

## PSNC Agenda

for the meeting to be held on 14<sup>th</sup> & 15<sup>th</sup> July 2015

at Park Inn by Radisson Palace, Southend-on-Sea, SS1 2AL

commencing at 3.45pm on 14<sup>th</sup> July and 9.30am on 15<sup>th</sup> July

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

**Chairman:** Sir Peter Dixon

### 1. Apologies for absence

An apology for absence has been received from Stephen Banks, David Broome, Clare Kerr (Wednesday only), Ian Hunter, Rajesh Morjaria, Garry Myers (Wednesday only), Anil Sharma (Tuesday only) and Kirit Patel.

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

The minutes of the PSNC meeting held on Tuesday 12<sup>th</sup> and Wednesday 13<sup>th</sup> May 2015 were shared with the committee and can be downloaded from PSNC's website.

### 3. Matters arising from the minutes

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

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

### 5. Group discussion

A group discussion session will be held on Wednesday 15<sup>th</sup> July on income from retained margin 2014/15 and 2015/16.

## ACTION

### 6. PSNC Incorporation

PSNC has had a longstanding policy to incorporate, but has been unable to do so before the final buyout of the NPA Pension Scheme. The principal reason for incorporation has been and remains removing the personal liability of members of the Committee. Consequential issues include our inability to contract as PSNC. When we took the lease of Times House we did so through a subsidiary company, PSNC Property Limited, but were required to make substantial upfront payments because the company had no trading history.

Whilst the pension scheme was in deficit this was a real and acute risk. The potential liability of members is 'joint and several' meaning a creditor could pursue any one member of the Committee for any sum owing, who would be obliged to meet the debt (assuming it was sound), and then seek to recover some or all of it from other members.

The greatest risk associated with unincorporated status (which also blocked incorporation) has now been removed. Nonetheless there remain risks such as claims against the Committee, for example by contractors who feel the Committee has in bad faith pursued policies operating to their financial detriment. Another risk relates to our dependence on levy income, and the ability of one or more LPCs to decide not to pay the levy, as happened with NE London some years ago, coupled with an attempt to lead a breakaway.

There do not appear to be arguments against incorporation (our sister bodies and other trade associations are bodies corporate). In practice we broadly comply with reporting and financial requirements applying to incorporated bodies.

The Committee is asked to consider whether it now wishes to proceed towards incorporating. If so legal advisors will be asked to draw up the proposals and advise on the best corporate structure. The timescale for transferring the operation to a body corporate would be Spring 2016.

### **7. Organisation of Committee business**

The Committee agreed to an experimental period when subcommittees other than RDF would meet simultaneously, but keep the operation of this under review.

At the May meeting several comments were made expressing concern by members who do not sit on FunCon that they had insufficient insight into this important aspect of PSNC's work. Therefore we have arranged the agenda to allow all members to sit in on the discussions at FunCon. The Committee will be asked whether it believes this alleviates the problem, and for any other proposals on how best to organise the meetings.

## **RATIFICATION**

### **8. Resource Development & Finance subcommittee**

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 14<sup>th</sup> July 2015. The subcommittee chairman will provide a report on the meeting.

### **9. Health Policy and Regulations subcommittee**

A meeting of the Health Policy and Regulations subcommittee is scheduled to take place on Tuesday 14<sup>th</sup> July 2015. The subcommittee chairman will provide a report on the meeting.

### **10. LPC & Implementation Support subcommittee**

A meeting of the LPC & Implementation Support subcommittee is scheduled to take place on Tuesday 14<sup>th</sup> July 2015. The subcommittee chairman will provide a report on the meeting.

### **11. Funding & Contract subcommittee**

A meeting of the Funding and Contract subcommittee is scheduled to take place on Tuesday 14<sup>th</sup> July 2015. The subcommittee chairman will provide a report on the meeting.

### **12. Service Development subcommittee**

A meeting of the Service Development subcommittee is scheduled to take place on Tuesday 14<sup>th</sup> July 2015. The subcommittee chairman will provide a report on the meeting.

## REPORT

Updates on the Health and Care Landscape Briefings that have been published on the PSNC website are set out in **Appendix 02/07/15**.

The next PSNC meeting will be held on 13<sup>th</sup> & 14<sup>th</sup> October at The Bristol Hotel, Prince Street, Bristol, BS1 4QF

## Any Other Business

## Update on the Health and Care Landscape (May 2015)

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.

### Over 55 million patients in England can now book GP appointments, order repeat prescriptions and access summary information in their medical record online

Almost every GP surgery in England is now offering appointments, repeat prescriptions and access to summary information in medical records online. The number has tripled in the first three months of the year meaning that 55 million people now have access.

The Health and Social Care Information Centre (HSCIC) has published [data](#) which shows that over 97% of patients in England can now access online services, a huge increase from the 3% in April 2014.

