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

# PSNC Service Development Subcommittee Agenda

## for the meeting to be held on Tuesday 13th January 2015

## At Hilton DoubleTree, One Piccadilly Place, Manchester, M1 3DG

## starting at 2pm

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

### Apologies for absence

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

### Minutes of previous meeting and matters arising

The minutes of the meeting held on 8th November 2014 were shared with the subcommittee.

### Agenda and Subcommittee Work

The subcommittee is asked to note the remit set out in the governance papers circulated with the agenda papers.

The 2014 work plan, including progress updates, is set out at **Appendix SDS 02/01/15** for information.

Below we set out progress and actions required on the proposed work plan areas for the year. The subcommittee is first asked to review the proposed work plan areas for the year. The subcommittee is then asked to consider the reports; to address any actions required; and comment on the proposed next steps.

| 1 | Secure the commissioning of community pharmacy services within the scope of the current NHS England negotiating mandate | Status |
|---|---|---|

**Report:** **Appendix SDS 03/01/15** sets out progress that has been made in implementing the changes to the CPCF agreed for 2014/15.

A verbal report will be given on the discussions with NHS Employers on the service development aspects of the 2015/16 negotiating mandate given to NHS Employers by NHS England. PSNC is not able to comment on negotiations until they have been completed so these details remain confidential.

**Subcommittee Action:** Provide initial feedback on the contents of the negotiating mandate.

**Next Steps:** The negotiating team will continue discussions with NHS Employers, seeking to maximise service development opportunities within the CPCF. Once substantive progress has been made in the negotiations, a special meeting of SDS may be called to seek the thoughts of the subcommittee members on any proposals.

In the meantime, the office will continue work to promote the services within PSNC's Vision more widely to build support for service development.

| 2 | Promote alignment of GP and community pharmacy contracts and contemporaneous negotiation | Status |
|---|---|---|

**Report:** The negotiating team has repeatedly lobbied NHS England and NHS Employers on the need to align the two contracts and to ensure they are being negotiated contemporaneously in order that maximum benefit can be achieved for NHS England and patients. NHS England and NHS Employers have accepted the

need for contemporaneous negotiation, but they have also recognised that it may not be possible for the community pharmacy negotiations to 'catch up' with the GMS contract negotiations in one leap.

**Subcommittee Action:** None.

**Next Steps:** PSNC will maintain pressure on NHS England and NHS Employers on this issue and will work to conclude the 2015/16 negotiations in a timely manner in order to start to 'catch up' with the GMS negotiation timetable. We will also continue to take opportunities to highlight the benefits of contract alignment to wider NHS stakeholders, e.g. in responses to consultations and in press work.

| 3 | Develop models of integrated care that demonstrate the benefit of using community pharmacy services | Status |
|---|---|---|

**Report:**

- The office is continuing work to develop models of care for the collaborative management of asthma and hypertension by community pharmacy, working with general practices. This work has initially focussed on asthma and has included a number of exploratory discussions with key individuals in the field of respiratory medicine in order to seek their thoughts on PSNC's proposals.

- Public Health England (PHE) published Tackling high blood pressure: from evidence into action on 18th November 2014. This document provides evidence-based advice on how local government, the health system and others can effectively identify, treat and prevent high blood pressure. The document, which has been produced by a number of organisations from across national and local government, the health system, voluntary sector and academia (collectively known as the Blood Pressure System Leadership Board) is a vision and action plan on how to support partners at all levels to focus upon the work that will make the biggest impact on tackling high blood pressure. PSNC Briefing 028/14, set out in **Appendix SDS 04/01/15**, summarises the elements of the document that are of most relevance to community pharmacy. A number of the proposals support the Committee's aim of developing community pharmacy services focussed on the management of hypertension.

- The Carer Friendly Pharmacy project commenced its active phase in November 2014, with an encouraging number of referrals being made to local carer services and GP practices. This project and wider opportunities for community pharmacies to support carers will be highlighted in a PSNC Briefing which is being drafted. Once the project has concluded, the University of Leeds will evaluate the outcomes and the results of the project and the associated learning from implementation of the referral service can be disseminated to LPCs and used in discussions with NHS England/NHS Employers.

