# PSNC Agenda

## For the meeting to be held on 8th October 2014

## at 30 Euston Square, London, NW1 2FB

## commencing at 10:30

**Members:** Stephen Banks, David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Liz Colling, Mark Collins, Ian Cubbin, David Evans, Samantha Fisher, Mark Griffiths, Ian Hunter, Clive Jolliffe, Tricia Kennerley, Clare Kerr, Andrew Lane, Margaret MacRury, Rajesh Morjaria, Garry Myers, Bharat Patel, Indrajit Patel, Kirit Patel, Prakash Patel, Rajesh Patel, Umesh Patel, Janice Perkins, Chris Perrington, Adrian Price, Anil Sharma, Faisal Tuddy, Gary Warner

**Chairman:** Sir Peter Dixon

### 1. Apologies for absence

Apologies for absence have been received from Mark Griffiths.

### 2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Wednesday 9th July 2014 were shared with the committee.

### 3. Matters arising from the minutes

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

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

### ACTION

### 5. CPCF Negotiations: next steps

To reflect on the negotiating process, settlement and likely progress of negotiations for 2015-16.

### RATIFICATION

### 6. Resource Development & Finance subcommittee

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 7th October 2014. The subcommittee chairman will provide a report on the meeting.

### 7. Health Policy and Regulations subcommittee

A meeting of the Health Policy subcommittee is scheduled to take place on Tuesday 7th October 2014. The subcommittee chairman will provide a report on the meeting.

### 8. LPC & Implementation Support subcommittee

A meeting of the LPC & Implementation Support subcommittee is scheduled to take place on Tuesday 7th October 2014. The subcommittee chairman will provide a report on the meeting.

## 9. Funding & Contract subcommittee

A meeting of the Funding and Contract subcommittee is scheduled to take place on Tuesday 7th October 2014. The subcommittee chairman will provide a report on the meeting.

## 10. Service Development subcommittee

A meeting of the Service Development subcommittee is scheduled to take place on Wednesday 8th October 2014. The subcommittee chairman will provide a report on the meeting.

## REPORT

## 11. Essential Small Pharmacies

NHS England has advised us, following many exchanges with Steve Lutener, that it will not be possible to replace the current arrangements with a national framework. We have organised two training events for affected contractors to help them with applications for local support.

## 12. Update on the Health and Care Landscape

Update on the Health and Care Landscape Briefings that have been published on the PSNC website are set out in **Appendix 04/10/14**.

## 13. Future meetings and any other business

The next PSNC meeting will be the Planning Meeting, to be held on 11th and 12th November 2014 at Radisson Blu, 12 Holloway Circus, Queensway, Birmingham, B1 1BT.

Please also note that the LPC Conference will be taking place on 15th of October at the Queens Hotel, City Square, Leeds, LS1 1PJ.

## Update on the Health and Care Landscape

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. It builds on the Health & Care Review articles which are published on the PSNC website every week.

## Many hospitals facing significant deficits

The *Health Service Journal* has reported that nearly half of hospitals in England are forecasting a deficit at the end of the financial year. The *HSJ* research suggests that overall the hospital sector is expecting to record a net deficit of at least £750m.

## Update on Urgent and Emergency Care Review

NHS England has published an update on the Urgent and Emergency Care Review, which builds on its future vision for urgent and emergency care in Transforming urgent and emergency care services in England. Urgent and Emergency Care Review End of Phase 1 Report.

The update reports on progress with NHS England's work with local commissioners and the development of their five year strategic and two year operational plans as well as updates on plans to develop demonstrator sites to trial new models, including a new service specification for NHS 111.

## Proposals for reform of payments for emergency and urgent care

Linked to the publication of the update on the Urgent and Emergency Care Review, NHS England and Monitor published a discussion document which sets out outline proposals for how the payments for urgent and emergency care received by all providers of this type of care, including potentially GP practices and community pharmacies, could be structured in the future.

