

**PSNC Service Development Subcommittee Minutes**  
**for the meeting held on Wednesday 8<sup>th</sup> October 2014**  
**At RCGP, 30 Euston Square, London, NW1 2FB**

**Present:** Stephen Banks, Ian Hunter, Clive Jolliffe, Clare Kerr, Indrajit Patel, Gary Warner (Chairman)

**In attendance:** Daniel Ah-Thion, David Broome, Christine Burbage, Mark Burdon, Alastair Buxton, Peter Cattee, Liz Colling, Mark Collins, Shiné Daley, Mike Dent, Peter Dixon, David Evans, Sam Fisher, Komal George, Tricia Kennerley, Mike King, Steve Lutener, Margaret MacRury, Bharat Patel, Umesh Patel, Janice Perkins, Sue Sharpe, Rosie Taylor, Zoe Smeaton.

**1. Apologies for absence**

There were no apologies for absence.

**2. Minutes**

The minutes of the meeting held on 8<sup>th</sup> July 2014 were approved.

**3. Matters arising**

None.

**4. Work Plan**

Progress made against the 2014 work plan was reviewed by the subcommittee.

**Commissioning of flu vaccination** – this is still a clear priority for PSNC and LPCs to be commissioned nationally. It was proposed to NHS Employers in the recent discussions on their future mandate from NHS England. It will also come up next week in the discussions at the LPC Conference. What is uncertain is 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. Alastair Buxton asked everyone when having discussions with LPCs to highlight the template specifications and other associated resources for this service and others which are available on the PSNC website.

**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. It is still on the list of work that Barbara Parsons may be able to undertake for PSNC, but this work would ideally link with PHE's work on developing a gold standard approach to commissioning stop smoking services from community pharmacies. This work appears to have stalled at PHE.

**Minor ailments services** – commissioning minor ailments at a national level was 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.

If necessary external resource should be used in this work in order that it is undertaken in a timely manner. It was suggested that the large multiples may have information on locally commissioned services which may be of use. The work undertaken last year to develop the winter ailments service would act as a helpful foundation from which to develop a proposal.

**ACTION / RATIFICATION**

**5. Supporting carers in community pharmacies**

Alastair Buxton gave a brief description of the work being undertaken with Carers Trust and an additional project focussed on young carers. The subcommittee members reviewed the materials which had been developed for use in pharmacies during the Carers Trust project. Clare Kerr reported on discussions at the NHS England group on supporting carers and implementing NHS England's commitment to 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. This was already on the list of topics that had been proposed to NHS England/NHS Employers for consideration for inclusion in the next mandate to NHS Employers.

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

It was agreed that the importance of carer support and wider provision of support for independent living should be highlighted to LPCs and contractors via PSNC's communications channels. This could include a recommendation that contractors consider how they can package existing services to meet the specific needs of carers.

## 6. Criteria to assess and prioritise services for national development

The subcommittee considered the following questions:

- a) Whether there are additional criteria we could use to priorities service opportunities?
    - Patient expectations and understanding of pharmacy services could be added to recognise that some services that could be provided may not fall within patients' expectation of what community pharmacies would provide.
    - Likely funding opportunities – a service may be really valuable but there may be no funding available.
    - Training and development - include capacity to deliver in the pharmacy. Need to consider ease of fit with pharmacy workforce. Are contractors willing to deliver?
    - How crowded is the market is already? Can we protect pharmacy service provision from being copied by other providers such as GPs?
    - National versus local commissioning – is the service clearly only suited for local commissioning?
  - b) Whether they would suggest amendment or deletion of any of the existing criteria?
    - Some important items should be placed at the top of the assessment grid, as a negative mark on some key items would mean you would not consider development of the service.
  - c) The scoring mechanic which has been proposed for each criteria. Are they appropriate?
    - Yes or no scores – the no criteria should have a definition
    - Stick to 1, 5, 10 rather than 3, 7, etc.
- Should the final criteria on distance selling pharmacies be scored?
- Yes / no scale; a no result wouldn't preclude development of a service.

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.

## REPORT

## 7. Providing more service development support

The information in the agenda was noted and Rosie Taylor introduced herself.

## **8. Update on negotiations with NHS Employers**

The information in the agenda was noted. Responsibility for the implementation of the changes to the CPCF lay with the LIS subcommittee.

The background to the new requirements around reporting of patient safety incidents was explained and the subcommittee discussed the need for clear guidance to contractors. The new requirements would be covered in updated clinical governance requirements which would be jointly issued by NHS England, NHS Employers and PSNC. This will include guidance to ATs on monitoring of the requirement; if necessary PSNC may need to issue its own guidance on how it would expect NRLS data to be used by ATs. Pharmacies that report no PSIs to NRLS are likely to be challenged about this.

Communications to contractors, pharmacy teams and ATs would be developed to highlight the positive aspects of increased PSI reporting. Janice Perkins said Pharmacy Voice was also focussed on the need to communicate these messages; all the pharmacy bodies should work together on this.

## **9. Urgent Care**

The information in the agenda was noted.

## **10. Any other business**

**Friends and Family Test** – it was noted that there were rumours circulating that community pharmacy may be required to take part in this in the year ahead. NHS England currently had not decided how or when the FFT would be implemented in community pharmacy (this was re-confirmed with NHS England following the meeting).

**Disclosure and Barring Service** – DBS checks were causing a lot of problems at a local level. This had been considered by the HPR subcommittee earlier in the day.

Ian Hunter suggested that the subcommittee should seek external support for its work on minor ailments and other service developments; this was something that could be considered at the planning meeting.