**Subcommittee Action:** Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:**

- Further discussions with key individuals and organisations on the management of asthma to conclude with a roundtable event and a report on stakeholder views to inform the development of the service;
- Development of an outline service specification for an integrated asthma management service, which clearly describes the respective responsibilities of community pharmacy and GPs;
- Set up discussions with key individuals and organisations on the management of hypertension within community pharmacies to conclude with a roundtable event and a report on stakeholder views to inform the development of the service;
- Development of an outline service specification for an integrated hypertension management service, which clearly describes the respective responsibilities of community pharmacy and GPs;
- Use the outline service specifications developed for asthma and hypertension management to develop a generic approach that can be applied to all long term conditions;

- Pursue opportunities to work with PHE and Pharmacy Voice on implementing the commitments made in Tackling high blood pressure: from evidence into action;
- Develop article ideas, possibly in collaboration with other stakeholders, so that we can seek opportunities to promote these service developments in the GP and wider health press as well as through PSNC's own communications.

| 4 | Ensure outcome evaluations of community pharmacy services are undertaken and collated, including robust evaluations of the costs and benefits of potential pharmacy services to the NHS | Status |
|---|---|---|

**Report:** The office is continuing to populate the online services database with information on locally commissioned services being supplied by LPCs. This includes locally completed service evaluations, where these have been undertaken.

**Subcommittee Action:** Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:** Once a critical mass of database entries have been added, work will commence to distil key information about each service type on the database in order to provide useful information to support LPC discussions with commissioners. This work will include collation of data on outcomes and it will also enable us to identify the services where there is a lack of evaluations.

In due course these gaps can be addressed through collaborative work with LPCs and other partners. The joint academic post that PSNC is seeking to recruit with the University of Sunderland will provide additional expertise and capacity to enable PSNC to undertake or support service evaluations.

As detailed in the LIS agenda, we will continue to work to promote the evaluations that we do source and the services database to LPCs to highlight successes and the importance of evidence collection.

| 5 | Use all opportunities to promote community pharmacy services, within the four domains of PSNC's Vision, and the benefits of national commissioning | Status |
|---|---|---|

**Report:** PSNC provided support to NHS England colleagues who were updating the 'Community pharmacy supporting winter pressures' documents that were published in 2013. The updated main document and the separate appendix highlighting the three service options for commissioners to consider (flu vaccination, emergency supply and winter ailments services) were published in November, under the banner 'Community Pharmacy – helping provide better quality and resilient urgent care'. The documents and the associated service implementation resources can be accessed via http://psnc.org.uk/winter.

**Subcommittee Action:** Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:**

- Develop and publish a report describing progress being made on implementing PSNC's Vision and the Committee's national service development priorities, which have been determined via the SDS service prioritisation work already undertaken and the Committee's planning discussions in November 2014;
- Promote the jointly produced community pharmacy manifesto which sets out a number of wishes and enablers for pharmacy services which are in line with PSNC's Vision;
- Repeat the successful PSNC seminar around provision of pharmacy services – topics such as supporting independent living are currently being considered and the subcommittee's view on other possibilities is welcomed;
- Produce a stakeholder map for PSNC to ensure we are engaging with all organisations possible to promote community pharmacy services;

- Increase our use of social media so that we can engage with these stakeholders to promote community pharmacy services and their potential;
- Develop article ideas so that we can seek opportunities to promote pharmacy services in the GP and wider health press;
- Explore what other opportunities might exist to promote community pharmacy services, e.g. through the use of digital communications or events, and develop a plan for these.

| 6 | Address barriers to community pharmacy service expansion, including how to ensure all patients can benefit from services | Status |
|---|---|---|

**Report:** At PSNC's November 2014 meeting it was agreed that the Committee should consider its policy on provision of MURs by all pharmacy contractors. This issue will be considered by the Committee in a discussions session at the January 2015 meeting, but the focus of the discussion has been broadened due to some of the proposals within NHS Employer's 2015/16 negotiating mandate.

A paper to support the Committee's consideration of this matter will be circulated at the meeting.

**Subcommittee Action:** None.

**Next Steps:**

- SDS to consider the implications for service development and for pharmacy contractors of any resultant Committee policy on new Essential services;
- As detailed in the LIS agenda the office will also continue work to support LPCs with the commissioning and promotion of services locally.

| 7 | Work with other pharmacy bodies to promote greater commissioning of community pharmacy services | Status |
|---|---|---|

Report: The future development of community pharmacy long term condition management services will require pharmacists to have the ability to alter the dose or strength of prescriptions or to prescribe. The office has worked with the RPS to arrange a roundtable meeting with the CCA, NACP, NHS England and NPA to explore the case for amending legislation to provide powers for community pharmacists, as part of specific medicines optimisation services, to make limited amendments to medication prescribed for a patient without the need to request a new prescription.

