

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 October 2015**  
**at The Bristol Hotel, Prince Street, Bristol, BS1 4QF**  
**starting at 2pm**

**Members:** Mike Hewitson, Ian Hunter, Clive Joliffe, Clare Kerr, Gary Warner (Chairman)

**Apologies for absence**

Apologies for absence have been received from Clive Joliffe.

**Minutes of previous meeting and matters arising**

The minutes of the meeting held on 14th July 2015 were shared with the subcommittee for approval.

**Agenda and Subcommittee Work**

Below are set out progress and actions required on the subcommittee's work plan for the year. The subcommittee is asked to consider the reports; to address any actions required; and to comment on the proposed next steps.

<b>1</b>	Secure the commissioning of community pharmacy services within the scope of the current NHS England negotiating mandate	Status Likely
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**Report:** A public announcement on the agreement to implement a national flu vaccination service was made on 20th July 2015. Intensive work to finalise the details of the Flu Vaccination Advanced Service was then undertaken with NHS Employers and NHS England working with the Department of Health (DH) and Public Health England (PHE). There were inevitably a significant number of process and legal challenges to overcome, including working through the internal governance processes of NHS England, DH and PHE and the implementation of the first national Patient Group Direction (PGD) authorised by NHS England.

A Declaration of Competence (DoC) process was developed and subsequently agreed by the Community Pharmacy Competence Group and the documentation, which defines the knowledge and skills requirements for the service, was published on the CPPE website on 28th August 2015. NHS England decided that pharmacists who will provide the flu vaccination service need to attend face-to-face training for both injection technique and basic life support training every two years.

The service specification, associated paperwork and detailed PSNC guidance on the service was published on 14th September 2015 and the service was able to commence with the publication of the amendments to the Secretary of State Directions and the authorisation and publication of the national PGD on 16th September 2015.

The documentation and guidance on the service, alongside additional promotional and other resources for contractors, is available at [psnc.org.uk/flu](http://psnc.org.uk/flu).

**Subcommittee Action:**

- Provide feedback on the implementation of the flu vaccination service and any issues that need to be addressed immediately or prior to re-commissioning (issues identified already are set out in Appendix SDS 02/10/15); and
- Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:** We will be undertaking a review of the implementation of the service with NHS England to inform future commissioning of the service.

2 Promote alignment of GP and community pharmacy contracts and contemporaneous negotiation	Status Likely
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**Report:** The RPS and NAPC jointly published [Improving patient care through better general practice and community pharmacy integration – a consultation document](#) in August 2015 with the outcome intended to influence future government policy. The document proposes, among other things, the greater alignment of the GP and community pharmacy contracts and the RPS has stated that it intends to use the results of the consultation to press for changes in primary care. In response to the publication of the consultation document, [PSNC expressed concern](#) about some aspects of the proposals and [advice has been provided to LPCs](#) on responding to the consultation. The PSNC response to the consultation will be published on the PSNC website.

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

**Next Steps:** PSNC will maintain pressure on NHS England and NHS Employers on this issue and we hope the 2016/17 negotiations will commence shortly. 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 Likely
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**Report:**

- The subcommittee previously discussed service development options that could be proposed to NHS England ahead of agreement on NHS Employer’s 2016/17 mandate being reached. The options agreed have informed the creation of a list of proposed service developments for inclusion in the 2016/17 negotiating mandate. These options have been published as a Pharmacy 5 Point Forward Plan, set out in **Appendix SDS 03/10/15**.

These service developments will be discussed further at the group discussion session on Tuesday morning. The design of the service to support frail and older people requires further consideration, but previous local commissioning, such as the Croydon domiciliary MUR service and the IoW reablement service, and the Community Pharmacy Future projects can inform the design. Following the group discussion session, the subcommittee can consider the service design further at its meeting.

- The Negotiating Team recently discussed proposing a development of the Repeat Dispensing Service which would allow contractors to take a more active role in managing the repeat medication of the majority of patients. This will be discussed at the group discussion session on Tuesday morning and the subcommittee can consider the concept further at its meeting.
- Community Pharmacy Greater Manchester (the coalition of local LPCs) had the opportunity to propose a service development which could be implemented across Greater Manchester as part of the local devolution plans (DevoManc). PSNC and Pharmacy Voice helped CPGM to draft their proposal which is focussed on supporting frail and older people with their medicines, in order to reduce hospital admissions. As such it is aligned with point 3 of PSNC’s mandate proposals set out in the Pharmacy 5 Point Forward Plan and it has been informed by the second Community Pharmacy Future programme.