The ambition is that by 2018 every citizen will be able to access their full health records at the click of a button, detailing every visit to the GP and hospital, every prescription, test results, and adverse reactions and allergies.

### Bold action needed to make NHS fit for the future says Simon Stevens

NHS England Chief Executive Simon Stevens has called for bold action on prevention, the redesign of care and efficiency to help the NHS through the most challenging period in its history.

In his [first speech since the general election](#) – and sharing a platform with the Prime Minister – **Mr Stevens** said: “We’ve just come out of a general election debate that has once again confirmed a fundamental consensus between citizens of this country – on the unique importance of the NHS to the life of our nation, and as the embodiment of the promises we make to each other, across the generations.”

Referring to the [NHS Five Year Forward View](#), he said: “Last Autumn the Health Service came together to chart a shared direction for our country’s NHS.

“Patients groups, caring professionals, national leaders – uniting behind the NHS’ own ‘manifesto’ for the next five years. It’s a plan for better health, more personalised care, and a financially sustainable Health Service, which we’re now getting going on.”

Pointing to the realities of current service pressures, he argued that the Health Service is entering probably the most challenging period in its 67 year history. Alongside action this year to stabilise NHS finances, Stevens argued for a new partnership between the public, the government and the health service, involving concrete and sometimes controversial action on three broad fronts – prevention, care redesign, and efficiency linked to new investment.

On prevention, while life expectancy is at its highest ever, smoking still explains half of the inequality in life expectancy between rich and poor, binge drinking costs at least £5 billion a year, and junk food,

sugary fizzy drinks and couch potato lifestyles are normalising obesity. So we need wide ranging action – as families, as the health service, as government, as industry, using the full range of tools at our disposal.

On care, Stevens argued the mission-critical task over the next five years is fundamental redesign of how services are provided, blurring the old boundaries between GP and hospital care, physical and mental health services, health and social care. One of the best ways of getting this personalisation and integration will be to give patients and their families more clout over the support they receive. He points to the first wave of 29 ‘Vanguard’ areas across England, covering five million patients, launched six weeks ago.

On efficiency, Stevens notes that the Economist Intelligence Unit has shown that we already have a lean and efficient health service compared with just about every other industrialised country. But we still have big quality and efficiency differences – between different parts of the country, between different hospitals, and between different local clinical commissioning groups.

On funding, Stevens says: “Just like every health service around the world with a growing population and an aging population, we’re going to need more funding, year by year, not just in 2020.

“We’ve said at least £8 billion a year in real terms by the end of the decade. But precisely how much, and with what phasing, will partly depend on how radical and how successful we are on prevention, on care redesign, and on our broader efficiency programme. And we’ll need careful and disciplined phasing of our ambition to expand services – be it improved cancer care, mental health, primary care, seven day services – all of which we want to do.”

### **Bedfordshire reveals largest ever CCG deficit**

Bedfordshire Clinical Commissioning Group’s (CCG’s) deficit reached £43.2m by the end of 2014-15, the largest recorded by any CCG.

The CCG had predicted a £4.9m surplus at the start of 2014-15, but by November its forecast deteriorated to a £24m deficit. In the following months the CCG realised the deficit would be “far larger and more complex than originally believed”.

In a statement, the CCG said it “did not properly recognise or take account of all costs incurred” in 2013-14, had been running an underlying deficit, and had been “consistently spending in excess of planned budgets”.

It has restated its accounts to record a £12.7m deficit for 2013-14 and a £30.5m deficit for 2014-15, resulting in a £43.2m cumulative deficit.

The CCG must produce an improvement plan, subject to NHS England approval, which includes a financial recovery plan for how it will operate within its annual budget for the next three years, including a scheme for repayment of its outstanding debt, and a governance plan.

## Update on the Health and Care Landscape (June 2015)

### Manchester devolution plan includes seven-day GP service

Seven-day GP services will be rolled out across the whole of Greater Manchester by the end of 2015 after a pilot scheme was found to reduce A&E attendances by up to 8%.

Four demonstrator sites were involved in the pilot in central Manchester, Bury and Heywood and Middleton last year and a recently published evaluation report by the National Institute for Health Research has assessed the impact of the project. Health chiefs have deemed the results to be encouraging enough to roll out seven day access to GP appointments and other primary care services across the city by the end of the year.

The results of the evaluation were mixed, but the report found there was a statistically significant reduction in A&E activity of 3% within the project areas, including an 8% drop in minor attendances. About 65% of the extra GP appointments were taken up.

Dr Ivan Benett, clinical director for Central Manchester Clinical Commissioning Group (CCG), said the overall results had matched expectations.