**Subcommittee Action:** Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:**

- SDS to consider the service related policy implications of the outputs from the roundtable discussion;
- The joint manifesto outlined above includes some messages around the need for greater commissioning of community pharmacy services and the office will be working with other pharmacy organisations to promote this; and as detailed in the LIS agenda the office are working on a series of communications to local commissioners to promote the greater commissioning of community pharmacy services.

## Any other business

**Appendix SDS 02/01/15**

## 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.

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 |
|---|---|---|---|
| In 2014 PSNC will seek to:<br>• implement its Vision for community pharmacy by:<br>  ○ 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);<br>  ○ negotiating a framework for the development of the services within the CPCF with NHS England (with FunCon);<br>  ○ 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);<br>  ○ ensuring developments in technology support the effective provision of pharmacy services;<br>  ○ working to ensure that regulations and their administration support the effective provision of pharmacy services.<br>• develop stronger and productive relationships with NHS England and Public Health England (with FunCon and LIS)<br>• promote adoption of standardised service commissioning (with LIS);<br>• support LPCs to increase local commissioning of community pharmacy services (led by LIS). | | | |
| 2) Use speaking or other opportunities at healthcare conferences, seminars and other events to promote the use of community pharmacy services. | Ongoing | Speaking opportunities are regularly sought in order to promote community pharmacy services to external audiences. | Amber |
| 3) Following the completion of NHS England's primary care framework development work, negotiate with NHS England a framework for the development of the services within the CPCF, in line with PSNC's Vision. | Commence in June | NHS England published its 5 Year Forward View near the end of October 2014. The document presents a high level vision of how the NHS needs to change over the next few years, but it doesn't provide a detailed strategy for primary care. Separately, the NHS England Board has noted that 2015/16 will be a transitional year, where existing commissioning plans should continue without significant change. | Amber |

| | | | |
|---|---|---|---|
| | | Exploratory discussions on the future development of the CPCF were undertaken with NHS Employers following the completion of the 2014/15 round of negotiations; these discussions informed the development of NHS England's mandate to NHS Employers for 2015/16. Further information on the discussions with NHS Employers is set out in the October 2014 SDS agenda.<br>The NHS England planning guidance published in late December says that the organisation will publish its response to the pharmacy Call to Action in early 2015. | |
| 4) Work in partnership with Carers Trust to support the testing of carer identification and support in community pharmacies, in order to develop the evidence for community pharmacy services. | Commence in January | Carers Trust has been funded by DH to undertake a range of actions to improve the ability of primary care professionals to provide support for unpaid carers. This part of that work is intended to be a one year project to explore the development of a 'Carer Friendly Pharmacy' concept, involving LPCs and Carers' Centres working together, with an evaluation undertaken by the University of Leeds. A draft description of the project was set out in the January 2014 SDS papers for information. Expressions of interest in participating in the project were received from ten LPCs. Carers Trust appointed a project manager to lead the work on the project. An additional smaller project is also underway to examine the needs of young carers; this is being undertaken in Salford. A meeting to report on progress with the project was held with DH in June. An update on the project was set out in the October 2014 SDS agenda. The project went live in pharmacies on 3rd November 2014. Alastair Buxton gave a presentation on pharmacy services and the carer project at a national Carers Trust conference for carers centres in November. | 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 was undertaken (development of a new service specification, SLA and supporting paperwork) as part of work to support urgent and emergency care services during winter. PSNC organised an event for LPCs on flu vaccination in March to share learning from the previous season and to highlight the benefits of taking a standard approach to commissioning the service to NHS England and PHE (who both had officials in attendance).<br>Information on progress with local commissioning for 2014/15 was collated by the Regional Reps in time for the July meeting.<br>National commissioning of flu vaccination was discussed with NHS Employers | Amber |

