

PSNC Service Development Subcommittee Agenda
for the meeting to be held on Wednesday 8th January 2014
at the Crowne Plaza Hotel, St Nicholas Place, Liverpool L3 1QW
starting at 9am

Members: Stephen Banks, David Evans, Elisabeth Hopkins, Margaret MacRury, Indrajit Patel, Janice Perkins, Alan Robinson, Gary Warner (Chairman)

1. Apologies for absence

No apologies for absence have been received at the time of setting the agenda.

2. Minutes

The minutes of the meeting held on 8th October 2013 were shared with the subcommittee.

3. Matters arising

4. Work Plan

The 2013 work plan is set out at **Appendix SDS 02/01/14** for information. A draft 2014 work plan is set out at **Appendix SDS 03/01/14** for consideration by the subcommittee.

ACTION / RATIFICATION

5. The Friends and Family test (FFT)

The FFT has been introduced to parts of the NHS over the last year, following initial Ministerial proposals for its introduction and strong backing from the Prime Minister. On 1st October 2013, Francis Maude, Minister for the Cabinet Office, announced the extension of the FFT across the NHS and other public services, including further education, Jobcentre Plus and the National Citizen Service (NCS). There is strong political backing for the rollout of the test across all NHS providers by March 2015.

At the October 2013 meeting of the subcommittee a brief verbal update on the initial discussions with NHS England about the introduction of the Friends and Family Test (FFT) was provided.

The information on the FFT presented at the SDS meeting was augmented with further information emailed to the Committee after the meeting. This is set out in confidential **Appendix SDS 04/01/14**, starting with a brief note of the key issues that came up in the initial discussion with NHS England and the matters that need to be addressed in future discussions with NHS England. Further background information on the FFT then follows; this is taken from the draft guidance being used for the piloting of the FFT (3 independent pharmacies are taking part). This was written some time before the initial meeting with NHS England and as such represents initial thoughts from NHS England, informed by the use of the FFT in secondary care, rather than any consideration of the practicality of its implementation in primary care.

Following the meeting with NHS England's FFT team, they drafted a paper examining the challenges to determining the eligible population for the test within primary care. It is important for this to be known in order that the response rate can be determined for each healthcare provider using the FFT. The sections relevant to community pharmacy are set out in confidential **Appendix SDS 05/01/14**.

In mid-December a request for SDS to discuss the measurement of patient satisfaction with community pharmacy services was submitted by Margaret MacRury. The paper submitted with the request is set out

at confidential **Appendix SDS 06/01/14**.

The subcommittee is asked to discuss the information above and set out in the appendices and to consider the best approach to introduction of the FFT in community pharmacy.

6. Rural Working Group

On 22 October 2013 the Rural Working Group met for its first meeting following the appointment of the new members for 2013. The confidential draft minutes are attached as **Appendix SDS 07/01/14**, containing points which need to be considered by the subcommittee.

The first is a request from the Group that the term of office for the members is extended to the end of 2014. The formation of the working group took longer than expected, and timetabling difficulties over the summer meant that the newly constituted group did not meet until late in the year. The Group thinks it would make sense for the term of office to be amended and all members confirmed that they are content to serve until the end of 2014.

Proposal – SDS to agree an extension to the term of office of the current rural working group members until the end of 2014.

The second substantive issue is that NHS England has in some areas carried out a ‘postcode sweep’ of patients who have been included in doctor dispensing lists inappropriately. We know that in some areas, large numbers of patients have been on these lists with no entitlement. It was recognised during the meeting of the Group that in areas where the sweeps are carried out annually, there is far less hostility from patients if they are removed than if they had been on a dispensing list for several years. The numbers being removed from dispensing lists is also smaller, resulting in less concern for the dispensing doctor. The Group was keen to see the postcode sweeps carried out at regular intervals. Although the NHS England policy is to carry out a postcode sweep before the end of the current financial year, and to undertake these annually, it is understood that some Area Teams have decided not to pursue this activity.

Proposal – SDS to agree that a formal request is made to NHS England asking that they ensure compliance with the postcode sweep policy by all Area Teams with dispensing doctors within their area.

The remaining recommendations are self-explanatory and are set out in the draft minutes, and the subcommittee is asked to consider these.

The minutes of the Group are confidential so that members of the Group can freely and openly raise matters of concern about issues local to them, without the risk of the information appearing in minutes published more widely, which could undermine local relationships.

REPORT

7. Virtual working group discussions on adherence support services

A verbal report will be provided by the Chairman.

8. Improving health and patient care through Community Pharmacy – a Call to Action

On 10th December 2013 NHS England published [Improving health and patient care through Community Pharmacy – a Call to Action](#). This follows the publication in the summer of *The NHS belongs to the people – A call to action* which was aimed at the general public and *Improving General Practice – a Call to Action* which was primarily aimed at primary care. The general practice and community pharmacy Call to Action (CTA) documents are part of a wider programme that NHS England is undertaking to build its strategy for the development of primary care services. Similar documents on dentistry and eye care are expected to be published in early 2014.

A range of documents have been developed to support LPCs to participate in the CTA at a local level; further information on these resources is set out in the LIS agenda papers.