The document suggests that reform of urgent and emergency care provision may be best achieved by the development of a consistent payment structure for all providers which recognises the 'always-on' nature of the service provision. They suggest that this approach would combine a substantial proportion of fixed core funding with a proportion of volume-based funding. You can read PSNC's response to the consultation on our website.

## NHS England sets out work being undertaken to develop an NHS Five Year Forward View

NHS England is working to develop a five year strategy for the NHS which will be called the NHS Five Year Forward View (5YFV). Likely to be published in October, it is expected to be a highly influential document setting out Simon Steven's (NHS England CEO) vision for the NHS.

The document will consider why change is needed, what success might look like, and how the NHS might get there. It will include a range of care models that could deliver transformation, identifying the actions required at the local and national level to support delivery.

## Purpose

To consider **why** change is needed, **what** success might look like, and **how** we might get there. The Forward View will provide:

1. A clear vision, setting out the particular contribution that the NHS and others can make to the health of our nation, and the transformation required to meet the changing needs of current and future patients.
2. A shared understanding of the extent and nature of the gap between where we are and where we need to be, including: the **'financial'** context for both demand and supply, the **'health'** opportunity and the **'care'** opportunity – transformation requires all three to be addressed.
3. A range of care models that could deliver transformation (the what) identifying the actions required at the local and national level to support delivery (how).
4. Priority areas for targeting transformation, identifying what needs to happen to support delivery and the potential benefits for patients and taxpayers.
5. Actions that we can take nationally to create the conditions for local action.

## Outcomes

- Set out the challenges and choices for action and further discussion.
- Identify action that we can take nationally to create the conditions for local action to improve care for patients of today and tomorrow.
- Greater clarity and consensus about our shared purpose and our respective roles and responsibilities in delivering this.

## Work streams

In order to achieve our aims, the 5YFV will look at a range of issues including:

- How can we improve the health of our population and what role might the workplace play in particular?
- How can we support patients to be more active and engaged in their own health, and how can we improve the responsiveness of the NHS when they are ill?
- What tangible steps can we take to support the carers and volunteers?
- What are the new care models that could deliver integrated and responsive care, and how can we achieve delivery?
- What is the true cost and value of the NHS to UK plc; how can we 'future proof' the NHS, taking advantage of technology, innovation and genomics?
- What benefits will any recommendations provide for patients and taxpayers, and what is the underpinning model of change that will drive improvement?

## Process

- The NHS and social care system is not short of reports or evidence. Therefore, in the majority of areas we will not be commissioning new work, and instead will examine exciting research for review and challenge.
- In particular, we will draw upon the extensive engagement and consultation that formed the basis of A Call to Action, and the five-year plans developed by CCGs and NHS providers.
- We will not run yet another lengthy and costly engagement exercise, asking people what they want from health and health care. We will draw upon existing research and work with National Voices and NHS Citizens to hold a Review and Challenge session with patients, to ensure that we have heard what they have said and to provide a common sense check on emerging proposals.
- We will seek active engagement with a wider list of stakeholders upon publication of the report, which we will use as the beginning of a conversation with the wider system.

## DH publishes guidance for schools on spare emergency inhalers

Earlier this month the Department of Health published guidance for schools on how to access and use spare Salbutamol inhalers and spacers for emergency use when pupils have an asthma attack and can't access their own bronchodilator inhaler.

## King's Fund Commission on the future of health and social care

The Barker Commission's final report on the Future of Health and Social Care in England was published by the King's Fund in mid-September. Its 12 recommendations set out a vision for a more integrated health and social care service, simpler pathways through it and more equal treatment for equal needs. Read further information on the report and PSNC's comment.

## NHS England issues safety alert on discharge information

A patient safety alert was issued by NHS England this month as part of its work to improve the quality and timeliness of communication with primary and social care when patients are discharged from hospital.

NHS England is asking NHS organisations for information about their current local practices and challenges that will help form a national picture around handover at discharge. They are also being asked to provide examples of successful local initiatives designed to improve their discharge handover processes. This information will be used by NHS England to develop a range of resources and recommendations to help healthcare providers to improve patient safety around handover at a local level.