| | | | |
|---|---|---|---|
| | | during discussions on their future mandate from NHS England. A meeting of the APPG was arranged in October to examine the future approach to commissioning of flu vaccination services. | |
| 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 would support a proposal to NHS England was 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.<br>From informal discussions with NHS England it is anticipated that they may, as a follow on from the Call to Action, seek to develop a business case for MAS that will be promoted to CCGs. As a result of this information, at its July 2014 meeting, the SDS subcommittee decided to de-prioritise this work. A recent presentation given by Keith Willett (NHS England Director for acute episodes of care) has suggested the organisation may be considering national commissioning of MAS. In the light of this, SDS decided at its October 2014 meeting to re-prioritise this work and the office started to develop proposals for an influencing programme on national commissioning of MAS. The office was also involved in the work NHS England undertook to update their winter pressures documents published last year. The revised documents re-branded as supporting resilient urgent care services were published in November. | Amber |
| 9) Seek opportunities to work in partnership with other organisations to test community pharmacy provision of asthma management, in order to develop the evidence for community pharmacy services. Initiate work on a pilot service with partners if a suitable site can be identified. | October | Two areas have 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. At the May 2014 SDS meeting it was agreed that the recent RCP report on asthma deaths presented an opportunity to re-prioritise this element of the work plan. A response to the RCP report has been developed and sent to the RCP lead. A meeting has also been held with an LPC and consultant pharmacist to discuss the results of their joint work on asthma management and the potential for this to be built on in another CCG area.<br>A meeting with Dr Mark Levy (RCP lead on the NRAD) was held in August at which he provided useful advice on how PSNC could progress its proposals.<br>A PSNC seminar and dinner, focussed on asthma management was held in October. The office is implementing a programme of work to follow the seminar and to move forward PSNC's plans for greater use of pharmacies in the management of asthma. This has commenced with one to one meetings with a | Amber |

| | | | |
|---|---|---|---|
| | | number of key opinion leaders in the field or respiratory care. | |
| 10) Seek opportunities to work in partnership with other organisations to test community pharmacy provision of hypertension management, in order to develop the evidence for community pharmacy services. 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. An article written by the DDA CEO and Chairman has been published in the British Journal of General Practice promoting the concept of pharmacist management of hypertension. A follow up meeting with the DDA was held in October to discuss joint work that may be undertaken on this issue.<br>LPCs have been asked to identify CCGs that may be willing to trial pharmacist management of hypertension and a number of expressions of interest have been received. | Amber |
| 11) Seek opportunities to work in partnership with other organisations to test community pharmacy provision of diabetes management, in order to develop the evidence for community pharmacy services. | December | Initial discussions have been undertaken with Devon LPC and a pharmaceutical company, as they may both be interested in collaborating with PSNC on this matter. The concept has also been explored in discussions with Diabetes UK. | Amber |
| 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. The Scottish RPS are exploring whether an existing assessment tool developed in Scotland may be suitable for wider use. | Amber |
| 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 | Due to capacity constraints in the office it has not yet been possible to undertake this work. It was agreed at the July 2014 subcommittee meeting that this work would be de-prioritised. | Amber |
| 23) Work with Public Health England to review the service requirements for pharmacy provided stop smoking services. | June | PSNC is a member of the working group on the issue formed by PHE. Barbara Parsons has attended the PHE Pharmacy Commissioning Workshop and work from the group will inform future action by the PHE Tobacco Policy Team. Barbara has developed referral pathways in and out of pharmacy for inclusion in proposed PHE guidance. | 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 HIE/Pinnacle Health Partnership (PHP). A draft business case has been developed by PSNC for blood-borne virus testing and is being finalised with data provided by PHP. | Amber |
| 25) Develop a business case and supporting documents on | April | This work will be carried out in collaboration with HIE/Pinnacle Health Partnership. The draft business case has been developed by Barbara Parsons | |

| | | | |
|---|---|---|---|
| the NHS Health Check service for LPC use. | | and is being finalised with data provided by PHP. | Amber |
| 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 HIE/Pinnacle Health Partnership. It was agreed at the July 2014 subcommittee meeting that this work would be de-prioritised. | Amber |
| 27) Develop a business case and supporting documents on stop smoking services for LPC use. | June | This ongoing work will be carried out in collaboration with HIE/Pinnacle Health Partnership and is linked to the work being undertaken with PHE (see 23). Due to capacity constraints in the office it has not yet been possible to progress this work. | 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 | The LPC website review has been completed, and information is filed and available. Population of the services database is now being undertaken by Rosie Taylor. | 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 | A report is being developed in spreadsheet format as the new database is populated. Once the initial population of the database is completed the spreadsheet will be published on the website. | Amber |
| 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. | March | PSNC's response to the CTA was submitted in March. The key messages in the response have been summarised into a document which is being used to lobby parliamentarians and has been made available to LPCs for use at a local level. | Green |
| 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 was 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. The concept of national commissioning of this service was recently discussed with the Director of Health and Wellbeing at PHE, who said it would not be a realistic proposition in the current commissioning landscape. It was agreed at the May 2014 meeting of SDS that no further progress on this item could sensibly be made this year. | Green |
| 8) Identify external barriers to community pharmacy service commissioning and seek to develop strategies to address these blocks. | May | This issue was discussed at the May meeting of the subcommittee and it was concluded that the development of more business cases and supporting documents, as per the SDS work plan was the most effective way that PSNC could support LPCs and contractors in securing more locally commissioned | Green |

