on the NHS. Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.

Prescriptions for the conditions listed in this guidance should also continue to be issued on the NHS for:

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor ailment.

- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Patients where the clinician considers that their ability to self-manage is compromised as a consequence of social, medical or mental health vulnerability to the extent that their health and/or wellbeing could be adversely affected if left to self-care.

The guidance also states that CCGs should ensure that community pharmacists are reminded of “red flag” symptoms for the conditions covered by the consultation. GPs and/or pharmacists should refer patients to NHS Choices, the Self Care Forum or NHS 111 for further advice on when they should seek GP care.

In Appendix 3 of the document, NHS England considers the potential unintended consequences of implementing the guidance and possible actions which would mitigate the potential impact; the key points are listed below:

Potential unintended consequences of issuing the proposed guidance	Potential solution
Increased patient interactions with secondary care and consequent costs	Joint local guidance with A&E secondary care providers may be appropriate. CCGs may wish to monitor A&E attendance for any of the minor conditions within the guidance.
Prescribers may decide to prescribe alternative treatments, with increased cost implications	There may be cases where GPs prescribe more expensive or prescription only products to treat some of the conditions outlined within this guidance, however the recommendation is that, subject to the exceptions listed, no items should be prescribed for these conditions and GPs will need to take account of this guidance and take professional responsibility for any prescribing decisions made.
This guidance undermines individual prescribers’ decision making	Prescribers must recognise and work within the limits of their competence, as recommended by the GMC and other professional regulators/bodies. Nationally accessible resources (e.g. patient information leaflets) and local professional support should be provided to prescribers. The proposed guidance does not remove the clinical discretion of the prescriber in deciding what is in accordance with their professional duties.
Effect on medicines supply	It is recognised that by proposing guidance on restricting the supply of over the counter medicines on prescription and encouraging people to purchase some of these items, an increased demand for OTC medicines from pharmacies needs to be considered. NHS England will work with Department of Health colleagues to ensure that pharmaceutical companies (PAGB, BGMA) are aware of the proposed guidance and potential need for increased supply in some other products.
Risk of patients not self-treating for conditions	Provided that patients are seeking help for red flag symptoms, i.e. when the condition is not minor, for most of the conditions contained within the list there is a very low risk if these conditions are not treated, as most of these illnesses will clear up on their own. The following conditions may have some additional risks associated with not treating: Hay fever/allergic rhinitis – there may be an unintended consequence of an increase in steroid and or prescription antihistamine prescribing. There is also a minor risk of spread of infection with the following conditions: Ringworm, Head lice and Threadworms.
Risk of patient not presenting to a GP with a red flag symptom	Patients should be encouraged to access health information via NHS choices, the Self-Care forum NHS 111 and their local community pharmacy. Patient information leaflets will be produced to highlight these resources to patients. In addition, if patients present in a community pharmacy, pharmacists are trained healthcare professionals who will be able to refer patients to the GP when appropriate.
Patients in Care Homes	There is a risk that some care homes will still request prescriptions from GPs on the basis that they can’t practically administer the medicine to residents without a prescription. However, all care homes should be encouraged to adopt a Homely Remedies Policy which includes the purchase and administering of a range of OTC medicines to residents. Some homes may be resistant to this due to the financial implications to the care home, however, the conditions within our guidance require treatments or items that the patient would normally be expected to buy so would not fall under the provision of the care home.
Misinterpretation of the guidance	Some prescribers may misinterpret the guidance and stop prescribing for long term conditions or fail to apply an exception. Implementation tools will make it clear that all restrictions apply to minor, self-treatable illnesses only and that prescribers remain responsible for their decisions.

The NHS England and NHS Clinical Commissioners joint clinical working group will continue to meet during and after the consultation, and will update the proposals as a result of the consultation. In future, the joint clinical working group will review the guidance to identify potential conditions to be retained, retired or added to the current guidance.

The consultation questions

The consultation seeks views on the appropriateness of the three proposed categories for products or conditions, the general exceptions which have been proposed and the individual guidance which has been proposed for each item or condition.

The full consultation document can be downloaded from:

<https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/>

PSNC's response

[PSNC's response to the original consultation](#) on low-value medicines, in relation to the prescribing of OTC medicines:

- Recognised the financial challenge the NHS is facing and supported the need to ensure efficient use of NHS resources and the drive to empower people to self-care;
- Raised concerns regarding:
 - the conflict with Principle 2 of the NHS Constitution ('Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament');
 - the conflict with the regulatory and professional obligations on doctors to prescribe a medicine where clinically indicated;
 - the likely disproportionate adverse impact on low income individuals / families and their children;
 - the risk of unintended consequences, such as increased use of A&E and other urgent care services, and increased prescribing of more potent prescription only items; and
 - the likely practical challenges which will be faced by community pharmacy and general practice teams, such as the restricted licensing of some OTC medicines; differentiating between patients using medicines for self-limiting conditions and those where they are using the medicine to manage a long term condition; managing patients who will need to purchase OTC medicines which were previously prescribed and included in multi-compartment compliance aids filled by their community pharmacy; and increased workload for pharmacy teams, associated with explaining to patients why OTC products are no longer prescribed.
- Suggested that NHS England and NHS Clinical Commissioners consider the benefits that could be seen for patients, general practice and the wider NHS if there was nationwide coverage of community pharmacy provided minor ailments services. Such coverage, potentially restricted to people and families that are currently exempt from NHS prescription charges on income grounds, could help avoid the potential unintended consequences of implementing a blanket restriction on prescribing OTC medicines for some of the most vulnerable groups within society and the risk that such a policy could increase health inequalities.

SDS will consider the clinical appropriateness of the detailed guidance related to the individual items or conditions in order to inform PSNC's response on these points.

The three proposed categories for items or conditions included within the guidance seem appropriate and the general exceptions which have been proposed or the other mitigating actions, listed in the table above, tackle the majority of the issues and concerns previously raised by PSNC.

The Committee is asked to consider whether there are any new issues of concern which should be raised in our response to the consultation or grounds on which PSNC could object to the proposals. In the absence of any such issues, should PSNC accept the proposed approach, while noting the change these proposals bring to the scope of the NHS service offering to patients?

The wider consequences

Over and above the impact on prescription volume, assuming all CCGs accept and implement the guidance, it will see the removal of the majority of prescribing within primary care for minor illness and it should therefore be expected that this will result in the decommissioning of most minor ailments services. SDS will consider what, if any, action PSNC should take in relation to this.