

# PSNC Agenda

For the meeting to be held on 12th July 2017

CCT venues Barbican, Aldersgate House, 135-137 Aldersgate Street, EC1A 9LQ

Commencing at 9am

**Members:** David Broome, Mark Burdon, Peter Cattee, Ian Cubbin, Mark Donovan, David Evans, Samantha Fisher, Peter Fulford, Kathryn Goodfellow, Mark Griffiths, David Hamilton, Jas Heer, Mike Hewitson, Tricia Kennerley, Clare Kerr, Sunil Kochhar, Andrew Lane, Margaret MacRury, Fin McCaul, Garry Myers, Bharat Patel, Indrajit Patel, Prakash Patel, Umesh Patel, Jay Patel, Janice Perkins, Adrian Price, Anil Sharma, Stephen Thomas, Faisal Tuddy, Gary Warner

**Chairman:** Sir Mike Pitt

## 1. Apologies for absence

Apologies for absence have been received from Ian Cubbin, Marc Donovan (Wednesday only), Kathryn Goodfellow, Jas Heer (Tuesday only) and Anil Sharma (Tuesday only).

## 2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 9th and Wednesday 10th May 2017.

## 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

## ACTION

## 5. Digital developments

At the May Committee meeting it was agreed that there should be a discussion session in July on digital developments relevant to community pharmacy. A background paper is set out at [Appendix 01/07/2017](#) to support the Committee's discussions.

## 6. Re-naming

The Committee will receive a progress report on the work of the group.

## 7. Recruitment of CEO

The Appointments Panel led by the Chair has prepared a draft job description and person specification, attached for consideration and approval by the Committee at [Appendix 02/07/2017](#). A 'beauty parade' of headhunters was held on 26 June, and the Panel agreed unanimously to appoint Odgers Berndtson to lead the search for a CEO.

## 8. Public Affairs

A report is set out at [Appendix 03/07/2017](#).

## RATIFICATION

### 9. Resource Development & Finance subcommittee

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 11th July 2017. The subcommittee chairman will provide a report on the meeting.

### 10. Health Policy and Regulations subcommittee

There will be no meeting of the subcommittee.

### 11. LPC & Implementation Support subcommittee

A meeting of the LPC & Implementation Support subcommittee is scheduled to take place on Tuesday 11th July 2017. The subcommittee chairman will provide a report on the meeting.

### 12. Funding & Contract subcommittee

A meeting of the Funding and Contract subcommittee is scheduled to take place on Tuesday 11th July 2017. The subcommittee chairman will provide a report on the meeting.

### 13. Service Development subcommittee

A meeting of the Service Development subcommittee is scheduled to take place on Tuesday 11th July 2017. The subcommittee chairman will provide a report on the meeting.

## REPORT

### 14. PSNC Plans

The PSNC Plans can be found at the front of the agenda papers.

### 15. Next PSNC Meeting

The next PSNC meeting will be held on Tuesday 10th October at the PSNC office (14 Hosier Lane, London, EC1A 9LQ) and Wednesday 11th October 2017 at CCT Venues Barbican, Aldersgate House, 135-137 Aldersgate Street, London, EC1A 4JA.

### 16. Any Other Business

## Digital developments relevant to community pharmacy

### Introduction

Digital technology is increasingly impacting on all aspects of life, including the healthcare sector. PSNC needs to consider how this is likely to impact on community pharmacy over the next few years and how this will need to be reflected in our policies and priorities.

The recently formed joint Community Pharmacy IT Group had its first meeting on 6th June 2017 and at that meeting it agreed to develop a vision for the development of digital technology in community pharmacy, which will inform the development of a work plan for the group.

The discussion of digital developments at the July 2017 Committee meeting therefore provides an opportunity to identify the topics which PSNC itself should, in due course, consider in more detail and the matters which should be fed into the discussions at the next Community Pharmacy IT Group meeting for potential inclusion in the group's draft vision and work plan.