- Case finding people with undiagnosed coeliac disease – the pilot project described in the March 2015 subcommittee agenda has now concluded and NAPC and Coeliac UK are writing up the evaluation. This is expected to be published in early 2016.
- The Pharmacy and Public Health Forum and PHE are continuing work to review the approach to accreditation of Healthy Living Pharmacies (HLP). The proposed approach will involve moving from a commissioner-led accreditation of Level 1 HLPs to a sector-led accreditation, where community pharmacies wishing to become Level 1 HLPs demonstrate compliance through a *self-assessment of compliance process*, underpinned by a rigorous and robust quality assurance process.

#### Subcommittee Action:

- Consider the design of a medicines optimisation service for frail and older people, informed by the Committee discussion session;
- Consider the design of an augmented Repeat Dispensing Service, informed by the Committee discussion session; and
- Review the proposed next steps and suggest additional activities, if appropriate.

#### Next Steps:

- Organise a roundtable discussion on asthma focussed on next steps and the best way to implement an integrated service option;
- 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; and
- Undertake the agreed actions from the meeting on implementing Tackling high blood pressure: from evidence into action.

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 Likely
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#### Report:

- Carer Friendly Pharmacy project - the University of Leeds evaluation of the project has now been finalised and is available on the [PSNC website](#). PSNC has also worked with Carers Trust to produce a number of resources for pharmacy teams to support provision of flu vaccinations to carers.

#### Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

#### Next Steps:

- Continue to mine the PSNC database for outcomes data and disseminate this to LPCs and other stakeholders;
- Work with Carers Trust to promote the commissioning of carer support from community pharmacies in two or three local authority areas in order to provide evidence of the impact pharmacies can provide when the service is commissioned at scale; and

- Work with NHS England to ensure the evaluation of the Flu Vaccination Advanced Service is carried out effectively and in a timely manner.

<b>5</b>	<b>Use opportunities to promote community pharmacy services, within the four domains of PSNC's Vision, and the benefits of national commissioning</b>
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Status <b>Likely</b>
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**Report:**

- The Pharmacy 5 Point Forward Plan (see section 3 above) has been used to promote community pharmacy services within the four domains of PSNC's Vision, and the benefits of national commissioning.
- Email bulletins aimed specifically at commissioners have now started to be issued on a regular basis (further details can be found in the LIS agenda).
- Further prospectuses on community pharmacy services have been published on the commissioners portal on the website and highlighted to LPCs (further details on the portal can be found in the LIS agenda).
- Following a conversation between Peter Dixon and Duncan Selbie (PHE CEO) a letter was sent to Duncan Selbie highlighting the opportunities for national commissioning of community pharmacy services. A meeting has subsequently been organised with PHE to discuss this further.
- Planning for the event on independent living is progressing. This will be a breakfast meeting on 24th February 2016 and Alistair Burt has agreed to speak at the event.
- PSNC has exhibited at the RCGP Annual Conference working collaboratively with CPS, CPW and CPNI.

**Subcommittee Action:**

- Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:**

- Continue to publish the service prospectuses as described in the LIS agenda;
- Continue to update the commissioner section of the website and use our the emails to commissioners to promote the content on it;
- Complete organisation of the event on supporting independent living; and
- Develop additional article ideas, possibly in collaboration with other stakeholders, so that we can seek opportunities to promote LTC management service developments in the GP and wider health press as well as through PSNC's own communications.

<b>6</b>	<b>Address barriers to community pharmacy service expansion, including how to ensure all patients can benefit from services</b>
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Status <b>Likely</b>
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**Report:** Discussions with NHS England and HSCIC have continued on the rollout of Summary Care Record (SCR) access, including working on revised resources to support contractors. The agreement for use of the SCR required significant revision to make it fit for purpose, but all of PSNC's proposed amendments have been accepted by NHS England and HSCIC. The final version is set out in **Appendix SDS 04/10/15**.