## NHS England announces secondment to deputy CPhO post

NHS England has announced that Dr Bruce Warner will be seconded into the post of Deputy Chief Pharmaceutical Officer, commencing 15th September.

Until now, Bruce has been Deputy Director of Patient Safety at NHS England, and prior to that Associate Director of Patient Safety at the former National Patient Safety Agency. Bruce was central to developing the NHS England strategy for patient safety, including the National Patient Safety Alerting System. Bruce is also an experienced community pharmacist, having previously owned and run two pharmacies in Sheffield. He has also worked as a pharmaceutical adviser in both a PCT and an acute trust and as a lecturer at the University of Derby. His DPharm research focused on medication errors.

Bruce will take forward work on medicines optimisation, aimed at improving quality, outcomes and value for patients and the public from their medicines. He will also work to ensure that the capability and capacity within community pharmacy is exploited to the full. The secondment is for an initial 6 months, during which NHS England will look to permanently fill the Deputy Chief Pharmaceutical Officer post.

## NHS England announces significant organisational change

The *Health Service Journal* has reported that NHS England's Chief Executive, Simon Stevens, is planning a significant restructuring of the organisation's regional and area team structure. All areas will adopt a similar structure to that used in London, which will result in many senior posts ceasing to exist. In London some senior roles are shared across the area teams within the regional structure, thus leading to a flatter structure and reduced cost. The regional offices are expected to take on roles currently performed by area teams, including responsibility for specialised commissioning.

At the end of September the *Health Service Journal* went on to report that NHS England will move from its current 24 area teams outside of London, to a new structure with half that number; this has not yet been confirmed by NHS England.

## 2015/16 public health funding announced

The Department of Health has announced that local authorities' public health funding is expected to remain the same as last year, at £2.79 billion. The funding will remain ring-fenced to ensure it is used solely for improving public health.

A further £5 million of funding has also been announced as part of the Health Premium Incentive Scheme (HPIS). The scheme is designed to reward local authorities that make improvements to their localities public health by providing cash incentives. Under the scheme, which will be piloted during 2015 and 2016, local authorities will be rewarded for meeting one mandatory national public health target, related to improving drug and alcohol services, and one local target of their choice.

## NHS England medic predicts end of GP independent contractor model

Dr Mike Bewick, deputy medical director at NHS England has said that the concept of independent contractors in general practice will become anachronistic and probably will have gone within 10 years. Speaking at a Westminster Health Forum event held earlier this month, he suggested that providers of primary medical services should grow to cover populations of around 300,000 people.

## Limited use of AQP by CCGs

Research undertaken by the *Health Service Journal* suggests that a minority of the 183 CCGs responding to a Freedom of Information Act request for information on their use of the Any Qualified Provider (AQP) commissioning approach have used AQP during 2014/15 and interest in the approach seems to be waning. 109 CCGs of 183 responding had not used AQP in any new commissioning during 2014/15 compared to 77 in 2013/14.

## NHS England Chief Executive committed to improving dementia diagnosis

NHS England Chief Executive, Simon Stevens, told the Alzheimer's Society Conference held in mid-September that the organisation is committed to pushing up dementia diagnosis rates. Alongside the conference, NHS England published a new Dementia Toolkit aimed at helping GPs make more timely diagnosis of the condition and, importantly, what they can do in terms of post-diagnostic support.

Mr Stevens said "The biggest test of the NHS is going to be how it treats older citizens and, in particular, how we treat people with dementia. If we get it right for people with dementia, we will get it right for everybody".

Current rates of diagnosis are relatively low, at just over 50% suggesting there may be around 400,000 people living with dementia without the benefits of a formal diagnosis. NHS England's aim is that by next year two-thirds of the estimated number of people with dementia should have a diagnosis and post diagnostic support.

