

**PSNC Service Development Subcommittee Minutes**  
**for the meeting held on Wednesday 10th January 2018**  
**at 14 Hosier Lane, London, EC1A 9LQ**

**Present:** Clare Kerr (Chairman), Sunil Kochhar, Faisal Tuddy.

**In attendance:** Zainab Al-Kharsan, Alastair Buxton, Jay Patel

**Apologies for absence**

Apologies for absence were received from Marc Donovan, Mike Hewitson and Gary Warner.

**Minutes of previous meeting and matters arising**

The minutes of the meeting held on 10th October 2017 were approved.

**Agenda and Subcommittee Work**

The subcommittee noted the remit set out in the governance papers. The elements of PSNC's plan that fall within the remit of SDS were considered and agreed as being appropriate.

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| <b>1</b> | <b>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</b> |
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The information in the agenda was noted and the subcommittee agreed the proposed next steps.

**Extension of NUMSAS**

The information in the agenda was noted. Alastair Buxton explained that the proposed changes to the service specification were inconsequential additions related to referrals being made from integrated urgent care hubs as well as NHS 111. A change to allow payment claims to be submitted with the contractor's main prescription bundle was also made; comms on this will be issued by NHS England and PSNC shortly.

NHS England had held a workshop to get feedback on NUMSAS on Tuesday 9th January 2018; Helen Musson (Joint Head of Service Development) had attended to represent PSNC and had provided the following brief feedback:

- All areas are now live with NUMSAS (or are due to go live this week), except Devon;
- Highest users of the service are patients with asthma, diabetes, and depression; and
- 35% of urgent medicines requests are being referred to NUMSAS (it was 25% in October 2017). The experience from locally commissioned PURM services shows that much higher referral levels can be achieved over time with training of call handlers. Making the pharmacy referral the only option available to call handlers ultimately ensures maximum referrals, as was found in West Yorkshire. Some areas are starting to consider this approach.

An interim evaluation report had been shared with attendees which detailed the operational challenges that had occurred with the rollout of the service.

The strategic importance of embedding referral pathways from NHS 111 to community pharmacy was noted, as NHS 111 and its forthcoming digital service, which will be allied to the new NHS.UK website, are being viewed by DHSC and NHS England as the front door to the NHS.

## 2 Develop template service specifications, business cases and other resources with relevant research, to support local commissioning of services

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

Alastair Buxton provided a summary of the recent discussions with several LPCs that are keen to work collaboratively with PSNC on the development of resources to support service commissioning. These LPCs have identified the development of support for new and more innovative services to be their priority. PSNC would provide centralised support and project management to help ensure consistency across different resources developed via this route. The subcommittee agreed that this approach was worth trying with volunteer LPCs.

The implications of the Consultation on Conditions for which OTC items should not routinely be prescribed in primary care, was considered in terms of whether publication of the final version of the MAS toolkit was now necessary or appropriate. It was decided that the MAS toolkit would be finalised and published on the website.

It was noted that MAS which were based on supply of POMs using PGDs were likely to be the type of services which may continue to be commissioned over the long-term; 'simple' MAS were likely to be decommissioned over time, but some areas may continue to commission services to cater for low-income patients. The Community Pharmacy Referral Service model in the North East was also likely to be appealing to commissioners as it supported patient-funded self-care.

It was suggested that as part of the support for implementation of the new policy on self-care of minor illness, PSNC could suggest that a formal referral mechanism between general practice and community pharmacy could be established as part of the GP triage system. This could also work with the e-consultation systems which many general practices are starting to implement. [see <https://www.england.nhs.uk/gp/gp/v/redesign/gpdp/online-consultations-systems-fund/> and <https://www.england.nhs.uk/publication/10-high-impact-actions-new-consultation-types-askmygp-in-nottinghamshire-and-south-yorkshire/>].

## 3 Ensure community pharmacy IT infrastructure meets the needs of contractors

The information in the agenda was noted.

### Any other business

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

The detailed guidance on individual products and conditions was considered. The following specific issues were noted for inclusion in PSNC's response to the consultation:

- Vitamins and Minerals - folic acid supplements may still need to be prescribed and should be considered as an exception to the guidance;
- Sore throat should go into the 'suitable for self-care' category;
- Nasal congestion may be better categorised as a separate condition, as some treatments can provide symptomatic relief from sinus pain;
- Mild cystitis needs to be specific to women only and explicitly exclude men; and
- For diarrhoea and indigestion, there needs to be a reference to red flag symptoms which require onward referral.

It was noted that use of patient materials, such as those produced by the Self Care Forum and the PAGB, on appropriate management of the individual conditions could make the transition to self-care easier. Similar information could also be included on a website to which patients could be referred by pharmacy staff; this may be something that the pharmacy trade bodies could consider. Sunil Kochhar noted that NHS Choices don't always refer to pharmacy on their web pages for common, minor conditions, such as dry eyes; this issue would also be raised in the consultation response.

#### **National clinical audits**

The information in the agenda was noted.

#### **Hospital to Home Pharmacy Reference Group (formerly the Out of hospital urgent care group)**

Alastair Buxton provided a verbal report on the key discussions at the last two meetings of the group and copies of the NHS England highlight reports from the meetings were distributed.

- The group had been kept informed of the development of the Stay Well campaign, which is due to focus on pharmacy support for generic minor illness in children. The campaign, which will commence in February, has now received Cabinet Office approval and it has been selected as a public health campaign topic that all local NHS England teams will run, in order that all pharmacy contractors support the campaign;
- Local lead commissioners for integrated urgent care clinical assessment services have been asked to submit proposals for funding for pharmacists to work within these NHS 111/GP OOH settings. HEE have commissioned training and development for pharmacists taking up these roles, which will include independent prescriber training where they are not already qualified;
- NUMSAS - 4,199 pharmacies were signed up to provide the service at 2nd January 2018. 35% of all urgent medicines requests to NHS 111 are being referred to NUMSAS. 29,177 items supplied up to 31st October 2017 and there is a 91% patient satisfaction rate for the service.
- Community Pharmacy Referral Service – North East service where patients are being referred by NHS 111 for management of minor illness. Over 300 pharmacies have signed up to provide the service, with more due to join the service shortly. The referral process via PharmOutcomes is working well and referrals are increasing as the service beds in. 1700 referrals have been made so far and the current run rate for referrals would equate to around 15,000 referrals per year. Advice and sale of a medicine represents around 34% of outcomes, with advice only being 30% of consultations;
- EPS is being trialled in urgent care settings – see <http://psnc.org.uk/our-news/eps-to-be-piloted-in-urgent-care-settings/> for further information on the trial; and
- A quick guide on medicines optimisation post-discharge will be developed by NHS England to promote use of MUR/NMS post-discharge.

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

The information in the agenda was noted.

Zainab Al-Kharsan advised that the number of flu vaccinations administered as of 9th January was 1,168,506; this data is from PharmOutcomes, Sonar and Healthi so the total number of vaccinations administered will be even higher as some pharmacy teams are not using electronic systems for recording.

#### **Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027**

The information in the agenda was noted. PSNC will be responding to this consultation after the next Committee meeting in March 2018.