| | | | |
|---|---|---|---|
| | | services. | |
| 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. The matter was discussed at the July 2014 meeting of SDS and it was agreed that this proposal would not be taken forward. | Green |
| 20) Develop and consider proposals on how the sector can gather evidence to support service development. Implement any subsequently agreed plan. | May | This was discussed at the May 2014 SDS meeting, as part of the agenda item on external blocks to commissioning services. The approach to gathering evidence set out in the agenda papers, which described the new role of the Pharmacy and NHS Policy Officer, was accepted as the best way in which PSNC could support this area of work. | Green |
| 21) Review the support community pharmacy can provide 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. | July | The matter was discussed at the special SDS meeting on 7th June 2014. The ideas developed at that meeting will feed into the November planning meeting. | Green |
| 13) Work with NHS England and other partners to support the wider adoption of the NHS repeat dispensing service. | May | An agreement on changes to repeat dispensing was reached and announced in September 2014. A summary of the agreed changes is set out in PSNC Briefings 015/14 and 016/14. LIS will lead on support for implementation of the change. | Green |
| 18) Work with NHS England and NHS Employers to finalise the details of the agreement to increase patient safety incident reporting by contractors and support contractors to implement these requirements. | February | An agreement on changes to PSI reporting was reached and announced in September 2014. A summary of the agreed changes is set out in PSNC Briefings 015/14 and 016/14. LIS will lead on support for implementation of the change. | Green |
| 19) Work with NHS England and NHS Employers to finalise the details of the agreement to increase the targeted percentage of MURs and national collation of data, then support contractors to implement these requirements. | February | An agreement on changes to MUR targeting was reached and announced in September 2014. A summary of the agreed changes is set out in PSNC Briefings 015/14 and 016/14. LIS will lead on support for implementation of the change. | Green |

## Progress on implementing the 2014/15 contract settlement

Discussions continue with NHS Employers, NHS England and the Department of Health on the implementation of the service changes within the 2014/15 contract settlement.

The rate limiting step in making progress is getting amendments made to the Regulations, Directions and the Approved Particulars. The following table summarises progress made on implementation:

| Contractual change | Progress |
|---|---|
| Continuation of the NMS | No amendment of the Directions is required, as the last amendments future proofed them to allow ongoing commissioning of the service.<br><br>The PSNC/NHS Employers guidance on NMS has being updated and will be published shortly as an NHS England/PSNC/NHS Employers document. As NHS England is now party to the publication, the publication of the document has to be authorised via the NHS England publications gateway process. |
| Introduction of the CV risk MUR target group | PSNC was consulted on amendment Directions to implement the new CV risk MUR target group and the Department of Health subsequently signed the amendments on 4th December 2014. The Directions were published in the January 2015 Drug Tariff.<br><br>The new cardiovascular risk MUR target group commenced from 1st January 2015. |
| Introduction of the 70% MUR target level | The proposed drafting of the amendment Directions could have resulted in contractors who did not undertake at least 50% of their MURs in target groups between January and December 2014 being subject to disciplinary action. That would be unfair and was not what was intended as a result of the contract agreement and therefore PSNC objected to this.<br><br>As a consequence of this, it was agreed that the minimum percentage of MURs that must fall within the target groups will remain at 50% until 31st March 2015. The minimum percentage of MURs that must fall within the target groups will increase to 70% from 1st April 2015.<br><br>The spreadsheet for reporting summary MUR data to ATs was updated some time ago and NHS England are still exploring how this can be published on their website. The spreadsheet was shared with PMR suppliers at the end of October in order to give them advance notice of the changes that would need to be made to their software.<br><br>Pharmacies could provide MURs targeted at patients within the new cardiovascular risk target group from 1st January 2015 but they don't need to record these as targeted MURs if their systems do not allow that to happen. Any MURs conducted in the new target group from 1st April 2015 will need to be recorded as falling within that target group in order that the revised spreadsheet for quarterly MUR data can be completed. If the pharmacy PMR system has not been updated to allow this data to be recorded from 1st April 2015, pharmacies will |