The CTA document poses a number of questions for consideration by organisations responding to the consultation; these are set out at **Appendix SDS 08/01/14**, and they will be considered in the group discussion at the Committee meeting.

9. Community Pharmacy – helping with winter pressures

In early December 2013, NHS England published *Community Pharmacy – helping with winter pressures*, which provides suggestions on how local commissioners (Clinical Commissioning Groups and NHS England Area Teams) can make better use of community pharmacy services to support healthcare provision during the winter months. This followed a meeting which was held with Area Team staff, CCGs, two LPCs and representatives from the national pharmacy bodies which was highlighted in the agenda papers for the November PSNC meeting.

Detailed proposals for three services (‘flu vaccination, emergency supplies of medicines and provision of self-care support for winter ailments) that commissioners could consider locally are included in an accompanying appendix. Implementation plans and associated template documents have been developed for each of the suggested services, in order to facilitate rapid commissioning as an Enhanced service where a need is identified locally; all the documents are available via psnc.org.uk/winter.

Alastair Buxton worked with the NHS England lead for this project (Jill Loader) and a small number of the attendees at the meeting held to initiate this work, to finalise the NHS England document and Appendix and the supporting implementation plans and template documents. It was agreed that the supporting documents would be hosted on the PSNC website.

In order to support rapid commissioning of the services, the Department of Health and NHS England agreed suggested payments to community pharmacies for provision of these three services with PSNC. These were based on the average fees currently being paid across the country:

Flu vaccination	Pharmacies should be paid the same vaccination fee as GP practices for administration to at risk groups with reimbursement of vaccine costs + VAT
Emergency supply	£10 per consultation plus £2 for dispensing each item over and above the first item plus the cost of the medicines (using the Drug Tariff as a guide) + VAT
Winter ailments service	A fee of £4.00 + VAT to cover the administration of the service plus reimbursement of the cost of the medicine + VAT

The amendments to the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 published on 16th December 2013 allow Emergency Supply at NHS expense to be commissioned by NHS England Area Teams as an Enhanced service from community pharmacies. This amendment, which was requested by PSNC, creates greater flexibility in the way ATs can commission an Emergency Supply service from community pharmacies. Prior to the amendment, it was only possible for ATs to commission an Emergency Supply service from community pharmacies using a Patient Group Direction (PGD) as the legal basis for making the supply of an urgently required medicine.

10. Ensuring a sustainable supply of pharmacy graduates – HEFCE consultation

PSNC responded to the HEFCE proposals for consultation (first stage). The response was circulated to PSNC members and is available on the [PSNC website](http://psnc.org.uk).

11. Improving General Practice – a Call to Action

PSNC responded to this NHS England consultation in November. The response is available on the [PSNC website](#).

12. IT Update

An update on current NHS IT projects is set out at **Appendix SDS 09/01/14**.

13. Recent PSNC Briefings relevant to service development and commissioning

A number of PSNC Briefings have recently been published on the website which are relevant to service development and local commissioning:

[PSNC Briefing 114/13: Everyone Counts – NHS England’s planning guidance for 2014/15 to 2018/19](#) (December 2013)

In late December 2013 NHS England published Everyone Counts: Planning for Patients 2014/15 to 2018/19, the new planning guidance for NHS organisations. It also sets out a requirement for local commissioners to develop 5 year strategic plans over the next few months. The key points in the document are summarised in this PSNC Briefing. LPCs will want to be aware of the key points in the document, as they will influence future local commissioning by clinical commissioning groups (CCGs) and NHS England area teams (ATs). LPCs will want to seek to influence the development of the strategic plans to ensure community pharmacy services feature prominently.

[PSNC Briefing 112/13: NHS England’s Direct Commissioning Assurance Framework](#) (December 2013)

This PSNC Briefing summarises NHS England’s recently published Direct Commissioning Assurance Framework. This document details how the NHS England will assess how well its direct commissioning functions, which include the commissioning of community pharmacy, are performing against their plans. LPCs may find it helpful to be aware of this process, as it will impact on the work of staff responsible for community pharmacy service commissioning in Area Teams.

[PSNC Briefing 110/13: An update on NHS England’s Urgent Care Review and NHS winter planning](#) (December 2013)

This PSNC Briefing provides an update on the work being undertaken by NHS England to review urgent and emergency care. It also provides a summary of the resources that have recently been developed to facilitate commissioning of community pharmacy services to support urgent and emergency care services this winter.

[PSNC Briefing 109/13: Information: To Share or not to Share – Government Response to the Caldicott Review](#) (December 2013)

This PSNC Briefing summarises Information: To Share or not to Share – Government Response to the Caldicott Review which was published by the Department of Health (DH) in September 2013.

[PSNC Briefing 108/13: NHS England’s mandate for 2014/15 and the NHS Outcomes Framework 2014/15](#) (December 2013)

This briefing summarises NHS England’s refreshed mandate for 2014/15 and highlights the associated NHS Outcomes Framework 2014/15. The mandate sets out the goals that the Department of Health (DH) expects NHS England to achieve and it consequently will inform the organisation’s national and local commissioning priorities. LPCs and pharmacy contractors may want to consider this information when they discuss service developments with NHS England’s Area Teams (AT) and clinical commissioning groups (CCGs).