He added: "Getting an 8% reduction in minor A&E activity is exceptionally good. Any future improvements will be a bit of a guesstimate, but I'd be disappointed going forward if we can't reduce overall activity by between 5-10%.

"It's not paying for itself at the moment, but it's not about savings because this is the right thing to do anyway, with the possibility of it being self-funded."

### Care.data to restart this month

The [Care.data](#) project, which aims to link patients' GP and hospital records, is due to restart later this month.

The NHS England led project, initially planned to begin extracting data in autumn last year, but the programme has been hounded by concerns about patient confidentiality, causing delays in the start date.

The project is now being piloted in four areas; Blackburn with Darwen, Somerset, West Hampshire and Leeds. Blackburn with Darwen CCG has confirmed that it will starting sending letters out to patients at the end of June, with data extraction likely to take place between September and November. An update on Blackburn with Darwen's website also said Somerset and West Hampshire CCGs are expected to continue their work in September, with the Leeds CCGs - Leeds North, Leeds South and East, and Leeds West - also working to a similar timescale.

### Hunt announces new ratings to make CCGs more accountable

Health Secretary Jeremy Hunt has announced that the performance of clinical commissioning groups will be measured by a new set of five metrics.

The health secretary said improving efficiency and productivity "doesn't just stop at the front door of a hospital, it's also about what happens outside a hospital".

He has asked King's Fund chief executive Chris Ham to help him and NHS England to develop transparent metrics to hold CCGs accountable for the way they deliver healthcare.

Mr Hunt stressed that no final proposals have been made but current plans are to focus on five patient groups:

- older people;
- people with long term conditions;
- people with mental health conditions;
- mothers and children; and
- the "generally healthy".

CCGs will get a colour coded rating for each metric.

"It's not just about the CCG – it's about the mental health provider, the service offered through GPs, but in the end the CCG holds the cheque book so they are responsible for making it work and if we do this we will truly be one of the first countries in the world to try and understand the quality of whole patient care over a whole patient pathway, where it's working and where it isn't working."

Mr Hunt continued: "The intention is that we are able to leave you alone if you're getting lots of green ticks and lots of blue 'OKs', but on behalf of patients we have a responsibility to step in if we have persistent failure that is not being addressed."

Mr Hunt said: "This is a way... that we can actually move beyond targets as a way of driving change in the NHS, to transparency, to peer review and to learning – becoming a truly learning organisation."

### **Five Year Forward View: Time to Deliver**

The seven principal national health bodies have published [\*Five Year Forward View: Time to Deliver\*](#).

The report looks at the progress made so far towards delivering the [\*Five Year Forward View\*](#), and sets out the next steps that need to be taken to achieve the shared ambitions within.

The paper kicks-starts a period of engagement with the NHS, patients and other partners on how we can respond to the long-term challenges and close the health and wellbeing gap; the care and quality gap; and the funding and efficiency gap.

### **Merger of NHS and social care budgets is the way forward, claim The King's Fund**

The King's Fund has published a new report stating there should be a single pooled budget for all health and social care services in every area by 2020 at the latest, as well as recommending that the Department of Health be given control of the national budget for social care.

The report, [\*Options for Integrated Commissioning\*](#) follows on from last year's Barker commission report, through which the think tank examined the financial viability of the healthcare system.

The new report concludes:

- there should be a fully pooled health and social care budget in every area by 2020;
- each area's NHS and council commissioners should agree who should be in charge of this budget by 2017;

- CCGs and councils should be allowed to take control of the single budget, but health and wellbeing boards are not fit for this role in their current form;
- the government should consider legislating to allow a new form of health and wellbeing board to take over health and social care commissioning;
- the national social care budget should be transferred from the Department for Communities and Local Government to the DH, to create a single fund for the entire service; and
- central government should establish a single “outcomes framework” setting out what an integrated health and social care system should aim to achieve.

### £200m cut to public health budgets

Council controlled public health budgets may be slashed by £200m as the Department of Health (DH) are set to consult on an in-year cut, which NHS commissioners fear could have a knock-on impact on their services.

The cut has been announced by chancellor George Osborne, and was billed as a saving of £200m on non-NHS spending. The cut will affect spending this year and will be worth 7.4% of the £2.7bn annual budget devolved to councils from the DH via Public Health England.

Among the services funded by councils via their public health budgets are: screening programmes; drug and substance misuse programmes; smoking cessation services; sexual health schemes, including HIV prevention; obesity prevention and weight loss schemes.

However, a DH spokeswoman said the cuts would not affect “frontline services”.

“The NHS budget will remain protected but difficult decisions need to be made right across government to reduce the deficit.

“Local authorities have already set an excellent example of how more can be done for less to provide the best value for the taxpayer. A consultation will now be held with them to decide the best way of delivering the savings that need to be made.”