| | |
|---|---|
| | need to manually collate this data; tools to support this are available on the PSNC website.<br><br>The PSNC/NHS Employers guidance on MURs has been updated and will be published shortly as an NHS England/PSNC/NHS Employers document. As NHS England is now party to the publication, the publication of the document has to be authorised via the NHS England publications gateway process. |
| Emergency supply audit | Following a meeting with NHS Employers and NHS England, PSNC drafted guidance on undertaking the emergency supply audit, a data collection form and an associated spreadsheet to collate data from the audit.<br><br>These documents have been used in a pilot of the audit in the Guildford and Waveney CCG area, the results of which will be reported back to PSNC/NHS Employers/NHS England at a meeting later in January 2015. The learning from the pilot will inform the development of final versions of the audit documentation for use over the Easter 2015 period. NHS England will need to make a decision on how the audit data will be collated by their ATs.<br><br>PSNC has been consulted on amendment of the Regulations to allow NHS England to specify an audit that all pharmacy contractors must complete which aims to collate information to inform policy development, rather than being a clinical audit. This change is necessary to allow the emergency supply audit to be undertaken. The Regulations are due to come into force on 1st March 2015. |
| Repeat dispensing | PSNC has also been consulted on amendment of the Regulations to implement the change to the terms of service relating to repeat dispensing. The Regulations are due to come into force on 1st March 2015.<br><br>The Professional Relations Working Group is being re-convened in February 2015 to allow PSNC, NHS Employers and GPC to discuss what support and guidance can be provided to GP practices and pharmacies on repeat dispensing.<br><br>Support materials for contractors on this aspect of the contract changes are being developed. |
| Patient Safety Incident reporting | This change requires amendment of the Approved Particulars for patient safety incident reporting; the changes had been agreed as part of the negotiations.<br><br>Due to a delay in the concurrent process to amend the legislation on dispensing errors being undertaken by the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board there will be a delay in the implementation of the revised APs, containing the requirement for non-anonymised reporting of PSIs.<br><br>NHS England and NHS Employers have said they are keen to avoid a situation whereby pharmacists or their staff may be compelled to potentially expose themselves to criminal prosecution by identifying |

| | |
|---|---|
| | themselves in a report of a dispensing error in which they were involved. Barbara Hakin (National Director of Commissioning Operations) has therefore agreed to delay the implementation of the changes to the approved particulars for incident reporting until the legislative changes have been made.<br><br>It may be that the other minor amendments to the PSI reporting, that clarify what type of incidents should be reported, can be made in the meantime.<br><br>The current APs require all incidents to be reported, but the revised wording restricts this to incidents that did or could have led to patient harm. This includes prescribing and dispensing errors; however, incidents where there was no implied or actual patient harm, for example picking errors that are identified and corrected during the pharmacy's checking procedures, do not require to be reported to the NRLS.<br><br>The other Approved Particulars also need updating in order to remove references to PCTs.<br><br>The PSNC/NHS Employers guidance on clinical governance is being updated and will be published in due course as an NHS England/PSNC/NHS Employers document. As NHS England is now party to the publication, the publication of the document has to be authorised via the NHS England publications gateway process. |

**Appendix SDS 04/01/15**

# PSNC Briefing 028/14: Tackling high blood pressure. From evidence into action

Public Health England (PHE) published Tackling high blood pressure: from evidence into action on 18th November 2014. This document provides evidence-based advice on how local government, the health system and others can effectively identify, treat and prevent high blood pressure. The document, which has been produced by a number of organisations from across national and local government, the health system, voluntary sector and academia (collectively known as the Blood Pressure System Leadership Board) is a vision and action plan on how to support partners at all levels to focus upon the work that will make the biggest impact on tackling high blood pressure.

The document also supports wider health strategies such as the NHS Five Year Forward View and PHE's priorities to protect and improve the nation's health.

This PSNC Briefing summarises the elements of the document that are of most relevance to community pharmacy.