[PSNC Briefing 107/13: Changes to the GMS contract in 2014/15](#) (December 2013)

This briefing summarises changes being introduced to the GMS contract (the GP contract) in 2014/15 and highlights those aspects of the changes that may have an impact on community pharmacies.

14. Carers identification project

All PSNC members can attend this meeting and may speak with the permission of the Chairman.

Alastair Buxton has been working with Carers Trust on the development of a project to demonstrate the role of community pharmacy in identifying and supporting carers. This is part of PSNC's work to enhance the contribution of community pharmacy to supporting people to live independently. The project management of the project (by Carers Trust) and an evaluation, which will be undertaken by Leeds University, is being funded by DH as part of their support for the implementation of their Carers Strategy.

A number of LPCs have already been approached to seek their involvement in the project. A draft paper describing the project is set out at **Appendix SDS 10/01/14** for information.

15. Community pharmacy NSAID gastrointestinal safety clinical audit on PharmOutcomes

An audit on NSAID gastrointestinal safety, developed by the [NHS East & South East England Specialist Pharmacy Services](#) (SPS) medicines use and safety team has been added to PharmOutcomes so it may be completed by any pharmacy contractor that still needs to undertake a clinical audit this financial year. The audit has been piloted by a number of pharmacies over the last few months, with the initial results showing that it can help identify patients at risk of gastrointestinal bleeds, allowing the pharmacy to highlight this risk to the patient's GP.

The audit's inclusion on PharmOutcomes means completion of the audit paperwork is easy and data from all pharmacies that use the audit can be amalgamated in order to amass further evidence of the impact of community pharmacy interventions on patient safety. More details are available on the [PSNC website](#).

16. Any other business

2013 Work Plan for the Service Development Subcommittee

The 2013 work plan for the Service Development subcommittee covers all items agreed at the November 2012 planning meeting.

Key for RAG coding Red – needs attention / not started / high risk
 Amber – underway / in progress
 Green – completed / no further attention

Target Plans	Target date	Comment / Update on progress	R/A/G
<p>In 2013 PSNC will develop recognition of the value and potential of community pharmacy service provision in meeting the health needs of our population. We will support development of strong and productive relationships with the NHS Commissioning Board at local and national level. We will ensure that developments in technology support the community pharmacy service and will work to ensure that regulations and their administration meet contractor needs.</p> <ul style="list-style-type: none"> • PSNC will work to develop models for service delivery in all four domains (medicines optimisation, minor ailments, public health and supporting independent living) ensuring they support the achievement of elements of the health and social care outcomes frameworks. Medicines optimisation services may focus on a specific patient cohort where day to day care of the patient’s LTC is managed by the patient in partnership with their pharmacy. • PSNC proposals for the four domains will include robust and manageable quality and outcome measures, where possible aligning with those for other primary care service providers, notably GPs. • PSNC will seek to ensure the continued commissioning of NMS, and make progress towards the integration of tMUR and NMS as fully funded Essential services. • PSNC will seek to persuade the NHS CB and / or Public Health England to develop national standard specifications for a range of services in order to facilitate the commissioning of services at a national or local level. 			
Review the management of common long term conditions in order to assess which could be most appropriately managed within community pharmacy.	March	The results of this review will be discussed at the May meeting of the subcommittee.	Green
Develop a business case and supporting documentation / resources to support the commissioning of medicines optimisation services.	August	Following the presentation and discussion on options for future medicines optimisation services undertaken at the May meeting, PSNC’s vision narrative document was written which describes the options for development of services in the CPCF. This has been published and has received a considerable amount of publicity. The concepts on LTC service development within the vision narrative have been used in discussions on service development in the ongoing	Amber

		negotiations with NHS England and DH. Work on developing a value case for some of the service elements being discussed has also been started.	
Develop a business case and supporting documentation / resources to support the commissioning of public health services.	November	A business case for seasonal flu vaccination has been circulated to LPCs. Options for development of services at a national level are being considered by the office and the Chairman of SDS for discussion with PHE.	Amber
Develop a business case and supporting documentation / resources to support the commissioning of services to support independent living.	November	A project to support the identification of carers is being taken forward with Carers Trust (see report on October 2013 agenda).	Amber
Develop a business case and supporting documentation / resources to support the commissioning of self-care/minor ailment services.	August	A business case for MAS has been provided for use by LPCs. A PSNC Briefing and flyer provides supporting materials to use in wider conversations with commissioners on urgent and emergency care.	Green
Continue to collaborate with DH on building the case for the re-commissioning of NMS.	Ongoing	Following submission of the PharmOutcomes NMS evaluation, discussions with DH and NHS England resulted in an agreement to extend the service for six months. NHS England agreed in September to extend the service until the end of the year. They then agreed in December to extend the service until the end of March 2014. A decision on commissioning beyond that point is likely to be agreed in principle in the ongoing negotiations, subject to the DH funded evaluation providing a positive report on the impact of the service.	Amber
Continue to collaborate with the DH appointed academic team evaluating NMS to support the provision of timely information to assist in future negotiations on the extension of the service.	Ongoing	Alastair Buxton and Gary Warner attended meetings of the NMS Evaluation Advisory Group in February and July. Another meeting is due in mid-January 2014. AB has also had bilateral meetings with a member of the research team to provide assistance on recruiting more pharmacies to the research. Regular contact with the research team is being maintained and assistance was been provided to them on the organisation of their stakeholder event in June 2013.	Amber
Continue to develop contacts at the NHS CB and PHE and discuss development of standard service specifications once appropriate individuals are in post.	Ongoing	Initial discussions with new contacts at NHS England have been followed up with meetings with colleagues in the commissioning development, medical, nursing and operations directorates. Close relationships are continuing to be maintained with NHS Employers, who will continue to have a role in negotiating changes to the contract on behalf of NHS England. The commissioning development directorate have suggested that the development of standard service specifications may be something they	Amber