**Subcommittee Action:**

- Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:**

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- Work with NHS England and HSCIC to support the roll out of SCR access to community pharmacies; and
- As detailed elsewhere in this agenda and 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  
Likely

**Report:**

- Working with Pharmacy Voice we have published the joint resources for LPCs to use to engage with politicians to highlight the potential of community pharmacy services.
- We have agreement in principle with Pharmacy Voice and the RPS to develop a set of key messages for use in any lobbying activities and we expect many of these to be focused on the development of community pharmacy services.
- The three pharmacy bodies have supported one another's party conference activities, much of which was focused on the services that community pharmacies do and could provide.

**Subcommittee Action:**

- Review the proposed next steps and suggest additional activities, if appropriate.

**Next Steps:**

- Continue to work with Pharmacy Voice and the RPS to engage with politicians to promote the services that pharmacies can offer; and
- Continue to work with Pharmacy Voice and the RPS to produce joint resources to help LPCs to promote community pharmacy services.

**Any other business**

## Pharmacy 5 Point Forward Plan



# Pharmacy 5 point forward plan



The Secretary of State for Health and the head of the NHS want radical changes in the delivery of care, needed to ensure a sustainable NHS that can cope with increases in demand and financial constraints.

Community pharmacy can offer this transformational change, improving convenience for patients, creating capacity in general practice and other services and releasing substantial savings for the NHS. With commitment and energy from the government and the NHS we can make a big impact within just two years.

Community pharmacy is ready to help but can't do it alone: as pharmacists, citizens and taxpayers we are calling on the Department of Health and NHS England to work with us to make it happen. Here is our five point action plan.

# 1

## Give patients easier access to urgent medication

Patients who have run out of regular medicines often use expensive out of hours services.

- ➔ Commission an urgent supply service so community pharmacists can supply routine NHS prescription medication at weekends and out of hours if patients run out.

**Benefits:** Ensures patients have uninterrupted and convenient access to medicines. Contributes to 7-day NHS working and saves around £45 per patient.

# 2

## Offer people advice at their own convenience, using pharmacy as a first port of call

Patients often consult GPs when they could obtain advice and help quickly and conveniently from a pharmacy.

- ➔ Use community pharmacists to advise people with symptoms, offering treatment or referral as needed.

**Benefits:** Reduces demand for GP appointments, creating capacity within practices and a net saving of £25 per patient per GP consultation, and offering speedier support for patients.

# 3

## Care for frail and older people

Many house-bound patients and people discharged from hospital receive no help with their medicines which can lead to health complications and readmission.

- ➔ Community pharmacists can provide support to frail and older people and their carers at their homes if necessary. This ensures they are using medicines properly and safely, particularly after hospital discharge.

**Benefits:** Helps patients as they move between hospital and their home, reducing avoidable health complications and the costs of caring for those, saving around £2,000 per hospital admission. Medicines advice can also improve health outcomes and prevent readmission.

4

### Support people to manage their long-term conditions more effectively

People with long-term medical conditions need support to use their medicines properly to avoid poor outcomes, hospital admission and sometimes even fatal complications. But regular GP appointments are not necessary for some patients.

➔ Community pharmacists should support and monitor people with simple hypertension and asthma to help them manage their own health.

**Benefits:** Offers convenient care, support and advice that can lead to significant improvements in disease control and quality of life. Also reduces workload for GP practices releasing capacity for them to carry out other roles.

5

### Help identify people with undiagnosed respiratory disease

Nearly 3 million people in the UK are thought to have undiagnosed chronic obstructive pulmonary disease (COPD). Failure to diagnose and treat the condition at an early stage can lead to a worsening of the disease which requires additional expensive care or hospital treatment.

➔ Community pharmacists should provide risk assessments for people potentially at risk of having or developing COPD, followed by advice and stop smoking support or referral.

**Benefits:** Early diagnosis and intervention contributes to public health efforts, and subsequent support offered by pharmacists improves outcomes from medication, reducing expensive treatment of exacerbations and improving patients' quality of life.