## Health Foundation report focusses on closing the NHS quality gap

A new report from the Health Foundation - More than money: closing the NHS quality gap - discusses the implications of the NHS financial gap for quality of care in the NHS. It argues that additional resources alone will not be enough to close the 'quality gap': the difference between the quality of care the NHS should deliver, and what it is capable of delivering. It says that this gap can be seen in the variations in

care across the country and in the cracks that are starting to appear in areas such as mental health services, Emergency department waiting times and 62-day cancer waits.

Increasingly tight budgets make it likely that the quality gap will get wider; to stop this happening, the report suggests that the NHS needs to change how it delivers services. The report outlines three ways that this change can be supported within the NHS:

- Systematic improvement support for providers: The key bodies within the health care system should support providers of care in implementing improvements to services, both within their own organisation and working with other providers to deliver integrated care.
- Targeted resources: Two types of funding are needed: first a 'transformation fund' to allow new services to be introduced and existing services to be improved; and second, as the financial gap cannot be closed by productivity alone, ongoing additional funding.
- Political openness and support for change: Political support is critical for the changes needed both in the short and medium term. A start would be a new candid dialogue between politicians and both the public and NHS about the challenges, and why significant change is needed now.

## DH consultation proposes display of CQC ratings

The Department of Health has launched a consultation on making it a legal requirement for hospitals, care homes and GP practices to publicly display their ratings awarded by the Care Quality Commission. The organisations may also have to publish their ratings on their website.

## NHS England publishes its first annual review

NHS England has published its first Annual Review. The review looks at some of the key work the organisation has undertaken over the last year and includes case studies which show how the NHS is putting patients first.

## Evidence papers on tackling health inequalities published

Public Health England has published a series of evidence papers on taking action to reduce health inequalities. The topics covered relate to some of the policy objectives in the Marmot Review and focus on the wider determinants of health, beyond healthcare interventions. The papers include evidence, practical points and case studies on approaches and actions that can be taken by local authorities on a range of issues to reduce health inequalities.

## Burnham: GPs should become predominantly salaried

Shadow health secretary Andy Burnham has told *Pulse* that general practice should become a predominantly salaried profession, with GPs working as employees of large health and social care organisations. This suggestion follows a previous comment from Burnham that Labour would review the independent contractor status of GPs.

## Get serious about obesity or bankrupt the NHS – Simon Stevens

The health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health, Simon Stevens, Chief Executive of NHS England told the annual conference of Public Health England earlier this month.

Simon Stevens points to the fact that nearly one-in-five secondary school aged children are obese, as are a quarter of adults – up from just 15% twenty years ago. Unchecked, the result will inevitably be a huge rise in avoidable illness and disability, including many cases of type 2 diabetes which Diabetes UK estimate already costs the NHS around £9 billion a year.

He said that in the NHS Five Year Forward View, to be published next month, the NHS will set out some of the actions that could make a difference over the course of the next Parliament. Proposals being debated include:

- A shift in NHS investment towards targeted and proven prevention programmes;
- New incentives to ensure the NHS as an employer sets a national example in the support it offers its own 1.3 million staff to stay healthy, and serve as "health ambassadors" in their local communities;
- Recommending that financial incentives should be offered to employers in England who provide effective NICE-certified workplace health programmes for employees; and
- A "devo-max" approach to empowering local councils and elected mayors in England to make local decisions on fast food, alcohol, tobacco and other public health-related policy and regulatory decisions, going further and faster than national statutory frameworks where there is local democratic support for doing so.

## MyNHS transparency website launched

A new website - MyNHS – has been launched which links existing data that has already been published on patient safety, efficiency, quality, public health and social care commissioning. The website is a joint project between the Department of Health, NHS England, Public Health England, the Care Quality Commission and the Health and Social Care Information Centre.

More data from CCGs, GP practices, clinicians and mental health trusts will be added at a later date. It is intended that clinicians, managers, patient groups and campaigners will be able to use the data to highlight the best performing areas and improve healthcare standards through competition and transparency.