		<p>would consider once the current negotiations are concluded.</p> <p>Alastair Buxton, Barbara Parsons and Sue Sharpe had a meeting with Prof Kevin Fenton (PHE) in June to open discussions on the role of community pharmacy in public health.</p> <p>Standard specifications for flu vaccination, emergency supply and a winter minor ailments service have been developed and agreed with NHS England as part of work on supporting urgent and emergency care services during the winter.</p>	
<ul style="list-style-type: none"> PSNC will work to ensure amending regulations and implementation of changes for administration of pharmacy services are effective for contractors and LPCs (working with LIS). PSNC will work to ensure that Market Entry and PNA regulations are implemented effectively (working with LIS). 			
<p>See the LIS work plan for action points related to the above issues. If problems with implementation are identified SDS will consider the appropriate action to be taken in partnership with LIS.</p>			
<ul style="list-style-type: none"> PSNC will work to ensure implementation of EPS will incorporate full protection of risks to contractors, including protecting patient choice, and be managed to avoid any distortion of the market (working with LIS). 			
Work closely with DH to ensure patient choice is protected during the implementation of EPS Release 2.	Ongoing	Guidance has recently been issued to LPCs on the NHS re-organisation. A particular concern is the loss of the duty on PCTs to proactively monitor use of the EPS nomination functionality however NHS England will continue to be obliged to respond to complaints.	Amber
Monitor the implementation of EPS closely to identify problems arising and support sharing of lessons learned to feed into discussions with DH on ensuring the system works effectively for pharmacies.	Ongoing	Continuing to work to collate feedback. A few new issues have arisen linked to changes in the message broker used by some system suppliers – however there is consistency in the majority of issues that are being reported.	Amber
Work with DH to agree guidance to support minimising the risk of system failures occurring and their impact and ensure that there is recognition in the funding arrangements of changes in business risk.	Ongoing	Discussions are on-going on business continuity guidance and the funding linked to this. It is hoped that this will be resolved soon.	Amber
<ul style="list-style-type: none"> PSNC will support LPCs to develop their relationships with Local Authorities, Health & Wellbeing Boards and Clinical Commissioning Groups, and promote the commissioning of community pharmacy services at a local level (working with LIS). 			
<p>The LIS workplan contains a range of activities to support LPCs in line with the above action point. LIS will oversee the development of support materials and resources as appropriate and will seek the input of SDS on service related matters.</p>			

DRAFT 2014 Work Plan for the Service Development Subcommittee

The 2014 work plan for the Service Development subcommittee covers all items agreed at the November 2013 planning meeting.

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Target Plans	Target date	Comment / Update on progress	R/A/G
<p>In 2014 PSNC will seek to:</p> <ul style="list-style-type: none"> • implement its Vision for community pharmacy by: <ul style="list-style-type: none"> ○ influencing the development of NHS England’s plans for primary care, ensuring that they include a substantial and central role for community pharmacy (with LIS); ○ negotiating a framework for the development of the services within the CPCF with NHS England (with FunCon); ○ collaborating with LPCs and others to build the evidence base for existing and prospective community pharmacy services, including the value of the services to patients and commissioners (with LIS); ○ ensuring developments in technology support the effective provision of pharmacy services; ○ working to ensure that regulations and their administration support the effective provision of pharmacy services. • develop stronger and productive relationships with NHS England and Public Health England (with FunCon and LIS) • promote adoption of standardised service commissioning (with LIS); • support LPCs to increase local commissioning of community pharmacy services (led by LIS). 			
<p>1) Submit a robust response to NHS England’s Call to Action on community pharmacy and any other elements of their work to define future plans for primary care.</p>	<p>March</p>	<p>Elements of the response will be discussed by the Committee in the group discussion session at the January meeting. Support is being provided to help LPCs to make a robust contribution to the CTA process in their local areas (see the LIS agenda for more details).</p>	<p>Red</p>
<p>2) Use speaking or other opportunities at healthcare conferences, seminars and other events to promote the use of community pharmacy services.</p>	<p>Ongoing</p>	<p>Speaking opportunities are regularly sought in order to promote community pharmacy services to external audiences. Alastair Buxton will be talking to the forthcoming BAPW conference on community pharmacy service development.</p>	<p>Amber</p>
<p>3) Following the completion of NHS England’s primary care</p>	<p>Commence</p>	<p>Timing dependent on NHS England’s timescale for concluding its primary care</p>	<p></p>