Public Health England chief executive Duncan Selbie said “Local government took on public health in 2013 and has since made improving the public’s health core business. Today’s announcement is a difficult ask of them and we will support them through this as best we can.

“The details are clearly important and need to be worked through, and the consultation process announced by the chancellor will assist in this.”

### Carter’s review shows NHS could save £5bn a year

Lord Carter’s interim report [Review of Operational Productivity in NHS providers](#) has made recommendations, which could save the NHS up to £5bn a year by 2019-2020.

The report says hospitals could deliver £2 billion a year by improving workflow, having a stronger management grip on non-productive time, better management of rosters and improved guidance on appropriate staffing levels and skill range.

A further £3 billion could be released from improved hospital pharmacy and medicines optimisation, and better estates and procurement management, according to the review.

The findings are based on work with a cohort of 22 hospitals across the country, led by Labour peer Lord Carter over the last ten months. The final report is expected to be published in the autumn.

### **More than one in 10 babies born to mothers who smoke**

[New figures](#) published by the Health and Social Care Information Centre (HSCIC) show that 11.4% of pregnant women were recorded as smokers at the time of giving birth in 2014-15, representing 70,880 out of 622,640 maternities. This latest figure is lower than in 2013-14 (12%), continuing the steady decline from 2006-07 (15.1%) to become the lowest on record.

Smoking in pregnancy remains a target area of action, with it featuring on the list priorities for the National Prevention Board.

### **New vaccination programmes to protect against meningitis and septicaemia announced**

Public Health Minister, Jane Ellison, has announced the introduction of two new vaccination programmes in England - MenACWY and MenB vaccines.

From August 2015 all 17 and 18 year olds in school year 13 will be offered a combined vaccine that protects against the A, C, W and Y strains of meningococcal disease. The vaccine is particularly important for those who are heading off to university, as they are at greater risk. The vaccine will also be available to older students aged 19 to 25 who are starting university this year.

From spring 2016 there will also be a school-based vaccination programme for MenACWY, which will replace the MenC-only vaccine that is currently offered to school Years 9 and 10. There will also be a catch-up programme for those in Year 11.

From September, babies aged 2 months will be offered the MenB vaccine, which protects against meningococcal B disease, followed by a second dose at 4 months and a booster at 12 months. There will also be a limited catch-up programme for infants who are due their 3 and 4 month vaccinations in September, to protect them when they are most at risk.

The MenB programme means that England is the first country in the world to begin national and publicly funded Men B immunisation. This will be offered alongside other routine infant vaccines through the NHS Childhood Immunisation Programme.

### **Hunt describes 'new deal' for general practice**

In a speech on Friday 19th June, Jeremy Hunt, Secretary of State for Health has set out the first steps in the 'new deal' for general practice, promised before the general election. He described the pressures that GP practice teams are facing as a result of population growth and the burden of long term conditions. He also made it clear that part of the deal would require GP practices to improve the quality and continuity of care for vulnerable patients and delivering better access, 7 days a week, for everyone.

He reiterated the election commitment to increase the primary and community care workforce by at least 10,000, including an estimated 5,000 more doctors working in general practice, as well as more practice nurses, district nurses, physicians' associates and pharmacists. More effort is being focussed on recruiting new GP trainees and ensuring all medical students have experience in general practice. The previously

announced programme to recruit physicians' associates will aim to have 1000 in place in GP practices by September 2020.

He went on to describe the importance of 7 day primary care to ensuring hospital capacity is kept for those people who really need that care, referencing the work of various [Prime Minister's Challenge Fund](#) sites, including the EPIC project in Brighton:

*"Other practices are helping to deliver 7 day care by better use of pharmacies. In Brighton 16 GP practices are working with local pharmacies to create 4 'primary care clusters', offering evening and weekend appointments with a GP or pharmacist and giving the pharmacist equal access to GP records. Dr Jonathan Serjeant from Brighton said the pilot has been a "fantastic opportunity for practices to learn to work together...reaching out into their community to work with pharmacists to design, and provide care for people" and "help us understand how to offer more for people in more locations with a different skill mix."*

*So as we roll out the Prime Minister's Challenge Fund to the whole country, I can today announce that £7.5 million of the primary care infrastructure fund for this year will be used to support community pharmacists with training and appropriate tools."*

Mr Hunt also referenced the investment in general practice buildings that is being made via previously announced funding and a stocktake of data and metrics to assess the quality of general practice that the Health Foundation has been asked to undertake.

### **Health Select Committee chair re-elected**

Dr Sarah Wollaston has been elected as Chair of parliament's Health Committee. The remaining members of the Committee will be nominated by the House in the coming weeks.

Dr Wollaston was chair of the Committee in the last parliament. Prior to election to parliament, representing Totnes, she was a GP in Devon.