This paper first summarises the main elements of NHS digital developments which are relevant to community pharmacy and it then highlights wider issues which could be considered in the discussion session at the Committee meeting.

### NHS Digital's work

The work of NHS Digital is being driven by the Government's 'digital by default' mantra and the previous work of the National Information Board (NIB). The NIB's work informed the creation of ten NHS Digital delivery 'domains':

<b>A Self Care and Prevention</b>	1 Citizen Identity 2 NHS.UK 3 Health Apps Assessment & Uptake (inc wearables) 4 Widening Digital Participation
<b>B Urgent and Emergency Care</b>	5 Clinical Triage Platform 6 Patient Relationship Management 7 Access to Service Information 8 Out of Hospital Care
<b>C Transforming General Practice</b>	9 General Practice Operational Systems and Services 10 Adopting Existing Technologies in General Practice 11 Technology for General Practice Transformation 12 GP Data for Secondary Uses
<b>D Integrated Care</b>	13 Integrated Care – Business Change 14 Integrated Care – Interoperability and Architecture 15 Social Care Integration 16 Personal Health Record
<b>E Digital Medicines</b>	17 Digitising Community Pharmacy 18 Pharmacy Supply Chain and Secondary Uses 19 Integrating Pharmacy Across Care Settings
<b>F Elective Care</b>	20 Digital Referrals
<b>G Paper Free at Point of Care</b>	21 Driving Digital Maturity 22 Digital Child Health 23 Digital Diagnostics 24 Workforce and Professional Capabilities
<b>H Data Outcomes for Research and Oversight</b>	25 National Data Services Development 26 Data Content (inc. GP data, PLICS and PCOMS) 27 Innovative uses of Data
<b>I Infrastructure</b>	28 Digital Interoperability Platform and Spine 29 NHSmail2 30 HSCN 31 WiFi
<b>J Public Trust and Security</b>	32 Cyber-Security 33 National Opt-Out Model

Domain E - Digital Medicines - has three associated programmes:

### **i) Digitising Community Pharmacy**

This programme includes EPS and the Phase 4 pilot plans, the agreements between the Secretary of State and PMR suppliers and the EPS Release 3 business case (which would follow the full deployment of phase 4).

The programme also includes:

- EPS in other care settings (e.g. homecare and secondary care);
- EPS amendments required to support hub and spoke dispensing;
- real time exemption checking;
- enabling use of the Prescription Tracker data by patients (so they can identify when a prescription has been issued and dispensed);
- Prices on labels (subject to a final decision on this policy by DH – it is understood that DH may have quietly dropped this policy)
- Trialling use of NHS Pathways (the NHS 111/urgent care decision support system) in community pharmacy; and
- ‘Securing Excellence in Pharmacy IT’ which will aim to support a move to reduce use of paper in community pharmacy services, e.g. experimenting with use of tablet devices in the EPS dispensing process, rather than printing out tokens. This area should be of significant interest to community pharmacy, but the sector’s experience with EPS should probably caution us against allowing this work to be led by the NHS.

### **ii) Integrated Pharmacy Across Care Settings**

This programme is initially focussed on developing electronic options to support the transfer of care between community pharmacy and the other providers, e.g. NHS 111 and hospitals. The rollout of SCR and development of the NHS 111 Directory of Services (DoS) are also included within this programme. We are starting to see some community pharmacies gaining remote access to the full GP record as part of specific services and project, but as the new care models develop across the NHS, it is increasingly likely that such access will become routinely available for community pharmacists.

Rollout of NHSmail 2 sits within domain I, but this work would also be expected to link to this programme.

### **iii) Pharmacy Supply Chain and Secondary Uses**

This programme includes work on the implementation of a single identifier for prescribers working within the NHS and the secondary use of data on medicines, which could result in the pooling of data for analysis by commissioners, NHS Digital or third parties. The initial focus of this work seems to be on secondary care data, but there is potential for the work to expand to cover primary care.