## Background

High blood pressure is a huge issue in the UK with more than one in four adults being affected. It is the second biggest risk factor for premature death and disability, and only four in ten adults with high blood pressure are both aware of their condition and managing it to the levels recommended.

With support from PHE, the Blood Pressure System Leadership Board has come together to consider what can be done to raise performance in this area so England is among the best countries in the world. The objective is to get all relevant organisations to work together to support a shared and coherent approach to tackling high blood pressure, to improve performance across the pathway of:

- prevention;
- detection;
- management (investigation, treatment and care); and
- reducing inequalities in health outcomes.

The plan is the first major output from the Blood Pressure System Leadership Board. It sets out a vision for tackling high blood pressure, drawing upon the combination of the best evidence and professional judgment from the group, in order to:

- highlight specific issues on the blood pressure pathway where there is the greatest opportunity for transformation;
- demonstrate examples of roles in promoting the transformation for a wide range of organisations;
- provide a compelling case to tackle high blood pressure; and
- set out what key partners have already pledged to do in support of the ambition.

The document recognises that each local area will wish to tailor work to suit their particular circumstances; however, it is hoped that the vision and action plan will be a useful contribution towards achieving the shared ambition.

### Key approaches detailed in the action plan to help save years of life

| | |
|---|---|
| **Prevention**<br>In ten years, 45,000 years of life could be saved & £850m not spent on related health & social care if we achieve a reduction in the average population blood pressure. | • reducing salt consumption and improving overall nutrition at population-level<br>• improving calorie balance to reduce excess body weight at population-level<br>• personal behaviour change on diet, physical activity, alcohol and smoking, particularly prompted through individuals' regular contacts with healthcare and other institutions |
| **Detection**<br>In ten years, 7,000 years of life could be saved & £120m not spent on related health & social care if we achieve an improvement in the diagnosis of high blood pressure. | • more frequent opportunistic testing in primary care, achieved through using wider staff (nurses, pharmacy, etc.), and integrating testing into the management of long term conditions<br>• improving take-up of the NHS Health Check<br>• targeting high-risk and deprived groups, particularly through general practice records audit and outreach testing, particularly through pharmacy |
| **Management**<br>In ten years, 7,000 years of life could be saved & £120m not spent on related health & social care if we achieve (via lifestyle and/or drug therapy) better control of blood pressure levels among those on treatment. | • local leadership and action planning for system change, to tackle particular areas of local variation, and achieve models of person-centric care<br>• health professional support (communication, tools and incentives) to bring practice nearer to treatment guidelines where this falls short<br>• support adherence to drug therapy and lifestyle change, particularly through self-monitoring of blood pressure and pharmacy medicine support |

## Prevention

The key focus in this part of the document is primary prevention of high blood pressure. It notes that the greatest overall impact is likely to be seen when changes can be made at a population level rather than treating only high-risk individuals. However, individual-based approaches are also an essential element of an overall approach, through encouraging individual behaviour change.

The National Institute for Health & Care Excellence (NICE) has undertaken a systematic review around prevention of cardiovascular disease, which makes a range of evidence-based recommendations for national implementation. They highlight the national levers available to drive change in the population's diet (in particular, opportunities upstream of individual food choices), through changes such as food reformulation, promotion, labelling, catering and procurement. The national salt reduction programme shows what is possible, with a 15% reduction in population salt intake achieved within the last decade.

How can pharmacy contribute? The document suggests that:

- Pharmacists and their teams should incorporate healthy lifestyle information and behaviour change support in their dealings with the public
- Professional organisations should promote clinical leadership, education and training in primary care to support delivery of preventative interventions

## Detection

The key focus in this part of the document is on the detection and diagnosis of high blood pressure among those who are not already established as having this condition. It notes that progress has been made, with almost two million more people diagnosed with high blood pressure in the last decade. However, with an estimated 12.9 million adults in England with high blood pressure, there are likely to be over five million people in England with undiagnosed high blood pressure.

Experience suggests that while creating demand for testing can be beneficial, the most effective route is to create easily accessible testing opportunities. There is a drive towards extended opening hours in general practice, which could support this, plus pharmacy and other community or workplace settings have demonstrated they can offer accessible and attractive venues to those less engaged in the health system (and lighten the load on other services).

