

PSNC Service Development Subcommittee Minutes

for the meeting held on Tuesday 11th July 2017

at 14 Hosier Lane, London, EC1A 9LQ

Present: Mike Hewitson, Marc Donovan, Clare Kerr, Faisal Tuddy, Sunil Kochhar, Gary Warner (Chairman)

In attendance: Alastair Buxton, Rosie Taylor, Zainab Al-Kharsan, Jay Patel, David Evans, Tricia Kennerley, Peter Cattee, Indrajit Patel, Samantha Fisher, Andrew Lane, Gary Myers, David Hamilton, Stephen Thomas, Margaret MacRury, Janice Perkins, Gordon Hockey, Mark Griffiths, Fin McCaul, Mike Dent, Sue Sharpe.

Apologies for absence

No apologies for absence were received.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 9th May 2017 were approved.

1 Developing proposals for a revised CPCF that supports implementation of the CPFV (PSNC/SDS)

The information in the agenda was noted and the subcommittee agreed the proposed next steps.

Alastair Buxton gave a presentation on the current proposals for the CPCP service and the Committee then discussed the proposals in small groups. Notes from the group discussions are set out at the end of these minutes.

2 Working with partner organisations, to develop and implement a work plan to support the implementation of the key recommendations of the Murray Review (SDS/LIS)

The information in the agenda was noted and the subcommittee agreed the proposed next steps.

Alastair Buxton provided an overview of the document that was set out in the agenda, which highlighted the work that has been undertaken or is planned to support implementation of the key recommendations of the Murray Review. Alastair Buxton asked that should anyone know of other work that is being undertaken or planned to support implementation of the key recommendations, they inform him. Clare Kerr suggested adding the work that is going on in the North East - 'improving urgent care referrals to community pharmacy' - for recommendation 3 which covers Minor Ailment Services.

Gary Warner suggested adding the 'Implementing the Murray Review proposals' report into every agenda as a progress report so the Committee can see the progress on the different elements of work.

Garry Myers asked about the stop smoking recommendation (recommendation 4), and whether PSNC should be asking Public Health England (PHE) if there is a reason why this couldn't be commissioned as a national service. Alastair Buxton suggested waiting to hear what NHS England has to say on the recommendation, before talking to PHE.

Clare Kerr advised that she had been asked to pull together all the evidence surrounding Minor Ailment Services ahead of the next Pharmacy Reference Group (previously named the Out of Hospital Urgent Care

group) which is on 31st July. Clare Kerr will circulate the evidence she has collected to SDS members ahead of this meeting to see if they can add any further evidence.

3 Developing template service specifications, business cases and other resources (SDS) and offering support for local commissioning of services (LIS)

The information in the agenda was noted and the subcommittee agreed the proposed next step.

Gary Warner gave an overview of the work being carried out by the Services Team on the 'Services in a Box' toolkits and the reasons why external feedback is being sought. He noted that the Minor Ailment Service toolkit had been published and is now out for consultation. The consultation will last for four weeks, so this will close on Tuesday 8th August. A commissioners alert and an LPC alert have been sent out to raise awareness of the work and an email has also been sent to the LPC Secretaries Yahoo group encouraging them to provide feedback on the consultation documents as well as to share the information with their local commissioners and encourage them to provide feedback.

Alastair Buxton acknowledged the work that Mike Dent's team had done in completing the costing toolkits for the Minor Ailment Service as well as for the Flu Vaccination service. The Flu Vaccination costing toolkit has not been published as this was produced for internal use; however, if Committee members would like to see the costing toolkit, they can request a copy from the office.

Rosie Taylor asked the Committee members present to also try to ensure someone from their organisations feeds back on the consultation documents if they have not already done so as part of the working group and to also highlight the consultation to LPCs/encourage LPCs to provide feedback.

4 Developing a productive dialogue with GP and CCG leaders to secure their support for the implementation of the CPFV (SDS/LIS)

The information in the agenda was noted and the subcommittee agreed the proposed next steps.

Alastair Buxton advised that discussions with Robbie Turner from the RPS were ongoing and he is also looking to work with the GPC and RCGP. He also advised that the publication of the Ashridge report at the end of the month would hopefully provide further information on how to take this work forward.

5 Investing in research and developing the evidence base for community pharmacy services to secure existing services and support the implementation of the CPFV and service funding (SDS/FunCon)

The information in the agenda was noted and the subcommittee agreed the proposed next steps.

Gary Warner advised that the meeting between himself, Ian Cubbin, Alastair Buxton, Sue Sharpe, Nicky Hall and Scott Wilkes had gone well and provided an overview of the meeting.

Alastair Buxton distributed the abstract of the meta-ethnography study titled 'Filling a gap or duplicating resources? A qualitative synthesis of health professional and lay perspectives of the role of Community Pharmacy in facilitating care for people with long term conditions'. Alastair Buxton said this must not be shared wider than the Committee, as this is being submitted to Research in Administrative and Social Pharmacy for publication.

Gary Warner and Alastair Buxton provided an overview of the ECCIP study. The NIHR funding bid for the study

has been unsuccessful; this is not believed to have been due to an issue with the study, just that there is a limited amount of money available to fund research. Alastair Buxton advised that discussions with the other community pharmacy organisations are being initiated to explore the possibility of jointly funding the study.

Any other business

The information in the agenda was noted.

Seasonal Influenza Vaccination Advanced Service

Alastair Buxton advised that the Services Team had seen and fed back comments to PHE on the flu vaccination service PGD. The requirement to have an authorising manager sign-off on the PGD had been highlighted, but NHS England had decided that the requirement should remain.

