



October 2014

## Summary of PSNC Meeting October 2014

The October PSNC meetings were held on 7<sup>th</sup> and 8<sup>th</sup> October in London. Over the two days the PSNC subcommittees met and all agreed their 2014 work plans.

Please find below short summaries of the PSNC and subcommittee meetings.

### PSNC meeting

On the evening of 7<sup>th</sup> October PSNC organised an event with a core objective of developing enthusiasm among commissioners, patient representative bodies and other stakeholders for developing community pharmacy asthma services. The outcomes were positive with excellent table discussions and presentations. The momentum following the event will now help PSNC to work collaboratively with those attending to develop the asthma service in community pharmacy.

PSNC worked with BAPW and DDA at the party political conferences, with PSNC producing an impressive video demonstrating the supply chain. Both Labour and Tory events, hosted by Sir Kevin Barron and Baroness Cumberlege respectively, were successful although quite different, Sue said, adding that the plan is to continue to develop interest and engagement among both patients and other stakeholders.

The annual meeting of pharmacy bodies from countries including the USA, Australia, South Africa and the UK was this year held in New Zealand. As ever it was a helpful exchange of experiences and ideas. Medicines supply issues are now a common feature in all the countries, and UK generic prices, together with New Zealand, are the lowest. There is a lot of interest in the NMS service, and New Zealand is, overall, the closest to us in the expansion of services, Sue reported.

It was also reported that the collation of evidence on services came up and data collection and all countries are looking at a PharmOutcomes style project. Overall it is reassuring that we are ahead in innovation and in service development.

It is now clear that ESPLPS will not be extended, and NHS England have concluded they could not provide a protective framework that would apply only to the existing ESPLPS contractors. PSNC has written to the affected pharmacies and are arranging two evening meetings to help them with applications that could provide the supplementary funding through local negotiated LPS contracts.

The other major part of the meeting was the subcommittee chairs reporting back the minutes of their respective meetings (see below) and the briefing and Q&A for LPC guests from the London and surrounding areas.

### LPC and Implementation Support subcommittee (LIS)

LPCs will be familiar with PSNC's LPC self-evaluation tool. This has now been added to the PharmOutcomes platform and there was a presentation of the final version to LIS. The subcommittee were happy with the new version and recommend to LPCs that the self-evaluation is completed by the newest LPC member or a small group of CCA and independent LPC members prior to being approved by the full committee.

PSNC took legal advice on exploring further options for suitable contracting vehicles that might be formed by groups of pharmacy contractors so they can tender more efficiently for commissioned services. LIS was presented with an overview of the final version of the template Memorandum of Association and Articles for a provider

company limited by guarantee. These, together with PSNC guidance on forming a provider company are now available in the LPC Resources Centre.

There was a report to LIS on the arrangements for the LPC Conference in Leeds.

The final version of the new LPC model constitution was also approved for sending to LPCs with guidance produced by PSNC on the process LPCs need to follow to obtain approval from their contractors on using this amended version.

Part of the subcommittee's work plan is to help LPCs support their contractors with service delivery and a new PharmOutcomes platform has been commissioned by PSNC giving LPCs access to service provision data for the contractors in their area with contractors being able to view their own data and compare in an anonymised way their performance with other contractors in the area.

LIS approved the new service delivery dashboard subject to confidentiality agreements on LPCs to use the data in a positive way to help support service delivery.

### **Health Policy and Regulations subcommittee**

For the first meeting of this new PSNC subcommittee members received a briefing on the regulations and related current issue by PSNCs Head of Regulation Steve Lutener.

The subcommittee is planning its future work which includes pharmacy in rural areas.

### **Funding and Contract subcommittee (FunCon)**

The CEO highlighted some of the key changes resulting from the recent settlement. In particular, now that the system which allowed pharmacies to retain excess margins has been stopped, there will be a need to monitor delivery of margin closely to ensure that the £800m is correctly delivered and PSNC and the Negotiating Team are working to do this. The need to reduce fees while increasing Category M prices was discussed and it was noted that fees and margins come from different budgets within the NHS. The cap on MURs was also discussed and it was noted that as the MUR funding comes from within the agreed £2bn sum. The subcommittee received progress on a number of other updates on areas of work including the supply chain and aspects of the contract that could be simplified. Negotiations on the 2015/16 settlement are expected to begin shortly.

### **Service Development Subcommittee (SDS)**

SDS considered the progress on several services that form part the 2014 SDS work plan. On the flu vaccination service this is still a clear priority for PSNC and LPCs to be commissioned nationally. It is uncertain whether we will be able to persuade NHS England to commission it at a national level. The office will continue to collect data and information on the services currently being commissioned. The subcommittee members would like to draw LPCs' attention to the template specifications and other associated resources for this service and others which are available on the PSNC website. It is also requested that LPCs report back evidence on services that have been commissioned to PSNC.

On stop smoking developing a business case is not as high a priority now as when the work plan was set, as there is no evidence of decommissioning of services.

Commissioning minor ailments at a national level is still a priority and recent comments made by Keith Willett, who is leading NHS England's emergency and urgent care review suggests the organisation may be considering national commissioning of the service. In light of this development it was agreed that this issue should be re-prioritised and a campaign should be developed to convince NHS England and other commissioners of the value of nationally commissioning a minor ailments service. The work undertaken last year to develop the winter ailments service would act as a helpful foundation from which to develop a proposal.

Alastair Buxton gave a brief description of the work being undertaken with Carers Trust and an additional project focussed on young carers.

There is a wide range of services that community pharmacies can provide which can support carers over and above referring them to local carers services and ensuring that their GP practice knows they are a carer. Provision of domiciliary medicines optimisation services could support patients and carers, but it may also be possible to develop a specific medicines optimisation service to support carers in administering medicines to the cared for person.

Existing pharmacy services that carers could benefit from could be included in a leaflet or list of services which pharmacies could offer to carers.

LPCs and contractors should be clear on the importance of carer support and wider provision of support for independent living and the subcommittee members want consideration to be given to how existing services can be packaged to better meet the specific needs of carers.

With many services as potential candidates for national development SDS considered the criteria to assess and prioritise such services. The assessment criteria will be redeveloped based on the comments and suggestions from the subcommittee and they will then be circulated to SDS members with some worked examples of services included.

If you have queries on this summary or you require more information please contact [Zoe Smeaton, Communications Manager](#).