The document identifies the following key approaches to be taken:

- Promote clinical leadership, engagement and education on detection of high blood pressure in primary care: aspiring to more frequent opportunistic testing not only by general practitioners but wider staff groups for example pharmacists;
- Improving take-up of the NHS Health Check; and
- Pro-active provision of testing for high-risk and deprived groups of all ages. In particular via outreach testing beyond general practice, particularly through pharmacy (in order to access those groups least likely to otherwise present, such as younger men, low income households and those in deprived areas).

How can pharmacy contribute? The document suggests that:

- Clinical Commissioning Groups (CCGs) should consider the case for local investment in Enhanced community pharmacy services to provide better information and support about blood pressure management; to introduce opportunistic screening in some areas; and to use the Medicines Use Review (MUR) service to review the blood pressure of those on anti-antihypertensives and others at high risk of developing high blood pressure
- Healthcare professionals, including pharmacists and their teams, should take the opportunity of patient engagement to test the blood pressure of all adults regularly and carry out pulse checks as part of blood pressure measurement
- Professional organisations should promote clinical leadership, education and training in primary care for the detection (and optimal treatment) of high blood pressure

## Management

The key focus in this part of the document is around lifestyle changes as well as drug therapy where necessary.

Latest NICE guidelines recommend lifestyle interventions for all patients with high blood pressure. NICE recommend initiation of drug therapy for clinic readings above 160/90mmHg, unless there is evidence of target organ damage, cardiovascular disease risk of more than 20% in ten years, or established diabetes, cardiovascular or renal disease, in which case intervention should start at lower blood pressure levels.

Where it is appropriate, drug therapy for high blood pressure has been proven to reduce cardiovascular disease morbidity and mortality. Around 80% of people require two or more anti-hypertensive agents to achieve blood pressure control, and some need up to four agents.

The document notes that pharmacies are increasingly demonstrating their ability to support effective blood pressure control with studies suggesting improved medicines adherence as well as reductions in blood pressure levels as a result of pharmacist interventions. It references the New Medicine Service and the planned addition of hypertension to the MUR target groups (as part of the new cardiovascular risk target group). It suggests that there could be further opportunities to use the capacity and skills in pharmacy to improve blood pressure control levels.

How can pharmacy contribute? The document suggests that:

- CCGs should consider the case for local investment in Enhanced community pharmacy services to provide better information and support about blood pressure management; to use MURs and the New Medicine Service to support blood pressure management; and to introduce opportunistic screening in

some areas
- CCGs should promote and support clinical leadership for improvement by GPs, nurses and pharmacists
- Pharmacists and their teams should maximise opportunities to provide ancillary support to general practice in supporting effective management (including monitoring, medicine and adherence review, and lifestyle advice)
- Patients should be given opportunities to participate in decision-making on treatment and be provided with information and explanation to support compliance
- Professional organisations should promote clinical leadership, education and training in primary care for the (detection and) optimal treatment of high blood pressure

## Supporting actions for the future

The document also sets out commitments for action during 2014-2016 made by the individual members of the Blood Pressure System Leadership Board. The commitments that relate to community pharmacy are listed below:

- **Health Education England** will contribute towards education and training issues identified – specifically through the behaviour change and pharmacy consultation skills work streams, and considering opportunities within HEE's workforce.

- **Pharmacy Voice** will sponsor a group of senior pharmacy stakeholders to develop a response from the sector to this initiative – early outputs could include consensus statements, baseline data collection, best practice research, and specific member actions. They will also adopt high blood pressure as a theme for Pharmacy Voice's public campaign programme in 2015, with a particular focus on pharmacy's role in increasing testing and supporting the better use of prescribed medicines.

- **NHS England** will work with PHE to make the case to CCGs to invest in locally commissioned community pharmacy services to provide better information and support about blood pressure management, to introduce opportunistic screening, and to refer patients to their regular community pharmacy for a medicines use review to review the blood pressure of those on anti-hypertensives and others at high risk of hypertension.

## PSNC's view on these proposals

The management of hypertension is an area that PSNC identified in its Vision for the development of community pharmacy services and testing the concept of hypertension management by community pharmacies in collaboration with CCGs and other organisations features in our current work plans. Many of the proposals in the PHE document are supportive of PSNC's proposed service developments and as such this document and the associated commitments for actions by various bodies are to be welcomed. Further work will however be required to identify how some of the suggested community pharmacy service developments may actually be funded.

If you have any queries on this PSNC Briefing or you require more information, please contact Rosie Taylor, Pharmacy and NHS Policy Officer.