## Labour Party Conference focuses on the NHS

A clear focus on NHS policy at this year's Labour Party autumn conference in Manchester started with shadow chancellor Ed Balls promising that the party's first budget after next year's election will see "our NHS saved". The detail on what this meant in spending terms was not revealed in his speech – that was to follow from the Party Leader – but he did repeat Labour's promise "to repeal the NHS Bill and stop the creeping privatisation of the NHS".

Shadow health secretary, Andy Burnham led calls during the conference for better integration of health and social care as the way to fix the gap in the NHS budget. But the big NHS policy proposal was announced by Labour leader Ed Miliband who said the Party would make an annual additional £2.5bn investment in the NHS – a 'Time to Care' fund – if the party is elected to Government. This would fund an extra 8,000 GPs, 20,000 more nurses, 5,000 more care workers and 3,000 new midwives.

Mr Miliband said he was going to raise the extra money for the NHS through a 'mansion tax' on properties worth more than £2m, taxes on tobacco companies and a clampdown on tax avoidance, with hedge funds being referenced as a particular target for this activity.

In Andy Burnham's speech to conference he re-stated Labour's pledge to repeal the Health and Social Care Act, which enacted the current government's health reforms. He went on to describe Labour's plans for all hospital trusts to evolve into NHS integrated care organisations working from home to hospital, coordinating all of one person's needs: physical, mental and social. Burnham also detailed new support

for carers, including giving carers of those with the greatest needs a single point of contact for the care of the patient and the right for carers to ask for an annual health check.

## NHS England seeks support for technology enabled care services programme

Professor Sir Bruce Keogh has outlined NHS England's plans for further developing Technology Enabled Care Services (TECS).

In a letter written to around 250 stakeholders, NHS England's National Medical Director called on them to support the programme that takes the NHS into a new and exciting technological era that will help empower patients and improve health outcomes. In his letter he highlighted the opportunity for present and emerging technologies to transform the way people engage in and control their own healthcare. He described the degree of personal control that could be afforded by a smart phone configured for medical applications, coupled with wearable biosensors and capable of sensing, analysing and displaying vital signs and alerting the user and their clinicians to significant changes or deterioration in a condition.

The TECS programme has been re-focused to address the demand from health and social care professionals for support and practical tools to commission, procure, implement and evaluate technology enabled care services. An online toolkit, aimed at helping commissioners and health and social care professionals maximise the benefits of TECS, will be launched later this autumn.

## LibDems publish proposals for HWBs to commission services

Ahead of their Party conference the LibDems have published a policy paper – Protecting Public Services and Making them Work for You - which sets out proposals for the reform of public services, including the NHS.

The proposals in the document favour local decision making as opposed to a central approach, but also make it clear that they do not favour further major structural changes to the NHS in the near future. In line with this principle they propose that Health and Wellbeing Boards (HWB) should continue to develop, with more elected local councillors sitting on them. HWBs would also be able to take on further responsibilities, should they wish, including commissioning GP services locally.

The Party commits to increasing investment in community public health programmes to redesign service delivery around the patient and to help prevent the development of LTCs. Provision of integrated care to patients is also a strong theme, reflecting the approach that the party has taken with its Coalition partners while in Government. The document also states that they will ensure GPs are open for longer hours, in the evening and weekend, working in federations of practices and the best use is made of pharmacists. The document states:

> *We specifically support closer working across the health system with pharmacists who, again, for suitable patients, can provide a much more accessible, cheaper and often more suitably qualified service. It is estimated that up to one-sixth of all current visits to GPs fall into this category. Appropriate ways of managing patient information appropriately to facilitate this linkage must be developed.*

Commenting on the need for more convenient, quicker, closer and more cost-effective care for patients, the document notes:

*This will be further reinforced by increasing arrangements to share patient information, with the patient in charge, among GPs, pharmacists and Emergency Departments.*

The document also proposes the formation of a new local collaboration – the Better Outcome Board. These partnerships would involve three or more local public bodies, such as local authorities, police services and the NHS working together to improve outcomes and efficiency.