The Government’s policy on open data (publish as much publicly held data as possible to allow third parties to analyse data for commercial and societal gain) and promotion of ‘big data’, combined with the latter element of this programme, could have significant ramifications for community pharmacy. Data on prescribing and dispensing activity is already published and it must be expected that processing of this data will lead to opportunities and threats for the sector. For example, prescribing data on specialist products could allow the creation of a business case for the direct supply of those products, disintermediating community pharmacies.

The Falsified Medicines Directive (FMD) is also covered by this NHS Digital programme. It is not clear what role NHS Digital will have within the implementation of FMD, but the contracts they are seeking to agree between PMR system providers and the Secretary of State could provide a route by which the NHS funds the development of FMD functionality within PMR systems.

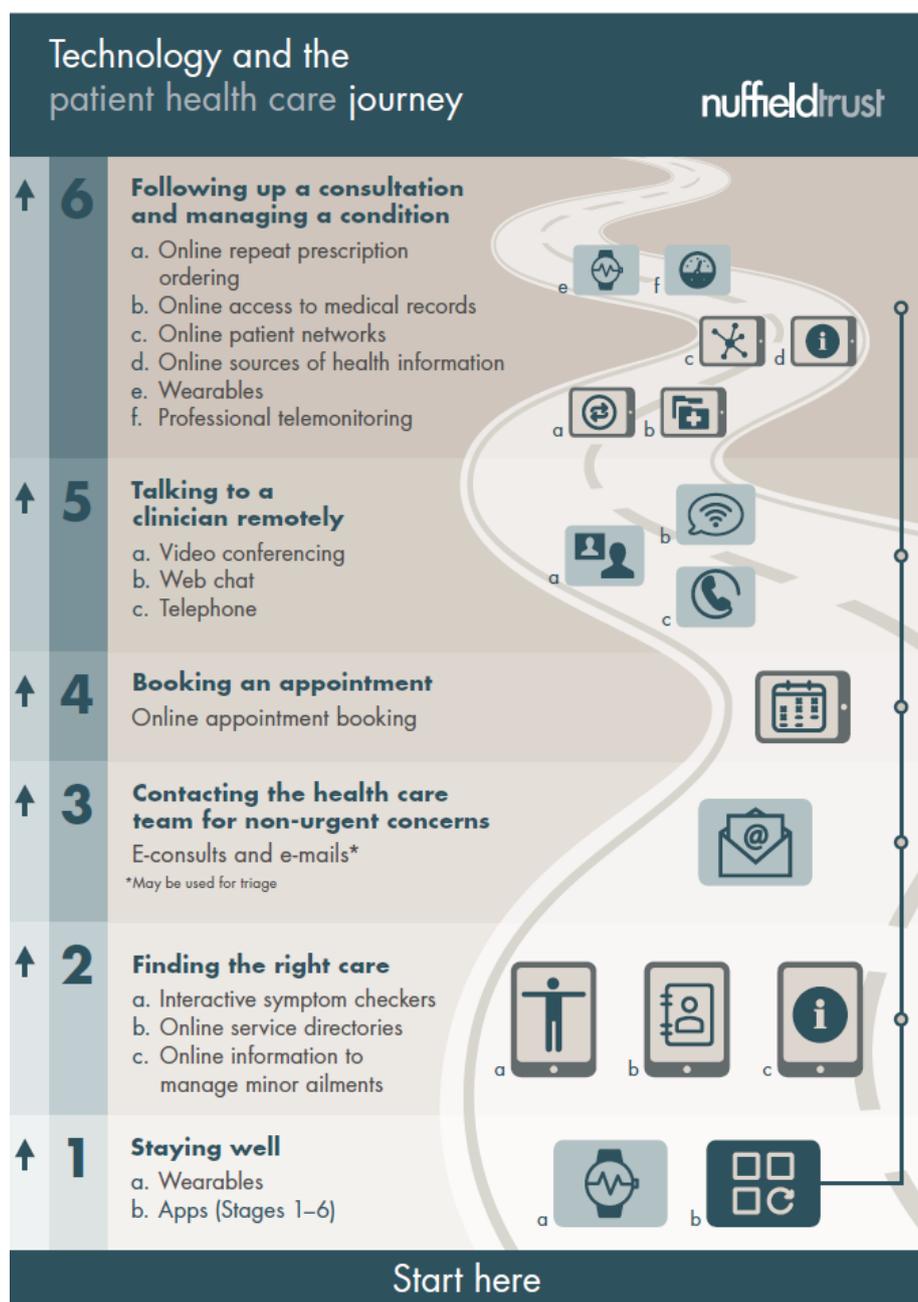
Implementation of FMD will inevitably result in increased complexity and costs for contractors, for which they will expect PSNC to seek additional funding from the NHS; this policy area is therefore expected to increase in significance in the year ahead.

