

## PSNC Service Development Subcommittee Minutes

for the meeting held on Wednesday 8<sup>th</sup> January 2014

at the Crowne Plaza Hotel, St Nicholas Place, Liverpool L3 1QW

**Present:** Stephen Banks, David Evans, Margaret MacRury, Indrajit Patel, Janice Perkins, Gary Warner (Chairman)

**In attendance:** David Broome, Christine Burbage, Mark Burdon, Alastair Buxton, Peter Cattee, Mark Collins, Ian Cubbin, Shine Daley, Mike Dent, Peter Dixon, John Evans, Samantha Fisher, Komal George, Clive Joliffe, Tricia Kennerley, Clare Kerr, Andrew Lane, Raj Morjaria, Garry Myers, Barbara Parsons, Kirit Patel, Raj Patel, Adrian Price, Sue Sharpe, Zoe Smeaton.

### 1. Apologies for absence

Apologies for absence from Elisabeth Hopkins and Alan Robinson were received.

### 2. Minutes

The minutes of the meeting held on 8<sup>th</sup> October 2013 were approved.

### 3. Matters arising

Item 10c) Quality Issues

At the last meeting it was reported that NHS England was developing quality markers for its direct commissioning of primary care services. In December it published a Direct Commissioning Assurance Framework including quality markers for the commissioning of GP, optical and dental services, but none for community pharmacy.

### 4. Work Plan

The progress made against the 2013 work plan was considered and approved by the subcommittee. The draft 2014 work plan was approved after discussion of some of the elements.

## ACTION / RATIFICATION

### 5. The Friends and Family Test (FFT) (Confidential)

The subcommittee considered the best approach to the introduction of the FFT in community pharmacy.

### 6. Rural Working Group

The two proposals set out in the agenda were considered, along with the recommendations proposed by the Working Group.

- Proposal 1 was accepted – It was agreed that the extension to the term of office should be extended to March 2015 to align to the PSNC cycle and then be extended to a two year cycle if required;
- Proposal 2 was accepted – Post code sweeps have identified 1000s of prescriptions dispensed by dispensing doctors which should not have been. The sweeps are difficult to initiate for local contractors, and support was therefore for this to be done nationally. It was noted that the first will need to be handled carefully and the impact on our relationship with the DDA will need to be considered. The sweeps could then be done on an annual basis.
- Concern was raised over the recommendation under Point 8 of the Rural Group minutes as it did not appear to sit within the managed view of EPS which is current PSNC policy. This will require further consideration at the March meeting.

## REPORT

## **7. Virtual working group discussions on adherence support services**

A verbal report was provided by the Chairman. A service specification which meets several requirements has been identified and the main points discussed were:

- A holistic approach is required;
- It should not just be based on MDS;
- It should include medicines optimisation at every stage;
- It should be the pharmacist's decision to implement; and
- It should be cash releasing (either health or social care) but unwinding the funding is difficult.

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

This was a matter of report.

## **9. Community Pharmacy – helping with winter pressures**

The services had been agreed with NHS England in a very short space of time and had been welcomed by LPCs. There was a discussion around the indicative tariffs, in particular the Winter Ailments Service and the agreed administrative fee. The background to the discussions was explained and it was confirmed that there was a need to rapidly introduce a limited service tailored to winter pressures in areas where no MAS was commissioned, not to replace current services.

## **Items 10 and 11**

These were matters of report.

## **12. IT Update**

The development of NHSmail 2 was highlighted; Craig Spurdle from Rowlands Pharmacy was working with the HSCIC on the specification of the new system and would be able to provide more information if necessary.

The lower than expected number of prescriptions coming through EPS was also raised and this is being investigated by HSCIC. It was noted that CD prescriptions are in scope for EPS release 3.

## **13. Recent PSNC Briefings relevant to service development and commissioning**

This was a matter of report.

## **14. Carers identification project**

The need to ensure that care is taken over the framing of the questions being posed by the university evaluation was highlighted.

## **15. Community pharmacy NSAID gastrointestinal safety clinical audit on PharmOutcomes**

This was a matter of report. Of the audit data entered onto PharmOutcomes so far, 22% of patients have been referred to their GP for gastro-protection.

## **16. Any other business**

None.