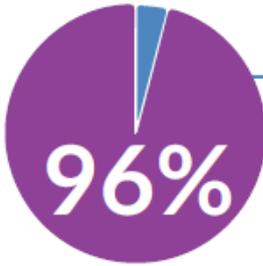
## Pharmacy 5 point

## forward plan



There are an estimated **1.6 Million**

visits to community pharmacies daily



of the population can reach a pharmacy within 20 minutes by walking or using public transport

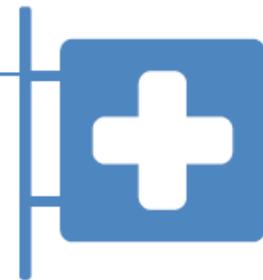


**84%**



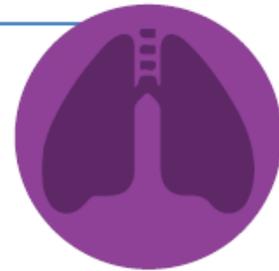
of adults visit a pharmacy every year

GP consultations per year costing **£2bn** are for patients with symptoms that pharmacists could treat



**£264m**

could be saved annually by early diagnosis of COPD patients



**63%**

reduction in total number of hospital admissions after a pharmacy service to help frail patients after hospital discharge



For more info go to [psnc.org.uk/5pointplan](http://psnc.org.uk/5pointplan)

## Summary Care Records in Community Pharmacy – usage agreement

This agreement is to be completed by every community pharmacy wishing to access SCR. Completion of the agreement confirms the pharmacy contractor and relevant members of their team at the pharmacy (site) have undertaken the actions required prior to accessing SCR (detailed below) and agree to comply with the ongoing requirements (detailed below) for access to the SCR application.

### **Completion of the form**

Each part of the form must be completed and submitted to the NHS BSA

If you have any questions about SCR access or this usage agreement please contact the SCR programme at [scrpharmacy@nhs.net](mailto:scrpharmacy@nhs.net)

## Agreement requirements

Category / Requirement	Item	Detail
	<b>SCR Record awareness AND training</b>	<p><i>The site will ensure the SCR E-learning module has been completed by any user prior to them accessing SCR.</i></p> <p><i>At least one person from each site must attend a face to face engagement meeting (locally or organisationally provided) prior to the site going live with access to SCR.</i></p>
	<b>Information and Clinical Governance</b>	<p><i>SCR must only be used for providing direct clinical care. Access in any other scenario would be in breach of the Data Protection Act and pharmacy professional codes, which could result in the application of any associated penalties.</i></p> <p><i>Appropriate governance procedures must be in place to assure appropriate access to SCR.</i></p> <p><i>The site must determine and document its approach for ensuring SCR is accessed appropriately, e.g. updating the Information Governance policy or Standard Operating Procedures.</i></p> <p><i>The site must nominate an individual who will have access to the "Alert Viewer" system to support this governance requirement. This must also include adequate cover in the case of sick-leave etc. (Note: this person is often referred to as the Privacy Officer).</i></p>
	<b>Business Change</b>	<p><i>The decision on whether to access SCR must be made on a case by case basis, based on the patient's needs at that time, with the pharmacist or pharmacy technician applying their clinical judgement.</i></p> <p><i>The site must have a Standard Operating Procedure (SOP) to cover access to SCR.</i></p> <p><i>As part of regular SOP reviews, existing SOPs for clinical services will be updated to take account of access to SCR.</i></p> <p><i>Induction procedures for new members of staff will cover</i></p>

		<i>SCR access and include appropriate training.</i>
	<b>Technical baselines</b>	<i>Computers used for accessing SCR should meet the required specification detailed in the HSCIC Warranted Environment Specification (WES) prior to requesting access to SCR.</i>
	<b>Patient/Subject Access Requests</b>	<i>The pharmacy contractor and site must be capable of responding appropriately and correctly to any Subject Access Requests or requests associated with the NHS Care Record Guarantee relating to SCR access.</i>
<b>Organisation and Contacts</b>		
	<b>Organisation/Site</b>	<i>The name and address of the deploying pharmacy site</i>
	<b>ODS code</b>	<i>F****</i>
	<b>Site contact</b>	<i>Key contact details in case of an enquiry about the contents of this agreement (name, tel. no, email)</i>
	<b>Information Governance/Superintendent Pharmacist contact</b>	<i>Key contact details in case of an enquiry about the contents of this agreement if different from above (name, tel. no, email)</i>
	<b>Date</b>	<i>Date on which this usage agreement was completed</i>
	<b>Declaration</b>	<i>I confirm each of the requirements detailed above required prior to accessing SCR have been completed and the pharmacy contractor and their team agree to comply with the ongoing requirements for access to SCR.</i>  <i>signed by &lt;name &amp; role&gt;, on behalf of &lt;XXX&gt; (pharmacy contractor)</i>