## Patient use of technology and the digital journey of patients

The NHS is not alone in increasing the use of technology related to health, as patients are also increasingly adopting wearable digital technologies and using apps to support management of their conditions and wellbeing. The ability of community pharmacy IT to interface with such patient technology is likely to be required soon.

In the 17th December letter, DH and NHS England also expressed a desire to see an improvement to patients' digital journeys related to medicines. While they were not clear what they intended to be an outcome, it remains on their agenda and it must therefore be an issue that PSNC considers in developing its policy, including service developments, such as supporting patients to manage their long-term conditions.

Late last year, a Nuffield Trust research report - [The digital patient: transforming primary care?](#) – described how technology was starting to impact on patients and primary care providers. The following graphic summarises the areas of digital technology that they saw as being relevant to primary care:



## The CCA's summary of digital matters

The CCA has recently discussed digital matters relevant to their member companies and the points they identified as falling within the digital agenda are listed below to support discussions at the Committee meeting:

### The Digital (Omni-channel) Agenda

#### Introduction

The Digital Agenda for the NHS and pharmacy is wide and varied and is impacted by a range of internal (to pharmacy) and external considerations. Because of this it was felt to be helpful to begin to develop what will be an evolving list of activities which could be said to fall under this topic. The headings below are not fixed or intended to define an activity as existing solely in that space but to highlight that activities fall into a number of different, but key, themes while recognising that there is likely to be cross-over between them.

The term omni-channel is sometimes used when considering these issues. For the purposes of this paper we are considering omni-channel to mean multi-strand activities which could occur in a physical premises, solely via the internet or using a combination of both.

The intention of this paper is to highlight what key parts of the digital agenda might involve so that CCA representatives have an understanding of what is meant by the term in any discussions with external partners.

#### Pharmacy IT – developments that community pharmacy can influence as a sector

- EPS and enhancements (inc. release 4, CDs, etc.)
- Repeat prescriptions apps
- Tracking of Rx
- PMR evolution (including FMD)
- Refer-to-Pharmacy and electronic discharge systems
- Electronic pharmacy onward referrals (to other healthcare providers)
- Transparency Group – BSA portal discussions
- Locally commissioned services claims processes and integration to patient records

#### Structural IT – developments that require considerable engagement outside pharmacy

- Access to records (esp. shared care records)
- Use of 'Big Data' in relation to pharmacy
- Remote monitoring (movement and health screening) and reporting
- Tele-health services
- Connectivity/ Interoperability/ Integration of systems
- Patient safety systems – including NRLS evolution
- Prescribing and diagnostic information availability (read & write) – related to Independent Prescribing

#### Pharmacy Infrastructure Innovation – developments individual contractors may be able to develop which have efficiency impacts on the system

- Electronic MDS systems (e.g. Pivotell)
- Automation and robots (linked to, but not exclusively, H+S)

#### Patient-Facing Innovation – developments that empower patients

- Online appointment booking
- NHS prescription ordering portals
- Online consultations (e.g. NHS111) may also include Skype/ FaceTime
- Personal health trackers – e.g. health apps, FitBit, smart watches, etc.
- Patient accessible health information and data + personal health record
- Adherence support apps
- Near Patient testing (from traditional to genomic assessment (see below))
- Home health technology

**Other**

- Genomics and access to genomic medicines
- Robo-nurse in Dudley – avatar to give information in 30 languages. Pharmacy applications?