The Services Team has also reviewed the flu vaccination service specification and is due to meet representatives from NHS England on 19th July to discuss this further.

Alastair Buxton asked the subcommittee for feedback on the revised flu vaccination patient questionnaire wording. Nicky Hall had reviewed this with the aim of gathering more robust data and further evidence of the benefits to patients.

A discussion was held around whether the questionnaire was the appropriate length, asked the correct questions (Sunil Kochhar highlighted that Q4c may be difficult for the patient to answer as it's his team who spend a lot of time with the patient and completing the paperwork and the pharmacist then just provides the vaccination). The frustration of having to complete the questionnaire without being able to see any of the results of the collected data was also highlighted but the importance of the data was agreed.

The subcommittee agreed to support the use of the patient questionnaire for the forthcoming 2017/18 season but that it would be better if the data gathered was more useful and if this could be shared with PSNC, so an analysis of the data could be undertaken.

Supporting the recording of public health interventions

Alastair Buxton advised that through the newly formed Pharmacy IT group that he would be highlighting the RSPH toolkit for recording public health interventions to the pharmacy PMR suppliers, to encourage them to consider developing their systems to allow such recording.

Gary Warner asked the subcommittee whether PSNC should promote the proposed approach to record keeping to contractors and potentially develop materials to support community pharmacy teams to make such records, especially as the failure to make appropriate records has been highlighted as an area where contractors have fallen down in CPAF. A discussion was held around the pros and cons of supporting this work and around the use of EPOS and scanners to record some of these interventions in the future. It was agreed that it would be appropriate to highlight the guidance to HLPs and to provide them with suggestions on how they could adopt relevant elements of the intervention recording proposals.

Out of hospital urgent care

Clare Kerr provided an update on the key discussions from the last pharmacy reference group and highlighted that the NUMSAS evaluation team would be attending the next meeting on 31st July so if anyone wanted anything feeding back to let her know before this date.

Review of the prescribing of low value medicines – stakeholder group

Alastair Buxton provided a brief overview of the review process and asked for comments on how PSNC would want to respond to the consultation. A discussion was held around this and Alastair Buxton advised that he did not think OTC products would be included in the initial consultation.

Sue Sharpe noted that this is a significant policy area and that the Committee would need to decide on how best to respond to the consultation in due course (potentially before the October meeting).

Notes from the discussion session on the Community Pharmacy Care Plan service

Service design

- 'Social Care Referrals' - this is part of appropriate referrals but may be helpful to squeeze in as a variant somewhere (although will be in supporting words anyway)
- Is the service going far enough; could we do more?
- Only 2% of patients have care plans now and they tend to be the more complicated - GPs don't have time
- Although, as we go forward, access to the record will be necessary if we are going to do this properly
- Suggestion that we should start with hypertension
- Suggestion on different tiers of service, although some erred caution - general feeling that everyone should be delivering the initial service
- Need to focus on outcomes
- Social prescribing and appropriate referrals should be enabled as the ability to help a patient facilitate change may be a social issue
- Need to touch patient at a time and place and in a way that suits them - this may include the use of technology
- Shouldn't underestimate the transformation towards this and a new funding structure will be massive
- Would domiciliary visits be possible within the service?

Skill mix and skills development

- Development of the skills and confidence of staff to provide the service will be important and could be challenging. Will need to help pharmacists to take an agile approach in consultations
- Wider question of how skill mix will apply to the service – general feeling that many aspects could be provided by the wider team
- Training pharmacists as independent providers would support the long term development of the service
- Would pharmacists need clinical training – probably not – just training on consultation skills
- Could a Declaration of Competence be developed for the service?

Service implementation

- Recognition that the implementation of such a service will be very complex
- Need to recognise there is a mixed ability to deliver this - some will embrace, others will find it more difficult
- Important for contractors to recognise that how your business is organised may need to alter the delivery this service. There will be a need to change the focus away from prescription items and towards patients with conditions
- Requires a comprehensive project plan to launch something like this
- Communication with teams will be crucial - comprehensive communication plan is required – need to take contractors with us
- Barriers and solutions were scoped as part of the Murray review - worth going back to this document and making sure all aspects are addressed
- We should identify the enablers we have now without requiring too much development - will help to take away some of the barriers
- Phased introduction could focus on a single condition, such as asthma, but that would be the entry requirement, i.e. patient with asthma, hypertension and diabetes has all conditions 'managed' in the service – the trigger condition is just a method for phasing patients' entry into the service. This may be a way to make it a 'push' service, i.e. making the patient group to be enrolled obvious and easy for the pharmacy team to target

IT support

- IT is essential for fast engagement

- Consider the role of technology on helping to deliver this - an algorithmic approach could be helpful

Contractor support requirements

- Clinical support may be needed by pharmacists when they have 'challenging' cases – a number of possible support providers, but the RPS was highlighted as a possibility

Working with general practices and other professionals

- Getting the interface with the GP team right will be critically important
- The reason something fails is that it is too complicated or conflicts with others (GPs) - there is therefore a need to simplify and create win/win
- Recruitment of patients should be independent of the GP, but how do you then integrate with the current GP version of a patient's care plan?
- Referral should be facilitated from both GPs and hospitals
- Peripatetic pharmacists (e.g. Care Home) or general practice-based pharmacists - how do they get sight of the plan and possibly add to it?
- How do we keep the GP informed when there is no action for them; and conversely how do we 'red flag' an issue to a GP (activity reporting and action referrals)?