framework development work, negotiate with NHS England a framework for the development of the services within the CPCF, in line with PSNC's Vision.	in June	framework.	Red
4) Work in partnership with Carers Trust to support the testing of carer identification and support in community pharmacies.	Commence in January	Planning for the commencement of a one year project, involving LPCs and Carers' Centres working together, with an evaluation undertaken by the University of Leeds is underway. A draft description of the project was set out in the January 2014 SDS papers for information.	Amber
5) Develop and submit to NHS England the case for the national commissioning of a seasonal flu vaccination service from community pharmacies.	February	Preliminary work that will support a proposal to NHS England has been undertaken (development of a new service specification, SLA and supporting paperwork) as part of work to support urgent and emergency care services during winter.	Amber
6) Develop and submit to NHS England the case for the national commissioning of a minor ailment service from community pharmacies.	June	Preliminary work that will support a proposal to NHS England has been undertaken (development of a new service specification for a winter ailments service, SLA and supporting paperwork) as part of work to support urgent and emergency care services during winter.	Amber
7) Develop and submit to NHS England and Public Health England the case for the national commissioning of an EHC service from community pharmacies.	November	This activity is intended to allow PSNC to assess the willingness and ability of the two bodies to collaborate on national commissioning of public health services in the current commissioning environment, where local government is the lead commissioner.	Red
8) Identify external barriers to community pharmacy service commissioning and seek to develop strategies to address these blocks.	May		Red
9) Seek opportunities to work in partnership with other organisations to test community pharmacy provision of asthma management. Initiate work on a pilot service with partners if a suitable site can be identified.	October	One area has already expressed interest in working with PSNC on this and the likelihood of support from pharma industry companies has also been indicated in exploratory conversations.	Amber
10) Seek opportunities to work in partnership with other organisations to test community pharmacy provision of hypertension management. Initiate work on a pilot service with partners if a suitable site can be identified.	December	Support to develop this concept has come from the DDA and they have already indicated an interest in collaborating on testing the concept.	Amber
11) Seek opportunities to work in partnership with other	December		

organisations to test community pharmacy provision of diabetes management.			Red
12) Consider the option of piloting the national use of a small number of STOPP or similar indicators within the dispensing service, as a way to build the evidence base for future commissioning by NHS England. Implement if the concept is agreed.	August	The CPF project provides some evidence of the benefit of the application of STOPP or similar indicators.	Red
13) Work with NHS England and other partners to support the wider adoption of the NHS repeat dispensing service.	May	The timing of this work will be dependent on NHS England and NHS Employers.	Red
14) Work with NHS England and other partners to support the wider use of community pharmacy medicines optimisation services post-discharge from hospital.	July	The timing of this work will be dependent on NHS England and NHS Employers.	Red
15) Work with the RPS and other partners to develop or locate a suitable assessment tool which can be used by pharmacy teams to assess the adherence support needs of patients.	December	The outline plan for this project has been discussed with the RPS and other stakeholders that need to be involved have been identified.	Amber
16) Work with NHS England and NHS Employers to finalise the contractual requirements for the better measurement of service quality and support contractors to implement these requirements.	February	The timing of this work will be dependent on NHS England and NHS Employers. Supporting contractors to implement the requirements will fall within the remit of LIS.	Red
17) Confidential item, until agreement is reached with NHS England.			Red
18) Confidential item, until agreement is reached with NHS England.			Red
19) Confidential item, until agreement is reached with NHS England.			Red
20) Develop and consider proposals on how the sector can gather evidence to support service development. Implement any subsequently agreed plan.	May		Red
21) Review the support community pharmacy can provide	July	This discussion and review of options can consider the development of MUR-	Red

to support people to live independently, and agree actions that PSNC can take to develop this area of service provision. This work will include a review of options for the provision of adherence support by community pharmacies, including appropriate use of MDS.		like services for housebound patients, the provision of appropriate adherence support and relevant recent service developments such as the falls reduction element of the CPF project and the Croydon domiciliary MUR service.	Red
22) Review the nationally agreed substance misuse template service specifications and seek agreement of Public Health England to endorse and promote the revised documents.	June		Red
23) Work with Public Health England to review the service requirements for pharmacy provided stop smoking services.	June	The timing of this work will be dependent on Public Health England. PSNC is a member of the working group on the issue formed by PHE and the first meeting will be held in December 2013.	Amber
24) Develop a business case and supporting documents on Blood-borne virus testing and Hepatitis B vaccination for LPC use.	March	This work will be carried out in collaboration with Pinnacle Health Partnership.	Red
25) Develop a business case and supporting documents on the NHS Health Check service for LPC use.	April	This work will be carried out in collaboration with Pinnacle Health Partnership.	Red
26) Develop a business case and supporting documents on EHC and other sexual health services for LPC use.	May	This work will be carried out in collaboration with Pinnacle Health Partnership.	Red
27) Develop a business case and supporting documents on stop smoking services for LPC use.	June	This work will be carried out in collaboration with Pinnacle Health Partnership and will need to link to the work being undertaken with PHE.	Red
28) Review all LPC websites and other sources of information on locally commissioned community pharmacy services to find content to populate the new PSNC services database.	March	This work is now underway.	Amber
29) Once the initial population of the PSNC services database is complete, create a report that details the services commissioned in each LPC area to support a regular review of the services data within the database and national level monitoring of local service commissioning.	May		Red