**Issues for discussion**

Many of the digital topics listed above are already matters on which PSNC is undertaking work. The Committee is therefore asked to identify the digital developments where PSNC itself should, in due course, consider the matter in more detail and the matters which should be fed into the discussions at the next Community Pharmacy IT Group meeting for potential inclusion in the group's draft vision and work plan.

## Recruitment of CEO – Job description and person specification

### Role

1. To ensure PSNC has a national reputation for leadership, decision-making and the delivery of high quality services to community pharmacy contractors and the sector as a whole.
2. To be the principal adviser to the PSNC Committee and accountable for the effectiveness of the organisation and its staff.
3. To build positive and productive relationships with a wide range of stakeholders, particularly Ministers, the Department of Health and NHS England, to ensure the contribution and potential of community pharmacy are fully understood and valued.
4. To steer and support the development and implementation of ambitious new policies and services in the interests of the NHS and patients.
5. To ensure that community pharmacy contractors are properly rewarded by local and national commissioners for the services they deliver, and provide leadership and support to the PSNC's Negotiating Team.
6. To provide support to Local Pharmacy Committees and a diverse mix of pharmacy owners, from small individual businesses to large multiples with allied interests.
7. To ensure that the PSNC makes best use of its financial and human resources; develops staff and delivers its organisational strategy, annual plans and priorities.

### Requirements

1. An appreciation of the health sector, government health policies and how the NHS functions, combined with a proven ability to develop a deep understanding of a complex and diverse sector such as community pharmacy.
2. Board level, or equivalent, seniority in a national organisation.
3. Toughness and a track record of leading change and delivering results, combined with strong advocacy, influencing and negotiating skills.
4. An excellent communicator with experience of speaking to large audiences, handling national media and dealing with challenging questions.
5. An ability to network, command respect, build consensus and work effectively across a range of professional disciplines.
6. A commitment to inspiring, leading and harnessing the expertise of a small and highly effective team dealing with funding, contracts, regulation, healthcare, public affairs and technical support.
7. High personal and professional standards and experience of observing codes of conduct and the Nolan Principles.

## Public Affairs Update

### General Election and Result

In the campaigning period leading up to the General Election in June, PSNC encouraged LPCs to engage with candidates, providing a number of resources to help them to do so. These included briefings, guidance, template letters and photo boards. Working with the other pharmacy organisations these were made available on the shared [pharmacymanifesto.org](http://pharmacymanifesto.org) website. We know that many LPCs did arrange visits, and these were shared on twitter using [#pharmacy17](https://twitter.com/pharmacy17).

The outcome of the election leaves us in uncertain times. With a such a small majority reliant on the support of the DUP, it is not clear how much policy the Prime Minister will be able to implement, nor how long she will remain Prime Minister.

However, the consensus is that the Conservative Party are unlikely to push for a leadership contest immediately, and that they will certainly wish to avoid another election which could have even more disastrous consequences for the party. So we believe that we will be working with this Government for the foreseeable future. It is also likely that ministers including Jeremy Hunt will stay in place for the time being, so PSNC must operate on the basis that it needs to persuade the existing team of the need to support community pharmacy.

David Mowat MP lost his seat in the election and Steve Brine MP has been appointed as Parliamentary Under-Secretary of State with responsibility for primary care including Pharmacy. A number of key pharmacy supporters held their seats, but unfortunately others, including key Conservative advocate and vice-Chair of the All-Party Pharmacy Group, Oliver Colvile, lost theirs. We have been working with Luther Pendragon on a new list of target MPs, including both existing supporters and new MPs.

### Messaging and Objectives

As set out in [PSNC Appendix 03/05/2017](#) the objective of PSNC's lobbying activity is now to ensure that the profile of community pharmacy as a popular and valued resource is maintained, and to dissuade the government from damaging the sector further.

