

PSNC Service Development Subcommittee Minutes
for the meeting held on Tuesday 13th October 2015
at The Bristol Hotel, Prince Street, Bristol, BS1 4QF

Present: Mike Hewitson, Ian Hunter, Clare Kerr, Mark Donovan, Gary Warner (Chairman)

In attendance: Alastair Buxton, Rosie Taylor, David Broome, Janice Perkins, Mark Griffiths, Adrian Price, Mike Dent, David Evans, Peter Cattee, Mark Burden, Sir Michael Pitt, Tricia Kennerley, Sue Sharpe, Prakash Patel

Apologies for absence

Apologies for absence were received from Clive Joliffe.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 14th July 2015 were approved.

Agenda and Subcommittee Work

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| 1 | Secure the commissioning of community pharmacy services within the scope of the current NHS England negotiating mandate | Status Achieved |
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The information in the agenda on the rollout of the flu vaccination service was noted. Alastair Buxton provided an update on outstanding issues, including NHS England's plans for the collation of the patient questionnaire data; further information on the process to follow should be available shortly.

Alastair Buxton paid tribute to Alison Hemsworth from NHS England for her work in getting the flu service launched.

Clare Kerr asked about timelines for when the process for submitting patient questionnaires on the flu service will be outlined. Alastair Buxton advised that a draft of the website should be ready to review by Friday, and will hopefully go live next week. It would be important to ensure that contractors understood the importance of this data being received by NHS England in order to support the evaluation of the service.

There have also been discussions with NHS England as to whether patients taking warfarin should be given the flu vaccination subcutaneously due to differences in advice from two reputable sources. Public Health England has advised that patients taking warfarin were not intended to be included in the bleeding disorder group of patients who should have the vaccination subcutaneously. However, the Clinical Knowledge Summaries website includes patients taking warfarin as those that should be given the injection subcutaneously. Information on this subject has been added to the PSNC website.

Alastair Buxton advised that NHS England has still not issued advice on how long consent forms need to be retained but we will issue guidance when the matter is clarified.

Alastair Buxton advised on the queries received from contractors and LPCs about GPs requesting additional information about patients on the GP notification forms for the flu service, for example, batch numbers and expiry dates. Guidance has been issued on the PSNC website advising that contractors are not required to supply this additional information.

Discussion was held around the VAT status of the £1.50 additional fee, following the receipt of advice from PSNC's VAT adviser. It was concluded that it was more appropriate for advice on this matter to be issued by a trade body and it was agreed that our VAT advice would be shared with the NPA.

A discussion was held around the actions that some GPs are taking to promote their flu service over the pharmacy service. The importance of avoiding highlighting this on social media and following the correct reporting channels (talk to GP practice, talk to LPC and LMC, and then report to NHS England if required) were discussed.

Mike Hewitson asked about measures of success of the flu service. Alastair Buxton advised that there were no formal targets but that hopefully by later this week contractors will have administered more vaccines than the total administered last year. Sue Sharpe also highlighted that due to the short notice of the service being commissioned and the difficulties contractors have faced, any gain on the number of vaccinations provided last year is a success and this should be celebrated.

Questions were asked about the number of providers and Alastair Buxton advised that a flu dashboard will be available on the homepage of the PSNC website shortly, showing statistics around service provision.

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| 2 Promote alignment of GP and community pharmacy contracts and contemporaneous negotiation | Status Likely |
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The information in the agenda was noted.

A discussion was held around the RPS/NAPC consultation. Sue Sharpe advised that an excellent response from LPCs and other pharmacy bodies had been seen in responding to the consultation and supporting the national contract approach.

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| 3 Develop models of integrated care that demonstrate the benefit of using community pharmacy services | Status Likely |
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The information in the agenda was noted.

After the morning's presentation and discussions, a decision was made to go away and reflect on the ideas presented related to the design of a medicines optimisation service for frail and older people and an augmented Repeat Dispensing service. This will be discussed at the November meeting of the Committee.

A discussion held around HLP sector led accreditation. The actual self-assessment process is still being worked on and the quality criteria are being refreshed. Public Health England is keen to take this forward and to get more pharmacies accredited as HLPs.

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| 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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The information in the agenda was noted. No additional comments.

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| 5 Use opportunities to promote community pharmacy services, within the four domains of PSNC's Vision, and the benefits of national commissioning | Status Likely |
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The information in the agenda was noted.

There was a discussion on the positive impact of the Pharmacy 5 Point Forward Plan and Gary Warner acknowledged the work the team had done on producing this.

Sue Sharpe described PSNC's recent participation in an exhibition at the RCGP conference with Community Pharmacy Scotland, Community Pharmacy Wales and Community Pharmacy Northern Ireland. The three organisations felt it had been a worthwhile event and a great opportunity to engage with GPs and talk to them about the services that community pharmacies can provide. Sue thanked Rosie Taylor and Melinda Mabbutt for their hard work on this project.

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| 6 Address barriers to community pharmacy service expansion, including how to ensure all patients can benefit from services | Status Likely |
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The information in the agenda was noted.

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| 7 Work with other pharmacy bodies to promote greater commissioning of community pharmacy services | Status Likely |
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The information in the agenda was noted.

Any other business

Alastair Buxton highlighted the removal of chapter and sub-chapter numbers from the new edition of the BNF. These numbers are used in the Secretary of State Directions to identify target groups for the NMS and MUR services. The Directions will need to be updated to reflect this change and the matter is under discussion with DH and NHS England.

Clare Kerr highlighted her involvement with the NHS111 Reference Group and out of hospital urgent care. Alastair Buxton also advised that PSNC now has a representative on the Group. Clare Kerr suggested that it may be useful to inform the subcommittee of the work being done in this group going forward.