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30) Work closely with NHS England and HSCIC to ensure patient choice is protected during the implementation of EPS Release 2.	Ongoing		Amber
31) Monitor the implementation of EPS closely to identify problems arising and support sharing of lessons learned to feed into discussions with DH, NHS England and HSCIC on ensuring the system works effectively for pharmacies.	Ongoing		Amber
32) Work with DH to agree guidance to support minimising the risk of system failures occurring and their impact and ensure that there is recognition in the funding arrangements of changes in business risk.	Ongoing	Discussions are on-going on business continuity guidance and the funding linked to this. It is hoped that this will be resolved soon.	Amber
33) Work with NHS England to ensure that nomination complaints are dealt with in an appropriate way, and issuing supporting materials for LPCs and contractors regarding nomination.	Ongoing		Amber

NHS England's Community Pharmacy Call to Action Questions and Prompts for Discussion

1) How can we create a culture where the public in England are aware of and utilise fully the range of services available from their local community pharmacy now and in the future?

The prompts for this discussion might encompass:

- How the NHS can work with local authorities to enhance the public health role of community pharmacies, including making every contact count and the concept of Healthy Living Pharmacies;
- Community pharmacy teams as the first port of call for minor ailments and better use of community pharmacy for the management of stable long term conditions;
- Better marketing of clinical and public health services to ensure the public and patients are fully informed of the range of services that community pharmacies offer?
- How the public expects pharmacists to work together with GPs, hospitals, community nurses and care homes to improve health outcomes.

2) How can the way we commission services from community pharmacy maximise the potential for community pharmacy to support patients to get more from their medicines?

Prompts for this discussion might include:

- National versus local commissioning;
- Whether pharmacies are in the right place locally and whether we have the right number;
- Ways in which better alignment of the Community Pharmacy Contractual Framework and the General Medical Services contract could improve outcomes e.g. the management of repeat medicines and medication review;
- The balance of medicines supply role and provision of clinical services;
- How we can work more effectively across the current commissioning landscape to ensure NHS and Local Government (public health) can commission services from community pharmacy more easily and avoid duplication.

3) How can we better integrate community pharmacy services into the patient care pathway?

The prompts for this discussion might include:

- Accelerate Pharmacists' access to the Summary Care Record;
- Better management of "high risk" or vulnerable patients;
- How can collaboration on a population basis support the delivery of better health outcomes?
- Improving the digital maturity of community pharmacy;
- Community pharmacy's role in the transformation and integration agenda for out of hospital care;
- Data for commissioners to improve the population's health, reduce inequalities and improve quality;
- Getting the most from the whole pharmacy team (skill mix);

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- Data for commissioners to improve the population's health and ensure quality of service (including a role in research and development);
- How to ensure GPs have access to clinical pharmacy advice, for example in their practices;
- How best to secure pharmacy expertise in the care of vulnerable groups, including children, frail older people in their own home/care home, those with mental health issues, dementia and those with learning difficulties;
- How to work with employers, training providers, Local Education and Training Boards and other commissioners to identify the development needs of the community pharmacy workforce to deliver high quality services and care across patient pathways.

4) How can the use of a range of technologies increase the safety of dispensing?

The prompts for this discussion might include:

- How can we best accelerate progress toward community pharmacy access to the Summary Care Record? This is considered pivotal to maximising the contribution of community pharmacy to patient outcomes;
- A greater uptake and use of local and centralised robotics within the dispensing and supply process;
- Improving the cultural, operational and IT systems to make medication safety incidents easier to report and share learning;
- The design of pharmacy premises;
- The role of digital technology in improving patient care.

EPS Release 2 update

Eight pharmacy systems now have EPS Release 2 full roll-out approval, AAH Proscript Link, Cegedim Nexphase, Cegedim Pharmacy Manager, Helix Health QicScript, Helix Health RxWeb (formerly PharmaSys), Positive Solutions Analyst, RX Systems Proscript and the Lloyds Compass system.

The web-based PMR system Helix Health RxWeb (formerly PharmaSys) was approved 18th October 2013

Four GP systems, EMIS Web, InPractice Vision, TPP SystemOne and Microtest Evolution 11 have been granted EPS Release 2 roll-out approval.

Authoritative information on the Release 2 development status of GP and pharmacy systems can be found on the HSCIC website (<http://systems.hscic.gov.uk/eps/>).