To do this we will use a range of key messages and tactics including:

- Promoting the PwC work (and, where necessary, explaining policy makers' failure to understand it and the role of pharmacy);
- Promoting the value of pharmacy services, particularly in relation to reducing burden on other parts of the health service and over and above remote dispensing;
- Maintaining public support for the sector; and
- Seeking a collaborative relationship with the new minister with a view to implementing the recommendations set out in the Murray Review and other clinical developments.

We are updating our resources and infographics based on this messaging. We are also working on a new strand of messaging to ensure that the public and policy makers understand what community pharmacies do already and the dangers of putting this under threat. The focus will be around encouraging people to talk to pharmacy teams in three situations:

- If they have just been discharged from hospital;
- If they need an urgent supply of a medicine; or
- If they have symptoms and cannot see a GP.

We are currently exploring the evidence that we have for the contribution that pharmacies make in each of these three areas, and we will work to fill any gaps with audits or similar work over the summer, so that we can have new infographics backed up by data to use at the party conferences.

### **Summer work**

Over the summer the key objective will be to maintain community pharmacy's profile, particularly among our existing supporters and new MPs. The Comms Group continue to have calls every week and to meet on a monthly basis, to ensure that all work and messaging is coordinated.

To assist with local lobbying, PSNC has already provided template letters for LPCs to use to contact their MPs, and we are updating our visit guidance and infographics to help them host visits for new MPs to community pharmacies. The NPA are also working on resources, and we have asked them to ensure that they keep LPCs informed of any work they are doing.

At a national level, the Chief Executive is writing to the minister, and PSNC is writing to key target MPs to congratulate them and offer briefings. We provided a briefing to the Labour and Liberal Democrat Party health teams ahead of the first debates of this Parliament, and this led to positive mentions of community pharmacy from a number of MPs including Kevin Barron. We have a briefing arranged for Julie Cooper MP's team, and expect others to follow.

Luther Pendragon have also been working to reconstitute the All-Party Pharmacy Group. We believe that Kevin Barron will remain as Chair, and the team at Luther are talking to Kevin about other possible officers for the group.

### **Party Conferences**

Once again, the party conferences will offer a key opportunity to engage with MPs, Councillors and other potential supporters of community pharmacy.

PSNC has booked spaces for roundtable events at the Conservative, Labour and Liberal Democrat conferences, and we will use these to ensure that attendees understand how community pharmacy is used and the dangers of putting pharmacies under threat, and to discuss ways forward to achieve the clinical future that the DH and NHS want the sector to have. We are currently working on invitation lists for the events with a view to sending invitations before the summer recess. In addition to the roundtable events we will seek individual meetings with key target MPs.

PSNC has been discussing the roundtable events with the other pharmacy organisations (who will be represented at them) and we are all working closely to align party conference plans. Contractors will attend the Labour, Conservative and Liberal Democrat conferences to ensure that pharmacy's voice is heard across the range of healthcare events held. The NPA are organising a pharmacy exhibition stand as well as fringe events and dinners, all of which we are supporting. The RPS and CCA have been involved in the party conference planning discussions but have not yet confirmed any planned activities of their own.

### **October/November Action Day**

Following the successful action day in May last year, the Comms Group would like to repeat these activities and as such are planning an Action Day in late October or early November 2017. Activities being planned are:

- An MP briefing event – this will be a drop-in event with messages focused on winter pressures and how pharmacy can help.
- A pharmacy audit – this will build on the WePharmacists audit last year to help us to capture and promote the excellent services that community pharmacies offer every day.
- Social media activity – we will have a hashtag and encourage pharmacy teams to share what they are doing throughout the day.
- Parliamentary debates – we will ask a number of MPs to seek debates for the week of the Action Day.
- Parliamentary Questions – we will ensure that a number of Parliamentary questions are timed to be covered during the week of the Action Day.
- Local press coverage – we will issue template press releases etc to seek support for the day.

We are also considering the feasibility of giving MPs vouchers to encourage them to visit their local community pharmacy for a flu vaccination. We would then issue guidance to help LPCs to follow up on these vouchers and arrange the visits.