EPS Release 2 Deployment Statistics (Extracted 13 th December 2013)	
EPS R2 enabled GP practices	1,331
EPS R2 enabled pharmacies	10,596 (91%)
Number of R2 prescription messages to date	13,681,804 prescriptions containing 31,718,079 items have been dispensed
Number of patient nominations set	4,660,018

Background information on EPS R2 can be found online at www.psn.org.uk/EPS.

Carer-Friendly Pharmacy Project

What are we trying to achieve?

The project aims to increase the identification and support of unpaid carers within primary care so that carers receive support before they reach crisis point.

Over recent years a number of carer-identification initiatives have been developed that have involved community pharmacies and Carers Trust network members. These have made use of the accessibility of community pharmacies to identify carers and refer them on to sources of local support and advice.

Carers Trust and PSNC would like to see whether this local activity could be replicated in other areas of the country, where local pharmacies, Local Pharmaceutical Committees (LPCs) and carers centres are willing to cooperate in identifying and supporting carers.

The project will test the concept of a 'Carer-Friendly Pharmacy', which pharmacies participating in the project will seek to become.

What is a Carer Friendly Pharmacy?

We propose to define a Carer Friendly Pharmacy as one where:

- all staff are trained to be carer aware and sensitive to carers' needs and the challenges they face';
- all staff are pro-active in identifying, referring and supporting carers;
- a member of staff is selected to be a Carer Champion (see appendix 1) and another as a deputy. Their role is to facilitate carer referrals, act as a contact point for external agencies such as the local carers centre and to maintain stocks of resources;
- posters and / or other related materials make it clear to the customer that the pharmacy is carer-friendly;
- there are agreed carer pathways in place, including those associated with the services the pharmacy offers such as Medicine Use Reviews and prescription collection and delivery. Using these carer pathways, the pharmacy will be able to offer a range of existing services to carers in a manner that is relevant to the carer;
- with the carer's consent, the pharmacy will refer the carer to their local carers services; and
- there are agreed pathways in place to refer the carer to their GP practice, where they give consent, so that the practice is aware that they are a carer and can support them accordingly.

The core model could, in some localities, be augmented by add-ons such as pharmacy delivery driver engagement with carers and pharmacy-based carers' health checks.

Evaluation and wider dissemination

Some of the areas participating in the project will be the subject of monitoring and an evaluation by the research team at CIRCLE (University of Leeds). The number of people being referred and the percentage of the total actually making contact with the carers centre will be an important outcome measure for community pharmacies.

The results of this evaluation will hopefully add to the evidence base for community pharmacy services and their role in supporting people to live independent lives in the community. This may then provide the evidence for wider roll out of the concept and commissioning of such services from community pharmacies at either a local or national level.

The detail

Local planning and implementation

1. Expressions of interest for participation in the project have already been received from a number of areas. To be involved in the project, the local carers centre or other relevant organisation and the LPC, on behalf of community pharmacy, need to agree to work together.
2. Following local agreement to work together, other local stakeholders need to be identified and approached to inform them about the project and to seek their support and / or involvement. Local stakeholders / partners would include:
 - Clinical Commissioning Groups
 - Local Authorities
 - NHS England Area Team
 - NHS England Local Professional Networks
 - CPPE and its local tutor
 - Local Medical Committee (LMC)
 - Royal Pharmaceutical Local Practice Forum

To support initial contact with these partners a template briefing on the project, setting out the benefits of their involvement and what would be required of them, will be created.

3. Determine the geographical area of the project and which pharmacies will be invited to be involved.
4. Invite the selected pharmacies to be involved in the project. A template invitation letter and briefing on the project will be produced centrally which can then be personalised for local use. This will set out the benefits of pharmacies taking part in the project and what would be required of them. Unless local resources can be found to fund time for staff training and other costs that may be incurred by the pharmacy, the information will need to make it clear that involvement is voluntary and is part of a project to develop future community pharmacy services. A lot of the activity to be undertaken in the pharmacy will fall within the ambit of the support for self-care, public health and signposting Essential services. PSNC will brief the national multiple pharmacy groups on the project to ensure head offices are aware of it.
5. Organise one or more training sessions for pharmacy staff, using the carers centre staff to lead the training. Materials to support the provision of training sessions will be developed centrally (including an invitation letter, draft agenda and session guide for facilitators/trainers, handout materials and PowerPoint presentation).
6. Agree a starting date for the active phase of the project and its duration.
7. Produce and distribute to pharmacies the resources for use in the project. A template leaflet (A4 bifold or A4 trifold), counter-top leaflet dispensers, referral form/letter and posters (A4 or A3) will be developed centrally, which can be personalised for local use. PharmOutcomes may be used for data capture and to make referrals to the carers centre.
8. Following commencement of the active phase of the project the carers centre and LPC will monitor the number of referrals being made. Ongoing communications about the project will be sent to participating pharmacies to keep the interest in the project high and to provide feedback on success stories, where applicable. Template project newsletters or other communications could be drafted centrally to detail progress across the country. These could then have local project news added prior to distribution to pharmacies.

What needs to happen in the participating pharmacies?

1. Community pharmacy teams agree to participate in the project and send at least two members of staff to an evening training session (2 hours duration). All pharmacy staff would be welcome at the training session.
2. Following the training session, details of the project and what needs to be done will be disseminated to other members of the team who were not present at the training. This may include delivery drivers, if they are agreed to be part of the scope of the project locally. An action plan for implementing the project in the pharmacy will be agreed and a Carer champion and deputy will be selected. The pharmacy will agree a list of their services which are relevant to carers in order to have a 'menu' of support options available.
3. From the starting date for the active phase of the project, community pharmacy teams will seek opportunities to identify carers and will discuss whether:
 - a) they are aware of local support for carers; and
 - b) whether they access any of the support that is available;Identification of carers could be undertaken based on pharmacy knowledge of their patients, particularly where patient's representatives regularly collect a patient's prescriptions. Use of posters and leaflets in the pharmacy could also prompt identification of carers.
4. Carers will be provided with written information about local support available to them and where they wish to access that support, a referral to the carers centre will be made by the pharmacy staff. The carers centre will then contact the carer to offer further support.
5. Carers will be asked whether their GP knows about their caring role. If the GP is not aware that they are a carer and they would like their GP to be informed, the pharmacy staff will pass that information to the GP practice using a standard referral form (a template will be produced centrally).
6. A record of carer status and any referrals will be made on the pharmacy records, where a record exists for the individual.
7. Consent for the pharmacy to discuss the patient's medicines with the carer will be sought from the patient (template wording for a leaflet will be produced centrally).
8. The pharmacy will offer to discuss the menu of services they have available with the carer. Where such a conversation takes place, the carer and pharmacy staff will agree what the pharmacy will do to support the carer and this could be annotated on any leaflet provided to the carer and on the pharmacy records. Pharmacy services may include:
 - support with re-ordering medicines from GP practices or use of the repeat dispensing service (where appropriate and with GP agreement);
 - collection of prescriptions from the GP practice;
 - delivery of prescriptions to the carer/patient;
 - provision of aids to support medicines taking by the patient;
 - carer's health checks (where commissioned);
9. Ideally the pharmacy team will receive feedback on whether the referred carer had accessed the support of the carers centre, in order to provide positive reinforcement of the value of making referrals and to allow pharmacy follow up with the carer, if they are a regular visitor to the pharmacy.

Which areas could be involved?

Carers Trust have identified the following locations, where local carers centres are keen to work with local pharmacies.

Carers Centre or other interested party	Local Pharmaceutical Committee
City Healthcare Partnership, Hull	Community Pharmacy Humber
North Lincolnshire Carers Centre DN20 8AU	Community Pharmacy Humber
Blackpool Carers Centre FY3 7PP	Central Lancashire LPC
Brighton and Hove Carers Centre BN1 2PT	East Sussex LPC
Northamptonshire Carers Centre NN8 6GR	Northamptonshire and Milton Keynes LPC
Gateshead Carers Centre NE8 1LU	Gateshead and South Tyneside LPC
Kent and Medway Carers Centre ME7 5TP	Kent LPC
Carers Bromley BR6 9XA	Bexley, Bromley and Greenwich LPC
Devon Carers Centre (across the county)	Devon LPC
Adult & Local Services, Cumbria County Council	Cumbria LPC
Leeds Carers Centre	Community Pharmacy West Yorkshire
Rochdale	Bury and Rochdale LPC

Additionally the LPCs in Berkshire, Buckinghamshire and Oxfordshire will be undertaking a local project to identify and support carers, funded by the Local Education and Training Board. There are opportunities for these LPCs to work alongside the above project sites.

If your area is willing to participate in the project, please email [Julia Ellis, Development Manager \(Primary Care and Community Reach\)](#) at Carers Trust to express an interest. We plan to implement the project in two sites initially in order to test the approach to training and the template materials. All other sites will then commence involvement approximately two months later, in order that the learning from the two pilot sites can be shared with all other sites and any amendments to the template materials can be made.

National partners

National partners for the project may include:

- CIRCLE, University of Leeds
- University of Brighton Business School
- CPPE
- Department of Health
- Carers UK
- RCGP
- National pharmacy bodies
- Head offices of large multiple pharmacy groups
- Community Pharmacy Scotland and Community Pharmacy Wales
- Pinnacle Health Partnership

Appendix 1

The Role of the Pharmacy Carers Champion

- ✓ Attend carer awareness training;
- ✓ Attend Carers' Champion meetings, a maximum of twice a year;
- ✓ Maintain and refresh your Carers Notice Board or other information point for carers within your pharmacy;
- ✓ Display and maintain supplies of carers' leaflets and, where possible, posters in your pharmacy;
- ✓ Identify yourself to customers as a Carers' Champion by having your name displayed on your Carers' Notice Board and wearing a Carers' Champion badge or sash;
- ✓ Co-ordinate carer referrals and other initiatives relating to carers;
- ✓ Read Carers Champion E-bulletins and brief colleagues.

Skills and knowledge

- ✓ Enthusiasm and motivation for the role;
- ✓ Basic understanding of carers' needs or a willingness to learn;
- ✓ Empathy for carers.

As a Carers Champion you are not expected to be an expert on 'carers issues' or provide carers with one-to-one support.